



Masons of California

Making a profound difference

Southern California Benefit summary

January 1, 2021 - December 31, 2021



This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Welcome to Workday: Benefits Enrollment

Below you will see your Workday Login instructions.

Workday is very user friendly, but as you navigate through, if you have questions, please reach out to your manager.

Workday login instructions:

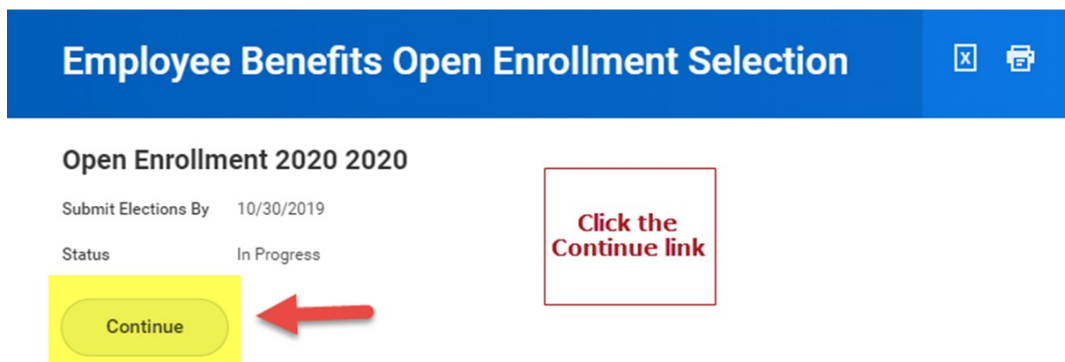
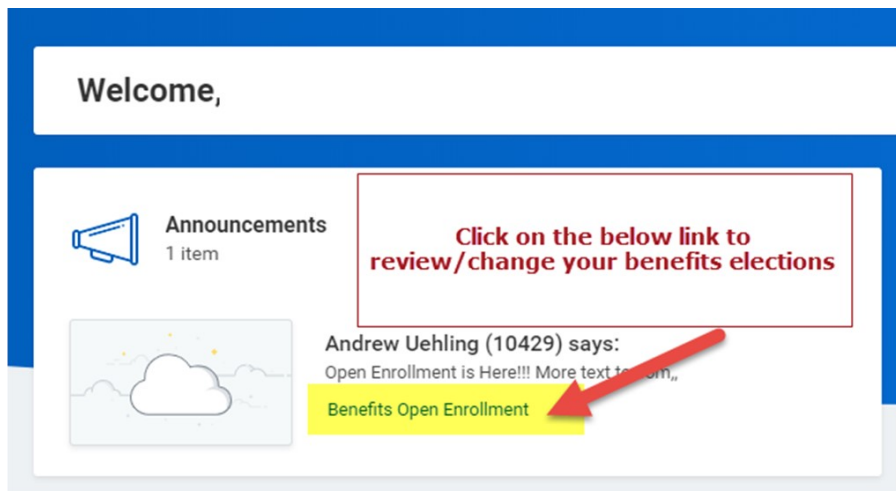
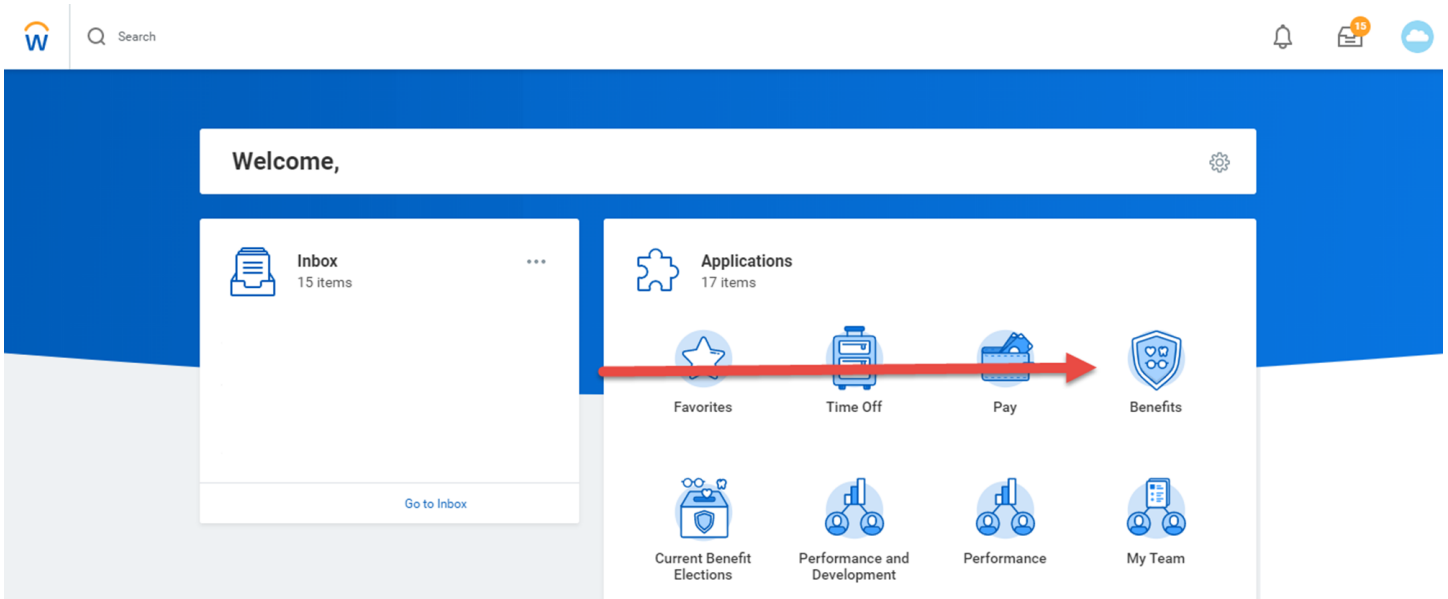
- Web address: https://wd5.myworkday.com/osv_freemason
- Please save this web address as a favorite on your home page for easy access
- Accessible by your personal laptop, iPad, iPhone, or Android

The screenshot shows the Workday login interface. On the left, there is a white login box with the Workday logo at the top. It contains two input fields: 'Username' and 'Password'. Below these fields is an orange 'Sign In' button. Underneath the login box are two links: 'Forgot Password?' and 'Change Password'. On the right, there is a white content box with the 'Masons of California' logo at the top. Below the logo is the text 'Welcome to the Masons of California Employee Web Portal.' followed by the word 'Status' and a link for 'Workday Service Privacy Policy'.

For your security, we recommend closing your browser after each session.

Benefits Enrollment

For benefit eligible employees, use Workday to enroll in your benefits. Follow these steps to enter benefits. Login to Workday and click on the top right hand corner of your Workday Inbox.



Benefits Enrollment

Open Enrollment 2020



Click on the **Manage** link in each benefit box below to change/review your coverage elections.

You will not be able to make changes to your Life Insurance at this time. Please contact HR if you want to make an adjustment.

Projected Total Cost (Monthly)
\$383.07

Health Care and Accounts

<p>Medical Kaiser HMO Medical - Northern California</p> <p>Cost (Monthly) \$76.10 Coverage Employee</p> <p>Manage</p>	<p>Dental Delta Dental DPO</p> <p>Cost (Monthly) \$46.84 Coverage Family Dependents 2</p> <p>Manage</p>	<p>Vision Eye Med VISION</p> <p>Cost (Monthly) \$3.22 Coverage Family Dependents 2</p> <p>Manage</p>
<p>EAP Claremont EAP</p> <p>Cost (Monthly) Included Coverage Employee</p> <p>Manage</p>	<p>Hospital Reimbursement Account Igoe Kaiser</p> <p>Manage</p>	<p>FSA Healthcare Igoe</p> <p>Contribution (Monthly) \$217.40</p> <p>Manage</p>
<p>Review and Sign Save for Later</p>		<p>Commuter Plan Waived</p>

Medical

Projected Total Cost (Monthly)
\$383.07

Plans Available

Select a plan or you can waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee.

2 items

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	HealthNet HMO Medical - Northern California	\$118.78	\$1,069.05
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Kaiser HMO Medical - Northern California	\$76.10	\$684.88

Health Care Instructions

Important Information

When you select Medical - HealthNet HMO Medical - Northern California, you must also select Hospital Reimbursement Account - Igoe HealthNet. If you waive any of these: Medical - HealthNet HMO Medical - Northern California, Workday automatically waives any of these: Hospital Reimbursement Account - Igoe HealthNet.

When you select Medical - Kaiser HMO Medical - Northern California, you must also select Hospital Reimbursement Account - Igoe Kaiser. If you waive any of these: Medical - Kaiser HMO Medical - Northern California, Workday automatically waives any of these: Hospital Reimbursement Account - Igoe Kaiser.

Where highlighted yellow is where you click to elect medical.

[Confirm and Continue](#) [Cancel](#)

Benefits Enrollment

Medical - Kaiser HMO Medical - Northern California

Projected Total Cost (Monthly)
\$383.07

Dependents

After Clicking the Save or Confirm and Continue, you will receive this dialog box

Your Medical changes have been updated, but not submitted
Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

Health Care Instructions

Add a new dependent or select an existing dependent from the list below.

Provider Website <https://kp.org>

Coverage

Employee

search

- Employee
- Employee + 1
- Family
- Employee + Domestic Partner
- Employee + 1 + Domestic Partner
- Family + Domestic Partner
- Employee + Domestic Partner + Child(ren) of DP
- Employee + 1 + Domestic Partner + Child(ren) of DP
- Family + Domestic Partner + Child(ren) of DP

When you elect medical, you have to elect where its for you only or if you include eligible family member.

Plan cost (Monthly)

Add New Dependent

2 items

Select	Dependent	Relationship	Date of Birth
<input type="checkbox"/>	Steve	Spouse	08/18/1971
<input type="checkbox"/>	Son	Child	10/09/1998

Save

Cancel

Dental

Cost (Monthly)
\$383.07

Plans Available

Select a plan or you can waive to opt out of Dental. The displayed cost of waived plans assumes coverage for Family.

2 items

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)
<input type="radio"/> Select	Delta Dental DMO	\$13.74	\$47.51
<input checked="" type="radio"/> Waive			
<input checked="" type="radio"/> Select	Delta Dental DPO	\$46.84	\$147.00
<input type="radio"/> Waive			

Where highlighted yellow is where you click to elect dental.

Confirm and Continue

Cancel

Benefits Enrollment

Hospital Reimbursement Account

Projected Total Cost (Monthly)
\$383.07

Plans Available

Select a plan or you can waive to opt out of Hospital Reimbursement Account.

If you elect medical coverage you must elect the HRA plan.

2 items

*Selection	Benefit Plan	Company Contribution (Monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Igoe HealthNet	
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Igoe Kaiser	\$125.00

Health Savings Account Instructions

Important Information

When you select Medical - HealthNet HMO Medical - Northern California, you must also select Hospital Reimbursement Account - Igoe HealthNet. If you waive any of these: Medical - HealthNet HMO Medical - Northern California, Workday automatically waives any of these: Hospital Reimbursement Account - Igoe HealthNet.

When you select Medical - Kaiser HMO Medical - Northern California, you must also select Hospital Reimbursement Account - Igoe Kaiser. If you waive any of these: Medical - Kaiser HMO Medical - Northern California, Workday automatically waives any of these: Hospital Reimbursement Account - Igoe Kaiser.

General Instructions

If a Medical plan is elected, you must elect the appropriate Hospital Reimbursement Account (HRA) plan. Do not enter in a contribution amount. The HRA is an Employer funded benefit.

Confirm and Continue

Cancel

Hospital Reimbursement Account - Igoe Kaiser

Projected Total Cost (Monthly)
\$383.07

Contribute

Do NOT enter in an amount, this is paid by the company and is NOT an HSA plan

Per Paycheck 0.00

Contribution (Monthly) \$0.00
 Annual Company Contribution \$1,437.50
 Total Annual HSA Contribution \$1,437.50
 Maximum Annual Amount: \$1,500.00

Health Savings Account Instructions

Provider Website [Igoe](#)

General Instructions

If a Medical plan is elected, you must elect the appropriate Hospital Reimbursement Account (HRA) plan. Do not enter in a contribution amount. The HRA is an Employer funded benefit.

Save

Cancel

FSA Healthcare

Projected Total Cost (Monthly)
\$165.67

Plans Available

Select a plan or you can waive to opt out of FSA Healthcare.

You must elect your FSA elections each year if you wish to participate.

1 item

*Selection	Benefit Plan	You Contribute (Monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Igoe	

Spending Account Instructions

General Instructions

We have a new provider for our Flexible Spending and Hospital Reimbursement Accounts. Check out Reminder for 2020, please select Commuter Benefits in Workday.

Confirm and Continue

Cancel

Benefits Enrollment

FSA Healthcare - Igoe

Projected Total Cost (Monthly)
\$374.37

Contribute

You must elect Medical FSA each year. Input either a per check contribution or annual and system will calculate

Per Paycheck Annual

Contribution (Monthly) \$208.70
Total Annual Contribution \$2,400.00

Maximum Annual Amount: \$2,700.00

Spending Account Instructions

Provider Website [Igoe](#)

General Instructions

We have a new provider for our Flexible Spending and Hospital Reimbursement Accounts. Check out Reminder for 2020, please select Commuter Benefits in Workday.

[Save](#) [Cancel](#)

FSA Dependent Care - Igoe

Projected Total Cost (Monthly)
\$809.15

Contribute

You must elect Dependent Care each year. Input either a per check contribution or annual and system will calculate

Per Paycheck Annual

Contribution (Monthly) \$434.78
Total Annual Contribution \$5,000.00

Maximum Annual Amount: \$5,000.00

Spending Account Instructions

Provider Website [Igoe](#)

General Instructions

We have a new provider for our Flexible Spending and Hospital Reimbursement Accounts. Check out Reminder for 2020, please select Commuter Benefits in Workday.

[Save](#) [Cancel](#)

Additional Benefits



Legal Shield
Waived

[Enroll](#)

Once you have finished reviewing/changing your elections click the Review and Sign button

[Review and Sign](#)

[Save for Later](#)

Benefits Enrollment

View Summary

Projected Total Cost (Monthly)
\$809.15

Selected Benefits 20 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical Kaiser HMO Medical - Northern California	01/01/2017	01/01/2017	Employee			
Dental Delta Dental DPO	02/01/2019	02/01/2019	Family			
Vision Eye Med VISION	02/01/2019	02/01/2019	Family			
EAP Claremont EAP	01/01/2016	01/01/2016	Employee			
Hospital Reimbursement Account Igoe Kaiser	01/01/2017	01/01/2017	\$0.00 Annual			
FSA Healthcare Igoe	01/01/2020	01/01/2020	\$2,400.00 Annual			
FSA Dependent Care Igoe	01/01/2020	01/01/2020	\$5,000.00 Annual			
Basic AD&D Standard (Employee)	01/01/2016	01/01/2016	1 X Salary			
Basic Life Standard (Employee)	01/01/2016	01/01/2016	1 X Salary			
Total	01/01/2016	01/01/2016	\$100,000		Sonia Nichols Steven Nichols Tayler Nichols	\$25.30

Review your elections and scroll down to the I Accept button

Electronic Signature

By clicking the button below, you are agreeing to the following terms:

I consent to electronic processing of this application to include use of my electronic signature. I acknowledge that Electronic Signature means that I am the person identified on this application as the applicant, that I voluntarily accept all the terms and conditions as stated in this application, and that I agree to the electronic processing of this record. I acknowledge that my electronic signature will have the same legal effect as a signature on paper. I acknowledge that I have the right to print and keep this application on paper. I acknowledge that I have the right to withdraw my consent to the electronic signature on this application. I understand I must notify my benefit providers in writing of my withdrawal of consent and that such withdrawal will not affect actions already taken by my benefit providers. I acknowledge that my consent to the use of my electronic signature applies to this application only and not to any other transactions with my benefit providers. I hereby apply for coverage on the basis of the statements and answers to the questions herein.

I hereby declare all answers to be true to the best of my knowledge and to accurately represent the health of those persons applying for coverage and waiving coverage. I understand that these statements, answers and subsequent information I provide are the basis for my coverage. By clicking the (image) button at the end of this process I am authorizing any payroll deduction that may be required for benefits I currently have or choose to elect going forward for Plan Year 2020. I understand my elections are effective through January 1, 2021, and that no changes can be made during the Plan Year, unless I experience a Qualifying Event as defined by the IRS.

For employees selecting the Kaiser Permanente health care plan

Kaiser Foundation Health Plan, Inc. Arbitration Agreement*

I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Evidence of Coverage.

By clicking the Accept/Enroll Now button below, I understand that this action will serve as my electronic signature of agreement to the conditions provided in the Kaiser Foundation Health Plan & Kaiser Permanente Insurance Company Arbitration Agreement (above) and that by law this electronic signature will have the same effect as a signature on a paper form.

Note: If you do not wish to accept the arbitration agreement above you must click on the Go Back button below to go back to the plan selection screen and make a new Health Plan selection.

I Accept

You must click the I Accept button before you can Submit

Submit Save for Later Cancel



Benefits Overview

Masons of California is proud to offer a comprehensive benefits package to eligible, full-time employees. The complete benefits package is briefly summarized in this booklet. Plan booklets, which provide additional detailed information about each of these programs, are available upon request.

You share the costs of some benefits (medical, dental and vision), and Masons of California provides other benefits at no cost to you (life, accidental death & dismemberment, long-term disability and EAP). In addition, there are voluntary benefits which you can purchase with reasonable group rates through Masons of California payroll deductions.

Benefit Plans Offered

- Medical
 - Kaiser Permanente HMO
 - Health Net Elect Open Access HMO
- Dental
 - DHMO
 - DPPO
- Vision
- Chiropractic Care (included with medical)
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Long-Term Disability
- Voluntary Benefits
 - Life Insurance – Employee, Spouse & Children
 - Accidental Death & Dismemberment Insurance
 - Short-Term Disability
 - Accident Care
 - Cancer Security
 - Critical Illness
- Employee Assistance Program
- Flexible Spending Accounts
- 401(k)
- PTO
- HRA

Eligibility

All full-time employees and their dependents are eligible for Masons of California benefits on the first of the month following 30 days of employment.

Medical Benefits

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Masons of California.

Masons of California offers you a choice of the Elect Open Access HMO plan through HealthNet or an HMO through Kaiser. With HealthNet, you must select a medical group and a Primary Care Physician (PCP), and all care must be provided or coordinated by your PCP or medical group. With Kaiser, services must be provided by a Kaiser physician at a Kaiser facility (except in emergency situations).

	HealthNet Elect Open Access HMO*	Kaiser HMO
Lifetime Benefit Maximum	Unlimited	Unlimited
Annual Deductible	None	None
Annual Out-of-Pocket Maximum	\$3,000 individual \$3,000 family member \$9,000 family	\$1,500 individual \$3,000 family
Annual Out-of-Pocket Maximum for PPO 2nd opinion	\$5,000 individual \$5,000 family member \$10,000 family	N/A
DOCTORS OFFICE		
Office Visits	\$20	\$20
Specialist Office Visits/Urgent Care	\$40	\$20
Wellness Care (routine exams, x-rays/tests, immunizations, and mammograms)	\$0	\$0
Well Baby	\$0	\$0
PRESCRIPTION DRUGS		
Retail Generic Drug 30-day supply	\$10	\$10
Retail Formulary Drug 30-day supply	\$30	\$25
Retail Non-formulary Drug 30-day supply	\$50	N/A
Mail Order Generic Drug 90-day supply	\$20	\$20 (100-day supply)
Mail Order Formulary Drug 90-day supply	\$75	\$50 (100-day supply)
Mail Order Non-formulary Drug 90-day supply	\$125	N/A

Medical Benefits

	HealthNet Elect Open Access HMO*	Kaiser HMO
HOSPITAL SERVICES		
Emergency Room (waived if admitted)	\$100 per visit	\$100 per visit
Hospital Deductible	\$500 per day to a maximum of \$2,000**	\$500 per admit**
Inpatient	100% after hospital deductible	100% after hospital deductible
Outpatient Surgery	\$500 per procedure**	\$20 per procedure
Ambulance Service	\$100 per trip	\$100 per trip
MENTAL HEALTH SERVICES		
Inpatient Services	\$500 per day to a maximum of 4 days**	\$500 per admit**
Outpatient Services	\$20	\$20 individual sessions \$10 group sessions
SUBSTANCE ABUSE SERVICES		
Inpatient Detox Services	\$500 per day to a maximum of 4 days**	\$500 per admit**
Outpatient Services	\$20 individual sessions \$10 group sessions	\$20 individual sessions \$5 group sessions
OTHER SERVICES		
Pre-Natal office visits	\$20	\$0
All Other Maternity Hospital/ Physician Services	\$500 per day to a maximum of 4 days**	\$500 per admit**
Physical, Occupational and Speech Therapy Services	\$20	\$20
Chiropractic/Acupuncture	\$10 copay; 30 visits per calendar year	\$15 copay; 30 visits per calendar year No Acupuncture

*\$40 copay applies when utilizing PPO network-specified office visits. See HR for details.

**Reimbursed by company through third-party administrator (Igoe).

Dental Benefits

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Masons of California dental benefit plan. You may choose either the Delta Dental PPO or Delta Care DHMO. The Dental PPO option gives you the choice of in-network providers along with the possibility of out-of-network benefits needs. These options are paid at a percentage (seen below).

The DeltaCare USA (DHMO) option is a fee for service plan. Every procedure performed has a specific fee attached to it (seen below; full services are in your benefit summary). With this benefit, you must elect one provider for services to be paid. If additional work is needed you must be referred to an in-network provider.

	In-Network and Out-of-Network DPPO	Delta Care USA (DHMO)
Annual Deductible	\$50 individual \$150 family	\$0
Annual Benefit Maximum	\$1,500 in-network \$1,000 out-of-network	No maximum (except for accidental injury)
Preventive Dental Services (cleanings, exams, x-rays)	100%	100% for most services
Basic Dental Services (fillings, root canal therapy, oral surgery)	90% in-network 80% out-of-network	See fee schedule
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	60% in-network 50% out-of-network	See fee schedule
Orthodontic Services (dependent children under age 19)	50%; to a maximum lifetime benefit of \$2,500	Payment of \$1,600 for 24 months of orthodontic treatment. Additional \$75 per month for services after 24 months.



Vision Benefits

Regular eye examinations can not only determine your need for corrective eyewear, but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

	In-Network (any EyeMed provider)	Out-of-Network (any qualified non-network provider of your choice)
Eye Exam — once every 12 months	\$10 copay	Up to \$49 reimbursement
Lenses — once every 12 months		
Single Vision Lenses	\$25 copay	Up to \$35 reimbursement
Lined Bifocal Lenses	\$25 copay	Up to \$49 reimbursement
Lined Trifocal Lenses	\$25 copay	Up to \$74 reimbursement
Frames — once every 24 months	Up to \$100 reimbursement; 20% discount over \$100	Up to \$70 reimbursement
Contact Lenses — once every 12 months if you elect contacts instead of lenses/ frames	Up to \$115 reimbursement, 15% discount off balance over \$115; 100% if medically necessary	Up to \$115 reimbursement; Up to \$200 if medically necessary



Employee Assistance Program

Claremont EAP: 6 face-to-face sessions (maximum of 6 sessions per issue per 12-month period) available to all employees at no cost.

Counseling available for, but not limited to, drug & alcohol, marital conflict, debt management, crisis intervention, legal, and family conflict issues.

Life & Accidental Death & Dismemberment Insurance

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Masons of California. The company provides basic life and AD&D insurance of 1x annual earnings each to a maximum of \$300,000 at no cost to you.

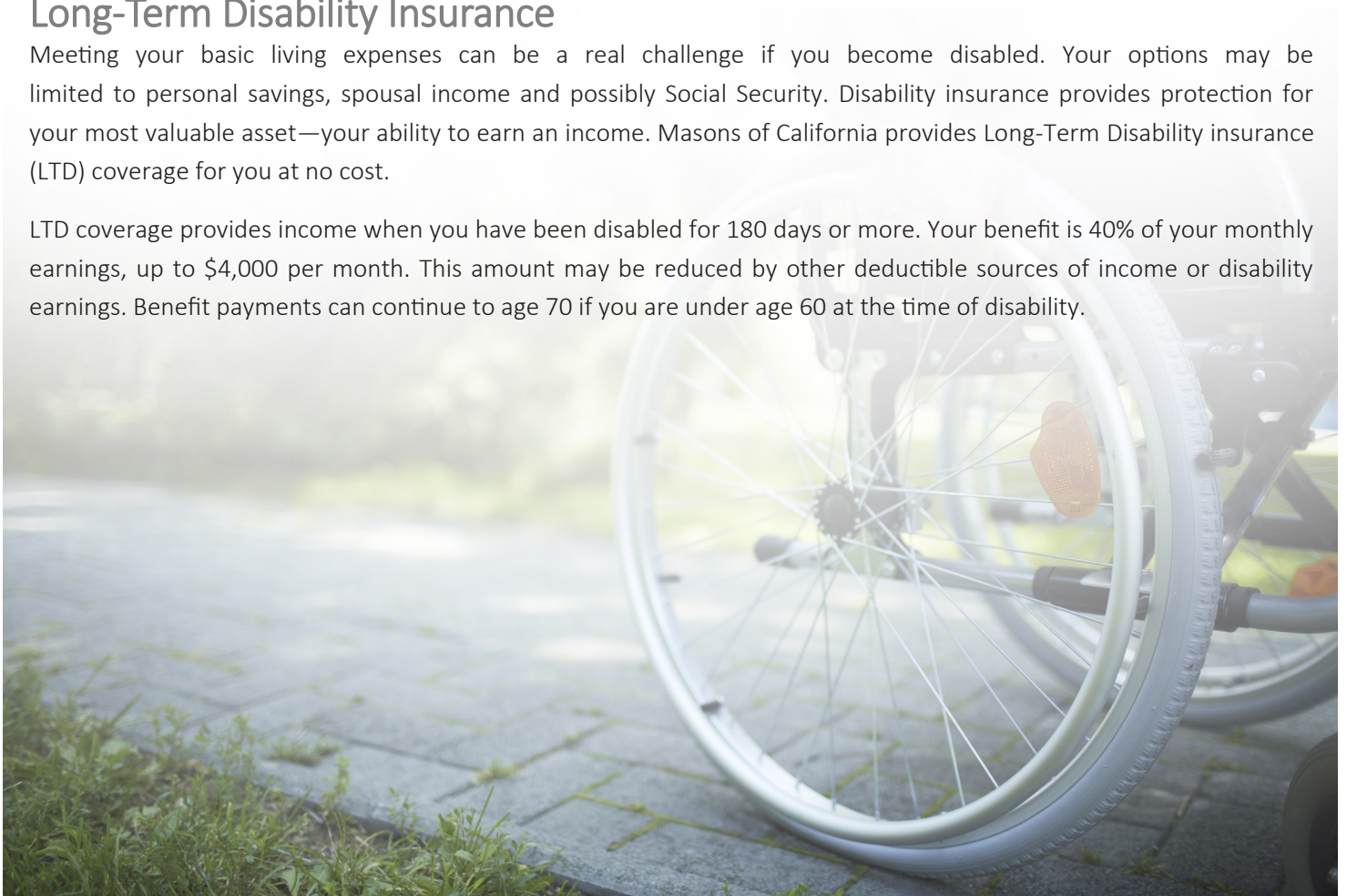
Accidental Death & Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Masons of California provides AD&D coverage at no cost to you.

Long-Term Disability Insurance

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset—your ability to earn an income. Masons of California provides Long-Term Disability insurance (LTD) coverage for you at no cost.

LTD coverage provides income when you have been disabled for 180 days or more. Your benefit is 40% of your monthly earnings, up to \$4,000 per month. This amount may be reduced by other deductible sources of income or disability earnings. Benefit payments can continue to age 70 if you are under age 60 at the time of disability.



Voluntary Life and AD&D Insurance

Not everyone's personal situation is the same; your family needs may be different from your co-workers. In recognition of these differences, Masons of California offers voluntary benefits which you can purchase at group rates.

You may purchase life and AD&D insurance in addition to the company provided coverage.

Employee— available in increments of \$5,000; up to a maximum amount of \$500,000.

You may also purchase life insurance for your dependents if you purchase additional coverage for yourself.

Spouse— Available in increment of \$5,000; up to a maximum amount of \$500,000 (spouse coverage may not exceed 100% of the employee coverage).

Dependent Children— Flat \$10,000.

You are guaranteed coverage (up to \$100,000 and up to \$30,000 for your spouse) without answering medical questions if you enroll when you are first eligible and are under the age of 60. Anyone wishing to enroll for these voluntary benefits outside your initial eligibility period, must go through medical underwriting. See HR for additional information.

Voluntary Benefits

All employees working 20 hours or more per week are eligible to select from and purchase four voluntary benefits through Colonial. These benefits are portable and may be taken with you should you change employment. The benefits available include:

- Short-Term Disability
- Cancer Security
- Accident Care
- Critical Illness

For further details, contact Colonial directly at 1.800.325.4368.

Working Advantage

You are eligible for the Working Advantage discount program provided by our insurance broker, Relation Insurance Services. Exclusive discount includes:

Entertainment

Save up to 60% on movie tickets, theme parks, ski resorts, hotels, museums, zoos, attractions, aquariums and more!

Theatre & Events

Find great seats and super deals on a huge selection of Tony Award® winning Broadway shows, family events, concerts and sporting events nationwide.

Shopping & Gifts

Working Advantage has partnered with your favorite online retailers to bring you excellent discounts on apparel, books and music, electronics office supplies, flowers, food, and home items. Don't miss our wide selection of gift certificates for everyone on your list.

Earn Rewards

Look for the Advantage Point symbol and earn points to be redeemed for movie tickets, gift cards, and more. Register for your **FREE** account today!

- Go to workingadvantage.com
- Select the Register button in the middle of the page
- You will then be prompted to create an account. Use company code **981183646**.

Flex Plan

A Flexible Benefits Plan is available to you through Igoe.

Flexible spending accounts (FSAs) allow you to pay for certain eligible expenses with pre-tax money. By using these accounts, you can benefit in two ways: you can reduce your taxable income and the taxes you pay, and when you have an eligible expense, you are reimbursed with tax-free money.

Participation in these accounts is optional, and you may contribute to any one or all of the available accounts. The annual amount you elect to contribute is deducted from your pay each period. When you incur eligible expenses during the year, you submit them for reimbursement from the appropriate account.

With careful planning, an FSA can significantly reduce your taxes and increase your take-home pay. Expenses that are eligible for reimbursement from the FSAs are determined by the IRS. To access a list of eligible and ineligible FSA expenses, visit the IRS website at www.irs.gov.

Healthcare Spending Account

With the Healthcare Spending Account, you estimate those healthcare expenses you expect to incur during the year that will not be reimbursed by any healthcare plan. Examples include out-of-pocket medical, dental, vision and prescription drug expenses, deductibles, copays and coinsurance payments. Healthcare expenses may be incurred by you or your eligible dependents. You may contribute up to \$2,750 this account.

Dependent Care Spending Account

The Dependent Care Spending Account is designed for people who need dependent care so that they can work. You are eligible to participate if you are single or married. If you are married, however, your spouse must either work, be a full-time student or be unable to care for your dependents due to a disability.

Dependent care can be for your children, spouse or parents. Dependents must live with you and be claimed as a dependent on your federal income tax return. The most you can contribute to this account annually is \$5,000 per IRS household.

Parking and Transportation Expenses

The Parking and Transportation Fringe Benefit Plans (section 132) enables you to set aside pre-tax dollars to pay for work-related parking and commuting costs. You may contribute up to \$270 per month for parking expenses and/or up to \$270 per month for mass transit expenses. You may update your contributions on a monthly basis.

How FSAs Can Save You Money

Mary makes \$1,000 a month before taxes. By using an FSA, Mary elects to set aside \$1,200 in pre-tax dollars for the year, and as a result will have \$30 per month in extra “spendable” income. That adds up to an extra \$360 a year.

	Without FSA Deductions	With FSA Deductions
Mary’s gross monthly earnings	\$1,000	\$1,000
Monthly pretax contributions to FSA	-\$0	-\$100
Taxable monthly income	\$1,000	\$900
Monthly taxes	-\$300	-\$270
Monthly earnings after taxes	\$700	\$630
After-tax expenses	-\$100	-\$0
Monthly net “spendable” income	\$600	\$630
Mary’s net savings	\$0	\$30 per month \$360 per year

HRA (Health Reimbursement Account)

We offer a HRA (Health Reimbursement Account) for those that elect medical benefits with Masons. This account allows up to your annual out-of-pocket reimbursement for hospital services only.

You will receive an HRA debit card to pay for your Hospital benefits through Igoe. If you do not utilize HRA debit card at the time of service, you may still submit your claim with Igoe.

401(k)

Our 401(k) is a type of retirement plan that allows employees to save and invest for their own retirement. Through the 401(k), you can authorize Masons of California to deduct a certain percentage of money from your paycheck before taxes are calculated, and to invest it in the 401(k) plan. Your money is invested in investment options that you choose from the ones offered through our plan. The federal government established the 401(k) in 1981 with special tax advantages to encourage people to prepare for retirement. They get their catchy name from the section of the Internal Revenue Code which established them—section 401(k). You manage your investments with 10 to 15 fund options to choose from. The company matches 50 cents on the dollar for the first 6% of income that you contribute. See example below. If you leave the company, you can take your funds with you, as you are immediately vested. All employees are eligible to participate in the 401(k) plan after 90 days of employment. Safe Harbor Contributions are also provided by the company. You receive between 4% and 8% of your income—whether or not you contribute. See below for example.

Safe Harbor Example	Under age 55	Age 55-59	Age 60+
Annual Base Salary Below \$35,000	5%	6%	8%
Annual Base Salary Above \$35,000	4%	5%	7%

Company match example:

If you contribute:	2%	4%	6%
	1%	2%	3%

Paid Time Off (PTO)

The Masons of California grants Paid Time Off (PTO) to employees to provide them with the flexibility to meet both their work and personal needs. All full-time employees working 40 or more hours per week are eligible to participate in the PTO program. Those who regularly work 30 to 40 hours per week, are eligible to participate in the PTO program at a pro-rated accrual based on scheduled hours. PTO starts accruing on the first day of employment. In addition, employees who work less than 30 hours per week but over 260 hours in a quarter are eligible to participate on a prorated basis. Employees are eligible to use PTO once they have completed at least 90 days of continuous employment. For full policy details, please see your employee handbook.

Accrual Rate for Full-Time Employees

Full-time employees, whether exempt or nonexempt, accrue PTO based upon the following schedule:

During Each Year of Service	PTO Hours Accrued Over Each 80 Hours Biweekly Pay Period** Masonic Homes	PTO Earned by the End of Each Year of Complete Service	PTO Maximum Accrual (Cap) Two times annual accrual
1-5 years*	5.23 hours	17 days, 136 hours	34 days, 272 hours
6-10 years*	6.77 hours	22 days, 176 hours	44 days, 352 hours
After 10 years	8.31 hours	27 days, 216 hours	54 days, 432 hours
During Each Year of Service	PTO Hours Accrued Over Each Semi-Monthly Pay Period Grand Lodge	PTO Earned by the End of Each Year of Completed Service	PTO Maximum Accrual (Cap) Two times annual accrual
1-5*	5.67 hours	17 days, 136 hours	34 days, 272 hours
6-10*	7.33 hours	22 days, 176 hours	44 days, 352 hours
After 10 years	9.00 hours	27 days, 216 hours	54 days, 432 hours

*After 5th and 10th anniversary, accrual rate will increase (For example: hired 3/1/2000, on 3/1/2005 accrual rate will increase, etc.)

**Biweekly = 26 pay periods, Semimonthly = 24 pay periods per year.

Contact Information

Benefit	Administrator	Group#	Phone	Website
Medical	Kaiser HMO	116122	1.800.464.4000	kp.org
Medical	Health Net Elect Open Access HMO	76656G	1.800.676.6976	healthnet.com
DPPO Dental	Delta Dental PPO	10711	1.800.765.6003	deltadentalca.org
DHMO Dental	Delta Care USA	75024	1.800.765.6003	deltadentalca.org
Vision	EyeMed	9675992	1.888.362.7463	eyemedvisioncare.com
Group Life and AD&D Insurance	The Standard	148063	1.800.628.8600	standard.com
Long-Term Disability & Voluntary Life	The Standard	148063	1.800.628.8600	standard.com
Employee Assistance Program	Claremont EAP	N/A	1.800.834.3773	claremonteap.com
Flexible Spending Account/HRA	Igoe	N/A	1.800.633.8818	goigoe.com
Voluntary Benefits/Personal Coverage	Colonial Insurance	N/A	1.800.325.4368	coloniallife.com
401(k)	Fidelity Investments	39226	1.800.343.3548	401k.com
Discount Program	Working Advantage	N/A	1.800.565.3712	relationinsurance.com/workingadvantage
Legal Benefits	Legal Shield	N/A	Devi Asefi 510.919.0408	dalegacyllc.wearelegalshield.com
Benefit Center	Benergy	N/A	—	masons.benergy.com User ID: Masons Password: benefits

Monthly Employee Contributions

	Employee Cost Per Month	Employee Cost Per Pay Period	Employer Cost Per Month
KAISER PERMANENTE SOUTH HEALTH PLAN			
Employee Only	\$68.06	\$34.03	\$612.55
Employee + 1	\$272.24	\$136.12	\$1,088.97
Employee + 2 or more	\$441.72	\$220.86	\$1,484.40
HEALTH NET ELECT OPEN ACCESS HMO			
Employee Only	\$113.60	\$56.80	\$1,022.42
Employee + 1	\$403.30	\$201.65	\$1,698.35
Employee + 2 or more	\$757.74	\$378.87	\$2,525.40
DELTA CARE DHMO PLAN			
Employee Only	\$2.32	\$1.16	\$20.92
Employee + 1	\$7.78	\$3.89	\$33.66
Employee + 2 or more	\$13.74	\$6.87	\$47.51
DELTA DENTAL PPO PLAN			
Employee Only	\$5.66	\$2.83	\$50.90
Employee + 1	\$21.58	\$10.79	\$88.04
Employee + 2 or more	\$46.84	\$23.42	\$147.00
EYEMED VISION PLAN			
Employee Only	\$0.52	\$0.26	\$4.62
Employee + 1	\$1.88	\$0.94	\$7.80
Employee + 2 or more	\$3.22	\$1.61	\$10.95

Required Annual Notices

HIPAA Special Enrollment Rights Notice

Loss of Other Coverage: If you have declined or will be declining enrollment for yourself and/or your dependents because of other in-force health plan coverage, you may be able to enroll yourself and/or your dependents in this plan in the future. If you or your dependents lose eligibility for that other coverage, or if the employer stops contributing towards other group health plan coverage, it may trigger a special enrollment right.

You must request enrollment in this plan **within 30 days** after the other coverage ends. You will be required to submit proof of prior coverage, such as a coverage termination letter from an insurance company or employer.

New Dependent: If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and/or your dependents. This triggers a special enrollment right. However, you must request enrollment **within 30 days** after the marriage, birth, adoption or placement for adoption. You will be required to submit proof of a newly eligible dependent, such as a marriage certificate or birth certificate.

Termination of Medicaid or CHIP Coverage: If you and/or your dependents are covered under a Medicaid plan or a state child health insurance plan (CHIP), and coverage under such a plan is terminated as a result of loss of eligibility, you may be able to enroll yourself and/or your dependents in this plan, as it may trigger a special enrollment right.

To be eligible for this special enrollment opportunity you must request coverage under the group health plan **within 60 days** after the date Medicaid or state-sponsored CHIP coverage ends.

Eligibility for Premium Assistance Under Medicaid or CHIP: If you and/or your dependents become eligible for premium assistance under Medicaid or a state CHIP, including under any waiver or demonstration project conducted under or in relation to such a plan, you may be able to enroll

yourself and/or your dependents in this plan, as it may trigger a special enrollment right. This is usually a program where the state provides employed individuals with premium payment assistance for their employer's group health plan, rather than direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity you must request coverage under the group health plan **within 60 days** after the date you and/or your dependents become eligible for premium assistance under Medicaid or a state CHIP.

Please keep this notice in a secure place with your other health plan materials.

Required Annual Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

Please keep this notice in a secure place with your other health plan materials.

ALABAMA - MEDICAID

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA - MEDICAID

(Alaska's Health Insurance Premium Payment Program)
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS - MEDICAID

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

COLORADO - HEALTH FIRST COLORADO (COLORADO'S MEDICAID PROGRAM) & CHILD HEALTH PLAN PLUS (CHP+)

Website: <https://www.healthfirstcolorado.com/>
Phone: 1-800-221-3943/ State Relay 711
CHP+Website: <https://Colorado.gov/HCPF/Child-Health-Plan-Plus>
Phone: 1-800-359-1991/State Relay 711

FLORIDA - MEDICAID

Website: <http://flmedicaidprecovery.com/hipp/>
Phone: 1-877-357-3268

GEORGIA - MEDICAID

Website: <http://dch.georgia.gov/medicaid>
Click on Health Insurance Premium Payment IPP
Phone: 1-404-656-4507

INDIANA - MEDICAID HEALTHY INDIANA PLAN FOR LOW-INCOME ADULTS 19-64

Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid Website: <http://www.indianamedicaid.com>
Phone: 1-800-403-0864

IOWA - MEDICAID

Website: <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
Phone: 1-888-346-9562

KANSAS - MEDICAID

Website: <http://www.kdheks.gov/hcf/>
Phone: 1-800-635-2570

KENTUCKY - MEDICAID

Website: <http://chfs.ky.gov/dms/default.htm>
Phone: 1-800-635-2570

LOUISIANA - MEDICAID

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>

Phone: 1-888-695-2447

MAINE - MEDICAID

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>

Phone: 1-800-442-6003 TTY: Maine relay 711

MASSACHUSETTS - MEDICAID AND CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>

Phone: 1-800-462-1120

MINNESOTA - MEDICAID

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>

Phone: 1-800-657-3739

MISSOURI - MEDICAID

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 1-573-751-2005

MONTANA - MEDICAID

Website: <http://dphhs.mt.gov/Montana-HealthcarePrograms/HIPP>

Phone: 1-800-694-3084

NEBRASKA - MEDICAID

Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx

Phone: 1-855-632-7633

NEVADA - MEDICAID

Website: <https://dwss.nv.gov/>

Phone: 1-800-992-0900

NEW HAMPSHIRE - MEDICAID

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>

Phone: 1-603-271-5218

NEW JERSEY - MEDICAID AND CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Phone: 1-609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

Phone: 1-800-701-0710

NEW YORK - MEDICAID

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA - MEDICAID

Website: <https://dma.ncdhhs.gov/>

Phone: 1-919-855-4100

NORTH DAKOTA - MEDICAID

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-844-854-4825

OKLAHOMA - MEDICAID AND CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON - MEDICAID

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

<http://www.oregonhealthcare.gov/index-es.htm>

Phone: 1-800-699-9075

PENNSYLVANIA - MEDICAID

Website: <http://www.dhs.pa.gov/provider/medicalassistance/>

[healthinsurancepremiumpaymenthippprogram/index.htm](http://www.dhs.pa.gov/provider/healthinsurancepremiumpaymenthippprogram/index.htm)

Phone: 1-800-692-7462

RHODE ISLAND - MEDICAID

Website: <http://www.eohhs.ri.gov/>

Phone: 1-401-462-5300

SOUTH CAROLINA - MEDICAID

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA - MEDICAID

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS - MEDICAID

Website: <http://hethiptexas.com/>

phone: 1-800-440-0493

UTAH - MEDICAID AND CHIP

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

VERMONT - MEDICAID

Website: <http://www.greenmountaincare.org/>

Phone: 1-800-250-8427

VIRGINIA - MEDICAID AND CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm

Medicaid Phone: 1-800-432-5924

CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm

CHIP Phone: 1-855-242-8282

WASHINGTON - MEDICAID

Website: <http://www.hca.wa.gov/free-or-lowcost-health-care/program-administration/premium-payment-program>

Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA - MEDICAID

Website: <http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx>

Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN - MEDICAID AND CHIP

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>

Phone: 1-800-362-3002

WYOMING - MEDICAID

Website: <https://wyequalitycare.acs-inc.com/>

Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 1, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

dol.gov/agencies/ebsa

(866) 444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

cms.hhs.gov

(877) 267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137

(Expires 12/31/2019)

Medicare Part D Disclosure Notice Important Notice about your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about our company's group health plan prescription drug coverage, and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

Our company's group health plan is, on average for all plan participants, expected to pay as much as the standard Medicare prescription drug coverage will pay, and is considered "creditable coverage."

Because our plan is considered creditable coverage, you can enroll and/or stay enrolled in our plan, and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare prescription drug plan. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Individuals (employees and/or their dependents) may enroll in a Medicare prescription drug plan when they first become eligible for Medicare, and each year from October 15th through December 7th, the annual Medicare Open Enrollment Period, with coverage effective on January 1st. Individuals leaving a group health plan during other times of the year may be eligible for a special enrollment period to sign up for a Medicare prescription drug plan.

If you do decide to enroll in a Medicare prescription drug plan and drop your employer's group health plan prescription drug coverage, be aware that you may not be able to get this coverage back. See below for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with your employer's group health plan and do not enroll in Medicare prescription drug coverage within 63 days after your current coverage ends, you may pay a higher premium (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium may go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may always be at least 19% higher than the regular premium. You will have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following Medicare Open Enrollment Period to enroll.

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook. You will receive a copy of the handbook in the mail from Medicare every year. You may also be contacted directly by Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from these places:

- Visit medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call **(800) 633-4227**. TTY users should call **(877) 486-2048**

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at socialsecurity.gov, or call them at **(800) 772-1213**; TTY **(800) 325-0778**.

Remember: Keep this notice. If you enroll in one of the plans approved by Medicare that offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you have maintained creditable coverage, and are not required to pay a higher premium amount (a penalty). Last Updated: April 1, 2011

Women's Health and Cancer Rights Act Notice

This law requires group health plans providing coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies. We are pleased to inform you that your medical coverage is in compliance with this law.

As the Act requires, we have provided you this letter to inform you about the law's provisions. The law mandates that a member receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy, will also receive coverage for:

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of all stages of mastectomy, including lymphedema

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions applicable to the mastectomy.

If you have any questions about our coverage of mastectomies and reconstructive surgery, please contact the Member Services number on the back of your medical ID card.

Newborns and Mothers Health Protection Act

Notice

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

In any case, plans and insurers may not require that a provider obtain authorization from the plan or the insurer for prescribing a length of stay not more than 48 hours (or 96 hours).

HIPAA Notice of Privacy Practices Reminder

Masons of California would like to communicate the availability of its Notice of Privacy Practices. At any time, a copy of the current Notice of Privacy Practices may be obtained by contacting Human Resources Department at 510-429-6423.



Rev. 10/22/2020