



Southern California Benefit Summary

January 1, 2025 - December 31, 2025



Masons
of California



Masonic Homes
of California



ACACIA CREEK
RETIREMENT COMMUNITY
Imagine Living The Dream



MASONIC CENTER FOR
YOUTH AND FAMILIES
Integrated Therapeutic Services



California Masonic
Foundation

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.



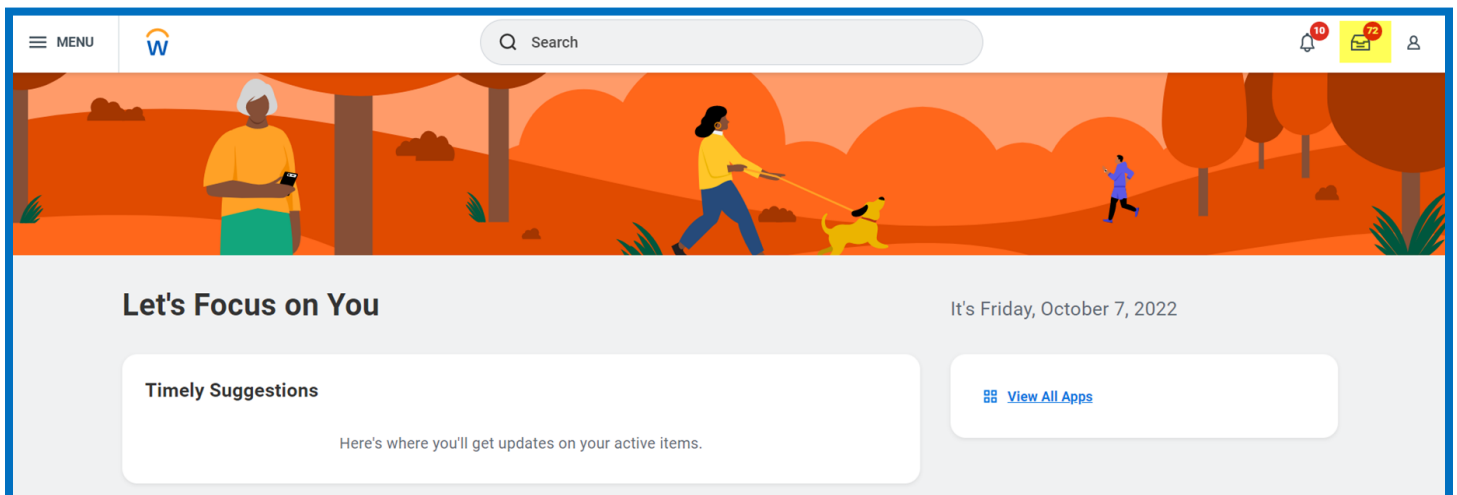
Welcome to Workday: Benefits Enrollment



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:

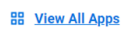
- Web address: [Workday osv freemason - Sign In to Workday \(myworkday.com\)](https://myworkday.com)
- Please save this web address as a favorite on your home page for easy access
- Accessible by your personal laptop, iPad, iPhone, or Android



MENU  Search 

Let's Focus on You It's Friday, October 7, 2022

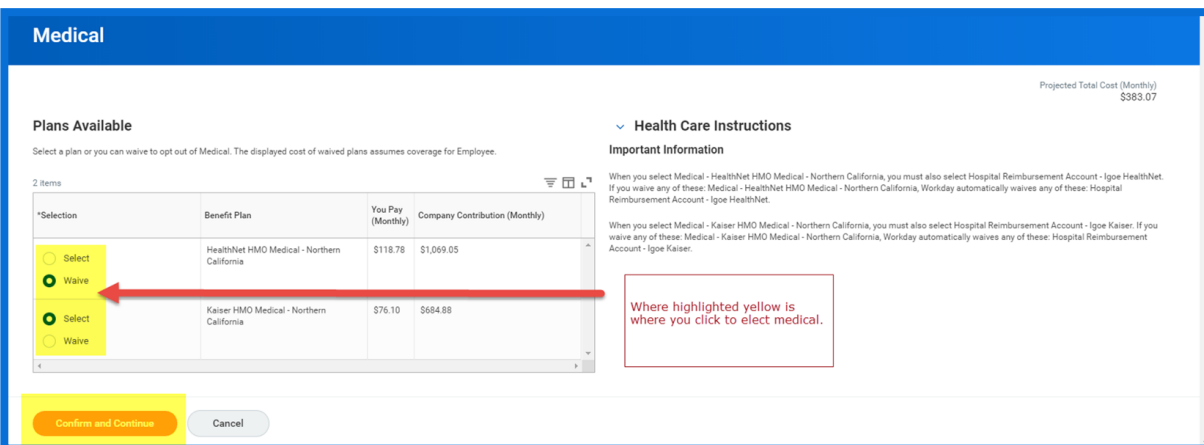
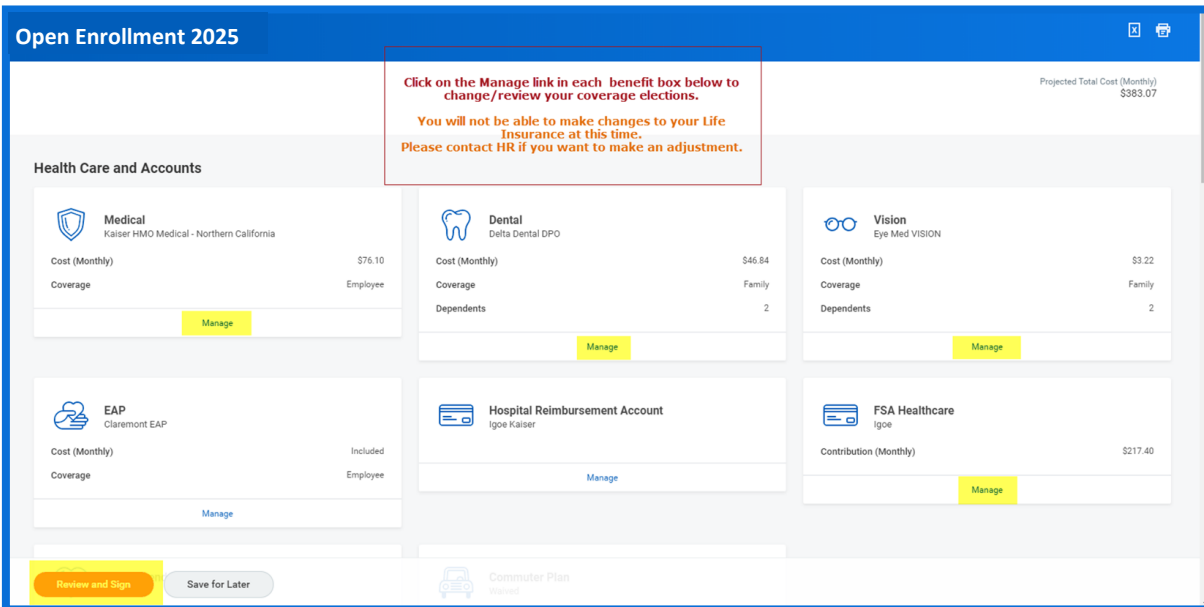
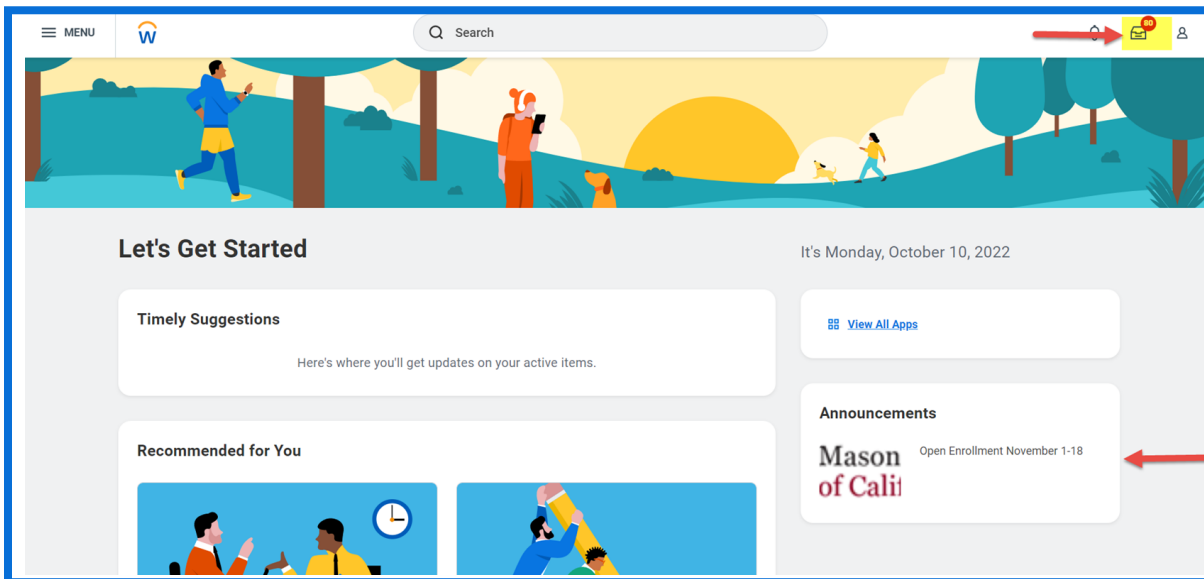
Timely Suggestions
Here's where you'll get updates on your active items.

 [View All Apps](#)

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

Medical - Kaiser HMO Medical - Northern California

Projected Total Cost (Monthly) \$383.07

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.

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

Health Care Instructions

Provider Website <https://kp.org>

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

Coverage *
Plan cost (Monthly)

Add New Dependent

2 items

Select	Dependent	Relationship	Date of Birth
<input type="checkbox"/>	Steve		08/18/1971
<input type="checkbox"/>	Son		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.

*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.

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

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.

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.

*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.

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			
Basic Life	01/01/2016	01/01/2016	\$100,000		Sonia Nichols Steven Nichols Taylor 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)**
- **HRA (Hospital Reimbursement Account)**

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
Hospital Deductible	Individual: \$500** Family: \$1,000** up to the out of pocket Maximum	None
Facility Deductible	Individual: \$500 Family: \$1,000 up to the out of pocket Maximum	None
Annual Out-of-Pocket Maximum	Individual: \$3,500 Family Member: \$3,500 Family: \$7,000	Individual: \$1,500 Family: \$3,000
HEALTHNET PPO SECOND OPINION*		
Annual Out-of-Pocket Maximum	Individual: \$5,500* Family member: \$5,500* Family: \$11,000*	N/A
DOCTORS OFFICE		
Office Visits	\$20	\$20
Specialist Office Visits/Urgent Care	\$40/\$20	\$20
Wellness Care		
<ul style="list-style-type: none"> • Routine exams • X-Rays • Tests • Immunizations • Mammograms 	\$0	\$0
Lab & X-Ray	\$10/\$20*	\$0
Well Baby Visits	\$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)	\$55	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)	\$137.50	N/A

Medical Benefits

	HealthNet Elect Open Access HMO	Kaiser HMO
HOSPITAL SERVICES		
Emergency Room (copay waived if admitted)	\$150 per visit, after facility deductible	\$100 per visit
Inpatient	10% coinsurance after hospital deductible**	\$500 per admit**
Outpatient Surgery	10% coinsurance after facility deductible 5% coinsurance ambulatory surgery center after facility deductible	\$20 per procedure
Ambulance Service	\$150 per trip	\$100 per trip
MENTAL HEALTH SERVICES		
Inpatient Services	10% coinsurance after hospital deductible**	\$500 per admit**
Outpatient Services	\$20	\$20 individual sessions \$10 group sessions
SUBSTANCE ABUSE SERVICES		
Inpatient Detox Services	10% coinsurance after hospital deductible**	\$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	10% coinsurance after hospital deductible**	\$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

*Applies when utilizing the second opinion PPO network-specified services. 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	See fee schedule

**Create your account and
get to know your plan,
view your ID card, and
find a dentist.**

**Visit deltadentalins.com,
and get started today!**



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	\$0 copay up to \$100 allowance; 20% discount over \$100 allowance	Up to \$70 reimbursement
Contact Lenses — once every 12 months if you elect contacts instead of lenses/ frames	\$0 copay up to \$115 allowance, 15% off balance over \$115 allowance	Up to \$115 reimbursement; Up to \$200 if medically necessary

Find and eye doctor (Access Network)

Call: 866.723.0596 or
visit: eyemed.com

Download the EyeMed App:
[Google Play](#) or [App Store](#)

For LASIK, call 1.800.988.4221



Employee Assistance Program (EAP)

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, not to exceed 5x your annual salary.

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
- Accident Care
- Cancer Security
- 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. You may contribute up to \$3,300 this account.

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 \$3,300 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

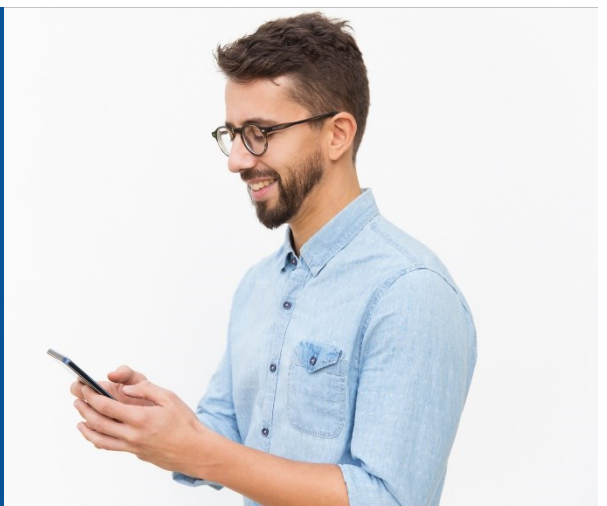
The Parking and Transportation Fringe Benefit Plans (section 132) enables you to set aside pre-tax dollars to pay for work-related parking and commuting costs. You may contribute up to \$325 per month for parking expenses and/or up to \$325 per month for mass transit expenses. You may update your contributions on a monthly basis.

Download Igoe Mobile

app store or **google play**

Masons Employer ID: IGOMASONS

Note: use this employer ID to register online or through the Igoe Mobile app



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 (Hospital Reimbursement Account)

We offer a HRA (Hospital 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%

Contact Information

Benefit	Administrator	Group#	Phone	Website
Medical	Kaiser HMO	116122	800.464.4000	kp.org
Medical	Health Net Elect Open Access HMO	76656G	800.676.6976	healthnet.com
DPPO Dental	Delta Dental PPO	10711	800.765.6003	deltadentalca.org
DHMO Dental	Delta Care USA	75024	800.765.6003	deltadentalca.org
Vision	EyeMed	9675992	888.362.7463	eyemedvisioncare.com
Group Life and AD&D Insurance/ Voluntary Life	Prudential	72066	800.842.1718	prudential.com/mybenefits
Long-Term Disability	Prudential	72066	800.524.0542	prudential.com/mybenefits
Employee Assistance Program	Claremont EAP	N/A	800.834.3773	claremonteap.com
Flexible Spending Account/HRA	Igoe	N/A	800.633.8818	goigoe.com Employer ID: IGOMASONS
Voluntary Benefits/Personal Coverage	Colonial Insurance	N/A	800.325.4368	coloniallife.com
401(k)	Fidelity Investments	39226	800.343.3548	401k.com
Discount Program	Working Advantage	N/A	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.benergy4.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	\$102.73	\$51.37	\$924.61
Employee + 1	\$364.70	\$182.35	\$1,535.87
Employee + 2 or more	\$685.25	\$342.62	\$2,283.77
HEALTH NET ELECT OPEN ACCESS HMO			
Employee Only	\$129.14	\$64.57	\$1,162.13
Employee + 1	\$458.40	\$229.20	\$1,930.46
Employee + 2 or more	\$861.29	\$430.65	\$2,870.50
DELTA CARE DHMO PLAN			
Employee Only	\$2.09	\$1.05	\$18.83
Employee + 1	\$7.01	\$3.50	\$30.29
Employee + 2 or more	\$12.37	\$6.18	\$42.77
DELTA DENTAL PPO PLAN			
Employee Only	\$5.09	\$2.55	\$45.81
Employee + 1	\$19.42	\$9.71	\$79.24
Employee + 2 or more	\$42.16	\$21.08	\$132.30
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

This package contains the required Federal notices for all employees eligible to enroll in our employee benefit program. Read carefully and keep in a secure place.

- HIPAA Special Enrollment Rights Notice
- Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)
- Medicare Part D Creditable Coverage Disclosure Notice
- Women’s Health and Cancer Rights Act Notice
- Newborns and Mothers’ Health Protection Act Notice
- HIPAA Notice of Privacy Practices Reminder
- No Surprise Billing Notice

For questions about the notices, please contact a health plan representative for our company:

Name: **Audrey Duckworth**

Address: **34400 Mission Blvd. Union City, CA 94587**

Phone: **(510) 429.6423**

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 day safter the date you and/or your dependents become eligible for premium assistance under Medicaid or a state CHIP.

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 www.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-KIDSNOW** or www.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 www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility.

ALABAMA – MEDICAID

<http://myalhipp.com/>

855.692.5447

ALASKA – MEDICAID

The AK Health Insurance Premium Payment Program

<http://myakhipp.com>

1.866.251.4861

CustomerService@MyAKHIPPI.com

Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – MEDICAID

<http://myarhipp.com/>

1.855.MyARHIPP (855.692.7447)

CALIFORNIA – MEDICAID

Health Insurance Premium Payment (HIPP) Program

<http://dhcs.ca.gov/hipp>

916.445.8322

Fax: 916.440.5676

Email: hipp@dhcs.ca.gov

COLORADO – HEALTH FIRST COLORADO

(Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)

<http://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:

1.800.221.3943/State Relay 711

CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>

CHP+ Customer Service: 1.800.359.1991/State Relay 711

Health Insurance Buy-In Program (HIBI):

<https://www.mycohibi.com/>

HIBI Customer Service: 1.855.692.6442

FLORIDA – MEDICAID

<https://www.flmedicaidtprecovery.com/>

flmedicaidtprecovery.com/hipp/index.html

1.877.357.3268

GEORGIA – MEDICAID

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678.564.1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: 678.564.1162, Press 2

INDIANA – MEDICAID

Health Insurance Premium Payment Program

All other Medicaid

<https://www.in.gov/medicaid/>

<http://www.in.gov/fssa/dfr/>

Family and Social Services Administration

Phone: 800.403.0864

Member Services Phone: 800.457.4584

Required Annual Notices

IOWA – MEDICAID and CHIPI (Hawki)

<https://hhs.iowa.gov/programs/welcome-iowa-medicaid>

1.800.338.8366

Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>

Hawki Phone: 1.800.257.8563

HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>

HIPP Phone: 1.888.346.9562

KANSAS – MEDICAID

<https://www.kancare.ks.gov/>

1.800.792.4884

HIPP Phone: 1.800.967.4660

KENTUCKY – MEDICAID

Kentucky Integrated Health Insurance Premium

Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

1.855.459.6328

Email: KIHIPP.PROGRAM@ky.gov

KCHIP Website: <https://kynect.ky.gov>

1.877.524.4718

Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – MEDICAID

www.medicaid.la.gov or www.ldh.la.gov/lahipp

1.888.342.6207 (Medicaid hotline) or 1.855.618.5488 (LaHIPP)

MAINE – MEDICAID

Enrollment Website: [https://](https://www.mymaineconnection.gov/benefits/s/?language=en_US)

www.mymaineconnection.gov/benefits/s/?language=en_US

1.800.442.6003/State relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

1.800.977.6740/State relay 711

MASSACHUSETTS – MEDICAID AND CHIP

<https://www.mass.gov/masshealth/pa>

1.800.862.4840

TTY: 711

Email: masspremassistance@accenture.com

MINNESOTA – MEDICAID

<https://mn.gov/dhs/health-care-coverage/>

1.800.657.3672

MISSOURI – MEDICAID

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

573.751.2005

MONTANA – MEDICAID

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

1.800.694.3084

Email: HSHIPPProgram@mt.gov

NEBRASKA – MEDICAID

<http://www.ACCESSNebraska.ne.gov>

1.855.632.7633

Lincoln: 402.473.7000

Omaha: 402.595.1178

NEVADA – MEDICAID

<http://dhcfp.nv.gov>

1.800.992.0900

NEW HAMPSHIRE – MEDICAID

<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

603.271.5218

HIPP program: 1.800.852.3345, ext 15218

NEW JERSEY – MEDICAID AND CHIP

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

800.356.1561

CHIP Premium Assistance: 609.631.2392

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

1.800.701.0710/State relay 711

NEW YORK – MEDICAID

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

1.800.541.2831

NORTH CAROLINA – MEDICAID

<https://medicaid.ncdhhs.gov/>

919.855.4100

NORTH DAKOTA – MEDICAID

<https://www.hhs.nd.gov/healthcare>

1.844.854.4825

OKLAHOMA – MEDICAID AND CHIP

<http://www.insureoklahoma.org>

1.888.365.3742

OREGON – MEDICAID and CHIP

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

1.800.699.9075

PENNSYLVANIA – MEDICAID and CHIP

<https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>

1.800.692.7462

CHIP: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](http://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html)

CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – MEDICAID

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

1.855.697.4347, or 401.462.0311 (Direct RI Share Line)

Required Annual Notices

SOUTH CAROLINA – MEDICAID

<https://www.scdhhs.gov>

1.888.549.0820

SOUTH DAKOTA – MEDICAID

<http://dss.sd.gov>

1.888.828.0059

TEXAS – MEDICAID

[Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](#)

1.800.440.0493

UTAH – MEDICAID AND CHIP

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

Email: upp@utah.gov

Phone: 888.222.2542

Adult Expansion: <https://medicaid.utah.gov/expansion/>

Utah Medicaid Buyout Program: <https://medicaid.utah.gov/buyout-program/>

CHIP: <https://chip.utah.gov/>

VERMONT – MEDICAID

[Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](#)

1.800.250.8427

VIRGINIA – MEDICAID AND CHIP

Medicaid: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>

<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

Medicaid/CHIP: 1.800.432.5924

WASHINGTON – MEDICAID

<https://www.hca.wa.gov/>

1.800.562.3022

WEST VIRGINIA – MEDICAID AND CHIP

<https://dhhr.wv.gov/bms/>

<http://mywvhipp.com>

Medicaid Phone: 304.558.1700

1.855.MyWVHIPP (1.855.699.8447)

WISCONSIN – MEDICAID AND CHIP

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

1.800.362.3002

WYOMING – MEDICAID

<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

1.800.251.1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1.866.444.EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1.877.267.2323, Menu Option 4, Ext. 61565

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (Expires 1/31/2026)

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

Required Annual Notices

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 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 www.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 www.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 (Current August 1, 2023)

Required Annual Notices

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 follows 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

Our organization 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.

Required Annual Notices

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called “**balance billing**.” This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

Required Annual Notices

When balance billing isn't allowed, you also have these protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
 - Cover emergency services without requiring you to get approval for services in advance (also known as “prior authorization”).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed, the federal phone number for information and complaints is: 1-800-985-3059.



Rev. 10/28/2024