

# 2025 Benefits At A Glance

## Southern California



This is only a brief summary of your benefits and does not constitute a policy. Please see summary plan descriptions for detailed provisions of your benefits.

### Medical Plan Options

Services	HealthNet EOA HMO	Kaiser HMO
Calendar Year Deductible	None	None
Hospital Deductible	\$500 Individual** \$1,000 Family**	None
Facility Deductible	\$500 Individual** \$1,000 Family**	None
Annual Out-of-Pocket Maximum	\$3,500 Individual \$3,500 Family Member \$7,000 Family	\$1,500 Individual \$3,000 Family
Annual Out-of-Pocket Maximum (PPO 2nd Opinion)	\$5,500 Individual \$5,500 Family Member \$11,000 Family	N/A
Office Visits	\$20 Copay	\$20 Copay
Specialist Visit/Urgent Care	\$40 Copay	\$20 Copay
Preventive Care	No charge	No charge
Pre-Natal Visits	\$20 Copay	No charge
Basic Lab & X-Ray	\$10 HMO / \$20 PPO	No charge
Chiro/Acu	\$10 Copay/30visits	\$15 copay/30 visits No Acu
Inpatient Hospital	10% after hospital ded; Indiv: \$500 / Fam: \$1,000	\$500/admission
Outpatient Surgery	10% after hospital ded; Indiv: \$500/Fam: \$1,000 Ambulatory Surgerycenter: 5% after facility ded: Indiv: \$500/Fam: \$1,000	\$20/procedure
Emergency Room	\$150/visit (waived if admitted) <i>Facility Deductible Applies</i>	\$100/visit (waived if admitted)
Prescription Drugs Retail (30-day supply)	\$10 Generic \$30 Formulary \$55 Non-Formulary	\$10 Generic \$25 Brand
Prescription Drugs Mail Order (90-day supply)	\$20 Generic \$75 Formulary \$137.50 Non-Formulary	2x Retail for 100-day supply

\*Applies when utilizing the second opinion PPO network-specified services. See HR for details.

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

### FSA Healthcare/Dependent Care/Commuter Plan

You can set aside pre-tax dollars to reimburse for health expenses and/or commuter expenses. You can enroll in one or all of the options. The maximum you can contribute to these pre-tax account would be:

Healthcare FSA	\$3,300 per year
Dependent Care FSA	\$5,000 per year - Married/Joint filing \$2,500 - Married/Separate filing
Commuter Expense	\$325 Parking/Month \$325 Mass Transit/Month

### Hospital Reimbursement Account (HRA)

Hospital Reimbursement Account (HRA) that allows for payment of all hospital copays up to the annual out-of-pocket maximum through a debit card.

The Maximum you can use yearly for your hospital benefit is:  
HRA: Annual out-of-pocket

### Dental Plan Options

**Option 1:** Delta Dental PPO gives you the option of in or out-of-network with benefits paid at a certain percentage up to your \$1,500 max.

**Option 2:** DeltaCare USA is a fee for service you will need to elect a provider for services.

Services	Delta Dental PPO		DeltaCare USA DHMO
	In-Network	Out-of-Network	Network Only
Annual Deductible (Individual/Family)	\$50 / \$150	\$50 / \$150	None
Maximum (per member)	\$1,500	\$1,000	No Max (except for accidental injury)
Preventive	100%	100%	100% for most services
Basic	90%	80%	See fee schedule
Major	60%	50%	See fee schedule
Ortho Max	50% to \$2,500 (Dependent children under 19 only)		See fee schedule

### Vision Plan Option

Services	EyeMed Vision Benefits	
	In-Network	Out-of-Network
Exams: Every 12 Months	\$10 Copay	Up to \$49
Materials: Every 24 Months Frames	\$25 Copay Up to \$100 (20% discount)	
Lenses	100%	Up to \$70
Contacts Elective	Up to \$115 (45% discount)	UP to \$35-\$74



## Your Employer Paid Benefits:

### Claremont Employee Assistance Program

24 hours a day, 7 days a week. 800 number available for advice and counseling 6 Face-to-Face Session with Counselors (6 visits per 12 month period). Available to all employees.

- Work Life Balance
- Drug and Alcohol
- Financial Resources
- Dependent Care Resources
- Stress Management
- Community Resources
- Legal Resources
- Marital Stress

### Basic Life and AD&D

Employees Covered for Basic Life and Basic AD&D 1 x annual earnings to \$300,000 maximum. It is employee's responsibility to update HR on beneficiary information on file.

### Group Long-Term Disability

Our Long-Term Disability (LTD) benefit provides income when you have been disabled for 180 days or more. Your benefit will be 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 time of disability.

### Supplemental Life and AD&D

This voluntary insurance is provided through Prudential on a pre-tax basis through payroll deductions.

	Benefit Amounts
Employee	Increments of \$5,000 up to \$500,000 Guarantee Issue of \$100,000
Spouse/ Domestic Partner	Increments of \$5,000 up to \$500,000 Guarantee Issue of \$30,000
Child(ren)	\$10,000 Guarantee Issue of \$10,000

## Section 125 Premium Expense Account

Your medical, dental and vision contributions will automatically be deducted on a pre-tax basis—this is referred to as a Section 125 Premium Expense Account. By doing so, this provision will result in an immediate decrease in your federal income tax, Social Security, Medicare and state income tax and increase your take home pay.

### Plan Contributions

Medical & Dental plan deductions:

Tier	Employee Monthly Cost	Employee Cost Per Pay Period	Employer Cost Per Month
<b>Kaiser Permanente South</b>			
EE Only	\$102.73	\$51.37	\$924.61
EE + 1	\$364.70	\$182.35	\$1,535.87
EE + 2 or more	\$685.24	\$342.62	\$2,283.77
<b>HealthNet EOA HMO</b>			
EE Only	\$129.14	\$64.57	\$1,162.13
EE + 1	\$458.40	\$229.20	\$1,930.46
EE + 2 or more	\$861.29	\$430.65	\$2,870.50
<b>DeltaCare DHMO</b>			
EE Only	\$2.09	\$1.05	\$18.83
EE + 1	\$7.01	\$3.50	\$30.29
EE + 2 or more	\$12.37	\$6.18	\$42.77
<b>Delta Dental PPO</b>			
EE Only	\$5.09	\$2.55	\$45.81
EE + 1	\$19.42	\$9.71	\$79.24
EE + 2 or more	\$42.16	\$21.08	\$132.30
<b>EyeMed Vision</b>			
EE Only	\$0.52	\$0.26	\$4.62
EE + 1	\$1.88	\$0.94	\$7.80
EE + 2 or more	\$3.22	\$1.61	\$10.95

## Benefit and Carrier Contacts

### Medical

**Kaiser S. CA #116122**  
800.464.4000 | [kp.org](http://kp.org)

**HealthNet HMO #76656G**  
800.676.6976 | [healthnet.com](http://healthnet.com)

### Dental

**Delta Dental PPO #10711 & DeltaCare USA DHMO #75024**  
800.765.6003 | [deltadentalca.org](http://deltadentalca.org)

### Vision

**EyeMed Vision #9675992**  
888.362.7463 | [eyemedvisioncare.com](http://eyemedvisioncare.com)

### Basic Life/AD&D/LTD

**Prudential #720666**  
800.842.1718 (Life) 800.524.0542 (LTD) | [prudential.com](http://prudential.com)

### EAP

**Claremont EAP**  
800.834.3773 | [claremonteap.com](http://claremonteap.com)

### FSA/HRA

**Igoe (Employer ID: IGOMASONS)**  
800.633.8818 | [goigoe.com](http://goigoe.com)

### Voluntary Benefits

**Colonial Insurance**  
800.325.4368 | [coloniallife.com](http://coloniallife.com)

### 401(k) Retirement Plan

**Fidelity Investments #39226**  
800.343.3548 | [401k.com](http://401k.com)

### Employee Discount Program

**Working Advantage**  
800.565.3712 | [workingadvantage.com](http://workingadvantage.com)

### Legal Services

**Legal Shield Contact: Devi Asefi**  
510.919.0408 | [dalegacy.com](http://dalegacy.com)

### Benefit Center

Benergy Site: [masons.benergy4.com](http://masons.benergy4.com)  
User ID: Masons | Password: benefits

### Masons Human Resources Department

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