2026 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

Service	HealthNet EOA HMO	Kaiser HMO	Kaiser HDHP HSA
Annual Deductible	None	None	Individual: $1,700 Individual in Family: $3,400 Family: $3,400
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	Individual: $3,400 Individual in Family: $3,400 Family: $6,800
Annual Out-of-Pocket Maximum (PPO 2nd Opinion)	$5,500 Individual* $5,500 Family Member* $11,000 Family*	N/A	N/A
Office Visits	$20 Copay	$20 Copay	$20 after deductible
Specialist Visit/Urgent Care	$40 Copay / $20 Copay	$20 Copay	$20 after deductible
Preventive Care	No charge	No charge	No charge
Pre-Natal Visits	$20 Copay	No charge	No charge
Basic Lab & X-Ray	$10 HMO / $20 PPO	No charge	$10 after deductible
Chiro/Acu	$10 Copay/30visits	Chiro: $15 copay/30 visits Acu: Provider referred	Chiro: $15 after deductible; 30 visits per calendar year Acu: Provider referred
Inpatient Hospital	10% after hospital ded; Indiv: $500 / Fam: $1,000	$500/admission**	$250 per admit after deductible
Outpatient Surgery	10% after facility ded; Indiv: $500 / Fam: $1,000 Ambulatory Surgery center: 5% after facility ded: Indiv: $500 / Fam: $1,000	$20/procedure	$150 per procedure after deductible
Emergency Room	$150/visit (waived if admitted) *Facility Deductible Applies*	$100/visit (waived if admitted	$200 per visit after deductible
Prescription Drugs Retail (30-day supply)	$10 Generic $30 Formulary $55 Non-Formulary 30% ($250 max) Specialty	$10 Generic $25 Brand $25 Specialty	$10 after deductible Generic $30 after deductible Brand 20% after deductible ($250 max) Specialty
Prescription Drugs Mail Order (90-day supply)	$20 Generic $75 Formulary $137.50 Non-Formulary	2x Retail for 100-day supply	2x Retail for 100-day supply

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

**Reimbursed up to out of pocket maximum by company through third-party administrator (Igoe).

Masons of California · Masonic Homes of California · Acacia Creek Retirement Community · Masonic Center for Youth and Families · California Masonic Foundation

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	$3,400 per year
Dependent Care FSA	$7,500 per year - Married/Joint filing $3,750 - Married/Separate filing
Commuter Expense	$340 Parking/Month $340 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

Health Savings Account (HSA)

Masons offers a Health Savings Account (HSA) with annual employer contributions of $600 for individual coverage and $1,000 for family coverage. HSAs provide triple tax advantages, portability, and funds that roll over year to year, making them a flexible and long-term savings option for healthcare expenses. Unlike HRAs, which are employer-owned and funded, HSAs allow employees to contribute pre-tax dollars and retain ownership of their account even if they change employers. With lower premiums and significant tax savings, an HSA is an excellent choice for managing healthcare costs effectively.

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.

	Delta Dental PPO		DeltaCare USA DHMO
Services	**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

	EyeMed Vision Benefits	
Services	**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 (15% discount)	UP to $30-$74 Up to $115
Contacts Med. Necessary	100%	Up to $200

Your Employer Paid Benefits:

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.

Tobacco Surcharge- New This Year

Employees who are tobacco users and are enrolled in a Masons health plan will see a surcharge of $100/month added to their health insurance premium costs. Please review this change to understand its impact on your premiums in Workday or the contributions below.

Plan Contributions

Medical, dental and vision plan deductions:

Tier	Employee Monthly Cost	Employee Cost Per Pay Period	Employer Cost Per Month
Kaiser Permanente North HDHP HSA			
Employee Only	$90.38	$45.19	$813.39
Employee + 1	$320.84	$160.42	$1,351.13
Employee + 2 or more	$602.82	$301.41	$2,009.07
Kaiser Permanente North			
Employee Only	$114.00	$57.00	$1,026.00
Employee + 1	$404.70	$202.35	$1,704.30
Employee + 2 or more	$760.38	$380.19	$2,534.22
HealthNet EOA HMO			
Employee Only	$145.28	$72.64	$1,307.40
Employee + 1	$515.72	$257.86	$2,171.76
Employee + 2 or more	$968.94	$484.47	$3,229.32
DeltaCare DHMO			
Employee Only	$2.10	$1.05	$18.82
Employee + 1	$7.02	$3.51	$30.28
Employee + 2 or more	$12.36	$6.18	$42.78
Delta Dental PPO			
Employee Only	$5.10	$2.55	$45.80
Employee + 1	$19.42	$9.71	$79.24
Employee + 2 or more	$42.16	$21.08	$132.30
EyeMed Vision			
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
HSA Contribution			
Employee Only	$600 Annually ($50 Monthly)		
Employee + Dependents/Family	$1,000 ($83.33 Monthly)		

Benefit and Carrier Contacts

Medical
Kaiser S. CA #116122
800.464.4000 | **kp.org**

HealthNet HMO #76656G
800.676.6976 | **healthnet.com**

Dental
Delta Dental PPO #10711 & DeltaCare USA DHMO #75024
800.765.6003 | **deltadentalca.org**

Vision
EyeMed Vision #9675992
888.362.7463 | **eyemedvisioncare.com**

Basic Life/AD&D/LTD
Prudential #720666
800.842.1718 (Life) 800.524.0542 (LTD) | **prudential.com**

EAP
Claremont EAP
800.834.3773 | **claremonteap.com**

FSA/HRA/HSA
Igoe (Employer ID: IGOMASONS)
800.633.8818 | **goigoe.com**

Voluntary Benefits
Colonial Insurance
800.325.4368 | **coloniallife.com**

401(k) Retirement Plan
Fidelity Investments #39226
800.343.3548 | **401k.com**

Employee Discount Program
Working Advantage
800.565.3712 | **workingadvantage.com**

Legal Services
Legal Shield Contact: Devi Asefi
510.919.0408 | **dalegacy.com**

Masons Human Resources Department
Andrew Uehling, HR Director
auehling@freemason.org

Audrey Duckworth, HR Technology & Operations Manager
510.429.6412 | **aduckworth@mhcuc.org**

Scan the QR code to learn more and view your 2026 Employee Benefits Guide