

2027 Benefits-At-A-Glance

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	Blue Shield HMO	Kaiser $5,500 plan Nonstop Benefits	Employee Experience After Nonstop Benefits*	Kaiser HDHP HSA
Annual Deductible	$0	$5,500 Individual $5,500 Member in family $11,000 Family	$0 Individual / Family	Individual: $1,750 Individual in Family: $3,500 Family: $3,500
Annual Out-of-Pocket Maximum	$5,000 Individual $10,000 Family	$7,000 Individual/Member $14,000 Family	$1,500 Individual $1,500 Member in family $3,000 Family	Individual: $3,500 Individual in Family: $3,500 Family: $7,000
Basic Lab & X-Ray	Lab $20 X-ray $35	40% after deductible	40%*	$10 after deductible
Complex Lab & X-Ray	$150**	40% after deductible	40%*	$150 after deductible
Office Visits	$25 per visit	$50 after deductible	$50 per visit	$20 after deductible
Specialist Visit/Urgent Care	Specialist: $40 Urgent Care: $25	$50 after deductible	$50 per visit	$20 after deductible
Preventive Care	No charge	No charge	No charge	No charge
Chiro/Acupuncture	Chiro: Not covered Acupuncture: $25 per visit	Chiro: $15 per visit Acupuncture: $15 per visit	Chiro: $15 per visit Acupuncture: $15 per visit	Chiro: $15 after deductible 30 visits/year Acupuncture: $15 after deductible
Inpatient Hospital	$300/day, up to 5 days/admit**	40% after deductible	40%*	$250 per admit after deductible
Outpatient Surgery	$100 per visit**	40% after deductible	40%*	$150 per procedure after deductible
Emergency Room	$250 per visit**	40% after deductible	40%*	$200 per visit after deductible
Prescription Drugs Retail (30-day supply) Tier 1 (Generic Drug) (a) (b) Tier 2 (Formulary Drug) Tier 3 (Non-Formulary Drug) Tier 4 (Specialty Drug)	Tier 1: $10 (a) $15 (b) Tier 2: $25 (a) $40 (b) Tier 3: $40 (a) $60 (b) Tier 4: 10%, $250 max per RX	$15 Generic after deductible 40% Formulary (max $100/Rx) Non-Formulary: N/A 40% Specialty (max $250/Rx)	$15 Generic 40% Formulary (max $100/Rx) Non-Formulary: N/A 40% Specialty (max $250/Rx)	$10 Generic after deductible $30 Brand after deductible Non-Formulary: N/A 20% Specialty after deductible (max $250/Rx)
Prescription Drugs Mail Order Generic/Formulary/ Non-Formulary (90-day supply)	$20/$50/$80	2x retail for 100-day supply Non-Formulary: N/A	2x retail for 100-day supply Non-Formulary: N/A	$20 Generic / $60 Formulary 100-day supply Non-Formulary: N/A

****HRA Reimbursement: Reimbursements are cumulative up to $5,000 for single coverage and $10,000 for employee + dependent coverage.**

- **Inpatient hospitalization: Reimburse $300 copay/day up to 5 days.**
- **Outpatient hospital: Reimburse $100 copay/visit**
- **ER: Reimburse $250 copay/visit**
- **Complex Labs: Reimburse $150 copay/visit**

***HRA Reimbursement after Nonstop: Reimbursements are cumulative up to $1,500 for single coverage and $3,000 for employee + dependent coverage.**

- **Inpatient hospitalization: Reimburse 100% after the Nonstop plan has paid.**
- **Outpatient hospitalization: Reimburse 100% after the Nonstop plan has paid.**
- **ER: Reimburse 100%. The additional $100 Nonstop ER copay will be reimbursed by the Igoe HRA plan. Members cannot pay it with the Nonstop Visa card. Nonstop waives this copay if the ER visit results in hospital admission.**
- **Lab and X-ray/Complex Lab and X-ray: Reimburse 100% after the Nonstop plan has paid.**

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

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	$3,500 per year
Dependent Care FSA	$7,500 per year - Married/Joint filing $3,750 - Married/Separate filing
Commuter Expense	$350 Parking/Month $350 Mass Transit/Month

Health Reimbursement Account (HRA)

Employees enrolled in the Blue Shield HMO receive an employer-funded Health Reimbursement Account (HRA) administered by Igoe.

For Blue Shield HMO, The HRA reimburses:

- Inpatient Hospitalization $300 copay/day up to 5 days
- Outpatient Hospitalization $100 copay/visit
- Emergency Room $250 copay/visit
- Complex Lab $150 copay
- Reimbursements are cumulative up to $5,000 for single coverage and $10,000 for employee + dependent coverage.

Employees enrolled in the Kaiser $5,500 + Nonstop plan receive an employer-funded Health Reimbursement Account (HRA) administered by Igoe. After Nonstop funding is exhausted.

For Kaiser Nonstop Plan, the HRA reimburses:

- Inpatient hospitalization: Reimburse 100% after the Nonstop plan has paid.
- Outpatient hospitalization: Reimburse 100% after the Nonstop plan has paid.
- ER: Reimburse 100%. The additional $100 Nonstop ER copay will be reimbursed by the Igoe HRA plan. Members cannot pay it with the Nonstop Visa card. Nonstop waives thiscopay if the ER visit results in hospital admission.
- Lab and X-ray/Complex Lab and X-ray: Reimburse 100% after the Nonstop plan has paid.
- Reimbursements are cumulative up to $1,500 for single coverage and $3,000 for employee + dependent coverage.

Health Savings Account (HSA)

Masons contributes $600 annually for individual HSA coverage and $1,000 for family coverage. You own the HSA and retain it when you change employers. Unused funds roll over. Contributions and qualified expenses follow applicable tax rules. Confirm 2027 IRS limits and account fees before release. This HSA option is separate from Kaiser + Nonstop.

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 lifetime Dependent child age eligibility:26		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 **Frames: Every 24 Months**	$25 Copay Up to $100 (20% discount)	Up to $70
Lenses: Every 12 Months **Contacts: Every 12 Months**	$25 copay Up to $115 (15% discount)	In lieu of glasses up to $200
Contacts Med. Necessary	100%	

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	$5,000 increments To $500,000 / 5x salary GI: $100,000
Spouse/ Domestic Partner	$5,000 steps to $250,000 Max 100% of employee GI: $30,000
Child(ren)	$10,000 GI: $10,000

Benefit and Carrier Contacts

Benefit	Administrator	Group#	Phone	Website
Medical	Kaiser Permanente	28748	800.464.4000	**kp.org**
Medical	Blue Shield HMO	Pending	Pending	**blueshieldca.com/godigital**
Medical	Nonstop		877.626.6057	**login.nonstophealth.com** Email: **clientsupport@nonstophealth.com** Monday - Friday, 6 am - 5 pm Pacific
DPPO Dental	DeltaDental PPO	10711	800.765.6003	**deltadentalins.com**
DHMO Dental	Delta Care USA	75024	800.765.6003	**deltadentalins.com**
Vision	EyeMed	9675992	888.362.7463	**eyemedvisioncare.com**
Group Life/AD&D Insurance/ Voluntary Life	Prudential	72066	800.842.1718	**mybenefits.prudential.com**
Long-Term Disability	Prudential	72066	800.524.0542	**mybenefits.prudential.com**
Employee Assistance Program	Claremont EAP	N/A	800.834.3773	**claremontheap.com**
Flexible Spending Account/HRA/HSA	Igoe	N/A	800.633.8818	**goigoe.com/resources/** 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	981183646	800.565.3712	**https://www.workingadvantage.com/**
Legal Assistance Benefits	Legal Shield	N/A	Contact: Devi Asefi 510.919.0408	**https://dalegacyllc. legalshieldassociate.com/**

Scan the QR code to learn more and view your 2027 Employee Benefits Guide