

BENEFIT SUMMARY

January 1, 2027 - December 31, 2027

Masons of California

Masonic Homes of California

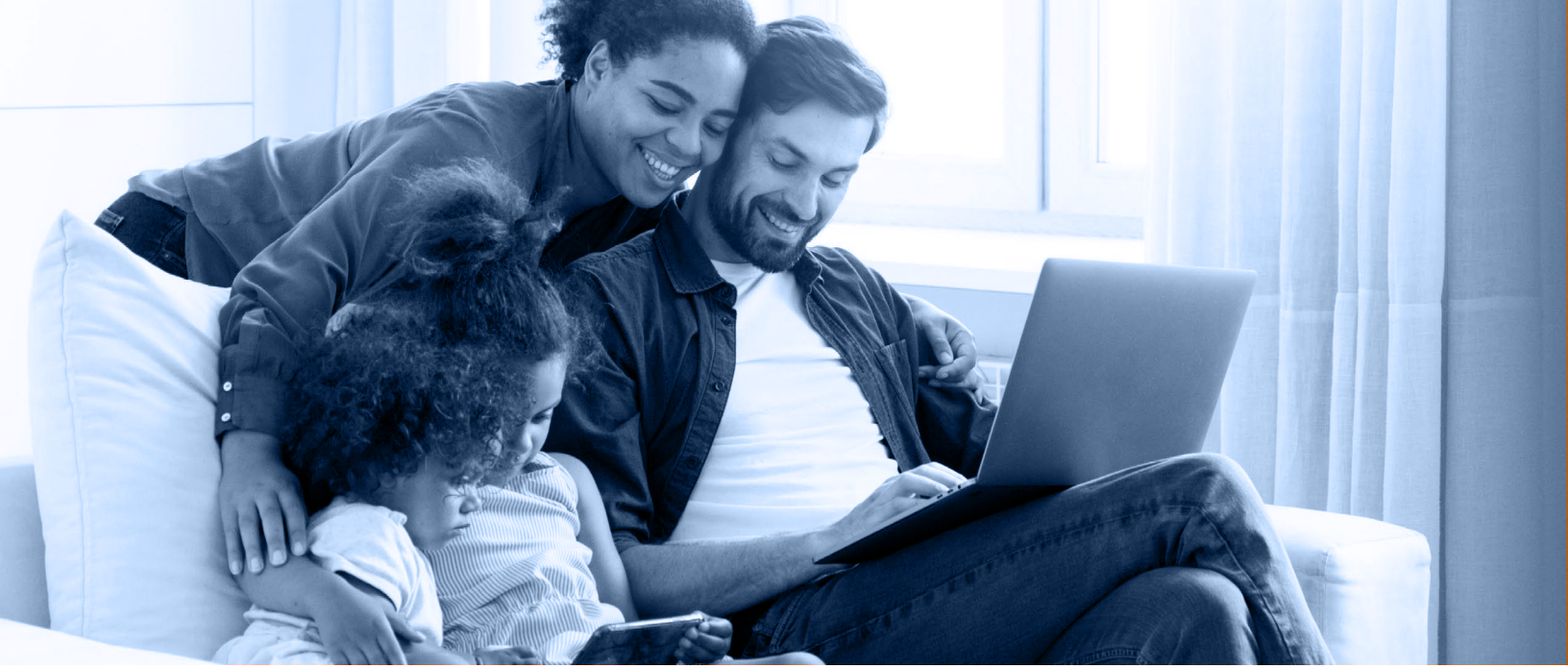
ACACIA CREEK
Retirement Community
Imagine Living The Dream

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.

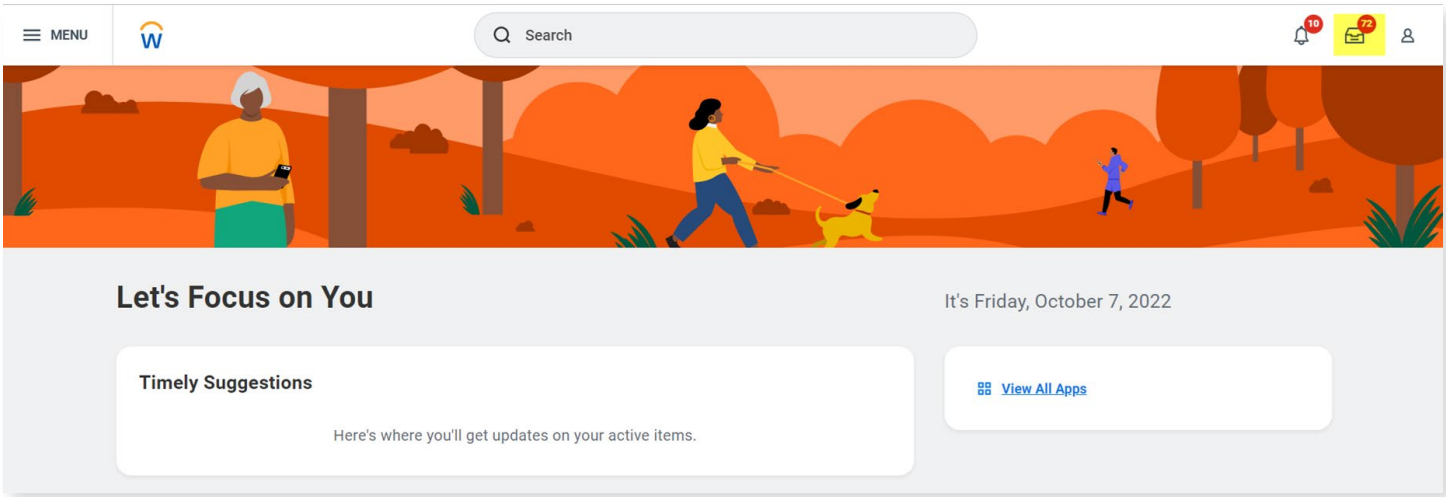


Welcome to Workday: Benefits Enrollment

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:

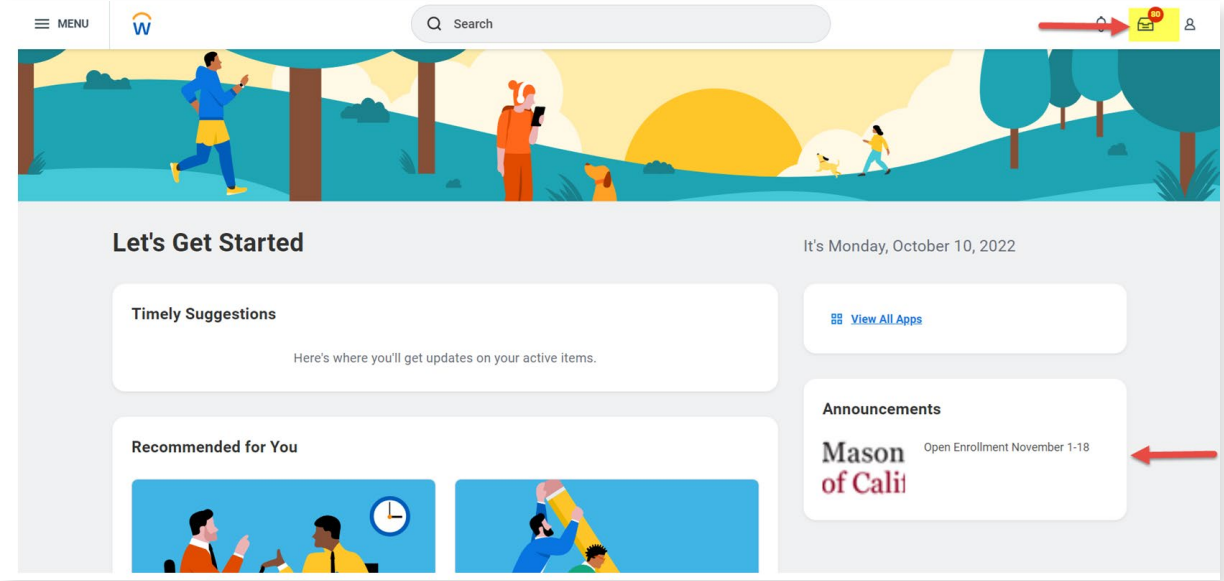
- Web address: Workday osv_freemason - Sign In to Workday (myworkday.com)
- Please save this web address as a favorite on your home page for easy access
- Accessible by your personal laptop, iPad, iPhone, or Android

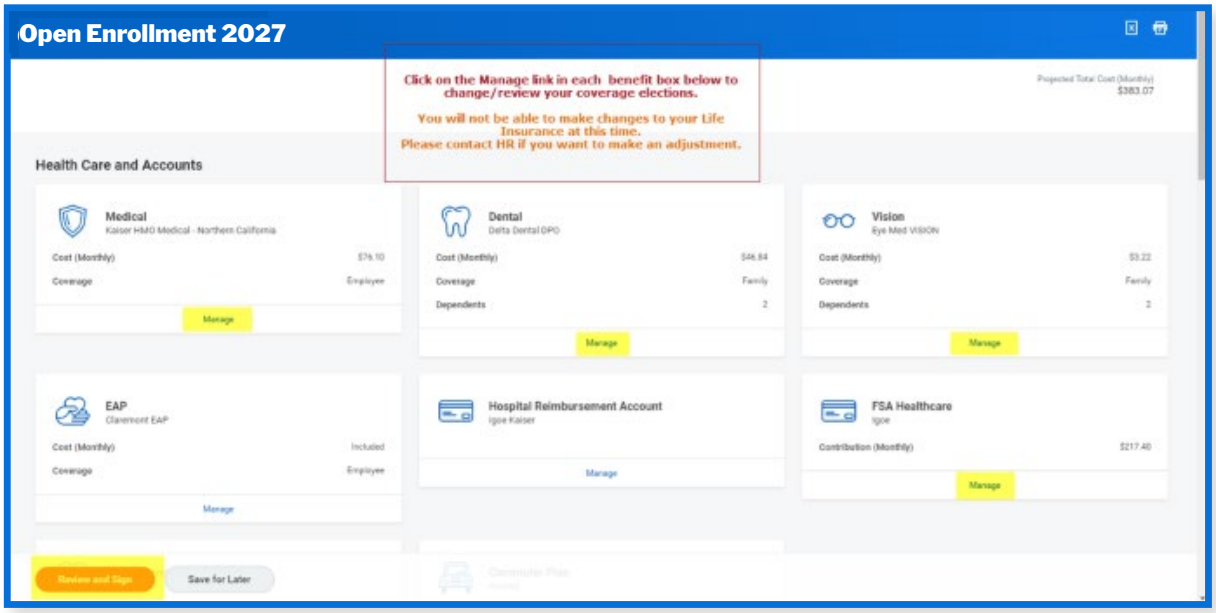


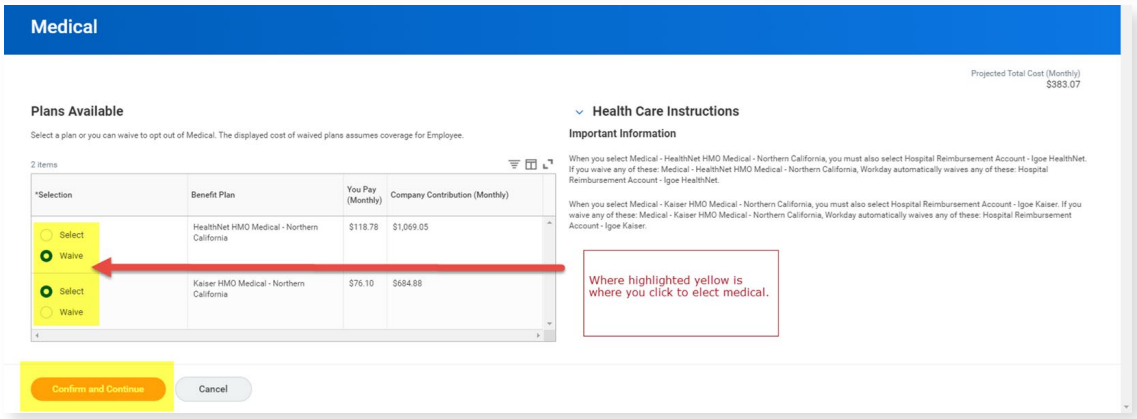
For your security, we recommend closing your browser after each session.

BENEFITS ENROLLMENT

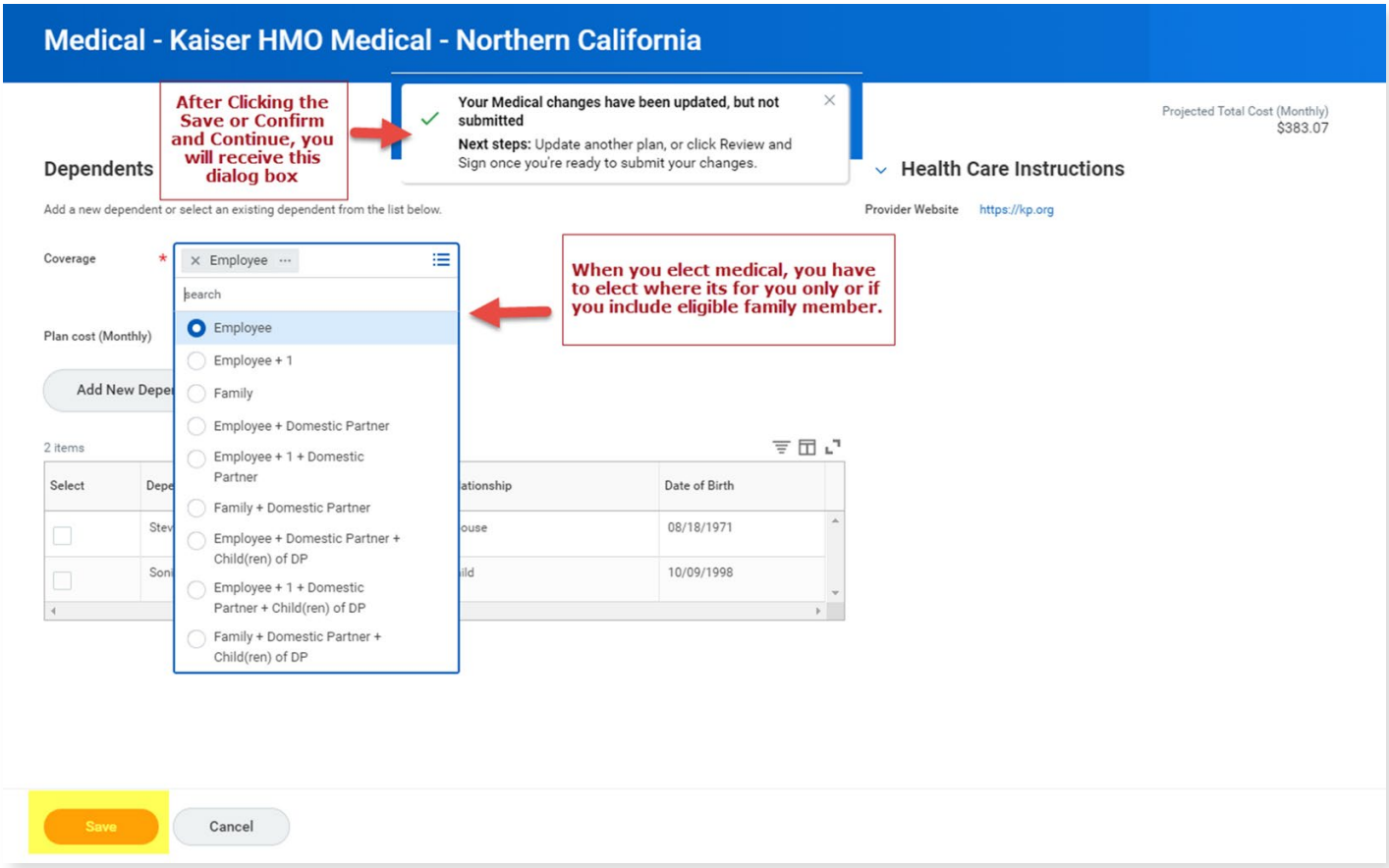
For benefit eligible employees, use Workday to enroll in your benefits. Follow these steps to enter benefits. Login to Workday and click on the top right hand corner of your Workday Inbox.

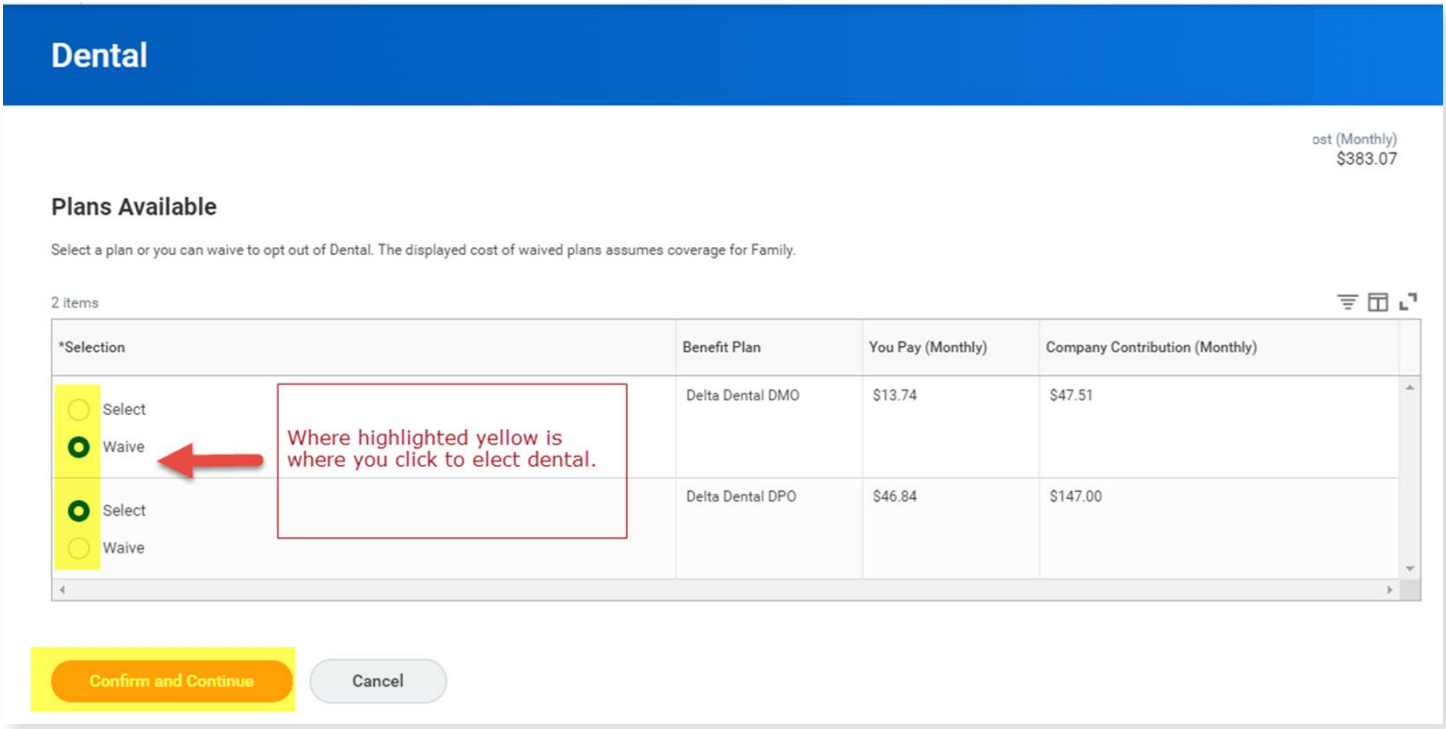




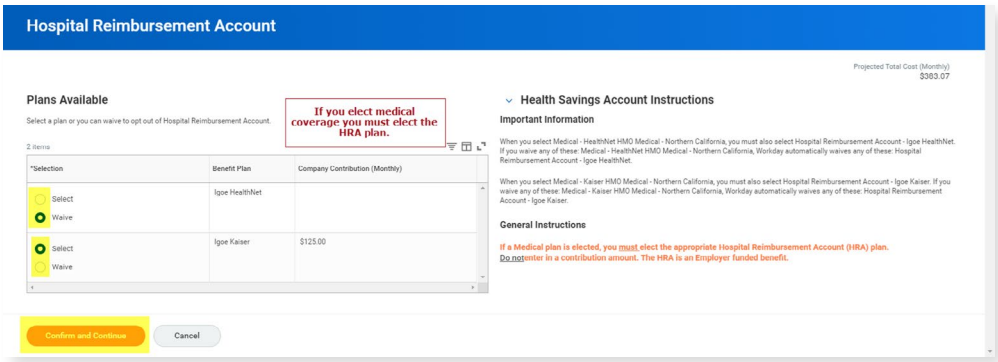


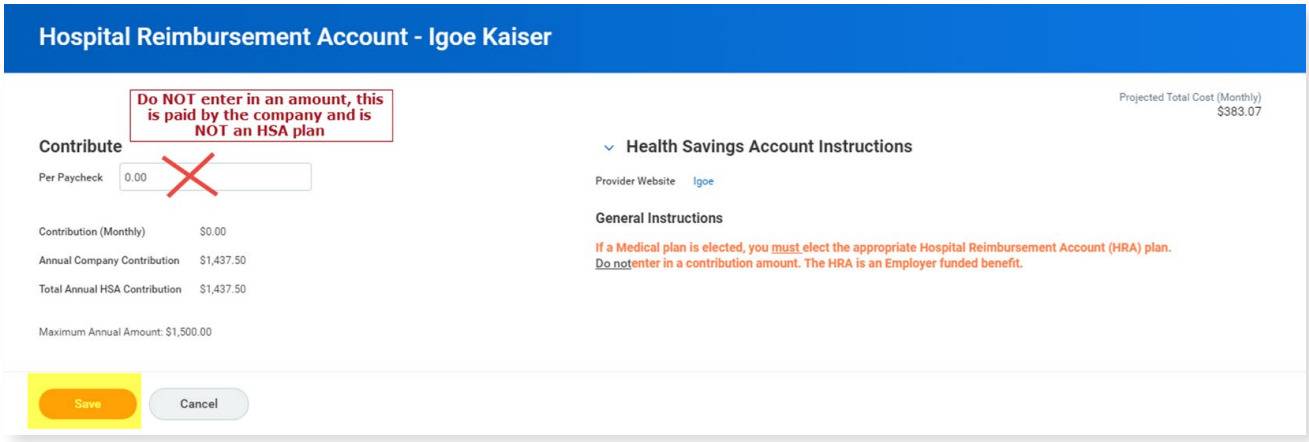
BENEFITS ENROLLMENT

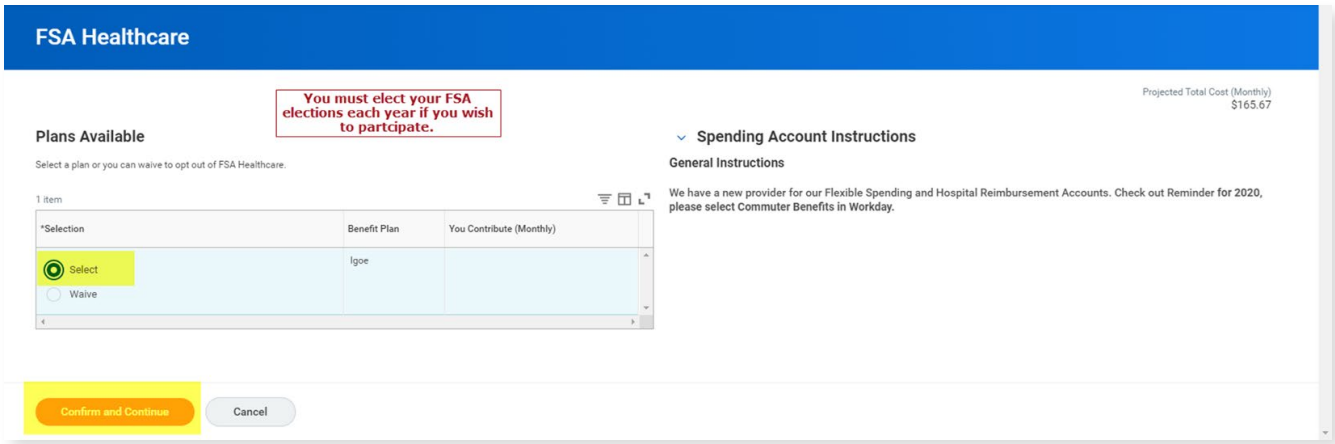




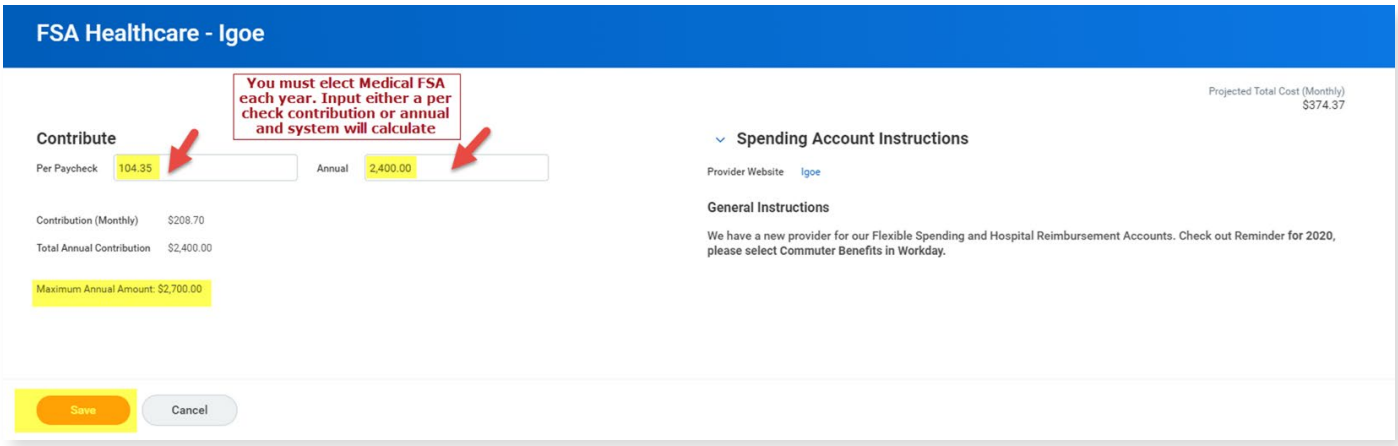
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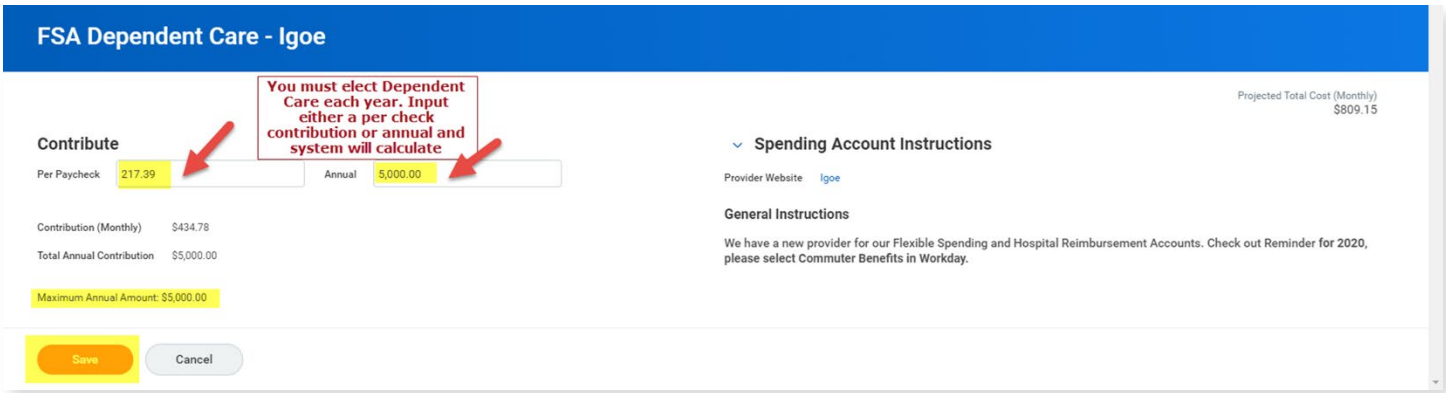


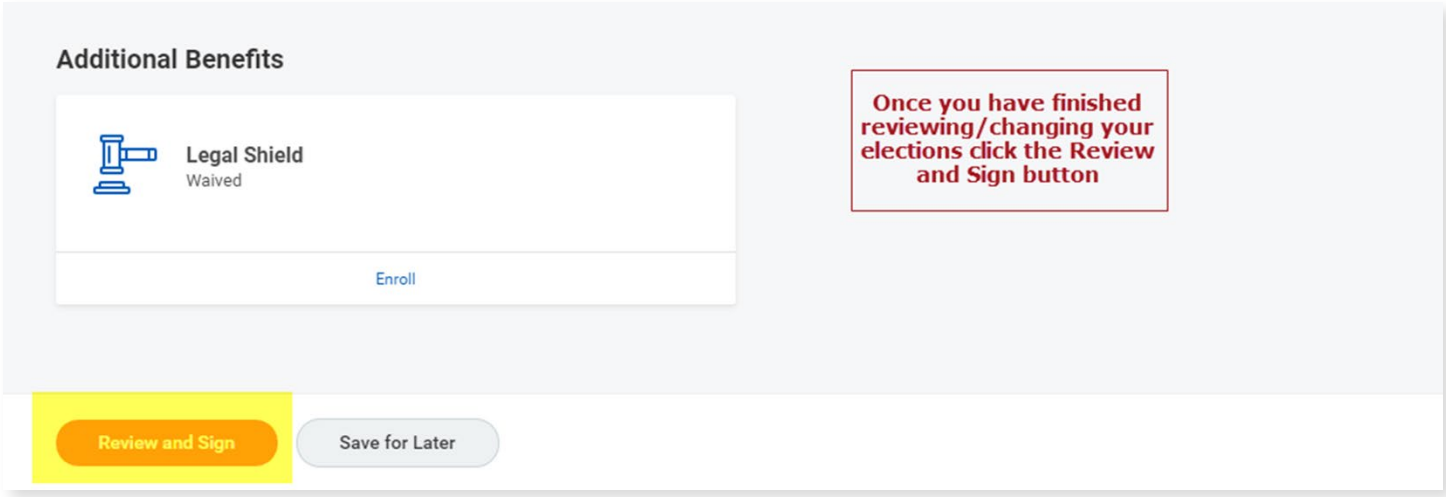




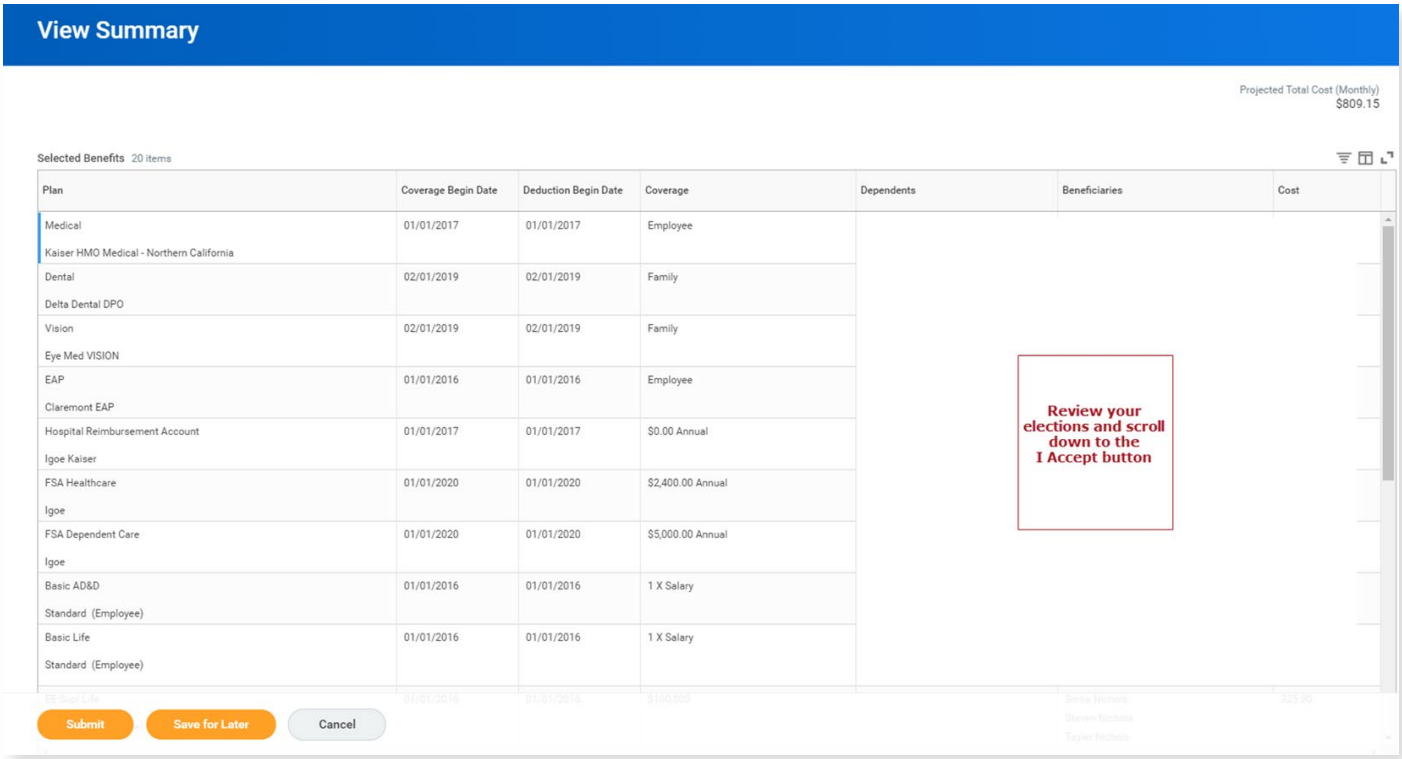
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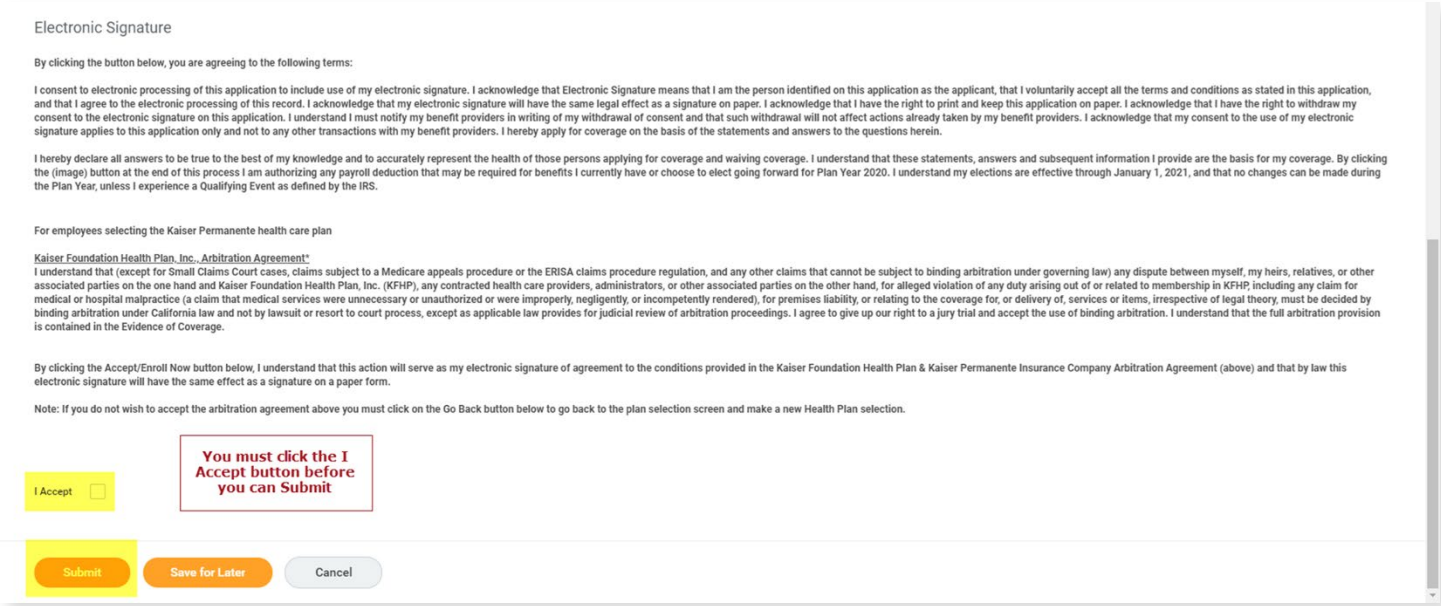






BENEFITS ENROLLMENT







Welcome to Workday: Benefits Enrollment

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.

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.

Benefit Plans Offered

- **Medical: 3 plan choices**
  - Kaiser $5,500 + Nonstop
  - Kaiser Permanente HDHP HSA
  - Blue Shield HMO
- **Dental**
  - DHMO
  - DPPO
- **Vision**
- **Chiropractic Care** (Kaiser members only)
- **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)**
- **Hospital Reimbursement Account (HRA)**
- **Health Savings Account (HSA)**

MEDICAL BENEFITS

Medical coverage helps protect you and your family from unexpected healthcare costs while supporting preventive care and routine exams.

Masons of California offers three medical plan options:

1. **Kaiser HDHP with HSA:** A separate high-deductible health plan paired with a Health Savings Account (HSA). This option does not include Nonstop Health funding.

2. **Kaiser $5,500 Plan with Nonstop Health (replacing the Kaiser HMO Plan):** This option combines Kaiser coverage with Nonstop Health, an employer-funded Medical Expense Reimbursement Program (MERP) that helps pay eligible medical and prescription expenses. Kaiser determines covered services, prescription coverage, and network eligibility. Except in an emergency, care must be received through Kaiser physicians and facilities.

- Manage your Kaiser plan: Register at kp.org or download the Kaiser permanente app to schedule routine appointments, fill prescriptions and find doctors near you.

3. **Blue Shield HMO (replacing Health Net):** Includes a $0 annual deductible and coverage for office visits, hospital care, and prescription drugs. Please confirm provider network participation and any referral requirements before enrolling.

   Blue Shield of California offers online tools, care options, and support programs to help you manage your benefits and well-being. Program availability, eligibility, and member cost-sharing vary by plan.

- Manage your Blue Shield plan: Register at blueshieldca.com or download the Blue Shield of California mobile app to review benefits, claims, deductibles, and out-of-pocket totals; view or print your ID card; find network providers and pharmacies; access your Member Health Record; and estimate costs for common services.

- Find care: Use the Find a Doctor tool to locate in-network medical, mental health, dental, vision, pharmacy, and facility providers. HMO members select a primary care physician (PCP), who coordinates care and referrals when required. Find a doctor: blueshieldca.com/fad/home

- Well-being and travel resources: Eligible members may have access to Care Management, the Maven Maternity Program, Wellvolution coaching, preventive-care guidance, and wellness discounts. When traveling, the BlueCard program can help locate participating providers outside California; international resources may be available through Blue Shield Global Core. HMO coverage away from home is generally limited to urgent and emergency care unless approved through the Away From Home Care program.

Always confirm your plan's benefits, network, eligibility, and cost-sharing before receiving care. For emergencies, call 911; for mental-health crisis support, call or text 988.

KAISER WITH NON-STOP HEALTH

What is Nonstop Health?

Nonstop Health is a type of healthcare program that allows organizations to fund a portion of their employees' out-of-pocket expenses (e.g. deductibles, copays, and coinsurance). The Nonstop Health program combines an ACA-compliant health plan with a Section 105 medical expense reimbursement plan and provides you, the member, with a Visa card to help pay for in-network, covered medical expenses, up to the allowed amount of:

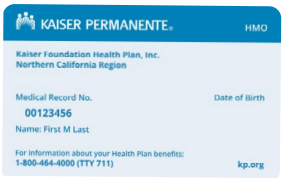
- **Kaiser: $5,500 for employee plans and $11,000 for employee + dependent plans.**

Nonstop provides $5,500 individual / $11,000 family in first-dollar funding with remaining member costs up to $1,500 individual / $3,000 family. This funding accompanies the Kaiser $5,500 option only.

With Nonstop Health, you will receive two cards in the mail after you enroll: your identification card from Kaiser and your Nonstop Visa card from Nonstop Administration and Insurance Services, Inc. (Nonstop).

What should I do with each card?

KAISER CARD



Your ID card comes from Kaiser, and includes information relevant to the HDHP.

You must present your medical ID card at each doctor visit and when purchasing prescription drugs. This is important to ensure the medical plan is apprised of the charge and properly credits your deductible and out-of-pocket maximum.

NONSTOP VISA CARD



The Nonstop Visa card comes from Nonstop and can be used to pay for medical services and prescriptions, up to the allowed amount for your plan. You cannot use the Nonstop Visa card to purchase over the counter drugs.

You will receive two Nonstop Visa cards and they will both only be in your name. If you need additional cards, please call Nonstop at 1-877-626-6057. We recommend that you DO NOT set up a PIN as this will only allow you to use the card as a debit card and not a credit card.

Please Note: When possible, ask your provider to bill you after your insurance processes the claim. If you paid at your visit, review your EOB from Kaiser; if it shows you paid more than your share, contact the provider for a refund.

Using your Nonstop Visa card

1. Activate your card at 866.898.9795. Allow 12–24 hours for activation.
2. Show your Kaiser insurance ID first so the provider or pharmacy processes the expense through your insurance. Then use the Nonstop Visa card for the eligible amount you owe, within available funding.
3. If the card does not work, contact Nonstop. You may need to pay personally and submit a claim for reimbursement. Keep the supporting documents.

Keep documents and respond to requests

Nonstop reviews card charges through a process called substantiation. Keep every page of your Explanation of Benefits (EOB) and detailed pharmacy bag receipts. If Kaiser does not issue an EOB, request a claim summary or itemized statement showing the service, provider, charges, insurance payment/adjustments, your responsibility and network status.

Respond to Nonstop's documentation requests. Nonstop cannot obtain carrier records for you. You must repay the employer's Nonstop account for charges that cannot be verified or that your plan did not approve.

KAISER WITH NONSTOP HEALTH

Igoe HRA

The Nonstop card will offset the deductible on the Kaiser Medical Plan (Kaiser $5,500 Plan). Once you have met the Out-of-Pocket Maximum, the Medical plan will pay 100% of covered expenses for the remainder of the calendar year.

Deductible	Nonstop Health (NSH): Use the Nonstop Health Visa card to pay for your deductible. Depending on the medical plan you elect, you will have an individual and family deductible to meet each year. Once the funds are exhausted you pay the coinsurance until the out-of-pocket maximum is met. The amount of the funding on the Nonstop Health card will vary dependent upon the medical coverage you select.
Coinsurance	Patient Responsibility: After meeting the deductible, members pay a share of eligible expenses until they reach the out-of-pocket maximum. These amounts cannot be paid with the Nonstop Visa card or submitted for reimbursement. If an emergency room visit results in an inpatient admission, Nonstop waives the ER copay. Otherwise, the $100 Nonstop ER copay is reimbursable through the Igoe HRA plan. The Igoe HRA plan provides the following reimbursements after the Nonstop plan has paid: • Inpatient and outpatient hospitalization: 100% reimbursement • Emergency room: 100% reimbursement, including the $100 ER copay • Lab, X-ray, and complex lab/X-ray services: 100% reimbursement Reimbursements are cumulative, up to $1,500 for employee-only coverage and $3,000 for employee-plus-dependent coverage.
Out-of-Pocket Maximum	Once the out-of-pocket maximum is met, the plan will cover 100% of expenses. The Igoe HRA reimbursement after the nonstop plan are up to $1,500 for single coverage and $3,000 for Employee + Dependent coverage.

If you receive a bill for in-network services be sure to review the EOB from the carrier to confirm the patient liability on the bill matches your liability per Kaiser (less any payment you made at the time of service). Once confirmed you can pay the bill using your Nonstop Visa card.

- The Nonstop Visa card works with digital wallets such as Apple Pay, Google Pay and Samsung Pay.
- Nonstop is only designed for medical services and prescriptions covered by the plan. You cannot use the Nonstop Visa card for dental or vision service.
- You will be responsible for any out-of-network or unapproved charges on the card.
- If you receive a reimbursement check from Kaiser, please know that money needs to be redeposited into your employer's account with Nonstop.

Your account and member support

Nonstop Exchange: members.nonstophealth.com. Check your card balance, submit claims and view substantiation tickets under Claims. For help, call 877.626.6057, Monday–Friday, 6 am–5 pm Pacific, or email clientsupport@nonstophealth.com.

When eligibility ends, the card stops working on the last day of coverage. Submit unpaid eligible claims within 90 days after your benefits end date.

MEDICAL BENEFITS

KAISER PERMANENTE®

	Kaiser $5,500 Plan Nonstop Benefits	Employee Experience After Nonstop Benefits	Kaiser HDHP HSA
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited
Annual Deductible	Individual: $5,500 Member in family: $5,500 Family: $11,000	$0 individual / $0 family	Individual: $1,750 Member in family: $3,500 Family: $3,500
Annual Out-of-Pocket Maximum	Individual: $7,000 Member in family: $7,000 Family: $14,000	Individual: $1,500 Member in family: $1,500 Family: $3,000	Individual: $3,500 Family Member: $3,500 Family: $7,000
Infertility	SB 729 mandated coverage	SB 729 mandated coverage	SB 729 mandated coverage
Doctors Office	**Use Nonstop Card**	**You Pay After Nonstop Funding**	**You Pay**
Office Visits	$50 after deductible	$50 per visit	$20 after deductible
Specialists Office Visits/Urgent Care	$50 after deductible	$50 per visit	$20 after deductible
Preventive Care	$0	$0	$0
Lab & X-Ray	40% after deductible	40%*	$10 after deductible
Complex Lab & X-Ray	40% after deductible	40%*	$150 after deductible
Hospital Services*	**Use Nonstop Card**	**You Pay After Nonstop Funding**	**You Pay**
Emergency Room (copay waived if admitted)	40% after deductible	40%*	$200 per visit after deductible
Inpatient	40% after deductible	40%*	$250 per admit after deductible
Outpatient Surgery	40% after deductible	40%*	$150 per procedure after deductible
Ambulance Services	40% after deductible	40%	$100 per trip after deductible
Mental Health Services	**Use Nonstop Card**	**You Pay After Nonstop Funding**	**You Pay**
Inpatient Services	40% after deductible	40%*	$250 per admit after deductible
Outpatient Services	40% after deductible	40%*	$20 individual sessions after deductible$10 group sessions after deductible
Substance Abuse Services	**Use Nonstop Card**	**You Pay After Nonstop Funding**	**You Pay**
Inpatient Detox Services	40% after deductible	40%*	$250 per admit after deductible
Outpatient Services	$50 copay after deductible	40%*	$20 individual sessions after deductible$10 group sessions after deductible
Other Services	**Use Nonstop Card**	**You Pay After Nonstop Funding**	**You Pay**
Chiropractic/Acupuncture	Chiropractic: $15 per visit Acupuncture: $15 per visit	Chiropractic: $15 per visit Acupuncture: $15 per visit	Chiro: $15 after deductible, 30 visits/year Acupuncture:$15 after deductible
Prescriptions Drugs	**Use Nonstop Card**	**You Pay After Nonstop Funding**	**You Pay**
Retail Generic Drug (30-day supply)	$15 after deductible	$15	$10 after deductible
Retail Formulary Drug (30-day supply)	40%, max $100 per RX	40%, max $100 per RX	$30 after deductible
Retail Non-Formulary Drug (30-day supply)	N/A	N/A	N/A
Specialty Drug (30-day supply)	40%, max $250 per RX	40%, max $250 per RX	20% after deductible ($250 max)
Mail Order Generic/Formulary (90-day supply)	2x retail / 100-day supply	2x retail / 100-day supply	$20/$60 (100-day supply)

***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.**

MEDICAL BENEFITS

blue of california

	Blue Shield HMO
Lifetime Benefit Maximum	Unlimited
Annual Deductible	$0
Annual Out-of-Pocket Maximum	Individual: $5,000 Family: $10,000
Infertility	SB 729 mandated coverage
Doctors Office	**You Pay**
Office Visits	$25 per visit
Specialists Office Visits/Urgent Care	Specialist: $40 Urgent Care: $25
Preventive Care	$0
Lab & X-Ray	Lab: $20 X-Ray: $35
Complex Lab & X-Ray	$150**
Hospital Services	**You Pay**
Emergency Room (copay waived if admitted)	$250 per visit**
Inpatient	$300/day, up to 5 days/admit**
Outpatient Surgery	$100 per visit**
Ambulance Services	$150 per transport
Mental Health Services	**You Pay**
Inpatient Services	$300/day up to 5 days admission**
Outpatient Services	$25 copay
Substance Abuse Services	**You Pay**
Inpatient Detox Services	$300/day up to 5 days admission**
Outpatient Services	$25 copay
Other Services	**You Pay**
Chiropractic/Acupuncture	Chiro: Not covered Acupuncture: $25 per visit
Prescriptions Drugs	**You Pay**
Tier 1 (Generic Drug) (a) (b) (30-day supply)	$10 (a) $15 (b)
Tier 2 (Formulary Drug) (a) (b) (30-day supply)	$25 (a) $40 (b)
Tier 3 (Non-Formulary Drug) (a) (b) (30-day supply)	$40 (a) $60 (b)
Tier 4 (Specialty Drug) (30-day supply)	10%, $250 max per RX
Mail Order: Generic/Formulary/ Non-Formulary (90-day supply)	$20/$50/$80

****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**

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.

DELTA DENTAL®

	In-Network and Out-of-Network DPPO	Delta Dental 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 26)	50%; to a maximum lifetime benefit of $2,500	See fee schedule



Access Your Dental Plan

Create your Delta Dental 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 or your choice)
Eye Exam — Once every 12 months	$10 copay	Up to $40 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 An EyeMed Provider *(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



VOLUNTARY BENEFITS

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.

Voluntary Life and AD&D Insurance through Prudential

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 $250,000 (spouse coverage may not exceed 100% of the employee coverage).

Dependent Children: Flat $10,000.

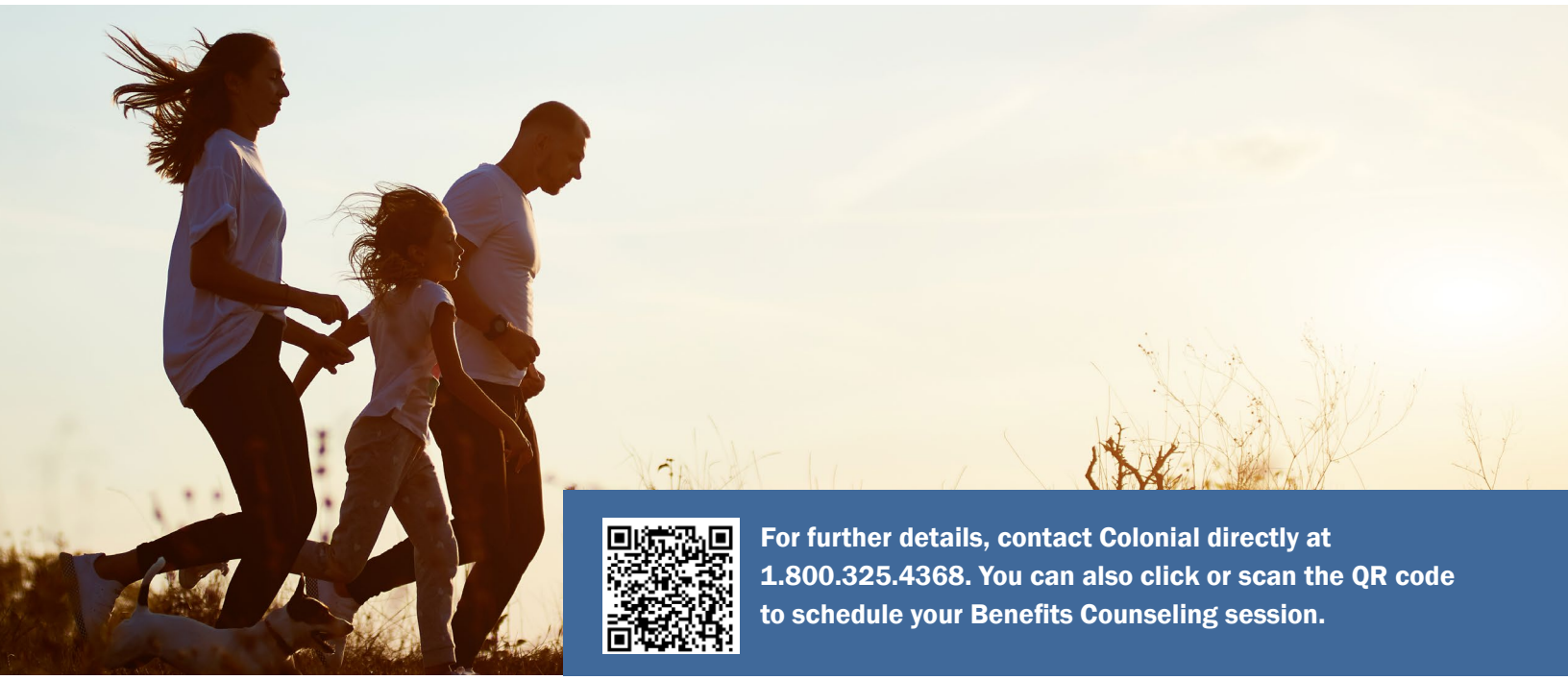
You are guaranteed coverage (up to $100,000 and up to $30,000 for your spouse) without answering medical questions if you enroll when you are first eligible and are under the age of 60. Anyone wishing to enroll for these voluntary benefits outside your initial eligibility period, must go through medical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

Voluntary Benefits through Colonial Life

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

Colonial Life



For further details, contact Colonial directly at 1.800.325.4368. You can also click or scan the QR code to schedule your Benefits Counseling session.

ADDITIONAL BENEFITS

Employee Assistance Program (EAP) through Claremont

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 through Prudential

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.

Working Advantage

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

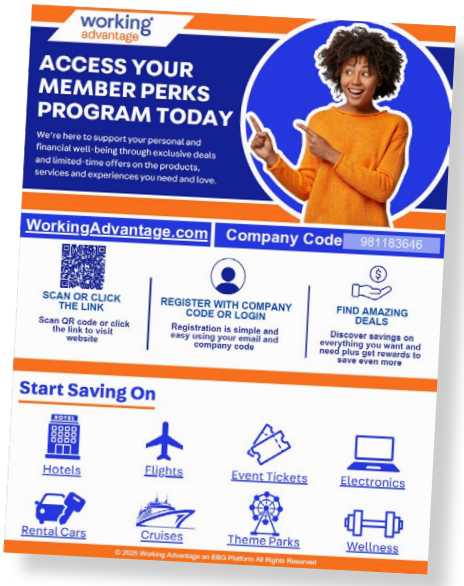
Entertainment
Save up to 60% on movie tickets, theme parks, ski resorts, hotels, museums, zoos, attractions, aquariums and more!

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
Enjoy exclusive discounts on apparel, electronics, home items, and more through Working Advantage's retail partners. Plus, find 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 hen be prompted to create an account. **Use company code 981183646**.



FLEXIBLE SPENDING PLANS

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. Check here for a more complete list of eligible expenses and additional information. You may contribute up to $3,500* in this account.

Important Note on HSA and FSA Eligibility: If you elect the Kaiser HSA plan, you are not eligible to contribute to a medical Flexible Spending Account (FSA) due to IRS rules. According to IRS regulations, individuals who are enrolled in a High Deductible Health Plan (HDHP) and contribute to a Health Savings Account (HSA) cannot also contribute to a medical FSA. This restriction is in place to prevent overlapping tax benefits for healthcare expenses.

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 $7,500 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 $350 per month for parking expenses and/or up to $350 per month for mass transit expenses. You may update your contributions on a monthly basis.

**Pending IRS approval*

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/month $360/year**

TAX ADVANTAGE ACCOUNTS

Health Savings Account (HSA)

A Health Savings Account (HSA) is a pre-tax employee benefit plan option that allows you to set aside salary before taxes are taken out. These funds can be used to pay for qualified out-of-pocket medical expenses incurred by you and your tax dependents. **You will receive an HSA debit card to pay for your health expenses through Igoe.**

Key Benefits of an HSA:

Lower Premiums: HSA-eligible plans typically offer lower premiums, enabling you to save more in your HSA.

Portability: Your HSA remains with you even if you change employers.

Funds Roll Over: Unlike FSAs, HSA funds roll over annually, ensuring you never lose unused contributions.

Tax-Free Growth: HSAs provide triple tax advantages: tax-free contributions, tax-free growth, and tax-free withdrawals for eligible expenses.

Employer Contributions: Masons is committed to supporting your health and financial wellness by contributing to your HSA:

- $600 annually for individual coverage
- $1,000 annually for family coverage

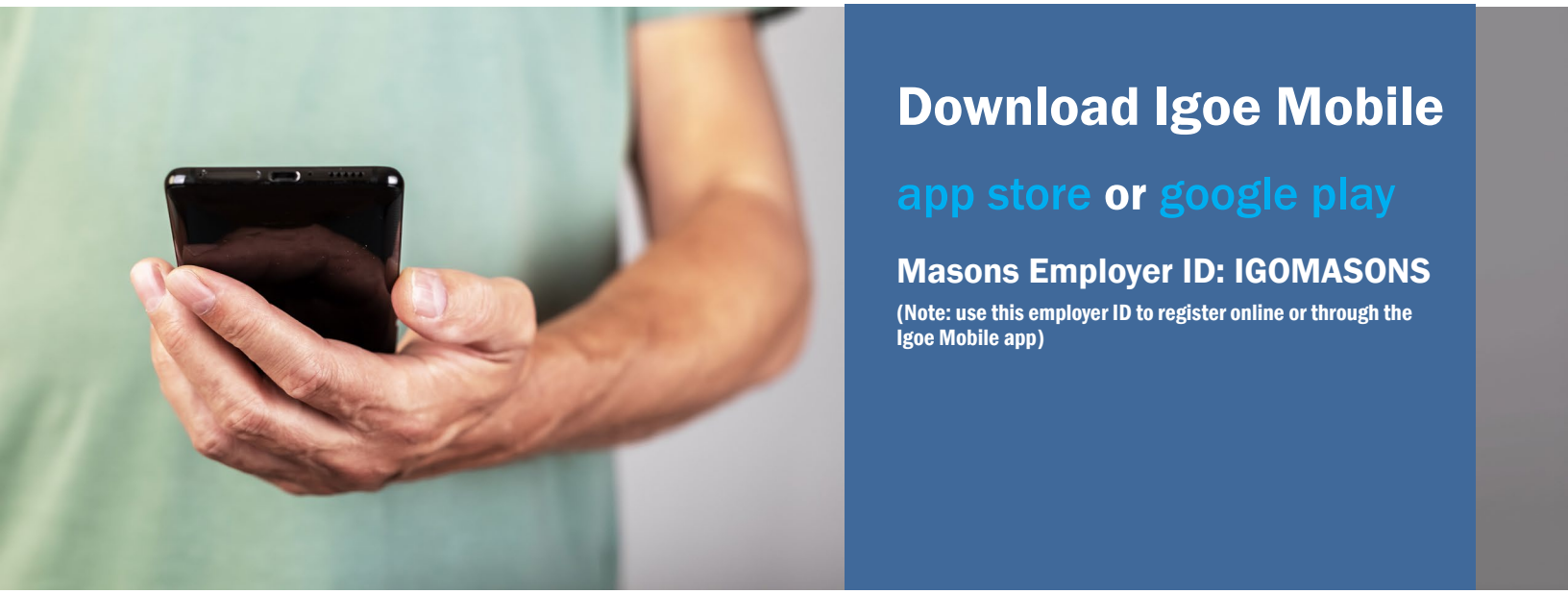
Contribution Limits for 2027:

Individual: $4,500 (includes employer contributions)

Family: $9,000 (includes employer contributions)

Catch-up contribution (age 55+): An additional $1,000

Easy Spending: Use your Igoe debit card to pay providers directly or pay with personal funds and reimburse yourself from your HSA.



NONSTOP/HRA/HSA FAQ'S

BLUE SHIELD HMO + IGOE HRA

Employees enrolled in the **Blue Shield HMO** receive an employer-funded Health Reimbursement Account (HRA) administered by **Igoe**. The HRA reimburses the eligible inpatient hospitalization, outpatient hospitalization, emergency room, complex lab and x-ray.

The HRA is employer funded; employees do not contribute through payroll. It is not an HSA and unused funds do not roll over or follow the employee when the coverage ends.

HRA Benefit with Blue Shield HMO	Reimbursement
Inpatient hospitalization	$300 copay per day, up to five days per admission.
Outpatient hospitalization	$100 copay per/visit
Emergency Room	$250 copay/visit
Complex Lab and X-ray	$150 copay/visit
Cumulative reimbursement limit:	$5,000 for employee-only coverage and $10,000 for employee + dependent coverage.

KAISER HMO + NONSTOP/IGOE HRA

Kaiser + Nonstop: Nonstop funding pays eligible Kaiser medical and prescription expenses first ($5,500 employee-only / $11,000 employee + dependents). Once Nonstop funds are exhausted the HRA reimburses the eligible inpatient hospitalization, outpatient hospitalization, emergency room, lab and x-ray, and complex lab and x-ray.

HRA Benefit after Nonstop funds are exhausted	Reimbursement
Inpatient hospitalization	100%
Outpatient hospitalization	100%
Emergency Room	100%
Complex Lab and X-ray	100%
Lab and X-ray	100%
Cumulative Kaiser + Nonstop HRA reimbursements: up to $1,500 single / $3,000 employee + dependents.	

FAQ'S

Q: Who owns the account?

Nonstop/HRA: Employer-funded benefits. Nonstop funds stay with Masons.

HSA: You own the account and keep it when you change jobs or retire.

Q: Who can contribute?

Nonstop/HRA: Masons funds the benefits.

HSA: You and Masons can contribute, subject to IRS limits.

Q: How do I use the funds?

Kaiser + Nonstop: Show your Kaiser ID, then use the Nonstop Visa debit card. Keep EOBs and receipts. HRA starts after Nonstop funds are exhausted. Do not use the HRA before Nonstop funds run out.

Blue Shield HMO + Igoe HRA: Use your Blue Shield HMO coverage first. The Igoe HRA reimburses the $300 inpatient hospitalization copay per day, up to five days per admission. Reimbursements are cumulative up to $5,000 for employee-only coverage and $10,000 for employee + dependent coverage.

HSA: Use deposited funds.

Q: Who is eligible?

Nonstop/HRA: Kaiser $5,500 with Nonstop participants. Family funding is shared with enrolled dependents.

HRA: Blue Shield HMO participants. Family funding is shared with enrolled dependents.

HSA: Enroll in the eligible Kaiser HDHP to contribute.

Q: How are contributions handled?

Nonstop/HRA: No employee payroll contributions.

HSA: Employee contributions are tax-deductible and employer contributions are tax-free.

Q: Can unused funds roll over?

Nonstop: Funds remain employer money.

HSA: Unused funds roll over each year and can accumulate.

Q: Can I invest the funds?

Nonstop/HRA: You cannot invest employer funding.

HSA: Funds may be invested in stocks, bonds or mutual funds.

Q: What happens when coverage ends?

Nonstop/HRA: The card stops when coverage ends. Submit unpaid eligible claims within 90 days.

HSA: You keep access to your funds.

TOBACCO SURCHARGE FAQ

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 contribution page.

- All employees will need to disclose if they have used any tobacco or nicotine products in the last 6 months.
- By abstaining from tobacco products or completing a cessation program, the surcharge will be waived.

Q: Are e-cigarettes considered a tobacco product, and by using e-cigarettes would I be subject to the tobacco surcharge?

A: Yes, the American Lung Association considers e-cigarettes a tobacco product and in using these products the tobacco surcharge would apply to you

Q: If I decide to complete a tobacco cessation program, is it fully covered by my health care provider?

A: Kaiser: no cost. Blue Shield: confirm coverage with carrier.

Q: If I complete the program, what do I need to provide to show proof of completion?

A: The carrier should be able to provide supporting documentation reflecting that you completed the program

Q: If I complete the program, will I be reimbursed for the difference in premiums that I have already paid?

A: Yes, completion of a tobacco cessation program will qualify you to be reimbursed the surcharge amount back to January 1, 2027

Q: If I am a tobacco user but plan to complete the smoking cessation program, can I state that I am a nonsmoker so I can pay the lower premiums?

A: No, you need to have fully completed a tobacco cessation program in order to qualify for the lower premiums

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%





Benefit Carrier Contacts

Save the below information in the event that you need to contact one of our Benefit Carriers.

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/

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of California