




BENEFITS AT A GLANCE



*** If you do not complete enrollment within 30 days of employment, you will be automatically enrolled in the Kaiser HMO 20-B, Dental, Vision & Life plans under EE only coverage at no cost.**

Medical

 KAISER PERMANENTE®	Kaiser Permanente	
	HMO 15	HMO 20-A
Deductible	None	\$500 Individual \$1,000 Family
Out of Pocket Maximum	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
Office/ Specialist Visit	\$15 copay	\$20 copay
Emergency Room	\$50 copay	20% after deductible
Inpatient Hospital	\$250 per admission	20% after deductible
Outpatient Surgery	\$15 per procedure	20% after deductible
Prescription Drugs (Generic/Brand)	No Deductible \$15 / \$30	\$100 Brand Deductible \$10 / \$30 (after ded.)

 KAISER PERMANENTE®	Kaiser Permanente	
	HMO 20-B	DHMO 13858
Deductible	\$1,500 Individual \$3,000 Family	\$5,500 Individual \$11,000 Family
Out of Pocket Maximum	\$4,000 Individual \$8,000 Family	\$7,500 Individual \$15,000 Family
Office/ Specialist Visit	\$20 copay	\$50 after deductible
Emergency Room	20% after deductible	40% after deductible
Inpatient Hospital	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Prescription Drugs (Generic/Brand)	No Deductible \$10 / \$30	<i>Medical Deductible Applies</i> \$15 / \$40% up to \$100 per Rx



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Dental

	Guardian - Dental PPO	
	Classic PPO Network	Non - Network
Deductible (Individual/Family)	\$25/\$75 (waived for preventive)	\$25/\$75 (waived for preventive)
Calendar Year Maximum	\$2,000 per person	\$2,000 per person
Preventive	100%	100%
Basic	80%	80%
Major Services	50%	50%
Ortho - Adult & Child(ren)	50%	
Ortho Lifetime Max	\$1,000	

Vision


	Guardian Vision Plan (VSP Network)	
	Network	Non-Network
Exam	Every 12 Months	
Exam	\$0 Copay	Up to \$39
Lenses	Every 12 Months	
Single Bifocals Trifocals	Covered in full after copay	Up to \$23 Up to \$37 Up to \$49
Frames	Every 24 Months	
	Up to \$150 + 20% amount over \$150	Up to \$46
Contacts In Lieu of glasses	Every 12 Months	
Medically Necessary	Covered in full	Up to \$210
Cosmetic or Convenience	Up to \$150	Up to \$100



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Guardian Basic Life and AD&D (100% employer paid)	
 Guardian®	\$50,000
Eligibility	All active employees working at least 30 hours per week are eligible for this coverage.
Benefit Reduction	35% reduction at age 70; 50% reduction at age 75. Benefits cease at retirement.
Dependent Life (100% employee Paid)	\$2,000 Spouse / \$2,000 Child(ren) / Infant \$400
Employee Assistance Program (EAP)	The EAP program is available to you and your family, as a confidential program to help address life's daily stress and challenges. The EAP program provides you and your loved ones access to trained professionals and resources for assistance with personal and workplace issues. The program offers 3 face-to-face sessions for each personal issue and unlimited telephone visits. Phone: 1-855-239-0743 ; Website: www.guidanceresources.com



Healthiest You	TeleMedicine
Phone/Video visits	\$0 copay
Physician access	24 hours / 7 days a week / 365 per year
Provider availability	Licensed providers Nationwide
Maximum # of visits	Unlimited
Dependent Coverage	Yes— your Spouse and children are covered at no additional cost
Prescription Drugs	If a prescription is needed, the physician will call in your prescription at your requested pharmacy. Please note: You may be required to take extra steps and obtain a special approval or authorization if you are filling your prescription at Kaiser, Sutter Health or Western Health Advantage.



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Colonial Life Voluntary Products


Employee Paid: Voluntary Disability Coverage, Voluntary Accident, Voluntary Critical Illness and Term Life plans are available to you through Colonial Life.


Please Contact: Mandy Teja, 650.750.5196/ mandy.teja@coloniallifesales.com





2024 Employee Cost Per Paycheck (24 pay periods)


 KAISER PERMANENTE®	Kaiser HMO 15	Kaiser HMO 20-A
Employee	\$114.22	\$43.12
Employee + Spouse	\$714.87	\$552.04
Employee + Child(ren)	\$477.41	\$350.84
Family	\$1,101.33	\$879.48

 Guardian®	Guardian Dental PPO
Employee	\$0
Employee + Spouse	\$18.62
Employee + Child(ren)	\$10.86
Family	\$32.58

 KAISER PERMANENTE®	Kaiser HMO 20-B	Kaiser DHMO 13858
Employee	\$0	\$0
Employee + Spouse	\$453.29	\$218.37
Employee + Child(ren)	\$274.08	\$91.48
Family	\$744.93	\$424.88

 Guardian®	Guardian Vision
Employee	\$0
Employee + Spouse	\$3.75
Employee + Child(ren)	\$4.16
Family	\$8.07

 healthiestyou. By Teladoc	Teladoc
For Employees and all dependents	\$4.00

 Guardian®	Guardian Life
Employee Only	\$0
Spouse & Dependent Life	\$0.50