Shasta Head Start
CHILD DEVELOPMENT, INC.

2025
BENEFITS

IMPORTANT NOTICE: READ CAREFULLY

This benefits guide briefly describes your benefit choices and your options to enroll. All benefits, and your eligibility for benefits, are subject to the terms and conditions of the benefit plans, including group insurance contracts. This guide is not intended to be a complete description of the benefit plans and it is not a summary plan description or plan document. In the event of any conflict or discrepancy between this guide and the plan documents, the plan documents will govern. The Plan Sponsor reserves the right to modify or terminate any of the described benefits at any time and for any reason. This guide is not a guarantee of current or future employment or benefits.

A MESSAGE FROM SHASTA HEAD START

Dear Valued Employee,

Shasta Head Start knows that our most important asset is the dedicated employees that work hard to deliver the quality service that our children and families have come to expect. Knowing that, we are committed to providing quality health benefits to our valued employees and their eligible dependents.

As you are aware, the cost of healthcare has continued to rise at double digit levels over the past decade. It is now one of the nation's largest issues. Shasta Head Start has worked hard to create a solution that will control the rising cost to the company as well as our employees.

We urge you to read this benefit guide carefully and keep it for future reference. If you are well informed, you will be in a better position to make the appropriate choices and take full advantage of your benefits as a valued member of our team.

We encourage you to contact Human Resources or the SolV Independent Insurance Associates Benefits Advocacy Line at 833.4.SOLVIT or BAT@solvins.com if you should have any questions regarding your employee benefits package.

Sincerely,

Shasta Head Start

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ELIGIBILITY & ENROLLMENT

ELIGIBLITY

In order to be eligible for benefits you must work a minimum of 30 hours per week (130 hours per month) in a regular full-time position. Coverage will begin on the first day of the month following 60 days of employment.

If you are not currently eligible for benefits, but in the future your employment status changes to an eligible class, you will be allowed to join the plan on the first of the month following 60 days after your status change.

HOW TO ENROLL

You can enroll for coverage from your hire date until the 15th of the month prior to your benefits beginning, or during the annual open enrollment period. All enrollments and changes must be completed through Paycom's Employee Self-Service Portal.

ELIGIBLE DEPENDENTS

Our benefit plans are available to you and your eligible family members. You can enroll yourself and your eligible children. Eligible children under the plan include biological, adopted, or step- child(ren) up to the age of 26. If your child is disabled before the age of 26, they may be eligible for continued coverage while disabled beyond age 26.

WAIVING COVERAGE

If you elect to waive your coverage options through Shasta Head Start, you still must act. You must provide a reason for waiving coverage in your Paycom employee benefits portal. Please keep in mind that you will not be allowed to enroll in any of the offered plans if you later change your mind unless you experience a qualified event (see the next page). You will be allowed to enroll during the next Open Enrollment period if you are still eligible.

NEARING MEDICARE ELIGIBILITY?

Are you nearing Medicare eligibility age? If so, there are important things you should know about how your employer-sponsored plans integrate with Medicare. Reach out to your HR department or the SolV Benefits Advocacy Team (BAT) for more information about what steps you should take if you are, or will be, eligible for Medicare.

ELIGIBILITY & CHANGES

MAKING CHANGES

If you experience a qualifying event such as marriage, divorce, birth/adoption of a child or you lose other group coverage you have 31 days to notify Human Resources and make changes to your elections.

HIPAA SPECIAL ENROLLMENT RIGHTS

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events.

If you are declining coverage at this time for either yourself or your eligible dependents, you may be able to enroll yourself and/or your eligible dependents in coverage at a later date if there is a loss of other coverage. You must enroll and provide the required supporting documentation within 31 days of the date your other coverage ends.

In addition, you may be able to enroll yourself and your eligible dependents if you have a qualifying life event (e.g. change in your marital status, birth or adoption of a child, death of dependent or change in employment status.) You must enroll and provide the applicable required supporting documentation within 31 days of the qualifying life event.

For additional information regarding your rights under HIPAA, please visit the US Department of Labor website at: https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/hipaa-consumer-faqs.pdf.

REDUCTION OF HOURS

If you experience a loss in hours and you are not regularly working the required 30 hours per week to maintain eligibility, you will lose coverage. You will be eligible for continuation of coverage when applicable.

IF YOU LEAVE YOUR JOB

In the event that your employment with your employer ends, qualified beneficiaries will be offered COBRA continuation coverage. You will receive election paperwork and be given the opportunity to continue to cover yourself or your previously enrolled dependents on the plan.

MEDICAL

MEDICAL INSURANCE

Shasta Head Start offers one Health Savings Account (HSA) compatible high-deductible health plan that is administered by EBMS, with claims processing performed by ELAP. Our Reference Based Pricing plan allows you the freedom and flexibility to select a provider of your choosing. Below is a brief description of the components that make up your Shasta Head Start medical plan.

EBMS is the Third-Party Administrator (TPA) for the Shasta Head Start medical plan. EBMS provides the following for Shasta Head Start employees:

- Medical management administration
- Online portal
- Medical ID cards
- Explanation of Benefits(EOB) documentation

Shasta Head Start partners with ELAP to assist you with reviewing and evaluating every claim to ensure your healthcare costs are paid at a fair and reasonable price. ELAP provides claim review, member support and advocacy, and expert legal services. If you ever receive a bill that does not match the EOB, contact ELAP at 800.977.7381 and one of their dedicated Member Service Advocates will work with you through the resolution of your billing issue.

OptumRx is the Prescription Benefits Manager for the Shasta Head Start health plan. The OptumRx pharmacy network consists of independent and retail pharmacies. Please visit www.optumrx.xom to access the Network Pharmacy Locator Tool. Optum also has a convenient mail order pharmacy program where you can get your prescriptions delivered directly to your home.

MEDICAL

Shasta Head Start Medical Plan	
GENERAL PLAN PROVISIONS	**MEMBER COSTS**
Calendar Year Deductible Individual / Family	$3,000 / $5,000
Calendar Year Out-of-Pocket Limit Individual / Family	$5,000 / $10,000
Lifetime Maximum	None
OUTPATIENT SERVICES	
Office Visit (PCP / Specialist)	20%*
Routine Adult Physical Exams	No cost
Well-Baby & Well Child Care	No cost
Diagnostic Lab & X-ray	20%*
Imaging (CT / PET / MRI)	20%*
Outpatient Surgery	20%*
INPATIENT SERVICES	
Hospitalization	20%*
URGENT & EMERGENCY SERVICES	
Emergency Room	20%*
Urgent Care	20%*
PRESCRIPTION DRUGS	
Generic (Up to a 90-day supply)	$10*
Formulary Brand (Up to a 90-day supply)	$60*
Non-formulary Brand (Up to a 90-day supply)	$100*
Specialty (Up to a 30-day supply)	30%* up to $150
*Deductible applies	
CONTRIBUTIONS PER MONTH	
Employee Only	**$0.00**
Employee + Child/Children	**$390.02**

Your 2025 medical plan uses an "Open Access Network". This means that your plan will provide coverage regardless of what provider you see. The plan will pay a fair market value to your provider, and you should not pay any balance bills (bills sent to you in excess of what the plan has paid). If you receive a balance bill, contact ELAP right away. Here are some important things to remember about your plan:

- If your provider has questions about your plan, or says that they do not accept it, ask them to call EBMS, our administrator, at 866.326.7995. If they refuse, call the SolV BAT line at 833.476.5848.
- If you are asked who your health insurance carrier is, you should state that you are enrolled in your employers self-funded health plan and the administrator is EBMS.

MEDICAL

EBMS MEMBER PORTAL

Access your medical claims and EOB's, eligibility, temporary health plan ID card, and other valuable plan information 24/7 through the EBMS Member Portal. You'll find important documents, links to health-related resources, and answers to frequently asked questions. To get started visit mibenefits.ebms.com, select the "Register Now" option. Follow the prompts and contact EBMS if you have any questions or issues registering.

REFERENCE BASED PRICING

ELAP SERVICES

Shasta Head Start is partnered with ELAP Service to assist you with reviewing and evaluating every claim to ensure your healthcare costs are paid at a fair price. This model of claims repricing is accomplished through three keys of the ELAP Services model.

- Claim Review and Audit
- Member Support and Advocacy
- Expert Legal Services

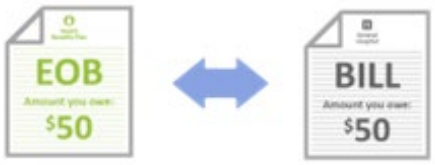
HOW IT WORKS

1. After you receive care from a provider or facility, ELAP will audit the bill to identify any overcharging.
2. The third-party administrator (EBMS) will pay the adjusted amount to the provider or facility.
3. Most of the time, the provider or facility accepts payment; if not the provider can appeal to the plan or "balance bill" you the member.

WHAT YOU NEED TO DO

If you receive a bill from the provider or facility, compare it with your Explanation of Benefits (EOB) from EBMS.

Make sure your EOB matches your BILL.



WHAT IF THE BILLED AMOUNT DOES NOT MATCH MY EOB?

1. Contact ELAP and send them the balance bill.
2. Sign an ACRA & HIPAA form giving ELAP permission to advocate on your behalf.
3. Watch your mail for additional bills and be sure to send them to ELAP.

WHAT WILL ELAP DO FOR YOU?

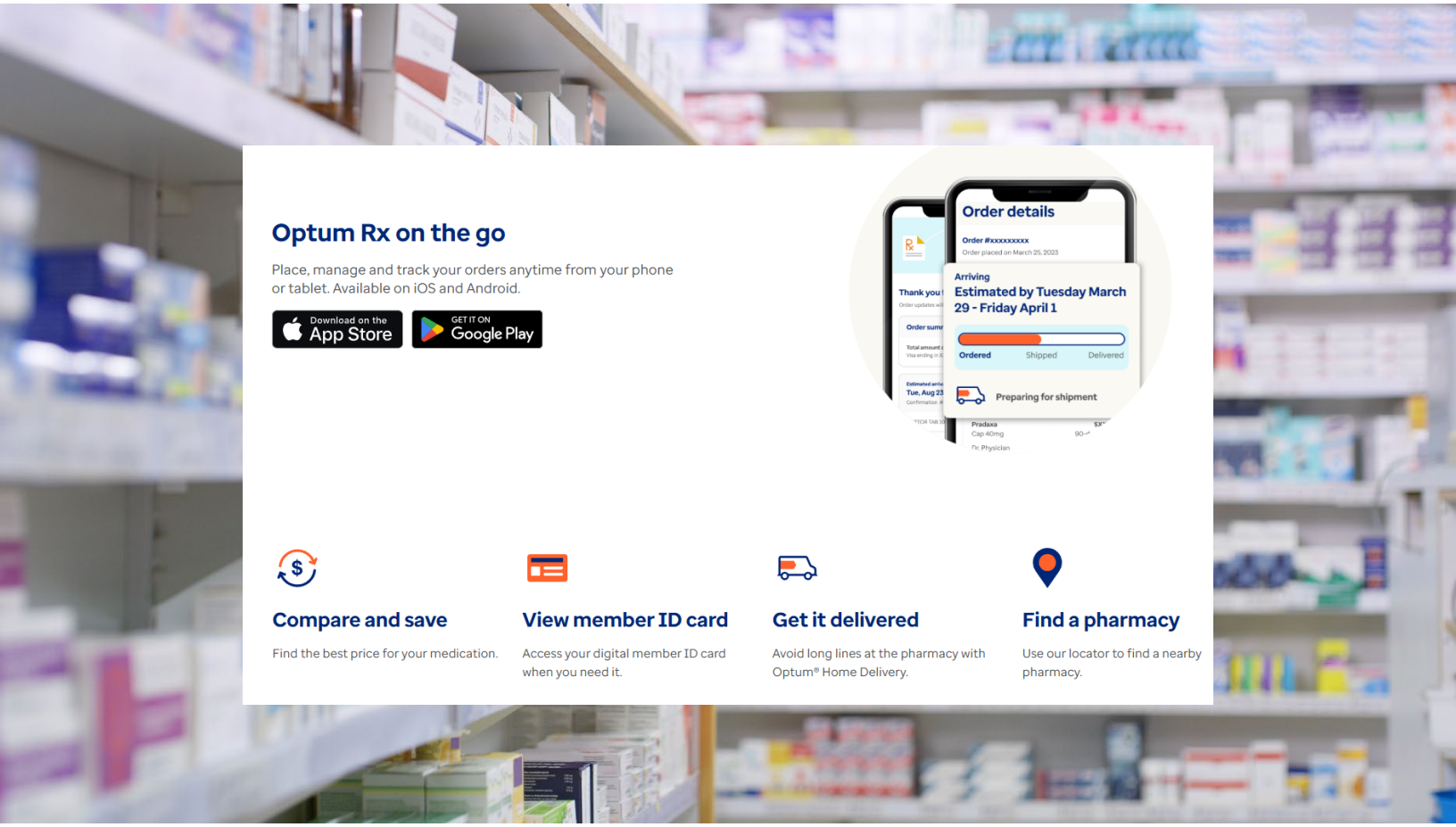
- A dedicated Member Services Advocate will contact you and serve as your primary contact regarding resolution for the balance bill.
- An expert legal representative will work on your behalf to resolve the balance bill.

PHARMACY

PRESCRIPTION BENEFITS WITH Optum RX

Your pharmacy benefits are provided by Optum RX administered by RxBenefits, Inc. offering access to reduced prescription costs at participating FirstChoice pharmacies across the nation. A participating FirstChoice pharmacy offers, on average, a lower cost on medications for covered drugs than a standard (non-preferred) pharmacy. FirstChoice consists of both independent (local/community) and retail (national/regional) pharmacies. Participating FirstChoice pharmacies also offer the added benefit of filling a 90-day supply of medications.

1. To find a OptumRx pharmacy, visit www.optumrx.com
2. To register, first name, last name, and date of birth.
3. Select your identification, enter your zip code and the form of identification you selected.



HEALTH SAVINGS ACCOUNT

ELIGIBLITY

If you enroll in the Shasta Head Start medical plan you are eligible to contribute to a Health Savings Account (HSA). HSAs were created by the federal government to give people a tax-advantaged way to pay for medical expenses and save for future needs. An HSA is tax-advantaged because you generally are not taxed at the federal level on contributions, earnings, or withdrawals.

You are eligible to fund an HSA if:

- You are enrolled in the Shasta Head Start medical plan

You are NOT eligible to fund an HSA if:

- You are covered by a non-HSA eligible medical plan, health reimbursement arrangement, or health care FSA.
- You are eligible to be claimed as a dependent on someone else's tax return
- You are enrolled in Medicare, TRICARE, or TRICARE for Life

USING YOUR HEALTH SAVINGS ACCOUNT

Shasta Head Start has partnered with The HSA Authority to administer your HSA. Once enrolled, you will receive a debit card so you can easily access your HSA funds as you need them. Please visit www.umb.com/hsa for more details.

You can use your HSA to:

- Pay for current expenses such as deductibles, prescription drugs, coinsurance or other health care needs
- Pay for future qualified health care expenses even if you're no longer enrolled in a High-Deductible Health Plan
- Reimburse eligible individual's (yourself, your spouse, and your tax dependents to age 24) qualified health care expenses tax-free
- Manage your HSA funds as an investment and save for the future

*If you are age 55+ by December 31, 2024, you may contribute an additional $1,000

DENTAL

SUNLIFE DENTAL PPO PLAN

Dental coverage is provided to all benefit's eligible employees. When enrolling in the SunLife Dental PPO plan, be sure to utilize in network providers where you'll see the most paid in benefits. Use caution when seeking service outside the network.

The table below summarizes the key features of the dental plan. The coinsurance amounts listed reflect the amount the plan pays.

SunLife PPO Dental Plan		
GENERAL PLAN PROVISIONS	**In-Network**	**Out-of-Network**
Calendar Year Deductible Individual / Family	$50 / $150	
Calendar Year Plan Maximum	$2,000	$1,500
Diagnostic & Preventive Care (deductible waived)	100%	100%
Basic Care	90%	80%
Major Care	60%	50%
Orthodontic Care	50%	50%
Orthodontic Care Maximum Lifetime Benefit	$1,500	
Orthodontic Care Eligibility	Children Only	
Contributions per Pay Period		
Employee Only	**$0.00**	
Employee + Spouse	**$23.41**	
Employee + Child/Children	**$35.62**	
Family	**$59.02**	

VISION

VISION PLAN

You and your family are eligible for the VSP vision program. VSP does not issue ID cards, you just give the provider your Social Security number and they can then access your benefit information.
To find a vision provider, go to https://www.vsp.com/eye-doctor, enter your zip code and search.

VSP Vision Plan		
GENERAL PLAN PROVISIONS	**In-Network Cost**	**Frequency**
Eye Exam	$10 copay	Every 12 months
Frames	$130 allowance	Every 12 months
Eye Glass Lenses Single Vision Bifocal Trifocal	$10 copay	Every 12 months
Contact Lenses (in lieu of frames)	$130 allowance	Every 12 months

Contributions per Pay Period	
Employee Only	**$0.00**
Employee + 1 Dependent	**$2.88**
Employee + 2 or more Dependents	**$7.51**

LIFE INSURANCE

BASIC LIFE AND AD&D INSURANCE

Life insurance and Accidental Death & Dismemberment (AD&D) insurance provide funds for those who have lost someone or for those who are seriously injured. Life insurance pays funds to your designated beneficiaries after your death, while AD&D pays an amount equal to your life insurance in the event of an accidental death. In the event of a loss of limb, eyesight, hearing or other covered loss, a predetermined amount will be payable to you. Basic Life insurance is provided to you at no cost.

Sun Life — Basic Life and AD&D Insurance	
BENEFITS	
Life & AD&D Insurance	Flat $15,000
Portable	Coverage may be ported upon termination of active employment
AGE REDUCTIONS	
At Age 70	Reduced by 33% of original benefit
At Age 75	Reduced by an additional 17%
At Retirement	Benefit terminates

EMPLOYEE ASSISTANCE

Sun Life

SUNLIFE EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life's not always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. EAP is provided to you at no cost.

Sun Life — Employee Assistance Program	
BENEFITS	
Unlimited telephone access to EAP professionals 24-hours a day, 7 days a week	· Service for employees and eligible dependents
	· Robust network of licensed and/or certified mental health professionals
	· Receive up to 3 face-to-face sessions with a counselor
Legal assistance and financial services	· Online will preparation
	· Telephonic Legal consult
	· Telephonic financial consultation
	· Financial tools and resources
Resources for:	· Work/Life resources
	· New Parent Guidance
	· Health Risk assessments
	To access services, go to www.guidanceresources.com. Web ID: EAPBusiness

CONTACT INFORMATION

PLAN	GROUP #	TELEPHONE #	WEBSITE
MEDICAL			
EBMS (TPA)	00419	866-326-7995	www.ebms.com
ELAP (Claims/Balanced Bills)	-	800-977-7381	balancebills@elapservices.com
RxBenefits (Prescription Administration)	RX BIN: 610011 RX BPCD: IRX	Member Services 800-334-8134 Pharmacist Helpdesk 800-880-1188	www.optumrx.com
DENTAL			
SunLife	955756	800-442-7742	www.sunlife.com/onlineadvantage
VISION			
VSP	30075841	800-877-7195	www.vsp.com
HEALTH SAVINGS ACCOUNTS			
UMB		866-520-4472	www.umb.com/hsa
LIFE INSURANCE			
SunLife	931368	800-247-6875	www.sunlife.com/us
EMPLOYEE ASSISTANCE PROGRAM			
SunLife - Employee Assistance Program	931368 Web ID: EAPBusiness	877-595-5281	www.guidanceresources.com

GLOSSARY OF TERMS

AD&D (Accidental Death & Dismemberment)	A plan that provides benefits in the event of an accidental death or dismemberment (generally, an accident that results in death, loss of part of the body, or the loss of the use of part of the body).
Beneficiary	A person designated by a participant, or by the terms of an employee benefit plan, which is or may become entitled to a benefit under the plan.
COBRA	Federal law (Consolidated Omnibus Budget Reconciliation Act of 1985) requiring certain employers that offer group health plans to provide continuation coverage to employees and their dependents who incur certain qualifying events.
Co-Insurance or Cost Sharing	The portion of covered health care costs for which you are financially responsible. Coinsurance does not include deductibles or copays.
Co-Payment or Copay	A set amount you pay out of pocket for a particular service. The plan pays the balance.
Deductible	The out-of-pocket amount you must pay each plan year before the plan pays for eligible benefits.
Evidence of Insurability (EOI)	Many insurance companies require prospective clients/ individuals to prove that they are in good health and are therefore good insurance risks before the company will cover them.
Explanation of Benefits (EOB)	A statement from a plan explaining what portion of a claim was paid.
Generic	Your prescription drug copay depends on the class or group of your prescribed medication. A generic drug generally has the lowest copay level. A generic drug is one that is no longer produced only under a brand name. Once a drug's patent expires, many companies can begin to manufacture "generic" versions of a previously brand- name-only drug. Generic drugs are identical to brand-name drugs in chemical makeup ("active ingredients"), usage, strength and dosage. They are regulated and approved by the FDA just like brand-name drugs; however, they are much less expensive.
HIPAA Authorization	Under HIPAA, a document that authorizes the use or disclosure of an individual's Protected Health Information by a Covered Entity for any purpose described in the document and meets specific requirements.
Negotiated rates	The costs for health care services negotiated between the insurance carrier and in- network health care providers. Negotiated rates are usually less than usual, customary and reasonable (UCR) charges.
Non-preferred brand	Your prescription drug copay depends on the class or group of your prescribed medication. A non-preferred brand-name drug generally has the highest copay level because it is not on the plan's list of preferred drugs. You can find out how different drugs are classified by your plan by visiting the plan's Web site.
Out-of-Pocket Expenses	Copays, deductibles, and other expenses that are not covered by the health plan.
Qualifying Life Event	Certain events which may allow you to make allowable changes to your benefits. Qualifying events include: marriage, divorce, death, birth, adoption or placement for adoption, and significant change in employment.
Reasonable and Customary (R&C) or Usual, Reasonable & Customary (UCR)	A term used in many health plans, defined as the price at or below which the majority of health- care professionals of similar expertise charge for similar procedures within a specific geographic area.

Notes

Notes

Need assistance with resolving a benefits related issue?

Have questions regarding what is covered or where to be seen?

Contact the Benefit Advocacy Team and get the one-on-one support you need.

Call Toll Free | 833.4.SolvIt (833.476.5848)

Text | 833.476.5848

Chat Online | www.solvins.com

Email | BAT@solvins.com

MEDICAL	VISION	PHARMACY	DENTAL
Claims, Order ID Cards, Find a Provider	Find Doctors, Questions About Coverage	Learn More About Benefits, Resolve Issues	Resolve Claims Disputes, Find Providers

Monday – Friday, 8:00am – 5:30pm PST

License Number: 0K72752

SOLV

INDEPENDENT INSURANCE ASSOCIATES

A 4170 Douglas Blvd. Ste 100, Granite Bay, CA, 95746 **P** 833.476.5848