



# 2026 Benefits guide



Benefits Basics

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HSA/FSA

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# Your Golden Rain Foundation benefits

We understand the important role benefits play in our lives and in our overall health. That's why we provide a benefits package that lets you elect the right coverage for you and your family, as a new hire and each year during Open Enrollment.

This benefits guide can help you get familiar with your options in Golden Rain Foundation's benefits program. It also provides useful tips, tools and resources to help you think through your options and make wise decisions.

### Getting ready to enroll:

- Consider your coverage needs for the upcoming year. For example, do you want to be financially protected if you can't work due to an accident or illness?
- Consider other available coverage.
- Gather information you'll need. If you're covering dependents, you'll need their dates of birth and Social Security numbers. You may also need documents to verify dependents' eligibility — such as a marriage license or birth certificate.

Getting the most value from your benefits depends on how well you understand your plans and how you choose to use them. Be sure to read this entire guide for important information about your benefit options.



## Enrolling in your benefits



Create an account or log in with your existing account at Paylocity.



Begin the benefits enrollment process.



Elect the benefits you want.



Save or submit your elections.



Print or save a copy of your elections for your records.



# Benefit Basics

Your benefits are a partnership between you and Golden Rain Foundation. The table below outlines how you and Golden Rain Foundation share costs for benefits. The tax treatment shows whether your contribution is taken from your paycheck before or after taxes.

Benefit	Tax Treatment	Who Pays
Medical and Pharmacy	Pretax	Golden Rain Foundation & You
Dental	Pretax	Golden Rain Foundation & You
Vision	Pretax	Golden Rain Foundation & You
Health Savings Account	Pretax	Golden Rain Foundation & You
Flexible Spending Accounts	Pretax	You
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	After-tax	Golden Rain Foundation
Supplemental Life and AD&D Insurance	After-tax	You
Long-Term Disability	After-tax	Golden Rain Foundation
Accident Insurance	After-tax	You
Critical Illness Insurance	After-tax	You
Hospital Indemnity Insurance	After-tax	You
Employee Assistance Program (EAP)	N/A	Golden Rain Foundation
Commuter Benefits	Pretax	You

# Moments that Matter

Life is made up of moments that matter, and Golden Rain has benefits to support you and your family through them. From staying on top of your health with preventive care to starting or growing your family to planning for retirement, we have you covered. Golden Rain also provides resources and assistance to help you cope with change and live your best life at every stage.



## Investing in yourself and your future

Investing in yourself is always a good choice. Make the most of your benefits for your financial and emotional wellbeing.

- Voluntary life & AD&D Insurance
- Wellness program helps you invest in your health and wellbeing



## Navigating your health

You have access to a range of benefits and resources to manage conditions and keep you and your family healthy.

- Preventive care: No matter which health plan you choose, preventive screenings are covered
- Accident, Critical Illness and Hospital Indemnity Insurance



## Starting or growing your family

Start your family journey knowing you have the coverage and assistance to create a safe and healthy environment for your loved ones.

- Basic Short-Term Disability
- Paid Parental Leave
- Spousal and Dependent coverage for Health and Disability



## Coping with change

Change is a constant in our lives. These benefits help you navigate whatever life brings.

- EAP: Confidential support for life's tough moments 24/7/365
- Bereavement policy to give you the time you need during the most challenging times
- Family and Medical Leave Act



## At every stage of life

No matter what stage of life you're at, Golden Rain has benefits to support your physical, emotional, financial and social wellbeing.

- Commuter Benefits
- Employee perks from Working Advantage
- Paid time off

# Eligibility

## Who's eligible?

### Employees

As a Golden Rain Foundation employee, you are eligible for Medical, Accident, Critical Illness and Hospital Indemnity benefits if you are regularly scheduled to work at least 20 hours per week. Employees regularly scheduled to work at least 32 hours per week are eligible for all other benefits.

### Dependents

- Your legal spouse
- Your registered domestic partner
- Your children up to age 26

## Changing your benefits

Generally, you may only make or change your benefit elections as a new hire or during the Open Enrollment period. However, you may change your benefit elections during the year if you experience a qualifying life event such as:

- Marriage, divorce or legal separation
- Birth or adoption of a child\*
- Loss or gain of other coverage by you or your dependent
- Eligibility for Medicare or Medicaid

\*Please note, enrollment for newborns or adopted children is not automatic. You must complete the life event process to add them to your coverage.

### You have 30 days from the qualified life event to make changes to your coverage.

- Depending on the type of event, you may need to provide proof of the event, such as a marriage license or birth certificate.
- If you do not make the changes within 30 days of the qualified event, you will have to wait until the next Open Enrollment period to make changes (unless you experience another qualified life event).

### Medicare

If you have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage.

### Enrolling dependents? Items to have ready

When you add dependents to your coverage, you must provide their:

- Legal name
- Date of birth
- Social Security number
- Supporting documentation, such as marriage certificate, birth certificate, adoption papers and tax documents

If you do not provide the required information, your dependents may be dropped from coverage.

### When Coverage Ends – COBRA Coverage

Your Golden Rain Foundation employer-sponsored benefits end on the last day of the month following your termination. You may be eligible to continue coverage for the following benefits for yourself, and your dependents as allowed under the Consolidated Omnibus Budget Reconciliation Act (COBRA):

- Medical and Prescription Drug
- Dental
- Vision
- Flexible Spending Accounts (FSAs)
- Employee Assistance Program (EAP)

To participate in COBRA, you must enroll within 60 days of your notification date or coverage end date. You will be responsible for making monthly payments for the full premium, plus a 2% administration fee.

In most cases, COBRA coverage is available for up to 18 months, though extensions may be available under qualifying circumstances.

# Medical Plan Overview

We offer the choice of two medical plans through Kaiser. Both of the medical options include coverage for prescription drugs. To select the plan that best suits your family, you should consider the key differences between the plans, the cost of coverage (including payroll deductions) and how the plan covers services throughout the year.

## Understanding how your plan works



### Your coverage

Depending on your plan, you will pay a copay and/or coinsurance for most services. Check the plan documents for details.



### Your out-of-pocket maximum

When you reach your out-of-pocket maximum, the plan pays 100% of covered medical and pharmacy expenses for the rest of the plan year.

## Making the most of your plan

Getting the most out of your plan also depends on how well you understand it. Keep these important tips in mind when you use your plan.

- **In-network providers and pharmacies:** You will generally pay less if you see a provider within the medical and pharmacy network.
- **Preventive care:** In-network preventive care is covered at 100% (no cost to you). Preventive care is often received during an annual physical exam and includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms. Check your insurer's preventive care guidelines to see what services fall into the preventive category.

# Pharmacy Plan Overview

We offer prescription drug coverage through Kaiser.

## Understanding your pharmacy coverage

- **Preventive drugs:** Many preventive drugs and those used to treat chronic conditions like diabetes, high blood pressure, high cholesterol and asthma are on the [Preventive Condition Drug List](#).
- **Mail order pharmacy:** If you take a maintenance medication on an ongoing basis for a condition like high cholesterol or high blood pressure, you can use the mail order pharmacy to save on a 100-day supply.

## Pharmacy categories

Medications are placed in categories based on drug cost, safety and effectiveness. These tiers also affect your coverage.



**Generic** – A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.



**Brand preferred** – A drug with a patent and trademark name that is considered “preferred” because it’s safe, effective and usually less expensive than other brand-name options.

# Medical and Pharmacy Coverage

Medical Plan Provisions	Kaiser HDHP W/ HSA Plan	Kaiser HMO Plan
	In-Network Coverage	In-Network Coverage
<b>Annual Deductible</b> (Individual/Family)	\$3,500/\$7,000	None
<b>HSA Eligibility and Golden Rain Foundation Funding</b>	Yes, HSA Eligible Individual \$2,000/Year Family \$4,000/Year	No, Not HSA Eligible
<b>Out-of-Pocket Maximum</b> (Includes Deductible)	\$6,000/\$12,000	\$1,500/\$3,000
<b>Telehealth</b>	No charge after Deductible	No charge
<b>Preventive Care</b>	Covered at 100%	Covered at 100%
<b>Primary Care Provider/Specialist Office Visit</b>	\$30/\$50 copay after Deductible	\$10/\$10 copay
<b>Urgent Care</b>	\$30 copay after Deductible	\$10 copay
<b>X-Ray and Lab</b>	\$10 copay after Deductible	Covered at 100%
<b>Inpatient Hospital Services</b>	30% after Deductible	\$100 copay per admission
<b>Outpatient Hospital Services</b>	30% after Deductible	\$10 copay per procedure
<b>Emergency Room</b> (waived if admitted as in-patient)	30% after Deductible	\$50 copay
<b>Mental Health – Inpatient</b>	30% after Deductible	\$100 per admission
<b>Mental Health – Outpatient*</b>	\$30 copay after Deductible	\$10 copay
<b>Chiropractic Care</b>	\$15 copay up to a maximum of 20 visits per calendar year after deductible. <i>This is a "stand-alone" benefit provided by American Specialty Health (ASH). No doctor referral is needed. Copays do not count toward the Kaiser Out-of-Pocket maximum amounts.</i>	\$10 copay up to a maximum of 20 visits per calendar year. <i>This is a "stand-alone" benefit provided by American Specialty Health (ASH). No doctor referral is needed. Copays do not count toward the Kaiser Out-of-Pocket maximum amounts.</i>
<b>Skilled Nursing Facility</b>	30% after Deductible (up to 100 days per benefit period)	Covered at 100% (up to 100 days per benefit period)
<b>Durable Medical Equipment</b>	30% after Deductible	You pay 20% coinsurance per item

\*Outpatient Mental Health costs differ for group outpatient visits.



# Medical and Pharmacy Coverage (continued)

Retail Pharmacy (up to a 30-day supply)		
Generic	\$15 copay after Deductible	\$10
Brand Preferred	\$35 copay after Deductible	\$20
Mail Order Pharmacy (90-day supply)		
Generic	\$30 copay after Deductible	\$20
Brand Preferred	\$70 copay after Deductible	\$40

## HSA Funding

For those electing the HSA plan as an individual, Golden Rain Foundation will fund \$2,000 annually to your HSA card through Paylocity (\$166.66 per month), and for those electing the HSA plan with 1 or more dependents, Golden Rain Foundation will fund \$4,000 annually to your HSA card through Paylocity (\$333.33 per month). The IRS HSA limit for 2025 is \$4,300 for an individual and \$8,550 for a family (combined with Golden Rain Foundation's contribution).

# Where to Get Care

Your medical plan includes access to a variety of providers and services for quality, affordable care. Take time to understand your options so you can get the right care at the right time and place, and spend your money wisely. The right level of care depends on your condition.



## Virtual visit

Get care anytime, from anywhere by phone or through Kaiser. Non-emergency care, advice and diagnosis is available 24/7.

- Allergies
- Cold or flu symptoms
- Urinary tract infection
- Fever
- Sore throat or cough
- Headaches



## Doctor's office

Make a personal appointment to see a doctor for full-service care for things that don't need attention right away.

- Annual and sport's physicals
- Health screenings
- Vaccines
- Medicine refills
- Anxiety and depression
- Cough and colds



## Urgent care

Same-day treatment for non-life threatening illness or injury.

- Cuts requiring stitches
- Ear infections
- Insect bites
- Sprains/strains
- Nausea/diarrhea
- Pink eye



## Emergency room

Treatment for life-threatening emergencies.

- Broken bones
- Chest pain
- Difficulty breathing
- Head injuries
- Uncontrolled bleeding
- Sudden dizziness or numbness
- Mental health crisis





# Medical Plan Resources

## Telemedicine

Telemedicine services through Kaiser puts you in control of when and where you access care. Skip the waiting rooms and scheduling hassles. For a simple copay, you may speak with a licensed physician 24/7/365 via phone or computer. These phone consultations and online video visits give you direct access to a licensed medical professional who may be able to:

- Define treatment of common medical conditions, such as colds, flu, bronchitis, allergies, rashes, depression, and more
- Provide specialist referrals
- Prescribe medication
- Access the Nurse Hotline

Go to [Kp.org](https://kp.org) or download the Kaiser Permanente app for easy access.

# Health Savings Account

A Health Savings Account (HSA) is a savings account that belongs to you that is paired with the HDHP. It allows you to make tax-free contributions that you can use to pay for current and future medical expenses for you and your dependents.



## Start it

- Contributions to an HSA are tax-free for you\* — whether they come from you or the company. The company contributes \$2,000 for individual coverage and \$4,000 for family coverage. Company's contributions are processed bi-weekly and will be prorated based on benefits start date.
- The HDHP costs less than other plans so the money you save on premiums can be put into your HSA. This helps you save money on taxes and gives you more flexibility and control over your health care dollars.

\*HSA contributions are tax free in all states except California and New Jersey.



## Build it

- All of the money in your HSA is yours (including any contributions deposited by the company) even if you leave your job, change plans or retire.
- In 2026, the total of your contributions and the company's can be up to \$4,400 for individual coverage and \$8,750 for family coverage. If you are age 55 or older, you can contribute an additional \$1,000 per year.



## Use it

- You can withdraw your money tax-free at any time, as long as you use it for qualified expenses (a list can be found on [www.irs.gov](http://www.irs.gov)).
- You can also save this money and hold onto it for future eligible health care expenses.



## Grow it

- Unused money in your HSA will roll over, earn interest and grow tax-free over time.
- You decide how to use the HSA money, including whether to save it or spend it for eligible expenses. When your balance is large enough, you can invest it — tax-free.

## Eligibility details

- You cannot have an HSA if you are enrolled in any other health coverage, Medicare, or if you are claimed as a dependent on someone else's tax return.
- You cannot participate in the Health Care Flexible Spending Account (FSA) if you have an HSA. Your spouse/ domestic partner also cannot have a Health Care FSA.

# Flexible Spending Accounts

A Flexible Spending Account (FSA) helps you pay for health care or dependent care costs using tax-free dollars. Your contribution is deducted from your paycheck on a pretax basis and is put into the FSA. When you incur expenses, you can access the funds in your account to pay for *eligible* expenses.

This chart shows the eligible expenses for each type of FSA and how much you can contribute per year. Each of these options reduces your taxable income.

Account type	Eligible expenses	Annual contribution limits*
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan, such as copays, coinsurance, deductibles, eyeglasses, orthodontia and prescriptions.	Maximum contribution is \$3,400 per year. Funds are deducted throughout the year, but all funds are available on January 1.
Limited Purpose FSA	Only dental and vision expenses that are not covered by your medical, dental or vision plans, such as copays, coinsurance, deductibles, eyeglasses and orthodontia.	Maximum contribution is \$3,400 per year. Funds are deducted throughout the year, but all funds are available on January 1.
Dependent Care FSA	Dependent care expenses including day care, after-school programs for children under age 13 or elder care programs so you can work or attend school full-time.	Maximum contribution is \$7,500 per year (\$3,750 if married and filing separate tax returns).
Commuter Account	Expenses for commuting to and from work using public transit, or paying parking fees at or near your workplace or at a commuter lot where you transfer to a vanpool or mass transit.	Maximum contribution is \$340 per month to your transit/vanpool account and up to \$340 per month to your parking account.

## Important information about FSAs

- Your FSA elections are effective from January 1 through December 31.
- Services must be incurred by December 31 of each year.
- Claims for reimbursement must be submitted by March 31 of the following year.
- The Health Care or Limited Purpose FSAs allow you to carry over \$680 in unused funds to the following plan year.
- Please plan your contributions carefully. Any unused money remaining in your account(s) will be forfeited. This is known as the “use it or lose it” rule and it is governed by Internal Revenue Service regulations.
- FSA elections do not automatically continue from year to year; you must actively enroll each year.
- You can only change your FSA contribution amount if you experience a qualified status change.
- The FSA plans are not interchangeable. You must enroll in each separately and funds are non-transferable.

# Dental Plan

It's important to have regular dental exams and cleanings so problems are detected before they become painful — and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and is an important part of maintaining your overall health. We offer a dental plan through MetLife.

Plan Provisions	MetLife DPPO Plan	
	In-Network (PDP Plus)	Out-of-Network*
<b>Annual Deductible</b> (Individual/Family)	\$25/\$75	\$25/\$75
<b>Annual Maximum</b> (per Individual)	\$1,500 per individual	\$1,500 per individual
<b>Diagnostic and Preventive Services</b> (e.g., X-rays, cleanings, exams)	Covered at 100%	80%, no deductible
<b>Basic and Restorative Services</b> (e.g., fillings)	80%	80%
<b>Major Services</b> (e.g., dentures, crowns, bridges)	50%	50%
<b>Orthodontia</b> (adults and children)	50%, up to a lifetime maximum of \$500 per individual	

\*You are responsible for amounts in excess of MetLife's reimbursement basis when using Out-of-Network providers.

## Get the most from your dental plan

- **Stay in-network** – While you have the option of choosing any provider, you save money when you use in-network dentists. When using an out-of-network dental provider, you pay more because the provider has not agreed to charge you a negotiated rate.
- **Free annual check-up** – Use free preventive care to keep your mouth and gums healthy all year long.
- **Use your FSA or HSA funds** – Help pay for eligible out-of-pocket dental expenses.

# Vision Plan

The vision plan provides coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses. You can choose any provider; however, you always save money if you see in-network providers. We offer a vision plan through VSP.

Plan Provisions	VSP Vision Plan	
	In-Network	Out-of-Network
<b>Exam</b>	\$10 copay	Max reimbursement up to \$50
<b>Frames</b>	Up to \$140 allowance plus 20% off balance over \$140	Max reimbursement up to \$70
<b>Lenses</b>		
<ul style="list-style-type: none"> <li>▪ Single vision lenses</li> <li>▪ Bifocal lenses</li> <li>▪ Trifocal lenses</li> <li>▪ Lenticular lenses</li> </ul>	Covered at 100% Covered at 100% \$80-\$90 \$120-\$160	Max reimbursement up to \$50 Max reimbursement up to \$75 Max reimbursement up to \$100 Max reimbursement up to \$125
<b>Contact Lenses</b> (Medically necessary)	Covered at 100% of reasonable and customary charges	Max reimbursement up to \$210
<b>Elective Contact Lenses</b> (in lieu of glasses)	Up to \$120 allowance; \$60 copay (applies to fitting & evaluation)	Up to \$105
<b>Frequency</b>		
<ul style="list-style-type: none"> <li>▪ Exam</li> <li>▪ Lenses</li> <li>▪ Frames</li> <li>▪ Contact lenses</li> </ul>		Once every 12 months Once every 12 months Once every 24 months Once every 12 months

## Pay for vision expenses tax-free

Use your **FSA or HSA** to pay for your exam copay and eyeglasses or contacts.

# Life Insurance and Disability

## Basic Life and AD&D Insurance

Life insurance is an important part of your financial wellbeing, especially if others depend on you for support. Golden Rain Foundation provides basic life and accidental death and dismemberment insurance at no cost equal to 2 times your base annual earnings, up to a maximum of \$500,000. Coverage is automatic; you do not need to enroll.

## Supplemental Life and AD&D Insurance

You may choose to purchase additional life insurance coverage through MetLife for yourself and your dependents at affordable group rates. Rates are based on age and the coverage level chosen.

### For you

#### Employee

- Increments of \$10,000 up to 5x your base annual salary
- Up to a \$500,000 maximum\*
- Guaranteed issue up to \$100,000

\*Requires approved evidence of insurability.

## Disability Insurance

Disability insurance through MetLife provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury. Golden Rain Foundation provides eligible employees with disability coverage at **no cost** as shown below. Coverage is automatic; you do not need to enroll.

Coverage	Benefit
Long-Term Disability	<ul style="list-style-type: none"><li>▪ 66 2/3% of your base salary, to a maximum of \$6,000 per month if you are disabled and are unable to work for more than 60 days.</li><li>▪ Benefits are offset with other sources of income, such as Social Security and Workers' Compensation.</li></ul>

## Family Medical Leave Act (FMLA)

If you have been with the company for 12 months, you may be eligible for up to 12 work weeks of unpaid leave per year under the Family and Medical Leave Act (FMLA). FMLA can be used for an illness of your own, care needed for a family member, care for a newborn and certain other medical needs.

# Supplemental Medical Voluntary Plans

Round out your coverage with benefits that offer financial protection and assistance with all areas of your life.

## Accident insurance

Provides benefits to help cover the costs associated with unexpected bills due to covered accidents, regardless of any other insurance you have.

If you purchase coverage and are hurt in a covered accident, you will receive a cash benefit for covered injuries that you may spend as you like.

### Common Accident Claims

Event	Benefit
Initial care (ER, physician visit, urgent care)	\$200
Fractures (leg, hand/wrist, finger/toe, collarbone, rib, skull)	\$600-\$9,000
Ground ambulance	\$400
Diagnostic testing	\$100-\$325
Physical therapy	\$50 per visit up to 10 visits
Follow-up visits	\$100
Organized sports injury	Up to 25% increased amount payable

This coverage includes a wellness benefit of \$50.

# Supplemental Medical Voluntary Plans (continued)

## Critical Illness Insurance

Provides cash to help pay for both medical expenses not covered by your medical plan as well as day-to-day expenses that may start to add up — like rent, mortgage, car payments, etc. — while you are ill.

If you are diagnosed with a covered illness, you get a lump-sum cash benefit, even if you receive other insurance benefits. Pre-existing conditions are waived at enrollment.

### Coverage amounts

Plan Option	Employee	Spouse	Child(ren)
Option A	\$15,000	\$15,000	\$7,500
Option B	\$30,000	\$30,000	\$15,000

### Examples of covered illnesses:

- Cancer
- Coronary artery bypass graft surgery
- End-stage renal (kidney) failure
- Heart attack
- Major organ failure
- Stroke

Your initial benefit provides a lump-sum payment upon the first diagnosis of a covered condition. Your plan pays a recurrence benefit payable for the same covered condition for most conditions (refer to policy documents for details).

This coverage includes a wellness benefit of \$50.

# Supplemental Medical Voluntary Plans (continued)

## Hospital indemnity insurance

Hospital indemnity insurance provides a fixed lump-sum payment to help cover hospital expenses not covered by insurance or to pay for expenses while you, your spouse and your covered dependents are in the hospital.

Event	Benefit
Hospital admission	\$1,000 up to 3 days per plan year
Hospital confinement	\$200 up to 364 days per plan year
ICU confinement	\$200 up to 364 days per plan year
ICU admission	\$1,000 up to 3 days per plan year

### **IMPORTANT: This is a fixed indemnity policy, NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

### Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

### Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments".
- If you have this policy through your job or a family member's job, contact your employer.



# Additional Benefits

## Employee Assistance Program

Life is filled with change and uncertainty. The responsibilities and demands on our time can be overwhelming. Our Employee Assistance Program (EAP) is here to help you and your family members with life's challenges.

The EAP, administered by Uprise Health (Claremont EAP), provides 24/7 confidential support, resources and information for you and your dependents. You and your family have access to three free consultations with a licensed clinician per incident, per individual, per calendar year. Services include:

- **Childcare and eldercare assistance:** Needs assessment along with referrals to childcare and eldercare providers.
- **Daily living services:** Referrals to help with event planning, transportation services, pet services and more.
- **Financial services:** Budgeting, credit and financial guidance, retirement planning and assistance with tax issues.
- **Identity theft recovery services:** Information on identity theft prevention, an identity theft emergency response kit and help if you are victimized.
- **Legal services:** Consultations for issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, estate planning and more.

Confidential assistance is available any time. Call 800-834-3773 or log on to [www.uprisehealth.com](http://www.uprisehealth.com).



# Benefit Costs

Your monthly payroll contributions for medical, supplemental medical, dental and vision benefits are shown here.

Medical	Kaiser HDHP W/ HSA Plan	Kaiser HMO Plan
Employee Only	\$77.83	\$257.42
Employee + One	\$167.33	\$553.46
Family	\$229.59	\$759.40

Dental	MetLife DPPO Plan
Employee Only	\$15.94
Employee + One	\$30.59
Family	\$46.83

Vision	VSP Vision Plan
Employee Only	\$2.26
Employee + One	\$3.51
Family	\$5.56

## Accident

Monthly Rates	
Benefit + Rider(s) - Voluntary	
Employee Only	\$8.57
Employee + Spouse	\$13.69
Employee + Children	\$16.99
Family	\$26.24

Cost shown are estimate only. Your actual payroll deduction may be slightly higher or lower from those provided here.

# Benefit Costs (continued)

## Critical Illness

Employee Paid Monthly Premium	Option 1: EE \$15,000/SP \$15,000/CH \$7,500*			
	Employee Only	Employee + Spouse	Employee + Children	Family
Age Range	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco
Under 25	\$3.00	\$6.15	\$4.05	\$7.20
25-29	\$4.65	\$8.85	\$5.70	\$9.90
30-34	\$5.85	\$11.40	\$6.90	\$12.45
35-39	\$7.50	\$15.45	\$8.55	\$16.50
40-44	\$11.85	\$23.85	\$12.90	\$24.90
45-49	\$17.25	\$37.05	\$18.30	\$38.10
50-54	\$25.95	\$52.35	\$27.00	\$53.40
55-59	\$34.05	\$69.90	\$35.10	\$70.95
60-64	\$54.30	\$100.20	\$55.35	\$101.25
65-69	\$57.90	\$137.10	\$58.95	\$138.15
70-74	\$82.35	\$181.95	\$83.40	\$183.00
75+	\$114.30	\$235.05	\$115.35	\$236.10

Employee Paid Monthly Premium	Option 2: EE \$30,000/SP \$30,000/CH \$15,000*			
	Employee Only	Employee + Spouse	Employee + Children	Family
Age Range	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco
Under 25	\$6.00	\$12.30	\$8.10	\$14.40
25-29	\$9.30	\$17.70	\$11.40	\$19.80
30-34	\$11.70	\$22.80	\$13.80	\$24.90
35-39	\$15.00	\$30.90	\$17.10	\$33.00
40-44	\$23.70	\$47.70	\$25.80	\$49.80
45-49	\$34.50	\$74.10	\$36.60	\$76.20
50-54	\$51.90	\$104.70	\$54.00	\$106.80
55-59	\$68.10	\$139.80	\$70.20	\$141.90
60-64	\$108.60	\$200.40	\$110.70	\$202.50
65-69	\$115.80	\$274.20	\$117.90	\$276.30
70-74	\$164.70	\$363.90	\$166.80	\$366.00
75+	\$228.60	\$470.10	\$230.70	\$472.20

\*Cost Includes Wellness Benefit



# Benefit Costs (continued)

## Hospital Indemnity

Monthly Rates	Voluntary
Quoted Rates - Per Employee Per Month	Option A
Employee Only	\$11.51
Employee + Spouse	\$24.98
Employee + Children	\$23.52
Family	\$39.60

# Helpful Benefit Terms

<b>Annual maximum</b>	The maximum benefit amount paid each year for each family member enrolled in the dental plan.
<b>Brand preferred drugs</b>	A drug with a patent and trademark name that is considered “preferred” because it’s safe, effective and usually less expensive than other brand-name options.
<b>Brand non-preferred drugs</b>	A drug with a patent and trademark name that is “not preferred” because it’s usually more expensive than other generic and brand preferred options.
<b>Coinsurance</b>	The sharing of cost between you and the plan. For example, 80% coinsurance means the plan covers 80% of the cost of service after a deductible is met. You will be responsible for the remaining 20% of the cost.
<b>Copay</b>	A fixed amount (for example \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of service.
<b>Deductible</b>	The amount you have to pay for covered services each year before your health plan begins to pay.
<b>Elimination period</b>	The time period between the beginning of an injury or illness and receiving benefit payments from the insurer.
<b>Evidence of Insurability (EOI)</b>	EOI is documentation or declaration of good health requested by the insurance company in order for the enrollee to obtain coverage.
<b>Flexible Spending Accounts (FSAs)</b>	FSAs allow you to pay for eligible health care and dependent care expenses using tax-free dollars. The money in the account is subject to the “use it or lose it” rule which means you must spend the money in the account before the end of the plan year.
<b>Generic drugs</b>	A drug that is equivalent to brand-name drugs in use, dose, strength, quality and performance, but is not trademarked.

<b>Guaranteed issue</b>	Guaranteed issue refers to coverage that is offered to all eligible enrollees regardless of their health status.
<b>Health Savings Account (HSA)</b>	An HSA is a personal savings account for those enrolled in a High Deductible Health Plan (HDHP). You may use your HSA to pay for qualified medical expenses such as doctor’s office visits, hospital care, prescription drugs, dental care and vision care. You can use the money in your HSA to pay for qualified medical expenses now, or in the future, for your expenses and those of your dependents, even if they are not covered by the HDHP.
<b>Health Reimbursement Arrangement (HRA)</b>	A fund you can use to help pay for eligible medical costs not covered by your medical plan. Funds are contributed to the HRA by the company.
<b>High Deductible Health Plan (HDHP)</b>	A qualified High Deductible Health Plan (HDHP) is defined by the Internal Revenue Service (IRS) as a plan with a minimum annual deductible and a maximum out-of-pocket limit. These minimums and maximums are determined annually and are subject to change.
<b>In-network</b>	A designated list of health care providers (doctors, dentists, etc.) with whom the insurance provider has negotiated special rates. Using in-network providers lowers the cost of services for you and the company.
<b>Inpatient</b>	Services provided to an individual during an overnight hospital stay.
<b>Mail order pharmacy</b>	Mail order pharmacies generally provide longer supplies of a prescription medication often with a smaller copay than what you would pay at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.
<b>Out-of-network</b>	Providers that are not in the plan’s network and who have not negotiated discounted rates. The cost of services provided by out-of-network providers is much higher for you and the company. Higher deductibles and coinsurance will apply.



# Helpful Benefit Terms (continued)

<b>Out-of-pocket maximum</b>	The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year. Your annual deductible is included in your out-of-pocket maximum.
<b>Outpatient</b>	Services provided to an individual at a hospital facility without an overnight hospital stay.
<b>Pre-existing condition</b>	A health condition that an individual was treated for, or got medical advice from a doctor about, prior to when they applied for health or life insurance. This can also apply if a person had existing symptoms that would cause them to seek treatment.
<b>Primary Care Provider (PCP)</b>	A doctor (generally a family or internal medicine practitioner or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions.
<b>Reasonable &amp; Customary Charges (R&amp;C)</b>	Prevailing market rates for services provided by health care professionals within a certain area for certain procedures. Reasonable and Customary rates may apply to out-of-network charges.
<b>Specialist</b>	A provider who has specialized training in a particular branch of medicine (e.g., a surgeon, cardiologist or neurologist).
<b>Specialty drugs</b>	A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.



## Benefit acronyms

<b>ACA</b>	Affordable Care Act
<b>AD&amp;D</b>	Accidental Death & Dismemberment
<b>FSA</b>	Flexible Spending Account
<b>HDHP</b>	High Deductible Health Plan
<b>HMO</b>	Health Maintenance Organization
<b>HSA</b>	Health Savings Account
<b>LPFSA</b>	Limited Purpose Flexible Spending Account
<b>LTD</b>	Long-Term Disability
<b>PPO</b>	Preferred Provider Organization
<b>STD</b>	Short-Term Disability

# Contact Information

Coverage	Carrier	Phone	Website
Medical and Pharmacy	Kaiser Permanente Group #: 8390	800-464-4000	<a href="http://www.kp.org">www.kp.org</a>
Dental	MetLife Group #: 5737089	800-ASK-4MET (800-275-4638)	<a href="http://www.metlife.com">www.metlife.com</a>
Vision	VSP Group #: 12010589	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Life and AD&D Insurance (Basic and Supplemental)	MetLife Group #: 5737089	800-ASK-4MET (800-275-4638)	<a href="http://www.metlife.com">www.metlife.com</a>
Disability Insurance	MetLife Group #: 5737089	800-ASK-4MET (800-275-4638)	<a href="http://www.metlife.com">www.metlife.com</a>
Supplemental Medical Voluntary Plans	UnitedHealthcare	Claims: 888-229-2070	<a href="http://www.myuhcfc.com">www.myuhcfc.com</a>
Employee Assistance Program (EAP)	Uprise Health (Claremont EAP)	800-834-3773	<a href="http://www.uprisehealth.com">www.uprisehealth.com</a>
Flexible Spending Accounts	Paylocity	Toll Free: 800-631-FLEX Fax: 314-909-6983	<a href="http://www.paylocity.com">www.paylocity.com</a>
Commuter Benefits	Golden Rain Foundation	925-988-7615	See Golden Rain Foundation HR

# Annual Notices

As an employee of Golden Rain, you are entitled to receive Annual Notices discussing various state and federal laws and rights you have regarding your employment and benefits. To make the required information as accessible as possible, we post this information on <https://grfhub.com/>.

The following notices are available:

- HIPAA Notice of Special Enrollment Period
- New Health Insurance Marketplace Coverage Options and Your Health Coverage
- Newborns' Act Disclosure
- Notice of Availability of HIPAA Notice of Privacy Practices
- Paperwork Reduction Act Statement
- Patient Protection Disclosure
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- Women's Health and Cancer Rights Act

Please contact Arnold Sevillano, Director of Human Resources, at 925-988-7635 with questions or if you need additional information.





### About this guide

This benefits summary provides selected highlights of the Golden Rain Foundation benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company. All benefits plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Golden Rain Foundation reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.