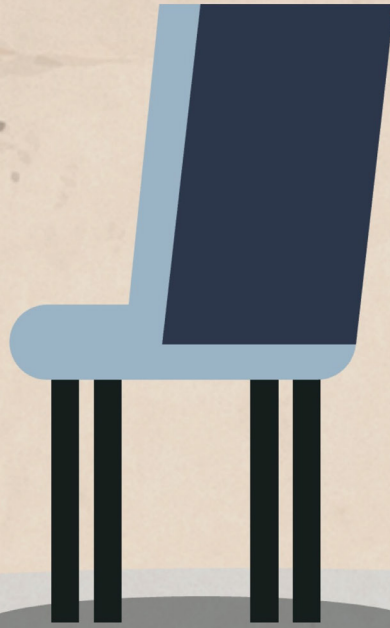




Outside  
California



2025-26

# Benefit Casefile

August 1, 2025 - July 31, 2026

# Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your registered domestic partner (RDP) and/or his/her children, where applicable by state law
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days.  
  
If you fail to enroll on time, you will **NOT** have benefits coverage.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective August 1, 2025 - July 31, 2026.

**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

\$ - Identifies plans with per pay period cost to the employee

## Choose Carefully!

Due to IRS regulations, you **cannot** change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, RDP, or child
- ▶ You lose coverage under your spouse's/RDP's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

# Inside

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# Enrollment

Go to <https://nw15.ultipro.com/>. There, you will find detailed instructions for enrolling.

# Plan Details

Go to <https://www.iapmohr.org>. There, you will find detailed information about the plans available to you.

# Medical Plans

We are proud to offer you a medical plan that provide comprehensive medical and prescription drug coverage. The plan also offers many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of the plan.

## Blue Shield PPO

The PPO plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Blue Shield network. The calendar-year deductible must be met before certain services are covered.

This plan is also a High Deductible Health Plan (HDHP) which includes a Health Reimbursement Account (HRA), a special savings account that allows you to pay for certain “qualified health-related expenses” permitted under federal tax law (state taxation rules may apply).

This includes most medical care services and prescription drugs. For a complete list of qualified health-related expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](https://www.irs.gov/pub/irs-pdf/p502.pdf).

**This HRA is limited to medical expenses only.**

To help offset the annual deductible, IAPMO will contribute **\$3,350** annually to your HRA if you enroll yourself only, and **\$6,600** annually if you enroll yourself and one or more IRS-qualifying dependents.



# Medical Plans

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

| Key Medical Benefits                                          | Blue Shield PPO                                  |                                             |
|---------------------------------------------------------------|--------------------------------------------------|---------------------------------------------|
|                                                               | In-Network                                       | Out-of-Network <sup>1</sup>                 |
| <b>Deductible</b> (per calendar year)                         |                                                  |                                             |
| Individual / Family                                           | \$3,300 / \$5,200 <sup>2</sup>                   |                                             |
| <b>Out-of-Pocket Maximum</b> (per calendar year)              |                                                  |                                             |
| Individual / Family                                           | \$5,500 / \$11,000                               | \$10,000 / \$20,000                         |
| <b>Contributions to Health Reimbursement Account (HRA)</b>    |                                                  |                                             |
| Individual / Family                                           | \$3,350 / \$6,600                                |                                             |
| <b>Covered Services</b>                                       |                                                  |                                             |
| Office Visits (physician/specialist)                          | 20%*                                             | 40%*                                        |
| Routine Preventive Care                                       | No charge                                        | Not covered                                 |
| Outpatient Diagnostic Lab or X-ray (lab or office/hospital)   | 20%* / 30%*                                      | 40%*                                        |
| Complex Imaging (lab or office/hospital)                      | Stand-alone: 20%* / Hospital: \$100 copay + 20%* | 40%*                                        |
| Chiropractic                                                  | 20%* <sup>3</sup>                                | 40%* <sup>3</sup>                           |
| Ambulance                                                     | 20%*                                             |                                             |
| Emergency Room                                                | \$150 copay + 20%* <sup>4</sup>                  |                                             |
| Urgent Care Facility                                          | 20%*                                             | 40%*                                        |
| Inpatient Hospital Stay (Including Maternity / MHSA)          | 20%*                                             | 40%*                                        |
| Outpatient Surgery (hospital/ASC)                             | 20%* / 10%*                                      | 40%*                                        |
| <b>Prescription Drugs</b> (Tier 1 / Tier 2 / Tier 3 / Tier 4) |                                                  |                                             |
| Retail Pharmacy (30-day supply)                               | \$10 / \$25 / \$40 / 30% up to \$250*            | 25% + \$10 / \$25 / \$40 / 30% up to \$250* |
| Mail Order (90-day supply)                                    | \$20 / \$50 / \$80 / 30% up to \$500*            | Not covered                                 |

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. If you enroll one or more family members, a member only needs to satisfy the individual deductible, not the entire family deductible, prior to receiving plan benefits
3. 20 max visits per year
4. Copay waived if admitted directly to hospital on inpatient-basis

# Dental Plan

We are proud to offer you a dental plan through Delta Dental.

**DPPO:** This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network.

Following is a high-level overview of the coverage available.

| Key Dental Benefits                                                                 | DPPO                                         |                             |
|-------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------|
|                                                                                     | In-Network                                   | Out-of-Network <sup>1</sup> |
| Deductible (per calendar year)                                                      |                                              |                             |
| Individual / Family                                                                 | \$50 / \$150                                 | \$50 / \$150                |
| Benefit Maximum (per calendar year; preventive, basic, and major Services combined) |                                              |                             |
| Per Individual                                                                      | \$2,000                                      |                             |
| Covered Services                                                                    |                                              |                             |
| Preventive Services                                                                 | No charge                                    | No charge                   |
| Basic Services                                                                      | 10%*                                         | 20%*                        |
| Major Services                                                                      | 40%*                                         | 50%*                        |
| Orthodontia                                                                         | Adult and Child:<br>50%, \$1,500 max benefit | N/A                         |

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# Vision Plan

We are proud to offer you a vision plan through VSP.

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the VSP network.

Following is a high-level overview of the coverage available.

| Key Vision Benefits                                              | In-Network                                                                   | Out-of-Network Reimbursement |
|------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------|
| <b>Exam</b> (once every 12 months)                               | No charge                                                                    | Up to \$45                   |
| <b>Materials Copay</b>                                           |                                                                              | N/A                          |
| <b>Lenses</b> (once every 12 months)                             | No charge                                                                    | Up to \$30                   |
| Single Vision                                                    |                                                                              | Up to \$50                   |
| Bifocal                                                          |                                                                              | Up to \$65                   |
| Trifocal                                                         |                                                                              |                              |
| <b>Frames</b> (once every 24 months)                             | \$200 allowance;<br>\$220 feature frame allowance;<br>\$110 Costco allowance | Up to \$70                   |
| <b>Contact Lenses</b> (once every 12 months; in lieu of glasses) | \$200 allowance                                                              | Up to \$105                  |

\* When the network provider uses wholesale or warehouse pricing, the maximum allowable frame allowance will be as follows: **wholesale allowance:** \$99.06, **warehouse allowance:** \$103.64.



# Flexible Spending Accounts (FSAs)

We provide you with an opportunity to participate in two different flexible spending accounts (FSAs) administered through WEX. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes. **NOTE:** FSA runs on a January 1 - December 31 calendar year. Open Enrollment is held annually each December.

## \$ Health Care FSA

For 2025, you may contribute up to \$3,300 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Prescriptions
- ▶ Eye exams/eyeglasses
- ▶ Copayments
- ▶ Dental treatment
- ▶ Lasik eye surgery
- ▶ Deductibles
- ▶ Orthodontia

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

## \$ Dependent Care FSA

For 2025, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 14 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

# FSA Rules

## YOU MUST ENROLL EACH YEAR TO PARTICIPATE

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Health Care FSA:** Unused funds of up to \$660 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$660 will NOT be returned to you or carried over to the following year.

**Dependent Care FSA:** Unused funds will NOT be returned to you or carried over to the following listed deadlines.

You can incur expenses through March 15, 2026, and must file claims by March 31, 2026. (plan has grace period & run out.)

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.

# Life and AD&D Insurance

**Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

## Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through New York Life.

|                |          |
|----------------|----------|
| Benefit Amount | \$50,000 |
|----------------|----------|

## \$ Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through New York Life for yourself and your eligible family members.

|            | Benefit Option                                                           | Guaranteed Issue*                       |
|------------|--------------------------------------------------------------------------|-----------------------------------------|
| Employee   | \$10,000 increments up to the lesser of 5x annual salary or \$500,000    | Lesser of 3x annual salary or \$200,000 |
| Spouse/RDP | \$5,000 increments up to the lesser of 50% of your election or \$250,000 | \$25,000                                |
| Child(ren) | \$5,000 or \$10,000                                                      | \$10,000                                |

\*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

# Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

## Short-Term Disability

Provided at **NO COST** to you through New York Life.

|                                 |                             |
|---------------------------------|-----------------------------|
| <b>Benefit Percentage</b>       | 70%                         |
| <b>Weekly Benefit Maximum</b>   | \$1,620                     |
| <b>When Benefits Begin</b>      | After 7th day of disability |
| <b>Maximum Benefit Duration</b> | 52 weeks                    |

## Long-Term Disability

Provided at **NO COST** to you through New York Life.

|                                 |                                       |
|---------------------------------|---------------------------------------|
| <b>Benefit Percentage</b>       | 66.67%                                |
| <b>Monthly Benefit Maximum</b>  | \$15,000                              |
| <b>When Benefits Begin</b>      | After 365th day of disability         |
| <b>Maximum Benefit Duration</b> | Social Security Normal Retirement Age |



## IAPMO Cares

Mental health is more important now, then ever before. It is important to take care of yourself, not only physically, but also mentally. Visit the IAPMO Cares page on the HR website for all things mental health, and all the resources available to you.

- ▶ Breakdown of resources by plan
- ▶ Coverage fliers
- ▶ Apps to help manage mental health
- ▶ Useful articles
- ▶ Important phone numbers to share with your family
- ▶ Inspirational videos and much more

## \$ Group Legal Plan

The LegalShield group legal plan offers legal products and services for you and your family. As a member, you have direct, toll-free access to a LegalShield provider law firm. This coverage is employee-paid.

### Legal Assistance

- ▶ Covers you and your eligible family members
- ▶ Unlimited phone consultation on any legal matter\*
- ▶ Contract and document review\*
- ▶ Will preparation and annual review
- ▶ Non-covered legal services are available at a 25% discount from a LegalShield provider\*

### ID Theft Protection

#### Now with more features!

- ▶ Covers you and your spouse
- ▶ Credit report and FICO scores
- ▶ Credit monitoring
- ▶ Identity theft restoration by licensed investigators

*\*not directly related to employment with IAPMO*

# \$ Voluntary Benefits

During the enrollment period, you have an opportunity to purchase voluntary benefits through Aflac at affordable group rates. For most plans, benefits are paid directly to you—not to a doctor or health care provider.

## Childcare through KinderCare

IAPMO is proud to partner with KinderCare to provide employees of IAPMO discounted and subsidized childcare and preschool tuition. This benefit is offered to all employees across the United States with participating KinderCare campuses. Simply by being an employee of IAPMO, you receive 10% off tuition fees. In addition, IAPMO is proud to subsidize 50% of the childcare/tuition costs paid directly to the center.

## Aflac Accident Insurance

Accident Indemnity pays a lump-sum cash benefit for specific injuries you receive and the treatment you need, including hospitalization.

## Aflac Hospital Indemnity

This coverage pays you a lump-sum cash benefit when you are admitted to the hospital for a covered hospital stay.

## Aflac Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000<sup>1</sup>? With critical care insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

## Pet Insurance through Pets Best

Pet Insurance offers affordable plans for dogs and cats. Policies cover a wide range of care from minor ailments to serious conditions. Pet owners are free to visit any veterinarian. Premiums vary based on the age of your pet, species, size (as an adult), plan type, deductible and state of residence.

1. MetLife Accident and Critical Illness Impact Study, October 2013

# Valuable Extras

## We also offer the following additional benefits:

- ▶ 401(k) 5% dollar for dollar deferral match Retirement Plan through Empower Retirement
- ▶ 401(k) Retirement Plan through Empower Retirement 8% Profit Sharing through Empower Retirement
- ▶ Long Term Care through Life Secure and Prudential for those hired before October 1, 2017

# Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP is provided at **NO COST** to you through New York Life.

## The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Substance abuse
- ▶ Relationships or marital conflicts
- ▶ Grief and loss
- ▶ Child and eldercare
- ▶ Legal or financial issues

## EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to three (3) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

# Cost of Benefits

There are 24 payroll cycles each year. The amount taken from your paycheck will depend upon the plan you select and if you choose to cover eligible family members. The amounts displayed are monthly rates.

| Medical Coverage Tier | Blue Shield PPO |            |          |
|-----------------------|-----------------|------------|----------|
|                       | Monthly Premium | IAPMO      | Employee |
| Employee Only         | \$982.40        | \$982.40   | \$0.00   |
| Employee + 1          | \$2,161.29      | \$2,161.29 | \$0.00   |
| Employee + Family     | \$2,799.83      | \$2,799.83 | \$0.00   |

| Dental Coverage Tier | Delta Dental DPPO |          |          |
|----------------------|-------------------|----------|----------|
|                      | Monthly Premium   | IAPMO    | Employee |
| Employee Only        | \$61.20           | \$61.20  | \$0.00   |
| Employee + 1         | \$112.62          | \$112.62 | \$0.00   |
| Employee + Family    | \$182.85          | \$182.85 | \$0.00   |

| Vision Coverage Tier | VSP Vision      |         |          |
|----------------------|-----------------|---------|----------|
|                      | Monthly Premium | IAPMO   | Employee |
| Employee Only        | \$6.99          | \$6.99  | \$0.00   |
| Employee + 1         | \$14.23         | \$14.23 | \$0.00   |
| Employee + Family    | \$21.86         | \$21.86 | \$0.00   |

Employee may incur additional costs for benefits in addition to premiums.

Your contributions toward the cost of voluntary life/AD&D benefits and legal plan are automatically deducted from your paycheck after taxes.

## Voluntary TermLife/AD&D

| Rate by Age (per \$1,000) | Employee | Spouse  | Rate by Age (per \$1,000) | Employee | Spouse  |
|---------------------------|----------|---------|---------------------------|----------|---------|
| < 25                      | \$0.025  | \$0.025 | 50-54                     | \$0.275  | \$0.275 |
| 25-29                     | \$0.035  | \$0.035 | 55-59                     | \$0.465  | \$0.465 |
| 30-34                     | \$0.055  | \$0.055 | 60-64                     | \$0.685  | \$0.685 |
| 35-39                     | \$0.065  | \$0.065 | 65-69                     | \$1.220  | \$1.220 |
| 40-44                     | \$0.095  | \$0.095 | 70-74                     | \$2.740  |         |
| 45-49                     | \$0.165  | \$0.165 | 75-100                    | \$4.466  |         |

Child Life Rate (per \$1,000): \$0.175 | AD&D Rate (per \$1,000): \$0.025

## LegalShield

| LegalShield Coverage    | Monthly    |         | Per Pay Period |         |
|-------------------------|------------|---------|----------------|---------|
|                         | Individual | Family  | Individual     | Family  |
| Legal Plan*             | \$18.95    |         | \$9.48         |         |
| Identity Theft          | \$8.95     | \$18.95 | \$4.48         | \$9.48  |
| Legal + Identity Theft* | \$27.90    | \$33.90 | \$13.95        | \$16.95 |

\* Rates differ in MA, NV, NY, HI and AK

# Contact Information

| Coverage                                                                | Carrier                                         | Phone #             | Website/Email                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------|---------------------|---------------------------------------------------------------------------------------|
| Medical                                                                 | Blue Shield                                     | (888) 256-1915      | <a href="http://www.blueshieldca.com">www.blueshieldca.com</a>                        |
| Dental                                                                  | Delta Dental                                    | PPO: (888) 335-8227 | <a href="http://www.deltadentalins.com">www.deltadentalins.com</a>                    |
| Vision                                                                  | VSP                                             | (800) 877-7195      | <a href="http://www.vsp.com">www.vsp.com</a>                                          |
| Flexible Spending Accounts (FSAs)<br>Health Reimbursement Account (HRA) | WEX                                             | (866) 451-3399      | <a href="https://benefitslogin.wexhealth.com">https://benefitslogin.wexhealth.com</a> |
| Basic Life/AD&D                                                         | New York Life                                   | (800) 842-4462      | <a href="http://www.newyorklife.com">www.newyorklife.com</a>                          |
| Supplemental Life/AD&D and Disability                                   | New York Life                                   | (800) 842-4462      | <a href="http://www.newyorklife.com">www.newyorklife.com</a>                          |
| Employee Assistance Program (EAP)                                       | New York Life                                   | (800) 344-9752      | <a href="http://Guidanceresources.com">Guidanceresources.com</a> / Web ID: NYLGBS     |
| Voluntary Benefits                                                      | Aflac                                           | (310) 500-0692      | <a href="mailto:brandon_shirley@us.aflac.com">brandon_shirley@us.aflac.com</a>        |
| Chiropractic                                                            | American Specialty Health (Blue Shield partner) | (800) 678-9133      | <a href="https://www.iapmohr.org/chiro">https://www.iapmohr.org/chiro</a>             |
| Pre-Paid Legal ID Theft                                                 | Pre-Paid Legal                                  | (865) 293-2453      | <a href="mailto:CAP@premiersolutionsintl.com">CAP@premiersolutionsintl.com</a>        |
| Pet Insurance                                                           | Pets Best                                       | (888) 984-8700      | <a href="http://www.petsbest.com/iapmo">www.petsbest.com/iapmo</a>                    |
| 401(k) Retirement Savings                                               | Empower Retirement                              | (833) 569-2433      | <a href="http://www.RetireSmart.com">www.RetireSmart.com</a>                          |
| Childcare                                                               | KinderCare                                      | N/A                 | <a href="https://www.iapmohr.org/childcare">https://www.iapmohr.org/childcare</a>     |

## Benefits Website

Our benefits website <https://nw15.ultipro.com/> can be accessed anytime you want additional information on our benefits programs.

## Questions?

If you have additional questions, you may also contact:

Jennifer or Ashley at (909) 472-4214 | [benefits@iapmo.org](mailto:benefits@iapmo.org)

## Annual Notices

[Click here](#) to view Annual Notices.

## Benefit Summaries

[Click here](#) to view Benefit Summaries.

## Summary of Benefits & Coverage (SBCs)

[Click here](#) to view Summary of Benefits & Coverage (SBCs).

**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.  
**Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

