

Benefits Overview

Your benefits are an important part of your overall compensation. This overview was designed to answer some of the basic questions you may have about your benefits.

December 1, 2021 - November 30, 2022

Griswold, LaSalle,
Cobb, Dowd & Gin, LLP

Eligibility

You are eligible for benefits if you work 30 or more hours per week. For new hires, benefits are effective on the first of the month following your date of hire. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your domestic partner (DP) and/or their children, where applicable by state law
- ▶ Your children who are your natural 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.

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 event:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, DP, or child
- ▶ You lose coverage under your spouse's/ DP'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 30 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.

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please refer to the separate rate sheet for your contributions.**

Medical

We are proud to offer you a medical plan. Following is a high-level overview of the coverage available.

Key Medical Benefits	Anthem Blue Cross Silver PPO HSA ² HDHP HSA	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$2,000 / \$4,000	\$4,000 / \$8,000
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	\$6,750 / \$13,500	\$13,500 / \$27,000
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible)		
Individual / Family	\$175 / \$175	
Covered Services		
Office Visits (physician / specialist)	30%*	50%*
Routine Preventive Care	No charge	50%*
Emergency Room	30%*	30%*
Urgent Care Facility	30%*	50%*
Inpatient Hospital Stay	30%*	50%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4)		
Retail Pharmacy (30-day supply)	\$20* / \$60* / \$85* / 30%* up to \$250 max ³	Not covered
Mail Order (90-day supply)	\$50* / \$180* / \$255* / 30%* up to \$250 max ³	Not covered

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

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs.

*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. Griswold, LaSalle, Cobb, Dowd & Gin, LLP, will automatically set up an HSA account and contribute \$175 per month to it.
3. Preferred Network Provider

Dental

We are proud to offer you a dental plan. Following is a high-level overview of the coverage available.

Key Dental Benefits	Voluntary Dental PPO DPPO	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; preventive, basic, and major services combined)		
Per Individual	\$1,500	\$1,500
Covered Services		
Preventive Services	No charge	No charge
Basic Services	20%*	20%*
Major Services	50%*	50%*
Orthodontia	Not covered	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.

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Vision

Our Voluntary Vision plan is offered through Guardian and available to you at a group rate. If you use a Guardian network provider, exams are subject to a \$10 copay, materials require a \$25 (waived for elective contact lenses) copay and frames are covered up to 80% of the amount over \$130; Costco, Sam's Club, and Walmart amount over \$70. Exams and lenses are covered once every 12 months and frames are covered once every 24 Months.

Contacts

- ▶ **Medical:**
Anthem Blue Cross - (855) 383-7248 | www.anthem.com/ca
HSA Bank - (800) 357-6246 | www.hsabank.com
- ▶ **Health Savings Account (HSA):**
HSA Bank - (800) 357-6246 | www.hsabank.com/member
- ▶ **Prescription: Anthem Blue Cross** - (833) 253-4446 | www.anthem.com/ca
- ▶ **Dental: Guardian** - (888) 600-1600 | www.guardianlife.com
- ▶ **Vision: VSP** - (800) 877-7195 | www.vsp.com
- ▶ **Call Center:**
Candice Hildebrand - (559) 375-7303 | candice.hildebrand@hubinternational.com
- ▶ **HR: Kaydee Gomez** - (559) 584-6656 | gomez@griswoldlasalle.com



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.

