

2023

Employee Benefits Overview



five
keys
schools and
programs

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Medicare Part D Notice: If you (and/or your dependents) 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. Please see the Annual Notices for more details.

We Care About Your Wellness



At Five Keys, we believe healthcare is a right, not a privilege. However, even with our commitment to provide the best possible coverage, due to the overall cost increase of healthcare we are forced to make some necessary changes. Even with these changes we still provide one of the most generous healthcare plans available in California. In fact, our insurance brokers, board members and industry professionals continue to tell us that Five Keys provides the most generous plan they have ever seen!

Five Keys is investing in the health and well-being of you and your family because we care about you. We encourage you to take advantage of these generous benefits!

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your summary plan descriptions (SPDs). You can find them on our Paycom Benefit Administration System. A list of insurance plan contacts is included at the back of this guide.

These benefits are effective:

January 1, 2023 – December 31, 2023

Need Open Enrollment Support?

SAY HELLO TO YOUR BENEFIT ADVOCATE



Carol Gemignani
Benefit Advocate

Phone Number

925-287-7278
8 am - 5 pm (M-Th)
8 am - 4:30 pm (Fri)
Pacific Time

Email

fivekeys@alliant.com

Five Keys has teamed up with Alliant Employee Benefits to provide you with a personal Benefit Advocate to help you any time you have benefits-related questions or problems.

Your Benefit Advocate, Carol Gemignani, is an experienced benefit professional who is committed to assisting you with the following employee benefit programs:

- Medical, Dental, Vision
- Employee Assistance Program
- Flexible Spending Accounts
- Life and Disability Benefits

Your Benefit Advocate can help with issues such as:

- General benefit questions
- Verifying eligibility and coverage
- Finding a network provider
- Health care claim or billing issues, when warranted
- Coverage changes due to life events (marriage, new child, divorce, etc.)

How To Enroll

PREPARE

- Review this Guide.
- Review additional benefit information (including Plan Summaries or SPDs) on the Five Keys Intranet > QuickLinks > Essential Staff Forms > Benefits folder.
- If enrolling a spouse and/or dependents, ensure you have each person's Social Security Numbers (this is a federal requirement).
- Look for the email that will include detailed information about our plans. If you prefer to enroll online, your log-in information is included in that email.

PAYCOM ONLINE ENROLLMENT

- Log into your Paycom ESS
- Click on the notification bell or the checklists button
- Select the checklist titled: Benefits Eligibility
- Complete all steps outlined in the checklist

Open Enrollment Steps:

- Log into your "Employee Self-Service" portal [here](#)
- Select "Benefits"
- Adding dependent or beneficiary - Select "Dependents and Beneficiaries" from the Benefits dropdown list
- You will be prompted to enter each dependents social security and date of birth
- Then select "Current Benefits"

TECHNOLOGY OVERVIEW

Here is a list of the technology systems used to administer our benefits:

1. **Paycom** - system used to enroll in benefits. Log-in instructions will be provided to you via email.
2. **Navia** – system used for FSA and monthly commuter/parking benefit program, provides program details, online expense submission, account balance information, etc.
 - Create online account at www.naviabenefits.com.
 - **Use Company code FKS.**
 - You can also download the MyNavia app on your phone!
3. If you elect the Kaiser medical plan, create your online Kaiser account at www.kp.org.
4. If you elect a Health Net medical plan, create your Health Net account at www.healthnet.com.

OPTING OUT OF BENEFITS

If you choose to not take MEDICAL coverage with Five Keys, you can receive a medical reimbursement stipend. This is offered as taxable income. Before payments begin, proof of medical insurance for each member must be provided via email to HR@fivekeys.org. Payments will not be made retroactively. Part-time employees are not eligible.

- Employee Only: \$250/month
- Employee & Spouse: \$300/month
- Employee & Children: \$350/month
- Employee & Family: \$400/month



Who Can You Cover?

WHO IS ELIGIBLE FOR FULL BENEFITS COVERAGE?

You're eligible for benefits if you are a full-time employee working 30+ hours per week.

Note: Employees with variable hours and seasonal schedules may be considered eligible if they work on average 30 hours a week or 130 hours a month over a 12-month measurement period. Five Keys measures hours worked based on the number of hours you work each month as required by the Affordable Care Act (ACA).

WHICH FAMILY MEMBERS CAN YOU ENROLL?

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse, regardless of gender.)
- Your same or opposite sex domestic partner, regardless of gender, is eligible for coverage if you are a legally registered domestic partner who is registered in the State of California. The Cost of Coverage section explains the tax treatment of domestic partner coverage.
- Your children (including your legally registered domestic partner's children):
 - Under age 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
 - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
 - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.
 - Legal dependents named in custody orders.

WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings
- Any individual who is covered as an employee of Five Keys cannot also be covered as a dependent
- On-call employees, contract employees, or employees residing outside the United States
- Part-time employees who do not meet the threshold for benefits eligibility
- Transitional Employment Program employees who work variable hours and do not meet the threshold for benefits eligibility.



IMPORTANT INFORMATION ABOUT DEPENDENT COVERAGE

All employees enrolling dependents for medical coverage must submit eligibility documents for each covered dependent. This common practice keeps us compliant with Federal laws and regulations as well as helps us offer robust benefit programs for eligible employees and dependents. After you enroll, employees covering dependents will receive a letter from DSI (dsiverify.com) with instructions and next steps. Documents to submit may include marriage licenses and birth certificates, and there will be a deadline.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined, also noted below:

IF ELIGIBLE, WHEN DOES BENEFITS COVERAGE BEGIN?

Coverage for newly eligible employees begins on the 1st of the month following 30 days of employment.

ENROLLMENT PERIODS & QUALIFYING LIFE EVENTS

Once eligible, new employees are provided a 30 day enrollment window to elect their benefits. After that, you cannot enroll in coverage unless you experience a qualifying life event.

Every year, we offer Open Enrollment for all employees who are eligible for benefits. This is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

Notify Human Resources at HR@fivekeys.org within 30 days if you have a qualifying life event and need to add or drop dependents outside of Open Enrollment.

Life events include (but are not limited to):

- o Birth or adoption of a baby or child
- o Loss of other healthcare coverage
- o Eligibility for new healthcare coverage
- o Marriage or divorce

For questions on Qualifying Life Events, please reach out to Human Resources or our dedicated Benefit Advocate.

Medical

Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. Medical coverage is provided through Health Net and Kaiser. Enrollments into the Kaiser DHMO with HRA are closed effective 1/01/2023.

| | Health Net PPO w/HRA | | Health Net HMO | Kaiser DHMO w/HRA |
|---|---|---|---|--|
| | In-Network | Out-Of-Network | In-Network | In-Network |
| Annual Deductible¹ | \$4,000 per individual \$8,000 family | \$8,000 per individual \$16,000 family | \$0 per individual \$0 family | \$1,500 per individual \$3,000 family |
| Annual Out-of-Pocket Max¹ | \$4,000 per individual \$8,000 family | \$16,000 per individual \$32,000 family | \$4,500 per individual \$9,000 family | \$3,000 per individual \$6,000 family |
| HRA Coverage | HRA Coverage up to the In Network Deductible | HRA Coverage up to the In Network Deductible | *No HRA Coverage* | HRA Coverage up to the Maximum-Out-of-Pocket |
| Lifetime Max | Unlimited | Unlimited | Unlimited | Unlimited |
| Office Visit | | | | |
| Primary Provider | \$0 copay after deductible | 50% after deductible | \$30 copay per visit | \$20 copay after deductible |
| Specialist | \$0 copay after deductible | 50% after deductible | \$50 copay per visit | \$20 copay after deductible |
| Preventive Services | No charge (deductible waived) | 50% after deductible | No charge | No charge |
| Chiropractic Care | \$0 copay after deductible (coverage limited to 30 visits per year combined w/ acupuncture) | 50% after deductible (coverage limited to 30 visits per year combined w/ acupuncture) | \$15 copay (coverage limited to 10 visits per year combined w/ acupuncture) | Not covered |
| Acupuncture | \$0 copay after deductible (coverage limited to 30 visits per year combined w/ chiropractic) | 50% after deductible (coverage limited to 30 visits per year combined w/ chiropractic) | \$15 copay (coverage limited to 10 visits per year combined w/ chiropractic) | \$20 copay after deductible |
| Lab and X-ray | \$0 copay after deductible | 50% after deductible | \$15 copay per visit | \$10 copay after deductible |
| Inpatient Hospitalization | \$0 copay after deductible | 50% after deductible | \$250 copay per day up to \$750 max/admit | 20% after deductible |
| Outpatient Surgery | \$0 copay after deductible | 50% after deductible | Hospital: \$250 copay per admission ASC: \$100 copay per admission | 20% after deductible |
| Emergency Room | \$0 copay per visit after deductible | \$0 copay per visit after deductible | \$100 copay per visit | 20% after deductible |
| Urgent Care | \$0 copay after deductible | 50% after deductible | \$50 copay per visit | \$20 copay after deductible |

¹ In-network and Out-of-network expenses do not cross accumulate

Prescription Drugs & Telehealth

Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure. Here are the prescription drug benefits that are included with our medical plans. Enrollments into the Kaiser DHMO with HRA are closed effective 1/01/2023.

| | Health Net PPO w/HRA | | Health Net HMO | Kaiser DHMO w/HRA |
|---------------------|----------------------------|---|--------------------------|--------------------------------|
| | In-Network | Out-Of-Network | In-Network | In-Network |
| HRA Coverage | HRA Coverage | HRA Coverage | *No HRA Coverage* | HRA Coverage |
| Generic | \$0 copay after deductible | 50% coinsurance w/ \$250 max retail order after deductible is met | \$10 copay | \$10 copay (deductible waived) |
| Preferred Brand | \$0 copay after deductible | 50% coinsurance w/ \$250 max retail order after deductible is met | \$30 copay | \$30 copay (deductible waived) |
| Non-preferred Brand | \$0 copay after deductible | 50% coinsurance w/ \$250 max retail order after deductible is met | \$55 copay | \$30 copay (deductible waived) |
| Supply Limit | 30 days | 30 days | 30 days | 30 days |
| Mail Order | | | | |
| Generic | \$0 copay after deductible | 50% coinsurance w/ \$250 max retail order after deductible is met | \$20 copay | \$20 copay (deductible waived) |
| Preferred Brand | \$0 copay after deductible | 50% coinsurance w/ \$250 max retail order after deductible is met | \$75 copay | \$60 copay (deductible waived) |
| Non-preferred Brand | \$0 copay after deductible | 50% coinsurance w/ \$250 max retail order after deductible is met | \$137.50 copay | \$60 copay (deductible waived) |
| Supply Limit | 90 days | 90 days | 90 days | 100 days |

HOW TO ACCESS TELEHEALTH AND URGENT CARE?

What do you do when you need care right away, but it's not an emergency?

Health Net Telehealth & Urgent Care

- Call Health Net's 24/7 NurseLine at 800-675-6110, opt. 4
- Find an urgent care center by visiting healthnet.com
- Receive telehealth for medical and mental health/behavioral services through [Babylon](#). Teladoc doctor visits are offered to you at no cost for 2023. Members can get started with

Babylon by downloading the Babylon app, and entering code: **HNCOM**

Kaiser Telehealth & Urgent Care

- Call Kaiser's 24/7 NurseLine at 800-464-4000
- Find an urgent care center by visiting kp.org
- Visit [Kaiser's Video Visit portal](#) at no cost for information on how to video chat with your medical doctor

Health Net - Additional Programs

Access To Care

With Health Net plans, you have many ways to access care. You can visit your PCP, use virtual care (such as NurseHelp 24/7, Virtual Care, or Telehealth services). You can use the Health Net app or website to determine what care you need and which in-network provider to use. This is just a high overview of the programs offered to you, visit healthnet.com for more details.

Virtual Mental Health Services - Babylon

Set up an appointment with a licensed psychiatrist, psychologist, or counselor by phone or video. Appointments are available, for members age 18 and older (members 18 and younger must be added as a family member to an 18+ account), daily from 7 a.m. to 7 p.m. PST from the privacy of your home with Health Net Telehealth services. You can access services on the Babylon mobile app and enter the access code: **HNCOM**.

Wellness Health Coaching

Get help from a health coach online, or from an expert by phone. You can also connect via secure email and eLearning modules. The online features include coaching tools like: journaling, goal-setting and exercise/food trackers. Access this on the Health Net app or website.

Start Smart for Your Baby Program

Start Smart for Your Baby is a program for pregnant and new moms. Get custom support and care to help you have a healthy pregnancy and baby. Plus, sign up to get health information such as Mother's Guide to Pregnancy and Guide to Life After Delivery. The program also offers guidance from a care manager throughout your pregnancy. Access this on the Health Net app or website.

Integrated Care Management program

Health Net's Integrated Care Management program supports and manages your health care if you have complex health issues. It also helps you with chronic conditions such as: Diabetes, Asthma, Congestive heart failure (CHF), and Coronary artery disease (CAD). The program is not just for you. It offers support for your family and caregivers, as well. Find your best quality of life through better ways to manage your health. Access this on the Health Net app or website.

Health Net myStrength app

The Health Net myStrength app provides self-care solutions to help you develop a personalized program with interactive activities, coping tools, inspirational resources, and more. Health Net plan members have access to the app at no cost.

Health Net Monthly Wellness Webinars

Get helpful topics monthly via webinars are work or at home, these topics include: managing chronic pain, preparing for cold/flu season, handling holiday stress, managing money and more. Health Net offers the Wellness Webinar Series the third Wednesday of each month. Members log in to www.healthnet.com, and click on the orange New Series Wellness Webinar button to sign up.

Kaiser - Additional Programs

Access To Care

When you need care, you have options. From in-person appointments to phone or video visits, it's easy to connect to care in a way that fits your schedule and lifestyle. Register today for Kaiser phone and/or video appointments!

If you are located in Northern California, you can get started by downloading and registering with the My Doctor Online app. For all other regions, visit kp.org/getcare to explore all the options to connect with your care team.

Healthy Lifestyle Programs

Members have access to a variety of free programs to get advice, encouragement, and tools to help you create positive changes in your life. These complimentary programs can help you lose weight, eat healthier, quit smoking, reduce stress, manage ongoing conditions like diabetes or depression

Visit kp.org/healthylifestyles to explore all the options available.

Mental Health Phone Apps

Kaiser myStrength app

The Kaiser myStrength app provides self-care solutions to help you develop a personalized program with interactive activities, coping tools, inspirational resources, and more. Kaiser plan members have access to the app at no cost.

Calm app

The Calm app is available to Kaiser members at no cost as part of Kaiser's self-care portfolio to support people by using meditation and mindfulness practices that can help lower stress, reduce anxiety, and improve sleep quality. Learn more about these free apps at kp.org/selfcareapps.

Ginger app

With the Ginger app, you have access to on-demand emotional support coaching.

Wellness Programs

ClassPass

ClassPass makes it easier for you to stay active from anywhere. With access to unlimited on-demand video workouts, livestreams with top-rated instructors, and even some in-person gym classes. To get access to Classpass, visit kp.org/exercise.

Wellness Coaching

Changing your habits can be hard, but working with a wellness coach can help you make it happen. Wellness Coaching is available to Kaiser members at no cost. You'll get one-on-one guidance and support from a dedicated coach who can help you set goals. No referral is needed. Visit kp.org/coaching for more information or call 866-862-4295 to make an appointment.

Health Reimbursement Arrangement (HRA)



A Health Reimbursement Arrangement (HRA), is provided to you if you enroll for medical coverage through Health Net or Kaiser. The HRA plan uses funds provided by Five Keys to reimburse you for your deductible and out-of-pocket healthcare expenses for covered services. Typical out-of-pocket expenses include deductible costs, plan coinsurance, office visits or prescription copays.

If you are a Health Net member, Health Net will process your services, then send the claim to Health Equity who administers our HRA.

Important Notes for Health Net members:

- All claims must be submitted to Health Net first.
- The Health Net HMO plan does not offer an HRA
- The HRA will pay for covered services provided by both in-network and out-of-network doctors. If you use out-of-network doctors, you may have more out-of-pocket expenses.
- If you are a Kaiser member, Kaiser will process your HRA claims for covered services.

Be sure to create your Health Net or Kaiser account online so you can submit claims, receipts, check account balances, etc.

Instructions on how to submit the correct documentation to be reimbursed can be found on Five Keys intranet > QuickLinks > Essential Staff Forms > Benefits folder.

FIVE KEYS CONTRIBUTIONS TO YOUR HRA

| | |
|--------------------------|--|
| Employee | Up to your medical plan in-network out-of-pocket maximum <ul style="list-style-type: none">• Health Net: \$4,000• Kaiser: \$3,000 |
| Employee + Family | Up to your medical plan in-network out-of-pocket maximum <ul style="list-style-type: none">• Health Net: \$8,000• Kaiser: \$6,000 |

PORTABILITY

Account funds can only be used while you are covered on the HRA plan. If you leave the company and don't elect COBRA continuation coverage, you will no longer have access to any accumulated funds.

If you leave the company and elect COBRA continuation coverage, you will continue to have access to the HRA. Plan costs will be provided to you on the COBRA election notice from Paycom within 45 days following loss of coverage.

HRA Continued

Health Net PPO – Debit Card For Prescriptions ONLY

Health Net PPO: If you enroll in the Health Net PPO plan, you will receive a Debit Card for prescription (Rx) expenses ONLY.

- The Rx Debit card will only apply to the Health Net PPO plan
- The Health Net HMO plan does not offer an HRA
- Kaiser members will not have, or need, a HRA debit card as providers are paid directly
- Health Net HMO members do not receive HRA funds, and therefore won't have a debit card

Health Net Debit Card Rules

1. The HRA funding from Five Keys is available up to the PPO plan in-network deductible limit. Once you reach the in-network deductible, you also meet the in-network Maximum Out-of-Pocket. In this scenario, your plan will pay all future covered in-network expenses.
2. If you use out-of-network doctors or facilities, your HRA funds will not go as far and you may have out-of-pocket expenses.
3. Abuse of the debit card could result in you repaying for the expenses and potential disciplinary action.
4. Keep your receipts! You could be asked to prove your expenses if you are audited. If required, you will need to submit receipts of all purchases made with your HRA Prescription Debit Card.

For more information and frequently asked questions, please refer to the HRA FAQ located on the Five Keys Intranet, MyBenefits.Life, or in the Paycom document library.

Dental



Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

Five Keys offers comprehensive coverage through Delta Dental. Please note there is no ID card provided for this plan. Provide your Social Security Number (SSN) and providers will be able to look up your coverage. You can download an ID card from the Delta Dental website if wanted.

Out of Network claims are paid by the amounts shown, but based on a fee schedule set by Delta Dental. Out of Network dentist may bill you for the difference between the billed charges and the dental plan reimbursement fee schedule. In Network dentist have agreed to a reimbursement fee schedule with Delta Dental.

Delta Dental PPO

| | In-Network | Out-Of-Network |
|----------------------------------|-------------------------------|-------------------------------|
| Calendar Year Deductible | \$50 \$150 | \$50 \$150 |
| Annual Plan Maximum | \$1,500 | \$1,500 |
| Diagnostic and Preventive | No charge | No charge |
| Basic Services | | |
| Fillings | You pay 10% after deductible | You pay 20% after deductible |
| Root Canals | You pay 10% after deductible | You pay 20% after deductible |
| Periodontics | You pay 10% after deductible | You pay 20% after deductible |
| Major Services | You pay 40% after deductible | You pay 50% after deductible |
| Mouth Guard Benefits | You pay 40% after deductible | You pay 50% after deductible |
| Mouth Guard Maximums | \$500 Lifetime Maximum | \$500 Lifetime Maximum |
| Orthodontic Services | | |
| Orthodontia | You pay 50% after deductible | You pay 50% after deductible |
| Lifetime Maximum | \$1,500 | \$1,500 |
| Covers | Dependent Children and Adults | Dependent Children and Adults |

Vision



Routine vision exams can not only correct vision, but also detect more serious health conditions. We offer you a vision plan through Vision Service Plan. Please note there is no ID card provided for this plan. Provide your Social Security Number (SSN) and providers will be able to look up your coverage.

- Go to www.vsp.com, then Find a Doctor
- Call customer service at 800-877-7195

VSP Vision

| | In-Network | Out-Of-Network |
|----------------------------|--|--|
| Examination | | |
| Benefit | No charge for wellness exam Additional exam beyond routine care: \$20 copay per exam | Reimbursed up to \$45 |
| Frequency | Once every calendar year | Once every calendar year |
| Materials | No charge | Refer to your Schedule of Benefits |
| Eyeglass Lenses | | |
| Single Vision Lens | No charge | Reimbursed up to \$30 |
| Bifocal Lens | No charge | Reimbursed up to \$50 |
| Trifocal Lens | No charge | Reimbursed up to \$65 |
| Frequency | Once every calendar year | Once every calendar year |
| Frames | | |
| Benefit | Coverage limited to Plan Allowance: \$140 allowance for basic brands \$160 allowance for featured brands \$75 allowance at Costco | Reimbursed up to \$70 |
| Frequency | Once every calendar year | Once every calendar year |
| Contacts (Elective) | | |
| Benefit | Coverage limited to \$155 Up to \$60 copay for fitting and evaluation | Reimbursed up to \$105 |
| Frequency | Once every calendar year (in lieu of lenses and frames) | Once every calendar year (in lieu of lenses and frames) |

Flexible Spending Account (FSA)



A Flexible Spending Account lets you set aside money—before it's taxed—through payroll deductions. The main benefit of using an FSA is that you reduce your taxable income and reimbursements from your FSA accounts are tax-free. The accounts options include Healthcare FSA, Dependent Care FSA and a Transit and Parking Commuter plan, all administered by Navia Benefit Solutions.

FSA QUICK FACTS

- There is no "crossover" spending allowed between the healthcare and dependent care accounts.
- Dates of expenses must be between 1/1/2023 and 12/31/2023. The DEADLINE to submit for reimbursement is NO LATER than 3/31/2024. Elections cannot be changed during the plan year, unless you have a qualified change in family status (and the election change must be consistent with the event).
- You can keep (roll-over) up to \$610 of unused Healthcare FSA contributions for use in the next plan year. Unused amounts above \$610 will be lost, so it is very important that you plan carefully before making your election.
- You cannot roll-over any amount of unused funds under the Dependent Care FSA. Don't use it, you lose it!
- FSA funds can be used for eligible expenses incurred by you, your spouse, and your tax dependents only. Your spouse or tax dependent children do not have to be covered on the Five Keys health plan.
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents (Important: questions about the tax status of your dependents should be addressed with your tax advisor).
- Keep your receipts as proof that your expenses were eligible for IRS purposes.
- For a full list of qualified expenses, go to: [irs.gov/publications/p502](https://www.irs.gov/publications/p502)

HEALTHCARE FSA

Healthcare FSA funds are loaded onto a Navia Debit Card for ease of use. Just swipe your card for FSA eligible expenses or you can submit for reimbursement.

Eligible expenses include dental and vision costs such as deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election from the first day of the plan year. Because Five Keys offers you an HRA for medical expenses, use the FSA to pay for dental, vision and any medical expenses that are not covered by the medical plan or if you are using out of network providers .

DEPENDENT CARE FSA

Eligible expenses may include daycare centers, in-home child care, and before or after school care for your dependent children under age 13. Other individuals may qualify if they are your tax dependent and are incapable of self-care. It is important to note that you can access money only after it is placed into your dependent care FSA account. All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan.

Flexible Spending Account, continued

COMMUTER & PARKING FSA - GoNavia

Do you have out-of-pocket commuting expenses—either taking public transportation to work or for worksite parking? If so, you can save on taxes by enrolling our Commuter Benefits (also known as a Section 132 plan).

A commuter and parking FSA lets you set aside money—before it's taxed—through payroll deductions. You may enroll and/or stop participating in this program at any time. Monies in this account can be used in future months or plan years.

IMPORTANT CONSIDERATIONS

Enrolling in the FSA

To participate in the FSA programs, enrollment must be completed each year during the Open Enrollment period for both new and active employees up to the maximum amounts allowed.

Your total annual contribution amount must be determined at the time of enrollment.

Once enrolled, you will have online access to view your FSA balance(s), check on a reimbursement status, and more. Visit naviabenefits.com to access Navia's online portal. If you are a first time enrollee, register as a new user.

CONTRIBUTING TO YOUR FSA

Each account allows participants to contribute a set amount as outlined in the chart below.

| | |
|---------------------------------|--|
| Health Care FSA | You can contribute a minimum of \$200 up to a maximum of \$3,050 pre-tax |
| Dependent Care FSA | If you are single, you can contribute up to \$5,000 If you are married and, <ul style="list-style-type: none">• filing a joint tax return, you can contribute up to \$5,000 pre-tax• filing separately, you can contribute up to \$2,500 pre-tax |
| Commuter and Parking FSA | You can contribute up to \$300 per month for parking and \$300 per month for transit expenses. This benefit can be changed anytime without a Qualifying Event. |

FSA ELIGIBLE EXPENSES

- | | |
|--------------------|--|
| Health Care FSA | <ul style="list-style-type: none">• Non-covered, in-network medical expenses, as well as out of network expenses, that are not covered by the HRA.• Chiropractic and acupuncture services, including copays, not covered by the medical plan.• IRS Publication 502 provides a complete list of Health Care FSA Eligible Expenses and can be found at www.irs.gov/pub/irs-pdf/p502.pdf |
| Dependent Care FSA | <ul style="list-style-type: none">• Eligible childcare, summer camps, nanny services or residential disabled adult daycare for your legal tax dependents.• Dependents claimed on your federal income tax return, including those under age 13 and those of any age who are unable to care for themselves, who live with you for more than half of the taxable year and do not provide more than half of his/her own support would be considered eligible dependents for this FSA. |

FSA RULES

If you are participating in the FSA, keep itemized receipts for qualified expenses in a safe place. The IRS or Navia Benefit Solutions may request a copy to substantiate a claim. If you are required to submit a receipt or some form of claim documentation and fail to comply, reimbursement for the claim may be denied.

FSA REIMBURSEMENT PROCESS

You will have until March 31, 2024 to submit a reimbursement request for claims incurred between January 1, 2023 and December 31, 2023.

- Use your Navia FSA Debit Card
- Email: claims@naviabenefits.com
- Phone: (800) 669-3539
- Mail: Navia Benefit Solutions, P.O. Box 53250, Bellevue, WA, 98015-3250

Please submit reimbursements on Navia's portal or mobile app. You may receive your reimbursement by check in the mail or via direct deposit into your personal checking or savings account.

USE IT – DON'T LOSE IT!

- Healthcare FSA - you can only roll over up to \$610 of unused funds into the following year.
- Dependent Care FSA - you cannot roll over any amount of unused funds.

Because it's possible that you may forfeit amounts in the plan if you do not fully use the contributions that have been made, it's important that you decide how much to place in each account carefully and conservatively.

Life Insurance



If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security and pay for large expenses such as housing and education, as well as day-to-day living expenses.

BASIC LIFE AND AD&D – FREE TO YOU!! Paid for by Five Keys.

Basic life insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. The cost of coverage is paid in full by the company. Coverage is provided by The Hartford.

| | |
|------------------------------|----------|
| Basic Life Amount | \$50,000 |
| Basic AD&D Amount | \$50,000 |

VOLUNTARY LIFE AND AD&D

You may elect this insurance and pay for it via payroll deductions. The Hartford Voluntary Life and AD&D coverage has Guarantee Issue benefits when you enroll within your initial eligibility period.

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is offered through The Hartford.

| | |
|--|--|
| Employee Voluntary Life/AD&D Amount | \$10,000 increments up to the lesser of \$500,000 or 5x earnings. Guarantee Issue is \$100,000 |
| Spouse Voluntary Life/AD&D Amount | \$5,000 increments up to the lesser of \$100,000 or 50% of your voluntary employee coverage. Guarantee Issue is \$30,000 |
| Child(ren) Voluntary Life/AD&D Amount | Flat \$10,000 |

Beneficiary Reminder: Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver. Check who your beneficiary is each year to make sure it's up to date.

Evidence of Insurability: If you select a coverage amount above the Guarantee Issue amount, you will need to submit an Evidence of Insurability form with additional information about your health in order for the insurance company to approve this higher amount of coverage.

Taxes: A life insurance benefit of \$50,000 or more is a taxable benefit. You will see the value of the benefit included in your taxable income on your paycheck and W-2.

Long Term Disability Insurance



If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind. Short-Term Disability and Long-Term Disability coverage is paid in full by Five Keys and provided through The Hartford.

FREE TO YOU!! Paid for by Five Keys.

Long-Term Disability (LTD) coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security.

If you qualify, long-term disability benefits begin after short-term disability benefits end.

| | |
|------------------------------|--|
| Monthly Benefit | Plan pays 66.67% |
| Max Monthly Benefit | \$5,000 |
| Benefits Begin After: | |
| Accident | 365 days of disability |
| Sickness | 365 days of disability |
| Max Payment Period* | Social Security Normal Retirement Age (SSNRA) or Maximum Benefit Period (schedule) |

*The age at which the disability begins may affect the duration of the benefits.

Additional Income Protection

VOLUNTARY COVERAGE WITH COLONIAL LIFE

Colonial Life Supplemental Benefits are also available. Benefits are paid directly to you to provide financial protection. Coverage amounts are not under Guaranteed Issue and require a medical questionnaire to obtain a policy.

PRE-TAX PLANS

1. **Accident Insurance:** Helps offset the unexpected medical expenses, such as emergency room fees, deductibles, and copayments that can result from a covered accident.
2. **Cancer Insurance:** Helps offset the out-of-pocket medical and indirect on-medical expenses related to a cancer diagnosis and treatment. This coverage also provides a benefit for specified cancer screenings.

Changes and or cancellations can only be made during open enrollment and qualifying events.

POST-TAX PLANS

1. **Life Insurance:** Enables you to tailor coverage for your individual needs and helps provide financial security for your family.
2. **Disability Insurance:** Replaces a portion of your income if you can't work due to a covered illness or injury.

If you have questions about the voluntary plans being offered, you can schedule a one on one phone or virtual appointment at BenefitsEnrollment.as.me/5keys for more information on the voluntary plans.

Additional Voluntary Benefits

ARAG LEGAL INSURANCE

Five Keys offers you legal assistance through ARAG Legal. This benefit gives employees convenient and affordable access to a highly qualified network of attorneys for everyday personal legal matters.

Get legal advice, telephonic and in-person consultations with attorneys and access to document preparation such as a standard will and trust. You may choose to purchase this coverage at your own expense. To get started, enroll on Paycom and for more information, visit www.arag.com/myinfo and use the access code: 18887fe, or call ARAG at 800-247-4184.

NATIONWIDE PET INSURANCE

We help you take care of yourself and those you love. That includes your furry or feathered friends. You can get protection for your finances and their health in three simple ways:

1. Save with preferred pricing
2. Use any vet, anywhere
3. Get cash back on vet bills

Go to Five Key's dedicated website benefits.petinsurance.com/fivekeys to get started or call 877-738-7874 and mention you are a Five Keys employee to get preferred pricing.



Employee Assistance Program (EAP)

Five Keys offers a free and confidential Employee Assistance Program (EAP) to you and your covered dependents. The EAP provides professional counseling and consultations for a number of issues, including personal, financial, and legal. The EAP is provided through Compsych.

Call (800) 964-3577 to discuss your question or issue with an experienced counselor or visit compsych.com. They are available 24 hours a day, 7 days a week, all year.

COUNSELING

The EAP offers 3 free face to face counseling visits per incident per year for almost any personal issue. The Compsych staff will work with you to find the most appropriate counselor to meet your needs.

- Marital/Relationship issues
- Parenting/Family issues
- Work concerns
- Depression
- Anxiety
- Stress
- Substance abuse
- Other issues impacting your quality of life

BENEFICIARY ASSISTANCE

Compassionate expertise to help employees or their loved ones cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with professionals, as well as 5 face-to-face sessions.

FUNERAL ASSISTANCE

A suite of online tools that can help guide you through important decisions before a loss, including detailed local funeral home price comparisons, 24/7 assistance with funeral planning, and the only nationwide database of funeral home prices.

After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers, which often results in significant financial savings. In addition, Express Pay is offered to expedite claims payments and deliver benefits in as little as 48 hours.

LEGAL WILL PREP

A service that helps employees protect their family's future by creating a customized and legally binding online will. Online support is also available from licensed attorneys, if needed.

TRAVEL ASSISTANCE & ID THEFT

Travel Assist services include pre-trip information to help you feel safe and secure while traveling. It also gives you access to medical professionals across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less when unexpected detours arise.

ID theft protection is available 24/7 whether home or away. Protection assistance is provided two ways:

- Educational materials to help prevent identity theft
- Access to caseworkers who can help victims resolve problems that result from identity theft

HOW TO GET HELP

For access over the phone, call 800-964-3577 for assistance, or visit

www.guidanceresources.com to create a username and password. If it is your first time creating an account, you will be asked for the following details.

1. In the **Company/Organization** field, use: **HLF902**
2. Then, create your own confidential user name and password.
3. Finally, in the Company Name field at the bottom of personalization page, use: **ABILI**

FREE! Additional Mental Health Support



MODERN HEALTH

Five Keys partners with Modern Health, an online therapy provider, to provide easy access to mental health support services. Modern Health provides a modern mental wellbeing program allowing you to be the best version of yourself, both at home and at work. Whether you're seeking clinical support or practicing self-care, Modern Health supports you in your unique mental health journey.

Employees and dependents over the age of 6 in the US can access Modern Health's services.

With Modern Health, you have access to:

- 12 sessions with certified coaches and licensed therapists
- Evidence-based online courses
- Unlimited texting with coaches
- Mental well-being assessments
- Meditation library



Get Started with Modern Health

1. Download the Modern Health mobile app or visit my.modernhealth.com
2. Sign up with your work email and Five Kes Schools and Programs as your company name
3. Answer a few questions about your well-being, needs and preferences for care
4. Get your personalized care plan

If you have trouble registering for Modern Health, please reach out to help@modernhealth.com.

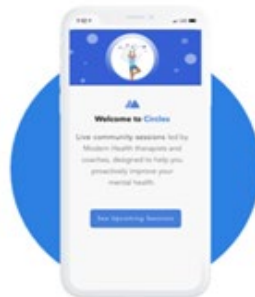
Visit Modern Health's [website](https://my.modernhealth.com) or download the Modern Health app in the [Google Play store](https://play.google.com/store/apps/details?id=com.modernhealth) (Android) or [App Store](https://apps.apple.com/us/app/modern-health/id1444444444) (iOS) to get started.

What's available to you?



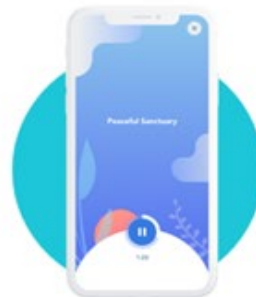
1:1 Sessions with
Care Professionals

Sessions with mental health, career, financial coaches, and therapists.



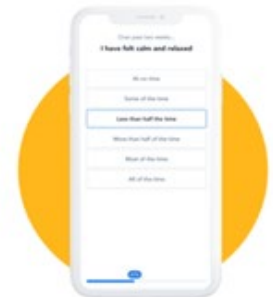
Live Group
Support Sessions

Unlimited access to live community sessions to collectively listen, share, & learn with others



Guided Meditations
& Digital Course Library

Self-paced digital resources on topics like stress, burnout, resilience, sleep, burnout, parenting, and more.



Ongoing Well-being
Check-ins

Research-backed well-being assessments to track progress over time

Wellness Program

Five Keys provides you with a FREE wellness program. You do not need to complete any enrollment to participate.

Receipts must be received by Payroll by December 31 of the plan year. Submit receipts to payroll@fivekeys.org and your reimbursement will be added to your paycheck.

ANNUAL MASSAGE PROGRAM

After 6 months of employment, Five Keys will reimburse up to \$50 for a therapeutic massage once per year. Simply get a massage and submit the receipt for reimbursement.

SMOKING CESSATION SUBSIDY

Five Keys wants to help you quit smoking and will support your participation in a group class or program or visits to a hypnotherapist or other licensed smoking cessation practitioner, on an individual as-needed basis. Most programs are free, but Five Keys will reimburse up to \$100 for a program if you cannot find a free program. If classes can't be scheduled outside of work hours, sick or PTO time can be used to attend.

GYM / STUDIO MEMBERSHIP SUBSIDY (Online Fitness Subscriptions)

Five Keys will reimburse employees \$100 toward the annual cost of a gym/studio membership at the location of your choice. Studios may offer specific exercise classes such as yoga, pilates, boxing, etc. Submit your receipt for reimbursement.

WEIGHT LOSS PROGRAM SUBSIDY

Five Keys will reimburse employees \$100 toward the annual cost of a weight loss membership or program. Please submit membership contracts for reimbursement.

ATHLETIC EVENT PARTICIPATION SUBSIDY

Five Keys will contribute up to \$50 to support organized events such as walk-a-thons, foot races, triathlons, etc., for which the employee is raising charitable donations. This contribution can be used for event registration or as a donation for events requiring a minimum amount of contributions. This benefit can only be used for non-political, non-religious, and non-commercial events. Limited to one event per employee per calendar year.

Retirement Options

Five Keys participates in a 403(b) Plan through LT Trust. Enrollment occurs on the first of each month. Please note: Changes to contribution amounts can be made without a qualifying event.

To enroll in this plan, please complete the paper enrollment form. Any questions about the plan should be directed to our Financial Advisors (see contact information below).

Financial Advisors Contact Details:

Tim Cole & Scott Keswick

Silicon Valley Retirement Services, LLC
560 S. Winchester Blvd., Suite 500
San Jose, CA 95128

(408) 572-5572

ServiceTeam@SVRetirementServices.com

HIGHLIGHTS OF YOUR 403(b) PLAN

- **Contributions:** You may elect to defer from 0% to 100% of your compensation on a pre-tax basis. You may elect to change your elections to contribute to the Plan monthly, as of the first day of any calendar month. Federal law also limits the amount you may elect to defer under the Plan to \$22,500 for the 2023 calendar year. However, if you are age 50 or over, you may defer an additional amount up to \$7,500 in 2023.
- **Matching Contributions:** Five Keys may, in its sole discretion, make a matching contribution on your behalf in an amount determined by Five Keys. For 2023, the matching contribution is 100% of elective deferrals up to 2.05% of compensation per pay period. NOTE: Those employees participating in the States Teachers Retirement System (STRS) are not eligible for the Plan's matching contribution.
- **Rollovers:** The Plan may accept a rollover contribution made on behalf of any employee who is eligible to participate in the Plan, as determined in accordance with procedures established by the Plan Administrator.
- **Vesting:** When you terminate employment, you will generally be entitled to the vested portion of each of your accounts. You will be 100% vested in the amounts you contribute to the plan, including any rollover contributions. You will have a fully vested interest in your matching contribution account.
- Once you have enrolled, investment information may be accessed at ltretire.com or the toll-free number (800) 831-8675.

HOW TO ENROLL?

Contact our Financial Advisors:

Tim Cole & Scott Keswick

Phone: (408) 572-5572

Email: ServiceTeam@SVRetirementServices.com

Note: You cannot enroll through Paycom.

Cost of Coverage



Five Keys pays for the full cost of coverage for Dental, Vision, Basic Life/AD&D, and LTD coverage. You share in the cost of coverage for the Kaiser HMO, Health Net PPO, Health Net HMO, and voluntary plans.

Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify Five Keys if your domestic partner is your tax dependent.

Costs below are listed per month for employees working 30 hours per week or more.

| MEDICAL | Kaiser DHMO w/HRA Cost for hourly employees | Kaiser DHMO w/HRA Cost for salaried employees | Health Net PPO w/HRA Cost for all employees | Health Net HMO *NO HRA* Cost for all employees |
|------------------------------|--|--|--|---|
| Employee Only | \$27.50 | \$50 | \$125 | \$0 |
| Employee + Spouse | \$55 | \$100 | \$200 | \$50 |
| Employee + Child(ren) | \$55 | \$100 | \$200 | \$50 |
| Employee + Family | \$82.50 | \$175 | \$250 | \$100 |

| DENTAL | Delta Dental PPO |
|----------------------------|-------------------------|
| Employee Only | \$0 |
| Employee + Spouse | \$0 |
| Employee + Children | \$0 |
| Employee + Family | \$0 |

| VISION | VSP |
|----------------------------|------------|
| Employee Only | \$0 |
| Employee + Spouse | \$0 |
| Employee + Children | \$0 |
| Employee + Family | \$0 |

For Assistance

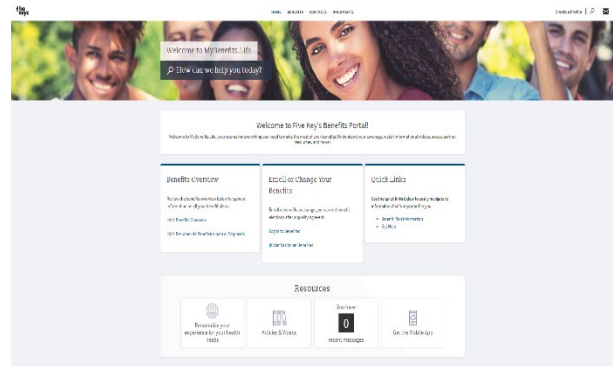


YOUR BENEFITS PORTAL

Understanding your benefits is easier than ever with MyBenefits.Life, your website and app for Five Keys employee benefits information anytime, anywhere. Whether you're at home, at work, or on the go, you can log on to MyBenefits.Life from your computer, tablet, or smartphone.

FOR MORE PLAN INFORMATION, VISIT:

- **BENEFITS** to see your benefit plans and what's covered
- **CONTACTS** to get help with your benefit plans
- **DOCUMENTS** to access important plan documents, forms, and flyers
- **RESOURCES** on the home page:
 - personalize MyBenefits.Life to show only your benefit choices
 - message notifications for important announcements
 - explainer articles and videos to help you understand your benefits coverage



fivekeys.mybenefits.life
Employer Key: **fivekeys**

Stay informed while you're on the go! Visit the App Store or Google Play to download the MyBenefits.Life app!

SAY HELLO TO YOUR BENEFIT ADVOCATE



Five Keys offers you confidential access to a Benefit Advocate who can help you with benefit questions or resolving claim issues:

Carol Gemignani

fivekeys@alliant.com

(925) 287-7278, available from 8 a.m. - 5 p.m. PST (M-Th), 8 a.m. - 4:30 p.m. PST (Fri)

Please note that Benefit Advocate cannot generally help with our retirement program or Leaves of Absence. Please contact Human Resources for questions related to these benefits. Benefit Advocates are a service provided by Alliant Employee Benefits.

Getting Care When You Need It Now



WHEN TO USE THE ER

The emergency room shouldn't be your first choice unless there's a true emergency—a serious or life-threatening condition that requires immediate attention or treatment that is only available at a hospital.

WHEN TO USE URGENT CARE

Urgent care is for serious symptoms, pain, or conditions that require immediate medical attention but are not severe or life-threatening and do not require use of a hospital or ER. Urgent care conditions include, but are not limited to: earache, sore throat, rashes, sprains, flu, and fever up to 104°.

PREVENTIVE OR DIAGNOSTIC?

Preventive care is intended to prevent or detect illness before you notice any symptoms. Diagnostic care treats or diagnoses a problem after you have had symptoms.

Be sure to ask your doctor why a test or service is ordered. Many preventive services are covered at no out-of-pocket cost to you. The same test or service can be preventive, diagnostic, or routine care for a chronic health condition. Depending on why it's done, your share of the cost may change.

Whatever the reason, it's important to keep up with recommended health screenings to avoid more serious and costly health problems down the road.

Words You Need to Know

Health insurance seems to have its own language. You will get more out of your plans if understand the most common terms, explained below in plain English.

MEDICAL

OUT-OF-POCKET COST - A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

DEDUCTIBLE - The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

COINSURANCE - After you meet the deductible amount, you and your health plan share the cost of covered expenses. Coinsurance is always a percentage totaling 100%. For example, if you pay 70% coinsurance, you are responsible for paying your coinsurance share, 30% of the cost.

COPAY - A set fee you pay whenever you use a particular healthcare service, for example, when you see your doctor or fill a prescription. After you pay the copay amount, your health plan pays the rest of the bill for that service.

IN-NETWORK / OUT-OF-NETWORK - Network providers are contracted with your health plan and have agreed to charge lower fees to plan members, as negotiated in their contract with the health plan. Services from out-of-network providers can cost more because providers are under no obligation to limit their maximum fees. With some plans, such as HMOs, services from out-of-network providers are not covered at all.

OUT-OF-POCKET MAXIMUM - The most you would pay from your own money for covered healthcare expenses in one year. Once you reach your plan's out-of-pocket maximum dollar amount (by paying your deductible, coinsurance and

copays), then you pay for all eligible expenses for the rest of the plan year.

PRESCRIPTION DRUG

BRAND NAME - A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. You generally pay a higher copay for brand name drugs.

GENERIC DRUG - A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor. You generally pay a lower copay for generic drugs.

PREFERRED DRUG - Each health plan has a list of prescription medicines that are preferred based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

DENTAL

BASIC SERVICES - Dental services such as fillings, routine extractions and some oral surgery procedures.

DIAGNOSTIC AND PREVENTIVE SERVICES - Generally include routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

MAJOR SERVICES - Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Important Plan Notices and Documents

CURRENT HEALTH PLAN NOTICES

Notices must be provided to plan participants on an annual basis and are available in this packet of open enrollment materials and include:

- [Medicare Part D Notice](#)
Describes options to access prescription drug coverage for Medicare eligible individuals.
- [Women's Health and Cancer Rights Act](#)
Describes benefits available to those that will or have undergone a mastectomy.
- [Newborns' and Mothers' Health Protection Act](#)
Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.
- [HIPAA Notice of Special Enrollment Rights](#)
Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.
- [HIPAA Notice of Privacy Practices](#)
Describes how health information about you may be used and disclosed.
- [Notice of Choice of Providers](#)
Notifies you about the plan's requirement that you name a Primary Care Physician (PCP).
- [Premium Assistance Under Medicaid and the Children's Health Insurance Program \(CHIP\)](#)
Describes availability of premium assistance for Medicaid eligible dependents.

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this Notice carefully to make sure you understand your rights and obligations.

CURRENT PLAN DOCUMENTS

Important documents for our health plan and retirement plan are available on the Five Keys Intranet > QuickLinks > Essential Staff Forms > Benefits folder.

Summary Plan Descriptions

A Summary Plan Description (SPD) is the legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

Summary of Benefits and Coverage

A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. The following SBCs are available:

- Health Net PPO
- Health Net HMO
- Kaiser DHMO

Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact Human Resources at HR@fivekeys.org.

Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Five Keys Health and Welfare Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

Plan Contacts



If you need to reach our plan providers, here is their contact information:

| Plan Type | Provider | Phone Number | Website | Group # |
|-----------------------|-------------------------|--------------|--|------------|
| Medical PPO | Health Net | 800-522-0088 | healthnet.com | N8278A |
| Medical HMO | Health Net | 800-522-0088 | healthnet.com | G4098A |
| Medical | Kaiser NorCal | 800-464-4000 | kp.org | 636306 |
| Medical | Kaiser SoCal | 800-464-4000 | kp.org | 338466 |
| Dental | Delta Dental | 866-499-3001 | deltadentalins.com | 19164 |
| Vision | VSP | 800-877-7195 | vsp.com | 30083486 |
| Life/AD&D, Disability | The Hartford | 800-523-2233 | thehartford.com | GRH-877069 |
| Voluntary Benefits | Colonial Life | 800-325-4368 | www.ColonialLife.com/individuals | Five Keys |
| FSA & Commuter | Navia Benefit Solutions | 425-452-3500 | naviabenefits.com | N/A |
| Mental Health | Modern Health | N/A | Modernhealth.com | Five Keys |
| Pet Insurance | Nationwide | 877-738-7874 | Benefits.petinsurance.com/fivekeys | N/A |
| Legal Insurance | ARAG | 800-247-4184 | ARAGlegal.com/myinfo Access code: 18887fe | Five Keys |
| EAP | Compsych | 800-964-3577 | compsych.com | N/A |
| Retirement 403(b) | LT Trust | 408-572-5572 | ltretire.com | N/A |



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