FULLTIME EMPLOYEES (30+ HOURS PER WEEK) BENEFITS INFORMATION SUMMARY 2025

MEDICAL PLANS & MONTH	ILY COST	Simula	Marriad	Single w/	Course it -		
Kaiser		Single	Married \$88.46	Child/ren \$88.46	Family		
	Option/VSP Vision	\$88.46 \$105.70	\$00.40 \$105.70	\$88.40 \$105.70	\$88.46 \$105.70		
		\$105.70	\$105.70	\$105.70	\$105.70		
Providence Personal Option/VSP Vision Medical Opt Out - Cash Back		\$185.00	\$80.10 \$185.00	\$80.10 \$185.00	\$185.00		
Medical Opt Out -		\$105.00	\$105.0U	\$105.00	\$185.00		
NENITAL DI ANIC O MONITUL	V COST			Single w/			
ENTAL PLANS & MONTHL	.1 CUST	Single	Married	Child/ren	Family		
Kaiser		\$0.00	\$0.00	\$0.00	\$0.00		
MODA Preventive	2	\$0.00	\$0.00	\$0.00	\$0.00		
MODA Incentive		\$0.00	\$0.00	\$0.00	\$0.00		
MODA 50%	Cash Back	\$87.00	\$87.00	\$87.00	\$87.00		
Dental Opt Out	Cash Back	\$88.00	\$88.00	\$88.00	\$88.00		
/ELLNESS AND EMPLOYEE	ASSISTANCE PROGRAM						
Numerous prograi	ms and classes for you to i	invest in your well-l	being				
EAP includes 6 visi	ts per issue for counseling	, 24/7 unlimited ph	one, research	retrieval, finar	ncial coaching,	and more	
IFE INSURANCE		Coverage	Premium				
Employee		\$75,000.00	\$0.00				
Dependents		\$5,000.00	\$2.38				
•	ourchase: Group Universo	. ,	•	nberment.			
	After 30 days, plan pay	us 60% of your base	salary un to c	maximum ma	onthly henefit o	f	\$1,999.
ISABILITY INSURANCE	Ajter 50 auys, plan pay	ys 00% Oj your buse	. Suluiy up to t	1 1110211110111 1110	many benegic o		
DISABILITY INSURANCE Also available for ן	ourchase: Supplemental L						
Also available for p	ourchase: Supplemental L	Disability coverage		um covered m	onthly salary o		. ,
Also available for _l	ourchase: Supplemental L	Disability coverage		um covered m			\$8,333.0
Also available for p	ourchase: Supplemental L ccruals (prorated for less	Disability coverage than 1.0 FTE)	up to a maxim Maximum	um covered m	onthly salary o		. ,
Also available for _l	ourchase: Supplemental L ccruals (prorated for less Service Accrual Plan*	Disability coverage than 1.0 FTE) Sellback Plan	up to a maxim Maximum Carryover	um covered m	onthly salary o	f	. ,
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Also available for p PAID TIME OFF Monthly a Vacation < 5 Years 5 - 9 Years	ourchase: Supplemental L ccruals (prorated for less Service Accrual Plan* 8.7 10.7	Disability coverage than 1.0 FTE) Sellback Plan 12.0 12.0	up to a maxim Maximum Carryover 280 280	um covered m L 5 1	onthly salary o ONGEVITY - 9 Years 0-14 Years	f 1.0% 1.5%	
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