



2025 - 2026



COOPERATIVE OF
AMERICAN PHYSICIANS

Employee Benefits Guide

| Welcome!

Your needs, and those of your family, are unique to you.

That's why the Cooperative of American Physicians provides a comprehensive and flexible benefits program that you can customize to fit your personal situation.

Our program offers you and your family important healthcare coverage and financial security. For this plan year, we will be transitioning our Medical, Dental, Vision and Worksite benefits to Anthem and our Life/AD&D and Disability benefits to The Standard.

Some of the benefits we offer are paid for in full by the Cooperative of American Physicians. For others, it is a shared contribution between you and the Company. Other benefits are also available to you at reasonable group rates.

Your benefits are an important part of your total compensation at the Cooperative of American Physicians.

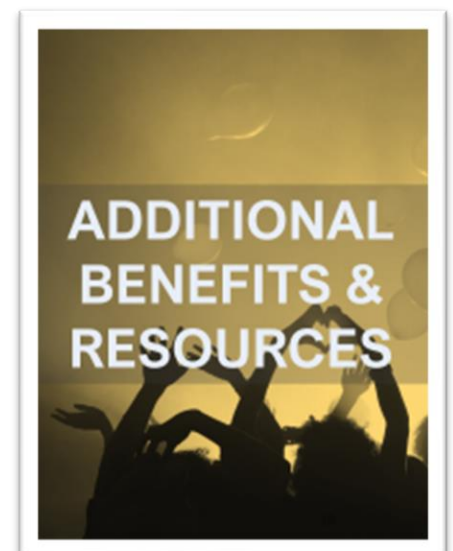
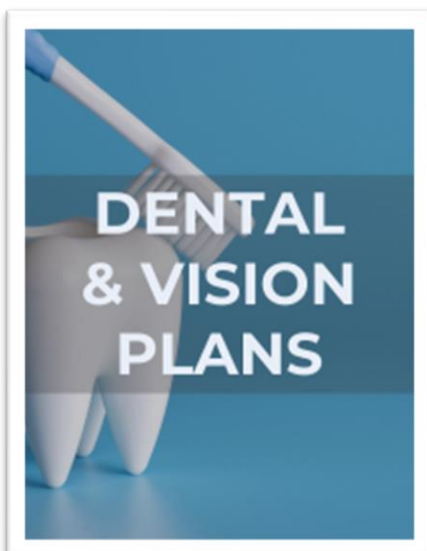
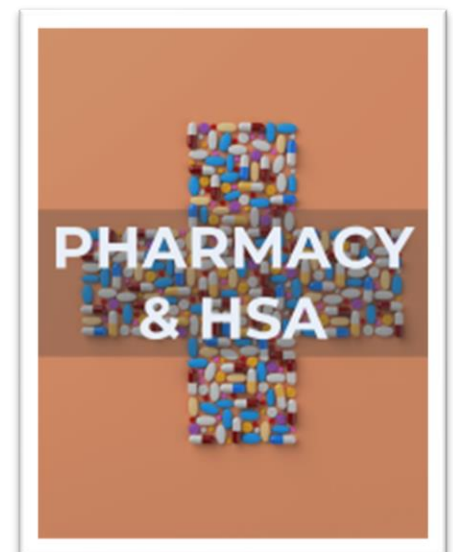
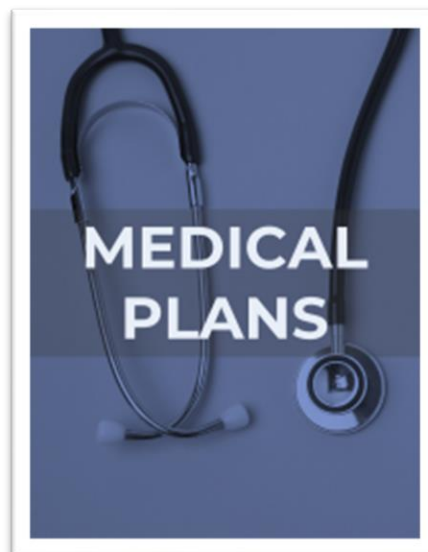
Please take the time to review and evaluate all the options available to you and your family.



Table of Contents

In this guide, you will find detailed information on the benefits provided by Cooperative of American Physicians. The images below will quickly take you to each section, please take time to review the information included carefully before making your final benefit decisions for 2025-2026.

Thank you!



A photograph of a woman with dark, curly hair smiling down at a baby she is holding. The baby is also smiling and looking towards the camera. They are in a room with a desk in the foreground that has a laptop and a bottle on it. The entire image has a light blue tint.

ELIGIBILITY & ENROLLMENT

| Eligibility

Who is Eligible?

Different benefits have different eligibility criteria.

Generally, you are eligible for Cooperative of American Physicians benefits if you are:

- An active, regular, full-time employee working 30 or more hours per week*

**if you are a variable hour employee, you are eligible for medical benefits based on your Measurement Period.*

Your dependents are eligible and include:

- Your legal spouse (including domestic partners**)
- Your child(ren) up to age 26
- Your disabled child(ren) up to any age (if disabled prior to age 19)*

**Includes natural, stepchildren who live with you, legally adopted/or a child placed for adoption, or a child under your legal guardianship.*

*** Certificate of Domestic Partner registration is required to be submitted to HR if enrolling a Domestic Partner*

Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your medical, dental and vision coverage will end on the last day of the month in which you become ineligible.

You may be eligible to elect COBRA for yourself and your eligible dependents for medical, dental, and vision coverage.

Life and AD&D coverage will end on the day you become ineligible. Your life coverages are convertible.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.

| Enrollment

Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through April 30th.

If you have a “qualified life event,” you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within 30 days of the event. Proof of life events is subject to approval by Cooperative of American Physicians. Changes are effective prospectively unless the event is for birth, adoption, or placement for adoption.

Qualifying life events include, but are not limited to:

- Your marriage or divorce
 - Birth, adoption or placement for adoption of an eligible child (Retroactive to the date of the event)
 - Death of your spouse or covered dependent.
 - Change in your or your spouse’s work status that affects benefits eligibility (for example, starting a new job, leaving a job, changing from part-time to full-time, starting or returning from an unpaid leave of absence, etc.)
 - Your spouse’s Open Enrollment differ from yours
 - A change in your child’s eligibility for benefits
 - Gain or loss of Medicare or Medicaid during the year
 - Relocation if the move impacts access to coverage
- Other qualifying events may also apply.

When Can I Enroll in Benefits?

You can enroll for benefits:

- Within 30 days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective on the first of the month following 30 days.

How Do I Enroll in Benefits?

- You must actively enroll in medical, dental, vision, and voluntary life and AD&D.
- You will be automatically enrolled in all company paid benefits.
- To enroll (or make changes) to your benefits, you must log onto Paylocity



Please Note:

Federal regulations require Cooperative of American Physicians to obtain the following information during enrollment:

- Social Security numbers for your dependents covered by the medical plan
- Dates of birth and your relationship to your dependents

A black stethoscope is positioned diagonally across a solid blue background. The stethoscope's tubing forms a large loop on the left side, while the chest piece and earbuds are on the right. A semi-transparent horizontal band is centered across the image, containing the text 'MEDICAL PLANS' in white, bold, sans-serif capital letters.

MEDICAL PLANS

Medical Plans – HMO Plans



California Care HMO Value Ded

Priority Select HMO Classic

Vivify HMO Value Ded

Provider Network	California Care (CACare) HMO	Priority Select HMO	Vivify
Annual Medical Deductible (calendar year)			
(Individual / Family)	\$250 / \$500	None	\$500 / \$1,000
Annual Out-of-Pocket Limit (calendar year)			
(Individual / Family)	\$3,500 / \$7,000	\$2,500 / \$5,000	\$3,500 / \$7,000
Office Visit			
Annual Preventive Visit	\$0	\$0	\$0
Primary Care Physician	\$20	\$20	\$20
Specialist	\$40	\$40	\$40
Urgent Care*	\$20	\$20	\$20
Virtual Care Services***	\$0	\$0	\$0
Diagnostic Services			
Routine Lab & X-Ray	\$0	\$0	\$0
Complex Imaging	\$125	\$125	\$125
Hospital Services			
Inpatient Stays	10% Coinsurance**	\$500 Per Admission	20% coinsurance**
Outpatient Surgery	10% Coinsurance**	\$250	20% coinsurance**
Emergency Room (copay waived if admitted)	\$200 and 10% Coinsurance**	\$200	\$200 and 20% coinsurance**
Ambulance	\$150	\$150	\$150
Mental Health and Substance Abuse			
Inpatient	10% Coinsurance**	\$500	20% coinsurance**
Outpatient	\$0	\$20	\$20
Chiropractic Services			
20 Visits Per Year	\$20	\$20	\$20

*Urgent care services provided within the geographic area served by your medical group. Please consult your physician website or office for available urgent care facilities within the area served by your medical group.

**After deductible has been met.

***Benefits are available only when services are delivered through a Designated Virtual Network Provider. You can find a Designated Virtual Visit Network Provider by contacting Anthem at www.anthem.com or by calling the number on the back on your ID card.

Medical Plans – PPO Plans



	Prudent Buyer PPO 1500	Prudent Buyer PPO HSA
Provider Network	Prudent Buyer PPO	Prudent Buyer PPO
Annual Medical Deductible (calendar year)		
(Individual / Family)	\$1,500/\$3,000	\$3,300/\$6,600
Coinsurance	20%	20%
Annual Out-of-Pocket Limit (calendar year)		
(Individual / Family)	\$5,000/\$10,000	\$5,600/\$11,200
Office Visit		
Annual Preventative Visit	\$0	\$0
Primary Care Physician	\$20	20% after deductible
Specialist	\$40	20% after deductible
Urgent Care	\$20	20% after deductible
Virtual Care Services*	\$0	20% after deductible
Diagnostic Services		
Routine Lab & X-Ray ¹	20% after deductible	20% after deductible
Complex Imaging ¹	20% after deductible	20% after deductible
Hospital Services		
Inpatient Stays ¹	20% after deductible	20% after deductible
Outpatient Surgery ¹	20% after deductible	20% after deductible
Emergency Room (copay waived if admitted)	\$150 copay and then 20% after deductible	20% after deductible
Mental Health and Substance Abuse		
Inpatient ¹	20% after deductible	20% after deductible
Outpatient ¹	\$20 Copay	20% after deductible
Chiropractic Services		
30 Visits Per Year	\$40 Copay	20% after deductible

Benefits shown are assuming in-network providers are utilized

¹Prior Authorization Required

*Benefits are available only when services are delivered through a Designated Virtual Network Provider. You can find a Designated Virtual Visit Network Provider by contacting Anthem at www.anthem.com or by calling the number on the back on your ID card.

Sydney Health Mobile App



Connect with us 24/7

Text, chat, or ask Alexa to find answers and support whenever is best for you

When you have questions about your Anthem health plan, you can find answers in real time, in the way that suits you best. Anthem's digital tools ensure that help is available whenever you need it. Whether you prefer interactive chat, hands-free voice commands, or live chat, you now have solutions that make it easier for you to focus on your unique needs and priorities.

Sydney Health



The SydneySM Health mobile app provides quick access to your health plan information—all in one place. The app's interactive chat feature helps you navigate your benefits with greater ease. Simply type your questions in the app to find answers quickly. Sydney Health can also suggest resources to help you understand your benefits, improve your health, and save money.

How to use Sydney Health's interactive chat

Download the app

- Download the Sydney Health app from the App Store® or Google Play™.
- Register or log in to your account using your Anthem username and password.
- Look for the interactive chat feature icon, then type in your questions.

Use the Sydney Health interactive chat feature to:

- Search for doctors, hospitals, labs, and other health care providers in your plan.
- Check costs for care before you see a doctor.
- Pull up your digital member ID card.
- See what your plan covers.
- Find your deductible, copay, and share of costs.
- Access your spending account balance.



Discover how Sydney Health simplifies health care

Download and start using the app today.



Use your smartphone camera to scan this QR code.

LiveChat



Live Chat

Available on Sydney Health or [anthem.com](https://www.anthem.com), our Live Chat tool enables you to chat in real-time with a representative who can answer your benefit questions or connect you with others who can help.

How to use Live Chat

Log in using Sydney Health or [anthem.com](https://www.anthem.com):

1. For Sydney Health, go to the **Menu** tab and under *Get Support*, select **Start a live chat**.
2. For [anthem.com](https://www.anthem.com), choose **Live Chat** under the *Support* tab.

Choose your chat topic:

Once you start a chat, select a topic or program to connect with a representative who can best help you. Topics include:



24/7 NurseLine



Behavioral health Benefits, coverage, and claims



Maternity and baby benefits



Pharmacy

With more ways to reach us, we're making it easier for you to find the answers and support you need, right when you need it.



Anthem Skill for Alexa

Quick, hands-free help is here. The Anthem Skill works through Alexa-ready devices, such as an Amazon Echo, or on your mobile device using the Amazon Alexa app. Say the words, "Alexa, ask Anthem ..." to start using the skill.

How to use Anthem Skill

Enable the Skill:

- Download the Amazon Alexa app from the App Store® or Google Play™.
- Go to **Skills and Games** and search for the **Anthem Skill**. Then tap **Enable to Use**.
- Enter your Anthem username and password to link the Skill with your Anthem account.
- Set up your Alexa voice profile and passcode if you haven't already.
- Ask Alexa for help by saying, "Alexa, ask Anthem ..."

Use the Skill to:

- Ask for your digital member ID card.
- Check your deductible and out-of-pocket maximum.
- Refill, renew, cancel, and check the order status of home delivery prescriptions.
- Access your spending account balance.
- Schedule a call with our Member Services team.
- Search for a doctor, specialist, or facility.
- Access claim information.
- Learn what a health care term means.

| Preventive Care & You



According to the Centers for Disease Control and Prevention, 75% of the nation's health care costs are from treating chronic conditions like heart disease, type 2 diabetes and obesity.

For more information on preventive services and how to find a provider in-network, please see below.

What is Preventive Care?

Preventive care is regular medical care you receive when you are healthy, to help avoid getting sick.

Instead of waiting for symptoms of an illness to occur to get health care services, preventive care aims to keep you from getting sick in the first place.

Preventive Care Checklist

Examples of preventive care include, but are not limited to:

- Annual physical exams
- Health screenings
- Lab tests
- Immunizations
- Age/Gender specific screenings, such as mammograms, pap smears, and prostate exams

Risk Factors for Chronic Conditions

When preventive care is combined with an overall healthy lifestyle, you can greatly decrease your chances of getting a chronic condition in the first place. Risk factors for chronic conditions include, but are not limited to:

- Tobacco use
- Poor nutrition
- Lack of physical activity
- Excessive alcohol use
- Not taking medications prescribed by your physician

Next Steps

Along with a healthy lifestyle, taking some basic preventive care steps can immensely improve your health down the road. Once enrolled in a Cooperative of American Physicians medical plan, make an appointment with your in-network provider to learn about the preventive care options that may be best for you. For details about what preventive care is covered, please visit your carrier's website which can be found on that carrier's medical summary page, located previously in this benefit guide.

If you're enrolled in one of the Cooperative of American Physicians medical plans, did you know preventive care visits are covered 100% in-network?



PHARMACY & HSA

Pharmacy - HMO



**California Care
HMO Value Ded**

**Priority Select
HMO Classic**

**Vivity HMO Value
Ded**

Annual Pharmacy Deductible

Individual/ Family	None	None	None
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Annual Pharmacy Out-of-Pocket Maximum

Individual/ Family	Medical OOPM applies	Medical OOPM applies	Medical OOPM applies
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Retail Network (Up to a 31-day supply)

Tier 1 (a/b)	\$5/\$20	\$5/\$20	\$5/\$20
Tier 2	\$50	\$40	\$50
Tier 3	\$75	\$60	\$75
Tier 4 – Specialty	30% coins (max \$250)	30% coins (max \$250)	30% coins (max \$250)

Mail Order Pharmacy (Up to a 90-day supply)

Tier 1 ((a/b)	\$10/\$40 Copay	\$10/\$40 Copay	\$10/\$40 Copay
Tier 2	\$125 Copay	\$100 Copay	\$125 Copay
Tier 3	\$188 Copay	\$150 Copay	\$188 Copay
Tier 4 – Specialty	30% coins (max \$250)	30% coins (max \$250)	30% coins (max \$250)

What is a drug tier? How does it work?

Prescription Drug Lists often have tiers, or groups of drugs categorized by cost. Your cost-share or copayment is based on which tier your drug is in.

Tier 1: Least expensive drug options, often generic drugs

Tier 2: Higher price generic and lower-price brand-name drugs

Tier 3: Mainly higher price brand-name drugs

What's the difference between brand and generic drugs?

A brand-name drug is the name given to the medication by the company that makes the drug.

A generic drug is chemically identical – a copy of the brand-name drug. The two are considered bioequivalent and expected to do the same thing for you.

Generic drugs can be:

- As effective as brand-name drugs*
- Often less expensive than brand-name drugs*
- Different than brand-name drugs mainly based on inactive ingredients, the ingredients that change the consistency, color or taste – but not the chemical activity – of the drug**

*<https://www.fda.gov/drugs/generic-drugs/generic-drug-facts>

**<https://jamanetwork.com/journals/jama/fullarticle/2530539>

Pharmacy - PPO and HDHP



Prudent Buyer PPO Solution

Prudent Buyer PPO HSA

Annual Pharmacy Deductible		
Individual/ Family	None	None
Annual Pharmacy Out-of-Pocket Maximum		
Individual/ Family	None	None
Retail Network (Up to a 31-day supply)		
Tier 1	\$20	\$15
Tier 2	\$40	\$40
Tier 3	\$60	\$60
Mail Order Pharmacy (Up to a 90-day supply)		
Tier 1	\$40 Copay	\$30 Copay
Tier 2	\$100 Copay	\$100 Copay
Tier 3	\$150 Copay	\$150 Copay

*After Deductible

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*<https://www.fda.gov/drugs/generic-drugs/generic-drug-facts>

**<https://jamanetwork.com/journals/jama/fullarticle/2530539>

| Good Rx

Save money on your prescriptions with **GoodRx**



The cost of prescription drugs can vary greatly, even from one pharmacy to another. There are resources available to you to help you save money and become a better health care consumer.

Visiting www.GoodRx.com or downloading the GoodRx mobile app is a great place to start. With GoodRx, you can search for a drug and see what it costs at different pharmacies near you. GoodRx will

also let you know if a generic equivalent of your medication is available. Generic drugs offer the same benefits as their brand name counterparts but cost much less.

NEXT STEPS

If you are ready to start maximizing your savings, visit

www.GoodRx.com or download the GoodRx mobile app from your phone's app store.

Once you've found the pharmacy with the best value, print off or show the pharmacist your GoodRx coupon. Some retailers will also allow you to order directly from

IMPORTANT: When you use cost-saving apps such as GoodRx or pay cash for a prescription by not running the Rx through your insurance, the amount paid does not accumulate toward your deductible or maximum-out-of-pocket for the year.





CarelonRx Mail pharmacy brings you medicine, savings, convenience, and peace of mind

Life can be busy. That's why we want to help create more time in your day to do the things you want and need to do. By having prescription medications you take long-term delivered to your home, you won't need to go to a pharmacy for them.

It only takes a few minutes to set up CarelonRx Mail for prescriptions you take on a regular basis for certain health conditions like diabetes or asthma. Home delivery provides:



Savings

Many medicines cost less when you receive a 90-day supply instead of three 30-day supplies.



Convenience

We deliver medication to you. Your first order should arrive within two weeks. Orders will arrive within one week after that. You can set up automatic refills, too.



Peace of mind

You will be less likely to miss a dose and more likely to stay on track with the treatment your doctor prescribed.*

Two ways to get started with CarelonRx Mail

1. Get started with home delivery online at carelonrx.com or through the CarelonRx app after you download it to your mobile device. Please visit the *Manage Prescriptions* page after you log in.
2. You can also call the Member Services number on your member ID card and we will help you.

We're here to help

If you have any questions about home delivery, please call us at the Member Services number on your member ID card.

| Health Savings Account (HSA)

When you are enrolled in a Qualified High Deductible Health Plan (HDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no “use it or lose it” rule; your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes.
- Interest in your account grows tax free; and
- You don't pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You have a choice of investment options which earn competitive interest rates, so your unused funds grow over time.

Are you eligible to open a Health Savings Account (HSA)?

Although everyone can enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan.
- You must not be covered by another non-QHDHP health plan, such as a spouse's or guardian's PPO plan.
- You are not enrolled in Medicare (any part). *If you participate in the HDHP/HSA, as you prepare to transition to Medicare, you should consult with a Medicare specialist regarding when you should stop contributing to the HSA due to the Medicare look back period and requirements.*
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. (Enrollment in a limited purpose health care FSA is allowed)

2025 HSA Contributions: You can contribute to your HSA on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions for the 2025 tax year:

	Individual Plan	Family Plan
IRS Max	\$4,300	\$8,550

***If you are age 55 or over, you may contribute an extra \$1,000 catch up contribution.**

| Health Savings Account (HSA)

What are the benefits of an HSA?

An HSA is both a means of covering qualified healthcare expenses and a savings vehicle that can help you cover both medical and non-medical expenses in retirement. If you make a contribution with post-tax funds, you can deduct these contributions from your gross income on your tax return. Where HSAs really shine is their triple-tax advantage.

Here's how it works:

- HSA contributions are pre-tax
- There's no tax on interest earned or growth through investment
- There's no tax on HSA withdrawals for qualified health expenses

What's covered?

Product and service eligibility requirements for HSAs are laid out by the Internal Revenue Service (IRS). To be eligible, all products and services must fall under the IRS's definition of "medical care" [IRS Tax Code 213\(d\)](#):

"The term "medical care" means amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body."

So, what is an HSA eligible product or service under that definition? There are way too many to list here (but [this list](#) covers it all). In short, HSA dollars can be used to pay for:

- Prescription medicines
- Doctor's co-payments and specialist visits
- Prescription eyeglasses and contact lenses
- Over-the-counter medicines
- Menstrual care products
- First aid supplies
- Dental/vision expenses
- Medical diagnostic products
- Home health care items

And don't forget, any money that you don't spend on healthcare needs over the course of the year will roll over to the next year and can continue to be saved while earning tax-free interest!

Additional Resource

Have you heard about the HSA Store? The HSA Store is a one-stop destination for Health Savings Accounts where you can review the HSA eligibility list OR shop for HSA eligible products and have them shipped directly to you. Think of this online store as an Amazon type store for HSA approved products only.

Get started today at <https://hsastore.com>



Flexible Spending Accounts



Flexible Spending Account Options available from American Fidelity

Flexible Spending Accounts (FSA) | American Fidelity

Healthcare FSA (HCFSA)

A health care flexible spending account (HCFSA) is a benefit that allows you to set aside pre-tax dollars to be used for qualified out-of-pocket medical expenses not covered by your health plan. Eligible expenses include health plan co-pays, deductibles, co-insurance, over-the-counter (OTC) medicine, acupuncture, menstrual care products, dental, vision, and more.

- **2025 Annual IRS Contribution HCFSA Maximum: \$3,300**

Limited Healthcare FSA (HCFSA)

ONLY FOR HDHP/HSA MEMBERS A limited health care flexible spending account (HCFSA) is a benefit that allows you to set aside pre-tax dollars to be used for qualified out-of-pocket **non-medical** expenses not covered by your health plan. Eligible expenses include **dental and vision** copays, coinsurance, deductibles, eyeglasses. Refer to [IRS Publication 502](#) for a complete list.

- **2025 Annual IRS Contribution Limited HCFSA Maximum: \$3,300**

Dependent Care FSA (DCFSA)

You may also enroll to set aside pre-tax dollars for Dependent care FSA (DCFSA). You can use your DCFSA to pay for care for children under age 13 that you claim as dependents, as well as adults or other relatives that are incapable of caring for themselves (if you provide more than 50% of their support). Services may be provided at a child or adult care center, nursery, preschool, after-school, summer day camp or by a nanny in your home.

- **2025 Annual IRS Contribution DCFSA Maximum: \$5,000**

Spend By:

Up to \$640 in unused 2024 funds may be rolled over for use in 2025. The rollover amount does not affect your ability to elect the maximum amount for 2024.

Any remaining amounts in excess of \$660 will be forfeited. Known as “use it or lose it” rule.

Voluntary Benefits from American Fidelity

Voluntary benefit plans are insurance and supplemental benefit products that employees can choose to purchase as an addition to their core benefits package to help fill gaps in coverage. These voluntary plans are made available by the employer, but the premiums are paid entirely by the employee through payroll deduction.

Some key features include:

- **Flexibility** - Employees can select the coverage levels and plan options that best fit their individual or family needs, rather than a one-size-fits-all approach.
- **Convenience** - Premiums are automatically deducted from an employee's paycheck, making payment easy and seamless.
- **Portability** - Many voluntary plans are portable, meaning employees can keep their coverage if they change jobs or retire.
- **Tax Advantages** - Premiums for some voluntary benefits like health insurance, disability, and life insurance can be paid on a pre-tax basis, reducing the employee's taxable income.

If you previously were enrolled in a voluntary benefit plan offered through American Fidelity Benefits, you may still opt to retain your same plan.

New enrollees on the voluntary benefits should now enroll on the Worksite Benefits offered through Anthem.

A blue background with a white toothbrush and a large white tooth model. The toothbrush is positioned diagonally across the upper half of the image. The tooth model is in the lower half, with its root pointing towards the bottom left. The text "DENTAL & VISION PLANS" is overlaid in the center in a bold, white, sans-serif font.

DENTAL & VISION PLANS

Dental HMO



	DHMO
Provider Network	Dental Net
Annual Deductible (Individual/Family)	\$0
Annual Plan Maximum	\$0
Office Visit – per visit	\$5 copay
Diagnostic & Preventive Services	
Oral Evaluation	Covered 100%
Basic Cleanings	Covered 100%
Basic Services	
Amalgam Fillings	Scheduled copays
Root Canal	Scheduled copays
Oral Surgery	Scheduled copays
Major Services	
Crowns	Scheduled copays
Dentures	Scheduled copays
Orthodontic Services	
Orthodontia Lifetime Maximum	\$1,895
Comprehensive Orthodontic Treatment	
Adult	\$1,895
Child	\$1,695

*Additional fees for exams, retention, and records apply.

Dental PPO



	PPO	
	In-Network	Out-of-Network
Provider Network	Dental Essential Choice	N/A
Annual Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Annual Plan Maximum	\$1,000	\$1,000
Type A - Preventive		
Oral Evaluation	Covered 100%	Covered 100%
Basic Cleanings	Covered 100%	Covered 100%
Type B - Basic Restorative		
Amalgam Fillings	Covered 80%, After deductible	Covered 80%, After deductible
Root Canal	Covered 80%, After deductible	Covered 80%, After deductible
Oral Surgery	Covered 80%, After deductible	Covered 80%, After deductible
Type C - Major Restorative		
Crowns	Covered 50%, After deductible	Covered 50%, After deductible
Dentures	Covered 50%, After deductible	Covered 50%, After deductible
Type D - Orthodontic Services (Child Only)		
Orthodontia Lifetime Maximum	\$1,000	\$1,000
Comprehensive Orthodontic Treatment		
Adult	Not Covered	Not Covered
Child	\$1,000	\$1,000

***Out-of-Network Reimbursement 90th Percentile**

Vision



With your Blue View Vision Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember, your benefit dollars go further when you stay **in-network**
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Target Optical, Pearle Vision, LensCrafters and more.

Vision Care Services	Member Cost/Benefit In-Network	Member Out-of-Network Reimbursement
Provider Network	Blue View Vision	
Eye health exam, prescription and refraction for glasses	\$10 Copay	Up to \$42
Retinal Imaging	Up to \$39 Copay	
Frames and Lenses	\$25 Copay	
Standard Corrective Lenses	<ul style="list-style-type: none"> • Single vision • Lined bifocal • Lined trifocal 	Up to \$40 Up to \$60 Up to \$80
Frames	\$150 Allowance, 15% off remaining balance	Up to \$105
Contact Lenses (instead of eyeglasses)		
Contact fitting and evaluation	\$55 Copay (Max)	
Elective lenses	\$150 allowance	Up to \$105
Necessary Lenses	Covered in full	Up to \$210
Frequency	In-Network	Out-of-Network
Eye exam	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months

Out-of-Network Reimbursement

You pay for services and then submit a claim for reimbursement. Once you enroll, visit www.anthem.com and login to your account for detailed out-of-network benefits information.

Find a Vision provider at anthem.com/ca/find-care/
 File a claim at www.anthem.com
 For general questions go to www.anthem.com
 or call (866) 723-0515

A piggy bank is positioned at the bottom of the frame, partially obscured by a semi-transparent purple horizontal band. Above the piggy bank, an open umbrella is visible, also partially covered by the same band. The background is a solid, deep purple color. The text 'LIFE, DISABILITY, AND EAP' is written in large, white, bold, sans-serif capital letters across the center of the image, with the words stacked vertically.

LIFE, DISABILITY, AND EAP

Life Insurance



Basic Life and Accidental Death & Dismemberment (AD&D) - Company Paid

Having appropriate life insurance coverage is a critical part of planning for your family's current and future financial needs. Proceeds from life insurance can help with salary replacement, mortgage protection, cost of childcare, debt repayment and children's education expenses.

Your amount of life insurance is an amount equal to 2 times your Annual Earnings plus \$25,000, but in no event more than \$275,000. Your amount of life insurance will be rounded to the next higher multiple of \$1,000. Your amount of accidental death and dismemberment (AD&D) insurance is equal to Your amount of life insurance. Basic Life and AD&D insurance is administered by The Standard and is paid for by the Cooperative of American Physicians. You are automatically enrolled in these benefits.

Voluntary Life / Accidental Death & Dismemberment (AD&D)

The premiums for this insurance are paid in full by you.

While the Cooperative of American Physicians offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

	Minimum Benefit	Guarantee Issue Amount	Maximum
Employee Benefit Amounts	\$10,000	5 x annual salary, up to \$150,000	\$500,000, in increments of \$10,000, but no more than 8 x annual salary
Dependent Spouse Benefit Amounts	\$5,000	100% of employee's benefit, up to \$50,000	100% of employee's benefit, up to \$250,000
Dependent Child(ren) Benefit Amounts	\$2,000	100% of employee's benefit	100% of employee's benefit, up to \$10,000

*Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

Portability	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment ends, you may apply for an individual life insurance policy from The Standard without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

*Please see benefit summary for full details

Long Term Disability



Long Term Disability Insurance – Company Paid

If you were to be out of work due to an injury or illness, could you and your family survive without a paycheck? Disability insurance is essentially “paycheck” insurance, ensuring you will receive a portion of your income if you were out of work due to injury or illness. The Cooperative of American Physicians offers Long Term Disability (LTD) insurance at no cost to you. Administered by The Standard, you are automatically enrolled in these benefits.

Elimination Period	Your benefits begin on the later of 90 calendar days after the onset of your disabling injury or illness or the date your short-term disability ends.		
Monthly Benefit	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources. The premium for your long-term disability coverage is waived while you are receiving benefits.		
Maximum Monthly Benefit	\$10,000	Minimum Monthly Benefit	\$100
Maximum Benefit Period	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age of 3½ years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.		

On average, long-term disability leaves are 35 months — or almost three years.

This is longer than most people expect, and most employees aren't equipped to go without a paycheck for that long.¹

Employee Assistance Program

HealthAdvocate™



Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general wellbeing.

During these tough times, it's important to have someone to talk with to let you know you're not alone.

With The Standard's Employee Assistance Program (EAP), you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

healthadvocate.com/standard3
or call us: 1-888-293-6948

Features	Benefit to Company and Employees		
Employee Family Clinical Services	<ul style="list-style-type: none"> An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters Access to subject matter experts in the field of EAP service delivery 		
Counseling Options	<ul style="list-style-type: none"> Three sessions per year (per household) conducted by either face-to-face* counseling or video telehealth via a secure, HIPAA compliant portal 		
Employee Family Legal Services	<ul style="list-style-type: none"> Valuable resources – legal libraries, tools and forms – available on EAP website A counseling session may be substituted for one legal consultation (up to 30 minutes) with an attorney 25% discount for ongoing legal services for same issue 		
Employee Family Financial Services	<ul style="list-style-type: none"> Inclusive financial platform powered by Enrich that includes financial assessment tools, personalized courses, articles and resources, and ongoing progress reports to help members monitor their financial health A counseling session may be substituted for one financial consultation (up to 30 minutes) with an attorney 25% discount for ongoing financial services for same issue 		
Employee Family Work/Life Services	<ul style="list-style-type: none"> Childcare resources and referrals Elder care resources and referrals 		
Online Services	A website with resources and links for additional assistance, including:		
	<ul style="list-style-type: none"> Current events and resources Family and relationships Emotional well-being 	<ul style="list-style-type: none"> Financial wellness Substance abuse and addiction Legal assistance 	<ul style="list-style-type: none"> Physical well-being Work and career Bilingual article library
Eligibility	Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee		

*California Residents: Knox-Keene Statute limits no more than three face-to-face sessions in a six-month period per person.

ADDITIONAL BENEFITS & RESOURCES

Voluntary Benefits



Anthem Accident Plan - NEW for 2025!

The Anthem Accident Plan pays you if you are injured in an accident to help offset medical costs and lost income during your recovery. You may add coverage for yourself and your dependents, even if not enrolled in a medical plan with CAP. Please see the benefit summary for detailed benefits information.

Benefit Highlights

Emergency Room / Urgent Care Visit: \$250 / \$200	Hospital Admission / Daily Confinement: \$1,500 / \$300	Daily ICU Confinement: \$600
X-ray: \$200	Ambulance Ground / Air: \$400 / \$1,500	Accident Follow-up: \$100
Dislocations: \$480 - \$5,000	Fractures: \$500 - \$6,000	Burns: \$1,500 - \$15,000

Rates

Accident Plan Monthly Rates	
Employee Only	\$11.82
Employee + Spouse	\$18.65
Employee + Child(ren)	\$19.78
Family	\$31.12

Anthem Hospital Indemnity Plan - NEW for 2025!

The Anthem Accident Plan pays you if you are injured in an accident to help offset medical costs and lost income during your recovery. You may add coverage for yourself and your dependents, even if not enrolled in a medical plan with CAP. Please see the benefit summary for detailed benefits information.

Benefit Highlights

Accident Plan Monthly Rates	
Hospital Confinement – First Day Benefit	\$1,000
First Day Hospital Confinement – Annual Max	1 day
Hospital Confinement – Daily Benefit	\$200
Daily Hospital Confinement – Annual Max	31 days
Intensive Care Unit Confinement – Daily Benefit	\$400
Daily Intensive Care Unit Confinement –Annual Max	31 days
Health Screening (per covered person, per calendar year)	\$50

Rates

Accident Plan Monthly Rates	
Employee Only	\$23.17
Employee + Spouse	\$47.98
Employee + Child(ren)	\$34.92
Family	\$61.23

Voluntary Benefits



Anthem Critical Illness Plan – NEW for 2025!

Critical Illness coverage provides the added layer of security you want and need when illness occurs—a lump-sum cash benefit to help pay for unexpected costs. You decide how to use the benefits. Critical Illness coverage provides benefits for heart attack, stroke, invasive cancer, major organ transplant, and neurological conditions such as advanced Alzheimer's and advanced Parkinson's. The coverage pays for the first diagnosis of certain illnesses after your coverage becomes effective. This plan even covers skin cancer. The employee benefit amount is \$20,000, and for spouses and children is \$10,000.

- You will receive a tax-free cash payment to help you focus on your health.
- There are no limits on preexisting conditions
- Coverage is available for yourself, your spouse, and your dependent children.
- Coverage is portable.
- You will also receive a \$50 payment toward health screenings, such as a lipid test. Simply call the claim line and tell them you'd like to collect on your wellness benefits. We will confirm your testing, then send you a check.

Age Tier	\$10,000 Critical Illness Plan Monthly Rates			
	EE Only	EE + SP	EE + CH	EE + FAM
18-24	\$3.63	\$5.95	\$5.54	\$8.18
25-29	\$4.46	\$7.20	\$6.37	\$9.43
30-34	\$5.01	\$8.05	\$6.92	\$10.28
35-39	\$6.33	\$10.05	\$8.24	\$12.28
40-44	\$8.48	\$13.37	\$10.39	\$15.60
45-49	\$12.46	\$19.54	\$14.37	\$21.77
50-54	\$17.19	\$26.91	\$19.10	\$29.14
55-59	\$23.79	\$37.23	\$25.70	\$39.46
60-64	\$33.56	\$52.41	\$35.47	\$54.64
65-69	\$45.21	\$70.28	\$47.12	\$72.51
70-74	\$60.99	\$94.48	\$62.90	\$96.71
75-79	\$82.96	\$127.77	\$84.87	\$130.00
80-84	\$98.62	\$151.45	\$100.53	\$153.68

Age Tier	\$20,000 Critical Illness Plan Monthly Rates			
	EE Only	EE + SP	EE + CH	EE + FAM
18-24	\$6.18	\$9.76	\$9.03	\$13.09
25-29	\$7.73	\$12.08	\$10.58	\$15.41
30-34	\$8.78	\$13.69	\$11.63	\$17.02
35-39	\$11.39	\$17.60	\$14.24	\$20.93
40-44	\$15.60	\$24.02	\$18.45	\$27.35
45-49	\$23.43	\$36.10	\$26.28	\$39.43
50-54	\$32.81	\$50.65	\$35.66	\$53.98
55-59	\$45.89	\$71.04	\$48.74	\$74.37
60-64	\$65.28	\$101.09	\$68.13	\$104.42
65-69	\$88.39	\$136.39	\$91.24	\$139.72
70-74	\$119.80	\$184.50	\$122.65	\$187.83
75-79	\$163.61	\$250.82	\$166.46	\$254.15
80-84	\$194.89	\$298.08	\$197.74	\$301.41

MetLife Pre-Paid Legal, ID Theft, and Pet Insurance

MetLife Pre-Paid Legal

Benefits

- A cost-effective plan providing access to more than 18,000+ experienced network attorneys.
- Unlimited use of network attorneys for covered issues.
- Assistance for a wide range of legal needs, including money matters, home and real estate, family and personal matters, civil lawsuits, elder care issues, and vehicles and driving.
- Online digital estate planning tool—create wills and trusts, healthcare proxies, and power of attorney documents from the comfort of home.

Rates

\$16.75 per month

MetLife Pet Insurance

What's covered?

- accidental injuries
- illnesses
- exam fees
- surgeries
- medications
- ultrasounds
- hospital stays
- X-rays and diagnostic tests

Coverage also includes

- hip dysplasia
- hereditary conditions
- congenital conditions
- chronic conditions
- alternative therapies
- holistic care
- and much more!

How does MetLife Pet Insurance work?

1. Select and enroll in the coverage that's best for you and your pet
2. Download our mobile app
3. Take your pet to the vet
4. Pay the bill and send it with your claim to us via our mobile app, online portal, email, fax, or mail
5. Receive reimbursement by check or direct deposit if the claim expense is covered under the policy

To get a quote or enroll go to
www.metlife.com/getpetquote
or call 1 800 GET-MET8.

MetLife + Aura ID Theft & Fraud Protection

We're doing more online than ever before – making us more vulnerable to fraud and online threats. MetLife and Aura Identity & Fraud Protection helps safeguard the things that matter to you most: your identity, money and assets, family, reputation, and privacy.

Questions?

Aura's customer service team is available 24/7/365.

Call 1-844-931-2872

Feature	Protection Plan	Protection Plus Plan
Credit Monitoring	1 credit bureau	3 credit bureaus
Annual Credit Report	1 credit bureau	3 credit bureaus
Monthly Credit Score Tracker	No	Yes
In-Platform Credit Dispute	Yes	Yes
Credit, Bank and Utility Account Freeze Assistance	Yes	Yes
Home & Vehicle Title Monitoring	No	Yes
Financial Accounts Monitoring	No	Yes
Investment & Loan Account Monitoring	No	Yes
High-Risk Transaction Alerts	No	Yes
Payday/Specialty Loans Block	No	Yes
Experian Credit Lock	No	Yes
Credit Score Simulator	No	Yes
Identity Theft Protection Features	Yes	Yes
Privacy & Device Protection Features	Yes, 2 devices	Yes, unlimited devices
Family Safety Features	No	Yes
\$5M Identity Theft Insurance Policy	Yes	Yes
Fraud Resolution Services	Yes	Yes

MetLife + Aura Identity & Fraud Protection Pricing

Protection Individual	\$6.95
Protection Family	\$11.95
Protection Plus Individual	\$10.95
Protection Plus Family	\$16.95

Employee Monthly Contributions

California Care HMO Classic

Salary level	Employee Only	Employee + 1	Employee + 2 or more
Up to \$80,000	\$358.00	\$487.00	\$569.00
\$80,001 - \$120,000	\$388.00	\$540.00	\$644.00
\$120,000 - \$199,999	\$420.00	\$618.00	\$752.00
\$200,000 - \$249,000	\$465.00	\$678.00	\$812.00
\$250,000	\$500.00	\$700.00	\$850.00

Priority Select HMO Classic

Salary level	Employee Only	Employee + 1	Employee + 2 or more
Up to \$80,000	\$236.00	\$298.00	\$315.00
\$80,001 - \$120,000	\$256.00	\$341.00	\$371.00
\$120,000 - \$199,999	\$300.00	\$430.00	\$478.00
\$200,000 - \$249,000	\$345.00	\$486.00	\$538.00
\$250,000	\$365.00	\$506.00	\$568.00

Vivify HMO Value Ded

Salary level	Employee Only	Employee + 1	Employee + 2 or more
Up to \$80,000	\$192.00	\$245.00	\$259.00
\$80,001 - \$120,000	\$209.00	\$281.00	\$306.00
\$120,000 - \$199,999	\$248.00	\$357.00	\$398.00
\$200,000 - \$249,000	\$287.00	\$406.00	\$450.00
\$250,000	\$307.00	\$426.00	\$470.00

Employee Monthly Contributions cont'd

Prudent Buyer PPO 1500

Salary level	Employee Only	Employee + 1	Employee + 2 or more
Up to \$80,000	\$390.00	\$596.00	\$665.00
\$80,001 - \$120,000	\$416.00	\$640.00	\$735.00
\$120,000 - \$199,999	\$455.00	\$700.00	\$790.00
\$200,000 - \$249,000	\$480.00	\$750.00	\$850.00
\$250,000	\$520.00	\$800.00	\$900.00

Prudent Buyer PPO HSA

Salary level	Employee Only	Employee + 1	Employee + 2 or more
Up to \$80,000	\$120.00	\$140.00	\$180.00
\$80,001 - \$120,000	\$140.00	\$180.00	\$220.00
\$120,000 - \$199,999	\$160.00	\$200.00	\$240.00
\$200,000 - \$249,000	\$200.00	\$250.00	\$300.00
\$250,000	\$250.00	\$300.00	\$400.00

DHMO Dental

Salary level	Employee Only	Employee + 1	Employee + 2 or more
All Salary Levels	\$3.00	\$5.00	\$7.00

DPPO Dental

Salary level	Employee Only	Employee + 1	Employee + 2 or more
All Salary Levels	\$8.00	\$17.00	\$22.00

Benefit Resource Center (BRC)



Need additional help choosing a plan? Have questions about your benefit plans or policy questions? Do you need to talk about an issue with one of the insurance vendors? Call the BRC!

Our Benefits Specialists can help you choose the right plan for you and your family, translate confusing jargon, answer questions about which benefits are on your plan and which aren't, work directly with insurance carriers to resolve tricky issues regarding claims and denials of service and more!

**Benefit specialists are available
Monday-Friday 8am-5pm PST**

BRCCA@usi.com

Toll Free: 888-336-7463

Carrier Contacts

Benefit	Provider	Phone	Website/Email
Medical HMO	Anthem Blue Cross	800-888-8288	www.anthem.com
Medical PPO	Anthem Blue Cross	800-227-3560	www.anthem.com
24/7 Nurse Line	Anthem Blue Cross	800-700-9186	www.anthem.com
Dental	Anthem Blue Cross	800-627-0004	www.anthem.com
Vision	Anthem Blue Cross	866-723-0515	www.anthem.com
Worksite	Anthem Blue Cross	800-604-4381	www.anthem.com
Life Insurance	The Standard	800-628-8600	www.standard.com
Long Term Disability	The Standard	800-368-1135	www.standard.com
Employee Assistance Program (EAP)	Health Advocate/the Standard	888-293-6948	www.healthadvocate.com/standard3
401K	Fidelity Investments	800-890-4015	nb.fidelity.com
Benefit Resource Center	USI	888-336-7463	BRCCA@usi.com



Medicare and Mobile App



My Benefit Advisor (MBA) is a subsidiary of USI that provides insurance expertise to people who are looking for Medicare Health coverage. This personal service is available to USI clients and their employees. To get started, simply follow the link below to answer a few questions, and an advisor will reach out.

What Medicare insurance services can MBA provide to employers?

- Informative employee and retiree webinars for those who are Medicare eligible (including parents of employees)
- A variety of voluntary or sponsored retiree Medicare plans to expand their benefit offering
- Advice on a variety of topics, such as Medicare eligibility and penalties, Medicare Secondary Payer regulations, and Medicare's impact on COBRA and HSAs

[Click Here to Get Started](#)

Free Mobile Benefits App

The USI MyBenefits2GO app gives on-the-go access to all of your benefit and insurance policy details, HR contact information and more!

USI's mobile benefits app provides a quick and simple way for you and your family to access benefit summaries and other important information about your group plans. The app also offers the ability to take photos of ID cards to store on the phone, as well as an easy way to locate carrier and HR contact information all in one place, 24/7 and on the go. The app is free, available for iPhone and Android and the benefits include:

- **Staying Organized**
The app gives you access to all benefit plan information and ID cards, all in one place.
- **Lightening Wallets**
The app allows you to take and access images of your ID cards. Images are stored on the phone itself; no personal health information is transmitted or saved.
- **Getting In Touch**
The app provides you with a single location to find contact information for your Human Resources team and the Benefit Resource Center as well as insurance carriers.



Find it in Your App Store

Search for “MyBenefits2GO” and download the free app. Enter this code when prompted:
E58766

Get Started

For your custom benefits code, refer to your orientation information.

First Name

Last Name

Email

Enter Your Code

I understand that any personal data I provide is part of the EU General Data Protection Regulation and will be collected and used according to [USI's Data Collection Policy](#)

☐ Acknowledge agreement

[Register](#)



Download on the
App Store

GET IT ON
Google Play