



Benefit Program Summary

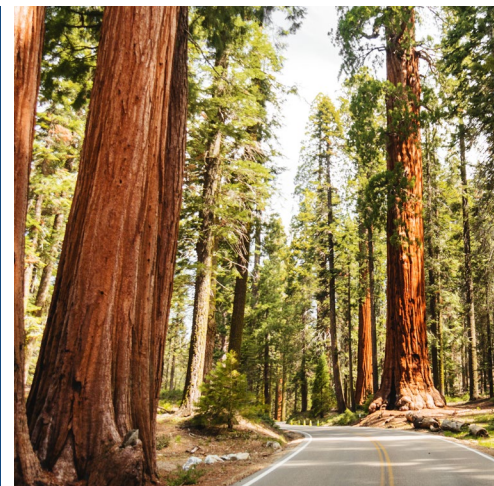
2024



Medical
Dental
Vision



Life
AD&D
Retirement



Welcome to Your OneLegacy Benefits

At OneLegacy, we know that our success depends on our people. One of the ways we reward you for your contributions is by offering comprehensive, high-quality benefits at a reasonable cost to our employees. These benefits are designed to protect your health, your family, and your wealth, and they're a valuable part of the total compensation package OneLegacy offers.

We've designed our benefits to give you choices so you can pick those that are best for you and your family. Some of these benefits are provided automatically to you at no cost as a OneLegacy employee, while you'll need to enroll in other benefits. You can enroll when you first become eligible or during the annual Open Enrollment period. You may change benefit choices after Open Enrollment only if you experience a "qualifying event" such as marriage, divorce, or birth or adoption of a child.

Your eligibility for benefits is based on the number of hours that you work:

- **For medical** - all active employees working a minimum of 30 hours per week.
- **For all other benefits** - all full-time active employees working a minimum of 40 hours per week, or working an approved full-time Equivalent Schedule.

Coverage begins on the first day of the month following 30 days of continuous employment.

We know that taking care of your family is important. That's why when you enroll in many of the OneLegacy benefit plans, you can also enroll your:

- **Legal same-sex or opposite-sex spouse/domestic partner**
- **Children, up to age 26, including biological children, stepchildren, children of your domestic partner, adopted children and those placed for adoption, eligible foster children, or children in your guardianship, of any age, who are disabled.**

Take a look inside this guide for more information about the benefit plans available to you for the January 1 through December 31, 2024, plan year.

Looking for a Summary of Benefits and Coverage (SBC) for one of our health care plans? Visit OneLegacy's OKTA home page and click on UltiPro/Life Events. You can also contact Susan Gomez, HR Benefits Analyst, at (213) 229-5635.

This guide summarizes the key features of the OneLegacy benefit plans. Please refer to the plan documents for exact terms and conditions of coverage. If any conflict arises between this guide and the official plan documents, the terms of the actual plan documents or other applicable documents will govern in all cases. OneLegacy and its affiliated entities reserve the right to change, modify or terminate the benefit plans at any time. This guide isn't a contract for purposes of employment or payment of benefits.

It's open enrollment... do you know where your benefits are?

Your benefits are only beneficial if you actually use them, and you can't use what you don't know you have.

The best place to start? Talk to ALEX, our virtual benefits counselor. He'll walk you through all the nooks and crannies of your benefits and ask you some questions to help you find the best coverage for the lowest cost.

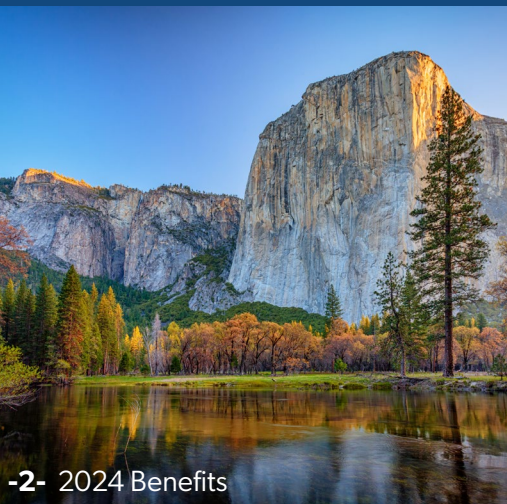
Before you enroll, give it a try at www.myalex.com/OneLegacy/2024



Your Benefits Package

As a OneLegacy employee, you are eligible for a number of benefits, including:

- Medical coverage through Blue Shield
- Dental coverage through Delta Dental
- Vision coverage through VSP
- An Employee Assistance Program (EAP) through Empathia, Inc.
- Health Care, Limited Purpose and Dependent Care Flexible Spending Accounts (FSA) through PayFlex
- Disability insurance through Lincoln
- Life and accidental death & dismemberment insurance through Lincoln
- A 403(B) Retirement Plan administered by Empower
- Health Advocate
- Pet Insurance through Nationwide



Medical Plans

Few things are as important as managing your health and having access to high-quality health care. OneLegacy offers three optional medical plans through Blue Shield. All three plans cover similar services and provide comprehensive coverage to protect your health.

- Trio ACO Health Maintenance Organization (HMO) Plan
- Traditional Health Maintenance Organization (HMO) Plan
- Preferred Provider Organization (PPO) Savings Plus with Health Savings Account (HSA)

Trio ACO HMO Plan

The Trio ACO HMO has similar features to the Traditional HMO. However, there are some key differences. While both HMO plans have the same plan design, the Trio HMO offers lower premiums, because it has a network of select local physicians, specialists, and hospitals from which to choose. Trio HMO members create their own community of care by choosing from a quality network of select doctors, hospitals, and pharmacies that includes all specialties and levels of care.

Traditional HMO Plan

The Traditional HMO Plan offers affordable health care for you and your family through a network of doctors, hospitals, and other health care facilities that provide medical services at little or no out-of-pocket cost to you. There are no deductibles or coinsurance - instead, you pay a small copay for most covered services. With the HMO Plan, you must receive all your care from an in-network provider or the plan won't pay benefits (except in an emergency).

Plan Features:

- You must select and use a primary care physician (PCP) from the HMO network to coordinate your care.
- You pay a copay when you visit your PCP or a specialist referred by your PCP.
- If you use doctors, hospitals, labs, pharmacies, or other health care facilities outside the HMO network, you're responsible for paying the full cost (except in an emergency).
- There are no claim forms to file.

 <p>Find In-Network Providers</p> <p>To find an in-network provider, go to www.blueshieldca.com and locate the "Find a doctor" link at the top of the page.</p>	 <p>Need to Print a New ID Card?</p> <p>If you need a new card, you can always locate and print one on Blue Shield's website, www.blueshieldca.com. You can also download the Blue Shield mobile app from the same site!</p>	 <p>Check the Trio Provider Network, Enroll, and Save!</p> <p>If you're enrolled in the Traditional HMO Plan, chances are you may already be using providers who are in the Trio provider network. Check the Trio network at www.blueshieldca.com/networktriohmo and if your doctor or other health care providers are in the Trio network, consider enrolling in the Trio ACO HMO Plan for 2024. You could save on premiums and have access to the Shield Concierge and other resources through the plan.</p>
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PPO Savings Plus Plan

The PPO Savings Plus Plan (often referred to as a Consumer Driven Health Plan (CDHP) with HSA) has two parts that work together to provide you with comprehensive coverage:



The PPO Savings Plus Plan works like a traditional PPO plan in many ways, but it also has key differences:

How the PPO Savings Plus Plan is the same as a traditional PPO	How it's different
<ul style="list-style-type: none"> • Covers the same health care services • Uses a large national network of providers (Blue Shield Network) • Provides comprehensive coverage • Has a deductible you must satisfy before the plan begins to pay for services (except for in-network preventive services) • All medical payments made throughout the year for the deductible (including copays and prescription drugs) count toward the annual out-of-pocket max 	<ul style="list-style-type: none"> • Has lower per-paycheck contributions • Has a higher deductible that you need to meet • Has coinsurance instead of copays • Allows you to establish a Health Savings Account (HSA) - a tax-advantaged savings account that you can use to pay for qualified health care expenses now or in the future

The PPO Savings Plus Plan makes purchasing health care like buying any other product or service. With the PPO Savings Plus Plan, **You** are responsible for controlling your health care spending and managing your money.

How the Family Deductibles Works in the PPO Savings Plus Plan

An individual within a family won't pay more than \$3,200 toward the deductible. This rule also impacts the out-of-pocket maximum amount for an individual. See page 12 for more details about the PPO plan design.

Health Savings Account (HSA)

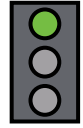
With the PPO Savings Plus Plan, you can contribute money to a Health Savings Account (HSA). The HSA is administered by HSA Bank. For 2024, the annual maximum contributions are:

- Individual coverage: \$4,150* (Includes \$850.00 contribution from OneLegacy)
- Family coverage: \$8,300* (Includes \$1,900.00 contribution from OneLegacy)

When you subtract the OneLegacy contribution to your account - \$850/employee; \$1,900/family - your maximum contribution is \$3,300 for individual coverage and \$6,400 for family coverage.

*if you're age 55 or older, you can make an additional catch-up contribution of \$1,000 per year.

Here's how the HSA works:



START IT

- After you enroll in the PPO Savings Plus Plan and HSA, you need to set up an HSA through HSA Bank (www.hsabank.com)



BUILD IT

- Your contributions to your HSA are made on a pre-tax basis through payroll deductions. (Limits apply)
- You can change the amount you contribute any time.
- You can make after-tax contributions directly to your HSA through a personal check.
- After you set up your HSA Bank account, OneLegacy will make an automatic contribution to your account on a per pay period basis, up to an equivalent maximum annual amount of \$850/individual or \$1,900/family.



USE IT

- You can use the money in your HSA to pay for qualified health care expenses for you and your eligible dependents.
- You can use your HSA debit card to pay for qualified health care expenses.
- Withdrawals from your HSA (for qualified health care expenses) are tax free!
- You don't need to provide receipts for reimbursement - you only need to save them for tax purposes.



GROW IT

- Unused money in your account will roll over to the next year.
- Your account will earn interest and grow over time.
- Once your account reaches \$2,500, you may invest your HSA account balance in available mutual funds (A minimum balance of \$1,000 must remain in the HSA after you invest.)
- Any interest and other investment earning are yours to keep.



KEEP IT

- You always own the money in your HSA.
- You can take the account with you if you leave OneLegacy.

What is a "Qualified Health Care Expense"?

You can use your HSA for expenses that would generally qualify for the health care expenses income tax deduction:

- Deductibles
- Office Visits
- Prescription Drugs
- Hospital Stays and Lab Work
- Speech/Occupational/Physical Therapies
- Dental
- Vision

Go to www.irs.gov/publications/p969 for a complete list

NurseHelp 24/7

When you enroll in one of the OneLegacy medical plans, you have access to NurseHelp 24/7 for free assistance with health-related questions. Call NurseHelp 24/7 at 877-304-0504 to talk with a registered nurse who can help you figure out how to care for yourself, evaluate treatment options, and determine whether to see a doctor. You can get immediate answers and reliable information about:

- Minor illnesses and injuries
- Chronic conditions
- How to understand diagnoses and chronic conditions
- Appropriate medical care setting (i.e., 911/ER, physician office visits, urgent care, home care)
- Medical tests and medications
- Preventive care



Experian IdentityWorks

Experian IdentityWorks offers identity protection services at no cost to Blue Shield members. Once enrolled, you will have access to credit monitoring, identity restoration services, identity theft insurance, and more. Follow the steps below to enroll.

- Visit the Experian IdentityWorks website to enroll: www.experianidworks.com/blueshieldca
- Enter code: **BCBSCALI21**
- Complete the enrollment process

If you have questions about protecting your identity or if you suspect that your identity has been stolen, call the Experian customer support team at 866-274-3891 and provide the engagement number **DB21761**.



Blue Shield Teladoc Services

Blue Shield's Teladoc service provides 24/7/365 access to a network of board-certified doctors who can treat many of your non-emergency medical issues when your doctor is not available.

You can talk to a Teladoc doctor, anytime, through the convenience of phone and online video consultations for issues such as the flu, sinus infections, and more. You can also use Teladoc as an alternative to an urgent care clinic for non-emergency situations, which saves you time and money!

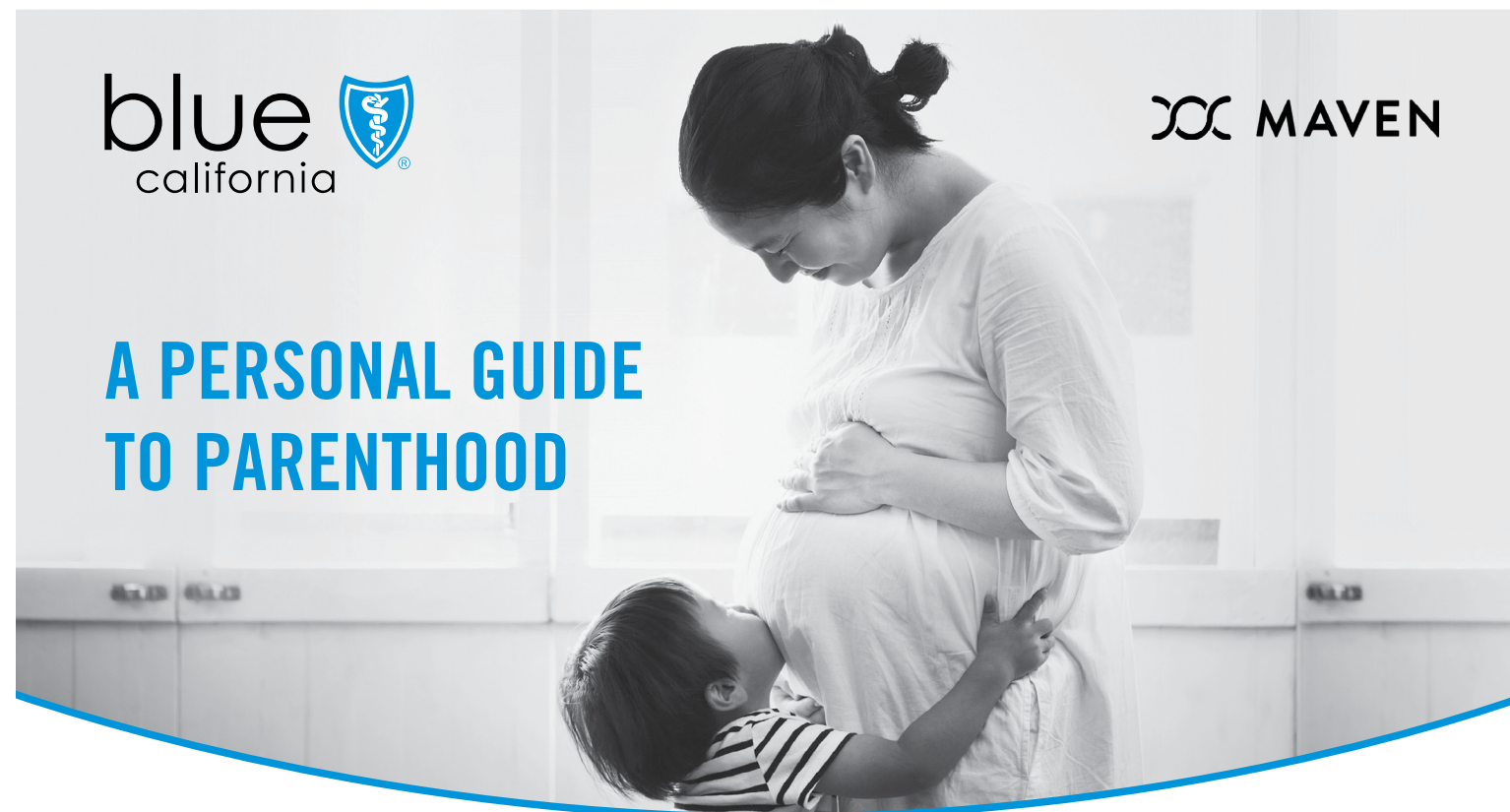
Teladoc visits are free of charge on all Blue Shield plans after deductible.

Get Started with Teladoc

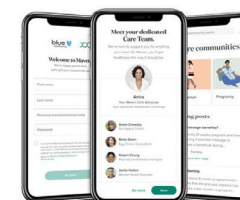
- **Set up an account:** Go to www.teladoc.com and click Set Up an Account.
- **Provide your medical history:** Your medical history provides your Teladoc doctor with information needed to make an accurate diagnosis. There are two ways to share your medical history:
 - Online: Log in to Teladoc.com and click My Medical History.
 - By Phone: Call 800-835-2362 and representatives can help you register by phone.
- **Request a consultation**
Once your account is set up you can reach a Teladoc doctor at any time.



A PERSONAL GUIDE TO PARENTHOOD



If you're expecting, congrats! We're here, along with the Maven Maternity Program, to support you every baby step of the way. With Maven, you and your partner can get access to virtual care for pregnancy, postpartum, and returning to work after parental leave. Plus, you'll enjoy 24/7 access to Care Advocates, specialists, and coaches – as well as content tailored to your experience.



Sign up today to access:

- **On-demand virtual appointments** with Maven OB-GYNs, lactation consultants, doulas, mental health specialists, nutritionists, career coaches, and many more
- **Your own Care Advocate** who can help you find care, navigate your health benefits, find the right in-network providers, and more
- **Expert resources** including virtual classes, helpful articles, and community forums

Get support for every stage of your journey:

Pregnancy

- Midwives, OB-GYNs, doulas
- Birth planning
- Prenatal nutritionists
- Mental health specialists
- Loss support

Postpartum

- Infant care education
- Pediatricians
- Lactation counseling
- Infant sleep coach

Returning to work

- Back-to-work support
- Career coaching
- Emotional support



Get started today!

Visit blueshieldca.com/maven to enroll.



WELLVOLUTION NOW INCLUDES MENTAL HEALTH SUPPORT VIA GINGER

On demand mental health support day or night.



ginger

Easy access to care - no matter where you are, when you need it, or what you're going through. Ginger offers on-demand, confidential mental healthcare through coaching and self-guided activities. Need to chat on the weekend? or at 3am on a holiday? Ginger is around 24/7/365. Ginger goes where your smartphone goes.

- **70% of members see an improvement within 12-16 weeks**
- **Real-time behavioral health coaching within seconds**
- **In-app content including mental health tips and resources**
- **Video therapy & psychiatry sessions within days**
(Available for a co-pay as stated in your health plan coverage. Please contact Blue Shield of California for details.)

For more information go to www.wellvolution.com/mentalhealth

Blue Shield of California is an independent member of the Blue Shield Association. Wellvolution is a registered trademark of Blue Shield of California. Wellvolution and all associated digital and in-person health programs, services, and offerings are managed by Solera, Inc.

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Take charge of your health with Wellvolution from Blue Shield of California

Introducing  headspace

Blue Shield of California members can now access the full premium version of the Headspace app at no additional cost.



As the world's most science-backed meditation app, Headspace can help you reduce stress, increase resilience, and get a better night's rest. By dedicating just a few minutes a day you can join 70 million Headspace members worldwide using meditation to improve mental well-being.

The app includes:



1,000+ hours of exercises to help you live your whole day mindfully.



Over 500 Guided meditations on topics like stress, self-esteem, and resilience.



Sleepcasts, music, and bedtime audio for restful nights.

Headspace is available to all Blue Shield of California members eligible for Wellvolution® who are 18 years of age or over.

Change your health, change your life. Visit www.wellvolution.com/mentalhealth to get started today.

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Medical Plans

	Trio ACO HMO	Blue Shield HMO	Blue Shield PPO Savings Plus Plan	
	In-Network Only	In-Network Only	In-Network	Out-of-Network ¹
Annual Out-of-Pocket Maximum ²	\$2,000/individual; \$4,000/family	\$2,000/individual; \$4,000/family	\$3,500/individual; \$7,000/family	\$6,000/individual; \$12,000/family
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	
First, you may be required to meet an annual deductible before the plan pays benefits...				
Annual Deductible (All providers combined)	None	None	\$1,600/individual, \$3,200/family; deductible must be met before copays or coinsurance applies	
Next, you'll pay either a copay or coinsurance for covered services...				
Preventive Health Benefits	No charge	No charge	No charge	Not covered
Professional Services				
Physician and specialist office visits	\$20 copay	\$20 copay	10% after deductible	40% after deductible
Chiropractic visit	\$10 copay (30 visits/year)	\$10 copay (30 visits/year)	10% after deductible (20 combined visits/year)	40% after deductible (20 combined visits/year)
Acupuncture visit	Not covered	Not covered	10% after deductible (20 combined visits/year)	10% after deductible (20 combined visits/year)
Access + Specialist Benefits				
Office visit, exam, or other consultation	\$20 copay	\$30 copay	Not applicable	
Outpatient Lab, Pathology, X-rays				
Physician and specialist office visits	No charge	No charge	10% after deductible	40% up to \$350/day + 100% of additional charges
Lab center (after deductible is met)	No charge	No charge	10% after deductible	40%
Emergency Health Coverage				
Emergency room services (waived if admitted)	\$150 per visit	\$150 per visit	\$150 per visit + 10% of eligible charges after deductible	
Emergency room physician services	No charge	No charge	10% after deductible	
Hospitalization Services				
Inpatient physician services (preauthorization required)	No charge	No charge	10% after deductible	40% after deductible
Inpatient non-emergency facility services	\$250 per admission	\$250 per admission	\$100 per admission + 10% after deductible	40% after deductible up to \$600/day
Outpatient Services				
Outpatient surgery (in Ambulatory Center)	\$50 per surgery	\$50 per surgery	5% after deductible	40% after deductible (\$350 per day max)
Outpatient surgery (in hospital)	\$200 per surgery	\$200 per surgery	15% after deductible	40% after deductible (\$350 per day max)
Outpatient services for treatment of illness/injury	No charge	No charge	10% after deductible	40% after deductible (\$350 per day max)
Pregnancy and Maternity Care Benefits				
Prenatal and postnatal physician office visits	No charge	No charge	10% after deductible	40% after deductible
Mental Health Services (Psychiatric)				
Inpatient hospital services	\$250 per admission	\$250 per admission	10% after deductible	40% after deductible up to \$600/day
Outpatient services	\$20 per visit	\$20 per visit	10% after deductible	40% after deductible
Prescription Drugs - Retail (up to a 30-day supply). You pay:				
Contraceptive Drugs and Devices	No charge	No charge	No charge	Not covered
Tier 1 (generic)	\$15 copay	\$15 copay	\$10 copay after deductible	\$10 copay after deductible + 25%
Tier 2 (formulary brand-name)	\$25 copay	\$25 copay	\$25 copay after deductible	\$25 copay after deductible + 25%
Tier 3 (non-formulary brand-name)	Not covered	Not covered	\$40 copay after deductible	\$40 copay after deductible + 25%
Tier 4 (Specialty) ⁴	20% (up to \$250)	20% (up to \$250)	30% (up to \$250)	30% up to \$250 + 25%
Prescription Drugs - Mail Order (up to a 90-day supply). You pay:				
Contraceptive Drugs and Devices	No charge	No charge	No charge	Not covered
Tier 1 (generic)	\$30 copay	\$30 copay	2x retail copay	Not covered
Tier 2 (formulary brand-name)	\$50 copay	\$50 copay	2x retail copay	Not covered
Tier 3 (non-formulary brand-name)	Not covered	Not covered	2x retail copay	Not covered
Tier 4 (Specialty) ⁴	20% up to \$500/Rx	20% up to \$500/Rx	30% up to \$500/Rx	Not covered

¹ Services are covered at the negotiated fee. If your provider charges more than the negotiated fee, you'll be responsible for the entire amount.

² Includes copays, coinsurance and deductibles for medical services and prescription drugs.

³ A Tier 3 (Brand non-formulary) prescription is a drug covered under the plan at a higher cost than a Tier 1 (generic) or Tier 2 (formulary brand-name) drug. See the Plan Summary for full details.

⁴ Certain short-term specialty drugs require a 15-day trial period before you can fill the full script. Your copay will be prorated based on the number of days' supply.

Dental Plans

OneLegacy offers you and your dependents a Dental Preferred Provider Organization (Dental PPO) Plan provided by Delta Dental.

Dental PPO Plan

With the Dental PPO Plan, you have the flexibility to choose any dentist and receive benefits. However, if you go to a Delta Dental network dentist, you'll pay less because Delta Dental dentists have agreed to charge lower, negotiated rates.

If there are no Delta Dental PPO network dentists available, you can choose providers from the Delta Dental Premier network. This network is larger and consists of nearly 80 percent of dentists nationwide; it's the next best option if you can't find a PPO dentist. Keep in mind that while the plan will pay a lower level of benefits for services received from Premier network dentists than for services received from PPO network dentists, the Premier dentists will not bill you above their contracted fees, so you'll still receive cost protections not available from a non-Delta dentist.

	Dental PPO Network	Premier Network	Out-of-Network ¹
Annual Maximum Benefit	\$1,500/covered person		
First, you may be required to meet an annual deductible before the plan pays benefits...			
Annual Deductible	\$50/individual; \$150/family		
Next, your care will be covered at no charge, or you'll pay a percentage of the cost for covered services...			
Diagnostic/Preventive Services			
Oral Exams, Cleanings, X-rays, Fluoride	You pay \$0 Diagnostic and Preventive services do not count towards your Annual Maximum Benefit	You pay \$0 Diagnostic and Preventive services do not count towards your Annual Maximum Benefit	You pay \$0 ¹
Application, Sealants			
Space Maintainers			
Emergency Care to Relieve Pain			
Basic Restorative Care			
Amalgam Fillings	You pay 10% after deductible	You pay 20% after deductible	You pay 20% of R&C after deductible ¹
Endodontics (e.g., root canal therapy)			
Periodontics (gum surgery)			
Extractions/Oral Surgery			
Major Restorative Services			
Crowns, Dentures, Bridges	You pay 30% after deductible	You pay 40% after deductible	You pay 40% of R&C after deductible ¹
Orthodontia			
Orthodontia Services	You pay 50% after deductible	You pay 50% after deductible	You pay 50% of R&C after deductible ¹

¹ Reasonable & Customary (R&C) is the amount that your health plan determines is the normal range of payment for a specific health-related service or procedure within a given geographic area.



Find In-Network Providers

To find a Delta Dental in-network provider:

- Go to www.deltadentalins.com and locate the "Find a Dentist" box on the right-hand side, or
- Try the mobile app, available on Google Play or the Apple Store.

Vision Plan

The Vision Plan, administered by Vision Service Plan (VSP), provides a benefit for eye exams and materials on a yearly basis. You have the freedom to see any vision provider you choose, but the plan generally pays better benefits when you receive care from doctors who participate in the VSP network. If you decide to go to an out-of-network provider, you'll need to pay the full cost up front, then file a claim. You'll be reimbursed for exams and eyewear according to a schedule of benefits.

	Vision Coverage - Vision Service Plan (VSP)	
	VSP Provider	Out-of-Network Provider
Eye Exam (once every 12 months)	You pay \$10 copay	You pay any costs above \$50
Materials Copay	You pay \$20 copay	You pay any costs above \$70
Frames Copay	You pay 20% of any costs above \$150 (20% savings on any amount over allowance)	You pay any costs above \$70
Lenses (once every 12 months)		
Single	Covered in full	You pay any costs above \$50
Bifocal	Covered in full	You pay any costs above \$75
Trifocal	Covered in full	You pay any costs above \$100
Lenticular	Covered in full	You pay any costs above \$125
Contact Lenses (instead of glasses; once every 12 months)		
Elective	You pay any costs above \$130	You pay any costs above \$105

Extra Savings

Lightcare Benefit: \$150 Allowance for non-prescription sunglasses or blue light glasses in lieu of prescription glasses or contacts

Standard Progressive Lenses: Covered at no cost

Retinal Screening: No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision exam

Additional discounts are available:

- Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details
- 30% off additional glasses and sunglasses
- 15% off regular price or 5% off promotional price of Lasik Vision Correction

Be sure to visit www.vsp.com to learn more about additional perks and enhancements for eyeglass lenses.

You have a choice when it comes to buying contacts. It's easy to stock up on contacts when you see your VSP provider for your annual exam. For convenient reordering, you can go to the VSP online store, eyeconic.com® - the only site that accepts VSP insurance! Here's how Eyeconic™ works:

- Log in to Eyeconic to see if you can buy contacts with your VSP benefit.
- Choose from the most popular contacts at competitive prices.
- Enjoy free shipping on all purchases.



Find In-Network Providers

To find an in-network provider, go to www.VSP.com and click "Find A Doctor". You can also call VSP's Member Services at 800-877-7195.

Employee Assistance Program (EAP)

As a OneLegacy employee, you automatically have access to our EAP - a confidential resource available to help you with life's everyday issues. When you contact the EAP, which is administered by Empathia, you can speak with a registered nurse, who can help answer your health-related questions. You'll also have access to licensed counselors who can help with other issues, such as:

- Parenting
- Work-related situations
- Relationship problems
- Substance abuse
- Self-improvement
- Mental health
- Financial concerns
- Legal-referral assistance

Receive up to 6 counseling sessions each year per issue. If you require additional assistance, Empathia will work with your medical plan to transition you to a network provider.



Help Available Around the Clock

The EAP is 100% paid for by OneLegacy and best of all, it's available 24 hours a day, 7 days a week. You can reach the EAP at 800-367-7474 or at www.mylifematters.com and enter the company password "one".



403(b) Retirement and Savings Plan

All OneLegacy employees are eligible to participate in our 403(b) Retirement Plan. With this plan, you can set aside a portion of your salary to save for your retirement in order to help maintain your lifestyle in the future.

The 403(b) Retirement Plan offers many benefits, including:

- Contributions made with pre-tax dollars
- Automatic payroll deductions
- Self-directed contributions
- Professional management of your investment choices
- Income tax-deferred growth

Eligibility to contribute to the 403(b) Retirement Plan commences on the second pay cycle following your date of hire.



Your Money - Your Choice

OneLegacy is continuing to make saving for retirement under the 403(b) plan even easier by offering automatic enrollment with your before-tax contributions at 4% of annual pay, with an annual increase of 1% on your anniversary of participation in the plan. You can change your contributions and decide what percentage of your salary to set aside (up to certain IRS limits) and how you'd like your funds to be invested.

Flexible Spending Accounts (FSAs)

With a flexible spending account (FSA), you can set aside tax-free money to pay for eligible expenses. OneLegacy offers three FSAs through PayFlex.

- The Health Care FSA
- The Limited Purpose FSA (for PPO Savings Plus Plan enrollees only)
- The Dependent Care FSA

When you participate in an FSA, you decide how much you want to contribute each plan year. The FSA plan year is January 1 through December 31. The money you contribute is deducted from your pay before taxes are taken out - **This lowers your taxable income, which means lower taxes for you!**



Health Care FSA

If you have enrolled in one of the HMO plans, you can contribute up to \$3,050 to your Health Care FSA each year, and you can use the money in the account to cover many expenses that aren't covered by your health care plans, including:

- Copays, deductibles, and coinsurance
- Many over-the-counter medications
- Smoking cessation programs
- Vision care not covered by your plan, including contact lens solution and LASIK surgery

Limited Purpose FSA

If you're enrolled in the PPO Savings Plus Plan, you're not eligible to open a Health Care FSA. Instead, you have the option to open a **Limited Purpose FSA**, which you can use to pay eligible dental and vision expenses, including your deductible, copays, coinsurance, orthodontics, and eye wear. You can contribute up to \$3,050 each year to your Limited Purpose FSA.

Dependent Care FSA

For the Dependent Care FSA, you generally can contribute up to \$5,000 per year if you're single or married and filing a joint tax return, or \$3,050 per year if you're married and file taxes separately. This FSA can be used to cover expenses for the care of an eligible dependent (a child or a dependent adult), such as nursery or day care costs.

Important!

As with any great tax break, there are a few important rules for FSAs, so make sure to review the information from PayFlex before you enroll. The deadline to submit 2024 FSA plan year expenses is March 31, 2025.



FSA Debit Card

When you enroll in a Health Care or Limited Purpose FSA, you'll receive a debit card that automatically deducts amounts paid for eligible health-related expenses from your FSA. You can use the card at most healthcare-related merchants and service providers such as hospitals, doctors, dentists, and vision care centers, as well as at most retail pharmacies. If you use the FSA debit card, it's important to save your receipts in case your use is audited.

To access and manage your account, go to www.mypayflex.com

Basic Life/AD&D Insurance

OneLegacy provides all eligible employees with **basic life insurance and basic accidental death & dismemberment insurance (AD&D)** through Lincoln.

Life insurance pays a benefit in the event of your death, while AD&D insurance provides an additional benefit to you or your beneficiaries in the event of certain accidental losses or death. Each of these benefits is equal to three times your annual salary, up to \$250,000.

Note: Be sure to designate a beneficiary for your life and AD&D coverage in Ulti Pro.

Voluntary Life/AD&D Insurance

Employees have the option of purchasing additional life and accidental death and dismemberment (AD&D) insurance coverage through Lincoln. When you enroll yourself and your dependents in this benefit, you pay the full cost through post-tax payroll deductions. You must submit an Evidence of Insurability (EOI) form to the insurance carrier if you select an amount of insurance over the Guarantee Issue limit. This life insurance is portable and may be taken with you should you leave the company.

	Lincoln
	Voluntary Life / AD&D
Employee Benefit Amount & Max	Increments of \$10,000 up to \$500,000, not to exceed 5x annual salary
Spouse Benefit Amount & Max	Increments of \$5,000 up to \$250,000; not to exceed 50% of EE's coverage
Child Benefit Amount & Max	14 day - 6 months: \$250; 6 months or older: \$10,000
Guarantee Issue Limit - Employee	\$200,000
Guarantee Issue Limit - Spouse	\$30,000

Disability Coverage

If you live in California, you are eligible for Short-Term Disability (STD) benefits through the California State Disability Insurance (CASDI) program. You can learn more at: www.edd.ca.gov/disability/

If you are a OneLegacy employee in a state other than California, the company provides all eligible employees with an STD Plan that pays 60% of your weekly pre-disability base salary, up to \$1,650 per week, for up to 9 weeks of disability.

All eligible OneLegacy employees are covered by a company-paid Long-Term Disability (LTD) Plan. LTD benefits begin if your disability extends beyond 90 days. The LTD Plan provides a benefit equal to 66-2/3% of your pre-disability earnings, up to \$10,000 per month.

Your OneLegacy disability benefits will coordinate with any state disability benefits available, so the maximum benefit won't be higher than the amounts described above. You'll be responsible for filing any claims directly with the carrier or the state. All disability leave requests should be communicated to the Human Resources Department as soon as possible and in compliance with labor laws.



We've Got You Covered

Basic life and AD&D insurance is provided through Lincoln and is 100% paid for by OneLegacy.



Health Advocate offers a unique level of healthcare, insurance and well-being support to help you reach your best health. Our experts will do the work to ensure that you get the right information and assistance at the right time. Our services are completely confidential and available to you, your spouse, dependents, parents and parents-in-law at no cost.

Take the hassle out of healthcare

- Find the right in-network doctors and make appointments
- Facilitate any necessary pre-authorizations and coordinate benefits

Support to navigate your medical, dental and vision insurance

- Address a variety of insurance-related issues to save you time
- Understand how your benefits work and clarify copays and deductibles

Sort through billing and claims issues

- Review medical bills to uncover possible duplicate charges or other errors
- Do the research and make the calls to resolve claims and billing issues

Connect online or through our app

- One-touch calling and quick email contact to talk to a Personal Health Advocate
- Instantly upload relevant documents and forms; view case status



Fetch the best health coverage for your pet through your voluntary benefits package. With two budget-friendly plans plus a \$500 wellness benefit option¹, there's never been a better time to sign up for My Pet Protection[®], available only through your workplace benefits program.


- ✓ Get cash back on eligible vet bills: Choose 50% or 70% reimbursement²
- ✓ Easy to use: Base plans have a \$250 annual deductible and \$7,500 in annual benefits
- ✓ Just for employees: Preferred pricing offered only through your company
- ✓ Use any vet, anywhere: No networks, no pre-approvals

Did you know? Nationwide is the first provider with coverage plans for birds and exotic pets.



- How to use your pet insurance plan**
- 1 Visit any vet, anywhere.
 - 2 Submit claim.
 - 3 Get reimbursed for eligible expenses.

<https://benefits.petinsurance.com/onelegacy> 877-738-7874

 **866-695-8622**
 Email: answers@HealthAdvocate.com
 Web: HealthAdvocate.com/members

HealthAdvocateSM

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[1] Starting on 9/1/23 new members can select the My Pet Protection[®] Wellness500 coverage option, with the earliest effective date of 10/1/23 and forward. Existing members can add My Pet Protection[®] Wellness500 during their respective renewal period only.
 [2] Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2023 Nationwide. 23GRP9316F



Questions?

For more details about any of the benefits or for enrollment information, contact Susan Gomez, HR Benefits Analyst, at (213) 229-5635.

You may also contact the carriers with specific benefit coverage questions.

Benefit	Group ID	Phone	Internet
Medical (Blue Shield of CA) Trio ACO HMO HMO PPO Savings Plus	0W0001714-1000	888-256-1915 Monday-Thursday: 8 am - 5pm Friday: 9am - 5pm	www.blueshieldca.com
Shield Concierge (for Trio HMO members)	N/A	855-829-3566 Monday-Friday: 7 am - 7pm	www.blueshieldca.com
Teladoc	N/A	800-835-2362	www.teladoc.com/BSC
Health Savings Account (HSA Bank)	N/A	800-357-6246	www.hsabank.com
Delta Dental PPO Plan	11103	800-765-6003	www.deltadentalins.com
VSP Vision Plan	108225	800-877-7195	www.vsp.com
Flexible Spending Accounts (FSAs) (PayFlex)	N/A	800-284-4885	www.payflex.com
Employee Assistance Program (EAP) (Empathia, Inc.)	N/A	800-367-7474	www.mylifematters.com
Life and AD&D Insurance (Lincoln)	10259596	800-487-1485 Monday - Friday: 5 am - 3 pm	www.lfg.com
Disability Insurance (Lincoln)	Short Term Disability: 10259597 Long Term Disability: 10259708	800-487-1485 Monday - Friday: 5 am - 3 pm	www.lfg.com
403(b) Retirement Plan (Empower)	N/A	866-467-7756 213-746-6199	www.empower-retirement.com
IdentityWorks (Experian)	N/A	866-274-3891	www.experianidworks.com/blueshieldca
Pet Insurance (Nationwide)	OneLegacy	877-738-7874	www.benefits.petinsurance.com/onelegacy
Health Advocate	OneLegacy	866-695-8622	www.Healthadvocate.com/members

Notes



