





California



BENEFITS ESSENTIALS

2022 Employee Benefits Overview

July 1, 2022 - June 30, 2023



OUR BENEFITS PACKAGE

At Energy Solutions, we truly value the dedication that goes into our work every day. We're proud of our talented employees and understand that our success is due to them. That's why as an Energy Solutions employee, you would have access to a comprehensive, quality benefits package that offers flexibility and security. Please take the time to read and understand this overview so you can gain a better understanding of your options.

Company-paid benefits for which no enrollment is required:

- Life and Accidental Death and Dismemberment (AD&D)
- Long-Term Disability (LTD)
- Life Assistance Plan (EAP)

Benefits that can be selected as a new hire or during the annual Open Enrollment period:

- Medical, Dental and Vision
- Flexible Spending Account (FSA) for Health & Dependent Care
- Health Savings Account (HSA)
- Commuter Benefits transit and parking costs associated with getting to and from work

Eligibility:

Full-time and part-time employees (working a minimum of 20 hours per week) and their eligible dependents.

Eligible dependents include:

- Your spouse or domestic partner
- Child(ren) up to age 26
- Child(ren) of any age if you support the child and he or she is incapable of self-support due to disability

MEDICAL BENEFITS

| Key Features | Core Plan Kaiser CA HMO 30 | Kaiser CA HMO HSA | Buy Up Plan Blue Shield Full PPO 0/20 | | Buy Up Plan Blue Shield Access+ HMO |
|---|----------------------------------|-------------------------------|---|------------------------|---|
| | Must use Kaiser providers | Must use Kaiser providers | In-Network | Out-of-Network | In-Network Only |
| Calendar Year Deductible Individual / Family | None | \$2,800 / \$5,600 | None | \$3,000 / \$6,000 | None |
| Out-of-Pocket Maximum (includes deductible) Individual / Family | \$3,000/\$6,000 | \$2,800 / \$5,600 | \$3,000 / \$6,000 | \$9,000 / \$18,000 | \$3,000 / \$6,000 |
| Lifetime Maximum | No limit | No limit | No limit | | No limit |
| Preventive Care | No charge | No charge | No charge | Not covered | No charge |
| Physician Services Primary Visit / Specialist Visit | \$30 copay | No charge after deductible | \$20 copay | 50% | \$15 copay / \$30 copay |
| Urgent Care Copay | \$30 copay | No charge after deductible | \$20 copay | 50% | \$15 copay |
| Emergency Room Copay (waived if admitted) | \$150 per visit | No charge after deductible | \$150 per visit | \$150 per visit | \$150 per visit |
| Inpatient Hospital (per admission) | \$500 per day | No charge after deductible | \$250 copay | 50% up to \$600/day | \$500/day up to 3 days |
| Lab and X-Ray Services | \$10 copay | No charge after deductible | \$20 copay | 50% up to \$350/day | No charge |
| Complex Imaging (MRI, CT and PET scans) | \$50 copay | No charge after deductible | \$0 copay at ASC \$100 at hospital | 50% | No charge |
| Preso | cription Drugs | | | | |
| RETAIL PRESCRI | PTIONS (30-DAY SUPPLY) | | | | |
| Tier 1/Generic | \$10 | No charge after deductible | \$15 | 25% + \$15 copay | \$10 |
| Tier 2/Preferred Brand | \$30 | No charge after deductible | \$40 | 25% + \$40 copay | \$25 |
| Tier 3 | N/A | N/A | \$70 | 25% + \$70 copay | \$40 |
| Tier 4/Specialty | \$30 | No charge after deductible | 30% up to \$250 max | 25% + \$250 copay | 20% up to \$250 max |
| MAIL-ORDER PRESC | | | | | |
| Tier 1/Generic | \$20 | No charge after deductible | \$45 | Not covered | \$20 |
| Tier 2/Preferred Brand | \$60 | No charge after deductible | \$120 | Not covered | \$50 |
| Tier 3 | N/A | N/A | \$210 | Not covered | \$80 |
| Tier 4/Specialty | N/A | N/A | 30% up to \$750 max | Not covered | 20% up to \$500 max |

¹Out-of-network providers can bill you for any charges not covered by Blue Shield.

² For out-of-network medical services, deductible must be met before coinsurance applies

OUR BENEFITS PACKAGE

DENTAL BENEFITS*

| Delta Dental | Delta PPO/Premier | | |
|--|-------------------|--|--|
| Cal. Year Maximum Benefit | \$1,500 | | |
| Cal. Year Deductible | | | |
| Individual | \$50 | | |
| Family | \$150 | | |
| Dental Plan Benefits | | | |
| Type A - Diagnostic & Preventive | No charge | | |
| Type B - Restorative (Basic) | 20% coinsurance | | |
| Type C - Major | 50% coinsurance | | |
| Type D - Orthodontics (Adult & Child) | 50% coinsurance | | |

VISION BENEFITS*

| Vision Plan Services (VSP) | | | | |
|--|--------------------------------------|--|--|--|
| Eye Examinations | | | | |
| Frame Exam | \$10 | | | |
| Contact Exam | \$10 | | | |
| Frames | | | | |
| Any frame available at provider location | Plan pays up to \$130 | | | |
| Lenses (Standard uncoated | plastic) | | | |
| Single Visions | | | | |
| Bifocals | Covered in full after \$25 copay | | | |
| Trifocals | | | | |
| Contact Lenses | | | | |
| Elective | Plan pays up to \$130 | | | |
| Medically Necessary | Covered in full after copay | | | |
| Frequency | | | | |
| Examinations | Every 12 months | | | |
| Frames | Every 24 months | | | |
| Lenses | Every 12 months | | | |
| Contact Lenses | Covered in lieu of frames and lenses | | | |

^{*}These are in-network benefits only. Please refer to the summary plan document (SPD) for full details, including out-of-network benefits.

BASIC LIFE / AD&D BENEFITS

| NY Life | | |
|-----------------------------------|---|--|
| Employe | - Basic Life Insurance: \$50,000 | |
| е | - AD&D: \$50,000 | |
| Coverag | - Accidental Death & Dismemberment | |
| е | coverage varies based on impact to the body | |
| Coverage paid by Energy Solutions | | |

LONG-TERM DISABILITY (LTD) BENEFITS

| NY Life | | | |
|-----------------------------------|--|--|--|
| Covered Monthly Percentage | 60% | | |
| Maximum Monthly Benefit | \$10,000 | | |
| Waiting Period | 90 days | | |
| Maximum Benefit Period | Benefits continue until you are no longer disabled or until you reach Social Security Normal Retirement Age, whichever comes first | | |
| Coverage paid by Energy Solutions | | | |

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Flexible Spending Accounts allow you to pay for certain qualifying health care and dependent care expenses with pre-tax dollars. The FSAs are offered through iSolved Benefit Services.

Maximum annual employee contributions are as follows:

- Health Care FSA: \$2,850
- Dependent Care FSA: \$5,000, or \$2,500 if married and filing separate tax returns

HEALTH SAVINGS ACCOUNT (HSA)

If you're enrolling in a High Deductible Health Plan (HDHP) such as Kaiser High Deductible HMO plan you may also open a taxadvantaged HSA. An HSA is a bank account that can be used for qualified health care expenses. Each year, the IRS sets limits on how much you can contribute to an HSA. Maximum employee contributions are as follows:

Single: \$3,650Family: \$7,300

Consider Energy Solutions' contributions as well. For 2022, the company contributes \$40 to your HSA account each month.

COMMUTER BENEFITS

Save on parking and transit expenses by using pre-tax money. You can set aside, on a monthly basis, up to:

- \$280 for mass transit (i.e., ferry, subway, train, bus, vanpool)
- \$280 for parking (i.e., to take another mode of transportation to work or for parking at your workplace



CONTACTS

CARRIER CONTACTS

| For Questions About | Carrier/Vendor | Phone Number | Website/Email | |
|---|--|-----------------|---------------------------------|--|
| Medical | Blue Shield (PPO & HMO) | 888-319-5999 | www.blueshieldca.com | |
| Medical | Kaiser (HMO & PPO for non-HMO service areas) | 800-464-4000 | www.kp.org | |
| Health Savings Account (HSA) | Health Equity | 866-346-5800 | www.myhealthequity.com | |
| Dental | Delta Dental | 800-765-6003 | www.deltadentalins.com | |
| Vision | VSP | 800-877-7195 | www.vsp.com | |
| Life/AD&D/LTD | NY Life | 800-225-5695 | www.newyorklife.com | |
| Employee Assistance Program (EAP) | NY Life/Cigna | 800-538-3543 | www.cignalap.com | |
| FSA / Transit | iSolved Benefits | 866-370-3040 | www.isolvedbenefitservice s.com | |
| Additional Assistance | Our Human Resources team is here to answer questions and assist with the benefits needs of you and your family | | | |

LIFE ASSISTANCE PROGRAM (EAP)

The EAP is a confidential counseling and referral service available to you and your family members at no cost through New York Life.

The EAP offers 24/7 telephone access to licensed professionals who can help with concerns regarding marriage and relationships, depression, anxiety, stress, grief, substance abuse, childcare, elder care, work-related issues, and much more.

The EAP may refer you and your family members to a local counselor who can address your concerns in person.

The LAP provides 3 free face-to-face consultations per issue per person each year



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