

# ENERGY SOLUTIONS



## Oregon Region



# 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
- 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 OR HMO	Buy Up Plan Blue Shield Full PPO 0/20	
	In-Network	In-Network	Out-of-Network <sup>1</sup>
<b>Calendar Year Deductible<sup>2</sup></b> Individual / Family	None	None	\$3,000 / \$6,000
<b>Out-of-Pocket Maximum (includes deductible)</b> Individual / Family	\$3,000 / \$6,000	\$3,000 / \$6,000	\$9,000 / \$18,000
<b>Lifetime Maximum</b>	No Limit	No limit	
<b>Preventive Care</b>	No charge	No charge	Not covered
<b>Physician Services</b> (Primary Visit / Specialist Visit)	\$30 copay / \$40 copay	\$20 copay	50%
<b>Urgent Care Copay</b>	\$50 copay	\$20 copay	50%
<b>Emergency Room Copay</b> (waived if admitted)	\$150 per visit	\$150 per visit	\$150 per visit
<b>Inpatient Hospital</b> (per admission)	\$500 per admit	\$250 copay	50% up to \$600/day
<b>Lab and X-Ray Services</b> (provided at lab center)	\$10 copay	\$20 copay	50% up to \$350/day
<b>Complex Imaging (MRI, CT and PET scans)</b>	\$50 copay	\$0 copay at ASC \$100 at hospital	50%
<b>Prescription Drugs</b>			
<b>RETAIL PRESCRIPTIONS (30-DAY SUPPLY)</b>			
<b>Generic / Tier 1</b>	\$15	\$15	25% + \$15 copay
<b>Preferred Brand / Tier 2</b>	\$30	\$40	25% + \$40 copay
<b>Non-Preferred Brand / Tier 3</b>	\$30	\$70	25% + \$70 copay
<b>Specialty / Tier 4</b>	20% up to \$150	30% up to \$250 max	25% + \$250 copay

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

<sup>2</sup> 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	Covered in full after \$25 copay
Bifocals	
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	
Employee Coverage	- Basic Life Insurance: \$50,000 - AD&D: \$50,000 - Accidental Death & Dismemberment 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. When you enroll in the FSA, you will receive a debit card to pay charges (or you can submit claims for reimbursement)

Maximum annual employee contributions are as follows:

- Health Care FSA Maximum Annual Contribution:** \$2,850
- IRS qualified expenses include out-of-pocket medical, dental, vision and prescription expenses for you or your dependents
  - The total amount you choose to contribute to your Health Care FSA is available immediately to pay for expenses
  - You can roll over up to \$570 in unused funds at the end of the plan year

**Dependent Care FSA Maximum Annual Contribution :** \$5,000 (or \$2,500 if married and filing separate tax returns)

- Children under 13 attending daycare
- Elders living with you and listed as dependents on your taxes
- You can spend the funds in your Dependent Care FSA as they are deposited
- Unused funds are forfeited at the end of the plan year

## 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	Kaiser OR HMO	800-813-2000	www.kp.org
Medical	Blue Shield PPO	800-810-2583	www.bcbs.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.isolvedbenefitservices.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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