



BENEFITS ESSENTIALS

2022 Employee Benefits Overview



E&E Co., Ltd.

E&E / Sync / OA Logistics / OA Express
2022-2023 Employee Benefits



E&E / OA / Sync Design

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Important Notice

E&E Co. has made every attempt to ensure the accuracy of the information described in this document. Any discrepancy between this document and the insurance contracts or other legal documents that govern the plans will be resolved according to the insurance contracts and legal documents. This document creates neither an employment agreement of any kind nor a guarantee of continued employment with E&E Co..

This Benefits Guide briefly describes your benefit choices and your options to enroll. All benefits, and your eligibility for benefits, are subject to the terms and conditions of the benefits plans, including group insurance contracts. This guide is not a complete description of the benefit plans, nor is this guide a summary plan description (SPD) or an official plan document. In the event of any conflict or discrepancy between this guide and the plan documents, the plan documents will govern. This guide is not a guarantee of current or future employee benefits.

BENEFITS ESSENTIALS

OPEN ENROLLMENT PERIOD: February 14th to February 23rd, 2022

A GUIDE TO THE E&E EMPLOYEE BENEFITS PROGRAM COVERAGE FOR APRIL 1, 2022 – MARCH 31, 2023

As an E&E employee, you are one of our greatest assets and a most valuable contributor to company growth. Our benefits program provides an important opportunity to reward and recognize the contributions you make every day on behalf of E&E. We are proud to offer you and your family a comprehensive and competitive benefits package designed to help you stay healthy, balance your work and life responsibilities, protect your assets, and plan for a secure financial future.

E&E remains committed to providing the highest value benefits program at the lowest cost – for you and the Company. Together with your efforts to maintain good health and use your benefits wisely, we strive to keep our mutual benefit costs as low as possible.

AN OVERVIEW

Our employees are diverse and so are their needs. That's why the company offers you the flexibility to design a benefits package that fits you, your family, and your lifestyle.

The company offers a variety of benefit programs and services that help you take care of yourself and the people who are important to you. Each year you have the opportunity to choose the health and financial protection benefits that best meets the needs of you and your dependents.

QUESTIONS REGARDING BENEFITS? PLEASE CONTACT EITHER OF THE FOLLOWING TEAMS:

EPIC EMPLOYEE BENEFIT HELP DESK

800-925-4802

EPIC-HELPDESK@EPICBROKERS.COM

E&E CORPORATE BENEFIT TEAM

ERIN.GIANG@JLAHOME.COM

OA LOGISTIC / OA EXPRESS

SONIA.TOLENTINO@OALOGISTICS.COM

OUR BENEFIT HELP DESK SERVICE CAN ASSIST YOU WITH BENEFIT QUESTIONS AND/OR CLAIM RESOLUTION. Privacy Plan regulations severely restrict an employer's ability to discuss medical issues directly with associates or to represent them in claim resolution, so we utilize a Help Desk service through EPIC (our benefit consultants). Unlike a "call center," the Benefit Help Desk is staffed by experienced Benefit Specialists dedicated to our account and trained on our benefit programs. The Benefit Help Desk can assist you with your questions or claim resolution for the E&E benefit programs.

You can change your coverage during the year if you experience a "Qualified Family Status Change," including, but not limited to: marriage/ domestic partnership, divorce, birth/adoption of a child and death of a spouse/child.

BENEFITS ELIGIBILITY

ELIGIBILITY

If you are a regular full-time employee, working at least 30 hours per week, you & any of your dependents (as defined below) are eligible to participate in the benefits program which begins the first of the month following 60 days from your date of hire (or on first of month if that date coincides with 60 days after date of hire).

- Your spouse (opposite or same gender) or registered domestic partner¹
- Your dependent children under age 26
- Your unmarried dependent children who are age 26 or older and mentally or physically disabled

COVERAGE LEVELS

You may select from the following levels of coverage when you enroll in the health care plans:

- Employee Only
- Employee + Spouse/Domestic Partner
- Employee + Child(ren)
- Employee + Family

DEFINITION OF CHILD COVERAGE:

Children include your children, your stepchildren, children covered under a child support order, your adopted children, children placed with you for adoption, and your domestic partner's children who are dependent upon you for support. Dependent children must be dependent on you for over one-half of their support during the calendar year.

PROOF OF DEPENDENT ELIGIBILITY:

You may be required to provide proof of eligibility for your dependents. Note that attempting to enroll an ineligible dependent could lead to discipline and possible termination of employment. If your dependent becomes ineligible for coverage during the year, you must immediately contact your HR rep. within 30 days. Failure to provide notification may lead to discipline and possible termination of employment.

COST OF COVERAGE

E&E Co will continue to pay 100% of the premium cost for your coverage in our benefits. Employees will be required to pay the cost of the benefit plans that you elect for your dependents. You will also pay the cost difference between the Kaiser Standard Plan and the Kaiser Buy-up Plan. Please review your company Payroll Deduction Form to understand what you will need to pay via your payroll deductions.

You can change your coverage during the year if you experience a "Qualified Family Status Change," including, but not limited to: marriage/ domestic partnership, divorce, birth/adoption of a child and death of a spouse/child.

Please note: Evidence of insurability may be required for dependents if you enroll after your initial eligibility period.

¹ Due to federal and state tax regulations, benefits provided to domestic partners are generally taxable and therefore deducted from your pay on an after-tax basis. Additionally, any premium contributions made by E&E Co. on behalf of your domestic partner are generally considered taxable income to you. Contact HR if you believe your domestic partner is exempt from federal or state taxes.

BENEFITS ELIGIBILITY

CHANGE IN STATUS

THE FOLLOWING EVENTS SHALL CONSTITUTE A CHANGE IN STATUS:

- **Special Open Enrollment Rights.** The exercise of enrollment rights provided for in IRC Section 9801(f) and corresponding regulations.
- **Legal Marital Status.** Events that change employee's legal marital status, including marriage, death of employee's spouse, divorce, legal separation and annulment.
- **Number of Dependents.** Events that change the number of employee's dependents, including following birth, death, adoption and placement for adoption.
- **Employment Status.** Events that change the employment status of the employee, the employee's spouse, or the employee's dependent including a termination or commencement of employment, a strike or lockout, a commencement of or return from an unpaid leave of absence, a change in worksite or a change in employment status with consequence that the individual becomes (or ceases to be) eligible under the plan.
- **Dependent Satisfies or Ceases to Satisfy Eligibility Requirements.** Events that cause an employee's dependent to satisfy or cease to satisfy eligibility requirements for coverage on account of attainment of age or any similar circumstance.
- **Residence.** A change in the place of residence of the employee, spouse or dependent.
- **Judgment, Decree or Order.** Compliance with a judgment, decree, or order resulting from a divorce, legal separation, annulment, or change of custody including a qualified medical child support order.
- **Entitlement to Medicare or Medicaid.** Upon becoming entitled to Medicare or Medicaid or the loss of such entitlement.
- **Change in Coverage of Spouse or Dependent Under Other Employer's Plan.** A change under the plan of the spouse's former, spouse's or dependent's employer if:
 - a cafeteria plan or qualified benefit plan of the spouse's, former spouse's, or dependent's employer permits its participants to make an election change that would be permitted under these Change in Status rules; or,
 - the cafeteria plan permits participants to make an election for a period of coverage that is different from the period of coverage under the cafeteria plan or qualified benefits plan of the spouse's, former spouse's, or dependent's employer.
- **Dependent Care.** In the case of dependent care assistance plan only, if there is a cost change imposed by a Dependent Care Service Provider who is not a relative of the employee.

Any changes to your health care plan elections must be made within 30 days of your qualifying event. Changes must also be related to your family status change. For example, if you have a baby, you may enroll your child in the medical plan but you may not drop your spouse from the plan. Additional documentation will be required for employees and/or dependents electing coverage at times other than their initial eligibility date or the annual open enrollment period.

MEDICAL & PRESCRIPTION DRUG BENEFITS

MEDICAL PLANS

The benefits program includes the following medical plans:

- UHC PPO
- Kaiser HMO Standard Plan Option
- Kaiser HMO Buy-up Plan Option
 - If you elect the Kaiser Buy-up Plan - You will pay the increased cost difference from the cost of the Kaiser Standard Plan. Please review your company Payroll Deduction Form for the actual cost.

Each plan provides comprehensive, high-quality healthcare. The plans differ in the way they manage your care and structure out-of-pocket expenses.

UHC PPO

If you enroll in the UHC PPO plan, you may receive care from any provider — but when you stay in network, you'll likely pay less for care. When you visit a non-network provider, UHC will pay for usual and customary expenses, but you will be responsible for the balance.

HOW TO OBTAIN INFORMATION BEFORE YOU ARE ENROLLED:

Go to www.whyuhc.com/eandeca (CA employees) or www.whyuhc.com/eande (for non-CA employees)

- **LOCATE Network Doctor** – Select “Search for a Provider” from the top banner and follow prompts.
- **LOOK UP PHARMACY BENEFITS** – Select “Your Plan Options” from the top banner, then Pharmacy Benefits. Scroll down and click on “View PDL” to look up coverage for your prescriptions on the Access 3-Tier Prescription Drug List (PDL). Medications are placed in tiers that represent what you'll pay, making it easier for you and your doctor to find options to help you save money.
- **REVIEW YOUR MEDICAL BENEFITS** - Select “Your Plan Options” from the top banner, then Health Plans. Access a copy of your benefit summary by clicking “View full benefits PDF” at the top right or scroll down for additional information about your medical plan.

You can also learn about wellness resources and incentives, virtual visits, UnitedHealthcare App features and explore additional resources available to you with the E&E UHC plans.

Access your plan online, once you are enrolled at myuhc.com

With myuhc.com[®], you've got a personalized health hub to help you find a doctor, access virtual visits, earn wellness incentives, manage your claims and prescriptions, estimate costs and more.

Get on-the-go access with the UHC App

When you're out and about, the UnitedHealthcare[®] app puts your health plan at your fingertips.

Download to find nearby care, video chat with a doctor 24/7, access your health plan ID card and more.

KAISER PERMANENTE HEALTH MAINTENANCE ORGANIZATION (HMO) – CALIFORNIA ONLY

If you enroll in the Kaiser HMO, you have the convenience of having all of your health care needs under one roof. Primary Care Physicians give routine services and refer you to other providers within the Kaiser network when you need to see a specialist or be hospitalized.

You must receive care from providers within Kaiser's network. Kaiser will not pay for non-emergency services you receive from a non-Kaiser provider or without an authorized referral from Kaiser. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Kaiser Member services at 1-800-464-4000 or **you can go online to → www.kp.org/mydoctor**.

MEDICAL & PRESCRIPTION DRUG BENEFITS

UHC PPO Medical Summary

The deductibles, copays and coinsurance percentages below indicate the amounts for which you are responsible.

		UHC PPO	
		In-Network	Out-of-Network
Group Number		927332	
Member Services		(833) 748-2402	(833) 748-2402
Website		www.myuhc.com	www.myuhc.com
Physician Choice		Select Plus (CA) / Choice Plus (Non-CA)	N / A
Lifetime Maximum		Unlimited	Unlimited
Calendar Year Deductible		\$1,000 – Individual \$2,000 – Family	\$3,000 – Individual \$6,000 – Family
All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount. You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.			
Calendar Year Out-of-Pocket (OOP) Maximum		\$5,000 – Individual \$10,000 – Family	\$15,000 – Individual \$30,000 – Family
All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount. Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year.			
		YOU PAY	YOU PAY
Physician Office Visits		\$25/visit PCP / \$50 Specialist (deductible waived)	50% after deductible
Diagnostic X-ray & Lab		Preferred Lab – NO cost for lab testing 20% (deductible waived)	Lab – no coverage 50% after deductible
Preventive Care		No charge	Not Covered
Maternity Office Visit		No charge	50% coinsurance
Complex X-ray & Lab (MRI,CT)		20% after deductible	50% after deductible
Hospital Services			
* Room & Board		20% after deductible	50% after deductible
Ambulatory Surgical Center		20% after deductible	50% after deductible
Emergency Care			
* Emergency Room		20% after deductible	20% after deductible
* Ground Ambulance		20% after deductible	20% after deductible
Mental Health & Substance Abuse			
* Outpatient		\$25 copay	50% after deductible
* Inpatient		20% after deductible	50% after deductible
Physical & Occupational Therapy			
& Chiropractic Care – limited to 24 visits		\$25 copay	N / A
* Tier 1		\$10	\$10*
* Tier 2		\$35	\$35*
* Tier 3		\$60	\$60*
* Mail Order		\$25 / \$87.50 / \$150	Not Covered

*if you use an out of network pharmacy (including a mail order pharmacy), you may be responsible for any amount over the allowed amount

UNITEDHEALTHCARE EAP

Please note that these programs are exclusive to UHC medical enrollees only

Resources | Employee Assistance Program

When life gets challenging, you've got caring, confidential help.

If you need guidance navigating mental health, financial or legal concerns, take advantage of the Employee Assistance Program (EAP) for 24/7 support—at no extra cost.



One call puts you in touch with a clinician, counselor, mediator, lawyer or financial adviser who could help change your life for the better.

It's good to know you're not alone.

Reaching out to an EAP consultant is a good first step. They're trained to understand your concerns so they can connect you with the consultant or service best able to help you:

- Address depression, anxiety or substance use issues.
- Improve relationships at home or work.
- Manage stress.
- Work through emotional issues or grief.
- Assistance with legal and financial concerns.



Call the member phone number on your health plan ID card and ask to speak to an EAP consultant.
Or, contact EAP directly 24/7 at 1-888-887-4114.

UNITEDHEALTHCARE (UHC) PROGRAMS

Please note that these programs are exclusive to UHC medical enrollees only

IN THIS UNCERTAIN TIME, YOU'RE NOT ALONE.

Sanvello App

Access clinically tested techniques, coping tools and community support to help dial down possible symptoms of stress, anxiety and depression — anytime. The Sanvello™ app gives you premium access at no cost, plus ways to relax, be present and stay focused, right at your fingertips.

Download the free Sanvello app.

Behavioral Health Visits

Using behavioral health virtual visits, you can talk confidentially to a psychiatrist or therapist without leaving your home. These providers can evaluate and treat general mental health conditions such as depression and anxiety and, when appropriate, prescribe medications.* For eligible members, this may be available at no cost to you.

To schedule an appointment:

- Sign in to [liveandworkwell.com](https://www.liveandworkwell.com).
- Select **Find a Resource > virtual visits**.
- Choose **Get Started**. You can schedule an appointment online or by phone.

SIMPLY ENGAGED

With SimplyEngaged, you can get rewarded for taking healthier actions. Earn up to \$200* for completing health and wellness activities.

Here's how SimplyEngaged works

Through Rally® on myuhc.com, you can access the SimplyEngaged® health and wellness activities available to you. For each Health Action you complete, you'll earn Rally Coins,** which you can redeem for rewards. Plus, you can earn financial incentives. Rally's digital experience gives you one place to track your activities and rewards. To get started, go to myuhc.com® > Health Resources > Rally.

REAL APPEAL®

Real Appeal® is an online weight loss program that provides personal coaching to help you and eligible family members lose weight and keep it off, at no additional cost. Get support to help reach your goals; 1-on-1 coaching, \$0 out-of-pocket, and success kit including scales, recipes, fitness equipment, and more delivered to your door.

Learn more and start today at success.realappeal.com.

APPLE FITNESS+ (APPLE WATCH REQUIRED)

UnitedHealthcare is committed to providing a variety of health and wellness options, which is why we've added 12 months of Apple Fitness+ to your health plan — at no additional cost. Get ready for a different type of fitness experience with welcoming trainers who work hard to help bring out the best in you. Get started at uhc.com/apple-fitness-plus*

THE PELOTON APP

Your health plan benefits include a 1-year Peloton App Membership — available to you at no additional cost. Start your membership today for access to everything the Peloton App offers, including thousands of live and on-demand fitness classes — from cardio and HIIT to strength training and yoga. Get in on the app — a value of \$155. You and each covered family member* can enjoy this benefit at no additional cost — just for being a UnitedHealthcare member.**

To get started sign in to myuhc.com/peloton then go to Coverage & Benefits to get your access code.



Simply Engaged *Earnings are per person and include covered spouse or domestic partner. **Rally Coins can be earned under Rally Health. A reward can only be earned once per incentive year per health action, with the exception of the Fitness Action, up to the maximum incentive amount. Rally Coins may be used to enter sweepstakes for additional rewards.

Peloton App *Available to applicable UnitedHealthcare plans for fully insured customers who register for an account with Peloton. UnitedHealthcare members that own a Peloton Bike or Tread can receive equivalent value (\$155) to be credited to an All-Access Membership. Credit to All-Access Membership limited to 1 per family. **Must be 18+ years of age and covered under applicable UnitedHealthcare health plan. Peloton offers its services directly to consumers pursuant to an agreement between Peloton and the consumer.

Centers for Disease Control and Prevention. "Physical Activity." cdc.gov/physical-activity/about-physical-activity/why-it-matters.html. Accessed August 2020. Peloton Investor & Analyst Session, Sept. 15, 2020. Peloton analysis among connected fitness members and includes all types of workouts (bike, treadmill, app), April–June 2020. App Store average rating as of April 7, 2021.

The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult with appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. The value of the application may be taxable. You should consult with an appropriate tax professional to determine if you have any tax obligations from having access to this application at no additional cost.

App Store is a registered trademark of Apple Inc. Google Play is a registered trademark of Google LLC.

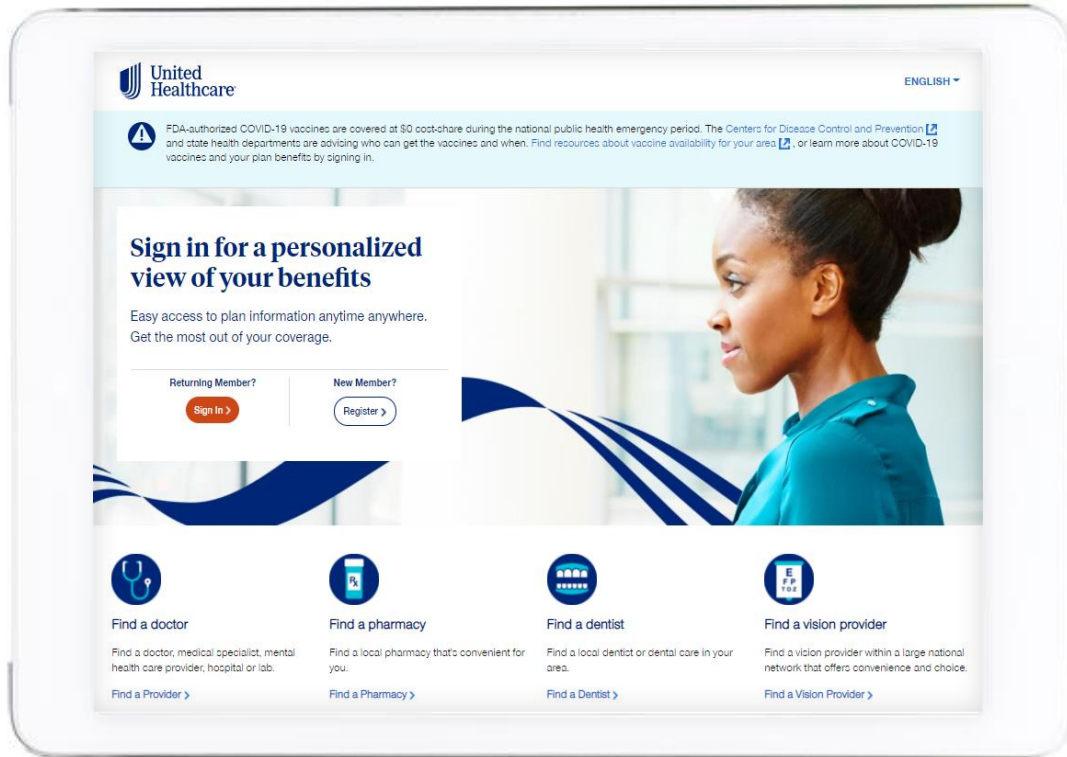
Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

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UNITEDHEALTHCARE (UHC) MEDICAL

Manage your plan and health online (and on the go)

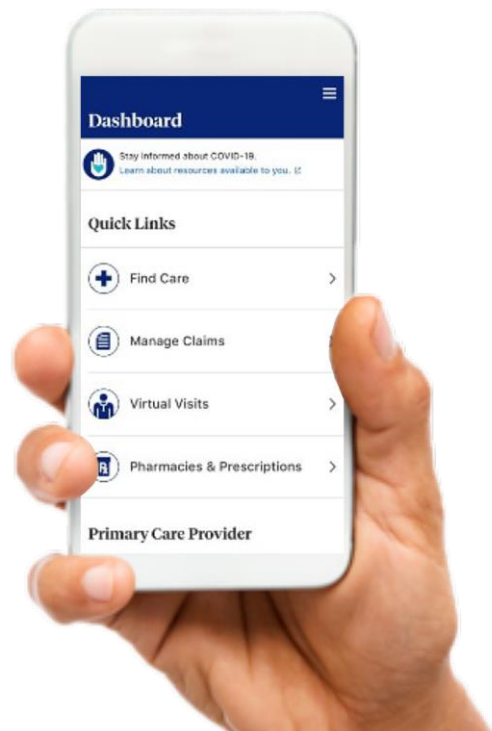
myuhc.com[®]



Rally[®] Wellness on myuhc.com



UnitedHealthcare[®] app

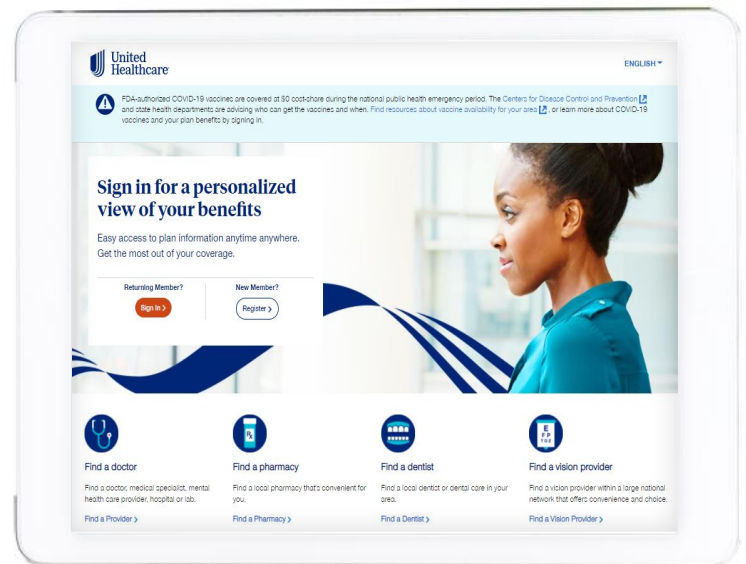


UNITEDHEALTHCARE (UHC) MEDICAL

Activate your myuhc.com® account after enrolling and gain access to:

- Find network providers and locations
- See what's covered
- View claim details
- Check plan balances
- Access Virtual Visits
- Find and estimate costs
- Find and compare medications
- Refill, renew, and transfer home delivery prescriptions
- Access 12-month Peloton Digital & Apple Fitness Membership activation codes

myuhc.com



See a doctor 24/7

With 24/7 Virtual Visits, you can connect to a doctor by phone or video* through myuhc.com® or the UnitedHealthcare® app.

May be used for common health conditions and you can even get a prescription**

- Allergies • Pinkeye • Sore throat • Bronchitis • Rashes • And more

Telehealth Visits with Your Doctor***

- Stay connected with your local doctor through live audio/video chat
- Can be used for routine, chronic, or follow-up care

* Data rates may apply.

** Certain prescriptions may not be available, and other restrictions may apply.

*** Not available with all providers.

UNITEDHEALTHCARE (UHC) PRESCRIPTIONS

Easily fill and save on your medications



Save when you use a network pharmacy



Understand your coverage limits



Discover home delivery for maintenance meds

Access thousands of retail pharmacies nationwide



67K+



How prescriptions are covered

The UnitedHealthcare **Prescription Drug List (PDL)** is a list of commonly prescribed medications covered by the plan. Medications are placed into tiers that represent the cost you pay out of pocket.

Value		Cost
Tier 1	<ul style="list-style-type: none">• Lower-cost medications• Highest overall value• All generics	
	Tier 2	
	<ul style="list-style-type: none">• Mid-range cost• Good overall value• Mostly preferred brands	
		Tier 3
		<ul style="list-style-type: none">• Higher-cost medications• Lowest overall value• Mostly non-preferred brands

MEDICAL & PRESCRIPTION DRUG BENEFITS

The information below is a summary of coverage only. For more information about each plan, see the attached detailed plan summaries.

Kaiser Medical Plans Summary – California Only


The deductibles, copays and coinsurance percentages below indicate the amounts for which you are responsible.

	Kaiser HMO STANDARD Option In-Network Only CA Only	Kaiser HMO BUY-UP Option In-Network Only CA Only
Group Number	604088 – 0001, 0003, 0005	604088 – 0000, 0002, 0004
Member Services	(800) 464-4000	(800) 464-4000
Website	www.kp.org	www.kp.org
Physician Choice	Kaiser Physician	Kaiser Physician
Lifetime Maximum	Unlimited	Unlimited
Calendar Year Deductible	\$2,500 – Individual \$5,000 – Family	\$1,000 – Individual \$2,000 – Family
Calendar Year Out-of-Pocket (OOP) Maximum	\$5,000 – Individual \$10,000 – Family	\$3,000 – Individual \$6,000 – Family
	YOU PAY	YOU PAY
Physician Office Visits	\$40 copay (deductible does not apply)	\$20 copay (deductible does not apply)
Diagnostic X-ray & Lab	\$10 copay after deductible	\$10 copay after deductible
Preventive Care ¹	No copay	No copay
Maternity Office Visit	No copay	No copay
Complex X-ray & Lab (MRI,CT)	\$50 per procedure after deductible	\$50 per procedure after deductible
Hospital Services		
• Room & Board	30% after deductible	20% after deductible
Ambulatory Surgical Center	30% after deductible	20% after deductible
Emergency Care		
• Emergency Room	30% after deductible	20% after deductible
• Ground Ambulance	\$150 per trip after deductible	\$150 per trip after deductible
Mental Health & Substance Abuse		
• Outpatient	\$40 per visit (deductible does not apply)	\$20 per visit (deductible does not apply)
• Inpatient	30% after deductible	20% after deductible
Physical & Occupational Therapy	\$40 per visit after deductible	\$20 per visit after deductible
Chiropractic Care	Not Covered	Not Covered
Prescription Drugs	Deductible Does Not Apply to Prescription Drugs	Deductible Does Not Apply to Prescription Drugs
• Tier 1	Generic: \$10 copay (30 day supply)	Generic: \$10 copay (30 day supply)
• Tier 2	Brand: \$30 copay (30 day supply)	Brand: \$30 copay (30 day supply)
• Tier 3	Specialty Drugs: 20% up to \$150 up to a 30 day supply	Specialty Drugs: 20% up to \$150 up to a 30 day supply
• Mail Order	\$20 / \$60 (100 day supply)	\$20 / \$60 (100 day supply)

KAISER MEDICAL

My Health Manager

My health manager		Health & wellness	Shop health plans	Locate our services	
New members: Get started	My medical record	Pharmacy center	Appointment center	My coverage & costs	My message center



My Health Manager

My message center

Email your doctor's office with routine questions securely and conveniently. You can also contact Member Services and our Web manager.

Appointment center

Ebola alert: If you have traveled to West Africa in the last 30 days, or have had exposure to a known Ebola patient, please **do not** use this system to book an appointment. Our staff is available 24/7 to guide you to the best care. [Find phone numbers in your area](#) to call or for more information.

You can schedule appointments online, quickly and conveniently. You can also view or cancel upcoming appointments, or view past visits in our [Appointment center](#).

My medical record

View test results, immunizations, health reminders, and more in [My medical record](#). Use [Act for a Family Member](#) to manage your family's health.

My coverage and costs

Get the facts about your plan and benefits, download forms, [pay medical bills](#), and more in [my coverage and costs](#).

New members: Get started

Welcome! Use this [handy to-do list](#) to access our online health tools. Then take a [Total Health Assessment](#) to start making healthy changes.

Pharmacy center

You can manage your prescriptions here, or learn about specific medications in our [drug encyclopedia](#).

kp.org/mydoctor/video

ENJOY THE CONVENIENCE OF A VIDEO VISIT



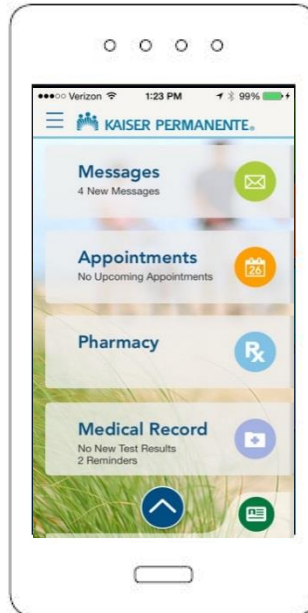
To participate in a Video Visit you will need a computer with:

- High speed internet connection
- Adobe Flash Player. (Most computers already have Adobe Flash Player.)
- Webcam or built-in camera. (Skype and other video chat programs use the same camera setup.)

KAISER MOBILE APPLICATIONS

GOOD HEALTH
IS IN YOUR HANDS

KAISER PERMANENTE 



Use the convenient features of My Health Manager right from your smartphone or other mobile device.

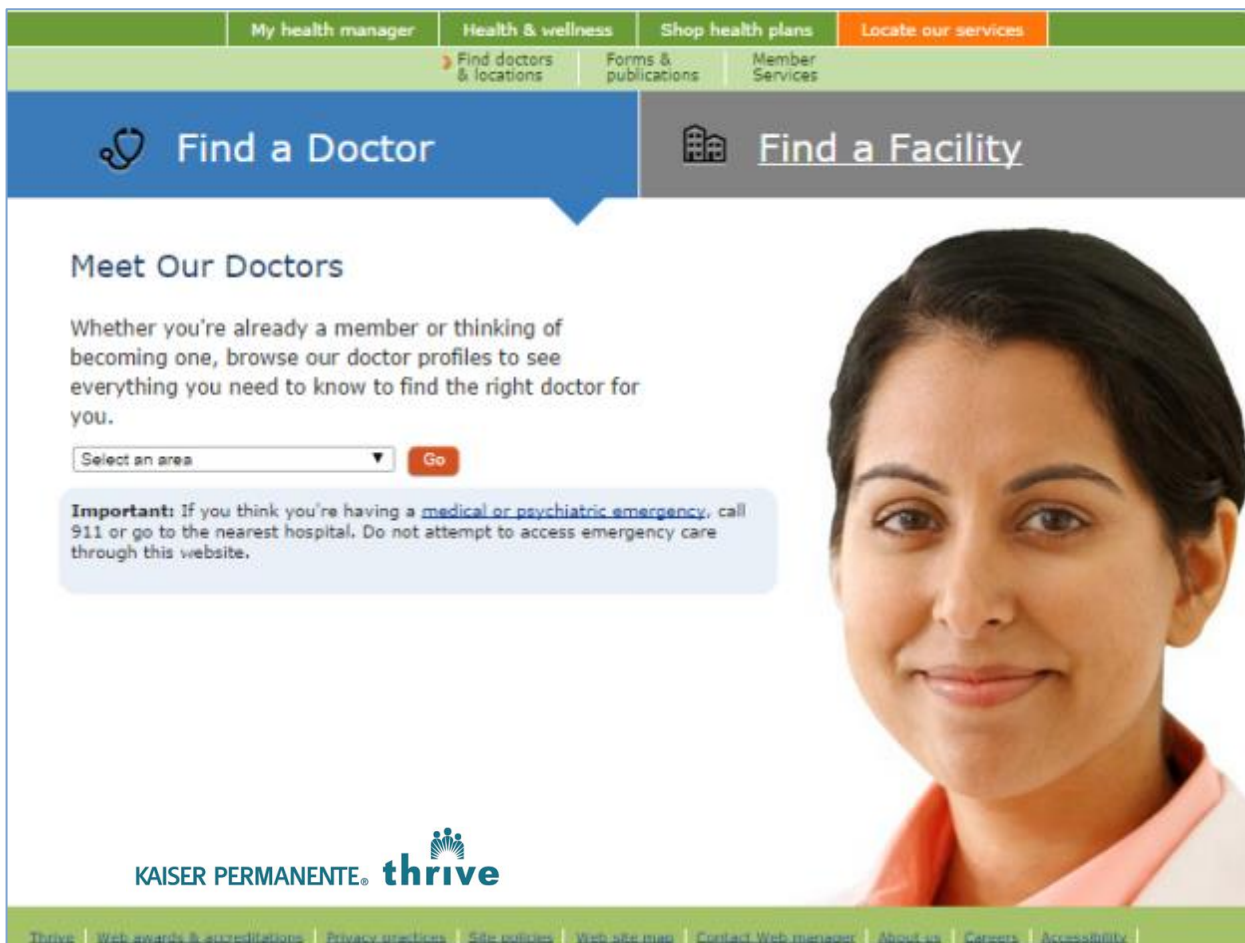
- ▶ Email your doctor's office
- ▶ View most test results
- ▶ Schedule or cancel routine appointments
- ▶ Refill most prescriptions
- ▶ View past visits

Just download the Kaiser Permanente app at no cost from your preferred app site.



Are you registered? If you're already registered on kp.org, you're all set to start using your Kaiser Permanente app. If not, you'll need to go to kp.org/registernow to set up your account from a computer. Then use your new user ID and password to activate the app.

Choose Your Own Doctor



The screenshot shows the website's navigation bar with options: My health manager, Health & wellness, Shop health plans, and Locate our services. Below this is a sub-navigation bar with Find doctors & locations, Forms & publications, and Member Services. The main content area features a large blue button labeled 'Find a Doctor' and a grey button labeled 'Find a Facility'. Under 'Find a Doctor', there is a section titled 'Meet Our Doctors' with a paragraph: 'Whether you're already a member or thinking of becoming one, browse our doctor profiles to see everything you need to know to find the right doctor for you.' Below this is a search input field with a dropdown arrow and a 'Go' button. An important notice in a light blue box states: 'Important: If you think you're having a [medical or psychiatric emergency](#), call 911 or go to the nearest hospital. Do not attempt to access emergency care through this website.' On the right side of the page is a portrait of a woman in a white lab coat. At the bottom, the Kaiser Permanente thrive logo is displayed, followed by a footer with links: Thrive, Web awards & accreditations, Privacy notices, Site notices, Web site map, Contact Web manager, About us, Careers, and Accessibility.

UHC DENTAL BENEFITS

Dental benefits are available to you and your dependents and are provided through UnitedHealthcare (UHC). The dental plan features a network of dentists and specialists who provide services at a discounted rate. Because of this, when you elect an in-network dentist, you will save money.

The information below is a summary of coverage only. For more information about each plan, view the attached detailed plan summaries.

Dental Plans Summary

The deductibles, copays and coinsurance percentages below indicate the amounts for which you are responsible.

UHC Dental PPO / Policy #927332

Member Services: 800-445-9090

Website: www.myuhc.com

When you enroll in the UHC dental plan, you may receive care from any provider. However, when you visit an UHC network PPO dentist, you will pay less out-of-pocket than if you choose to obtain services from non-network providers. UHC has negotiated lower rates with network providers. Non-network providers can charge higher amounts for the same services, which will increase your out-of-pocket expenses. If services are obtained from non-network providers, the non-network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by a network provider. For a complete list of amounts, please refer to your Certificate of Coverage. The contracted rates with network providers are always lower than those charged by non-network providers, which allows you to receive more treatment before reaching your annual maximum benefit. For more information, including the network provider directory, visit their website at www.myuhc.com. You can register or, to search without registering, go to www.whyuhc.com/eandeca (for CA) or www.whyuhc.com/eande (Non CA) and click on "Search for a Provider" at the top of the page. Click on "Dental Providers" then choose how you would like to search for a Dentist, either Location, Dentist Name, or Practice Name, fill in further location information. Then click on "Search."

	PPO	
	In-Network	Non-Network ¹
Choice of Dentist	UHC PPO Dentist	Non-Network Dentist
Calendar Year Maximum	\$1,500 (maximum plan will pay out)	
Calendar Year Deductible	\$50 – Individual / \$150 – Family	
	YOU PAY	
Diagnostic & Preventive Services Examinations, X-rays, Cleanings	Deductible waived for preventive services	
	No copay	No copay
Basic Services Fillings, Extractions, Endodontics, Periodontics	10% after deductible	10% after deductible
Major Services Crowns, Dentures, Bridges	60% after deductible	60% after deductible
Orthodontia (Child Only up to 19)	50%, up to a \$1,500 Lifetime Maximum	

(1) UHC pays out-of-network dentists based on the MAXIMUM ALLOWED AMOUNTS limits. The patient is responsible for any charges over the maximum allowed amounts.

UHC VISION BENEFITS

You and your dependents have access to vision coverage through UnitedHealthcare (UHC) Vision Network. For more information about your vision coverage, view the attached detailed plan summary.

Vision Plans Summary

The deductibles, copays and coinsurance percentages below indicate the amounts for which you are responsible.

UHC Vision/ Policy # 927332

Member Services: 800-638-3120

Website: www.myuhcvision.com

You may receive care from any provider; however, UHC pays for eligible expenses at a higher level when you visit a UHC vision network provider. When you visit a non-network provider, you will typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim with your itemized receipt to UHC for reimbursement up to the plan allowance for out of network care. For more information, including the network provider directory, visit their website at www.myuhcvision.com. You can register or, to search without registering, go to www.whyuhc.com/eandeca (for CA) or www.whyuhc.com/eande (non CA) and click on “Search for a Provider” at the top of the page. Click “Vision Providers” then choose how you would like to search for a provider using prompts at the left side of the screen.

FEATURES	In Network	Out of Network
	<u>YOU PAY</u>	<u>REIMBURSEMENT ALLOWANCE</u>
Copayment for Exams & Glasses	\$25 (exams) / \$25 (materials)	\$40 (exams) / look below for glasses info
Examination (every 12 months)	\$25 copay	n/a
Lenses (every 12 months)		
– Single Vision	Covered in full	Up to \$35
– Lined Bifocal	Covered in full	Up to \$49
– Lined Trifocal	Covered in full	Up to \$74
Frames (every 12 months)	Plan pays up to \$130, then 20% off any remaining balance	Up to \$50
Contact Lenses (in lieu of lenses & frames, every 12 months)	Elective – Plan pays up to \$130 Medically Necessary – No copay	Elective – Up to \$105 Medically Necessary – Up to \$250

UHC LIFE AND AD&D BENEFITS

FINANCIAL PROTECTION BENEFITS

Life Insurance and Accidental Death and Dismemberment (AD&D)

Basic Life and AD&D

In addition to medical, dental and vision benefits, E&E Co. also provides eligible employees with Basic Life and AD&D coverage. Please refer to the summary plan description (SPD).

E&E Co. provides the following life insurance benefits at no cost to you:

- \$50,000 Basic Life Insurance
- \$50,000 Accidental Death and Dismemberment (AD&D)
- Benefits reduce to 65% (\$32,500) at age 65 and to 50% (\$25,000) at age 70

24/7 support services at no additional cost



Member services

- Will and trust preparation
- Travel assistance
- Secure website with resources available



Beneficiary services

- Grief support*
- Financial and legal support**
- Wealth management account



Beneficiary Companion

- Guidance services
- Social media shut-down
- Fraud resolution

* There is no charge for referrals or for seeing a clinician within our network for up to 2 visits per issue.

** There is no cost for the initial consultation. Subsequent assistance is available for a 25 percent discount. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare, its affiliates or any entity through which the caller is receiving services directly or indirectly.

Terms and availability of value-added services are subject to change. There may be an additional charge for certain financial services and will and trust preparation. Value-added services may not be available in all states. Please see plan documents for details on the services available with your plan.

EMPLOYEE PAYROLL DEDUCTION AND WAIVER FORM

YOU MUST COMPLETE THE PAYROLL DEDUCTION FORM IF YOU SAY YES TO ANY OF THE FOLLOWING QUESTIONS:

1. Do you have dependents enrolled in any of the benefit plans?
2. Are you enrolling your dependents this year?
3. Are you enrolled or enrolling into the Kaiser Buy-up Plan?
 - a. Kaiser Buy-up Plan – ALL enrolled employees must complete a new payroll deduction form every year.

You DO NOT need to complete the Payroll Deduction form *If you are only enrolling YOURSELF* into the UHC Medical, Kaiser Standard Plan, UHC Dental and UHC Vision.

WAIVING COVERAGE

If you are waiving the coverage, please complete the ‘UHC Enrollment / Change Form’ to decline or waive your coverage.

UHC AND KAISER ENROLLMENT FORMS

YOU MUST COMPLETE THE UHC OR KAISER ENROLLMENT FORM IF YOU SAY YES TO ANY OF THE FOLLOWING QUESTIONS:

1. Are you making enrollment changes?
2. Are you adding or deleting dependents from your plans?
3. Are you changing medical plans? UHC to Kaiser or Kaiser to UHC?
4. Are you electing coverage that is a new plan for you?
5. Do you want to switch from one Kaiser plan to the other Kaiser plan?
 - a. Please complete the Kaiser Change Form

You DO NOT need to complete an enrollment form if you are not changing any of your benefits.

NEXT STEPS

Waiving Medical, Dental and Vision Plan? Complete the 'UHC Enrollment/Change Form' to decline or waive your coverage and submit to HR.

Medical, Dental and Vision Plans: If you want to enroll or add/delete dependents, now is the time to do so. Please complete the Kaiser or UHC Enrollment/Change Form and submit them to Human Resources. Also, you must submit the Payroll Deduction form to HR if you have family coverage or enrolled in the Kaiser Buy-up option plan.

Life and AD&D: Please make sure your beneficiary information is up-to-date. We are requiring all employees complete the life and add beneficiary form to update our new carrier and the company.

New Payroll Deductions will be effective after April 1, 2022.

**IF YOU HAVE ANY QUESTIONS EMAIL ERIN GIANG
EMAIL: Erin.Giang@jlahome.com**

**FOR OA LOGISTICS /OA EXPRESS, EMAIL SONIA TOLENTINO
EMAIL: Sonia.Tolentino@Oalogistics.com**

**ALL ENROLLMENT & CHANGES ARE DUE IMMEDIATELY
YOU MUST SUBMIT YOUR FORMS NO LATER THAN FEBRUARY 23RD.
ALL CHANGES WILL BE EFFECTIVE ON APRIL 1, 2022**

KEY CONTACTS FOR MORE INFORMATION

For Questions About	Call	Website	Policy #
UHC	(833) 748-2402	www.myuhc.com	927332
Kaiser	(800) 464-4000	www.kp.org	604088
Dental	(800) 445-9090	www.myuhc.com	927332
Vision	(800) 638-3120	www.myuhc.com	927332
Life Insurance	(888) 299-2070	www.myuhc.com Email: FPCustomersupport@uhc.com	306859
General Questions			
EPIC Help Desk	(800) 925-4802	Email: epic-helpdesk@epicbrokers.com	
Corporate Benefits Team		Benefits@jlahome.com	
Erin Giang	(510) 490-9788 ext. 328	Erin.Giang@jlahome.com	
Sonia Tolentino	(530) 669-5991 ext. 143	Sonia.Tolentino@oalogistics.com	



E&E Co., Ltd.

Please note: Evidence of insurability may be required for dependents if you enroll after your initial eligibility period.

Prepared By



Insurance Brokers &
Consultants