

Explore Your Coverage

2023 Employee Benefit Guide



MAINLAND NON-UNION EMPLOYEES

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Welcome to Your 2023 Benefits!

At The Pasha Group, our company is built on the exceptional work you do and the passion you bring each day.

In recognition of your hard work and dedication, we offer competitive benefits and resources to help you live the best life possible. Our benefits are designed to enhance your overall health at an affordable cost. We understand that with all the ups and downs in life, you need support to navigate every stage.

As you are aware, health care costs continue to rise. The Pasha Group continues to evaluate and balance the rising cost of health care while providing our employees with a variety of benefit options. We encourage you to review your benefits program carefully and consider the changes that are coming in 2022.

As with everything that we do, our Benefits team relies on our company's core values of excellence, honesty, integrity, and teamwork to design a quality, comprehensive program. After all, it's because of you that The Pasha Group is an exceptional business.



THIS GUIDE IS CLICKABLE



This guide is designed to give you quick access to your benefits information:

- Use the top menu to go directly to a chapter within this guide
- Use the buttons in the bottom corner to move one page forward or backwards

This guide provides an overview of the benefits program. It is not intended to be a complete description of the benefits or official summary plan descriptions for these programs. If there is a conflict between this guide and the official plan documents, the plan documents will govern. The Pasha Group reserves the right to modify or terminate any of the described benefits at any time and for any reason. The descriptions of these benefits are not a guarantee of current or future employment or benefits. For information about the specific plans available to you, please contact The Benefits Team.

Eligibility

As an active, regular fulltime employee, you are eligible for benefits on the first of the month following one month of employment. You may enroll your eligible dependents in many of the same plans you choose for yourself.

Eligible Employees

- Regular employees* who work at least 30 hours per week

Eligible Dependents

- Your legal spouse
- Your registered domestic partner over age 18**
- Your natural, adopted, stepchildren, children for whom you are guardian, and children** of your domestic partner
- Children up to age 26 or unmarried children of any age who are incapable of self-support due to mental or physical disability that developed before age 26

*A regular employee is paid directly through The Company and is not a temporary employee, intern, or contingent worker (consultant, contractor or vendor).

**Subject to imputed income

The Impact of Imputed Income on Domestic Partners

Imputed income is the amount the Company pays toward the cost of domestic partner coverage. The fair market value of any employer contributions made on behalf of a domestic partner is considered income to the employee for tax purposes. Premiums for domestic partners who do not qualify as dependents under Section 152 of the Internal Revenue Code will be paid by the employee with after-tax dollars. In contrast, premiums for employees and other eligible dependents are deducted on a pre-tax basis.



Enrolling & Making Changes

The choices you make when you first become eligible are in effect for the remainder of the plan year. It is important to review your benefit options to choose the best coverage for you and your family. You have three opportunities to enroll in or make changes to your benefits:

1. Within 30 days of your eligibility date
2. During the annual Open Enrollment period
3. Within 30 days of a qualified change in family status (Life Event).
Examples include:
 - Marriage, divorce, or legal separation
 - Birth or adoption of a child
 - Death of a dependent
 - Loss or gain of other health coverage for you and/or your dependents
 - Change in employment status
 - Change in Medicaid/Medicare eligibility for you or a dependent
 - Receipt of a Qualified Medical Child Support Order

If you have questions about if your Life Event qualifies you to make changes to your benefits, contact the Benefits Team benefits@pashanet.com.



How to Enroll

Follow these steps to enroll in your benefits.

1. Evaluate Your Needs

Be a smart health care shopper and ask yourself the following questions:

- Whom should I cover? Evaluate your coverage options for all dependents who meet eligibility requirements.
- How much did I spend on health care last year? Consider your past expenses to help you plan for your future needs.
- Will I need more, or less, health coverage next year? Estimate the amount of health care you will require in the upcoming year.

2. Review Your Options

Review this benefit guide to compare your options and evaluate plan costs and potential savings.

3. Enroll Online

- Visit the UKG Portal at n35.ultipro.com/Login.aspx to enroll.
- Enter your username and password.
 - If you do not have access to UKG, please contact HRISupport@pashanet.com.
- Under “Manage My Benefits”, follow the prompts to select or waive each of your options. Just add what you want to the cart and checkout.
- Review plan details and costs.
- Submit your elections.

4. Confirm Your Elections

Review your confirmation statement carefully to make sure your benefits and dependent information are correct.

If you have any questions about your benefits or need assistance, please contact the Benefits Department at benefits@pashanet.com. You can also call the Benefits Hotline at 800-489-1390 or benefitsupport@alliant.com.

Helpful Enrollment Tip

Each year you wish to participate in a Flexible Spending Account, you must designate the amount you want to contribute to each account from your paycheck, up to the annual IRS limits.



Helpful Benefit Terms & Definitions

To better understand your coverage, it is helpful to be familiar with benefits vocabulary. Take a moment to review these terms, which may be referenced throughout this guide.

Balance Bill – When a health care provider bills a patient for the difference between what the patient’s health insurance reimburses and the provider charges.

Copay – A fixed dollar amount you pay the provider at the time of service; for example, a \$20 copay for an office visit or a \$3 copay for a generic prescription.

Coinsurance – The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan’s out-of-pocket maximum.

Deductible – The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible. For example, the deductible does not apply to preventive care services.

Emergency Room Care – Care received at a hospital emergency room for life-threatening conditions.

Imputed Income – The premium paid for coverage over \$50,000 will be added to the employee’s gross income and is subject to taxes. Imputed income also applies to domestic partnerships and is the amount the company pays toward the cost of domestic partner coverage. The fair market value of any employer contributions made on behalf of a domestic partner is considered income to the employee for tax purposes. Premiums for domestic partners who do not qualify as dependents under Section 152 of the Internal Revenue Code will be paid by the employee with after-tax dollars. In contrast, premiums for employees and other eligible dependents are deducted on a pre-tax basis.

In-Network Care – Care provided by contracted doctors within the plan’s network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

Out-of-Network Care – Care provided by a doctor or at a facility outside of the plan’s network.

Your out-of-pocket costs may increase, and services may be subject to balance billing.

Out-of-Pocket Maximum – The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

Premium – The complete cost of your benefits. You share this cost with the Company and pay your portion through regular payroll deductions.

Preventive Care – Routine health care, including annual physicals and screenings, to prevent disease, illness, and other health complications. In-network preventive care is covered at 100%.

Urgent Care – Visit urgent care for sudden illnesses or injuries that are not life-threatening. Urgent care centers are helpful when care is needed quickly to avoid developing more serious pain or problems.



Benefit Acronyms

AD&D – Accidental Death & Dismemberment

FSA – Flexible Spending Account

HMO – Health Maintenance Organization

HSA – Health Savings Account

LTD – Long-Term Disability




OOPM – Out-of-Pocket Maximum

PPO – Preferred Provider Organization

STD – Short-Term Disability

Choose the Right Place to Go for Care

Need medical attention, but it is not a true emergency? Save time and money by choosing the best option for care. Reduce wait times and avoid emergency room copays by visiting your primary care doctor or urgent care for non-emergency injuries and illnesses. These options provide quality care just like the ER, but you could save hundreds of dollars and hours of time in the waiting room for non-life-threatening issues.

 \$ Primary Care Provider (PCP) (Non-Life-Threatening)	 \$\$ Urgent Care Center (Non-Life-Threatening)	 \$\$\$ Emergency Room (Life-Threatening)
<p>Benefit:</p> <ul style="list-style-type: none"> ▪ In-person examination ▪ Reasonable price in-network ▪ Familiarity with regular PCP <p>Reasons to go:</p> <ul style="list-style-type: none"> ▪ Immunizations ▪ Annual exams ▪ Earaches and infections ▪ Headaches ▪ Regular treatment for chronic conditions ▪ Skin irritations & rashes 	<p>Benefit:</p> <ul style="list-style-type: none"> ▪ Lower cost than an ER visit ▪ Same-day visits often available <p>Reasons to go:</p> <ul style="list-style-type: none"> ▪ Minor cuts, sprains & burns ▪ Fever & flu symptoms ▪ Allergic reactions ▪ Animal bites ▪ Mild asthma ▪ Urinary tract infections ▪ Back & joint pain 	<p>Benefit:</p> <ul style="list-style-type: none"> ▪ Necessary for life-threatening conditions <p>Reasons to go:</p> <ul style="list-style-type: none"> ▪ Sudden numbness or weakness ▪ Disorientation or difficulty speaking ▪ Seizure or loss of consciousness ▪ Severe cuts or burns ▪ Overdoses ▪ Uncontrolled bleeding ▪ Heart attack or chest pain

Which Medical Plan Is Right for You?

At The Pasha Group, our goal is to help you reach your highest potential and position you for success. This starts with providing all the tools you need for your health and well-being. Choosing the right plan to meet your needs is the first step to living your healthiest life.

When deciding which medical plan is right for you and your family, it is important to consider the total cost of coverage. This includes what you pay in premiums and what you pay for services out of your pocket. While each medical plan covers in-network preventive screenings in full, the plans vary on annual deductibles, copays, and levels of coinsurance. This means you may pay higher out-of-pocket costs with one plan versus another. The ideal medical plan should cover most of your health needs with out-of-pocket costs that meet your budget.

Benefit	Aetna PPO	Aetna HDHP
Primary Care Physician required		
Referrals needed for specialists		
Annual deductible to satisfy	✓	✓
Out-of-network coverage	✓	✓
Eligible to enroll in Health Savings Account		✓
Eligible to enroll in Health Care FSA	✓	

Find a Provider

Find in-network medical providers by visiting
www.aetna.com.



Medical Plan Comparison

Plan Features	Aetna PPO		Aetna HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible Individual / Family	\$250 / \$750	\$250 / \$750	\$2,800 / \$5,600	\$8,000 / \$16,000
Annual Out-of-Pocket Maximum Individual / Family	\$2,500 / \$5,000	\$6,500 / \$13,000	\$5,000 / \$10,000	\$15,000 / \$30,000
	You pay:		You pay:	
Preventive Care Visit	Covered in full	40% after deductible	Covered in full	30% after deductible
Primary Care Visit	\$20 copay	40% after deductible	No charge after deductible	30% after deductible
Behavioral Health / Substance Abuse Inpatient / Outpatient	20% after deductible / \$20 copay	40% after deductible	No charge after deductible	30% after deductible
Urgent Care	\$20 copay	40% after deductible	No charge after deductible	30% after deductible
Emergency Room (copay waived if admitted)	20% after \$150 copay		No charge after deductible	
Hospital Services Inpatient / Outpatient	20% after deductible	40% after deductible	No charge after deductible	30% after deductible
Chiropractic	\$20 copay (20 visits / year)	40% after deductible (20 visits / year)	No charge after deductible (20 visits / year)	30% after deductible (20 visits / year)
Acupuncture	\$20 copay (20 visits / year)	40% after deductible (20 visits / year)	No charge after deductible (20 visits / year)	30% after deductible (20 visits / year)

Free Benefits with Your Medical Plan

Looking for a workout class? Need to talk to a nutritionist? Want to get a Fitness Tracker? Your medical plans include valuable programs, discounts, and resources you might not know about. To find out more so you can get the most out of your benefits, visit the Benefits site at pasha.mybenefits.life (use Employer Key: pasha).

Prescription Coverage Comparison

Plan Features	Aetna PPO		Aetna HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	You pay:	You pay:	You pay:	You pay:
Prescription Drugs: Retail (up to a 30-day supply)				
Tier 1 Generic	\$10 copay	20% coinsurance; maximum \$250	\$5 copay after deductible	20% coinsurance; maximum \$250 after deductible
Tier 2 Preferred Brand	\$25 copay		\$15 copay after deductible	
Tier 3 Non-Preferred Brand	\$45 copay		\$30 copay after deductible	
Tier 4 Specialty	\$40 copay preferred; \$60 copay non-preferred	Not covered	\$40 copay preferred; \$60 copay non-preferred; after deductible	Not covered
Prescription Drugs: Mail Order (Kaiser: up to a 100-day supply / Aetna: up to 90-day supply)				
Tier 1 Generic	\$25 copay	Not covered	\$12.50 copay after deductible	Not covered
Tier 2 Preferred Brand	\$62.50 copay		\$37.50 copay after deductible	
Tier 3 Non-Preferred Brand	\$112.50 copay		\$75 copay after deductible	



There's an App for That

Aetna – The Aetna Health app helps members take charge of their benefits. Download today to view plan summaries, see claims details, search providers, get cost estimates, access your ID card, or talk with a doctor via video chat.

Download from the App Store or Google Play to get started.

How the Health Savings Account (HSA) Works

If you enroll in either of the Consumer-Driven HDHPs, you may be eligible to open a Health Savings Account (HSA) through Navia to help pay for eligible health care expenses not covered under your medical, dental, or vision plan. An HSA makes it easy to pay for current health care costs and save for future health care needs in retirement.

What Are the Benefits of an HSA?

- The company contributes FREE money to your account!
- You can set aside tax-free* money to pay for out-of-pocket health care expenses.
- Paying for qualified expenses and earnings on the account are tax-free.
- An HSA is your bank account. If you leave the company, the account goes with you.
- All unused funds roll over year to year.
- HSAs can make a great retirement savings account for health care.

How Are Contributions Made to an HSA?

You can contribute pre-tax dollars from your paycheck up to the annual IRS maximums to pay for eligible health care expenses. When you enroll in an HSA, you will receive a Navia HSA debit card. You can also submit claims online through your own personal account at www.naviabenefits.com.

You must first open an HSA to be eligible for employer contributions. The Pasha Group will automatically contribute to your HSA each quarter. The Pasha Group contributions are pro-rated based on your benefits effective date. HSA contributions cannot exceed the annual IRS maximums.

Coverage Type	2022 Employer HSA Contribution	2022 Maximum Employee Contribution	2022 IRS Contribution Limit
Individual Coverage Aetna	\$300 / quarter (\$1,200 / year)	\$2,450	\$3,650
Family Coverage Aetna	\$600 /quarter (\$2,400 / year)	\$4,900	\$7,300
Individual Coverage Kaiser	\$90 / quarter (\$360 / year)	\$3,290	\$3,650
Family Coverage Kaiser	\$180 / quarter (\$720 / year)	\$6,580	\$7,300

If you are age 55 and older, you may contribute an additional \$1,000 catch-up contribution each year.

*State taxes may still apply in CA and NJ. Please contact your professional tax advisor.

HSA Highlights

- You must be enrolled in the Aetna HDHP to be eligible to participate.
- Pay for current expenses, such as deductibles, prescriptions, coinsurance, dental and vision expenses or other eligible health care expenses.
- Contributions, qualified expenses, and earnings are tax-free.
- Personal contributions help lower your taxable income.
- Funds never expire, and the account goes with you.
- Download the MyNavia Mobile App to access your benefits anytime.

What About the Fine Print?

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP).
- If you have an HSA, you cannot be enrolled in a general-purpose health care flexible spending account (including coverage under your spouse's flexible spending account). However, you are eligible to enroll in a Limited Purpose Health Care FSA which can be used for dental and vision expenses only.
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent on someone else's tax return.

Questions? Refer to **IRS Publication 969** for a complete list of eligible expenses and HSA rules.

Dental Coverage

Good dental care is shown to improve your overall health. Our dental plans help you maintain a healthy smile through regular preventive dental care and to take care of any problems as soon as they occur.

The Pasha Group offers dental coverage through Principal Financial Group. The dental plan is a PPO plan.

1. Preferred Provider Organization (PPO) – highest level of benefits and savings
2. Non-network – higher out-of-pocket costs; member will pay coinsurance plus any amount in excess of the Usual & Customary Reimbursement (UCR) amount

To find an in-network provider near you, visit www.principal.com.

Plan Features	Principal Financial Dental Plan	
	In-Network PPO	Out-of-Network
Calendar Year Benefit Maximum	\$2,000 per person	\$2,000 per person
Calendar Year Deductible Individual / Family	\$25 / \$75	\$50 / \$150
	You pay:	You pay:
Diagnostic & Preventive Services (e.g., x-rays, cleanings, exams)	Covered in full	Covered in full
Basic & Restorative Services (e.g., fillings, extractions, root canals)	20%	20%
Major Services (e.g., dentures, crowns, bridges)	50%	50%
Orthodontia	50% of covered expenses	50% of covered expenses
Orthodontia Lifetime Maximum	\$1,500	

Rollover of Benefits

The Principal dental plan allows you to roll over part of your unused annual maximum. You're eligible for this benefit if your claims within the current plan year are less than \$1,000. If you fulfill this requirement, you can roll over up to \$500 per year. The accumulation cap is \$2,000.

Pre-Authorization

If dental services are expected to exceed \$200, we encourage you to obtain a "pre-determination of benefits" by calling Member Services. This will give you an estimate of what your out-of-pocket costs will be. There may be several ways to treat your dental condition, one or more of which is not covered. Find out first!

Note: If you do not enroll in dental coverage for yourself and/or your dependents during either your initial enrollment window or Open Enrollment and decide to enroll in Dental coverage mid-year without a qualifying event, a Late Entrant restriction (waiting period) will apply.



There's An App For That

Principal – Manage your benefits when, where, and how it's convenient for you with the Principal mobile app. You can view and manage claims, access your summary of benefits, calculate coverage needs, and more.

Download from the App Store or Google Play to get started.

Vision Coverage

We help you keep your eyes healthy through our vision plan. The Pasha Group gives you an opportunity to purchase vision coverage through VSP. In addition to the core benefits below, you have access to a number of discounts through VSP including:

- 35-40% savings on lens coatings
- Savings on laser vision correction
- 30% off additional prescription (sun)glasses if purchased on the same day as your appointment; otherwise 20% if purchased within the year
- If you have had laser vision surgery, you can use your frame allowance to buy non-prescription sunglasses from a VSP provider

Remember, you will save money by visiting in-network providers. To find an in-network provider near you, visit www.vsp.com.

Plan Features	VSP
	In-Network
Exam every 12 months	\$25 copay for exam and glasses
Doctor Network	VSP Signature Network
Frames every 24 months	\$130 allowance; \$150 allowance for featured frame brands; 20% savings on amount over allowance
Lenses every 12 months Single Vision Bifocal Trifocal	Combined with exam
Contact Lenses (instead of glasses) every 12 months	
Contacts (instead of glasses)	\$130 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation)
Additional Benefits	
LASIK/PRK	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services at 800-877-7195 for out-of-network plan details. Covered members can also visit their VSP doctor for diagnosis and treatment if of a non-urgent medical eye problem such as cataracts or pinkeye. A \$20 copay is required.

NOTE: Most privately-owned optometrist offices are contracted with VSP, but the vision/glasses chain-retail stores, such as LensCrafters and Pearle Vision are not contracted providers. Costco is a recognized "Out-Of-Network" business partner who may assist VSP plan members with the out of network claim process.



There's an App for That

VSP – Manage your eye care needs at any time, and from anywhere. Find a doctor, check your coverage, access your vision card, and shop the latest eyewear fashions 24/7.

Download from the App Store or Google Play to get started.

Flexible Spending Accounts (FSAs)

Stretch your benefit dollars with Flexible Spending Accounts (FSAs) through Navia. FSAs allow you to set aside pre-tax dollars to pay for eligible health care and dependent care expenses, which lowers your taxable income. Each year, you must elect the annual amount you want to contribute to each account. Your contributions will be deducted pre-tax from your paycheck.

Please Note: You cannot change the amount of your FSA contributions unless you have a qualifying life event. Annual contribution limits are evaluated annually and subject to change per IRS regulations.

Plan Features	Health Care FSA	Limited Purpose Health Care FSA	Dependent Care FSA
Annual Contribution Limit	\$2,850	\$2,850	\$5,000 (\$2,500 if married and filing separately)
Eligible Expenses*	Health care plan deductibles, copays, coinsurance, and prescriptions, including dental and vision hardware and expenses	Qualified dental and vision expenses only	Daycare for children age 12 and under, disabled children, and dependent adults
Availability of Funds	The full annual amount you elect is available on your plan effective date	The full annual amount you elect is available on your plan effective date	You can be reimbursed up to the amount available in your account
Payment or Reimbursement Options	FSA debit card or reimbursement	FSA debit card or reimbursement	Reimbursement
Rollover Options	Unused funds do not rollover	Unused funds do not rollover	Unused funds do not rollover
Deadline for Services	Services must be incurred by 3/15/23	Services must be incurred by 3/15/23	Services must be incurred by 12/31/22
Deadline for Submission for Reimbursement	Reimbursement must be submitted by 5/31/23	Reimbursement must be submitted by 5/31/23	Reimbursement must be submitted by 3/31/23

*Refer to **IRS Publication 502** and **IRS Publication 503** for a complete list of eligible expenses.

Examples of Eligible Health Expenses

Health Care	Over the Counter (OTC) (prescription not required)	Over the Counter (OTC) (prescription not required)	Dependent Care
Acupuncture	Allergy medications	Blood pressure monitor	After school care
Dental fees	Pain relief	Contact lens solution	Elder care
Eye exams	Asthma medications	First aid supplies	Babysitter
Hospital bills	Cough, cold, and flu	Pregnancy tests	Summer day camp
Deductibles and copays	Sleep aids	Supports/braces	Nursery school

Commuter Benefit Plan

Use Pre-Tax \$\$ for Your Work Commute

The Commuter Benefits Program is offered through Navia and allows employees who commute to and from work to set aside up to \$280 per month in pre-tax funds to pay for work commute-related transit and parking expenses. Eligible expenses for the commuter benefit include:

- **Transit Passes and Vanpooling:** Expenses for any pass, fare card or similar item that entitles you to transportation on a mass transit system to and from work or for the cost of transportation between your place of residence and place of employment in a commuter vehicle that has a seating capacity of 6 persons or more (not including the driver) where at least 80% of the mileage used for the year is for the purpose of transporting you to your place of employment.
- **Parking:** Get reimbursed for parking expenses incurred at or near your work location or a location from which you continue your commute to work by carpool, van pool or mass transit. Out-of-pocket parking fees for parking meters, garages, and lots qualify. Parking at or near your home is not an eligible expense.

Benefits may not be used for tolls, gas, mileage or other personal commuting expenses.

How the Commuter Benefit Program Works

1. Determine your contribution amount.
 - Contribute up to \$280 per month on a pre-tax basis for qualified transportation and parking expenses.
 - Unused benefits continue to roll over each month. If you leave The Pasha Group, unused funds will be forfeited.
2. Enroll in the Commuter Benefit Plan.
 - Complete an Election Form indicating your estimated monthly contribution amount and submit to Human Resources.
 - You can change your amount anytime.
 - The amount you elect will be deposited in your account each pay period.
3. Use your benefit.
 - Order transit passes through the Navia Portal and have them mailed directly to you each month.
 - Use the benefit debit card to avoid out-of-pocket expenses.

For more information, visit www.naviabenefits.com.



There's An App For That

Navia – The MyNavia App allows you to manage and access your HSA, FSA, and commuter benefits from your smartphone. Take advantage of features like:

- Online claims submission
- Account balance updates
- Easy-to-access lists of eligible expenses

Download from the App Store or Google Play to get started.

Your Cost for Coverage

The Pasha Group covers the majority of the cost of your health insurance. The monthly portion you pay for medical, dental, and vision is deducted from your paycheck before taxes, as shown in the table below. Keep in mind that you may enroll in Principal Financial Dental or VSP Vision without enrolling in medical coverage.

Health Coverage

Plan	Enrollment Tier	Monthly Premium	The Pasha Group Pays	You Pay Monthly
Aetna PPO	Employee Only	\$1,029.17	\$857.17	\$172.00
	Employee + One	\$2,161.29	\$1,657.29	\$504.00
	Employee + Family	\$3,087.55	\$2,247.55	\$840.00
Aetna HDHP	Employee Only	\$870.15	\$790.15 + \$100 HSA Contribution	\$80.00
	Employee + One	\$1,827.31	\$1,512.31 + \$200 HSA Contribution	\$315.00
	Employee + Family	\$2,610.47	\$2,083.47 + \$200 HSA Contribution	\$527.00
Principal Financial Dental	Employee Only	\$48.43	\$34.43	\$14.00
	Employee + One	\$94.68	\$70.68	\$24.00
	Employee + Family	\$171.65	\$132.65	\$39.00
VSP Vision	Employee Only	\$6.83	\$4.64	\$2.19
	Employee + One	\$13.66	\$9.28	\$4.38
	Employee + Family	\$20.50	\$13.93	\$6.57

The Pasha Group HSA contributions are made on a quarterly basis.



Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) insurance, through Principal, provides financial security to you and your family if you pass away or become seriously injured.

Basic Life and AD&D Insurance

As an eligible employee, you may select from one of two levels of company-paid Basic Life and AD&D insurance:

- Basic Group Term Life Insurance equal to 2x your annual base salary up to a maximum of \$300,000.
- OR**
- You may choose to limit your life insurance benefit to \$50,000 to avoid the taxable portion of this benefit.*

*Coverage exceeding \$50,000 is considered imputed income. This means any amount over \$50,000 must be included in your gross income and will be subject to Social Security and Medicare taxes, which may be reflected in your paycheck.

Basic Life Insurance	
Your Benefit	Dependent on your election level; see above for options.
Reductions to the Benefits if You Are Working	At age 65: coverage is reduced by 35%. / At age 80: coverage is reduced by 50%.
Coverage During Disability	If you become totally disabled prior to age 65, only basic life insurance will continue and premium cost will be waived after you have been deemed totally disabled. For total disabilities that begin after age 65, coverage will continue without premium payment effective 9 months after the member becomes totally disabled, or you recover, or turn age 70. For more information, please refer to the SPD.
Accelerated Benefit	If you are terminally ill, you can receive up to 75% of your lifetime benefit, up to a maximum of \$250,000, in a lump sum as long as your life expectancy is less than 12 months. Your death benefit will be reduced by this accelerated payment.
Portability	For Voluntary Term Life plans, you may be able to elect to continue your current coverage upon termination at group rates. Contact Human Resources for details and rates.
Conversion	For the Basic Life plans, you may convert this policy to an individual policy upon termination of your employer provided coverage. Contact Human Resources for details and rates.
Beneficiary Designation	It is your responsibility to ensure that your beneficiary information is correct. If you experience a life event change, like marriage or divorce, please update your beneficiaries. Please submit all beneficiary changes to Human Resources.
Accidental Death & Dismemberment	
Your Benefit	Your AD&D benefit will match your basic life benefit. If you selected two times your annual earnings, you will receive the same, up to a maximum of \$300,000, in AD&D benefits for loss of life which occurs as the result of an accident. Otherwise, you will receive a flat \$50,000 benefit. Principal also pays a benefit if you lose a limb or vision as the result of an accident.



Choosing a Beneficiary

You may choose anyone to be the beneficiary of your Life and AD&D policy in the event of your death or serious injury. Review your beneficiary designation periodically to ensure it reflects your current wishes. You may change your beneficiary as often as needed.

Voluntary Term Life

You may purchase additional life insurance for yourself and your family at discounted rates. The chart below describes the amounts of coverage you can purchase for yourself, your spouse, and your child(ren) up to age 26.

Voluntary Term Life Insurance*	
Your Benefit	Coverage is available in increments of \$10,000 with a minimum of \$20,000 and up to a maximum amount of \$500,000. Evidence of Insurability is required for amounts over \$160,000, or if you do not apply when initially eligible. <ul style="list-style-type: none"> At age 70: Coverage is reduced by 35%. At age 75: Coverage is reduced by 55%.
Spouse / Domestic Partner Benefit**	Coverage is available in increments of \$5,000 to a maximum of 50% of your voluntary benefit amount, or \$100,000, whichever is less. Evidence of Insurability is required for amounts over \$50,000. Coverage ends when your spouse or domestic partner turns 70 years of age.
Dependent Benefit**	Children under 14 days of age receive \$1,000. For children 14 days or older, the benefit is a flat \$5,000, and Evidence of Insurability is never required. Children ages 20 to 25 must be full-time students to qualify.

*Evidence of Insurability (EOI) may be required.

**To qualify for these benefits you need to purchase at least the minimum Voluntary Coverage for yourself.

How Much Voluntary Term Life Insurance Should I Buy?

When deciding how much voluntary Term Life coverage to buy, consider the following:

1. How much will your dependents need to pay debts, such as a mortgage, car loan, or credit card balances?
2. How much do your dependents need to maintain their current standard of living?
3. What kind of future would you like to provide for your dependents or others who depend on you for financial support?

Voluntary Term Life

Employee & Spouse/Domestic Partner Monthly Costs		
Employee Age/Spouse or Domestic Partner Age	Employee Cost per \$1,000 of Coverage	Spouse/Domestic Partner Cost per \$1,000 of Coverage
Under age 30	\$0.08	\$0.08
30-39	\$0.10	\$0.10
40-44	\$0.17	\$0.17
45-49	\$0.27	\$0.27
50-54	\$0.40	\$0.40
55-59	\$0.65	\$0.65
60-64	\$1.00	\$1.00
65-69	\$1.58	\$1.58
70+	\$1.58	\$1.58

Child(ren) Monthly Costs	
Benefit Level	Cost per \$5,000 of Coverage
\$5,000	\$1.00 per family, per month

Employee Life rates are based on Employee Age; Spouse/DP Life rates are based on Spouse/DP Age.

What Is EOI?

Evidence of Insurability (EOI) is the process of providing health information to qualify for certain types of insurance coverage. If you elect voluntary Term Life coverage above the guaranteed issue limit or after the guaranteed issue period, you will be required to submit a health questionnaire (in some cases, a physical exam may be required). Your questionnaire will be reviewed by the carrier, and you will be notified of their decision directly.

Value-Added Benefits

Principal Life Insurance Company provides you with more than just life insurance. As an enrollee in the Principal plans, you have access to a variety of valuable benefits and resources.

Will & Legal Document Preparation

When you create a Will or other important legal documents, you ensure that your assets and health care are handled according to your wishes. ARAG provides you with easy and affordable document preparation resources for the creation of your:

- Will
- Living Will
- Health Care Power of Attorney
- Durable Power of Attorney
- Medical Treatment Authorization for Minors

Travel Assistance

You, your spouse, and your children have access to travel assistance when you travel more than 100 miles from home. AXA Assistance will arrange for any needed travel assistance services at no cost to you, however, you are responsible for any additional fees incurred. Your travel assistance benefits include the arrangement of the following services:

- Pre-trip planning
- Personal assistance
- Medical assistance
- Emergency medical transportation

For more information visit www.principal.com/travelassistance.

Identity Theft

Receive the tools and resources you need to help you identify, mitigate, or respond to identity theft. The Identity Theft program through ARAG provides you with access to free online resources to help you prevent or recover from identity theft.

Additional Services

As a Principal member, you have access to even more valuable benefits, such as:

- A Personal Information Organizer to help you create a directory for personal, financial, and funeral planning information
- Estate planning resources to provide you with articles and links for legal information, education, and tools

For Will & Legal Documentation, Identity Theft, Personal Information Organizer and Estate Planning resources, visit www.aragwills.com/principal.



There's An App For That

Principal – Manage your benefits when, where, and how it's convenient for you with the Principal mobile app. You can view and manage claims, access your summary of benefits, calculate coverage needs, and more.

Download from the App Store or Google Play to get started.

Disability Coverage

If you experience an injury or illness that prevents you from working, disability coverage provides partial income replacement to assist you financially. Disability insurance coverage is automatically provided by The Pasha Group through Principal at no cost to you.

Short-Term Disability (STD)

Short-Term Disability provides you with a portion of income replacement if you are unable to work due to a non-occupational illness or injury as determined by a physician in writing.

Short-Term Disability (STD)			
Percent of Earnings	Weekly Maximum	Benefits Begin	Maximum Duration
66.67%	\$2,500	After 7 days of disability	52 weeks

Disability benefits will coordinate with any state disability programs available in the state you reside.

Long-Term Disability (LTD)

Long-Term Disability through Principal pays you a portion of your earnings if you cannot work for an extended period of time due to a disabling illness or injury.

Long-Term Disability (LTD)			
Percent of Earnings	Monthly Maximum	Benefits Begin	Maximum Duration
66.67%	\$10,000	After 365 days of disability	As long as disability exists. After age 60, a reduction schedule applies.

You will continue to receive benefits if you meet the definition of disability or reach your Social Security Normal Retirement Age. Benefits are reduced by other sources of disability income you may qualify for, such as Social Security and Workers' Compensation.

- **Definition of Disability:** For the first 24 months, you are disabled if you are not working full time, or are residually disabled due to illness or injury and cannot perform your normal occupation. Thereafter, you will be considered disabled if you cannot perform any occupation.
- **Benefits if You are Partially Working:** If you are able to come back to work on a limited, part time basis, you can receive a work incentive benefit. If you return to Active Work for less than 6 months and then go back out on disability with the same illness or injury, you will not have to satisfy a new waiting period.
- **Pre-existing Conditions:** If you are treated for a condition 3 months prior to your effective date, and become disabled as a result of such condition, you will not be eligible for disability payments for such condition until covered on the plan for 12 months.

For more information, view the Principal Financial Group booklet online on the Benefits Site.



Employee Assistance Program

To help you optimize your health and overall well-being, The Pasha Group offers an Employee Assistance Program (EAP), through Health Advocate, at no cost to you. The benefit has two components: EAP + Work/Life and Healthcare Help.

Employee Assistance Program (EAP) + Work/Life

When you or your family need help with work, home, personal or family issues, the Employee Assistance Program is there to help. The EAP + Work/Life gives you access to:

- Unlimited phone sessions with EAP counselors
- Up to 6 face-to-face sessions per year
- Childcare and elder care assistance
- Financial and legal resources
- Time management

More information is available at Health Advocate: 866-799-2728

Healthcare Help

The Healthcare Help feature provides support and solutions to help you make informed health care decisions while saving you money. When you reach out to Health Advocate, you will be connected to a Personal Health Advocate (PHA) who can help you:

- Locate providers
- Schedule appointments
- Uncover claims and billing errors
- Explain medical conditions and treatments
- Clarify Medicare, Medicaid, and Medicare Supplement plans

Receive help managing health care decisions at Health Advocate: 866-695-8622



As an employee of the Pasha Group, you qualify to participate in the PashalIFE employee wellness program. PashalIFE's goal is to provide resources that educate, equip, and enable you to make smart choices about your health, entertainment, finances, and community – and to help you to live your best LIFE.

PashalIFE provides campaigns that focus on understanding and getting the most out of your existing core benefits and creating the connections and conversations that lead to lasting wellness. We do this by partnering with our health care providers and a variety of subject matter experts to provide tools, resources, information, fun prizes, and events to get you out doing things you care about and taking care of those you love. Keep an eye out for PashalIFE emails and campaigns throughout the year.



Support Is Always Available

Contact the EAP or Healthcare Help anytime, day or night.

www.HealthAdvocate.com/Pashagroup

EAP: 866-799-2728

Healthcare Help: 866-695-8622

Email: answers@healthadvocate.com



There's An App For That

Health Advocate – Get personalized support on the go with the Health Advocate mobile app. Speak with a live expert who will help you understand your benefits, resolve time-consuming issues, and stay on top of your health. You can also access your account information to see your benefit status, upload documents and forms, monitor your cases, and more.

Download from the App Store or Google Play to get started.

Voluntary Benefits

Voluntary benefits complement your existing benefits and help protect you financially from unexpected events – both in the short term and long term. You are responsible for the cost of these benefits and may take the coverage with you if you leave Pasha.

Long-Term Care Insurance

Plan for the future and maintain your independence with Long-Term Care Insurance. When you need long term care benefits, you can choose to receive care in your home, assisted living facilities, or nursing homes. You may select a benefit duration of 3 years, 6 years, or unlimited, and coverage ranges from \$3,000 - \$8,000 a month. You may also choose to include immediate family member care for an additional cost, including parents, parents-in-law.

For more information and to enroll in Unum LTC Insurance, visit the Unum Pasha Portal <http://unuminfo.com/pashagroup003/index.aspx>.

Pet Insurance

Your pets can now receive coverage to stay healthy, too. Voluntary pet insurance helps you be financially prepared, as veterinary bills can add up quickly. With pet insurance from Nationwide, you can save on unexpected veterinary expenses plus optional coverage to help pay for routine veterinary care, such as vaccines, wellness exams, and teeth cleaning.

Visit www.petsnationwide.com to get an instant quote and enroll at any time. Call Nationwide at 877-138-7874 to speak with a pet insurance expert if you have any questions.



The Perks of Voluntary Benefits

- ✓ You pay low group rates through convenient payroll deductions.
- ✓ There are no health questions to answer (a pre-existing condition clause may apply).
- ✓ You may purchase coverage for yourself, your spouse, and your children.
- ✓ You decide how to use any payments made to you.
- ✓ These plans fill in the gaps to provide a complement to your medical benefits.

Retirement Benefits

The Pasha Group gives you an opportunity to prepare for a bright financial future. The 401(k) Plan, administered by Voya Retirement Services, helps you save for retirement through a variety of investment options:

401(k)

All regular, Company-paid employees are eligible to enroll in the pre-tax or post-tax (Roth) 401(k) plan:

- **Pre-tax 401(k):** Contributions to this account are not taxed until you use your funds in retirement.
- **Roth 401(k):** This plan allows you to contribute money on a post-tax basis. You pay taxes now, so you will not pay taxes when funds are withdrawn in retirement.

You can enroll in this program at any time during your employment at the Company. Our plan includes an automatic enrollment at 3% of your salary if you take no action. If you would prefer to participate at a different contribution rate, or would prefer not to begin participation, you must visit the VOYA Portal: www.voyaretirementplans.com/enrollmentcenter.

You will need to enter the following information to log on: The Plan number which is 873609 and the Verification number which is 87360999. Initially your PIN is set as a 4 digit code, which corresponds to the 2-digit month and 2 digit year of your birth (mmyy). You can phone VOYA directly at (800) 584-6001 to access your account.

Profit Sharing Plan

Each year Pasha may make a discretionary profit sharing contribution to the 401(k) on your behalf. All regular, employees with six months of eligible service are eligible for enrollment in the Profit Sharing Plan. Once enrolled, you must have at least 1,000 hours of service and be employed on the last day of each year in order to receive the profit sharing contribution.

- This option gives eligible employees a discretionary pre-tax contribution based on a percentage of eligible wages. The amount of the contribution is subject to review each year and is based on The Pasha Group's performance. Contributions vest over 5 years.

Helpful Tips on Saving for Retirement

- Start saving as soon as possible to grow your retirement account.
- Begin with small contributions, if necessary, and increase contributions over time.
- Make setting aside money for retirement a habit.
- Understand investment returns may fluctuate.
- Let it sit. Avoid penalties by leaving funds in your 401(k) until retirement.
- If you change jobs, you can roll over your retirement account.

If you need additional assistance with your retirement plan, please reach out to our Retirement Consultant, Denis Roy at 415-827-1653.



There's an App for That

Voya – Keep your retirement in check with the Voya Retire mobile app. In the app, you'll find your personalized myOrangeMoney experience, which provides insight into your retirement income needs and an estimate of your progress towards them. Plus, see current balances, make a fund transfer, change your contribution amount, and more.

Download from the App Store or Google Play to get started.

Tuition Assistance

At The Pasha Group, we support continuing education to better yourself as a person and advance your skills. Our strong commitment to education means we will even help you pay for it.

College Savings Account

The Pasha Group sponsors a Section 529 College Savings plan through American Funds. This plan is a tax-advantaged account that allows you to save for educational expenses. Distributions are exempt from federal taxes as long as they are used for qualified educational expenses, including college tuition and supplies, as well as up to \$10,000 a year for K-12 tuition. Payroll deferrals are not offered, but the administrative costs of this plan are greatly reduced. All employees are eligible to participate. Contact Human Resources for an enrollment kit.

Tuition Reimbursement

The Pasha Group will reimburse eligible employees for one qualifying college-level or equivalent professional course per term, including books, lab fees, and course-related tuition.

To be eligible for reimbursement under the Tuition Reimbursement Program, you must satisfy the following requirements:

- You must have completed one year of employment and be in good standing.
- Your request must be approved by your manager and division leader prior to starting the course.
- The course must be related to your current position and/or assist in developing qualifications for advancement.
- You must successfully complete the approved course with a grade of "C" or better. For non-graded or pass/fail courses, please contact the Human Resources department.

NOTE: If your employment ends due to resignation or termination for cause within one month after completion of the course, no reimbursement will be paid. The Pasha Group's Human Resources department is the sole determiner of eligibility for reimbursement and expenses eligible for reimbursement under this program. The Pasha Group may modify or discontinue this program at any time at its sole discretion.

Please contact the Learning and Development Department to receive a current Tuition Reimbursement form to start your application today!



Important Notices

[Click here for Annual Notices](#)

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located at the link above.

Cobra Continuation Coverage

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

Current Plan Documents

Summary Plan Descriptions (SPD)

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries. The following Summary Plan description is available:

- The Pasha Group Health and Welfare Plan Summary Plan Description

Summary of Benefits and Coverage (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available on the Benefits Site.

- Kaiser HMO SBC
- Kaiser HSA SBC
- Aetna PPO SBC
- Aetna HDHP SBC






Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact Human Resources.



Your Benefit Contacts

Coverage	Carrier	Group Number	Phone	Website/Email	APP
Medical	Aetna	231817	877-204-9186	www.aetna.com	
HSA	Navia	The Pasha Group	866-987-0031	www.naviabenefits.com email: hsa@naviabenefits.com	
Dental	Principal Financial Group	1032352-10001	800-247-4695	www.principal.com	
Vision	VSP	00114152	800-877-7195	www.vsp.com	
FSA / Commuter	Navia	The Pasha Group	800-669-3539	www.naviabenefits.com email: customerservice@naviabenefits.com	
Life and AD&D	Principal Financial Group	1032353-10001	800-245-1522	www.principal.com	
Disability	Principal Financial Group	1032353-10001	800-245-1522	www.principal.com	

Your Benefit Contacts (cont)

Coverage	Carrier	Group Number	Phone	Website/Email	APP
Long-Term Care	Unum	142265	877-851-7637	www.unum.com email: askunum@unum.com	
Pet Insurance	Nationwide	'The Pasha Group'	877-738-7874	www.petsnationwide.com	
EAP/Health Advocacy	HealthAdvocate	'The Pasha Group'	EAP: 866-799-2728 Health Care: 866-695-8622	www.HealthAdvocate.com/pashagroup	
401(k)	Voya Retirement Services	873609	800-584-6001	www.VoyaRetirementPlans.com	
Online Enrollment	UKG	-	Contact Human Resources	n35.ultipro.com/Login.aspx	
The Benefits Department	Human Resources	-	415-927-6604	benefits@pashanet.com	N/A
General Benefit Help	Benefits Hotline	'The Pasha Group'	800-489-1390	benefitsupport@alliant.com	N/A
Benefits Site	Benefits Website	-	-	pasha.mybenefits.life (Employer Key: pasha)	N/A

This communication highlights some of The Pasha Group benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. The Pasha Group reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.