

2023

Employee Benefits Overview

Subsidiary Exempt and Non-Exempt Military Base Employees

IT'S TIME TO TALK BENEFITS



CONTENTS



MEDICARE PART D NOTICE
If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Important Plan Information section for more details.

GETTING STARTED	3
WHO’S ELIGIBLE FOR BENEFITS?	4
CHANGING YOUR BENEFITS	5
MYBENEFITS.LIFE	6
BENEFIT ADVOCATES	7
MEDICAL, DENTAL & VISION	8
UNDERSTANDING OUR PLAN TYPES	9
MEDICAL PLANS	10
HEALTH SAVINGS ACCOUNT (HSA)	14
DENTAL PLANS	16
VISION PLANS	18
HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)	20
DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT	21
ENGAGE	23
KNOW WHERE TO GO	23
PREVENTIVE CARE	25
ARE PRESCRIPTION DRUGS BREAKING YOUR BUDGET?	26
LIFE & DISABILITY	27
BASIC LIFE & AD&D, VOLUNTARY SHORT-TERM AND VOLUNTARY LONG-TERM DISABILITY AND WORKERS’ COMPENSATION	
WELLBEING & BALANCE	33
EMPLOYEE ASSISTANCE PROGRAM (EAP), TIME OFF AND RETIREMENT PLANS	



GETTING STARTED

2023 BENEFITS

January 1st, 2023
through
December 31st, 2023

Whether you're enrolling in benefits for the first time, nearing retirement, or somewhere in between, American States Utility Services supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, life, disability, and more.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Review the coverage and tools available to you to make the most of your benefits package.

WHO'S ELIGIBLE FOR BENEFITS?



QUALIFYING LIFE EVENTS

Notify Human Capital Management within 30 days if you have a qualifying life event and need to add or drop dependents outside of Open Enrollment.

Employees

You are eligible if you are a full-time employee working 30 or more hours per week.

Eligible dependents

- Legally married spouse / same sex spouse.
- Your domestic partner* is eligible for coverage if both partners have filed a declaration of domestic partnership with the state. The Cost of Coverage section explains the tax treatment of domestic partner coverage.
- Natural, adopted or stepchildren, or children of a domestic partner up to age 26.
- Children over age 26 who are disabled and depend on you for support.
- Children named in a Qualified Medical Child Support Order (QMCSO).

For additional information, please refer to the benefit booklets for each benefit.

Who is not eligible

Members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Employees who work less than 30 hours per week, temporary employees not on American States Utility Services payroll, contract employees, or employees residing outside the United States.
- Any individual who is covered as an employee of American States Utility Services cannot also be covered as a dependent

When you can enroll

You can enroll in benefits as a new hire or during the annual open enrollment period. New hire coverage begins on the first of the month following 30 days of employment. You must enroll within 30 days of becoming eligible.

If you miss the enrollment deadline, you'll need to wait until the next open enrollment (the one time each year that you can make changes to your benefits for any reason).

CHANGING YOUR BENEFITS

Click to play video



LIFE HAPPENS

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

THREE RULES APPLY TO MAKING CHANGES TO YOUR BENEFITS DURING THE YEAR:

1. Any change you make must be consistent with the change in status.
2. You must make the change within 30 days of the date the event occurs.
3. All proper documentation is required to cover dependents (marriage certificates, birth certificates, etc.).

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit your change within 30 days after the event.

Dependent Verification

Making changes to dependents is subject to eligibility verification in order to ensure only eligible individuals are participating in our plans. You will be required to provide proof of one or more of the following within 30 days of their eligibility:

- Marriage Certification or License
- Domestic Partners Affidavit
- Birth Certificate
- Final decree of divorce
- Court documents showing legal responsibility for adopted children, foster children or children under legal guardianship
- Physician's written certification of disabling condition (for dependent children over age 26 incapable of self-support)

If you do not supply the proper documentation to make changes to dependents within the 30-day period, you will not be able to add the dependent(s) until the next open enrollment period.

THE EASY WAY TO GET BENEFITS INFO

Click to play video



GET MYBENEFITS.LIFE®

On the web:

gsw.mybenefits.life

On your smartphone



Download from the
App Store or
Google Play.

Login With Employer Key

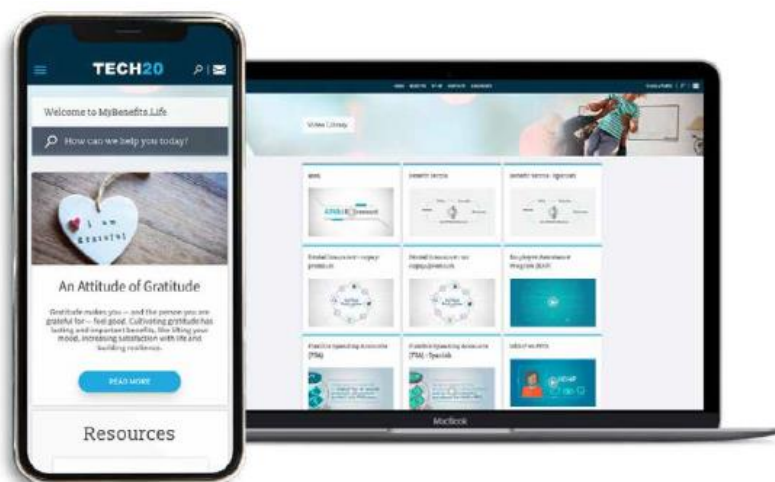
ASUS

MyBenefits.Life® gives you all your benefits information in one place

You can bank online, book a vacation online, and read the news online. Why should your benefits information be any different? MyBenefits.Life® is both a website and a mobile app that gives you access to the benefits information you need, when you need it.

Here's what you'll find on MyBenefits.Life®

Benefits	See benefit details and costs—for all plans you're eligible for, such as healthcare, disability, life insurance, and more
Search	Can't find it? Just search the site
Articles & Video Library	Have 2 minutes? Increase your benefits IQ with short explainer articles and videos
Glossary	HDHP? EOB? Coinsurance? Get the definitions in plain English
Documents	Important benefit plan notices ("the fine print")
Contacts	Find HR, benefits, and carrier contacts
Get Help	Need help? Reach helpful resources



HAVE QUESTIONS ABOUT YOUR BENEFITS?

Click to play video



CONTACT YOUR ALLIANT BENEFIT ADVOCATE

Email

benefitsupport@alliant.com

Phone

(800) 489-1390

Hours

5AM – 5PM Monday through Friday

Get help from a Benefit Advocate

Are you getting married and not sure how and when to add your new spouse to your plan? Is your stepchild eligible for your healthcare plan? Do you need help understanding the difference between an HSA and an FSA? A Benefit Advocate can help answer these questions and more.

Benefit Advocates are trained benefits expert who can help you understand and use your healthcare and other coverage. Contact your Benefit Advocate for issues such as:

- General benefit questions
- Eligibility and coverage
- Finding a network provider
- Health care claim or billing issues, when warranted
- Coverage changes due to life events (marriage, new child, divorce, etc.).

Claims assistance

If you need claims assistance, you'll need to complete a HIPAA Authorization Form to grant your Benefit Advocate permission to work with your insurer and/or healthcare provider(s) to resolve your claims issues. Permission is granted on a limited time basis to only the individuals listed on the form. The form is revocable at any time. Your Benefit Advocate will provide the form to you when needed.



MEDICAL

OUR PLANS

BLUE SHIELD PPO

BLUE SHIELD HDHP

We offer 2 medical plans through Blue Shield.

Which Plan Is Right For You?

That depends on your healthcare needs, favorite doctors, and budget. Here are some considerations.

Do you prefer specific doctors or hospitals?

If you want to stay with your favorite doctors and facilities, check whether they are in the plan's network. If they are not, but you are comfortable paying a bit more to see them, consider a plan with both in-network and out-of-network benefits.

What are your usual healthcare needs?

Do you have frequent doctor or urgent care visits? Do you have a condition that requires a specialist? Do you take prescription medications? Compare how each plan covers the services you need most often.

Consider the bottom line

How much is the monthly payroll deduction? Do you have to meet a deductible? What is the out-of-pocket maximum? How much of the cost is covered by the plan? How much are any copayments for office visits, prescriptions, etc. All of these factors together affect your total cost for healthcare.

Play the Health Lingo Game!



UNDERSTANDING OUR PLAN TYPES



BLUE SHIELD PPO

Preferred Provider Organization (PPO) plans are designed to provide you with choice and flexibility. They allow you to see any provider of your choice (in-network and out-of-network providers); however, by choosing to access care with a participating (in-network) provider, you will significantly reduce your out-of-pocket expenses. Participating providers are doctors, hospitals, pharmacies, and labs, etc., that participate in your carrier's network and have agreed to provide services at pre-negotiated reduced rates.

BLUE SHIELD HDHP

The Blue Shield High Deductible Health Plan (HDHP) is designed to provide choice and flexibility. Participants can choose a Blue Shield Network provider or go to an out-of-network physician at a higher cost. Annual deductibles must be met before some benefits apply and you are responsible for copays and coinsurance. Employees will become eligible to open and contribute to a Health Savings Account (HSA) when enrolled in a HDHP.

BLUE SHIELD PPO & HDHP

You always pay the deductible and copayment (\$). The coinsurance (%) shows what the plan pays after the deductible.

	BLUE SHIELD HDHP		BLUE SHIELD PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible¹				
Individual	\$1,500	\$1,500	\$250	\$250
Individual in a family	\$3,000	\$3,000	\$250	\$250
Family	\$3,000	\$3,000	\$500	\$500
Embedded	Embedded	Embedded	Embedded	Embedded
Calendar Year Out-of-Pocket Maximum¹				
Individual	\$3,000	\$6,000	\$1,000	\$2,000 ⁵
Individual in a family	\$3,000	\$6,000	\$1,000	\$2,000 ⁵
Family	\$6,000	\$12,000	\$2,000	\$4,000 ⁵
Embedded ³	Embedded	Embedded	Embedded	Embedded
Office Visit				
Primary Care	90% ⁴	60% ⁴	\$10 copay	70% ⁴
Specialist	90% ⁴	60% ⁴	\$10 copay	70% ⁴
Online Visit	100%	Not Covered	100%	Not Covered
Preventive Services	100%	Not Covered	100%	Not Covered
Chiropractic	90% ⁴ (up to 20 visits/year)	60% (up to 20 visits/year)	\$25 copay ⁴ (up to 24 visits/year)	70% ⁴
Lab and X-ray	90% ⁴	60% ⁴	\$10 copay ⁴	70% ⁴ max \$350 a day (in-network limitations may apply)
Urgent Care	90% ⁴	60% ⁴	\$10 copay	70% ⁴
Emergency Room	\$100 copay then plan pays 90% (copay waived if admitted)	\$100 copay then plan pays 90% (copay waived if admitted)	\$100 copay then plan pays 90% (copay waived if admitted)	\$100 copay then plan pays 90% (copay waived if admitted)
Inpatient Hospitalization	\$100 copay then 90% ⁴	60% ⁴ (max \$600 a day)	90% ⁴	70% ⁴
Outpatient Surgery	90% ⁴	60% ⁴ (max \$350 a day)	90% ⁴	70% ⁴
PRESCRIPTION DRUGS				
Out-of-Pocket Maximum	Combined with Medical	Combined with Medical	Combined with Medical	Combined with in-network
Retail- 30 Day Supply				
Generic	\$10 ⁵	Retail copay then plan pays 75%	\$10	Retail copay then plan pays 75%
Preferred	\$25 ⁵		\$30	
Non-Preferred	\$40 ⁵		\$50	
Mail Order- 90 Day Supply				
Generic	\$20 ⁵	Not Covered	\$20	Not Covered
Preferred	\$50 ⁵		\$60	
Non-Preferred	\$80 ⁵		\$100	

¹Deductibles and out-of-pocket maximums accumulate on a plan year/calendar year from January 1st – December 31st

² An embedded family deductible means the plan begins to make payments for a member when they reach their individual deductible.

³An embedded family maximum means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

All covered expenses including your medical deductibles and prescription copays accumulate towards the out-of-pocket maximum.

⁴ After deductible.

⁵ Combined with in network

BLUE SHIELD WELLNESS & MEMBER TOOLS



LEARN ABOUT PREVENTIVE CARE FOR YOU AND YOUR FAMILY

Seeing your doctor once a year for a preventive care visit can help you catch small problems before they turn into big ones. Find out what screenings, services, and immunizations we recommend for you and your family. Visit blueshieldca.com/preventive.

GET YOUR FLU SHOT AND MORE AT A RETAIL PHARMACY

Blue Shield's large network of retail pharmacies offers several preventive vaccines, including the annual flu shot, at no extra charge without a prescription. You can still get vaccines at your doctor's office, instead of a pharmacy, if you prefer. For more information, go to blueshieldca.com/pharmacy. Or call the customer service number on your Blue Shield member ID card.

Make real improvements to your health with Wellvolution

Wellvolution is a digital platform for health and well-being. It offers over 50 tested apps and programs to help you achieve your health goals – at no extra cost. Areas of focus include disease prevention and reversal, nutrition, sleep, stress, smoking and more! Learn more at wellvolution.com.

Save on fitness club memberships & more

Get help saving money and living healthier with a wide range of wellness discount programs, including Fitness Your Way™. This program gives you access to more than 800 fitness centers in California and more than 10,000 nationwide for just \$25 per month. The wellness discount programs also include acupuncture and chiropractic services; therapeutic massage; and eye exams, frames, contact lenses, and LASIK surgery. Learn more at blueshieldca.com/wellnessdiscounts.

Care Management Program

Get support managing your health needs for conditions such as diabetes, depression, chronic pain, cancer, as well as other conditions. Services include personalized health coaching, care plan development, provider coordination, plus more. To learn more, go to blueshieldca.com/wellness and click on Conditions and care programs, and then select Shield Support. You can also call 877-455-6777 to find out if you're eligible.

Maternity Program

Expecting a bundle of joy? We want you and your baby to be healthy. Blue Shield's Maternity Program offers assistance including a consultation with a registered dietitian, assessments at pregnancy milestones, and access to a 24/7 support hotline staffed by experienced nurses. To learn more, go to blueshieldca.com/wellness, click on Conditions and care programs, and then select the Maternity Program.

LifereferralsSM – Get expert support in meeting life's challenges

Call LifeReferrals 24/7SM anytime and talk with experienced professionals ready to help you with personal, family, and work issues. Get referrals for three face-to-face or telephone visits in a six-month period with a licensed counselor. Legal and financial consultations are also available. For more information, visit lifereferrals.com or, call 800-985-2405 .

BLUE SHIELD WELLNESS & MEMBER TOOLS

TELADOC®

Teladoc's U.S. board-certified doctors are available 24/7/365 to resolve many of your medical issues through phone or video consults.

Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care, such as:

- When you need care now,
- If you're considering the ER or urgent care center for a nonemergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

Set up your account today so when you need care now, a Teladoc doctor is just a call or click away. It's two simple steps and you will be able to talk to a doctor anytime at no cost!

Step 1: Go to teladoc.com and click "Set up Account" and provide the required information. You can also call Teladoc at (800) 835-2362.

Step 2: Once your account is set up, request a consult anytime you need care.

Fitness and exercise

Instead of one gym membership to one gym, how about one membership to 10,000+ gyms? Through Blue Shield's Fitness Your Way™, you now have access to Tivity Health, a network of 10,000+ fitness centers nationwide. By enrolling in Tivity Health you can exercise when and where it is convenient for you.

You will have:

- Access to gyms near home and work
- No contract commitments
- Flexibility to use multiple fitness centers for one low monthly fee

Visit Blue Shield's website before visiting the gym to learn more.

Health and wellness

At no additional cost, but at the expense of those last few pounds, you could lose weight with Blue Shield's nationally recognized diet and lifestyle change program. Enroll and qualify through Blue Shield's Wellvolution® Diabetes Prevention Program at solera4me.com/shield.

Alternative care

Alternative Care Discount Program – Relax and save on alternative healthcare services from participating American Specialty Health Networks' practitioners.

Acupuncture services/ Chiropractic services/ Therapeutic massage: 25% off usual and customary fees from practitioners in the ChooseHealthy® program.

Vision care

Blue Shield members can save on vision care even though they are not enrolled in Blue Shield vision benefits!

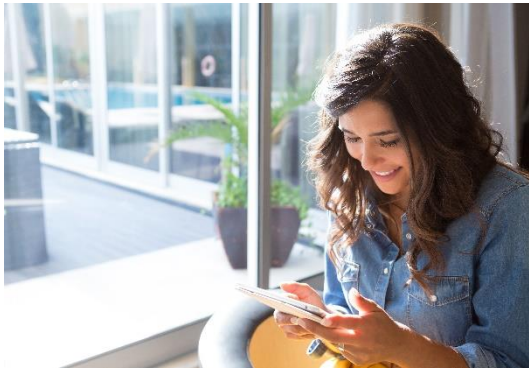
- Visit qualsight.com/-lasikca to learn if you can save money on LASIK surgery.
- Visit [NVISIONcenters.com](https://nvisioncenters.com) to learn more about a 15% discount at NVISION Laser Eye Centers.
- Visit blueshieldca.com/find-a-doctor to find vision provider who provide a 20% discount on certain services.

BLUE SHIELD FIND A PROVIDER

It's easy to find a network provider online. Blue Shield's provider networks are among the largest in California, making it likely that your doctor and any specialists you need are already in their network. To search for a network provider online, follow the steps below.

Instructions

- It's fast and easy to find a network provider online.
- For providers: Go to blueshieldca.com/fad
- Select "Doctors and Specialists"
 - Enter your location
 - Select "Find your Plan"
 - From the drop-down menu choose depending on your desired plan, choose;
 - California PPO (The HDHP is the same network as the PPO – Use this option)
- If you are searching for Chiropractors or Mental Health Services, you will be redirected to the following site: Mental Health Services Administrator (MHSA) network for mental health services
- The default distance/search radius is 5 miles. To expand or narrow the search radius, click Filter & Sort, and adjust the distance in the drop-down box.

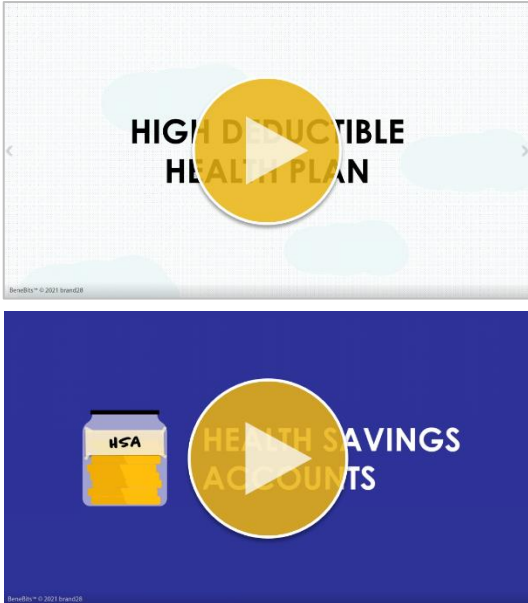


PROVIDER QUALITY OF CARE RANKINGS

On blueshieldca.com/fad, you can easily access scores, efficiency indicators, patient satisfaction scores, and cost information for individual physicians and hospitals. To see a provider's performance profile, simply click on the name of the doctor, medical group, or hospital from your search results.

HEALTH SAVINGS ACCOUNT (HSA)

Click to play video



ARE YOU ELIGIBLE?

The HSA is not for everyone. You're eligible only if you are:

1. Enrolled in the Blue Shield HDHP
2. Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, or Tricare.
3. Not a tax dependent.
4. Not enrolled in a healthcare Flexible Spending Account (FSA), unless it's a "limited purpose" FSA for dental and vision expenses.

HSA ACCOUNT ACTIVATION

If you elect medical coverage under Blue Shield's HDHP, your HSA account will be opened automatically once you are enrolled in the plan and if you are eligible to open an HSA. Health Equity will mail a welcome kit to your home address on file which will include your HSA debit card. For more information, please contact Health Equity at (877) 857-6810.

A personal savings account for healthcare

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you have today and save for expenses you may have in the future.

How the HealthEquity HSA works

- If you elect medical coverage under Blue Shield's HDHP, your HSA account will be opened automatically once you are enrolled in the plan and if you are eligible to open an HSA. Health Equity will mail a welcome kit to your home address on file which will include your HSA debit card. For more information, please contact Health Equity at (877) 857-6810.
- You can contribute up to the 2023 annual limit set by the IRS:
Individual: \$3,850 per year
Family: \$7,750 per year
Are you age 55 or over? You can contribute an additional \$1,000 per year
- To help you get started, American States Utility Services contributes to your HSA (this is included in the IRS maximums noted above):
Individual: \$750
Individual + 1 Dependent: \$1,000
Individual + Family: \$1,250
- You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

Four reasons to love an HSA

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save it to use in the future.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free, or for regular living expenses, taxable but no penalties.

Want more information on eligible and ineligible expenses? Follow the links below!

- [Eligible Expenses](#)
- [Ineligible Expenses](#)

TURNING 65? UNDERSTAND YOUR MEDICARE OPTIONS



Alliant Medicare Solutions is a no cost service available to you, your family members, and friends nearing age 65.

Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.

Whether you retire or continue to work, choosing the right healthcare option is an important decision when you reach age 65

If, like most people, you become eligible for Medicare at age 65, you have a seven-month window to enroll, starting three months before you turn age 65 and ending three months after your birthday month.

Introducing Alliant Medicare Solutions

Choosing a Medicare plan – and understanding how it can affect your employer-provided medical coverage – can be confusing. That's why we are offering Alliant Medicare Solutions to help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

How does it work?

1. Call Alliant Medicare Solutions at 888-835-2588 to speak to a Licensed Insurance Agent. Have your current medical coverage information available when you call.
2. Discuss with Alliant Medicare Solutions your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.
3. If Medicare is the best option, Alliant Medicare Solutions helps you enroll immediately or emails policy materials for you to review and enroll at a later date.

Find Out More



Your Guide to Medicare



Medicare 101 Video

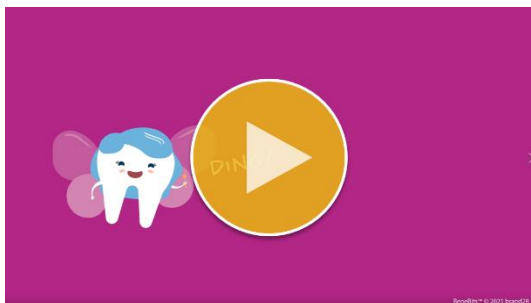


DENTAL

OUR PLAN

DELTA DENTAL PPO

Click to play video



We offer our dental plan through Delta Dental.

Why Sign Up For Dental Coverage?

It's important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

That's where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental insurance covers four types of treatments:

- **Preventive** care includes exams, cleanings and x-rays
- **Basic** care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment
- **Major** care goes further than basic and includes bridges, crowns and dentures
- **Orthodontia** treatment to properly align teeth within the mouth.

DELTA DENTAL

You always pay the deductible and copayment (\$). The coinsurance (%) shows what the plan pays after the deductible.

	DELTA DENTAL DPPO		
	In-Network	Premier Network	Out - of - Network
Annual Deductible Individual Family	\$25 \$75	\$25 \$75	\$25 \$75
Annual Plan Maximum	\$2,000	\$2,000	\$2,000
Waiting Period	None	None	None
Diagnostic & Preventive	100%	100%	100%
Basic Services Fillings Root Canals Periodontics	80% ¹	80% ¹	80% ¹
Major Services	50% ¹	50% ¹	50% ¹
Orthodontia Adults Children	50% ¹	50% ¹	50% ¹
Ortho Lifetime Max	\$1,500	\$1,500	\$1,500

1. After Deductible
2. Varies by service; see contract for fee schedule

HOW TO FIND A DENTAL PROVIDER

Enrollees can log in to Online Services and use the **Find a Dentist** tool. Enrollees can find a network provider close to home, the office or any location they choose. They can even search by specialty. If enrollees know their network they can also use the **Find a Dentist** tool on the right side navigation on deltadentalins.com without logging in. Enrollees without internet access can call customer service.

VISION

We offer our vision plan through EyeMed.

Why Sign Up For Vision Coverage?

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

You'll even find discounts on services like LASIK and PRK, rebates on contact lenses, and money off on hearing aids and other related services. Visit the plan's website to check out these extra savings.

Click to play video



EYEMED

Your vision checkup is fully covered after your Exam copay. After any Materials copay, the plan covers frames, lenses, and contacts as described below.

	EYEMED VISION PLAN	
	In-Network	Out-of-Network
Exams Benefit Materials Frequency	\$20 copay Once every 12 months from last date of service	Reimbursed up to \$40 In-network limitations apply
Eyeglass Lenses Single Vision Lens Bifocal Lens Trifocal Lens Frequency	100% 100% 100% Once every 12 months from last date of service	Reimbursed up to \$30 Reimbursed up to \$50 Reimbursed up to \$70 In-network limitations apply
Frames Benefit Frequency	Allowance up to \$130 plan pays (20% discount over allowance) Once every 24 months from last date of service	Reimbursed up to \$91 In-network limitations apply
Contacts (Elective) Conventional Frequency	Allowance up to \$130 (15% discount over allowance) Once every 12 months from last date of service	Reimbursed up to \$130 In-network limitations apply

What you need to know about this plan



Features:

What other services are covered?

Eyeglasses are expensive. Will I still be able to afford them, even with insurance?

Where can I get more details?

See any provider, but you'll pay more out of network

The plan can also help you save money on LASIK procedures, sunglasses, computer glasses, and even hearing aids.

Look for moderately priced frames and remember that your benefit is higher in-network. If you participate in an HSA or healthcare FSA, you can use your account to pay for vision care and eyewear with tax-free dollars.

Download the myBenefits.Life® app (employer Key GSW) or use the EyeMed website or app.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

Click to play video



ARE YOU ELIGIBLE?

You don't have to enroll in one of our medical plans to participate in the healthcare FSA.

Find out more

- [Eligible Expenses](#) – now include more over-the-counter items!
- [Ineligible Expenses](#)

Set aside healthcare dollars for the coming year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year. This program is administered through WEX.

How the WEX FSA works

- You estimate what you and your family's out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, even eligible drugstore items.
- You can contribute up to \$3,050 for the 2023 plan year. Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.
- Expenses must be incurred between 01/01/2023 and 03/15/2024 (2 ½ month "grace period" after the end of the plan year) and claims must be submitted for reimbursement no later than 03/31/2024. If you don't spend all the money in your account, you forfeit the leftover balance.
- Elections cannot be changed during the plan year, unless you experience a qualifying event.
- You must re-enroll in this program each year.

FSA TAX SAVINGS EXAMPLE

\$60,000 Annual Pay, with \$1,500 FSA Contribution

\$330	\$115	\$445
22% Federal income tax	7.65% FICA tax	Annual FSA tax savings

\$120,000 Annual Pay, with \$2,750 FSA Contribution

\$660	\$210	\$870
24% Federal income tax	7.65% FICA tax	Annual FSA tax savings

Your tax savings may vary depending on tax filing status and other variables

PAYING FOR DAYCARE? MAKE IT TAX-FREE!



EVERY OPPORTUNITY TO SAVE

The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars?

Dependent Care FSA—up to \$5,000 per year tax-free

A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by WEX.

Here's how the WEX Dependent Care FSA works

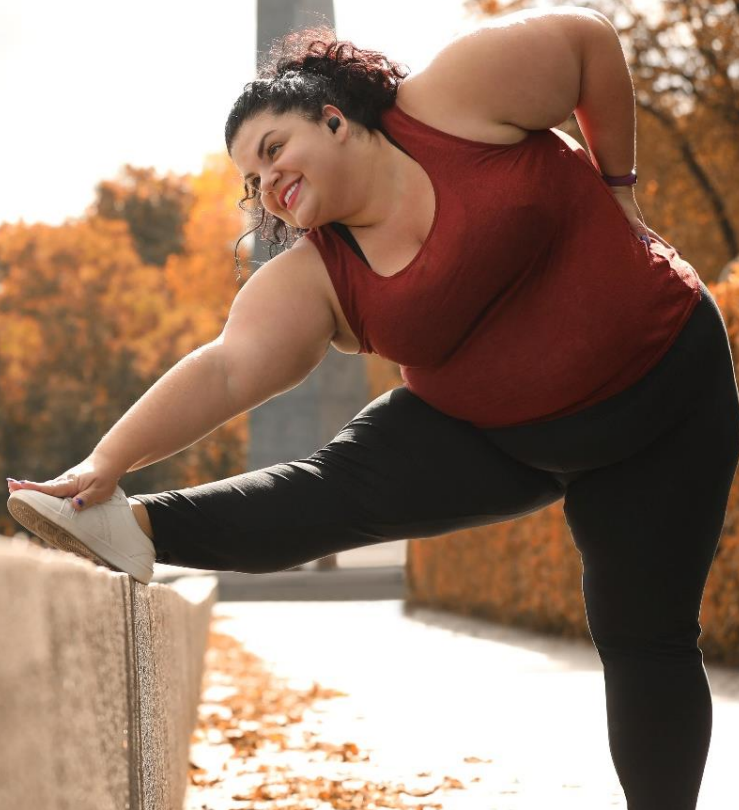
You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only childcare, but also before and after school care programs, preschool, and summer day camp for children under age 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to \$5,000 per household per year. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.

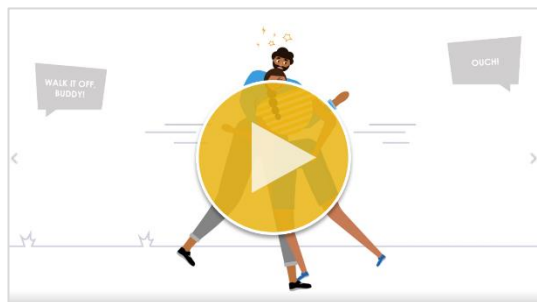


Estimate carefully! You can't change your FSA election amount mid-year unless you experience a qualifying event. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.

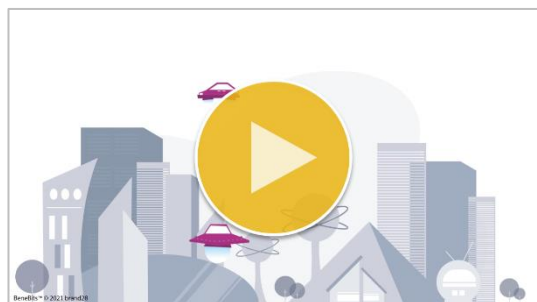
ENGAGE



Click to play video



Urgent Care vs ER



Virtual Healthcare






Maximize Your Healthcare

Knowing how to best use your healthcare coverage can help you improve your health and reduce your expenses. In this section you'll find tips on:

- Finding the right care at the right cost
- Alternatives to hospital care
- Understanding preventive care benefits
- Saving money on prescription drugs





KNOW WHERE TO GO

Where you get medical care can have a significant impact on the cost. Here's a quick guide to help you know where to go, based on your condition, budget, and time.

Type	Appropriate for	Examples	Access	Cost
Nurseline 	Quick answers from a trained nurse	<ul style="list-style-type: none"> Identifying symptoms Decide if immediate care is needed Home treatment options and advice 	24/7	\$0
Online visit 	Many non-emergency health conditions	<ul style="list-style-type: none"> Cold, flu, allergies Headache, migraine Skin conditions, rashes Minor injuries Mental health concerns 	24/7	\$
Office visit 	Routine medical care and overall health management	<ul style="list-style-type: none"> Preventive care Illnesses, injuries Managing existing conditions 	Office Hours	\$\$
Urgent care, walk-in clinic 	Non-life-threatening conditions requiring prompt attention	<ul style="list-style-type: none"> Stitches Sprains Animal bites Ear-nose-throat infections 	Office Hours, or up to 24/7	\$\$\$
Emergency room 	Life-threatening conditions requiring immediate medical expertise	<ul style="list-style-type: none"> Suspected heart attack or stroke Major bone breaks Excessive bleeding Severe pain Difficulty breathing 	24/7	\$\$\$\$\$

ALTERNATIVE FACILITIES

If you have time to evaluate your options for non-emergency health treatments, these alternative facilities can provide the same results as a hospital at a fraction of the cost.

Need	Alternative	Features	Savings
Surgery 	Ambulatory Surgery Center (ASC)	<ul style="list-style-type: none"> Specializes in same-day surgeries Cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery and more Held to same safety standards as hospitals 	Up to 50% over hospital stay*
Physical therapy 	Free-standing physical therapy center	<ul style="list-style-type: none"> Important part of the recovery process after an injury or surgery 	40 to 60% over a hospital setting*
Sleep study 	Home testing	<ul style="list-style-type: none"> Diagnoses sleep apnea and other conditions Cost is often covered by insurance if considered medically necessary 	Approx. \$4,500*
Infusion therapy 	Home or outpatient infusion therapy	<ul style="list-style-type: none"> For drugs that must be delivered by intravenous injections, or epidurals Delivered by licensed infusion therapy provider Maintain normal lifestyle and comfort of home or outpatient center 	Up to 90% over hospital stay*

**in-network*

How to find an alternative treatment facility

Ask your doctor if your treatment must be delivered in the hospital. You can also search for surgical centers, physical therapy, etc. on your plan's website; or call member services for assistance.

Online tools such as [healthcarebluebook.com](https://www.healthcarebluebook.com) and [healthgrades.com](https://www.healthgrades.com) help you compare costs and doctor ratings. Some alternative services include a facility fee to cover overhead costs. To avoid a surprise on your bill, ask about facility fees before you schedule your appointment.

PREVENTIVE CARE SCREENING BENEFITS



TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer screening
- Depression
- Mammograms
- OB/GYN screenings
- Prostate cancer screening
- Testicular exam

You take your car in for maintenance. Why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

What is Preventive Care?

The Affordable Care Act (ACA) requires health insurers to cover a set of preventive services at no cost to you, even if you haven't met your yearly deductible. The preventive care services you'll need to stay healthy vary by age, sex, and medical history.

Visit [cdc.gov/prevention](https://www.cdc.gov/prevention) for recommended guidelines.

**Preventive care is covered in full
only when obtained from an
IN-NETWORK provider.**

Not all exams and tests are considered preventive

Exams performed by specialists are generally not considered preventive and may not be covered at 100 percent.

Additionally, certain screenings may be considered diagnostic, not preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services.

If you have a question about whether a service will be covered as preventive care, contact your medical plan.

PRESCRIPTIONS BREAKING YOUR BUDGET?

Click to play video



THE FORMULARY DRUG TIERS DETERMINE YOUR COST

\$ Generic Drug

\$ \$ Brand Name Drug

\$ \$ \$ Specialty Drug

Understanding the formulary can save you money

If your doctor prescribes medicine, especially for an ongoing condition, don't forget to check your health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

What is a formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or "tiers." These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to perform the same as brand-name drug equivalents.

To find out if a drug is on your plan's formulary, visit the plan's website or call the customer service number on your ID card.



LIFE & DISABILITY

YOUR BENEFICIARY - WHO GETS PAID

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

Is your family protected?

Life, AD&D and disability insurance can fill a number of financial gaps due to a temporary or permanent reduction of income. Consider what your family would need to cover day-to-day living expenses and medical bills during a pregnancy or illness-related disability leave, or how you would manage large expenses (rent or mortgage, children's education, student loans, consumer debt, etc.) after the death of a spouse or partner.

We provide long-term disability benefits and a base amount of life and AD&D insurance to help you recover from financial loss.

If you need additional coverage

We offer voluntary coverage that you can purchase for yourself, your spouse, and your children.

COMPANY- PROVIDED LIFE AND AD&D INSURANCE



A NOTE ABOUT TAXES

Company-provided life insurance coverage over \$50,000 is considered a taxable benefit. The value of the benefit over \$50,000 will be reported as taxable income on your annual W-2 form.

Basic Life and AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. Coverage is provided by Mutual of Omaha and premiums are paid in full by American States Utility Services.

Employee Basic Life Amount	\$50,000
Spouse Basic Life Amount	\$5,000
Child Basic Life Amount	\$2,500
Employee AD&D Amount	\$50,000

BENEFIT REDUCTION SCHEDULE

Age 70	35%
Age 75	55%
Age 80	70%
Age 85+	85%

VOLUNTARY LIFE AND AD&D INSURANCE

GUARANTEED ISSUE

If you purchase life insurance coverage above a certain limit (the "guaranteed issue" amount) or after your initial eligibility period, you will need to submit Evidence of Insurability with additional information about your health in order for the insurance company to approve the amount of coverage.

EMPLOYEE AND SPOUSE MONTHLY RATES PER \$1,000 OF COVERAGE

Age 0 – 20	\$0.08
Age 20 – 24	\$0.08
Age 25 – 29	\$0.08
Age 30 – 34	\$0.09
Age 35 – 39	\$0.11
Age 40 – 44	\$0.17
Age 45 – 49	\$0.26
Age 50 – 54	\$0.42
Age 55 – 59	\$0.70
Age 60 – 64	\$1.10
Age 65 – 69	\$1.89
Age 70 – 74	\$3.36
Age 75 – 79	\$5.60
Age 80+	\$13.63
All Children	\$0.20 (children seen as one unit)

*Rates are adjusted annually on January 1st if you or spouse move into a new age bracket

Protecting those you leave behind

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is provided by Mutual of Omaha and available for your spouse and/or child(ren).

Mutual of Omaha Voluntary Life

Employee	Increments of \$10,000 not to exceed 5 x basic annual earnings or \$500,000
Spouse	Increments of \$5,000 not to exceed 100% of Employee Amount or \$50,000
Child(ren)	Increments of \$2,500 up to \$10,000 not to exceed \$10,000

Note: Benefit amount reduces to 65% at age 65, 50% at age 70, and 25% at age 75+.

In the event of a serious or fatal accident

Voluntary AD&D Insurance allows you to purchase accidental death and dismemberment coverage that pays your beneficiary if you have a fatal accident. If you experience a serious injury such as a loss of a limb, speech, sight or hearing, the plan pays a benefit to you.

Coverage is provided by Mutual of Omaha and is available for your spouse and/or child(ren).

Mutual of Omaha Voluntary AD&D

Employee	\$10,000, \$25,000, \$50,000, \$75,000, \$100,000, \$150,000, \$200,000, \$250,000, \$300,000, \$350,000, \$400,000 (Amounts over \$250,000 should not exceed 10 x base annual salary)
Spouse	60% of employee benefit
Child(ren)	20% of employee benefit
Spouse + Children	50% Spouse 20% Child(ren)

Employee and spouse monthly AD&D rates per \$1,000 of coverage

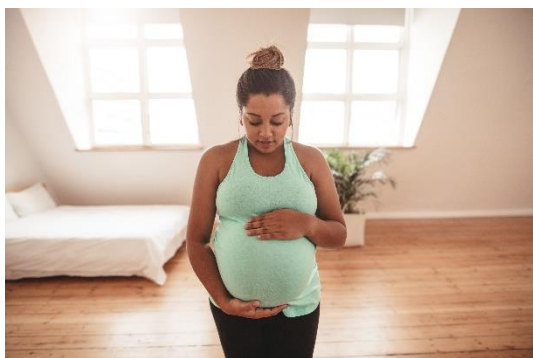
Employee Only	\$0.029
Employee+Child(ren)	\$0.037
Employee + Spouse +Child(ren)	\$0.043

Evidence of Insurability (EOI)

If you elect Voluntary Life coverage above guaranteed issue (noted on this page), or if you are a late entrant (enrolling more than 31 days after the date you become eligible), you must complete and submit EOI.

BENEFICIARY REMINDER: Make sure that you have named a beneficiary for your life insurance policies. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

VOLUNTARY SHORT-TERM DISABILITY INSURANCE (STD)



EXPECT THE UNEXPECTED

Most people underestimate the likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.

SUBMITTING A CLAIM

If you are disabled due to an illness or accidental injury, unable to work, and under the care of a licensed physician, you are eligible to submit a claim for benefits under this plan. As long as you remain disabled and meet the plan's disability requirements, you will continue to receive a percentage of your earnings until benefits are no longer payable.

Short-Term Disability (STD) insurance replaces part of your income for limited duration issues such as:

- Pregnancy issues and childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

STD payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security, or state disability. You pay the cost of this coverage. Coverage is provided by Mutual of Omaha.

Weekly Benefit Amount	Plan pays 60% of weekly earnings
Maximum Weekly Benefit	\$1,750
Benefits Begin After Accident Sickness	0 days of disability 7 days of disability
Maximum Payment Period¹	26 weeks

¹Maximum payment period is based on the first day benefits begin, not the first day you are disabled.

VOLUNTARY LONG-TERM DISABILITY INSURANCE (LTD)



THINGS TO KNOW ABOUT LTD INSURANCE

1. It can protect you from having to tap into your retirement savings.
2. You can use LTD benefits however you need, for housing, food, medical bills, etc.
3. Benefits can last a long time—from weeks to even years—if you remain eligible.

LTD benefits cushion the financial impact of a disability

Long-Term Disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders.

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. You pay the cost of this coverage. Coverage is provided by Mutual of Omaha.

Mutual of Omaha LTD Plan

Monthly benefit amount	60% up to a maximum of covered monthly earnings up to \$11,000
Benefits begin	After 180 of disability
Maximum payment period	SSNRA

EVIDENCE OF INSURABILITY (EOI) SUBMISSION: Employees who have previously declined Long Term Disability will have the ability to enroll this year, but they will be required to complete an EOI

BENEFICIARY REMINDER: Make sure that you have named a beneficiary for your life insurance policies. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

WORKERS' COMPENSATION



In the event you are injured on the job, you will automatically be entitled to benefits under the provisions of the California Workers' Compensation Law.

Any injury caused by the job is covered. This includes everything from first-aid type injuries to serious accidents. Job-related illnesses are covered as well. The key is whether the injury or illness is caused by your job.

It is your responsibility to notify your supervisor promptly if you become injured on the job. From there, all injuries will be referred to providers in the Workers' Comp Network, unless there is a written pre-designation form on file with the company.

Workers' Compensation benefits

- Medical care to bring you to the highest level of recovery from the injury
- Cash payments to help replace lost wages
- Additional cash payments if there is a permanent disability.

For example: The loss of a body part that does not allow you to return to work at all, or in the event of an injury that results in death, benefits will be paid to your surviving dependents.



WELLBEING & BALANCE

THE KEY TO KEEPING YOUR BALANCE IS KNOWING WHEN YOU'VE LOST IT

The challenges of daily life can be hard to balance. Whether it's work, school or family obligations, it's no wonder that many of us sometimes have trouble managing the ups and downs of our day-to-day lives.

A Happier, Healthier You

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

We offer EAP to help you:

- Manage stress, chemical dependency, mental health and family issues

Taking care of yourself will help you be more effective in all areas of your life.

EMPLOYEE ASSISTANCE PROGRAM (EAP)



CONTACT THE EAP

Phone

800-316-2796

Website

<http://www.mutualofomaha.com/eap>

Help for you and your household members

There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through Mutual of Omaha can help you handle a wide variety of personal issue such as emotional health and substance abuse; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 3 visits per issue
- Unlimited web access to helpful articles, resources, and self-assessment tools

COUNSELING BENEFITS

- Difficulty with relationship
- Emotional distress
- Job stress
- Communication/ conflict issues
- Alcohol or drug problems
- Loss and death

LEGAL CONSULTATION

- Referral to a local attorney
- Family issues (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

PARENTING & CHILDCARE

- Referrals to quality providers
- Family day care homes
- Infant centers and preschools
- Before/after school care
- 24-hour care

ELDERCARE RESOURCES

- Help with finding appropriate resources to care for an elderly or disabled relative

FINANCIAL COACHING

- Money management
- Debt management
- Identity theft resolution
- Tax issues

ONLINE RESOURCES

- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics

TIME OFF



SICK DAYS

American States Utility Services provides sick days to eligible employees who are unable to attend work due to an unexpected short-term, non-occupational illness or injury. Sick days also may be used for doctor/dentist appointments and for Family and Medical Leaves and up to 100% of an employee's annual paid sick leave allotment may be used to attend to an illness of a child, parent, spouse, domestic partner, or child of a domestic partner. Sick days are based upon years of service and exempt status.

Employee well-being is important to us. To that end, we provide a number of important benefits to you at no cost. They require no additional enrollment, but you should take a moment to familiarize yourself as to what is offered to take full advantage of the services and benefits offered. You do not need to take any enrollment action in order to participate.

Holidays

American States Utility Services offers 12 paid holidays every year. These holidays include nationally celebrated bank holidays, but also a special day to celebrate you, our valued employees.

- New Year's Day
- Martin Luther King, Jr. Day
- Presidents' Day
- Memorial Day
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving Day plus the day after
- Christmas Day plus the day before or after as determined by the Company each year
- Your Birthday Holiday

Vacation time

The Company provides vacation time to all employees. Employees accrue vacation time each pay period from the date of hire. Accrual amounts are based upon years of service and job classification.

Bereavement leave

American States Utility Services allows time off for the death of an immediate family member to eligible employees. An employee may take up to 4 consecutive workdays of paid bereavement leave per occurrence.

Jury Duty

All regular full-time employees will be granted up to 10 paid workdays in a 4-year period for jury duty service.

RETIREMENT PLANS

American States Utility Services offers a retirement plan to help support and enhance your retirement income.

401(K) retirement plan

Whether starting a career, raising a family, or nearing retirement, it's important to plan for the future. American States Utility Services offers a 401(k) retirement savings plan through John Hancock.

Your contributions are automatically deducted from your paycheck and can be changed any time throughout the year via the John Hancock website. American States Utility Services will match 100% of the first 3% you contribute to your account and then 50% of the next 3% you contribute. You are immediately vested at 100% of your contributions when you enroll in your 401(k) and therefore you own all of the money invested into your account from day one.

Exempt employees are automatically enrolled in the pre-tax benefit at 3% with a 100% match from ASUS after 30 days of their date of hire. Non-Exempt employees are eligible to enroll after 30 days of employment. Enrollment is not automatic and you must submit the American States Utility Services' Investment Incentive Program form to HCM for processing. All employees have the option to opt out of this time at any time. There is also the option to enroll at any time. Employees do not have to wait to enroll during the annual open enrollment period.

If you would like to enroll in after-tax ROTH options, those are available to you. In addition, if you have funds from a previous employer's qualified plan, you may roll them over into your account with American States Utility Services.

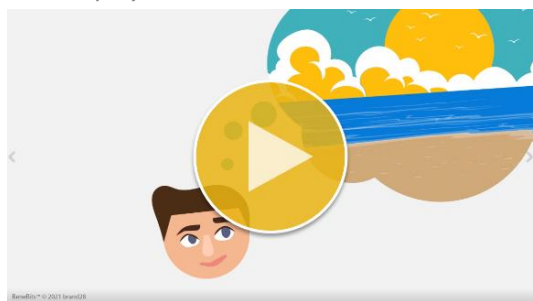
Profit sharing plan

Also offered is a Profit Sharing Plan. A profit sharing plan is a retirement plan which an employer makes contributions on behalf of an employee to an account that earns investment income and is sheltered from taxation until the money is distributed.

American States Utility Services will contribute equivalent to 3% of your annual pay, out of our pocket, on your behalf into an account at John Hancock. Your account will be 100% vested after 3 years at American States Utility Service.

You will direct the investment of these profit sharing contributions, choosing from the same investment options available for your 401(k) Plan, except that these contributions may not be directed to the Company Stock Fund.

Click to play video



WHAT ARE YOUR PLANS?

Many of us can't plan past the weekend, never mind thinking about a retirement nest egg. Our 401(k) retirement plan will help you set a retirement savings goal and stick to it.

The important thing is to start now and set aside what you can, even if you think it's too small an amount.

With the company match and compound interest, that "small amount" can grow over time. You'll be a retirement saver before you know it.