

H U N E E U S

— WINES OF THE HUNEEUS FAMILY —

2022-2023 EMPLOYEE BENEFITS GUIDE



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About This Guide

Huneeus recognizes that our employees are our most valuable asset. Every employee contributes to the success of the company and our mission.

In recognition of your efforts, Huneeus provides employees with a competitive and comprehensive benefits package designed to meet the needs of you and your family. It's our goal to ensure that you have the resources to develop and succeed in both your career and your personal life.

This guide provides an overview of Huneeus' benefits. We encourage you to review the information in this guide before making your benefit elections.

Our medical plan carriers provide health information on their websites. These resources are available to you regardless of whether you are enrolled in their plan. We encourage you to explore the wide array of services and health information available to you.

Carrier contact information can be found on the last page of this guide and on the Huneeus benefits website: benefits.filice.com/hv

This document only provides highlights of the benefits offered at Huneeus. If there are inconsistencies between this document and the legal plan documents, the legal plan documents will govern. Huneeus may modify, amend or terminate any of the company-sponsored benefit plans offered at any time, with or without notice. This document does not serve as a contract or offer of employment.

Benefits Overview

Who Is Eligible

You are eligible for benefits on the first of the month following your date of hire. All regular employees scheduled to work 30 or more hours each week are eligible for benefits. If you are enrolled in benefits, you may elect to add eligible dependents on medical, dental, vision and voluntary life insurance. Employees and their dependents are also eligible to receive Employee Assistance Program (EAP) services and Travel Assistance through Mutual of Omaha.

Your eligible dependents include:

- Your spouse or qualified domestic partner
- Your children up to age 26
- Any dependent child who is incapable of self-support because of a physical or mental disability

Making Changes to Your Benefits

You may make changes to your benefit choices once a year during Huneus Open Enrollment period. All benefits coverage you elect will be effective for a full 12 months (from August 1 -July 31) unless you have a qualified change in status or termination of your employment. Because many of your benefits are available on a pre-tax basis, the IRS requires you to have a qualified change in status in order to make changes to your benefit elections during the year. Examples of a qualified change in status include:

- Marriage, legal separation or divorce
- Disability
- Birth, adoption, or custody change of a dependent
- Death of a spouse/domestic partner or dependent
- Dependent ceases to satisfy requirement for dependent eligibility
- Beginning or ending of your spouse/domestic partner's employment
- A change in employment (either yours or your spouse's) from part-time to full-time or full-time or to part-time; or,

The IRS requires you to have a qualified change in status in order to make changes to your benefit elections during the year. You must contact Human Resources within 30 days of the change occurring.

If you have a qualified change in status and wish to make changes to your benefits, you must contact Human Resources within 30 days of the change occurring. The change to your benefits must be consistent with the change in family status. For example, if you have a new baby, you can enroll the child as a dependent under your current health plan, but you may not remove another dependent that is already covered.

Medical Plans

Your medical plan options

Huneeus offers two High Deductible Health Plans (HDHP) coupled with a Health Reimbursement Account (HRA). Benefit eligible employees can choose to enroll in either the UnitedHealthcare (UHC), or Kaiser Permanente (Kaiser) medical plan option. The HDHP is a consumer driven plan where members must pay for services out of pocket before the deductible is satisfied. To help with these costs, Huneeus has added a special Health Reimbursement Account (HRA). The HRA provides first dollar coverage, which means that the funds are available on the day your medical coverage begins for you to use for your qualified medical expenses. You will receive a debit card pre-loaded with your HRA funds prior to the start of the plan year. We encourage you to review the plan options carefully to determine which program is best suited for your needs as well as your dependents.

UnitedHealthcare (UHC)

The UHC HRA is a PPO (Preferred Provider Organization). A PPO gives members the flexibility to choose from both In and Out of Network providers. However, medical benefits are paid at a higher level when services are provided through doctors in the UHC Select Plus PPO network. To find an In Network provider, visit www.uhc.com and follow the Find a Provider prompts. If you don't have access to the internet or need help, simply contact UHC member services at 1-866-633-2446.

Services	UHC HRA	
	In-Network	Out-of-Network
Calendar Year Deductible: Per Member Per Family	\$2,700 \$2,800 (\$2,700 indiv embedded)	\$5,400 \$5,700 (\$5,400 indiv embedded)
Annual Employer HRA Contribution Individual Family	\$3,000 \$8,000	N/A N/A
Out-of-Pocket Maximum: Per Member Per Family	\$7,050 \$14,100 (\$7,050 indiv embedded)	\$14,100 \$28,200 (\$14,100 indiv embedded)
Preventive Care: Physical Exams Labs/X-rays/Screenings	\$0 \$0	N/A N/A
Office Visits:	40%*	50%*
Lab & X-Ray Outpatient:	40%*	50%*
Hospital Medical Services: Inpatient/Outpatient	40%*	50%*
Mental Health Care / Substance Abuse Services: Inpatient Outpatient	40%* 40%*	50%* 50%*
Emergency:	40%*	
Urgent Care:	40%*	50%*
Prescription Drugs (Rx): Tier 1 (Generic) Tier 2 (Brand Name) Tier 3 (Non-Formulary) Tier 4 (Specialty)	\$20* \$85* \$135* 25% up to \$250*	\$20* \$85* \$135* 25% up to \$250*

*=calendar year deductible applies

Medical Plans

Kaiser

As an employee electing Kaiser, you will receive medical care at any Kaiser facility in your area. No benefits will be paid for services received from a non-Kaiser facility except in emergency situations. The Kaiser plan requires members select a Primary Care Physician (PCP). Your PCP works with you to coordinate your health care needs.

Services	Kaiser HRA
	In-Network Only
Calendar Year Deductible: Per Member Per Family	\$2,250 \$4,500 (\$2,250 indiv embedded)
Annual Employer HRA Contribution Individual Family	\$3,000 \$8,000
Out-of-Pocket Maximum: Per Member Per Family	\$7,800 \$15,600 (\$7,800 indiv embedded)
Preventive Care: Physical Exams Labs/X-rays/Screenings	\$0 \$0
Office Visits: PCP / Specialist	\$35 / \$50
Lab & X-ray Outpatient:	25%*
Hospital Medical Services: Inpatient/Outpatient	25%*
Mental Health Care / Substance Abuse Services: Inpatient Outpatient	25%* \$35
Emergency:	25%*
Urgent Care:	\$35
Prescription Drugs (Rx): Rx Deductible Tier 1 (Generic) Tier 2 (Brand Name) Tier 3 (Non-Formulary)	\$100 indiv / \$200 family \$15 \$30 after Rx ded 20% up to \$250 after Rx ded

*=calendar year deductible applies

What to Think About as you Choose Your Medical Plan

Understanding the way that the HRA plan works is key to helping you make the most out of your benefits program. The following pages include a number of resources to help you do just that.

First, we recommend that you review the basic outline of how the different plans work with regards to the costs at the doctor's office and also consider the costs out of your paycheck. Second, it is important to consider your family's medical needs including prescriptions. Every situation is unique and some are more complex than others. This booklet serves as a general overview of your benefits; if you need additional assistance in comparing your options, please reach out to Human Resources or Filice. You can find contact information on page 26 of this booklet.

Medical Plan: How it Works

The UnitedHealthcare HRA

How it Works:

Your In-Network preventive care is covered at 100%. You must meet an annual, calendar year deductible before the plan begins to cover non-preventive care expenses like specialist visits, lab work, prescriptions, and surgeries. You are responsible for 100% of non-preventive care costs up to your Annual Deductible. However, Huneus is covering the first \$3,000 for employee only coverage / \$8,000 for family coverage.

After you reach your Annual deductible, you and the plan share the cost of your health care services. The plan pays 60% and you pay 40% (this cost sharing is called coinsurance), see benefit summary on page 4.

For covered services, coinsurance will only apply to the Out of Pocket Maximum \$6,850 for Employee Only coverage / \$13,700 for Family Coverage (including the deductible). Once you reach this amount, the plan pays 100% of coverage expenses (In-Network) for the rest of the calendar year.

**Deductible Phase In-Network
(\$2,700 Individual / \$2,800 Family)**

All services are subject to the plan deductible including prescription drugs.
The deductible is not combined for In-Network and Out-of-Network services.
You will use your Marin Benefits debit card to pay for eligible deductible expenses.



Once you meet your Deductible In-Network

Services will be subject to 40% coinsurance.
You will continue to pay this share of costs until you meet your Out of Pocket Maximum.
You will no longer be able to use your Marin Benefits debit card for expenses once you exhaust your funding.



**Once you meet your Deductible In-Network
(\$7,050 Individual / \$14,100 Family)**

If you reach your out of pocket maximum, the plan pays 100% for any additional services and/or prescription drugs. Given the \$3,000 / \$8,000 funding from your employer, the most you will pay out of pocket In-Network is \$4,050 / \$6,100. These maximums run on a calendar year (the same applies to your deductible).

The Kaiser HRA

How it Works:

Your In-Network preventive care is covered at 100%. You must meet an annual, calendar year deductible for most services before the plan begins to cover non-preventive care expenses like specialist visits, lab work, prescriptions, and surgeries. You are responsible for 100% of those non-preventive care costs up to your Annual Deductible. However, Huneus is covering the first \$3,000 for employee only coverage / \$8,000 for family coverage.

After you reach your Annual Deductible, you and the plan share the cost of your health care services. The plan pays 75% and you pay 25% (this cost sharing is called coinsurance); some services are subject to a copay rather than coinsurance, see benefit summary on page 5.

For covered services, coinsurance will only apply to the Out of Pocket Maximum \$7,800 for Employee Only coverage / \$15,600 for Family Coverage (including the deductible). Once you reach this amount, the plan pays 100% of coverage In-Network expenses for the rest of the calendar year.

Deductible Phase In-Network (\$2,250 Individual / \$4,500 Family)

Services are either submit to the plan deductible or are a copay including prescription drugs. You will use your Marin Benefits debit card to pay for eligible deductible expenses including copays.



Once you meet your Deductible In-Network

Some of your services will be subject to a copay and some will be subject to 25% coinsurance. You will continue to pay this share of costs until you meet your Out of Pocket Maximum. You will no longer be able to use your Marin Benefits debit card for expenses once you exhaust your funding.



Once you meet your Deductible In-Network (\$7,800 Individual / \$15,600 Family)

If you reach your out of pocket maximum, the plan pays 100% for any additional services and/or prescription drugs. Given the \$3,000 / \$8,000 funding from your employer, the most you will pay out of pocket In-Network is \$4,800 / \$7,600. These maximums run on a calendar year (the same applies to your deductible).

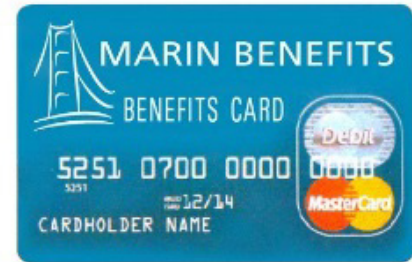
Understanding How the HRA Works

You HRA Administrator: Marin Benefits



Your Marin Benefits Debit Card

Accessing your HRA funds has never been easier! You will be provided with a debit card, and your spouse an/or Domestic Partner enrolled in the HRA medical plan will also be issued a card. Do not attempt to use the card for non-eligible expenses as it could result in your card being frozen and/or your HRA to be deactivated. Your card is pre-loaded with your HRA funds. Remember, your card is replenished with your HRA funds at the start of each calendar year. Once you have exhausted your HRA funds the debit card will be deactivated. You are responsible for all out of pocket expenses up to the plan's out of pocket maximum.



Paying for Your Deductible Expenses

We encourage you to request to be billed if you are asked to pay at the point of service (doctor's office, laboratory, etc.). If payment is required at the time of service, you can use your debit card to pay but please be aware that the charge at the point of service will not always be accurate. To verify allowed charges and what has been applied towards your deductible, it will be necessary for you to review your Explanation of Benefits (EOB) from your respective insurance carrier (see pages 10-11 for instructions on how to obtain your EOB).

Submitting Claims

If you did not use your Marin Benefits debit card to pay for your services, you can submit your claim in the following ways:

1. Online: www.mywealtheonline.com/marinbenefits
2. Fill out a **Claim Form**, attach proper documentation and fax to:
Fax: 415-454-2928
3. Fill out a **Claim Form**, attach proper documentation and mail to:
700 Larkspur Landing Circle, Suite 199
Larkspur, CA 94939

You can download a Claim Form by visiting benefits.filice.com/hv under the Forms section.

Register

Managing your HRA

We highly encourage employees to register online at the link above to best manage their HRA. Registering on the Marin Benefits participant portal allows you to check your HRA plan balance, transaction history, submit claims online and much more! To register you will need the following information:

Employee ID: **Your Social Security Number**
Employer ID: **MBIHV OR MBIHW**

Using Your Medical Plan - Helpful Tips

Preventive vs. Diagnostic Care, What's the Difference?

Regular preventive care can help you stay healthy, catch problems early on and may be potentially life saving. The UHC and Kaiser HRA plans cover 100% of covered preventative care services including screenings, immunizations and physical exams. If you visit In-Network providers, you don't have to worry about any out of pocket costs for preventive care services.

Preventive care for the purposes of your no-cost annual exam is standardized. The specific tests covered with no costs sharing are determined by federal legislation. For example, if your doctor recommends having a colonoscopy because of your age or gender, that's preventive care. However, if your doctor recommends a colonoscopy to investigate symptoms or due to a family history, or if while undergoing a preventive colonoscopy further tests are required, then the services will be treated as diagnostic care and your insurance plan cost sharing will apply.

What to do in an Urgent Situation

The **emergency room (ER)** shouldn't be your first stop – unless there is a true emergency.

Here's a checklist:

- Are your symptoms severe and/or life-threatening?
- Did they occur suddenly and without warning?
- Is there excessive bleeding, extreme pain, shortness of breath or broken bones?
- Using your best judgment, do you believe there may be serious impairment to bodily functions or serious dysfunction of a bodily organ/part without immediate medical attention?

If you answered yes to any of these questions, call "911" or go to your nearest emergency room.

Otherwise, please see the options below to ensure that you are seeking the most appropriate care for your injury / illness.

If you are enrolled on the UHC or Kaiser HRA plan, you may opt for any contracted **Urgent Care Center** in your area. To find a list of Urgent Care Centers, visit the carrier website and click on "Find A Doctor, Dentist, or Facility" to search for the closest urgent care in your area. You can also call the number on the back of your ID card, and ask to speak with a nurse 24/7 for help determining if symptoms require urgent assistance or can wait until you make an appointment with your regular doctor.

While both urgent and emergency care situations are serious, urgent care is for medical symptoms, pain or conditions that require immediate medical attention, but are not severe or life-threatening and do not require use of a hospital or ER. Urgent care conditions include, but are not limited to: earache, sore throat, rash, sprained ankle, flu and fever not higher than 104°.

Accessing Your Explanation of Benefits (EOB)

To track your claims and deductible expenses and/or submit a manual HRA claim to Marin Benefits, you will need to access your Explanation of Benefits (EOB) from your respective carrier. This document shows the provider, date(s) of service, services performed, and the costs of those services. The quickest way to obtain your EOB is by registering on the online member portal through your insurance carrier (UHC or Kaiser). **Please note, if you are asked to substantiate a payment made with your Marin Benefits debit card, you will need to submit your EOB to satisfy this request.**

For UnitedHealthcare Members

1. Go to www.myuhc.com
2. Click on the "Register" Link
3. Follow the prompts and enter your personal information; you will need your UHC ID number which can be found on your UHC ID card.
4. Create a username and password
5. Enter your email address to have information sent directly to you
6. Confirm your registration

Service Center
Address
City, State, ZIP Code
Phone: 1-888-888-8888

Have more questions about your claim?
Visit (name of member website)
for all your claim and benefit information.

John Johnson
Address
City, State, ZIP Code

Date

1 Member/Patient Information
Member/Patient: John Johnson
Member ID: 123456789
Group Name: ABC Company
Group #: 1234567

Explanation of Benefits Statement
This is not a bill. Do not pay. This is to notify you that we processed your claim.

2 **Claims Summary** Detailed claim information is located on following page(s)

Dollar Amount	Description
\$229.00	Amount Billed The amount your provider charged for services provided to you.
\$32.23	Plan Discounts The money your health benefit plan paid.
\$80.00	Your Plan Paid The money your health benefit plan paid.
\$116.77	Total Amount You Owe the Provider(s) The portion of the Amount Billed you owe the provider(s). This amount does not reflect any payment you may have already made at the time you received care. This amount may include your deductible, copay, coinsurance and/or non-covered charges. This amount does not include any payments made to the subscriber. If a payment was made directly to the subscriber, you/the subscriber is responsible for paying the physician, facility or other health care professional. <small>*When coordination of benefits applies, this amount will include payments made to the subscriber.</small>

Use this EOB statement as a reference or retain as needed. Page 1 of 4

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Your EOB may look different depending on your plan.

- 1** **Member/Patient Information**
Member - The name of the individual with group health coverage through their employer.
Patient - The name of the person who received the medical care.
- 2** **Claims Summary**
Summary section shows the "math" with details on how much your plan paid, plan discounts, and how much you may owe your provider.

UnitedHealthcare Member Resources: Member Website and Mobile App

Sign up for myuhc.com.

Get the most out of your benefits with myuhc.com.

When it comes to managing your health plan and making more informed decisions, simpler is better. With myuhc.com, you have a personalized website that helps you access and manage your health plan:

- Find and estimate costs for the network care you need.
- See what's covered, and get information about preventive care.
- View claim details and account balances.
- Sign up for paperless delivery of your required plan communications.

Set up your account today.

1. Have your ID card handy and go to myuhc.com.
2. Click on **Register Now** and follow the step-by-step instructions.

Download the Health4Me app.

Get on-the-go access.

The Health4Me app puts your health plan at your fingertips. Download to:

- Find nearby care options in your network.
- Connect to a doctor online 24/7.
- See your claim details and view progress toward your deductible.
- View and share your ID card.
- Log on easily with Touch ID®.

Information at your fingertips.

Having access to your health plan on your phone allows you to conveniently view and share important information. You can email or fax your family's health plan ID cards, review claims, pay providers and check account balances and benefit amounts. Plus, the Personal Health Record feature allows you to collect, track and share past and current information about your health. See and speak to a doctor online anytime from your mobile device or computer.



UnitedHealthcare Member Resources: Virtual Visits



Visit with a doctor 24/7 — whenever, wherever

With a Virtual Visit, you can talk — by phone¹ or video — to a doctor who can diagnose common medical conditions and even prescribe medications, if needed.²



Virtual Visits may make it easier than ever to get treated by a doctor

Whether using myuhc.com[®] or the UnitedHealthcare[®] app, Virtual Visits let you video chat with a doctor 24/7 — without setting up additional accounts or apps. But, if you'd rather just speak with a doctor, you can simply do a Virtual Visit over the phone. **With a UnitedHealthcare plan, your cost for a Virtual Visit is \$49 or less.³**

Use a Virtual Visit for these common conditions:

- Allergies
- Flu
- Sore throats
- Bronchitis
- Headaches/migraines
- Stomachaches
- Eye infections
- Rashes
- and more

\$49^{cost}

An estimated 25% of ER visits could be treated with a Virtual Visit — bringing a potential \$2,000⁴ cost down to \$49.

Get started

Sign in at myuhc.com/virtualvisits | Call 1-855-615-8335
Download the UnitedHealthcare app

United Healthcare

¹ Data rates may apply.

² Certain prescriptions may not be available, and other restrictions may apply.

³ The Designated Virtual Visit Provider's reduced rate for a Virtual Visit is subject to change at any time.

⁴ Source 2019: Average allowed amounts charged by UnitedHealthcare Network Providers and not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. (Estimated \$2,000.00 difference between the average emergency room visit and the average urgent care visit.) The information and estimates provided are for general informational and illustrative purposes only and is not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

The UnitedHealthcare[®] app is available for download for iPhone[®] or Android[®]. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Insurance coverage provided by or through UnitedHealthcare Insurance Company and its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

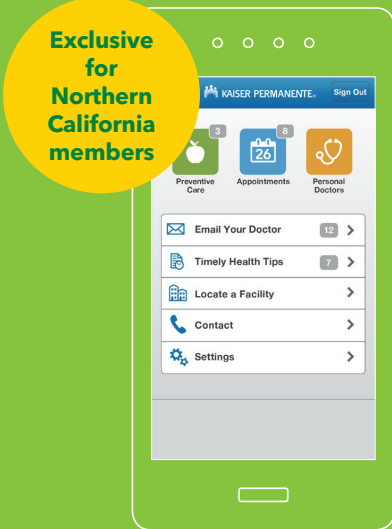
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Kaiser Member Resources: Member Website and Mobile App

PAIR UP FOR YOUR HEALTH

Stay on top of your health, 24/7, with our two apps.

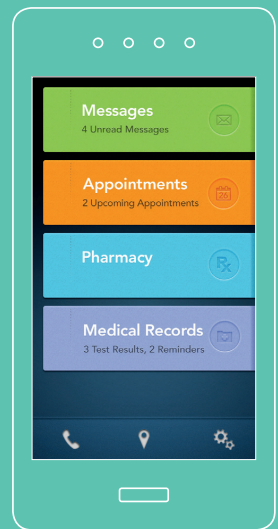
KP PREVENTIVE CARE APP



Exclusive for Northern California members

Get appointment reminders and preventive services alerts for you and your family, access your doctor's home page, and more.

KAISER PERMANENTE APP



Email your doctor, schedule routine appointments, refill prescriptions, check lab results, and more.



Download both apps for free on your smartphone.



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

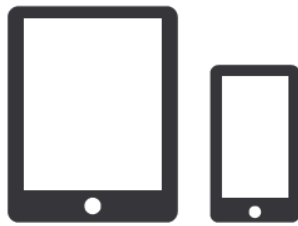
Certain features of the apps apply only to care you receive at Kaiser Permanente facilities. App Store is a service mark of Apple, Inc. Google Play is a trademark of Google, Inc.



Kaiser Member Resources: Online Visits

Join Your Video Visit

Join on Mobile



Go to kp.org/mydoctor/videovisits.

Join on Computer



Go to kp.org/mydoctor/videovisits.

STEP
1

WWW.

STEP
2



STEP
3



Choose "Get the App"
to download KP
Preventive Care App.

Open the app & log-in using your
kp.org username.

*If you do not have a kp.org username, tap "Sign In
Help" at the bottom and follow the prompts to sign
in with your medical record number.*

Click "Get Prepared" and follow the
instructions for downloading and
installing the Vidyo Web plug-in.

Go to "Appointments".
Tap "Join" to start your video visit.

Click "Join Your Video Visit" to start
your visit.

Need Help? Go to kp.org/mydoctor/videovisits and click "Video Visit Support".

Dental Coverage

Dental benefits are offered to all benefit-eligible employees and their families through Anthem Blue Cross (Anthem). With the Dental PPO plan, members can seek care from any dentist.



You'll save money when you visit a dentist in the Dental Complete Network because Anthem and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges. To find a dentist by name or location, go to [anthem.com/provider/dental/](https://www.anthem.com/provider/dental/) or call dental customer service at the number listed on the back of your ID card.

Dental Plan Features	PPO Network	
	In-Network	Out-of-Network
Plan Year Deductible: Individual / Family	\$50 / \$150	\$75 / \$225
Annual Calendar Year Maximum	\$1,500	
Child & Adult Orthodontic Lifetime Maximum	\$1,500	
Benefit Payment:	Based on Contracted Fees	Maximum Reimbursable Charge
Preventive (Class I) :	100%	70%
Basic (Class II) :	80%	70%
Major (Class III) :	50%	50%
Orthodontia :	50%	50%

You can use dentists in your plan to save big! Ready to see a dentist?

You'll save money two ways:

1. Anthem sets pricing rates with dentists in your plan, so they usually charge less.
2. If, for some reason, a dentist in your plan charges more, you can't be billed for the difference between what Anthem pays and what was charged.

Plus, you'll save time and hassles because dentists in your plan file claims for you.

Great! It's easy:

- Search for a dentist online with the Find a Doctor tool.
- Remember, you could save out-of-pocket costs by choosing a dentist in your plan.
- Make an appointment.
- Show the office staff your member ID card.
- Pay your plan deductible or copay.

Vision Coverage

Vision benefits are offered to all benefit-eligible employees and their families through Anthem Blue Cross (Anthem). The program allows members to access both In Network and Out of Network providers. However, greater savings are obtained if care is received through an In Network provider. Anthem has one of the largest networks of independent optometrists and ophthalmologists in the nation. In addition, doctors in the Anthem network provide both eye exams and eye wear, making it convenient for you to obtain total eye care services with one provider.



If you decide not to see an Anthem provider, you will receive a lesser benefit and typically pay more out of pocket. You are required to pay the provider in full at the time of your appointment and submit a claim for partial reimbursement.

Vision Plan Features			
Services	In-Network	Out-of-Network	Frequency Period
Exam / Materials Copay	\$10 / \$25	Up to \$42	12 Months
Exam Allowance	Covered 100% after Copay	Up to \$42	12 Months
Lenses	Covered 100% after Copay	Up to \$40	12 Months
Single Vision		Up to \$65	12 Months
Bifocal		Up to \$75	12 Months
Trifocal			
Frames Allowance	Up to \$150	Up to \$45	24 Months
Contact Lenses			
Elective	Up to \$150	Up to \$105	12 Months
Medically Necessary	Covered 100%	Up to \$210	12 Months



Select *Find a Doctor*

To search on the app, you'll need a username and password.

On [anthem.com/ca](https://www.anthem.com/ca), log in as a member with your username and password, or your member ID card number.

You can also search as a guest. Just select a plan or network, or search by all plans and networks.*



Search for a provider

You can search based on type of provider or facility, locations near you or a provider's name.



Click on the name of an eye care provider to learn more

Find out about their training, specialties, languages spoken, location and phone number.

Basic Life/AD&D and Voluntary Options



Huneeus provides all eligible employees with Basic Life and Accidental Death & Dismemberment (AD&D) Insurance **at no cost to you** through Mutual of Omaha. All regular employees working 30 hours per week are automatically enrolled for these coverages on the first of the month following your date of hire. **Be sure to complete beneficiary information at time of enrollment and update your information as appropriate.**

You may also elect to purchase Voluntary Life and AD&D Insurance for yourself and your eligible dependents. **Please Note:** If you or your eligible dependents do not enroll in the Voluntary Life plan when you are first eligible, you may enroll at a later date. However, ALL coverage amounts will require proof of good health (Evidence of Insurability) and are subject to approval by Mutual of Omaha.

Basic Life Insurance

In the event of your death, this plan pays your beneficiary a benefit of \$50,000.

Please note, per IRS regulations, premiums paid by the company for amounts of life insurance in excess of \$50,000 are subject to imputed income taxation.

Basic AD&D Insurance

In the event of your death, this plan pays your beneficiary an additional benefit in the amount of your basic life benefit.

If you are seriously injured as the result of an accident (for example: lose your eyesight, paralysis), this plan will pay a partial benefit to you.

Voluntary Life and AD&D Insurance

You have the opportunity to supplement your Basic Life and AD&D Insurance by purchasing Voluntary insurance coverage through Mutual of Omaha for yourself and your eligible dependent. You must elect Life and AD&D coverage for yourself in order to cover your eligible dependents. If you leave Huneeus Vintners, you may be eligible to port or convert your voluntary life policy.

Employee

You may purchase increments of \$10,000, to a maximum amount equal to five times your annual salary up to \$300,000. Guarantee Issue = \$150,000.

Spouse or Domestic Partner

You may purchase increments of \$5,000 not to exceed \$100,000 or 100% of your employee elected coverage. Benefits will be paid to the employee. Guarantee Issue = \$30,000.

Child(ren)

You may purchase life insurance for your child(ren) from ages 14 days to 26 years in the amount of \$10,000. Guarantee Issue = \$10,000.

** Rate information is available on Huneeus benefits website**

Income Protection Benefits

If you become ill or injured and are unable to work, Huneus provides income protection benefits **at no cost to you** through Mutual of Omaha. These benefits have been designed to protect your income a situation where you become unable to work due to a disability. Please note that specific restrictions apply to these benefits. In addition, any benefit, if received, is considered income and subject to all applicable taxes.



Short-Term Disability Insurance (STD)

If you become ill or injured and are unable to work, Huneus provides income protection benefits through Mutual of Omaha. Regular employees working 30 or more hours per week are automatically enrolled in this coverage on the first of the month following your date of hire.

- STD benefits may replace up to 60% of your pre-disability salary, to a maximum benefit of \$2,500 per week.
- Any STD benefits are offset by income from other sources, including Social Security, or Workers' Compensation so that the maximum weekly benefit you receive is not greater than 60% of your weekly earnings.
- There is a 7 day waiting period, thus, STD benefits begin on the 8th day of your disability.
- STD benefits may continue for up to a maximum of 12 weeks.

Features	Short Term Disability
Benefits begin	8th day after disability
Percentage of Income Replaced	60%
Maximum Benefit	\$2,500 per week

Long-Term Disability Insurance (LTD)

LTD coverage provides financial assistance if you are not able to return to work after 90 days of disability due to an illness or injury. Regular employees working 30 or more hours per week are automatically enrolled in this coverage on the first of the month following your date of hire.

- LTD benefits may replace up to 60% of your pre-disability salary, to a maximum benefit of \$6,000 per month.
- Any LTD benefits are offset by income from other sources, including Social Security, or Workers' Compensation so that the maximum monthly benefit you receive is not greater than 60% of your monthly earnings.
- LTD benefits can continue until you are able to return to work (or you reach the normal retirement age for Social Security benefits).
- Because LTD is payable through Social Security Normal Retirement Age, active employees who become disabled at their retirement age will be guaranteed a set duration of benefits. Please see the Certificate of Coverage for complete schedule.

Features	Long Term Disability
Benefits begin	90th day after disability
Percentage of Income Replaced	60%
Maximum Benefit	\$6,000 per month

Employee Assistance Program (EAP)



At Huneus, we want you to succeed in both your work and personal life. You have access to a confidential Employee Assistance Program (EAP) through Mutual of Omaha. This benefit is 100% company-paid.

Mutual of Omaha EAP provides access to credentialed counselors and professional, experienced consultants who provide assistance for a variety of personal concerns.

To access the benefit, please call Mutual of Omaha EAP toll-free at 800-316-2796 or visit the website: www.mutualofomaha.com/eap



Problems Commonly Handled by the EAP:

- Marital, family, and relationship issues
- Emotional issues such as anxiety or depression
- Work concerns including stress or co-worker disputes
- Substance Abuse
- Legal and financial advice
- Child or elder care
- Most other areas of personal concern: Claremont EAP has over 100 categories of identified service areas.

General Information

- Eligibility: All employees and family members (including domestic partners) living in the immediate household; children away at college
- Access: All care should be pre-authorized by calling Mutual of Omaha at 800-316-2796
- Hours: Available Anytime 24/7

Services Include

- Confidential counseling including **five face-to-face visits with a counselor per household per year.**
- Financial Consultation including budgeting, credit report review, debt management, and financial planning.
- Legal assistance and financial services.
- Dependent Care referrals to facilities and providers. (Please note, referrals are not recommendations).
- Community referrals such as assistance finding support groups, self-help groups, community resources, and more.
- Written information such as access to a number of articles on medical and mental health topics.

Flexible Spending Accounts

Huneeus offers two flexible spending accounts (FSAs): Health Care FSA and Dependent Care FSA through Benefit Resource Inc. Both of these plans allow you to use pre-tax dollars to pay for IRS qualified health and dependent care expenses. Each plan year, you decide how much to contribute to your FSA on a pre-tax basis.



The annual amount you elect is deducted from your paycheck in equal amounts each pay period. As you incur eligible expenses during the calendar year (January-December), you may request reimbursement from the plan administrator from the appropriate account.

Health Care FSA

The Health Care FSA allows you to set aside up to \$2,850 annually to pay for certain health care expenses that are not covered or only partially covered by your health care plans (medical, dental, vision and prescription drug). Examples of eligible expenses include copays for office visits and prescription drugs, chiropractic care, laser eye surgery and orthodontia.

Debit Card for Expenses

For the Health FSA, you will receive a debit card to use at participating vendors. This card will only work for eligible FSA expenses.



Dependent Care FSA

The Dependent Care FSA is designed for people who need dependent care so that they can work. You are eligible to participate if you are single or married. However, if you are married, your spouse must either work or go to school full-time, or be unable to care for your dependents due to a disability, in order for you to be eligible for the Dependent Care FSA.

Dependent care can be for your children under age 13, spouse or parents. Dependents must live with you and be claimed as a dependent on your federal income tax return. The most you can contribute per year to the Dependent Care FSA is \$5,000 per IRS household. If you and your spouse file separately, you may each contribute \$2,500 to the Dependent Care FSA.

Important IRS Rules Related to FSAs

- 1** You are allowed to rollover up to \$570 of unused funds to the next plan year.
- 2** You have a 90 day run out period after the plan year ends.
- 3** You cannot change or stop your contributions to the FSAs during the year unless you have a qualifying change in status (see page 3 for more information on status changes).
- 4** Money cannot be transferred between accounts. For example, you cannot use your Dependent Care FSA for health care expenses or vice versa.

Additional Benefits through Mutual of Omaha

Will Preparation

Creating a will is an essential part of estate planning. While many people recognize the importance of purchasing life insurance, less than 50 percent have a legal will. Mutual of Omaha also provides Huneus Vintners employees with will preparation services by Willing. Willing provides online will preparation services at a discounted price. In just 10 minutes you can create a personalized will. Here's how it works:

- Log on to [Mutual of Omaha](#)
- Answer simple multiple choice questions on a computer or smartphone
- At time of checkout, enter Mutual55 to receive discounted pricing on Will Prep Service
- Download and print any document instantly
- Update information with any major life change – free updates for 1 year

Identity Theft Assistance

Identity Theft Assistance, provided by AXA Assistance, helps you and your dependents understand the risks of identity theft, learn how to prevent it, and most importantly, assist you if your information is compromised.

ID Theft Assistance is available as part of your overall Travel Assistance package.

Access ID Theft Assistance services by calling AXA Assistance toll-free at 800-856-9947.



Travel Assistance

Mutual of Omaha provides Huneus Vintners employees with 24-hour, 365-days-a-year travel assistance whenever you or your family members are travelling domestically or internationally 100+ miles from home. Services include but are not limited to:

- Emergency medical assistance such as transportation, evacuation, referrals to doctors / dentists / facilities, and prescription assistance.
- Emergency cash
- Translation and interpretation services
- Locating legal services
- Assistance with lost or stolen baggage
- Pre-trip assistance (obtaining visas or required documentation, consulate / embassy locations, currency exchange rates and more!)

Access the Mutual of Omaha Secure Travel:

- ID number 9900MOO2
- 800-856-9947 (U.S.)
- 312-935-3658 (International)

Voluntary Plans

Pet Insurance through Petplan

Petplan can help you with the cost of your pets’ medical bills, and cover hundreds of medical problems and issues related to accidental injuries, poisonings, and illness (including cancer).

Coverage helps pay for **office visits, tests, medications and treatments, lab fees, hospitalization and surgery.**

Features include:

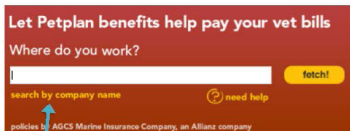
- All accidents and illnesses*
- All chronic and hereditary conditions*
- Prescription medications
- Diagnostic testing
- Non-routine dental treatment
- MRI, CAT and ultrasound imaging
- Specialist treatments and more!



*As long as the condition was not showing clinical signs prior to the effective date of the policy, or during the waiting period. There is a 5-day waiting period for accidents, and a 15-day waiting period for illnesses. Pre-existing conditions, including those where clinical signs are present prior to the effective date of the policy or during the policy waiting period, are excluded from coverage.

petplan benefits

1. Direct employees to PetplanBenefits.com



2. Type in employer name

3. Receive a 10% discount on every policy



Convenient Enrollment Options:

There are no payroll deductions for this voluntary benefit. If you would like to participate, visit the Petplan website or call (800)-809-9200 and advise them that you are an employee with Huneus.

Paperwork

To process your enrollment for the company-sponsored benefits, you must complete your elections in the ADP Workforce Now portal.

Benefits Website : benefits.filice.com/hv/

A benefits website has been created for employees with direct links to all the carrier websites, detailed plan descriptions and contact information. Many of your general questions can be answered by contacting the carrier directly, or reviewing the plan information on the Huneus benefits website.

You can search for “In-Network” doctors and dentists by following the links to directories for each carrier. You can also review plan details, contribution information, and access carrier links to log in as a member. To make changes to your Huneus benefits coverage, please notify your HR representative.

Legal Documents

All documents relating to the Employee Insurance Benefits Program, including the General COBRA Notice, HIPAA Privacy Notice, Summary Plan Descriptions, Summary of Benefits and Coverage (SBCs), and any other relevant Plan Documents or Notices are available to employees and their dependents electronically through the benefits website. To request a paper copy of any of the above documents email Human Resources at hr@huneuswines.com.

Questions?

Please direct all questions to your Client Service Manager at Filice Insurance:

Sara Packard (English)
sara@filice.com
925-299-7213

Nancy Centeno (Spanish)
ncenteno@filice.com
925-385-5302



Benefit Carrier Contacts

Plan	Phone #	Website / Email	Policy #
Medical: UnutedHealthcare	800-357-0978	www.myuhc.com	HV - 05L5672 HW - 05L5803
Medical: Kaiser	800-464-4000	www.kp.org	HV - 727231 HW - 727216
HRA: Marin Benefits	415-526-1401	www.marinbenefits.com helpdesk@marinbenefits.com	MBIHV MBIHW
Dental: Anthem Blue Cross	877-567-1804	www.anthem.com	HV- L00624 HW- L00704
Vision: Anthem Blue Cross	866-723-0515	www.anthem.com	HV- L00624 HW- L00704
Life, AD&D and Disability: Mutual of Omaha	800-775-8805 (Life & ADD) 800-877-5176 (STD & LTD)	www.mutualofomaha.com	G000BDJB
EAP: Mutual of Omaha EAP	800-316-2796	www.mutualofomaha.com/eap	G000BDJB
Flexible Spending Accounts (FSA): Benefit Resource Inc.	800-473-9595	www.benefitresource.com	huneesuswines
Travel Assistance: Mutual of Omaha	(US) 800-856-9947 (Int'l) 312-935-3658	www.mutualofomaha.com	9900MOO2
Voluntary Legal & ID Theft: LegalShield	800-854-7757	www.myidshield.com	203777
Identity Thefy Assistance: AXA Assistance	800-856-9947	N/A	G000BDJB
Will Preparation: Willing	N/A	www.mutualofomaha.com	Mutual55
Voluntary Pet Insurance: Petplan	800-809-9200	www.petplanbenefits.com	Huneesus Vintners
All Other Benefits Questions Sara Packard (English) Nancy Centeno (Spanish)	925-299-7213 925-385-5302	sara@filice.com ncenteno@filice.com	Huneesus

All documents relating to the Huneesus Employee Insurance Benefits Program, including the Summary Plan Descriptions, HIPAA Privacy Notice, General COBRA Notice and any other relevant Plan Documents or Notices, are available to employees and their dependents electronically through the benefits website. You may receive a paper copy of any of the above documents free of charge by contacting the Human Resources department. To view any of the above mentioned documents at any time, visit Huneesus personalized benefits website:

benefits.filice.com/hv



H U N E E U S

— WINES OF THE HUNEEUS FAMILY —