



SOCIAL AND
ENVIRONMENTAL
ENTREPRENEURS

2021

Benefits Guide

January 1, 2021 - December 31, 2021



See inside to learn more about your benefits.

Social & Environmental Entrepreneurs

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of quality benefits to protect your health, your family and your way of life. This brochure was designed to answer some of the basic questions you may have about your benefits. Please read it carefully along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your Registered Domestic Partner (RDP) and their children, where applicable by state law
- Your children who are your natural children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first day of the month following the applicable waiting period. If you fail to enroll on time, you will not have benefits coverage (except for Company-paid benefits).

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a Qualifying Event during the year. Following are examples of the most common Qualifying Events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching age 26
- Death of a spouse, Registered Domestic Partner (RDP), or child
- Change in child custody
- Change in coverage election made by your spouse/RDP during his/her employer's Open Enrollment period
- You lose coverage under your spouse's/RDP's plan

To make changes to your benefit elections, you must contact Human Resources within 31 days of the Qualifying Event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Key Terms in Cost Sharing



Deductible

The amount you pay out of your pocket for certain covered services each year before your plan starts to pay



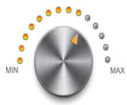
Copay

A fixed amount you typically pay for a covered services like doctor visits



Coinsurance

Your share of health plan costs (a percentage of total cost) after meeting your deductible



Out-of-pocket maximum

The most you have to pay out-of-pocket each year for health care services. Check your plan details to see if your deductible is part of your Out-of-Pocket maximum



Premium

The amount you pay to belong to a health plan

Anthem PPO Medical Plans

We are proud to offer you a choice of medical plans. Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description.

Key Medical Benefits	Bronze PPO 5600/45% w/HSA		Bronze PPO 40/5600/40%		Silver PPO 50/2200/40%	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Deductible (per calendar year)						
Individual	\$5,600	\$11,200	\$5,600	\$11,200	\$2,200	\$4,400
Family	\$11,200	\$22,400	\$11,200	\$22,400	\$4,400	\$8,800
Out-of-Pocket Maximum (per calendar year)						
Individual	\$7,000	\$14,000	\$8,400	\$16,800	\$8,150	\$16,300
Family	\$14,000	\$28,000	\$16,800	\$33,600	\$16,300	\$32,600
Covered Services						
PC/Specialist	45% after ded	50% after ded	\$40/\$80 after ded	50% after ded	\$50/\$85 (ded waived)	50% after ded
Inpatient Hospital	45% after ded	50% after ded	40% after ded	50% after ded	40% after ded	50% after ded
Outpatient Freestanding Facility	45% after ded	50% after ded	40% after ded	50% after ded	40% after ded	50% after ded
Emergency Room	45% after ded		\$250 + 40% after ded		\$350 + 40% after ded	
Urgent Care	45% after ded	50% after ded	40% after ded	50% after ded	\$85 (ded waived)	50% after ded
Prescription Drugs						
Deductible	medical deductible applies	Not covered	medical deductible applies	Not covered	\$250 indiv./\$500 fam.	Not covered
Tier 1	Level 1: 35% up to \$500 after ded; Level 2: 45% up to \$500 after ded	Not covered	Level 1: \$20; Level 2: \$25	Not covered	Level 1: \$20; Level 2: \$25 after ded	Not covered
Tier 2	Level 1: 35% up to \$500 after ded; Level 2: 45% up to \$500 after ded	Not covered	Level 1: \$70; Level 2: \$115	Not covered	Level 1: \$60; Level 2: \$100 after ded	Not covered
Pediatric Benefits (child age 18 and younger)						
Vision	included		included		included	
Dental	included		included		included	

Coinsurance percentages and copay amounts shown in the above charts represent the percentages that the member is responsible for paying.

If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

This is for comparison purposes only. Any final benefit determination will be made according to the plan Evidence of Coverage.



Anthem PPO Medical Plans Continued

We are proud to offer you a choice of medical plans. Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description.

Key Medical Benefits	Silver PPO 45/1750/40%		Gold PPO 35/1000/20%		Gold PPO 30/750/20%		Gold PPO 30/500/20%	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Deductible (per calendar year)								
Individual	\$1,850	\$3,700	\$1,000	\$2,000	\$750	\$2,000	\$500	\$2,000
Family	\$3,700	\$7,400	\$3,000	\$4,000	\$2,250	\$4,000	\$1,500	\$4,000
Out-of-Pocket Maximum (per calendar year)								
Individual	\$8,500	\$17,000	\$7,800	\$15,600	\$7,800	\$15,600	\$7,500	\$15,000
Family	\$17,000	\$34,000	\$15,600	\$31,200	\$15,600	\$31,200	\$15,000	\$30,000
Covered Services								
PC/Specialist	\$55/\$85 (ded. waived)	50% after ded	\$35/\$60 (ded waived)	50% after ded.	\$30/\$55 (ded. waived)	50% after ded	\$30/\$60 (ded. waived)	50% after ded
Inpatient Hospital	35% after ded.	50% after ded	20% after ded.	50% after ded.	20% after ded	50% after ded	20% after ded.	50% after ded
Outpatient Freestanding Facility	35% after ded.	50% after ded	20% after ded.	50% after ded.	20% after ded	50% after ded	20% after ded.	50% after ded
Emergency Room	\$350 + 35% after ded.		\$250 + 20% after ded.		\$250 + 20% after ded.		\$250 + 20% after ded.	
Urgent Care	\$85 (ded. waived)	50% after ded	\$60 (ded. waived)	50% after ded.	\$55 (ded. waived)	50% after ded	\$60 (ded. waived)	50% after ded
Prescription Drugs								
Deductible	\$300 indiv./\$600 fam.	not covered	\$250 indiv./\$500 fam.	not covered	\$250 indiv./\$500 fam.	not covered	\$200 indiv./\$400 fam.	not covered
Tier 1	Level 1: \$20; Level 2: \$25	not covered	Level 1: \$15; Level 2: \$25	not covered	Level 1: \$15; Level 2: \$25	not covered	Level 1: \$15; Level 2: \$25	not covered
Tier 2	Level 1: \$60; Level 2: \$95	not covered	Level 1: \$45; Level 2: \$65	not covered	Level 1: \$45; Level 2: \$65	not covered	Level 1: \$45; Level 2: \$65	not covered
Pediatric Benefits (child age 18 and younger)								
Vision	included		included		included		included	
Dental	included		included		included		included	

Coinurance percentages and copay amounts shown in the above charts represent the percentages that the member is responsible for paying.

If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

This is for comparison purposes only. Any final benefit determination will be made according to the plan Evidence of Coverage.



Anthem PPO Medical Plans Continued

We are proud to offer you a choice of medical plans. Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description.

Key Medical Benefits	Platinum PPO 15/250/10%		Platinum PPO 20/10%	
	In-Network	Out of Network	In-Network	Out of Network
Deductible (per calendar year)				
Individual	\$250	\$2,000	\$0	\$2,000
Family	\$750	\$4,000	\$0	\$4,000
Out-of-Pocket Maximum (per calendar year)				
Individual	\$4,000	\$8,000	\$4,000	\$8,000
Family	\$8,000	\$16,000	\$8,000	\$16,000
Covered Services				
PC/Specialist	\$15/\$30 (ded. waived)	50% after ded	\$20/\$40	50% after ded
Inpatient Hospital	10% after ded.	50% after ded	10%	50% after ded
Outpatient Freestanding Facility	10% after ded.	50% after ded	10%	50% after ded
Emergency Room	\$200 + 10% after ded.		\$200 + 10%	
Urgent Care	\$30 (ded. waived)	50% after ded	\$40	50% after ded
Prescription Drugs				
Deductible	none		none	not covered
Tier 1	Level 1: \$10; Level 2: \$20	not covered	Level 1: \$10; Level 2: \$20	not covered
Tier 2	Level 1: \$35; Level 2: \$50	not covered	Level 1: \$35; Level 2: \$50	not covered
Pediatric Benefits (child age 18 and younger)				
Vision	included		included	
Dental	included		included	

Coinsurance percentages and copay amounts shown in the above charts represent the percentages that the member is responsible for paying.

If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

This is for comparison purposes only. Any final benefit determination will be made according to the plan Evidence of Coverage.



Anthem HMO Medical Plans

(California Only)

We are proud to offer you a choice of medical plans. Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description.

Key Medical Benefits	Silver HMO 55/2250/45% In-Network Only	Gold HMO 35 In-Network Only	Platinum HMO 20 In-Network Only
Deductible (per calendar year)			
Individual	\$2,250	\$0	\$0
Family	\$4,500	\$0	\$0
Out-of-Pocket Maximum (per calendar year)			
Individual	\$8,400	\$6,500	\$2,200
Family	\$16,800	\$13,000	\$4,400
Covered Services			
PC/Specialist	\$55/\$110 (ded. waived)	\$35/\$70	\$20/\$40
Inpatient Hospital	45% after ded.	\$750/day, 4 days max	\$300/day, up to 3 days
Outpatient Facility	45% after ded.	\$450	\$200
Emergency Room	\$350 + 45% after ded.	\$300	\$250
Urgent Care	\$55 (ded. waived)	\$35	\$20
Prescription Drugs			
Deductible	\$300 indiv. /\$600 fam.	none	none
Rx Generic	Level 1: \$20; Level 2: \$25	Level 1: \$15; Level 2: \$25	Level 1: \$10; Level 2: \$20
Rx Preferred	Level 1: \$85; Level 2: \$110	Level 1: \$40; Level 2: \$60	Level 1: \$35; Level 2: \$50
Pediatric Benefits (child age 18 and younger)			
Vision	included	included	included
Dental	included	included	included

Coinsurance percentages and copay amounts shown in the above charts represent the percentages that the member is responsible for paying.

This is for comparison purposes only. Any final benefit determination will be made according to the plan Evidence of Coverage.



Kaiser HMO Medical Plans

(California Only)

We are proud to offer you a choice of medical plans. Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description.

Key Medical Benefits	Bronze 60 HMO 6300/65 In-Network Only	Silver 70 HMO 2250/55 In-Network Only	Gold 80 HMO 250/35 In-Network Only	0 In-Network Only
Deductible (per calendar year)				
Individual	\$6,300	\$2,250	\$250	\$0
Family	\$12,600	\$4,500	\$500	\$0
Out-of-Pocket Maximum (per calendar year)				
Individual	\$8,200	\$8,200	\$7,800	\$4,500
Family	\$16,400	\$16,400	\$15,600	\$9,000
Covered Services				
PC/Specialist	\$65/\$95 (ded. waived first 3 visits; combined office limit)	\$55/\$90 (ded. waived)	\$35/\$55 (ded. waived)	\$20/\$30
Inpatient Hospital	40% after ded.	30% after ded.	\$600/day after ded., 5 days max	\$250/day, 5 days max
Outpatient Surgery	40% after ded.	30% after ded.	\$335 after ded.	\$125
Emergency Room	40% after ded.	30% after ded.	\$250 after ded.	\$150
Urgent Care	\$65 (ded waived first 3 visits; combined office limit)	\$55 (ded. waived)	\$35 (ded. waived)	\$20
Prescription Drugs				
Deductible	\$500 indiv./\$1,000 fam.	\$300 indiv. /\$600 fam.	None	None
Rx Generic	\$18 after ded	\$17	\$15	\$5
Rx Preferred	40% after ded	\$80 after ded	\$40	\$20
Pediatric Benefits (child age 18 and younger)				
Vision	included	included	included	included
Dental	included	included	included	included

Coinsurance percentages and copay amounts shown in the above charts represent the percentages that the member is responsible for paying.

This is for comparison purposes only. Any final benefit determination will be made according to the plan Evidence of Coverage.



Health Savings Account

Like the PPO plans, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in-network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses.

For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the plan works:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. *NOTE: If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.*
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. *NOTE: If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual.*
- **Health Savings Account (HSA): To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.**

Important: Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

2021 HSA Contribution Limit	Annual Maximum
Employee Only	\$3,600
Family (employee + 1 or more)	\$7,200
Catch-up (age 55+)	\$1,000



Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans², retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

¹ Tax free under federal tax law; state taxation rules may apply

² You must be enrolled in a qualified health plan to contribute to an HSA.

Dental Plans

We are proud to offer you a dental plan at an affordable group rate with carrier Reliance Standard. The following is a preview of the coverage available.

Key Dental Benefits	PPO		HMO (California Only)
	PPO	Out-of-Network ¹	In-Network Only
Deductible (per calendar year)			
Individual	\$50	\$50	None
Family	\$150	\$150	None
Deductible Waived Preventive Services	Yes	Yes	None
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)			
Per Individual	\$2,000	\$2,000	Unlimited
Covered Services			
Preventive Services	0%	0%	Charges will vary; see plan summary
Basic Services	20%	20%	
Major Services	50%	50%	

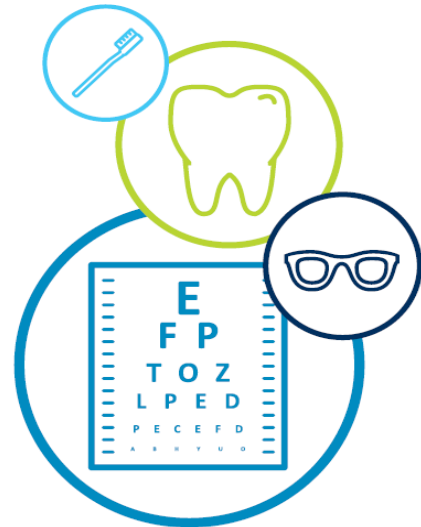
1.If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

*Coinsurance percentages and copay amounts shown in the above charts represent the percentages that the member is responsible for paying.

Vision Plan

We are proud to offer you a vision plan at an affordable group rate with carrier Reliance Standard. The following is a preview of the coverage available.

Key Vision Benefits	In-Network
Exam	Every 12 months
Lenses	Every 12 months
Frames	Every 24 months
Contact Lenses in Lieu of Frames	Every 12 months
Exam Co-pay	\$25
Supply Co-pay	\$25



Life/AD&D

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death. **Accidental Death and Dismemberment (AD&D) Insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

BASIC Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you.

Benefit Amount	\$50,000
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Flexible Spending Accounts (FSA)

SEE provides you with an opportunity to participate in two different Flexible Spending Accounts (FSAs) administered through TASC. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income tax, Social Security tax, and Medicare tax.

Health Care FSA

For 2021, you may contribute up to \$2,700 to cover eligible health care expenses incurred by you, your spouse, and your children up to age 26. **For a complete list of eligible health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.** **NOTE:** If you enroll in the HDHP HSA medical plan, you may only participate in the Limited Purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia, and vision expenses while preserving your HSA funds for eligible medical expenses.

Dependent Care FSA

For 2021, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). **For a complete list of eligible dependent care expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.**

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:
-Health Care FSA: Unused funds of up to \$500 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$500 will NOT be returned to you or carried over to the following year.

Long Term Disability

You are provided with Long-Term Disability Insurance at **NO COST** to you. Disability Insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Long Term Disability	
Benefit Percentage	60%
Monthly Benefit Maximum	\$6,000
When Benefits Begin	after 180 days
Maximum Benefit Duration	up to age 70

Employee Assistance Program (EAP)

Life is full of challenges and sometimes balancing it is difficult.

SEE is proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP programs are provided at **NO COST** to you and can help with the following issues, among others:

- Stress, anxiety or depression
- Relationships, marital conflict
- Substance abuse & mental health

EAP Services:

- Assistance for you or a household family member
- Up to (3) in-person sessions with a counselor, per individual

Toll-free: 855.RSL.HELP
Online: <http://rsli.acieap.com>

EAP (Company-paid)

This benefit is provided at **NO COST** to you.

BenefitHub

BenefitHub is your exclusive employee discount program. Here you can find discounts and a robust reward market place where you can save money on thousands of items from around the world. Visit the site today <https://see.benefitHub.com>.

REFERRAL CODE: F7UEPY

Please visit the website for the full list of discounts and vendors		
Theme Park Tickets	Shopping & Apparel	Health and Wellness
Car Rental & Travel	Exclusive Whole Sale Memberships	Mobile Phone Services
Entertainment	Electronics	Restaurants

BenefitHub (Company-sponsored)

This benefit is provided at **NO COST** to you.

Identify Theft Protection: InfoArmor

This year you have the option of enrolling in the Privacy Armor Plus identity theft protection benefit through InfoArmor at **NO COST** to you. Employee only coverage is covered by your employer. InfoArmor members have protection services, including proprietary identify monitoring with technology that scans hundreds of millions of transactions per second looking for different threats that could lead to identity theft.

There is an **option to purchase dependent coverage**. Dependents include "under roof, under wallet" - children, grandchildren, parents, etc.

See Flyer for additional information.

Employee Only	\$5.25
Buy Up Option	\$11.95

Voluntary Life/AD&D

If you determine you need more than the basic coverage, you may purchase additional coverage for yourself and your eligible family members.

Key Supplemental Life/AD&D Benefits*	
Employee	Units of \$10,000 to the maximum of \$500,000 but not to exceed \$500,000 rounded to the next higher \$10,000 if not already a multiple thereof. Employee guaranteed issue is \$80,000.
Spouse	Units of \$10,000 to the maximum of \$500,000 but not to exceed 50% of your coverage amount. \$500,000 rounded to the next higher \$10,000 if not already a multiple thereof. Spouse Guaranteed issue is \$20,000.
Unmarried Dependent Children (Live birth to age 26 if a full time student)	14 days to 6 months old:\$1,000.; 6 months to age 20* \$10,000 (26* if full time student). All child amount is guaranteed issue.

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Voluntary Pet Protection

SEE provides you with an opportunity to participate in the voluntary pet protection offered through Pets Best. Cover up to 90% of your pet's unexpected veterinary costs with a Pets Best pet insurance plan with flexible coverage options, and no annual or lifetime limits. With accident pet insurance for dogs, you can help pay for unexpected accidents and illnesses. With accident pet insurance for cats, you can help pay for the vet bills when they are sick or hurt.

Obtain a quote by visiting <https://www.petsbest.com/seePET> or by calling 888-984-8700 and mentioning the code SEEPET.

*Pet Disease and Sickness is Individual Underwritten/Rated

Contact Information

Coverage	Carrier	Group Number	Phone	Website
Benefits Website	EASE	N/A	N/A	https://see.ease.com
Medical HMO/PPO	Anthem	316431	855-383-7248	https://www.anthem.com
Medical HMO	Kaiser	346978	800-464-4000	https://www.kp.org/thrive
Dental HMO	Reliance Standard	0-0-3349	877-433-6825	https://www.caldental.com
Dental PPO		136-420583	800-351-7500	https://www.reliancestandard.com
Vision				
Voluntary Life / AD&D				
Group Life / AD&D				
Long Term Disability				
Identity Theft Protection		InfoArmor (Allstate Identity)	TBD	800-789-2720
Pet Insurance	Pets Best	TBD	877-738-7237	https://www.petsbest.com
BenefitHub	Hub International	N/A	N/A	https://see.benefitHub.com
EAP	ACI Specialty Benefits	136-420583	855-775-4357	https://rsli.acieap.com

Benefits Website

Our Benefits Website <https://see.ease.com> can be accessed anytime you want additional information on our benefits program.

Questions?

If you have additional questions, you may also contact:

Jamie Marcos
(818) 225-9150
jamie@saveourplanet.org

Cindy Gray
(805) 204-3243
cynthia.gray@hubinternational.com

Mona Rohn
(805) 880-4269
mona.rohn@hubinternational.com



Important Note: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The Company will distribute all required notices annually.



Social & Environmental Entrepreneur

Monthly Medical Premium

Anthem PPO									
Actual Age	Bronze PPO 5600/45% w/HSA	Bronze PPO 40/5600/40%	Silver PPO 50/2200/40%	Silver PPO 45/1750/40%	Gold PPO 35/1000/20%	Gold PPO 30/750/20%	Gold PPO 30/500/20%	Platinum PPO 15/250/10%	Platinum PPO 20/10%
0-14	\$260.27	\$259.20	\$291.13	\$294.98	\$337.50	\$343.66	\$349.91	\$413.67	\$423.57
15	\$283.40	\$282.24	\$317.01	\$321.20	\$367.50	\$374.21	\$381.01	\$450.44	\$461.22
16	\$292.25	\$291.05	\$326.90	\$331.22	\$378.97	\$385.89	\$392.91	\$464.50	\$475.62
17	\$301.09	\$299.86	\$336.80	\$341.25	\$390.44	\$397.57	\$404.80	\$478.56	\$490.02
18	\$310.62	\$309.34	\$347.45	\$352.04	\$402.80	\$410.15	\$417.61	\$493.70	\$505.52
19	\$320.15	\$318.83	\$358.11	\$362.84	\$415.15	\$422.73	\$430.41	\$508.85	\$521.02
20	\$330.01	\$328.66	\$369.14	\$374.02	\$427.94	\$435.75	\$443.68	\$524.53	\$537.08
21	\$340.22	\$338.82	\$380.56	\$385.59	\$441.18	\$449.23	\$457.40	\$540.75	\$553.69
22	\$340.22	\$338.82	\$380.56	\$385.59	\$441.18	\$449.23	\$457.40	\$540.75	\$553.69
23	\$340.22	\$338.82	\$380.56	\$385.59	\$441.18	\$449.23	\$457.40	\$540.75	\$553.69
24	\$340.22	\$338.82	\$380.56	\$385.59	\$441.18	\$449.23	\$457.40	\$540.75	\$553.69
25	\$341.58	\$340.18	\$382.08	\$387.13	\$442.94	\$451.03	\$459.23	\$542.91	\$555.90
26	\$348.39	\$346.95	\$389.69	\$394.84	\$451.77	\$460.01	\$468.38	\$553.73	\$566.98
27	\$356.55	\$355.08	\$398.83	\$404.10	\$462.36	\$470.79	\$479.36	\$566.71	\$580.27
28	\$369.82	\$368.30	\$413.67	\$419.14	\$479.56	\$488.31	\$497.19	\$587.80	\$601.86
29	\$380.71	\$379.14	\$425.85	\$431.48	\$493.68	\$502.69	\$511.83	\$605.10	\$619.58
30	\$386.15	\$384.56	\$431.94	\$437.64	\$500.74	\$509.88	\$519.15	\$613.75	\$628.44
31	\$394.31	\$392.69	\$441.07	\$446.90	\$511.33	\$520.66	\$530.13	\$626.73	\$641.73
32	\$402.48	\$400.82	\$450.20	\$456.15	\$521.92	\$531.44	\$541.10	\$639.71	\$655.02
33	\$407.58	\$405.91	\$455.91	\$461.94	\$528.53	\$538.18	\$547.97	\$647.82	\$663.32
34	\$413.03	\$411.33	\$462.00	\$468.11	\$535.59	\$545.37	\$555.28	\$656.47	\$672.18
35	\$415.75	\$414.04	\$465.04	\$471.19	\$539.12	\$548.96	\$558.94	\$660.80	\$676.61
36	\$418.47	\$416.75	\$468.09	\$474.28	\$542.65	\$552.55	\$562.60	\$665.12	\$681.04
37	\$421.19	\$419.46	\$471.13	\$477.36	\$546.18	\$556.15	\$566.26	\$669.45	\$685.47
38	\$423.91	\$422.17	\$474.18	\$480.45	\$549.71	\$559.74	\$569.92	\$673.77	\$689.90
39	\$429.36	\$427.59	\$480.27	\$486.61	\$556.77	\$566.93	\$577.24	\$682.43	\$698.76
40	\$434.80	\$433.01	\$486.36	\$492.78	\$563.83	\$574.12	\$584.56	\$691.08	\$707.62
41	\$442.97	\$441.14	\$495.49	\$502.04	\$574.42	\$584.90	\$595.53	\$704.06	\$720.90
42	\$450.79	\$448.94	\$504.24	\$510.91	\$584.56	\$595.23	\$606.06	\$716.49	\$733.64
43	\$461.68	\$459.78	\$516.42	\$523.25	\$598.68	\$609.61	\$620.69	\$733.80	\$751.36
44	\$475.29	\$473.33	\$531.64	\$538.67	\$616.33	\$627.57	\$638.99	\$755.43	\$773.50
45	\$491.28	\$489.26	\$549.53	\$556.79	\$637.06	\$648.69	\$660.49	\$780.84	\$799.53
46	\$510.33	\$508.23	\$570.84	\$578.39	\$661.77	\$673.85	\$686.10	\$811.13	\$830.54
47	\$531.76	\$529.58	\$594.82	\$602.68	\$689.56	\$702.15	\$714.92	\$845.19	\$865.42
48	\$556.26	\$553.97	\$622.22	\$630.44	\$721.33	\$734.49	\$747.85	\$884.13	\$905.28
49	\$580.42	\$578.03	\$649.24	\$657.82	\$752.65	\$766.39	\$780.32	\$922.52	\$944.60
50	\$607.63	\$605.13	\$679.68	\$688.66	\$787.95	\$802.32	\$816.92	\$965.78	\$988.89
51	\$634.51	\$631.90	\$709.74	\$719.13	\$822.80	\$837.81	\$853.05	\$1,008.50	\$1,032.63
52	\$664.11	\$661.38	\$742.85	\$752.67	\$861.18	\$876.90	\$892.84	\$1,055.54	\$1,080.80
53	\$694.05	\$691.19	\$776.34	\$786.60	\$900.01	\$916.43	\$933.10	\$1,103.13	\$1,129.53
54	\$726.37	\$723.38	\$812.50	\$823.23	\$941.92	\$959.11	\$976.55	\$1,154.50	\$1,182.13
55	\$758.69	\$755.57	\$848.65	\$859.87	\$983.83	\$1,001.78	\$1,020.00	\$1,205.87	\$1,234.73
56	\$793.73	\$790.47	\$887.85	\$899.58	\$1,029.27	\$1,048.05	\$1,067.11	\$1,261.57	\$1,291.76
57	\$829.12	\$825.70	\$927.42	\$939.68	\$1,075.16	\$1,094.77	\$1,114.68	\$1,317.81	\$1,349.34
58	\$866.88	\$863.31	\$969.67	\$982.48	\$1,124.13	\$1,144.64	\$1,165.46	\$1,377.83	\$1,410.80
59	\$885.59	\$881.95	\$990.60	\$1,003.69	\$1,148.39	\$1,169.35	\$1,190.61	\$1,407.57	\$1,441.26
60	\$923.36	\$919.56	\$1,032.84	\$1,046.49	\$1,197.36	\$1,219.21	\$1,241.38	\$1,467.60	\$1,502.71
61	\$956.02	\$952.08	\$1,069.37	\$1,083.51	\$1,239.72	\$1,262.34	\$1,285.29	\$1,519.51	\$1,555.87
62	\$977.45	\$973.43	\$1,093.35	\$1,107.80	\$1,267.51	\$1,290.64	\$1,314.11	\$1,553.57	\$1,590.75
63	\$1,004.33	\$1,000.20	\$1,123.41	\$1,138.26	\$1,302.36	\$1,326.13	\$1,350.24	\$1,596.29	\$1,634.49
64	\$1,020.66	\$1,016.46	\$1,141.68	\$1,156.77	\$1,323.54	\$1,347.69	\$1,372.20	\$1,622.25	\$1,661.07
65+	\$1,020.66	\$1,016.46	\$1,141.68	\$1,156.77	\$1,323.54	\$1,347.69	\$1,372.20	\$1,622.25	\$1,661.07

Social & Environmental Entrepreneurs

Monthly Medical Premium

Actual Age	Anthem HMO (California Only)			Kaiser HMO (California Only)				
	Silver HMO 55/2250/45%	Gold HMO 35	Platinum HMO 20	Bronze 60 HMO 6300/65	Silver 70 HMO 2250/55	Gold 80 HMO 250/35	Platinum 90 HMO 0/20	0
0-14	\$241.81	\$294.84	\$340.45	\$201.64	\$233.95	\$273.05	\$302.24	\$0.00
15	\$263.30	\$321.05	\$370.71	\$218.32	\$253.50	\$296.08	\$327.86	\$0.00
16	\$271.52	\$331.07	\$382.28	\$224.69	\$260.98	\$304.88	\$337.66	\$0.00
17	\$279.74	\$341.09	\$393.85	\$231.07	\$268.45	\$313.69	\$347.46	\$0.00
18	\$288.59	\$351.88	\$406.31	\$237.94	\$276.50	\$323.17	\$358.01	\$0.00
19	\$297.44	\$362.67	\$418.77	\$230.82	\$270.56	\$318.66	\$354.57	\$0.00
20	\$306.61	\$373.85	\$431.68	\$237.93	\$278.90	\$328.48	\$365.49	\$0.00
21	\$316.09	\$385.41	\$445.03	\$245.29	\$287.53	\$338.64	\$376.80	\$0.00
22	\$316.09	\$385.41	\$445.03	\$245.29	\$287.53	\$338.64	\$376.80	\$0.00
23	\$316.09	\$385.41	\$445.03	\$245.29	\$287.53	\$338.64	\$376.80	\$0.00
24	\$316.09	\$385.41	\$445.03	\$245.29	\$287.53	\$338.64	\$376.80	\$0.00
25	\$317.35	\$386.95	\$446.81	\$246.27	\$288.68	\$340.00	\$378.30	\$0.00
26	\$323.68	\$394.66	\$455.71	\$251.18	\$294.43	\$346.77	\$385.84	\$0.00
27	\$331.26	\$403.91	\$466.39	\$257.06	\$301.33	\$354.90	\$394.88	\$0.00
28	\$343.59	\$418.94	\$483.75	\$266.63	\$312.54	\$368.10	\$409.58	\$0.00
29	\$353.70	\$431.27	\$497.99	\$274.48	\$321.74	\$378.94	\$421.64	\$0.00
30	\$358.76	\$437.44	\$505.11	\$278.40	\$326.34	\$384.36	\$427.66	\$0.00
31	\$366.35	\$446.69	\$515.79	\$284.29	\$333.25	\$392.49	\$436.71	\$0.00
32	\$373.93	\$455.94	\$526.47	\$290.18	\$340.15	\$400.61	\$445.75	\$0.00
33	\$378.68	\$461.72	\$533.15	\$293.86	\$344.46	\$405.69	\$451.40	\$0.00
34	\$383.73	\$467.89	\$540.27	\$297.78	\$349.06	\$411.11	\$457.43	\$0.00
35	\$386.26	\$470.97	\$543.83	\$299.74	\$351.36	\$413.82	\$460.45	\$0.00
36	\$388.79	\$474.05	\$547.39	\$301.70	\$353.66	\$416.53	\$463.46	\$0.00
37	\$391.32	\$477.14	\$550.95	\$303.67	\$355.96	\$419.24	\$466.47	\$0.00
38	\$393.85	\$480.22	\$554.51	\$305.63	\$358.26	\$421.95	\$469.49	\$0.00
39	\$398.91	\$486.39	\$561.63	\$309.55	\$362.86	\$427.37	\$475.52	\$0.00
40	\$403.96	\$492.55	\$568.75	\$313.48	\$367.46	\$432.78	\$481.55	\$0.00
41	\$411.55	\$501.80	\$579.43	\$319.37	\$374.36	\$440.91	\$490.59	\$0.00
42	\$418.82	\$510.67	\$589.66	\$325.01	\$380.97	\$448.70	\$499.26	\$0.00
43	\$428.93	\$523.00	\$603.91	\$332.86	\$390.18	\$459.54	\$511.31	\$0.00
44	\$441.58	\$538.42	\$621.71	\$342.67	\$401.68	\$473.08	\$526.39	\$0.00
45	\$456.43	\$556.53	\$642.62	\$354.20	\$415.19	\$489.00	\$544.09	\$0.00
46	\$474.14	\$578.12	\$667.55	\$367.93	\$431.29	\$507.96	\$565.20	\$0.00
47	\$494.05	\$602.40	\$695.58	\$383.39	\$449.41	\$529.30	\$588.93	\$0.00
48	\$516.81	\$630.15	\$727.62	\$401.05	\$470.11	\$553.68	\$616.06	\$0.00
49	\$539.25	\$657.51	\$759.22	\$418.46	\$490.52	\$577.72	\$642.82	\$0.00
50	\$564.54	\$688.34	\$794.82	\$438.09	\$513.53	\$604.82	\$672.96	\$0.00
51	\$589.51	\$718.79	\$829.98	\$457.46	\$536.24	\$631.57	\$702.73	\$0.00
52	\$617.01	\$752.32	\$868.70	\$478.80	\$561.26	\$661.03	\$735.51	\$0.00
53	\$644.82	\$786.24	\$907.86	\$500.39	\$586.56	\$690.83	\$768.67	\$0.00
54	\$674.85	\$822.85	\$950.14	\$523.69	\$613.87	\$723.00	\$804.46	\$0.00
55	\$704.88	\$859.46	\$992.42	\$546.99	\$641.19	\$755.17	\$840.26	\$0.00
56	\$737.44	\$899.16	\$1,038.25	\$572.26	\$670.80	\$790.05	\$879.07	\$0.00
57	\$770.31	\$939.24	\$1,084.54	\$597.77	\$700.71	\$825.27	\$918.25	\$0.00
58	\$805.40	\$982.02	\$1,133.94	\$624.99	\$732.62	\$862.86	\$960.08	\$0.00
59	\$822.78	\$1,003.22	\$1,158.41	\$638.49	\$748.44	\$881.49	\$980.80	\$0.00
60	\$857.87	\$1,046.00	\$1,207.81	\$665.71	\$780.35	\$919.08	\$1,022.63	\$0.00
61	\$888.21	\$1,083.00	\$1,250.53	\$689.26	\$807.95	\$951.58	\$1,058.80	\$0.00
62	\$908.13	\$1,107.28	\$1,278.57	\$704.71	\$826.07	\$972.92	\$1,082.54	\$0.00
63	\$933.10	\$1,137.73	\$1,313.73	\$724.09	\$848.78	\$999.67	\$1,112.30	\$0.00
64	\$948.27	\$1,156.23	\$1,335.09	\$735.87	\$862.59	\$1,015.92	\$1,130.40	\$0.00
65+	\$948.27	\$1,156.23	\$1,335.09	\$735.87	\$862.59	\$1,015.92	\$1,130.40	\$0.00

Social & Environmental Entrepreneurs

Monthly Premium

The cost of your elected benefits are automatically deducted from your paycheck. The total payroll deduction amount will depend on the plan you select and if you are covering an eligible spouse and or dependent(s). Your deduction is based upon the demographics of your eligible dependent(s).

Dental PPO

Coverage Tier	Reliance Standard Dental PPO
Employee Only	\$48.72
Employee + Spouse	\$93.76
Employee + Child(ren)	\$105.40
Employee + Family	\$150.44

Dental HMO (California Only)

Coverage Tier	Reliance Standard Dental HMO
Employee Only	\$15.19
Employee + Spouse	\$25.69
Employee + Child(ren)	\$27.92
Employee + Family	\$39.28

Vision

Coverage Tier	Vision
Employee Only	\$7.18
Employee + Spouse	\$14.11
Employee + Child(ren)	\$13.11
Employee + Family	\$20.03



IMPORTANT NOTICES

Women's Health and Cancer Rights Act

On January 1, 1999, a federal law, the Women's Health and Cancer Rights Act of 1998, became effective, which affects our company plan options. This law requires group health plans that provide coverage for mastectomies (ours does) and to also provide coverage for reconstructive surgery and prostheses following mastectomies. As required under the law, we have included this notice to inform you about it. The law mandates that a participant or eligible beneficiary who is receiving benefits, on or after the law's effective date (January 1, 1999, for our Plan), for a covered mastectomy and who elects breast reconstruction in connection with the mastectomy, will also receive coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage will be provided in consultation with the patient and the patient's attending physician and will be subject to the same annual deductible, coinsurance and/or copayment provisions otherwise applicable under the Plan.

Notice Regarding Wellness Program

The on-line carrier Screening Program is a voluntary wellness program available to all enrollees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information non-discrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. You are not required to participate in the health screening.

The information from your wellness screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the Wellness Screening Program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Mental Health Parity Act

Per the Mental Health Parity Act, benefits for mental health and substance-use disorder must be treated like benefits for regular medical and surgical care. For example, if there is no limitation on the number of days for inpatient and number of visits for outpatient medical care, then there can be no limitation for mental health and substance-use disorder treatments. As always, treatments must be medically necessary to qualify for coverage. Plan participants should review their plan's certificate of coverage or benefit document for specific information about coverage, limitations and exclusions for mental health care and substance-use disorder treatments.

Summaries of Benefits and Coverage (SBCs)

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. To help you make an informed choice, the company makes available a Summaries of Benefits and Coverage (SBCs), which summarize important information about our health coverage in a standard format, to help you compare across options. The SBCs also include a Glossary of Health Coverage and Medical Terms to help you better understand health care terms used in the SBCs.

Patient Protection Disclosure - HMO Plan

Anthem Blue Cross and Kaiser generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, please visit the carrier website.