



2024 Benefit Information Summary

Health Insurance benefits are available the first of the month following date of hire.
All employee contribution amounts listed below are bi-weekly amounts based on 26 payroll periods in 2024.

HEALTH INSURANCE

MEDICAL INSURANCE

We provide eight (8) coverage options and pay 100% of the premium (**employee only**) for the Kaiser or Blue Shield HMO Silver Plans.

	Employee (EE) ONLY	(EE) w/Spouse	(EE) w/Child	(EE) w/Family
Blue Shield				
HMO Silver	\$ 0.00	\$**	\$**	\$**
HMO Silver Trio	\$ 0.00	\$**	\$**	\$**
PPO Silver	\$**	\$**	\$**	\$**
HMO Gold Access	\$**	\$**	\$**	\$**
HMO Gold Trio	\$**	\$**	\$**	\$**
PPO Gold	\$**	\$**	\$**	\$**
Kaiser				
HMO Silver	\$ 0.00	\$**	\$**	\$**
HMO Gold	\$**	\$**	\$**	\$**

NOTE: \$** Rates vary by age. Please contact your HR representative for more details.

Blue Shield HMO Silver		Blue Shield HMO Silver Trio		Blue Shield PPO Silver	
Primary Care	\$70.00	Primary Care	\$70.00	Primary Care	\$60.00
Specialist	\$80.00	Specialist	\$80.00	Specialist	\$80.00
Prescriptions	\$25 generic, \$85 brand \$115 non formulary	Prescriptions	\$25/\$30 generic \$85/\$110 brand \$115/\$155 non formulary	Prescriptions	\$25 generic \$80 brand \$115 non formulary
Blue Shield HMO Gold		Blue Shield HMO Gold Trio		Blue Shield PPO Gold	
Primary Care	\$35.00	Primary Care	\$35.00	Primary Care	\$30.00
Specialist	\$55.00	Specialist	\$55.00	Specialist	\$55.00
Prescriptions	\$15 generic, \$35 brand, \$55 non formulary	Prescriptions	\$15/\$20 generic, \$35/\$55 brand, \$55/\$85 non formulary	Prescriptions	\$10 generic, \$40 brand, \$70 non formulary
Kaiser HMO Silver		Kaiser HMO Gold			
Primary Care	\$65.00	Primary Care	\$40.00		
Specialist	\$100.00	Specialist	\$60.00		
Prescriptions	\$20 generic, \$100 brand, \$100 non formulary	Prescriptions	\$20 generic, \$50 brand, \$50 non formulary		

DENTAL & VISION INSURANCE

SOSC pays 100% of the premium (**employee only**) for the HMO Dental and Vision Plan.
See employee contribution amounts below.

GUARDIAN DENTAL

	Employee (EE) ONLY	(EE) w/Spouse	(EE) w/Child	(EE) w/Family
DHMO	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$5.05	<input type="checkbox"/> \$5.90	<input type="checkbox"/> \$10.89
DPPO	<input type="checkbox"/> \$17.94	<input type="checkbox"/> \$41.68	<input type="checkbox"/> \$43.51	<input type="checkbox"/> \$67.53

GUARDIAN VISION

	Employee (EE) ONLY	(EE) w/Spouse	(EE) w/Child	(EE) w/Family
Vision	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$2.58	<input type="checkbox"/> \$2.70	<input type="checkbox"/> \$6.57

Guardian Dental

Employees may select either a PPO or DHMO plan. The company pays 100% of the premium for HMO coverage for employees. The PPO plan features a \$1500 annual benefit maximum. The HMO plan features reasonable co-pays for services and coverage for orthodontics.

Guardian Vision

Benefits provided for eye examinations and equipment. SOSC pays 100% of the premium for employee coverage. The examination co-pay is \$10/\$25. The exam and lenses are available every 12 months, frames every 24 months and \$130 allowance.



FLEXIBLE SPENDING ACCOUNTS (MED & DEP)

This plan allows employees to set aside pre-tax dollars to pay for unreimbursed health care expenses up to \$3,200, dependent care up to \$5,000 and \$640.00 FSA carryover to the next year. Accounts are administered by IGOE Administrative Services.

STD/LTD

If you should become disabled according to our policy, a portion of your income will be paid for the duration of the disability until normal retirement age. SOSC pays 100% of the premiums for this coverage. Provider is Mutual of Omaha.

LIFE INSURANCE/AD&D

All employees enrolled are provided an amount equal to one time their annual earnings up to the maximum benefit amount of \$100,000 for life and accidental death and dismemberment. SOSC pays 100% of the premiums for this coverage. Provider is Mutual of Omaha.

VOLUNTARY BENEFITS

Mutual of Omaha - Employees may purchase Life Insurance for themselves and their families at low bi-weekly payroll deductions.

HOLIDAYS

SOSC regular status full and part time employees are eligible for up to minimum of 15 paid holidays per calendar year with flexibility to add more holidays in a year, depending on which day of the week a holiday falls on. SOSC decides on an annual basis which holidays are observed. The annual SOSC holiday schedule will be published 30 days before the start of the new calendar year.

New Year's Day	Friday After Independence Day
Martin Luther King Jr's Birthday	Labor Day
President's Day	Veterans Day
Cesar Chavez Day	½ Day Before Thanksgiving Day
Memorial Day	Thanksgiving Day
Juneteenth	Day After Thanksgiving Day
Independence Day	December Shutdown (<i>includes Christmas</i>): 7 days: 12/23 – 12/31

VACATION

Vacation accrual schedule:

- Year 0-3 Ten (10) days per year
- Years 4-8 Fifteen (15) days per year
- Years 9+ Twenty (20) days per year

Note: The maximum amount of hours an employee may accrue is 240 hours.

SICK PAY

12 days per year, up to 6 of those days may be used to care for an ill family member each calendar year.

403(b) RETIREMENT SAVING PLAN

The 403(b) Retirement Savings Plan is administered by **TIAA-CREF**. Employees may be eligible on their first day of employment to contribute to the plan. After 12 months of employment, SOSC will match 50% of the first 6% the employee contributions to the plan. (EXAMPLE: Employee contributes 6%; SOSC will match 50% which is 3%)

The 2024 Benefits Information Summary is based on your benefit elections and employment status from January 1, 2024 - December 31, 2024. Reasonable measures have been taken to ensure that this document is an accurate representation of SOSC's benefits, but it is not a guarantee of benefits. This is not a legal document. For full benefits information, please refer to your Human Resources Department.