



2022—2023 BENEFITS GUIDE

July 1, 2022—June 30, 2023

HEALTH • FINANCIAL • WORK-LIFE



Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers 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 domestic partner (DP) and/or their children, where applicable by state law
- Your children who are your biological 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

- **Annual Open Enrollment (OE):** Changes made during Open Enrollment are effective July 1, 2022 through June 30, 2023.
- **New Hires:** 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 of the month following 30 days of employment. 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 qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching age 26
- Death of a spouse, DP, or child
- Change in child custody
- Change in coverage election made by your spouse/DP during his/her employer's OE
- You lose coverage under your spouse's/DP's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life 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.

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Enrollment

Go to <http://www.eas.ease.com>

There you will find detailed information about the plans available to you and instructions for enrolling.

Cal Choice

EAS offers medical coverage through Cal Choice. Cal Choice gives you the freedom to choose between multiple plans (HMO and PPO), multiple carriers (Anthem, Kaiser and Sharp), the doctors you prefer and the coverage that will help you and your family manage your health to get the care you need, when you need it. **Elite Athlete contributes the majority of the costs for the medical plan. You may choose another medical plan, however, please note that your costs may increase based on your selection.**

MediExcel

MediExcel offers coverage to those employees working in San Diego and Imperial County. Care is delivered at the all-inclusive healthcare campus in Tijuana and through the Medical Network in Mexicali. Emergency and Urgent Care is covered worldwide including; Tijuana, Tecate, Mexicali, San Diego and Chula Vista.



Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Sharp Gold HMO B Premier Network	Mediexcel Plan 10
	In-Network Only	In-Network Only
Deductible (per calendar year)		
Individual / Family	None	None
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	\$8,000 / \$16,000	\$4,000 / \$8,000
Covered Services		
Office Visits (physician/specialist)	\$25 / \$55 co-pay	\$10 / \$20 co-pay
Routine Preventive Care	No charge	No charge
Outpatient Diagnostic (lab/X-ray)	\$15 / \$55 co-pay	\$5 co-pay
Complex Imaging	\$250 per procedure	\$100 per procedure
Chiropractic	Not Covered	Not Covered
Ambulance	\$200 co-pay/trip	20%
Emergency Room	\$300 co-pay - waived if admitted	25% up to \$200
Urgent Care Facility	\$55 co-pay	In Mexico - \$20 per visit In the US - \$40 per visit
Inpatient Hospital Stay	\$600 per day / 5 days max	\$100 per day – 5 days max
Outpatient Surgery	25%	\$80 co-pay
Prescription Drugs (Tiers)		
Deductible	\$400 / \$600 tiers 2-4	None
Retail Pharmacy (30-day supply)	\$16 / \$40 / \$75 / Applicable co-pay	\$10 / \$20 / \$30 / 40% to \$250
Mail Order (90-day supply)	\$38 / \$80 / \$150 co-pay after deductible	Not Covered

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

Dental

California Dental Network Dental DHMO Plan: With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

Principal Dental POS Plan: Principal offers a POS (Point of Service) option. This is a three-tiered plan. The first tier is an EPO tier. By using a provider within the EPO (Exclusive Provider Organization) network, you will have lower out of pocket costs. You also have the option to choose a provider within the Principal PPO (Preferred Provider Organization) network or choose a provider outside of the network. Please note that using a non-network provider will result in higher out of pocket costs.

Following is a high-level overview of the coverage available.

Key Dental Benefits	California Dental Network DHMO Plan	Principal POS Plan		
	CDN Network ¹	EPO Network	PPO Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	None	\$50 / \$150**	\$50 / \$150**	\$50 / \$150**
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)				
Per Individual	None	\$1,500	\$1,500	\$1,500
Covered Services				
Preventive Services	Co-pay varies	No charge	No charge	No charge
Basic Services	Co-pay varies	20%*	20%*	20%*
Major Services	Co-pay varies	50%*	50%*	50%*
Orthodontia (Child only)	Co-pay varies	50%; \$1,500 Max. Benefit	50%; \$1,500 Max. Benefit	50%; \$1,500 Max. Benefit

Coinurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

** Waived for Preventive Services

The Principal POS plan includes a maximum accumulation benefit. This allows for a portion of unused maximum benefit to carry over to next year's maximum benefit amount. To qualify, you must have had a dental service performed within the Calendar year and used less than the maximum threshold. See benefit summary for full details.

1. If you use an out-of-network provider, charges are based on UCR (Usual, Customary and Reasonable). Amount in excess of UCR are the member's responsibility.

Using your VSP is easy

To find a VSP provider visit vsp.com or call 800.877.7195

At your appointment, tell them you have VSP

There is no ID card required

Vision

The **Vision Service Provider (VSP)** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **Vision Service Provider (VSP)** network. In addition to the vision plan benefits provided through your benefits program, VSP offers a number of non-covered services at a discount.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10 (\$60 for contacts)	\$45 Allowance
Materials Copay	\$20	\$20
Lenses (once every 12 months)		
Single Vision	No charge after materials copay	Up to \$30
Bifocal		Up to \$50
Trifocal		Up to \$65
Frames (once every 24 months)	Covered up to \$150 (\$170 Brand) + 20% Discount - \$80 at Costco	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$130	Up to \$105

Life and AD&D

Life/AD&D Insurance

EAS is proud to offer you **Basic Group Life and AD&D** coverage through **Mutual of Omaha** at no cost to you. **Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death. **Accidental Death & Dismemberment (AD&D)** 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 will be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through **Mutual of Omaha**

Benefit Amount	
Employee	\$50,000

Supplemental Life/AD&D (Employee-paid)

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

Benefit Option		Guaranteed Issue*
Employee	1 to 5 x Salary, up to \$300,000 max (Minimum \$10,000)	5 x Salary to \$50,000
Spouse/DP	100% of Employee's Benefit to \$150,000 (Minimum \$5,000)	100% Employee Benefit to \$25,000
Child(ren)	Under age 26 - Up to \$10,000 (Minimum \$2,000)	Up to \$10,000

*If you do not enroll in the supplemental life when first eligible, all amounts applied for will be subject to medical underwriting.

Age	Employee Rates per \$1,000	Spouse Rates per \$1,000	Child Rates per \$1,000
0-24	\$0.070	\$0.070	\$0.120
25-29	\$0.070	\$0.070	
30 - 34	\$0.080	\$0.080	
35 - 39	\$0.100	\$0.100	
40 - 44	\$0.160	\$0.160	
45 - 49	\$0.270	\$0.270	
50 - 54	\$0.440	\$0.440	
55 - 59	\$0.690	\$0.690	
60 - 64	\$1.070	\$1.070	
65 - 69	\$1.930	\$1.930	
70-74	\$3.450	\$3.450	
75 - 79	\$5.690	\$5.690	
80+	\$11.530	\$11.530	
AD&D	\$0.030	\$0.030	\$0.040

AD&D Coverage is automatically included for the same amount as the life benefit. Spouse rate is based on Employee Age

EAS Discount Program (Employee Discount Portal)

The EAS Employee Discounts & Rewards marketplace features discounts on nearly anything you can think of including: hotels, car rentals, vacation packages, movie tickets, gyms, electronics, and apparel. With over 10,000 brands, 200,000 offers and 1,000,000 products, you are sure to find what you're looking for.

The marketplace also comes with a Cashback Rewards feature where you can earn 2% - 20% cash back on nearly all purchases. Your cash back will accrue in your account and is sent directly to you when redeemed. There is no limit to the number of times you can redeem cash back - so feel free to shop, save and earn as much as you like.

Access your **BenefitHub** portal to explore the list of participating vendors and deals.

Benefits can be accessed through: <https://eas.benefitHub.com>

Disability

EAS is proud to offer you Short and Long-Term Disability coverage through **Mutual of Omaha** at no cost to you. Should you experience a non-work related illness or injury that prevents you from working, disability coverage acts as income replacement to protect important assets and help you continue with some level of earnings. Benefits eligibility may be based on disability for your occupation or any occupation.

Voluntary Short-Term Disability	
Benefit Percentage	60%
Weekly Benefit Maximum	\$1,000
When Benefits Begin	On the 8th day of your disabling injury or illness
Maximum Benefit Duration	26 weeks
Voluntary Long-Term Disability	
Benefit Percentage	60%
Monthly Benefit Maximum	\$6,000
When Benefits Begin	On the later of 180 calendar days after the onset of your disabling injury or illness or the date your short-term disability ends
Maximum Benefit Duration	Social Security Retirement Age or based on a schedule depending on your age at the start of the disability

401(k) Retirement Savings

Whether you are just a few years away from retirement or you are in the early planning stages for your future, EAS offers choices to help you live comfortably at your desired retirement age.

Your 401(k) Plan Option

Administered by **Ascensus**, the 401(k) plan allows you to plan for your future by saving a portion of each paycheck today.

How much can I save?

Contribution Limits: For 2022 the IRS annual contribution limits are \$20,500 for everyone under age 50 or \$27,000 for anyone that is age 50 or over prior to December 31, 2022.

Employer Contributions: Discretionary Match

How do I Enroll?

You may enroll online or by calling ASCENSUS

Visit <https://myaccount.ascensus.com/rplink>

Phone 866.809.8146

Employee Assistance Program (EAP)

Mutual of Omaha EAP assists employees and their eligible dependents with personal or job-related concerns. There is no cost to you for this service. The EAP can assist with issues including:

- Emotional well-being
- Family and relationships
- Legal and financial matters
- Healthy lifestyles
- Work and life transitions

EAP Benefits

- **Unlimited telephone access to EAP professionals** 24 hours a day, seven days a week.
- **Telephone assistance referral.**
- **Service for employees and eligible dependents.**
- **Robust network of licensed mental health professionals.**
- **Three face-to-face sessions with a counselor (per household per year).** Face-to-face visits can also be used toward legal consultations.
- **Legal assistance and financial services:** Online will preparation. Legal library & online forms. Telephonic financial consultation
- **Resources for:** Financial tools & resources Substance abuse and other addictions Dependent and elder care assistance & referral services Access to a library of educational articles, handouts and resources via mutualofomaha.com/eap

Visit mutualofomaha.com/eap or call 800.316.2796 - 100% Confidential

Additional Services (Cal Choice)

You must be enrolled in a **Cal Choice** medical plan to be eligible

Dentegra Smile Club:

Dental services are offered to Cal Choice members at a reduced fee. Coverage discounts are dental provider specific. Please see **dentegrasmileclub.com/find-a-dentist** for a list of dental providers and discounts.

Vision One Eyecare Discount Program:

Vision discounts are available through EyeMed Vision Care and provides discounts on frames, lenses, and eye exams at JCPenny, Target optical centers, Lens Crafters and participating Pearle Vision locations. Please see **eyemedvisioncare.com** and click on "Find a Provider" for a complete listing.

Hearing Program:

Cal Choice offers EPIC Hearing Service Plan (HSP) to members for discounted services on hearing tests, hearing aids, hearing aid batteries, ear protection, swim plugs and more. For additional information, contact **EPIC at 866.956.5400**.

Prescription Discounts:

The California Rx Card Program offers discounts up to 75%. You can download a card at **www.californiarxcard.com** to get discounts at CVS, Walgreens, Vons, Ralphs, Sav-On and other independent chains.

Employee Discounts from Cal Perks

All members have access to Cal Perks, a program that provides discounts on entertainment and attractions throughout California including theme parks, water parks, sporting events, museums, movies, golf, flowers, dry cleaning, hotels, warehouse store memberships and many more. Log on to **calchoice.com** for a listing of current discounts.

Additional Services (Mutual of Omaha)

You must be enrolled in a **Mutual of Omaha** medical plan to be eligible

Hearing Discount Program

- **Custom Hearing Solutions.** Find the solution that fits your lifestyle and budget from 1 of 10 manufacturers.
- **Risk-Free 60-day trial.** 100% money back guarantee on hearing aid purchase.
- **Hearing aid low price guarantee.** If you find the same product at a lower price, we will beat it by 5%.
- **Continuous care.** One-year free follow-up, two years free batteries and a three-year warranty.

amplifonusa.com/mutualofomaha
888-534-1747

Identity Theft Assistance. Provided by AXA Assistance, this helps employees and dependents understand the risks of identity theft and how to prevent it.

Awareness & Education:

- Promote awareness of identity theft. Answer questions about identity theft and how to recognize if you become a victim. Education on how to avoid having your identity stolen.

Recovery Assistance:

- Connecting you to the fraud departments at your banks and credit card companies. Facilitating access to credit bureaus and obtaining complimentary credit report. Guiding you in contacting federal government and local law enforcement agencies and filing reports and complaints.

Call AXA 800-856-9947

Worldwide Travel Assistance. Travel assistance offers access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

- Pre-trip assistance
- Immediate attention for emergencies while traveling.
- Emergency travel support services.
- Medical assistance
- Identity theft
- Education and prevention
- Recovery information

Call if in U.S.
800-856-9947

Call collect if **outside the U.S. 312-935-3658**

Additional Services (MediExcel)

You must be enrolled in a **MediExcel** medical plan to be eligible

- **MediExcel Reimburses SENTRI Fees**
- **Large U.S. Urgent Care Network.** With 83 locations in California, our members have more urgent care options than with any other cross-border health plan.
- **Virtual Care.** Available Monday through Sunday, from 8:00am to 8:00pm. To schedule a consultation, please call **Member Line** at **(619) 365 4346** option 3, or **(664) 633 8555** option 3 when dialing from Mexico



For more information visit www.mediexcel.com

Additional Benefits Provided by EAS

Paid Time Off

EAS supports a healthy work/life balance. Paid Time Off (PTO) provides you the opportunity for rest, recreation, and personal activities.

Regular Full-Time Employees		
Years of Service	Hours Per Pay Period	Accrual Weeks/Hours if Annualized
1st -4 full year of employment	5	Three (3) weeks / 120 hours
5 or more years of employment	6.67	Four (4) weeks / 160 hours

Holidays

Full-time regular employees receive 10 holidays. The following holidays are observed:

- New Year's Day
- Thanksgiving Day
- President's Day
- Day after Thanksgiving
- Memorial Day
- Christmas Eve
- Independence Day
- Christmas Day
- Labor Day
- New Year's Eve

Free Meal

All employees are offered a complimentary meal during their shift at the Training Center.

Dress Code

Enjoy dressing comfortably to work, EAS encourages a casual work environment. Employees are expected to wear clothing that is neat, clean and presentable to our athletes, customers and visitors.

Employee Discount/Purchase

- Elite Athlete services employees are eligible to receive a 20% discount off the current regular selling price of merchandise on the sales floor in our Visitor Center Store.
- Employee discount may not be combined with any other sale, promotion or discount.
- Only the employee may use the discount.
- Store management must approve all employee purchases and has the right to refuse the purchases that do not fall within the policy.
- Employees must present their employee badge when requesting a discount.
- All employee purchases must be immediately removed from the building. All sales are final.
- All items must be paid for and cannot be set aside to purchase at a later time.

My Benefits Champion

Whatever your benefits or wellbeing-related question, big or small, My Benefits Champion has the answers.

HOW IT WORKS: Simply give them a call during the work week and receive a call back within 24 hours. Best of all, it's **free** for you and your household members.

**Phone: 855-OUR-CHAMP
(855-687-2426)**

**Email:
champion@hubinternational.com**

Fax: 866-667-2529

**HOURS: Monday - Friday
7 a.m. to 5:30 p.m. PT**

Online Enrollment System Ease




Enrollment Guide at a Glance

1. Log in to Ease per the instructions you have received from your HR administrator or Broker. For optimal performance it is recommended that you use

Chrome  or Firefox  as your browser.

2. Click  to begin your enrollment.


3. Follow the prompts on each page to complete your benefit enrollment.


Click  to proceed to the next section.

4. Verify your personal information is correct and enter in any of your dependent information.

5. If requested during the enrollment process, provide any emergency contacts, employment documents, Medicare status, previous/current coverage and/or health information.

6. Please Select  your benefit by selecting  or  for each plan.

Click  to proceed to the next benefit.

7. You will then be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms using your mouse or mobile device. 

8. Before you review your forms



type your name.

THEN

- Sign your signature



and follow the prompts to finish.

9. If you have questions, reach out to your HR administrator or Broker.

Cost of Benefits

Your contributions remain the same from last year! Contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical - Cal Choice or MediExcel			
Enrollment Tier	Total Monthly Premium	Employee Monthly Premium	Employee Per Pay Period Cost
All Tiers:	Please refer to medical rate sheets		

Dental DHMO California Dental Network			
Enrollment Tier	Total Monthly Premium	Employee Monthly Premium	Employee Per Pay Period Cost
Employee Only:	\$12.89	\$6.26	\$3.13
Employee + Spouse:	\$24.31	\$11.80	\$5.90
Employee + Child(ren):	\$26.74	\$12.98	\$6.49
Employee + Family:	\$35.47	\$17.22	\$8.61

Dental POS Principal			
Enrollment Tier	Total Monthly Premium	Employee Monthly Premium	Employee Per Pay Period Cost
Employee Only:	\$54.75	\$26.10	\$13.05
Employee + Spouse:	\$111.28	\$53.04	\$26.52
Employee + Child(ren):	\$126.35	\$60.22	\$30.11
Employee + Family:	\$191.45	\$91.25	\$45.63

Vision PPO VSP			
Enrollment Tier	Total Monthly Premium	Employee Monthly Premium	Employee Per Pay Period Cost
Employee Only:	\$10.54	\$10.54	\$5.27
Employee + Spouse:	\$16.37	\$16.37	\$8.19
Employee + Child(ren):	\$16.37	\$16.37	\$8.19
Employee + Family:	\$25.97	\$25.97	\$12.99

Contact Information

Benefit	Provider	Group Number	Member Services Phone Number	Website
401(k)	Ascensus	N/A	866-809-8146	https://myaccount.ascensus.com/rplink
Dental DHMO	California Dental Network	003345	949-830-1600 Ext. 3 English / Ext. 9 Spanish	www.caldental.net
Dental PPO	Principal	1087596-10001	800-843-1371	www.principal.com
Employee Assistance Program	Mutual of Omaha	N/A	800-316-2796	www.mutualofomaha.com/eap
Employee Discount Portal	EAS	N/A	N/A	https://eas.benefithub.com
Hearing Discount Program	Amplifon / Mutual of Omaha	N/A	888-534-1747	www.amplifonusa.com/mutualofomaha
Identity Theft Assistance	AXA / Mutual of Omaha	N/A	800-856-9947	N/A
Life and AD&D	Mutual of Omaha	G000B4XQ	See Human Resources	www.mutualofomaha.com
Long-Term Disability	Mutual of Omaha	G000B4XQ	See Human Resources	www.mutualofomaha.com
Medical	Cal Choice	58338	800-558-8003 Email: CustomerService@calchoice.com	www.calchoice.com
Medical	MediExcel	B836	619-365-4346	www.mediexcel.com
My Benefits Champion	Hub International	Elite Athlete Services	855-687-2426 Email: champion@hubinternational.com	N/A
Short-Term Disability	Mutual of Omaha	G000B4XQ	See Human Resources	www.mutualofomaha.com
Travel Assistance	AXA / Mutual of Omaha	N/A	Inside the U.S. 800-856-9947 Outside the U.S. 312-935-3658	N/A
Voluntary Life & AD&D	Mutual of Omaha	G000B4XQ	See Human Resources	www.mutualofomaha.com
Voluntary Vision	VSP	30081875	800-877-7195	www.vsp.com

Benefits Website

Our benefits website <http://www.eas.ease.com> can be accessed anytime you want additional information on our benefit programs.

Questions?

If you have additional questions, you may also contact:

My Benefits Champion
(855) 887-2426
champion@hubinternational.com

Elva Espinoza
(619) 482-6115
eespinoza@trainatchulavista.com



DISCLAIMER: 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.

