



2025 Health and Wellness Benefits

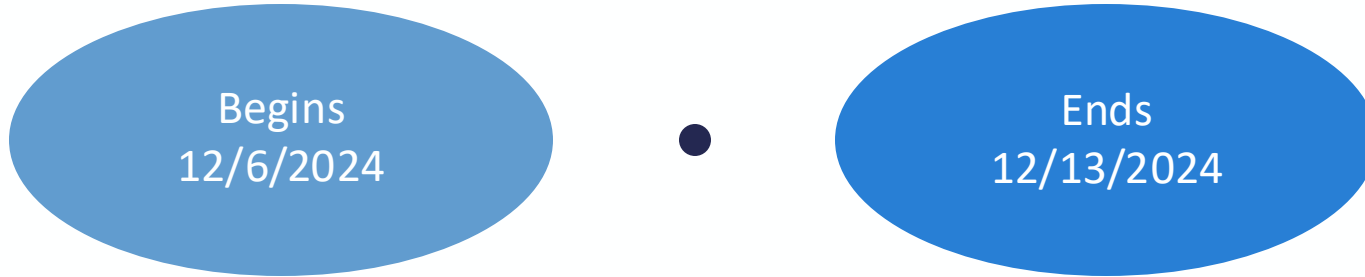
MOROSO

Today's Agenda

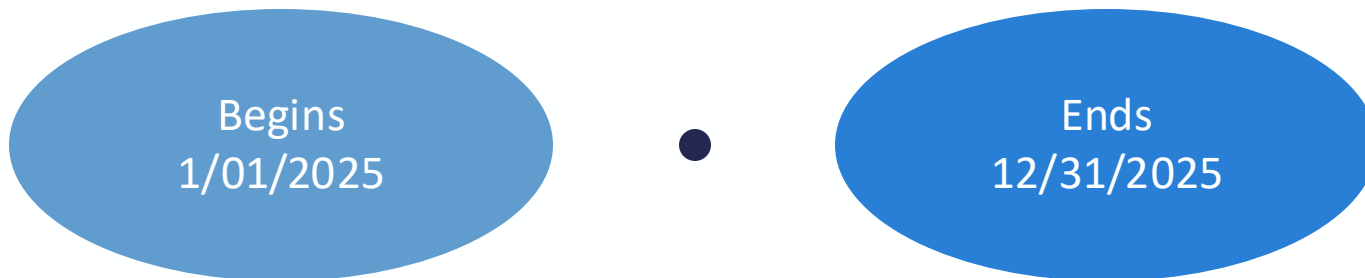
1. Open Enrollment Details
2. Benefits Program Overview
3. Resources

Timeline

Open Enrollment Dates



Benefits Effective



Eligibility



Who is Eligible?

Employees

Full-time employees who work at least 30 hours per week are eligible for benefits. Eligibility begins the 1st of the month following the date of hire.

Eligible dependents

- Your legal spouse or registered domestic partner
- Your dependent children (including your step-child and legally adopted child) up to age 26
- Any dependent child who reaches the age limit and is incapable of self-support because of a mental or physical disability

Note: Parents, siblings, and their children are not eligible dependents.



How to Enroll

Login to your portal
www.moroso.ease.com

During Open Enrollment

You can elect, change, and/or waive coverage for:

Plan	Elect	Change	Waive
Medical	Y	Y	Y
Dental	Y	Y	Y
Vision	Y	Y	Y

Benefits Program Summary

Plan	Carrier
Medical	Blue Shield of California, Kaiser
Dental	Guardian
Vision	Guardian
HRA	Workterra

2025 Employee Monthly Contributions

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Medical				
Blue Shield HMO	Moroso Construction covers 80% of the monthly premium cost for employees. Medical plan rates are based on the age of each enrolled member. Please refer to our Ease benefit portal to view your total monthly contribution. Employees are responsible for 100% cost for dependents			
Kaiser HMO				
Dental				
Guardian PPO	\$9.66	\$59.43	\$87.56	\$149.30
Guardian NAP	\$9.66	\$59.43	\$87.56	\$149.30
Vision				
Guardian Vision	\$2.12	\$9.39	\$9.75	\$20.40



Medical Plans

Health Insurance 101

Deductible	Copayment	Co-Insurance	Out-of-Pocket Maximum
<p>This is the amount that you will have to pay before your insurance coverage kicks in. In many plans, doctor's visits and annual testing, such as mammograms, do not apply toward the deductible. Read the plan description carefully to find out more.</p>	<p>This is the amount that you must pay for certain services, such as doctor's visits, lab work, urgent care, or emergency room services.</p>	<p>Coinsurance is the out-of-pocket amount you will pay after your deductible. For example, a plan with 80/20 coinsurance will require you to pay for 20% of all incurred medical costs once your deductible is met. This will continue until you reach the maximum out-of-pocket costs as defined in the plan.</p>	<p>Most plans have an annual out-of-pocket limit, which is the maximum amount you will have to pay during the plan year. Once you reach that limit you will no longer need to pay co-insurance costs.</p>

Preventive Services

STD Screenings	Cancer Screenings	Prenatal Care	Tests	Regular Visits	Vaccinations	Intervention
Sexually transmitted infections	Mammograms Colonoscopies	Pregnancy screenings and care	Blood pressure Diabetes Cholesterol	Well-woman Well-baby Well-child	Flu Pneumonia Measles Polio Meningitis Other diseases	Quit smoking Lose weight Eat healthy Identify depression Reduce alcohol use Avoid sexually transmitted diseases

HMO Plans

Health Maintenance Organization (HMO) plans cover medical care provided by an in-network physician. All care must be coordinated by a primary care physician (PCP).

HMO plans provide predictable costs such as copays and out-of-pocket maximums.

HMO Key Features

- A flat copay for most services
- Available only in California
- You designate a PCP, or one will be assigned for you
- In-network coverage only; no coverage is provided if a member goes outside of medical group or network (except for emergencies)

Kaiser Medical HMO

	Kaiser HMO Network only
HRA Funding - Single	\$6,550
HRA Funding - Family	\$13,100
Deductible - Single	\$6,650
Deductible - Family	\$34,300
Out-of-Pocket Max - Single	\$6,650 per member
Out-of-Pocket Max - Family	\$13,300 per family
Office Visit	\$0 per visit copay PCP after deductible \$0 per visit copay Specialist after deductible
Prescription Drugs – 30-day supply	
Tier 1	\$0 after deductible
Tier 2	\$0 after deductible
Tier 3	\$0 after deductible
Specialty	\$0 after deductible

HMO Process



Visit your primary care physician
(PCP) for all services



You must have a referral from your PCP
to see a specialist

All services are in-network only*

*Doesn't apply in the event of an emergency

PPO Plans

A preferred provider organization (PPO) plan is a network of physicians, specialists, and hospitals that contract with an insurance carrier. PPO plans allow for referral-free access to a broader choice of physicians and specialists.

PPO plans allow individuals to seek care from non-contracted providers at a higher cost.

PPO Key Features

- In- and out-of-network coverage
- After the deductible is met coinsurance will apply
- The deductible is waived for preventive care
- Nationwide coverage
- Self-refer to specialist
- The deductible is waived for pharmacy benefits; only copays apply

Blue Shield Medical HDHP PPO

	Blue Shield PPO	
	In-Network	Out-of-Network
HRA Funding - Single	\$7,000	
HRA Funding - Family	\$14,000	
Deductible - Single	\$7,500	\$10,500
Deductible - Family	\$15,000	\$21,000
Out-of-Pocket Max - Single	\$7,500 per member	\$15,000 per member
Out-of-Pocket Max - Family	\$15,000 per family	\$30,000 per family
Office Visit	\$0 per visit after deductible	50% after deductible
Prescription Drugs	Retail up to 30-day supply	Mail Order up to 90-day supply
Rx Deductible	None	None
Tier 1	\$0 after deductible	\$0 after deductible
Tier 2	\$0 after deductible	\$0 after deductible
Tier 3	\$0 after deductible	\$0 after deductible
Specialty	\$0 after deductible	\$0 after deductible

No-cost programs for insureds

24/7 Nurse Line	Healthy Resources	Partner With a Wellness Coach	Choose Healthy
<ul style="list-style-type: none"> • 24-hour access to a registered nurse • These trained medical professionals can answer your questions and address your health concerns • They can help you determine the level of care you need, such as emergency room or urgent care <p data-bbox="366 1248 580 1279">1(866) 454-8855</p>	<ul style="list-style-type: none"> • Special rates for members • Health classes • Online healthy lifestyle programs • Online wellness tools • Maternity education and resources <p data-bbox="894 1248 978 1279">kp.org</p>	<ul style="list-style-type: none"> • Manage weight • Reduce stress • Increase activity • Quit tobacco • Eat healthier <p data-bbox="1225 1219 1437 1305">kp.org/coaching (866) 862-4295</p>	<ul style="list-style-type: none"> • Fitness club membership for \$25 per month • Chiropractic care up to 25% off • Acupuncture up to 25% off • Massage therapy services up to 25% off • Discounts on herbs, vitamins, and supplements • Access health and fitness books and videos • Register for Choose Healthy and you'll also receive a free annual premium membership (a \$69.95 value) <p data-bbox="1778 1219 2066 1305">kp.org/choosehealthy (877) 335-2746</p>

Blue Shield

No-cost programs for insureds

Identity Protection Experian IdentityWorks	Mobile App	Fitness and Exercise
<ul style="list-style-type: none">• Receive an Experian credit report at signup• Credit monitoring• Internet surveillance• Identity restoration• Up to \$1 million identity theft insurance• Lost wallet• Child monitoring• Experian IdentityWorks ExtendCared <p>Enrollment experianidworks.com/blueshieldca Enrollment code: BCBSCAL120 Questions? (866) 274-3891 provide #DB14224</p>	<ul style="list-style-type: none">• View ID card• View deductible and copayment year-to-date totals• View claims• Benefits information• Nurse help 24/7• Find a provider or urgent care• And more <p>blueshieldca.com/mobile</p>	<ul style="list-style-type: none">• Fitness your way (through Tivity Health)• Members get access to 10,000+ fitness centers nationwide for just \$25 per month. <p>fitnessyourway.tivityhealth.com/bsc (833) 283-8387</p>

Dental and Vision



Dental Benefit Overview NAP Plan

Plan Features	In-Network	Out-of-Network
Deductible	\$50 per individual / \$150 per family	\$50 per individual / \$150 per family
Preventive care	100% deductible waived	100% deductible waived
Basic / Major services	80% / 50%	80% / 50%
One cleaning every 6 months	Yes	Yes
Benefit maximum	\$1,000	\$1,000
Orthodontia	Not covered	Not covered

Dental Benefit Overview PPO Plan

Plan Features	In-Network	Out-of-Network
Deductible	\$50 per individual / \$150 per family	\$50 per individual / \$150 per family
Preventive care	100% deductible waived	100% deductible waived
Basic / Major services	100% / 60%	80% / 50%
One cleaning every 6 months	Yes	Yes
Benefit maximum	\$1,000	\$1,000
Orthodontia	Not covered	Not covered

Guardian VSP Network

Vision Benefit Overview

Plan Features	VSP
Eye Exam	\$10 copay calendar year
Lenses	\$25 copay calendar year
Frames	\$25 copay 2 calendar years
Allowance for frames	\$130 then 20% off remainder
Allowance for contact lenses	Amount over \$130
Extra savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • Receive an extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • Save 20% on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam, or save 20% when you purchase from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> • Receive a promotional price. • Discounts are only available from contracted facilities. • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

Tax-Advantaged Benefits



Workterra HRA

Moroso Construction will contribute to your Health Reimbursement Account that helps with your out-of-pocket medical expenses.

Moroso contributes the following if you are enrolled in the Kaiser plan:

Employee only: \$6,550

Employee + Spouse: \$13,100

Employee + Child \$13,100

Employee + Family \$13,100

If you are enrolled in the Blue Shield plan:

Employee only: \$7,000

Employee + Spouse: \$14,000

Employee + Child \$14,000

Employee + Family \$14,000

Eligible Medical Care Expenses (partial list)

Acupuncture	Laboratory fees
Ambulance	Orthopedic shoes
Chiropractors' fees	Physical therapy fees
Coinsurance	Prescription drugs
Contraceptive prescriptions	Psychiatrists' / Psychologists' fees
Co-payments	Psychotherapists' fees
Crutches	Routine physicals
Diabetic supplies	Seeing-eye dog
Gynecologists' fees	Skilled nurses' fees
Health insurance deductibles	Speech therapists' fees
Hearing aids / batteries	Smoking cessation treatments & prescriptions
Hypnosis for medical reasons	Sterilization fees
Immunizations / vaccinations	Treatment for substance addiction
Insulin	Wheelchairs
Mileage / travel costs related to an eligible expense	Weight loss treatments (prescribed by a physician)

Takeaways

- Open Enrollment starts December 6th
- See your benefits website for full plan details and payroll deductions
- Enrollment ends December 13th
- Make your benefits elections on your Ease portal before Open Enrollment ends

Questions?

