

2024



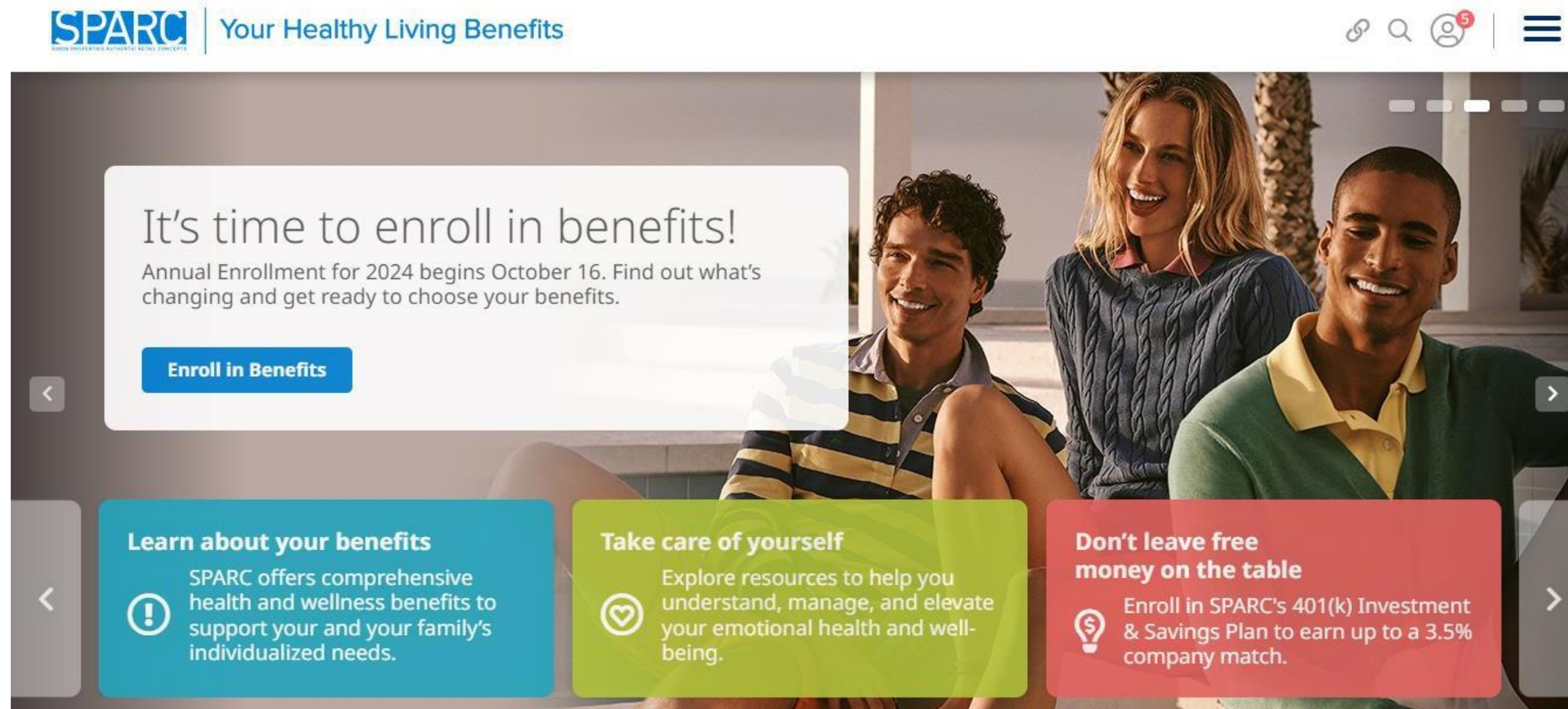
# BENEFITS OVERVIEW



# SPARC Website for Benefit Information and Documents



- SPARC has a website for all brands that will house all information and relevant documents for SPARC Healthy Living Benefits
- To access the website, visit <https://sparcbenefits.com/>



# 2024 Medical Plan Employee Contributions



Annual Salary and Coverage Level		Essential CDHP	Standard PPO	Premium PPO	Kaiser HMO (CA only)
Salary Tier 1 \$49,999 or less	Employee only	\$22.26	\$48.46	\$66.39	\$64.00
	Employee + one	\$41.42	\$93.69	\$129.47	\$124.81
	Family	\$59.02	\$133.49	\$184.46	\$229.72
Salary Tier 2 \$50,000 - \$119,999	Employee only	\$36.94	\$63.92	\$82.39	\$79.42
	Employee + one	\$69.60	\$123.43	\$160.28	\$154.52
	Family	\$99.16	\$175.86	\$228.36	\$284.39
Salary Tier 3 \$120,000 or more	Employee only	\$37.65	\$65.16	\$83.99	\$80.96
	Employee + one	\$70.95	\$125.83	\$163.39	\$157.52
	Family	\$101.09	\$179.28	\$232.79	\$289.92

# High Level Medical Plan Design



<b>Essential CDHP</b> Anthem Blue Cross Blue Shield (Low)	<b>Standard PPO</b> Anthem Blue Cross Blue Shield (Medium)	<b>Premium PPO</b> Anthem Blue Cross Blue Shield (High)	<b>Kaiser California</b> California Employees Only (High)
<ul style="list-style-type: none"> <li>• In Network /Out Network Service</li> <li>• Lowest payroll deductions</li> <li>• Highest deductible</li> <li>• Offset by the company’s Health Savings Account (HSA) contribution</li> <li>• Eligible for Employee Health Savings Account (HSA) contribution</li> <li>• Eligible for Limited Purpose Flexible Spending Account (LPFSA)</li> <li>• Prescription Coverage (RX) – Coinsurance After Deductible</li> <li>• Administered by Express Scripts</li> </ul>	<ul style="list-style-type: none"> <li>• In Network /Out Network Service</li> <li>• Mid-tier payroll deductions</li> <li>• Lower deductible</li> <li>• Company funded Health Reimbursement Account (HRA)</li> <li>• Eligible for Flexible Spending Account (FSA)</li> <li>• Prescription Coverage (RX)– Coinsurance No Deductible</li> <li>• Administered by Express Scripts</li> </ul>	<ul style="list-style-type: none"> <li>• In Network /Out Network Service</li> <li>• Highest payroll deductions</li> <li>• Lowest deductible</li> <li>• Eligible for Flexible Spending Account (FSA)</li> <li>• Prescription Coverage (RX) – Copay No Deductible</li> <li>• Administered by Express Scripts</li> </ul>	<ul style="list-style-type: none"> <li>• In Network Service ONLY</li> <li>• High payroll deductions</li> <li>• No Deductible</li> <li>• Eligible for Flexible Spending Account (FSA)</li> <li>• Prescription Coverage (RX) – Copay No Deductible</li> </ul>

# Spending Accounts Administered by Health Equity



Health Savings Account (HSA)	Health Reimbursement Account (HRA)	Flexible Spending Accounts (FSA)	Limited Purpose (LFSA)
<ul style="list-style-type: none"> <li>• Enrollment with the CDHP only</li> <li>• Company and Employee funded</li> <li>• Funds carry over year to year</li> <li>• Entire account is portable if employee leaves the company</li> <li>• You may contribute up to <b>\$4,150</b> (individual) or <b>\$8,300</b> (family) in 2024</li> </ul>	<ul style="list-style-type: none"> <li>• Enrollment with the Standard PPO plan only</li> <li>• Company funded Only</li> <li>• Medical and Prescription expenses ONLY</li> <li>• Funds carry over for one year</li> <li>• Account is not portable</li> </ul>	<ul style="list-style-type: none"> <li>• Enrollment with either PPO plans and Kaiser CA</li> <li>• Employee funding only</li> <li>• Funds do not carry over</li> <li>• Account is not portable unless enrolled in COBRA</li> <li>• You may contribute up to <b>\$3,200</b> in 2024*</li> </ul>	<ul style="list-style-type: none"> <li>• LPFSA to be paired with a CDHP plan</li> <li>• Dental and vision expenses ONLY</li> <li>• Employee funding only</li> <li>• Funds do not carry over</li> <li>• Account is not portable unless enrolled in COBRA</li> <li>• You may contribute up to <b>\$3,200</b> in 2024*</li> </ul>

\*The IRS has not yet confirmed 2024 increases

# Company Funding for Spending Accounts



- SPARC provides funding towards the Health Savings Account (HSA) and the Health Reimbursement Account (HRA) annually
- Funding for the HSA is provided quarterly based on the annual amounts below
- Funding for the HRA is provided annually at the beginning of each plan year (January 1)

	Essential CDHP (HSA)		Standard PPO (HRA)	
	Individual	Family	Individual	Family
Salary Tier 1	\$500	\$1,000	\$200	\$400
Salary Tiers 2 and 3			\$100	\$200

# Delta Dental Plan Options



	Delta Dental PPO	Delta Dental DHMO
Annual Deductible	\$50 individual/family	The Delta DHMO plan is a network based dental plan that only provides dental coverage within the Delta DHMO network. Over 300 procedures are covered and most preventive care does not have a copayment. There are no annual deductibles or maximums.
Individual Annual Maximum	\$1,500	
Preventive and Diagnostic	100% coverage (not subject to deductible)	
Basic Restorative Care	80% after deductible	
Major Restorative Care	50% after deductible	
Orthodontia	50%	
Orthodontia Lifetime Max	\$1,500	

\*Dental Plans Bi-Weekly Employee Contributions are remaining the same for 2024!

Coverage Level	Delta PPO	Delta DHMO
Employee Only	\$7.42	\$4.92
Employee + One	\$13.83	\$8.46
Employee + Family	\$24.60	\$13.90

# EyeMed Vision Plan Options



	Standard	Enhanced
Exam with dilation	\$10 copay	\$0 copay
Contact lenses fit and follow up	Up to \$55 reimbursement	Up to \$55 reimbursement
Frames	\$150 allowance 20% off remaining balance	\$200 allowance 20% off remaining balance
Standard plastic lenses (single)	\$10 copay	\$0 copay
Contact lenses	Conventional: \$150 allowance, 15% off remaining balance Disposable: \$150 allowance	Conventional: \$200 allowance, 15% off remaining balance Disposable: \$200 allowance

## Vision Plans Bi-Weekly Employee Contributions

	Standard	Enhanced
Employee Only	\$3.00	\$4.70
Employee + One	\$5.66	\$8.87
Employee + Family	\$8.28	\$12.99



# Voya Disability Insurance Plan Options



<p><b>Short Term Disability (STD)</b></p>	<ul style="list-style-type: none"> <li>• All NY, NJ, and CA employees are automatically enrolled in STD coverage per state mandates</li> <li>• Voluntary STD must be elected in all other states (employee paid)</li> <li>• Salary replacement if you are unable to work due to illness, disabled due to pregnancy or injury lasting longer than seven days; maximum of 26 weeks</li> <li>• Amount of salary replacement will differ by years of service</li> </ul>
<p><b>Core Long Term Disability (LTD)</b></p>	<ul style="list-style-type: none"> <li>• Core LTD is no cost to employees</li> <li>• Automatically enrolled first of the month following one month of service</li> <li>• Provides 50% of salary to a maximum of \$1,250 per month</li> </ul>
<p><b>Voluntary Long Term Disability (LTD)</b></p>	<ul style="list-style-type: none"> <li>• Must actively elect (employee paid)</li> <li>• Voluntary LTD must be elected and approved by Voya</li> <li>• Provides 60% of monthly salary up to a maximum of \$15,000 per month</li> </ul>

# Voya Life Insurance and AD&D, Spouse, Domestic Partner, and Child Life



<p><b>Basic Life Insurance</b></p>	<ul style="list-style-type: none"> <li>• Company-provided life insurance equal to 1x annual salary</li> <li>• Employees are automatically enrolled as a full time employee</li> </ul>
<p><b>Voluntary Life Insurance</b></p>	<ul style="list-style-type: none"> <li>• Employees may elect up to an additional 5x your annual salary in Voluntary Life Insurance (max. up to \$1 million)</li> <li>• Coverage approval will be subject to Evidence of Insurability (EOI) if over 3x salary or \$400,000, or if changes are made during Annual Enrollment</li> </ul>
<p><b>Spouse, Domestic Partner (DP) Insurance</b></p>	<ul style="list-style-type: none"> <li>• Spouse/Domestic Partner life insurance coverage can be elected in amounts of \$10,000 up to a maximum of \$100,000</li> <li>• The employee is the named beneficiary for this insurance policy</li> <li>• Coverage approval will be subject to Evidence of Insurability (EOI) if over \$20,000</li> </ul>
<p><b>Child Term Life Insurance</b></p>	<ul style="list-style-type: none"> <li>• Available in amounts of \$2,500 up to a maximum of \$10,000</li> <li>• This policy can cover multiple children with out Evidence of Insurability (EOI)</li> </ul>

# Other Voluntary Benefits



<p><b>ARAG Legal Plan</b></p>	<ul style="list-style-type: none"> <li>• Provides access to a national network of lawyers for services such as             <ul style="list-style-type: none"> <li>• Will and estate planning</li> <li>• Gender identifier change</li> <li>• Divorce</li> <li>• Real estate and home ownership</li> <li>• Bankruptcy</li> </ul> </li> </ul>
<p><b>MetLife Hospital Indemnity Insurance</b></p>	<ul style="list-style-type: none"> <li>• Provides lump sum benefit for each day that you are admitted to the hospital for any reason</li> </ul>
<p><b>MetLife Critical Illness</b></p>	<ul style="list-style-type: none"> <li>• Critical Illness Insurance provides you with a lump-sum payment if you are diagnosed with certain conditions such as cancer-related conditions, heart-related conditions, kidney failure, and major organ transplant</li> <li>• High (\$30K) or Low (\$15K) options available</li> </ul>
<p><b>MetLife Accident Insurance</b></p>	<ul style="list-style-type: none"> <li>• Provides lump sum payment for over 150 different accident events</li> <li>• High (\$50K) or Low (\$25K) options available</li> </ul>
<p><b>Allstate Identity Theft Insurance</b></p>	<ul style="list-style-type: none"> <li>• The program provides comprehensive monitoring and alerts, notifications for new and emerging threats or scams, social media monitoring, IP address monitoring, and much more</li> <li>• New level of coverage available for 2024!</li> </ul>

# Additional Benefits Programs Available Outside of Annual Enrollment



<p><b>Pet Insurance</b></p>	<p><b>Pet Benefit Solutions</b>                  1-800-891-2565  <a href="http://petbenefits.com/land/sparcgroupllc">petbenefits.com/land/sparcgroupllc</a></p>
<p><b>Commuter Program</b></p>	<p><b>WageWorks/Heath Equity</b>                  1-877-924-3967  <a href="http://wageworks.com">wageworks.com</a></p>
<p><b>Home &amp; Auto Insurance</b></p>	<p><b>Farmers Insurance Choice</b>                  1-800-438-6381</p>
<p><b>Live Health Online</b></p>	<p>1-855-603-7985  <a href="http://livehealthonline.com">livehealthonline.com</a></p>
<p><b>Employee Assistance Program (EAP)</b></p>	<p>1-866-621-0554  <a href="http://www.anthemEAP.com">www.anthemEAP.com</a></p>

# Internal Resources



Brand	Email Contact
SPARC	<a href="mailto:benefits@sparcgroup.com">benefits@sparcgroup.com</a>
Leaves of Absence (SPARC)	<a href="mailto:leaves@sparcgroup.com">leaves@sparcgroup.com</a>
Forever 21 (benefits and leaves)	<a href="mailto:hr.benefits@forever21.com">hr.benefits@forever21.com</a>

