

# Molina Healthcare Benefits



At [Molina Healthcare](#), we know our success starts with you. We offer a comprehensive, high-quality benefits package to reward you for the valuable contributions you make to our organization. To keep you performing at your best, our benefits are designed to promote physical, emotional, and financial well-being for you and your family members.

The information provided summarizes the basic features of the benefit plans offered by Molina Healthcare. All plan provisions are governed by the legal documents in effect for each plan. Molina Healthcare reserves the right to amend, change, or terminate these plans at any time.

## Employee Benefit Programs – 2020

HEALTH CARE COVERAGE			
<b>Medical Plan</b> Three options are offered utilizing the Anthem BlueCross network; prescription drug benefits are included with all options	Choice Medical (PPO)	Premier Medical (HDHP)	Essential Medical (HDHP)
	<ul style="list-style-type: none"> <li>\$500 single / \$1,500 family annual deductible in-network</li> <li>In-network office visit covered 100% after you pay a \$30 copay (primary care) or \$40 copay (specialist)</li> <li>Other in-network services covered at 80%, after deductible</li> </ul>	<ul style="list-style-type: none"> <li>\$1,600 single / \$3,200 Family annual deductible in-network</li> <li>In-network office visits and services covered at 80% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>\$2,100 single / \$4,200 Family annual deductible in-network</li> <li>In-network office visits and services covered at 80% after deductible</li> </ul>
<b>Dental Plans</b> High and Low PPO plans are offered through Delta Dental	High PPO		Low PPO
	<ul style="list-style-type: none"> <li>Diagnostic and preventive care covered at 100%, with no deductible; does not apply to annual benefit maximum</li> <li>\$1,500/annual benefit</li> <li>\$50/person annual deductible for basic and major services</li> <li>\$1,500 orthodontia for children</li> </ul>		<ul style="list-style-type: none"> <li>Diagnostic and preventive care covered at 100% with no deductible; does not apply to annual benefit maximum</li> <li>\$1,000/annual benefit</li> <li>\$50 in-network/\$75 out-of-network/annual deductible for basic and major services</li> <li>Orthodontia is not covered</li> </ul>
<b>Vision Plan</b> Offered through Vision Service Plan (VSP)	<ul style="list-style-type: none"> <li>\$25 copay for exams and lenses once every 12 months</li> <li>Frames covered up to \$170 once every calendar year</li> <li>Contact lenses (in lieu of glasses) covered up to \$105 once every 12 months</li> </ul>		
<b>Employee Assistance Program</b> Offered through LifeWorks	<ul style="list-style-type: none"> <li>Free and confidential counseling and referrals for you and your family</li> </ul>		
LIFE AND ACCIDENT INSURANCE – The Hartford			
<b>Basic Life and Accidental Dismemberment insurance</b>	<ul style="list-style-type: none"> <li>Company provides a benefit of 2 times your annual base salary up to \$300,000</li> <li>Executives (Director and above) up to \$1,000,000</li> </ul>		
INCOME PROTECTION – The Hartford			
<b>Short-Term Disability insurance</b>	<ul style="list-style-type: none"> <li>Company provides basic coverage that pays a benefit of 60% of your base weekly pay to a maximum of \$1,500/week</li> <li>Coverage commences after the 8th day of disability for up to 90 days</li> </ul>		
<b>Long-Term Disability insurance</b>	<ul style="list-style-type: none"> <li>Company provides basic coverage that pays a benefit of 50% of your base monthly salary, plus automatic enrollment in supplemental, employee-paid coverage that pays a benefit of 60% of your pre-disability salary</li> <li>Maximum of \$15,000/month for Top Leaders, \$10,000/month for Directors, AVP, VP, SVP and Presidents, \$8,000/month for all other employees.</li> <li>Coverage commences after 90 days of disability</li> </ul>		

HEALTH SAVINGS AND FLEXIBLE SPENDING ACCOUNTS – WageWorks	
<b>Health Savings Account (HSA)</b>	<ul style="list-style-type: none"> <li>When you enroll in an HDHP plan you can set aside up to \$3,550 / single and \$7,100 family pre-tax per year for reimbursement for qualifying medical, dental and vision expenses.</li> <li>Company provides contribution of \$700 single and \$1,200 family</li> </ul>
<b>Limited Purpose FSA</b>	<ul style="list-style-type: none"> <li>Set aside up to \$2,750 pre-tax per year for reimbursement for qualifying dental and vision expenses when enrolled in an HDHP plan</li> </ul>
<b>Health Care FSA</b>	<ul style="list-style-type: none"> <li>Set aside up to \$2,750 pre-tax per year for reimbursement for qualifying medical, dental, and vision care expenses</li> </ul>
<b>Dependent Care FSA</b>	<ul style="list-style-type: none"> <li>Set aside up to \$5,000 pre-tax per year for reimbursement for qualifying dependent day care expenses</li> </ul>
FINANCIAL BENEFITS – Fidelity	
<b>401(k) Plan</b>	<ul style="list-style-type: none"> <li>Save for retirement by putting aside 1% to 90% of your pre-tax annual earnings</li> <li>Molina matches 100% of the first 4%. You are automatically enrolled at 4%. You are vested in Molina matching contributions after you complete one year of service, on your anniversary date.</li> <li>You also have the option to contribute after-tax Roth contributions</li> </ul>
ADDITIONAL BENEFITS	
<b>Accident Insurance – Aflac</b>	<ul style="list-style-type: none"> <li>Provides payment for unanticipated events resulting in injury</li> <li>Company will provide Employee only coverage for those enrolled in HDHP</li> <li>Voluntary enrollment available to all benefit eligible employees</li> </ul>
<b>Critical Illness Insurance – Aflac</b>	<ul style="list-style-type: none"> <li>Plan pays \$10,000 lump sum benefit for specific critical illnesses such as cancer or heart attack</li> <li>Voluntary enrollment available to all benefit eligible employees</li> </ul>
<b>Hospital Indemnity Insurance – Aflac</b>	<ul style="list-style-type: none"> <li>Plan provide benefits to pay for the added costs associate with hospital stay</li> <li>Voluntary enrollment available to all benefit eligible employees</li> </ul>
<b>Legal Plan – ARAG</b>	<ul style="list-style-type: none"> <li>Voluntary enrollment provides access to a network of lawyers</li> </ul>
<b>Patient Advocacy Services – Health Advocate</b>	<ul style="list-style-type: none"> <li>Offers free, confidential, and personal support with health care benefits and claims questions, and much more</li> </ul>
<b>Home &amp; Auto Insurance – MetLife</b>	<ul style="list-style-type: none"> <li>Plan offers groups rates at a discount of up to 15% off individual policyholder rates, plus additional discounts</li> </ul>
<b>Identity Theft Protection – InfoArmor</b>	<ul style="list-style-type: none"> <li>Protect your family's privacy, identity, and finances with monitoring, alerts, and theft insurance</li> </ul>
<b>Pet Insurance – Nationwide</b>	<ul style="list-style-type: none"> <li>Plan protects you from unexpected veterinary expenses and you can elect preventive care coverage</li> </ul>
<b>Paid Time Off</b>	<ul style="list-style-type: none"> <li>Paid time off (PTO) for vacations, illness or personal time</li> </ul>
<b>Voluntary Time Off</b>	<ul style="list-style-type: none"> <li>Employee paid up to 16 hours of time per year for hours used for eligible events</li> </ul>
<b>Voluntary Life – The Hartford</b>	<ul style="list-style-type: none"> <li>Purchase additional life insurance for yourself up to \$1,000,000 with a guaranteed issuance amount of \$200,000.</li> <li>Available for spouses up to \$500,000 or 100% of employee coverage, guaranteed issuance of \$50,000</li> <li>Children covering offered at \$5,000, \$10,000 and \$20,000 increments</li> </ul>
<b>Other Additional Benefits</b>	<ul style="list-style-type: none"> <li>Employee Stock Purchase Plan</li> <li>Educational Reimbursement up to \$5,250 per year</li> <li>CME reimbursement up to \$2,500</li> </ul>

Please note that eligibility requirements, internal policies and limitations for these benefits vary, and some benefits are available only to regular full-time employees. The above information is current, but Molina Healthcare reserves the right to make modifications to its benefit offerings. Before enrolling, refer to Molina Healthcare HR for complete details.

## Plan Costs Per Pay Period

### 2020 Medical Plan Rates

Per Paycheck	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Choice Medical (PPO)</b>	\$83.00	\$227.00	\$152.00	\$347.00
<b>Premier Medical (HDHP)</b>	\$55.00	\$170.00	\$101.00	\$259.00
<b>Essential Medical (HDHP)</b>	\$40.00	\$129.00	\$70.00	\$193.00

### 2020 Dental & Vision Plan Rates

Per Paycheck	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Dental High</b>	\$14.00	\$30.00	\$30.00	\$45.00
<b>Dental Low</b>	\$6.00	\$11.00	\$13.00	\$18.00
<b>Vision</b>	\$3.00	\$6.00	\$6.00	\$6.00

## Eligibility

All regular employees who work 30 or more hours per week are eligible for Molina Healthcare benefits. All benefits are effective on the first of the month after 30 days of employment if you enroll.

### Eligible Family Members

All dependents added to a medical, dental or vision plan require documentation to verify their relationship to you as the covered employee. You will receive an information request mailed to your home address outlining the required documents you must provide and the timeline to complete this process. Eligible family members include:

- **Legal spouse.** If your spouse has access to health insurance through their own employer, they are not eligible for coverage (medical) under the Molina Healthcare plans. They may participate in the voluntary benefit plans.
- **Your children, up to age 26,** including stepchildren or children in your legal guardianship. Coverage ends the last day of the month that the child turns age 26.
- **Adult children,** stepchildren, or children in your legal guardianship of any age who are disabled and cannot support themselves.

### Family works for Molina Healthcare

- If you and your spouse, and/or child work for Molina Healthcare, or your spouse or child becomes employed by Molina Healthcare, you cannot cover them as a dependent if they also have enrolled for coverage through Molina Healthcare.
- You cannot cover each other as a dependent.
- Your dependent children cannot be enrolled for coverage under both employees. Only one member can cover the child(ren).

### Overage Dependent (age 26+)

- Children can be covered on your plans until the month they turn age 26. At the end of that month they will no longer be eligible for coverage. You will receive a COBRA package allowing them to continue coverage under our plans. The rate for COBRA coverage is the full cost of the premium.