



2025-2026 Employee Benefits Overview

ELIGIBILITY			PERCENT EMPLOYEE PAYS		
Tier	Hours	Benefits	Employee	Spouse	Dependent
TIER 1: 75-100% FTE	Working 30+ hours	Benefits eligible	0.0%	100.0%	50.0%
TIER 2: 60-75% FTE	Working 24-30 hours	Benefits eligible	25.0%	100.0%	62.5%
TIER 3: 1-59% FTE	Working 1-23 hours	Not benefit eligible – Except FSA	n/a	n/a	n/a

MEDICAL		KAISER PERMANENTE	
Benefits	HDHP HMO		
Annual Deductible (Ind / Ind fam / Fam)	\$5,500 / \$5,500 / \$11,000 (LCPS funds the deductibles through Nonstop Health)		
Annual Out-of-Pocket Max (Ind / Ind fam / Fam)	\$7,000 / \$7,000 / \$14,000		
Office Visit Copay	\$50 copay per visit after deductible		
X-rays / Lab tests	40% after deductible		
Emergency Room	40% after deductible (waived if admitted)		
Outpatient Surgery	40% after deductible		
Inpatient Hospital	40% after deductible		
Prescription Drugs	<u>Plan Pharmacy</u>	<u>Mail Order – Up to 100 day supply</u>	
Generic (Tier 1)	Tier 1: \$15 copay after ded.-up to 30 day supply	Tier 1: \$30 copay after ded.	
Most Brand Names (Tier 2)	Tier 2: 40% after ded. (not to exceed \$100)-up to 100 day supply	Tier 2: 40% after ded. (not to exceed \$100)	
Specialty (Tier 4)	Tier 4: 40% after ded. (not to exceed \$250)-up to 30 day supply	Tier 3: Not covered	
Vision Material Benefit	\$175 allowance for eyeglasses or contacts (every 24 months)		

MEDICAL EXPENSE REIMBURSEMENT PLAN (MERP)		NONSTOP HEALTH
		LCPS Employer Funding
Annual Deductible	Up to \$5,500 individual / Up to \$11,000 for Entire Family	

DENTAL		METLIFE	
		Base Plan	Buy-up Plan
Benefits	In-Network	Out-of-Network	Out-of-Network
Deductible – <i>Exempt Tier 1</i> (Single / Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150
Maximum Benefit Per Year	\$1,250	\$1,250	\$2,000
Tier 1 - Preventative Services	0%	0%	0%
Tier 2 - Basic Services	20%	20%	20%
Tier 3 - Major Services	50%	50%	50%
Orthodontia			
Lifetime Ortho Plan Maximum	n/a	n/a	\$1,500
Adult / Dep Children	Not Covered		50%

VISION - VOLUNTARY**SUPERIOR VISION BY METLIFE**

<u>Exam</u>	<u>Lenses</u>	<u>Frames</u>	<u>Contacts</u>
12 months	12 months	24 months	12 months
	<u>In-Network</u>		<u>Out-of-Network</u>
Routine Exam Copay	\$10		\$45 allowance
Materials Copay	\$25		Various allowances
Contact Fitting & Evaluation	Standard: \$25 copay		Applied to contact lenses allowances
Frames	\$130 allowance		\$70 allowance
Lenses			
Single / Bifocal / Trifocal	Covered at 100%		\$30 / \$50 / \$65 allowance
Contacts			
Medically Necessary	Covered at 100%		\$210 allowance
Elective	\$130 allowance		\$105 allowance

FLEXIBLE SPENDING ACCOUNT**THRIVEPASS**

	<u>HealthCare FSA</u>	<u>Dependent Care FSA</u>
Maximum per year	\$3,300	\$5,000
	<u>Commuter Parking</u>	<u>Commuter Transit</u>
Maximum per month	\$325	\$325

EMPLOYEE ASSISTANCE PROGRAM (EAP)**METLIFE**

For you and your family	Up to 5 in person, phone or video consultations with a licensed counselor			
24/7 Help – Confidential	Marriage and	Workplace	Stress, Anxiety	Grief, Loss,
Call (888) 319-7919	Family issues	Issues	Sadness	Traumatic events

LIFE AND AD&D**METLIFE**

Basic Life / AD&D	1x basic annual salary to \$50,000
Basic Life/AD&D is paid by Lighthouse for all eligible employees	
Voluntary Life / AD&D	Purchase for you, your spouse, and/or your child(ren)

VOLUNTARY BENEFITS**METLIFE**

Supplement your existing benefits with one or more of these plans. Each pays benefits directly to you to help provide financial support for you and your family.		
• Accident	• Critical Illness	• Hospital Indemnity
• Legal Plans	• Pet Insurance	• Long Term Disability

OTHER BENEFITS**LifeMart**

Discount Website	www.Discountmember.lifecare.com; registration code: USI
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Tuition Funding Sources

Scholarships and Tuition Funding Website	www.tuitionfundingsources.com
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EMPLOYEE MONTHLY CONTRIBUTIONS**Tier 1****Tier 2**

	Medical HDHP HMO	Dental Base	Dental Buy-up	Voluntary Vision	Medical HDHP HMO	Dental Base	Dental Buy-up	Voluntary Vision
EE	\$0.00	\$0.00	\$9.30	\$6.79	\$186.33	\$10.67	\$19.97	\$6.79
EE & Spouse	\$788.82	\$38.57	\$56.17	\$13.60	\$975.15	\$49.24	\$66.84	\$13.60
EE & Child(ren)	\$337.61	\$29.67	\$64.10	\$11.88	\$608.35	\$47.77	\$82.20	\$11.88
EE & Family	\$1,090.84	\$76.01	\$121.69	\$18.66	\$1,361.58	\$94.11	\$139.79	\$18.66

Please review the Employee Benefits Guide for rates and contributions for all plans.

IMPORTANT CONTACTS

USI Benefit Resource Center (BRC)

(888) 336-7463

BRCCA@usi.com

Nonstop Health

(877) 626-6057

www.nonstophealth.com

Landmark Healthplan

(800) 298-4875

www.LHP-CA.com

Kaiser Permanente

(800) 464-4000

www.kp.org

ThrivePass

(866) 855-2844

www.thrivepass.com

MetLife

(800) 438-6388

www.metlife.com

Superior Vision by MetLife

(833) 393-5433

www.metlife.com/vision

MetLife EAP

(888) 319-7919

www.metlifeeap.lifeworks.com

The above benefits assume Participating Providers are used. Benefits may be reduced or denied if you do not access the appropriate network. Exclusions and Limitations may also apply. Please refer to your policy for complete information.

