



Benefits Guide 2026

Scilex Holding Company and its subsidiaries



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Introduction

Choose the right benefits that work for you

At TriNet, we believe there is nothing more important than your health and well-being. We offer access to comprehensive benefits with a wide range of coverage options. This guide will provide a high-level summary of the TriNet-sponsored benefits that are offered to you by your worksite employer. Your worksite employer reserves the right to modify the benefits it offers or stop offering benefits at any time. Additional plan information, such as the summaries of benefits and coverage (SBCs), Carrier Certificates and the TriNet Benefits Guidebook and Summary Plan Description (the "TriNet Benefits Guidebook"), can be found by logging in to TriNet (login.TriNet.com). This guide provides an overview of plan benefits. In the event of a discrepancy between the information provided here in and the plan documents, the terms in the plan documents shall control.

TriNet offers you access to a full suite of benefits including:



Medical



Dental



Vision



Disability



**Basic and
Supplemental Life,
AD&D Insurance**



**Flexible Spending
Accounts**



**Health Savings
Account**

You may also enroll in the following benefits:

Additional Benefits

- Health Advocate (if enrolled in a TriNet-sponsored medical plan)
- Commuter benefits
- Employee Assistance Program (EAP)

Voluntary Benefits

- Aflac critical illness, hospital and accident
- MetLife legal and pet insurance
- Farmers GroupSelectSM home & auto
- Chubb personal excess liability
- Identity Force identity theft protection

Frequently Asked Questions

When do my benefits start?

You will be eligible for TriNet-sponsored benefits after the waiting period selected by your worksite employer has passed. A waiting period is the amount of time between your hire date and benefits eligibility date. Timing may be different based on when you were hired.

If you are a new hire, it will either be on your date of hire or on the first day of the month following your waiting period.

When is the TriNet benefits plan year?

The benefits plan year begins October 01, 2025 through September 30, 2026

When do I need to enroll by?

You have 30 days from your benefits eligibility date to elect or waive benefits.

Where do I enroll?

All new worksite employees will receive an email with instructions on how to enroll on the TriNet platform.

Who can I cover on my benefits?

Coverage is available to you, your spouse or domestic partner, your dependent children and your domestic partner's dependent children (age rules may apply to dependent children).

When can I make changes to my benefits?

After your initial enrollment period, you cannot change your benefit elections until the annual open enrollment period unless you experience a life status change event, such as marriage, divorce, end of domestic partnership, loss or gain of eligibility for an employer group benefits plan or the birth or adoption of a child (not an inclusive list).

Some voluntary benefits like pet insurance and auto and home can be changed or elected at any time during the year.

Are there any discount programs?

Yes, go to TriNet Perks (left main menu) to find the various discount programs available to you.

How do I change my password?

Click on Settings > Password and enter your new password information.

Review Your Medical Plan Coverage Options and Cost

TriNet offers access to a variety of medical plans for you and your eligible dependents. These plans provide comprehensive care, including prescription drug coverage. Review the carriers and plans available to you in the benefits enrollment site.

Tips for Stretching Your Health Care Dollars



Go Generic

If you are prescribed medication, ask your doctor if a generic version is available. By law, a generic drug is required to have the same active ingredients and efficacy as its brand name equivalent. But generic drugs are less expensive and have a lower copay.



Take Advantage of Telemedicine

Consult with a physician by phone or online to get treatment for minor concerns like a cold or rash. In most cases, telehealth costs less than an office visit and you don't need to leave your house to see a doctor.



Use the Mail Order Service

If you take a maintenance medication (a medication used long-term to manage a chronic condition, such as high blood pressure or depression), use the mail order service. You'll get up to a 90-day supply at a reduced cost as compared to a retail pharmacy.



Flexible Spending Accounts

During benefits enrollment, you can enroll in both a health care and dependent day care FSA that allows you to set aside pre-tax dollars from your paycheck to pay for eligible expenses. The FSA calculator in the benefits enrollment site can help you estimate your FSA expenses, so you get the maximum benefit and feel confident that you're contributing the right amount to your FSA.

Medical Plan Options

	Exclusive Provider Organization (EPO)	High Deductible Health Plan (HDHP)	Health Maintenance Organization (HMO)	Preferred Provider Organization (PPO)
Amount You Pay for Coverage	May be lower or higher	Lower	May be lower or higher	Generally higher
How You Pay for Health Care Services	Copay or coinsurance after deductible, up to out-of-pocket maximum	Coinsurance after deductible, up to out-of-pocket maximum	Generally, copay or coinsurance after deductible, up to out-of-pocket maximum	Generally, copay or coinsurance after deductible, up to out-of-pocket maximum
Network Size	Smaller	Larger	Smaller	Larger
Availability of Out-of-Network Coverage	Only in emergencies	Available, but more costly than in-network care	Only in emergencies	Available, but more costly than in-network care
Selecting a Primary Care Physician	Recommended	Generally, not required	Required or recommended, depending on the plan	Not necessary
Referrals	Not Required	Generally, not required	Required	Not Required
Available Health Care Spending Accounts	FSA	HSA and limited purpose FSA	FSA	FSA
Why this Type of Plan Might Be a Good Fit	- Low cost is more important to you than flexibility -Your providers are with in the EPO network already	- You would prefer to pay lower rates each pay period and more when you receive care - You want the flexibility to use out-of-network providers	- Low cost is more important to you than flexibility -Your providers are with in the HMO network already	You want the flexibility to use out-of-network providers

Medical Carrier Health and Wellness Programs

Your TriNet-sponsored plan medical carrier offers a wide variety of health and wellness programs which can help you become better consumers of your health plan. Some programs include:

- Mental and Behavioral Health
- Prenatal and Maternity
- Preventive Care
- Pharmacy Drugs (Rx)
- Telemedicine

Compare Medical Plans

	Kaiser HMO 20 North CA	Kaiser HMO 30 North CA	Kaiser HMO 1000 North CA	UHC Choice EPO 0
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Plan Highlights

Plan Type	HMO		HMO		HMO		EPO	
Network Name	Kaiser HMO		Kaiser HMO		Kaiser HMO		Choice	
Primary Care Visit	\$20		\$30		\$30		\$25	
Specialist Visit	\$35		\$30		\$45		\$50	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible								
Single	\$0	Not Covered	\$0	Not Covered	\$1,000	Not Covered	\$0	Not Covered
Family	\$0	Not Covered	\$0	Not Covered	\$2,000	Not Covered	\$0	Not Covered
Out-of-Pocket Max								
Single	\$1,500	Not Covered	\$1,500	Not Covered	\$2,000	Not Covered	\$4,000	Not Covered
Family	\$3,000	Not Covered	\$3,000	Not Covered	\$4,000	Not Covered	\$12,000	Not Covered
Coinsurance	0%	Not Covered	0%	Not Covered	20%	Not Covered	0%	Not Covered

Prescription Drugs

Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A
Generic Rx (Tier 1)	\$10	\$15	\$10	\$15
Brand Rx (Tier 2)	\$35	\$35	\$35	\$45
Non-Formulary Rx (Tier 3)	\$35	\$35	\$35	\$75

	Kaiser HMO 20 North CA	Kaiser HMO 30 North CA	Kaiser HMO 1000 North CA	UHC Choice EPO 0
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Emergency Room and Urgent Care

Urgent Care Visit	\$20	\$30	\$30	\$75
Emergency Room Visit	\$100	\$100	20% after ded	\$200

Facilities and Treatment

Lab & X-Ray	\$0	\$0	\$10 after ded	no cost or 50%
Hospital Inpatient	\$250	\$500	20% after ded	\$500
Outpatient Facility	\$35	\$200	20% after ded	\$125
Outpatient Surgery	\$0	\$0	20% after ded	\$0

Carrier Contact Information

Pre-Enrollment Number	800.464.4000	800.464.4000	800.464.4000	844.234.1205
Post-Enrollment Number	800.464.4000	800.464.4000	800.464.4000	844.234.1205
URL	Carrier Website	Carrier Website	Carrier Website	Carrier Website
Find-a-Doc	Select your Region > Click on "Doctors > Click on "Browse Doctor Directory to search for Care and Locations.	Select your Region > Click on "Doctors > Click on "Browse Doctor Directory to search for Care and Locations.	Select your Region > Click on "Doctors > Click on "Browse Doctor Directory to search for Care and Locations.	Select Search the network for your health care plan provider> Search the Network>Select Choice (EPO) Plan>Select Change Location>Enter Zip Code and Select Update Location>Select Category
Group Number	620007	620009	620008	0911528

Coverage Rates (Pre-Tax)

Each person’s health care needs are different. We offer access to multiple coverage options so you can choose the one that’s best for you.

Monthly rates are listed below.

Legend

EE: Employee **E + S/DP:** Employee + Spouse/Domestic Partner **E + C:** Employee + Child(ren)

	Kaiser HMO 20 North CA		Kaiser HMO 30 North CA		Kaiser HMO 1000 North CA		UHC Choice EPO 0	
	(\$)Employee	(\$)Company	(\$)Employee	(\$)Company	(\$)Employee	(\$)Company	(\$)Employee	(\$)Company
EE	507.00	652.00	493.00	652.00	341.00	652.00	163.00	652.00
E + S/DP	1,089.40	1,401.60	1,061.40	1,401.60	733.40	1,401.60	350.40	1,401.60
E + C	913.20	1,172.80	889.20	1,172.80	614.20	1,172.80	293.20	1,172.80
Family	1,571.20	2,020.80	1,530.20	2,020.80	1,057.20	2,020.80	505.20	2,020.80

Adding domestic partners and their children to this benefit will result in additional tax withholding unless they are qualified tax dependents under Code §152. If they are qualified tax dependents, you must notify TriNet to avoid additional tax withholding. These rates will be in effect October 01, 2025 - September 30, 2026.

Note: the plans and costs shown are valid as of the date the guide is generated and based on the Benefits Group selected. Please refer to the Carrier Certificate for additional coverage details.

Compare Medical Plans

	UHC Choice EPO 500	UHC Choice Plus 0 /20	UHC Choice Plus 0 /25	UHC Choice Plus 500/90
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Plan Highlights

Plan Type	EPO		PPO		PPO		PPO	
Network Name	Choice		Choice Plus		Choice Plus		Choice Plus	
Primary Care Visit	\$25		\$20		\$25		\$25	
Specialist Visit	\$50		\$30		\$35		\$50	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible								
Single	\$500	Not Covered	\$0	\$500	\$0	\$1,000	\$500	\$1,000
Family	\$1,500	Not Covered	\$0	\$1,500	\$0	\$3,000	\$1,000	\$3,000
Out-of-Pocket Max								
Single	\$3,000	Not Covered	\$4,000	\$5,000	\$4,000	\$5,000	\$3,000	\$5,000
Family	\$9,000	Not Covered	\$12,000	\$15,000	\$12,000	\$15,000	\$6,000	\$15,000
Coinsurance	10%	Not Covered	0%	20%	0%	30%	10%	30%

Prescription Drugs

Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A
Generic Rx (Tier 1)	\$15	\$15	\$15	\$15
Brand Rx (Tier 2)	\$45	\$45	\$45	\$45
Non-Formulary Rx (Tier 3)	\$75	\$75	\$75	\$75

	UHC Choice EPO 500	UHC Choice Plus 0 /20	UHC Choice Plus 0 /25	UHC Choice Plus 500/90
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Emergency Room and Urgent Care

Urgent Care Visit	\$75	\$75	\$75	\$75
Emergency Room Visit	\$200	\$150	\$150	\$200

Facilities and Treatment

Lab & X-Ray	no cost or 50%	no cost of 50%	no cost or 50%	no cost or 50%
Hospital Inpatient	10% after ded	\$500	\$500	10% after ded
Outpatient Facility	10% after ded	\$100	\$125	10% after ded
Outpatient Surgery	10% after ded	0%	0%	10% after ded

Carrier Contact Information

Pre-Enrollment Number	844.234.1205	844.234.1205	844.234.1205	844.234.1205
Post-Enrollment Number	844.234.1205	844.234.1205	844.234.1205	844.234.1205
URL	Carrier Website	Carrier Website	Carrier Website	Carrier Website
Find-a-Doc	Select Search the network for your health care plan provider> Search the Network>Select Choice (EPO) Plan>Select Change Location>Enter Zip Code and Select Update Location>Select Category	Select Search the network for your health care plan provider> Search the Network>Select Choice Plus Plan>Select Change Location>Enter Zip Code and Select Update Location>Select Category	Select Search the network for your health care plan provider> Search the Network>Select Choice Plus Plan>Select Change Location>Enter Zip Code and Select Update Location>Select Category	Select Search the network for your health care plan provider> Search the Network>Select Choice Plus Plan>Select Change Location>Enter Zip Code and Select Update Location>Select Category
Group Number	0911528	0911528	0911528	0911528

Coverage Rates (Pre-Tax)

Each person's health care needs are different. We offer access to multiple coverage options so you can choose the one that's best for you.

Monthly rates are listed below.

Legend

EE: Employee **E + S/DP:** Employee + Spouse/Domestic Partner **E + C:** Employee + Child(ren)

	UHC Choice EPO 500		UHC Choice Plus 0/20		UHC Choice Plus 0/25		UHC Choice Plus 500 /90	
	(\$) Employee	(\$) Company	(\$) Employee	(\$) Company	(\$) Employee	(\$) Company	(\$) Employee	(\$) Company
EE	145.00	580.00	527.00	652.00	210.00	652.00	153.40	613.60
E + S/DP	312.00	1,248.00	1,133.40	1,401.60	452.40	1,401.60	330.00	1,320.00
E + C	261.20	1,044.80	949.20	1,172.80	380.20	1,172.80	276.20	1,104.80
Family	449.80	1,799.20	1,635.20	2,020.80	652.20	2,020.80	476.00	1,904.00

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Note: the plans and costs shown are valid as of the date the guide is generated and based on the Benefits Group selected. Please refer to the Carrier Certificate for additional coverage details.

Compare Medical Plans

	UHC Choice Plus 1000/80	UHC Choice Plus 3000/80	UHC HDHP 2500 /90	UHC HDHP 5500
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Plan Highlights

Plan Type	PPO		PPO		PPO		PPO	
Network Name	Choice Plus		Choice Plus		Choice Plus		Choice Plus	
Primary Care Visit	\$30		\$30		10% after ded		0% after ded	
Specialist Visit	\$50		\$50		10% after ded		0% after ded	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible								
Single	\$1,000	\$3,000	\$3,000	\$5,000	\$2,500	\$2,500	\$5,500	\$15,000
Family	\$3,000	\$9,000	\$9,000	\$15,000	\$5,000	\$5,000	\$11,000	\$30,000
Out-of-Pocket Max								
Single	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$5,500	\$6,400	\$20,000
Family	\$12,700	\$30,000	\$15,000	\$30,000	\$9,200	\$11,000	\$12,800	\$40,000
Coinsurance	20%	40%	20%	40%	10%	30%	0%	30%

Prescription Drugs

Rx Deductible (Non-Generic)	N/A	N/A	Integrated w/med	Integrated w/med
Generic Rx (Tier 1)	\$15	\$15	\$15 after ded	\$15 after ded
Brand Rx (Tier 2)	\$45	\$45	\$45 after ded	\$45 after ded
Non-Formulary Rx (Tier 3)	\$75	\$75	\$75 after ded	\$75 after ded

	UHC Choice Plus 1000/80	UHC Choice Plus 3000/80	UHC HDHP 2500 /90	UHC HDHP 5500
Emergency Room and Urgent Care				
Urgent Care Visit	\$75	\$75	10% after ded	0% after ded
Emergency Room Visit	\$200	\$200	10% after ded	0% after ded
Facilities and Treatment				
Lab & X-Ray	no cost or 50%	no cost or 50%	10% of 50% after ded	0% or 50% after ded
Hospital Inpatient	20% after ded	20% after ded	10% after ded	0% after ded
Outpatient Facility	20% after ded	20% after ded	10% after ded	0% after ded
Outpatient Surgery	20% after ded	20% after ded	10% after ded	0% after ded
Carrier Contact Information				
Pre-Enrollment Number	844.234.1205	844.234.1205	844.234.1205	844.234.1205
Post-Enrollment Number	844.234.1205	844.234.1205	844.234.1205	844.234.1205
URL	Carrier Website	Carrier Website	Carrier Website	Carrier Website
Find-a-Doc	Select Search the network for your health care plan provider> Search the Network>Select Choice Plus Plan>Select Change Location>Enter Zip Code and Select Update Location>Select Category	Select Search the network for your health care plan provider> Search the Network>Select Choice Plus Plan>Select Change Location>Enter Zip Code and Select Update Location>Select Category	Select Search the network for your health care plan provider> Search the Network>Select Choice Plus Plan>Select Change Location>Enter Zip Code and Select Update Location>Select Category	Select Search the network for your health care plan provider> Search the Network>Select Choice Plus Plan>Select Change Location>Enter Zip Code and Select Update Location>Select Category
Group Number	0911528	0911528	0911528	0911528

Coverage Rates (Pre-Tax)

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	UHC Choice Plus 1000 /80		UHC Choice Plus 3000/80		UHC HDHP 2500/90		UHC HDHP 5500	
	(\$) Employee	(\$) Company	(\$) Employee	(\$) Company	(\$) Employee	(\$) Company	(\$) Employee	(\$) Company
EE	132.60	530.40	123.20	492.80	126.80	507.20	113.20	455.80
E + S/DP	284.80	1,139.20	265.00	1,060.00	272.60	1,090.40	244.40	977.60
E + C	238.60	954.40	221.80	887.20	228.20	912.80	204.80	819.20
Family	410.80	1,643.20	382.00	1,528.00	392.80	1,571.20	352.60	1,410.40

Adding domestic partners and their children to this benefit will result in additional tax withholding unless they are qualified tax dependents under Code §152. If they are qualified tax dependents, you must notify TriNet to avoid additional tax withholding. These rates will be in effect October 01, 2025 - September 30, 2026.

Note: the plans and costs shown are valid as of the date the guide is generated and based on the Benefits Group selected. Please refer to the Carrier Certificate for additional coverage details.

	Delta Dental Enhanced	Delta Dental Premium	Delta Dental Standard	MetLife Enhanced
Carrier Contact Information				
Pre-Enrollment Number	866.222.8545	866.222.8545	866.222.8545	888.310.1678
Post-Enrollment Number	866.222.8545	866.222.8545	866.222.8545	800.942.0854
URL	Carrier Website	Carrier Website	Carrier Website	Carrier Website
Find-a-Doc	Search by Location, Dentist or Office name and Select a Network Network: Delta Dental PPO]	Search by Location, Dentist or Office name and Select a Network Network: Delta Dental PPO]	Search by Location, Dentist or Office name and Select a Network Network: Delta Dental PPO]	Under Find a Dentist > Search Your Network, ZIP code or Dentist/Practice Name (optional) Network: PDP Plus] Claim Report #: 235628
Group Number	21385	21385	21385	0235628

Coverage Rates (Pre-Tax)

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Monthly rates are listed below.

Legend

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	Delta Dental Enhanced		Delta Dental Premium		Delta Dental Standard		MetLife Enhanced	
	(\$) Employee	(\$) Company	(\$) Employee	(\$) Company	(\$) Employee	(\$) Company	(\$) Employee	(\$) Company
EE	15.71	28.83	39.02	28.83	5.16	20.64	27.32	28.83
E + S/DP	40.03	57.94	89.21	57.94	10.99	43.96	54.95	57.94
E + C	43.89	66.30	100.47	66.30	12.35	49.42	62.87	66.30
Family	63.71	102.37	148.55	102.37	18.44	73.77	97.00	102.37

Note: the plans and costs shown are valid as of the date the guide is generated and based on the Benefits Group selected. Please refer to the Carrier Certificate for additional coverage details.

Compare Dental Plans

	MetLife Premium		MetLife Standard	
Plan Highlights				
Plan Type	PPO		PPO	
Network Name	Nationwide - PDP Plus		Nationwide - PDP Plus	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Single	\$0	\$0	\$75	\$100
Family	\$0	\$0	\$225	\$300
Deductible Waived for Preventive	N/A	N/A	Waived	Waived
Annual Maximum	\$3,500	\$2,000	\$1,000	\$750
Orthodontia Lifetime Maximum	\$3,500	\$2,000	\$1,000	Combined with In-Network
Dental Services				
Preventive	100%	100%	80%	75%
Basic	90%	80%	60%	50%
Major	65%	50%	40%	25%
Orthodontia	50%	50%	50%	50%

	MetLife Premium	MetLife Standard
Carrier Contact Information		
Pre-Enrollment Number	888.310.1678	888.310.1678
Post-Enrollment Number	800.942.0854	800.942.0854
URL	Carrier Website	Carrier Website
Find-a-Doc	Under Find a Dentist > Search Your Network, ZIP code or Dentist/Practice Name (optional) Network: PDP Plus] Claim Report #: 235628	Under Find a Dentist > Search Your Network, ZIP code or Dentist/Practice Name (optional) Network: PDP Plus] Claim Report #: 235628
Group Number	0235628	0235628

Coverage Rates (Pre-Tax)

Each person's health care needs are different. We offer multiple coverage options so you can choose the one that's best for you.

Monthly rates are listed below.

Legend

EE: Employee **E + S/DP:** Employee + Spouse/Domestic Partner **E + C:** Employee + Child(ren)

	MetLife Premium		MetLife Standard	
	(\$) Employee	(\$) Company	(\$) Employee	(\$) Company
EE	58.92	28.83	7.21	28.83
E + S/DP	118.44	57.94	14.49	57.94
E + C	135.52	66.30	16.58	66.30
Family	209.15	102.37	25.59	102.37

Note: the plans and costs shown are valid as of the date the guide is generated and based on the Benefits Group selected. Please refer to the Carrier Certificate for additional coverage details.

Compare Vision Plans

	Aetna EyeMed		Aetna EyeMed Plus		Aetna EyeMed Premium		VSP Vision Premium	
Plan Highlights								
Plan Type	PPO		PPO		PPO		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam Copay	\$10	Reimbursed up to \$50	\$10	Reimbursed up to \$50	\$10	Reimbursed up to \$50	\$10	Reimbursed up to \$50
Exam Frequency	Every 12 months		Every 12 months		Every 12 months		Every 12 months	
Frames Allowance	\$150	Reimbursed up to \$70	\$150	Reimbursed up to \$75	\$300	Reimbursed up to \$75	\$300	Reimbursed up to \$75
Frames Frequency	Every 24 months		Every 12 months		Every 12 months		Every 12 months	
Materials Copay	\$10	Reimbursed up to \$50 /\$75 /\$100 Single /Bifocal /Trifocal	\$10	Reimbursed up to \$50 /\$75 /\$100 Single /Bifocal /Trifocal	\$10	Reimbursed up to \$50 /\$75 /\$100 Single /Bifocal /Trifocal	\$10	Reimbursed up to \$50 /\$75/\$100 Single /Bifocal /Trifocal
Lenses or Contact Lens Frequency	Every 12 months		Every 12 months		Every 12 months		Every 12 months	

	Aetna EyeMed	Aetna EyeMed Plus	Aetna EyeMed Premium	VSP Vision Premium
Carrier Contact Information				
Pre-Enrollment Number	866.525.5117	866.525.5117	866.525.5117	800.877.7195
Post-Enrollment Number	866.525.5117	866.525.5117	866.525.5117	800.877.7195
URL	Carrier Website	Carrier Website	Carrier Website	Carrier Website
Find-a-Doc	Select Find a Provider > Search by location > Enter Zip Code	Select Find a Provider > Search by location > Enter Zip Code	Select Find a Provider > Search by location > Enter Zip Code	Find A Doctor > Search By Location (or) Search By Office/ Doctor Group Name: TriNet HR IV, LLC [Network: Signature] Note: VSP does not send vision insurance car
Group Number	0259494	0259494	0259494	30105554

Cost of Coverage (Pre-Tax)

Each person’s health care needs are different. We offer multiple coverage options so you can choose the one that’s best for you

Monthly rates are listed below.

Legend

EE: Employee **E + S/DP:** Employee + Spouse/Domestic Partner **E + C:** Employee + Child(ren)

	Aetna EyeMed		Aetna EyeMed Plus		Aetna EyeMed Premium		VSP Vision Premium	
	(\$) Employee	(\$) Company	(\$) Employee	(\$) Company	(\$) Employee	(\$) Company	(\$) Employee	(\$) Company
EE	0.70	2.81	1.31	4.67	6.30	4.67	9.96	4.67
E + S/DP	1.43	5.75	4.07	8.21	14.27	8.21	21.03	8.21
E + C	1.43	5.75	3.49	8.78	13.69	8.78	22.52	8.78
Family	2.17	8.70	4.51	14.04	19.95	14.04	35.98	14.04

Note: the plans and costs shown are valid as of the date the guide is generated and based on the Benefits Group selected. Please refer to the Carrier Certificate for additional coverage details.

Compare Vision Plans

	VSP Vision		VSP Vision Plus	
Plan Highlights				
Plan Type	PPO		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam Copay	\$10	Reimbursed up to \$50	\$10	Reimbursed up to \$50
Exam Frequency	Every 12 months		Every 12 months	
Frames Allowance	\$150	Reimbursed up to \$70	\$150	Reimbursed up to \$75
Frames Frequency	Every 24 months		Every 12 months	
Materials Copay	\$10	Reimbursed up to \$50/\$75/\$100 Single /Bifocal/Trifocal	\$10	Reimbursed up to \$50/\$75/\$100 Single /Bifocal/Trifocal
Lenses or Contact Lens Frequency	Every 12 months		Every 12 months	

	VSP Vision	VSP Vision Plus
Carrier Contact Information		
Pre-Enrollment Number	800.877.7195	800.877.7195
Post-Enrollment Number	800.877.7195	800.877.7195
URL	Carrier Website	Carrier Website
Find-a-Doc	Find A Doctor > Search By Location (or) Search By Office/ Doctor Group Name: TriNet HR IV, LLC [Network: Signature] Note: VSP does not send vision insurance car	Find A Doctor > Search By Location (or) Search By Office/ Doctor Group Name: TriNet HR IV, LLC [Network: Signature] Note: VSP does not send vision insurance car
Group Number	30105554	30105554

Cost of Coverage (Pre-Tax)

Each person’s health care needs are different. We offer multiple coverage options so you can choose the one that’s best for you

Monthly rates are listed below.

Legend

EE: Employee **E + S/DP:** Employee + Spouse/Domestic Partner **E + C:** Employee + Child(ren)

	VSP Vision		VSP Vision Plus	
	(\$) Employee	(\$) Company	(\$) Employee	(\$) Company
EE	1.17	4.67	5.40	4.67
E + S/DP	2.06	8.21	11.93	8.21
E + C	2.20	8.78	12.77	8.78
Family	3.51	14.04	20.39	14.04

Note: the plans and costs shown are valid as of the date the guide is generated and based on the Benefits Group selected. Please refer to the Carrier Certificate for additional coverage details.

Basic and Supplemental Life, AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) Insurance

Another way to protect your family's financial security is through basic life and AD&D insurance. TriNet provides access to both basic and supplemental life and AD&D insurance options.



Basic Company-Paid Life* and AD&D Insurance

Coverage varies.



Supplemental Life Insurance

1 to 6x your base annual earnings, up to \$2.5 million***



Spouse or Domestic Partner Life Insurance**

Up to \$250,000 in \$25,000 increments***



Child Life Insurance

\$10,000 for each child



Supplemental AD&D

Coverage varies.

*If offered by your worksite employer, they will pay for the cost of this coverage, however, the IRS requires you to pay tax on the value of coverage above \$50,000. This will appear on your pay statement as taxable wages. This is considered non-cash imputed income and added to your gross wages in order to raise your taxable wage base. Coverage will be automatically reduced at ages 65 (to 65%) and 70 (to 50%) for all employer-paid Basic Life and AD&D amounts of \$50,000 and above for flat dollar amounts and all salary-based plans.

**Spouse or Partner life coverage: limited to 100% of total basic and supplemental life benefit or \$250,000.

***Coverage amounts subject to Statement of Health are not effective until approved by the insurance carrier.

Disability Plans

Disability benefits provide financial assistance should you become unable to work for a prolonged period of time due to illness or injury. TriNet provides access to different ways of getting short-term and long-term disability coverage. For example, you may receive company-paid coverage, or you may have the option of electing coverage for which you pay the cost. You'll see your disability coverage options when you enroll through the benefits enrollment site on TriNet.

Flexible Spending Accounts (FSAs)

Make the Most of Tax-Advantaged Accounts

TriNet offers access to health care and dependent day care flexible spending accounts (FSAs). FSAs allow you to set aside money on a pre-tax basis to pay for qualified health care or dependent day care expenses. Unlike a health savings account (HSA), unused FSA funds do not carry over from year to year.



Health Care FSA

Allows you to set aside pre-tax money to cover eligible expenses such as deductibles, copays, coinsurance and more. The maximum health care FSA annual contribution limit for the 2025 benefits plan year is \$3,300.00, as indexed.



Limited-Use Health Care FSA

Allows you to set aside pre-tax money if you are enrolled in a high-deductible health plan (HDHP) with a health savings account (HSA). Funds can be used for dental and vision eligible expenses but exclude HSA-eligible medical expenses.



Dependent Day Care FSA

Used to pay for eligible expenses related to the care of a child or eligible dependent, up to \$5,000.00, per benefits plan year.

FSA Key Dates

2026 Flexible Spending Account (FSA) Dates

September 30, 2026	This is the last day of the benefits plan year.
December 15, 2026	This is the last day to incur (or make) eligible dependent day care FSA expenses that can be paid from your 2026 plan year accounts.
December 15, 2026 *	This is the last day to incur (or make) eligible health care FSA expenses that can be paid from your 2026 plan year accounts.
January 31, 2027	This is the last day claims can be submitted for eligible expenses incurred for the 2026 plan year for both the health care and dependent day care FSAs.

FSA Key Dates

2027 Flexible Spending Account (FSA) Dates

September 30, 2027	This is the last day of the benefits plan year.
December 15, 2027	This is the last day to incur (or make) eligible dependent day care FSA expenses that can be paid from your 2027 plan year accounts.
December 15, 2027 *	This is the last day to incur (or make) eligible health care FSA expenses that can be paid from your 2027 plan year accounts.
January 31, 2028	This is the last day claims can be submitted for eligible expenses incurred for the 2027 plan for both the health care and dependent day care FSAs.

* Grace period is applicable only if you are an active FSA participant on the last day of the plan year.



Health Savings Accounts (HSA)

TriNet offers access to an HSA if you are enrolled in a TriNet-sponsored high-deductible health plan. The maximum HSA single contribution limit for the 2025 calendar year is \$4,300.00. The maximum HSA family contribution limit for the 2025 calendar year is \$8,550.00.

A health savings account (HSA) is a tax-advantaged health care savings account available to you if you are enrolled in a medical high-deductible health plan (HDHP). You are not eligible if you are enrolled in Medicare, enrolled in a general-purpose flexible spending account (FSA), covered by another health plan or claimed as a dependent on someone else's tax return. The funds contributed to an HSA are not subject to federal income tax. Unlike an FSA, funds in your HSA may roll over and accumulate year to year if not spent.

Factors to consider when calculating your annual election include if your worksite employer contributes to your HSA, your tax status, any year-to-date HSA contributions made during the calendar year, if you are 55 or older and whether you elected individual or family HDHP coverage. Please consult with your tax advisor prior to electing pre-tax HSA contributions.

If you are considered self-employed under IRC Section 401(c), you are not eligible to make HSA contributions on a pre-tax basis. If you are a shareholder or partner, we recommend that you consult your tax advisor prior to electing pre-tax HSA contributions.

HSA Key Dates

2025 Health Savings Account (HSA) Dates

October 01, 2025	New HSA elections start on the first pay date following October 01, 2025*
October 01–December 31, 2025	HSA contributions count toward IRS 2025 calendar year contribution limits
January 01–September 30, 2026	HSA contributions count toward IRS 2026 calendar year contribution limits

* You may enroll in an HSA or change or stop your HSA deductions at any time during the year. The HSA Payroll Change Form is available on TriNet.

* HSA Note: You have to elect at least \$1 in employee contribution to activate your HSA.

Voluntary Benefit Plans

During benefits enrollment, you'll have the opportunity to enroll in the voluntary benefit plans administered by Aflac, Chubb, Farmers GroupSelectSM, IdentityForce and MetLife. Voluntary benefit plans can help you manage the different parts of your life and may help offset the rising costs of healthcare. With the exception of personal excess liability insurance and identity theft protection, you pay the full cost of these plans through convenient payroll deductions. Payments for Chubb Personal Excess Liability insurance and IdentityForce Identity Theft Protection plans must be made to the carriers directly.

All Aflac plans and the MetLife Legal Plan can only be elected when you're newly eligible for benefits or during annual open enrollment. MetLife Pet, Farmers GroupSelectSM Auto & Home, Chubb Personal Excess Liability insurance and IdentityForce Identity Theft Protection plans can be elected at any time.

Aflac	Chubb	Farmers GroupSelect SM	IdentityForce	MetLife
Critical Illness Insurance	Personal Excess Liability Insurance	Auto & Home Insurance	Identity Theft Protection Plan	Legal Plan
Hospital Indemnity Insurance				Pet Insurance
Accident Insurance				

Additional Benefits

Health Advocate

If you are a U.S. based worksite employee and enrolled in a TriNet-sponsored medical plan, TriNet provides access to HealthAdvocate. Here are some ways HealthAdvocate may help you:



Find the right in-network doctors and coordinate care



Review medical bills to find errors or duplicate charges



Resolve complicated claims and billing issues



Learn more about your benefits and coverage



Save money on prescriptions

Commuter Benefits

TriNet has engaged HealthEquity (formerly known as [WageWorks](#)) for commuter benefits claims administration and support.

Commuter benefits allow you to set aside pre-tax and post-tax dollars from your paycheck to pay for eligible commuter parking or transit expenses. It can be used to pay for qualified parking expenses and public transit, van pooling and alternate forms of transportation (subject to change by the IRS each year).

Employee Assistance Program (EAP)

TriNet offers access to an EAP through the AllOne Health Employee Assistance Program. This program includes coverage for you, your spouse or domestic partner and dependents. The EAP provides 24-hour confidential assistance with stress, substance abuse, and financial, family or relationship problems, plus online resources.

Did you know?

The EAP also provides helpful tips and resources in the areas of:



Parenting



Selecting a Day Care



Life Coaching



Relationships



Retirement Planning



Personal Assistant

Help in troubled times

The EAP can provide on-demand access to professional counselors in the areas of:

- Depression
- Marital and family concerns
- Alcohol and drug problems
- Grief and traumatic events

Glossary

Balance Billing

Balance billing occurs when an out-of-network provider bills you for the difference between the provider's charge and the allowed amount.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. This is generally applicable after you have satisfied any applicable deductible.

Copayment

A fixed amount (for example, \$40) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible

The amount you owe for health care services your medical plan covers each calendar year before your health insurance or plan begins to pay. Deductibles run on a calendar year basis and will reset on January 1 each year.

Guaranteed Issue

Guaranteed issue is an amount of supplemental life insurance you may elect when you are initially eligible without a Statement of Health (SOH) approval by the life insurance carrier. SOH approval is determined solely by the insurance carrier in accordance with its underwriting requirements. The guaranteed issue amount is different for you and your spouse or domestic partner. The carrier will notify you if you need to complete a SOH.

Indemnity Medical Plan

The indemnity medical plan is available if you live outside any TriNet-sponsored medical carrier network. Because there is not a network available, the patient may choose any doctor or hospital. The plan reimburses covered medical services up to a specified percentage of charges.

In-network

In-network doctors and facilities are contracted with the carrier, per their contract, have agreed to charge specific, pre-determined rates for medical procedures.

Out-of-Pocket Maximum

The most you pay during a calendar year before your medical plan begins to pay 100% of the allowed amount. Out-of-pocket maximums run on a calendar year basis and will reset on January 1 each year. Please refer to the Carrier Certificate for validation.

Primary Care Physician (PCP)

A physician (M.D.-Medical Doctor or D.O.-Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider

A physician (M.D.-Medical Doctor or D.O.-Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Statement of Health (SOH)

A health questionnaire completed by you, your spouse or domestic partner to request a supplemental life insurance election that either exceeds the guaranteed issue amount or is elected after initial eligibility has expired.

Usual, Customary and Reasonable (UCR) or Medicare Reimbursement Rate

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The insurance carrier may use the UCR amount or applicable Medicare reimbursement rates to determine the out-of-network allowed amount.