



2026 Benefit Information Summary

Health Insurance benefits are available on the first of the month following the hire date.
All employee contribution amounts listed below are bi-weekly amounts based on 26 payroll periods in 2026.

HEALTH INSURANCE

MEDICAL INSURANCE

We provide eight (8) coverage options and pay 100% of the premium (**employee only**) for the Kaiser or Blue Shield HMO Silver Plans.

| | Employee (EE) ONLY | (EE) w/Spouse | (EE) w/Child | (EE) w/Family |
|--------------------|--------------------|---------------|--------------|---------------|
| Blue Shield | | | | |
| HMO Silver | \$ 0.00 | \$** | \$** | \$** |
| HMO Silver Trio | \$ 0.00 | \$** | \$** | \$** |
| PPO Silver | \$** | \$** | \$** | \$** |
| HMO Gold Access | \$** | \$** | \$** | \$** |
| HMO Gold Trio | \$** | \$** | \$** | \$** |
| PPO Gold | \$** | \$** | \$** | \$** |
| Kaiser | | | | |
| HMO Silver | \$ 0.00 | \$** | \$** | \$** |
| HMO Gold | \$** | \$** | \$** | \$** |

NOTE: \$** Rates vary by age. Please contact your HR representative for more details.

| Blue Shield HMO Silver | | Blue Shield HMO Silver Trio | | Blue Shield PPO Silver | |
|------------------------|--|-----------------------------|--|------------------------|--|
| Primary Care | \$70.00 | Primary Care | \$70.00 | Primary Care | \$65.00 |
| Specialist | \$90.00 | Specialist | \$90.00 | Specialist | \$85.00 |
| Prescriptions | \$20/\$30 generic \$85/\$110 brand \$115/\$155 non-formulary | Prescriptions | \$25/\$30 generic \$85/\$110 brand \$115/\$155 non-formulary | Prescriptions | \$30/\$35 generic \$80/\$105 brand \$115/\$155 non-formulary |
| Blue Shield HMO Gold | | Blue Shield HMO Gold Trio | | Blue Shield PPO Gold | |
| Primary Care | \$35.00 | Primary Care | \$35.00 | Primary Care | \$30.00 |
| Specialist | \$60.00 | Specialist | \$60.00 | Specialist | \$60.00 |
| Prescriptions | \$20/\$25 generic \$50/\$70 brand \$70/\$100 non-formulary | Prescriptions | \$20/\$25 generic \$50/\$70 brand \$70/\$100 non-formulary | Prescriptions | \$20/\$30 generic \$50/\$70 brand \$80/\$110 non-formulary |
| Kaiser HMO Silver | | Kaiser HMO Gold | | | |
| Primary Care | \$65.00 | Primary Care | \$40.00 | | |
| Specialist | \$100.00 | Specialist | \$60.00 | | |
| Prescriptions | \$20 generic, \$100 brand, \$100 non-formulary | Prescriptions | \$20 generic, \$50 brand, \$50 non-formulary | | |

DENTAL & VISION INSURANCE

SOSC pays 100% of the premium (**employee only**) for the HMO Dental and Vision Plan.
See employee contribution amounts below.

GUARDIAN DENTAL

| | Employee (EE) ONLY | (EE) w/Spouse | (EE) w/Child | (EE) w/Family |
|------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| DHMO | <input type="checkbox"/> \$0.00 | <input type="checkbox"/> \$5.30 | <input type="checkbox"/> \$6.19 | <input type="checkbox"/> \$11.43 |
| DPPO | <input type="checkbox"/> \$18.16 | <input type="checkbox"/> \$42.40 | <input type="checkbox"/> \$44.28 | <input type="checkbox"/> \$68.80 |

GUARDIAN VISION

| | Employee (EE) ONLY | (EE) w/Spouse | (EE) w/Child | (EE) w/Family |
|--------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Vision | <input type="checkbox"/> \$0.00 | <input type="checkbox"/> \$2.65 | <input type="checkbox"/> \$2.78 | <input type="checkbox"/> \$6.76 |

Guardian Dental

Employees may select either a PPO or DHMO plan. The company pays 100% of the premium for HMO coverage for employees. The PPO plan features a \$1500 annual benefit maximum. The HMO plan features reasonable co-pays for services and coverage for orthodontics.

Guardian Vision

Benefits provided for eye examinations and equipment. SOSC pays 100% of the premium for employee coverage. The examination co-pay is \$10/\$25. The exam and lenses are available every 12 months, frames every 24 months and \$130 allowance.



FLEXIBLE SPENDING ACCOUNTS (MED & DEP)

This plan allows employees to set aside pre-tax dollars to pay for unreimbursed health care expenses up to \$3,400, dependent care up to \$7,500, and \$680.00 FSA carryover to the next year. Accounts are administered by IGOE Administrative Services.

STD/LTD

If you become disabled under our policy, a portion of your income will be paid for the duration of the disability, until your normal retirement age. SOSC pays 100% of the premiums for this coverage. Provider is Mutual of Omaha.

LIFE INSURANCE/AD&D

All employees enrolled are provided an amount equal to one time their annual earnings up to the maximum benefit amount of \$100,000 for life, accidental death, and dismemberment. SOSC pays 100% of the premiums for this coverage. Provider is Mutual of Omaha.

VOLUNTARY BENEFITS

Mutual of Omaha - Employees may purchase Life Insurance for themselves and their families at low bi-weekly payroll deductions.

HOLIDAYS & OFFICE CLOSURES

SOSC regular status full and part-time employees are eligible for up to a minimum of 12 paid holidays per calendar year, with the flexibility to add office closures in a year, depending on which day of the week a holiday falls on. SOSC decides annually which holidays are observed. The annual SOSC holiday schedule will be published 30 days before the start of the new calendar year.

Holidays

| | |
|----------------------------------|----------------------------|
| New Year's Day | Independence Day |
| Martin Luther King Jr's Birthday | Labor Day |
| President's Day | Thanksgiving Day |
| Cesar Chavez Day | Day After Thanksgiving Day |
| Memorial Day | Christmas Eve |
| Juneteenth | Christmas Day |

Office Closures

| | |
|--------------------------|---|
| Day After New Year's Day | ½ Day Before Thanksgiving |
| Friday Before Labor Day | December Shutdown: 5 days: 12/23, 12/28 - 12/31 |

Note: Office closures are distinct from holidays and do not qualify for double-time pay if employees are required to work due to organizational needs. Benefit-eligible employees will receive regular compensation for office closures that occur on their scheduled workdays.

VACATION

Vacation accrual schedule:

| | |
|-------------|----------------------------|
| • Year 0-3 | Ten (10) days per year |
| • Years 4-8 | Fifteen (15) days per year |
| • Years 9+ | Twenty (20) days per year |

Note: The maximum number of hours an employee may accrue is 240 hours.

SICK PAY

12 days per year, up to 6 of those days may be used to care for an ill family member each calendar year.

403(b) RETIREMENT SAVING PLAN

The 403(b) Retirement Savings Plan is administered by **TIAA-CREF**. Employees may be eligible to contribute to the plan on their first day of employment. After 12 months of employment, SOSC will match 50% of the first 6% of the employee's contributions to the plan. (EXAMPLE: Employee contributes 6%; SOSC will match 50%, which is 3%)

The **2026 Benefits Information Summary** reflects your benefit elections and employment status for the period of **January 1, 2026, through December 31, 2026**. Reasonable efforts have been made to ensure the accuracy of the information contained in this summary. SOSC reserves the right to amend, modify, or terminate benefits, including eligibility requirements and employee premium contributions, at any time.

This summary is provided for informational purposes only and does not guarantee the availability of any benefit. It is not a legal document. For full benefits information, please refer to your Human Resources Department.



2026 Medical Side-By-Side Comparison Summary

The Summary of Benefits and Coverage displayed are based on an age-rate table.
 SOSC pays 100% of the cost of employee only (EE) coverage for both Blue Shield and Kaiser Silver HMO plans.

Information regarding the cost of each plan for dependants will be provided separately upon request from HR.

| | Blue Shield Gold Access + HMO 500/35 OffEx Broad Network BUY-UP | Blue Shield Gold Trio HMO 500/35 OffEx Narrow Network BUY-UP | Blue Shield Silver Access + HMO 2300/70 OffEx Broad Network SOSC PAYS 100% | Blue Shield Silver Trio HMO 2300/70 OffEx Narrow Network SOSC PAYS 100% | Blue Shield Gold Full PPO 750/30 OffEx Broad Network BUY-UP | Blue Shield Silver Full PPO 1700/60 OffEx Broad Network ** DIFF OF HMO | Kaiser Gold 80 HMO 1000/40 Broad Network BUY-UP | Kaiser Silver 70 HMO 1900/65 Broad Network SOSC PAYS 100% |
|--|--|---|---|--|---|---|--|--|
| Deductible - In Net Out Net | \$500 N/A | \$500 N/A | \$2,100 N/A | \$2,100 N/A | \$750 \$1,500 | \$1,800 \$3,600 | \$1000 N/A | \$2,000 N/A |
| PC Specialist - In Net Out Net | \$35/\$60 ded waived N/A | \$35/\$60 ded waived N/A | \$70/\$90 ded waived N/A | \$70/\$90 ded waived N/A | \$30/\$60 ded waived 40% after ded | \$65/\$85 ded waived 40% after ded | \$40/\$60 ded waived N/A | \$65/\$100 ded waived N/A |
| Co-Insurance - In Net Out Net | 20% N/A | 20% N/A | 40% N/A | 40% N/A | 20% 40% | 35% 50% | 0% N/A | 45% N/A |
| OOP Limit - In Net Out Net | \$7,800 (incl ded) N/A | \$7,800 (incl ded) N/A | \$9,300 (incl ded) N/A | \$9,300 (incl ded) N/A | \$7,900 (incl ded) \$15,800 (incl ded) | \$8,500 (incl ded) \$19,000 (incl ded) | \$8,200 (incl ded) N/A | \$8,900 (incl ded) N/A |
| Lab/X-Ray - In Net Out Net | \$35/\$55 ded waived N/A | \$35/\$55 ded waived N/A | \$65/\$115 ded waived N/A | \$65/\$115 ded waived N/A | L: \$30 ded waived / 20% after ded X-ray: \$50 / \$100 ded w/avied (FS/Hospital) 40% after ded; \$350 ben max/day hosp | L: \$60 ded waived / 35% after ded X-ray: \$80 / \$130 ded w/avied (FS/Hospital) 50% after ded; \$350 ben max/day hosp | \$30/\$60 ded waived N/A | \$30/\$75 ded waived N/A |
| Inpatient Hospital - In Net Out Net | 20% after ded N/A | 20% after ded N/A | 40% after ded N/A | 40% after ded N/A | 20% after ded 40% after ded \$2,000 benefit max/day | 35% after ded 50% after ded \$2,000 benefit max/day | \$600/day after ded up to 5 days N/A | 45% after ded N/A |
| Urgent Care - In Net Out Net | \$35 ded waived N/A | \$35 ded waived N/A | \$70 ded waived N/A | \$70 ded waived N/A | \$30 ded waived 40% after ded | \$60 ded waived 50% after ded | \$40 ded waived N/A | \$65 ded waived N/A |
| Rx Generic - In Net Out Net | \$20/\$25 ded waived N/A | \$20/\$25 ded waived N/A | \$20/\$30 ded waived N/A | \$25/\$30 ded waived N/A | \$20/\$30 ded waived not covered | \$30/\$35 ded waived not covered | \$20 ded waived N/A | \$20 ded waived N/A |
| Rx Preferred - In Net Out Net | \$50/70 after \$100 ded N/A | \$50/70 after \$100 ded N/A | \$85/\$110 after \$450 ded N/A | \$85/\$110 after \$450 ded N/A | \$50/70 after \$250 not covered | \$80/\$105 after \$450 not covered | \$50 after \$250 N/A | \$100 ded waived N/A |
| Rx Non-Preferred - In Net Out Net | \$70/\$100 after \$100 ded N/A | \$70/\$100 after \$100 ded N/A | \$115/\$155 after \$450 ded N/A | \$115/\$155 after \$450 ded N/A | \$80/\$110 after \$250 N/A | \$115/\$155 after \$450 N/A | \$50 after \$250 N/A | \$100 ded waived N/A |