

2024-2025 HMSA GUIDE



THE STEPPING STONES GROUP
Transforming Lives Together



2024-2025



The Stepping Stones Group



MEDICAL BENEFITS

Medical	Preferred Provider Plan		Comprehensive Plan	
	You Pay In-Network	You Pay Out-of-Network	You Pay In-Network	You Pay Out-of-Network
Deductible¹ (Individual / Family)	\$0 / \$0	\$100 / \$300	\$0 / \$0	
Member coinsurance	10% / 20%	30%	20%	
Out-of-pocket maximum (includes deductible)				
Employee only	\$2,500	\$2,500	\$2,500	
Family coverage	\$7,500	\$7,500	\$7,500	
Preventive care	No charge	30% after deductible	No charge	
Telemedicine	No charge	Not covered	No charge	
Office visit (PCP and specialist)	\$12 copay	30% after deductible	\$14 copay	
Urgent care	\$12 copay	30% after deductible	\$14 copay	
Emergency room	20% coinsurance	20% coinsurance	20% coinsurance	
Inpatient care	10% coinsurance	30% coinsurance	20% coinsurance	
Outpatient care	20% coinsurance	30% coinsurance	20% coinsurance	

1. NOTE: All plan maximums (deductible and out of pocket maximum) reset on a calendar year basis (January through December). Rates change based on a plan year (October through September).

Prescription Drug Summary

Prescription Drug	Prescription Drug Plan
Out-of-pocket maximum (includes deductible)	
Employee only	\$3,600
Employee + Dependent(s)	\$4,200
Retail (30-day supply)	
Generic	\$7 copay
Preferred Formulary	\$30 copay
Non-Preferred Formulary	\$30 copay plus \$45 cost share
Preferred Formulary Specialty	\$100 copay
Non-Preferred Formulary Specialty	\$200 copay
Mail Order (90-day supply)	
Generic	\$11 copay
Preferred Formulary	\$65 copay
Non-Preferred Formulary	\$65 copay plus \$135 cost share
Preferred Formulary Specialty	Not covered
Non-Preferred Formulary Specialty	Not covered

All costs are for participating providers only. Please see your Guide to Benefits for information on providers outside of the HMSA network.

Per Pay Period Contributions (Medical, Dental, and Vision)

	Preferred Provider Plan (with Dental and Vision)	Comprehensive Plan (with Dental and Vision)
Employee		\$15.93
Employee + 1	\$508.38	\$494.86
Family	\$997.21	\$970.69

*Deductions for benefit plans are taken 24 of the 26 pay periods. **The first two pay dates in July do not apply.**

WELLNESS

Your Complimentary Wellness Benefit Exclusively for benefit eligible employees of The Stepping Stones Group. Wellbeats Wellness, a product of Lifespeak Inc, is an on-demand video streaming platform with high quality, expert led fitness, nutrition and mindfulness classes you can play on your personal devices, anywhere, anytime.

Whats Included:

- 1,200+ fitness, nutrition and mindfulness classes for all ages, levels, abilities and interests.
- Classes such as yoga, strength training, HIIT, running/walking, meditation, mental wellness, healthy recipes, cycling, kick boxing, kids activities, and cooking education.
- Goal-based programs with guided plans to keep you on track such as Get Started, Train Your Way to 5k, Lose Weight, Build Strength, Daily Mobility, Healthy Back, Less Stress, and Nourish your Everyday.
- Short stretch breaks and exercises to recharge during the day
- Personalized class program recommendations
- Personal statistics and programs recommendations
- Social features to schedule classes, invite others to join, and chat in real time.

How To Get Started:

- Go to portal.wellbeats.com or download the wellbeats app
- Enter your username and password
 - Username: SSG +First initial + Last name + Employee ID
 - Ex. SSGJDoe012345
 - Password: Wellness

*Employee ID can be found in Kronos under My Profile





DENTAL BENEFITS

	HMSA PPO Dental Plan	HMSA HMO Dental Plan
	You Pay PPO Network	You Pay Hawaii Family Dental Centers
Annual plan maximum 1 (per individual)	\$1,500	\$0
Rollover Amount	Up to \$500 (max accumulation of \$1,250)	N/A
Diagnostic and Preventive		
Exams (two per calendar year)	\$0	\$0
Cleaning² (two per calendar year)		
Topical Fluoride² (age 18 & younger, two per calendar year)		
X-rays (bitewings and full-mouth)		
Basic Care		
Fillings (amalgam & composite)	30% coinsurance	\$10 per tooth for amalgam; \$15 per tooth for anterior composite resin; \$75 per tooth for posterior composite resin
Sealants		\$0
Space Maintainers		\$25 copay
Endodontics (root canal therapy)		\$50 per tooth
Periodontics (gum maintenance)		\$50 copay
X-rays (periapical)		\$0
Major Care		
Waiting Period for New Members	12 months	12 months
Crowns, Bridges	50% coinsurance	\$200 high noble metal
Dentures		\$300 complete denture; \$250 partial denture
Implants		Not a covered benefit
Orthodontics	Not a covered benefit	Not a covered benefit

NOTE: All plan maximums (deductible and out of pocket maximum) reset on a calendar year basis (January through December). Rates change based on a plan year (October through September).

1. Enhanced Dental Benefits: Additional dental services and support is available to enrolled program members for eligible medical conditions. Visit hmsa.com/oralhealth for more information.

All costs are for participating providers only. Please see your Guide to Benefits for information on providers outside of the HMSA network.



VISION BENEFITS

	Vision Plan	
	You Pay In-Network (adults)	You Pay In-Network (children)
Routine Eye Care		
Eye Exam (one per calendar year)	\$10 copayment	\$10 copayment
Lenses and Frames¹		
Eyeglass Lenses	\$10 copayment	\$10 copayment
Contact Lenses	\$25 copayment (up to \$130 allowance)	50% of charge
Polycarbonate Lenses	Not covered	\$0
One Eyeglass Frame (from select group, once per 24 months)	\$15 copayment	\$15 copayment
Additional Benefits		
Contact Lens Fitting (one per calendar year)	All charges less \$45 plan payment	50% of eligible charge

1. You're eligible for either contact lenses or eyeglass lenses (not both) in the same calendar year, from participating vision care facilities.

All costs are for participating providers only. Please see your Guide to Benefits for information on providers outside of the HMSA network.



GUARDIAN HAWAII TDI

Short-Term Disability (STD) Plan

STD benefits are designed to replace a portion of your income for a non-work-related short-term injury or illness.

Hawaii has mandated disability benefits of 58% of salary to \$640 per week. Guardian sponsors the Hawaii plan for SSG employees in Hawaii.

Hawaii TDI Eligibility - An employee must have at least 14 weeks of Hawaii employment during each of which the employee was paid 20 hours or more and earned no less than \$400 in the 52 weeks preceding the first day of disability. The 14 weeks need not be consecutive or with only one employer. There is no enrollment needed, you are automatically eligible through the state of Hawaii.

Hawaii TDI	100% SSG PAID
Weekly Benefit Amount / Maximum	58% of your average weekly wages rounded to the next dollar (Note: 2024 maximum is \$697 weekly)
Benefits Begin	After 7 days
Benefits Duration	26 Weeks
Eligibility for Benefits	58% of your average weekly wages rounded to the next higher dollar, but not more than the maximum weekly benefit amount annually set by the Disability Compensation Division
Timeframe to File Claim	90 days from date of disability



CONTACTS

PES Enrollment Benefit Counselors (for assistance enrolling)

(551) 308-0045

www.pesenrollments.com/ssg

HR/Benefits Team

(866) 600-7598

HR.benefits@ssg-healthcare.com

Medical Plan/Rx

HMSA

Group Number: 119749001

(800)-776-4672

hmsa.com

Wellness Program

Wellbeats

Username: SSG + First Initial + Last Name +
Employee ID (Employee ID can be found in Kronos
under My Profile)

Password: Wellness

portal.wellbeats.com

Dental

HMSA

Group Number: 119749001

(800)-776-4672

hmsa.com

Vision

HMSA

Group Number: 119749001

(800)-776-4672

hmsa.com

Final notes

This summary of benefits is not intended to be a complete description of The Stepping Stones Group's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although The Stepping Stones Group maintains its benefit plans on an ongoing basis, The Stepping Stones Group reserves the right to terminate or amend each plan in its entirety or in any part at any time.

For questions regarding the information provided in this overview, please contact the PES Enrollment Benefit Counselors.



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