APPENDIX E

HEALTH SERVICE SYSTEM BENEFIT PROGRAMS As of January 1, 2025

The following are the Health Service System Benefit Programs available as of January 1, 2025. Eligibility for a particular Health Service System Benefit Program shall be as determined from time to time by the Employer without written amendment to this Plan

| Pre-Tax Benefit Program | Funding | Insurer or Third Party Administrator | Policy or Contract Number | | | |
|--|---------------|--------------------------------------|---|--|--|--|
| Pre-Tax Benefit Options | | | | | | |
| Pre-Tax Medical | | 1 | | | | |
| Blue Shield of California Access + HMO | Flex-Funded | Blue Shield of California | W0051448 | | | |
| Blue Shield of California Trio HMO | Flex-Funded | Blue Shield of California | W0051448 | | | |
| Blue Shield of California PPO | Self-Funded | Blue Shield of California | W0051448 | | | |
| Blue Shield of California PPO (COB) (Enrollment Limited to Retirees eligible for Medicare Part B Only) | Fully Insured | Blue Shield of California | W0051448 | | | |
| Health Net CanopyCare HMO | Flex-Funded | Health Net | G0727A | | | |
| Kaiser HMO | Fully Insured | Kaiser Permanente | 888 (Northern California), 231003 (Southern California) | | | |
| Kaiser HMO (<i>Early Retiree Plan</i> <i>Only</i>) | Fully Insured | Kaiser Permanente | 10119 (Hawaii) | | | |
| Kaiser HMO (<i>Early Retiree Plan</i> Only) | Fully Insured | Kaiser Permanente | 21227 (Northwest) | | | |
| Kaiser HMO (<i>Early Retiree Plan</i> <i>Only</i>) | Fully Insured | Kaiser Permanente | 1665900 (Washington) | | | |
| Pre-Tax Dental | | | | | | |
| DeltaCare USA DMO | Fully Insured | Delta Dental of California | 71797 | | | |
| Delta Dental PPO | Self-Funded | Delta Dental of California | 09502 | | | |
| United Healthcare Dental DMO | Fully Insured | UnitedHealthcare | 275550 | | | |
| Pre-Tax Vision | | | | | | |
| Vision Service Basic Plan | Fully Insured | Vision Service Plan | 12145878 | | | |
| Vision Service Premier Plan | Fully Insured | Vision Service Plan | 12145878 | | | |

| Pre-Tax Benefit Program | Funding | Insurer or Third Party Administrator | Policy or Contract Number | | | |
|--|------------------------------|--------------------------------------|------------------------------|--|--|--|
| Pre-Tax Benefit Options | | | | | | |
| Pre-Tax Health Flexible Spending Account (FSA) | | | | | | |
| Health Flexible Spending Account | Self-Funded | P&A Group | N/A | | | |
| Pre-Tax Employer Paid Long Term Disability Insurance | | | | | | |
| Long Term Disability Insurance | Fully Insured (Voluntary) | P&A Group | 804927 | | | |
| Pre-Tax Employer Paid Long Term Disability Insurance | | | | | | |
| Long Term Disability Insurance | Fully Insured | The Hartford | 804927 | | | |
| Pre-Tax Employer Paid Group Term Life Insurance | | | | | | |
| Group Term Life Insurance | Fully Insured | The Hartford | 804927 | | | |

| Post-Tax Benefit Program | Funding | Insurer or Third Party Administrator | Policy or Contract Number | | | |
|--|--|---|---|--|--|--|
| Post-Tax Benefit Options | | | | | | |
| Post-Tax Accident Insurance | | | | | | |
| Accident Insurance | Fully Insured (Voluntary) | Workterra - MetLife | 0229012 | | | |
| Post-Tax Critical Illness | | | | | | |
| Critical Illness | Fully Insured (Voluntary) | Workterra – Met Life | 0229012 | | | |
| Post-Tax Group Suppler | Post-Tax Group Supplemental Life Insurance | | | | | |
| Supplemental Life Insurance and AD&D up to \$500,000 Supplemental Dependent Spouse Life Insurance and AD&D Supplemental Dependent Child Life Insurance | Fully Insured (Voluntary) | Workterra- The Hartford | GP-839201 | | | |
| Lifetime Benefit Group Term Life Insurance with Accelerated Death Benefit for Long-Term Care | Fully Insured (Voluntary) | Workterra - Combined/Chubb | Group Policy Number: PYS-LBT - Unique to each member | | | |
| Post-Tax Identity Theft Protection | | | | | | |
| Identity Theft Protection | Fully Insured (Voluntary) | Workterra -Allstate | 5105 | | | |

| Post-Tax Benefit Program | Funding | Insurer or Third Party Administrator | Policy or Contract Number | | | |
|--|------------------------------|--------------------------------------|--|--|--|--|
| Post-Tax Benefit Options | | | | | | |
| Post-Tax Pet Insurance | | | | | | |
| Pet Insurance | Fully Insured (Voluntary) | Workterra -PetsBest | Group number 5951526 - Unique to each member | | | |
| Post-Tax Short Term Disability | | | | | | |
| Short Term Disability | Fully Insured (Voluntary) | Workterra-Manhattan Life | 01758 s/b 890641 | | | |
| Post-Tax Legal & Identity Theft Protection | | | | | | |
| Legal & Identity Theft Protection | Fully Insured (Voluntary) | Workterra- LegalShield | 43909 | | | |