

2024 - 2025 BENEFITS GUIDE

February 1, 2024 – January 31, 2025



We've Got You Covered



**NORTH BAY
BUILDERS EXCHANGES
INSURANCE TRUST**

A Note for All Members,

The North Bay Builders Exchanges Insurance Trust (NBBE) is a partnership between many local North Coast and Bay Area Builders Exchanges and employers. NBBE was formed in order to simplify the complexities of healthcare by offering one complete program focusing on quality options and affordable solutions. Our program offers:

- Freedom of choice with CalChoice as well as direct programs with Anthem and Kaiser for medical
- Exclusive Dental, Vision, Life and Disability options
- Extensive doctor, hospital and medical providers
- Guaranteed rates
- Dedicated service and support
- Educational resources and Wellness Incentives
- Cobra/Cal-Cobra Administration

Each year, the NBBE teams work diligently to continue to evaluate our plans in light of changing healthcare regulations, rising healthcare costs, and changes within the company. It is our commitment to find the right plans for all members.

With this in mind, we encourage all members to take an active role in their health and healthcare related spending decisions by making well-informed decisions, taking full advantage of the programs being offered such as preventive care, generic prescription alternatives, mail order prescriptions (maintenance drugs only) and utilizing in-network providers.

With the information and tools in this guide and related resources, we hope to help you be well today and work toward a healthy and secure future.

If you have any questions about your benefits, eligibility, and/or how to enroll, contact the NBBE Benefits Desk at nbbebenefits@Venbrook.com

In Good Health,

North Bay Builders Exchanges Insurance Trust





Here's some important information you should know.

The benefits in this summary are effective February 1, 2024, through January 31, 2025.

This guide is an overview and does not provide a complete description of all benefits provisions. For more detailed information, please refer to your plan benefit guide or summary plan descriptions (SPDs). The plan benefits guide determines how all benefits are paid.

A list of plan contacts is included at the back of this guide

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Medicare Part D Notice: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices for more details.



Who is eligible for benefits?

List of eligible dependents

- Legally married spouse (including same-sex spouse)
- Registered Domestic Partners* (must complete the enrollment form and provide supporting documents)
- Natural, adopted, or stepchildren up to age 26
- Tax dependents over age 26 who are disabled and dependent on you for support
- Children named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law

Family members such as parents, grandparents and siblings who are not tax dependents as described above are not eligible for coverage.

When to enroll

Plan members can enroll in benefits as a new hire or during the annual open enrollment period. Benefits become effective on the first day of the month following one of the waiting periods below, depending on the employer's waiting period policy:

- First of the month following date of hire
- First of the month following 30 days, or
- First of the month following 60 days

During plan members' initial eligibility period or during the annual open enrollment period, they will need to complete and return the 2024-2024 Employee Enrollment Application Form to the NBBE Benefit Desk. If they miss the enrollment deadline, they will need to wait until the next open enrollment (the one time each year that one can make changes to their benefits for any reason).

Changing benefits

Outside of open enrollment, plan members may be able to add or remove dependents or change benefits options if they have a qualifying life event. Changes must be submitted within 31 days of the event. Eligible qualifying events include:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment" event under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP)

* Effective 1/1/2020 CA expanded the definition of Domestic Partnership. The State removed the requirement that opposite sex couples must be over 62 years of age in order to enter into a Registered Domestic Partnership.



Comparing medical plans

North Bay Builders Exchanges offers different medical plans for different needs and budgets. Here's an overview of how each type of plan works.

HMO

Key Features

- Many costs, such as copays, are predictable
- Your out-of-pocket costs are usually the lowest of all the plan options

Things to Consider

- Only covers services from doctor in the plan, unless you need emergency services
- Requires you to select a primary care physician (PCP)
- Specialists visits require a referral from your primary care doctor

PPO

- Freedom to go to almost any doctor or hospital
- Not required to have a primary care doctor
- No referral needed to see a specialist

- You pay less when you use doctors in the plan's network

HDHP

- Set aside pretax dollars to pay services through your health spending account
- Protection from catastrophic medical expenses
- No referral needed to see specialists

- If you visit a doctor outside the plan, you may have limited benefits and pay more for care



Choosing a medical plan

Choosing a medical plan? Check out these tips first.

- **CHECK THE NETWORK**– Do plan members prefer specific doctors or hospitals? Visit the plan's website to find out if they are in-network. If not, you'll pay a bigger share of the cost.
- **EVALUATE NEEDS**– Do plan members... visit a chiropractor? ...have frequent doctor or urgent care visits? ...get ongoing tests? ...take medications? ...have surgery planned? Compare these costs under each plan.
- **THE BOTTOM LINE**– How much is the premium? Is there a deductible? Can you offset expenses with a tax-free account such as an HSA? Each of these factors can affect your true cost of healthcare.
- **WORDS TO KNOW**– Understanding these terms will help better understand and compare plans.



DEDUCTIBLE

The amount of healthcare costs you have to pay for with your own money before your plan will start to pay anything.



COINSURANCE

After the deductible (if applicable), you and the plan share the cost. For example, if the plan pays 70%, your coinsurance share of the cost is 30%. You are billed for your coinsurance after your visit.



COPAY

A set fee you pay instead of coinsurance for some healthcare services, for example, a doctor's office visit. You pay the copay at the time you receive care.



OUT-OF-POCKET MAXIMUM

Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most eligible expenses for the rest of the plan year.



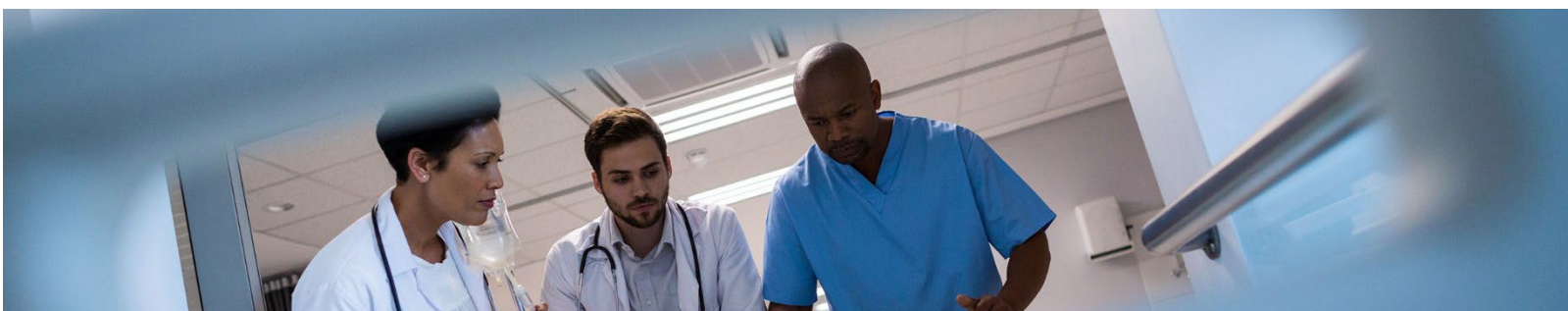
IN & OUT-OF-NETWORK

In-network services will always be the lowest cost option. Out-of-network services will cost more, or may not be covered. Check your plan's website to find doctors, hospitals, labs, and pharmacies that belong to the network.



BALANCE BILLING

In-network providers are not allowed to bill more than the plan's allowable charge, but out-of-network providers are. For example, if the provider fee is \$100 but the plan allows only \$70, an out-of-network provider may bill YOU the extra \$30. This is called balance billing.



Medical Plans

North Bay Builders Exchanges offers different medical plans for different needs and budgets with several carrier options.

Carrier

Plan Types



- PPO
- HMO
- HSA



- HMO Only



- HMO
- PPO
- HSA

Please contact NBBEBenefits@venbrook.com for assistance in obtaining a quote and plan information that pertains to your Company.



Get The Most From Your Prescription Drug Plans

There are important features of your prescription drug benefits that are helpful to understand. Take some time to learn about these details so you can make smart decisions about your prescription drug benefit needs.

- Know your options for long-term medications.
- Choose generic drugs whenever possible.
- Check for your current medications to see if they are on the preferred drug list.

Terms To Know

Generic Drugs: An FDA-approved drug, that meets the same standard for purity, strength and safety as its brand-name counterpart. A generic drug is usually a lower-cost alternative to a brand-name drug.

Retail Pharmacy: 30-day supply at a copay.

Home Delivery: A program that allows you to receive your prescriptions through the mail. 90-day supply at 3x's monthly copay.

90-day fills maintenance medications



Ask your doctor for a 90-day prescription with refills



Have the office send your prescription electronically to an in-network retail pharmacy approved to fill 90-day supplies or to our home delivery pharmacy.**



Get your maintenance medication. Filling your prescription just four times a year means fewer trips to the pharmacy for refills.

30-day fills short-term use medications



Ask your doctor for a 30-day prescription



Have the office send your prescription electronically to any retail pharmacy in your plan's network



Get your short-term use medication



Know where to go and when

ER or urgent care?

The emergency room shouldn't be the first choice unless there's a true emergency.

Consider urgent care for...

Symptoms, pain or conditions that require quick medical attention but do not require hospital care, such as:

- Earache
- Sore throat
- Rashes
- Sprains
- Broken fingers or toes
- Flu
- Fever up to 104 degrees

Go to the emergency room for...

Serious or life-threatening conditions that require immediate treatment that you can get only at a hospital, such as:

- Chest pain or severe abdominal pain
- Trouble breathing
- Loss of consciousness
- Severe bleeding that can't be stopped
- Large broken bones
- Major injuries from a car crash, fall or other accident
- Fever above 104 degrees

Coverage	Benefit
Walk-in clinic	For ailments that are bothersome but not life-threatening; also for vaccinations
Urgent care	For urgent, but not severe, problems that would otherwise warrant a trip to the hospital
Emergency room	For situations that involve serious trauma or other life-threatening conditions



Venbrook Medicare Solutions

Introducing Venbrook Medicare Solutions, a Free Resource for Navigating the Medicare Maze

Choosing a Medicare plan – and understanding how it can affect your employer-provided medical coverage – can be confusing. That’s why we are offering Venbrook Medicare Solutions to help you understand Medicare, what is and isn’t covered, and how to choose the best coverage for your situation.

Most people become eligible for Medicare at age 65. Medicare is the government run health insurance for people aged 65 and older, younger people with disabilities, and people with End Stage Renal Disease. Medicare can look like a complicated maze of choices, between Medicare Parts A–D, Medicare Advantage plans, and Medicare Supplement (Medigap) policies.

Venbrook Medicare Solutions is a **free** resource for you, or any family members and friends who are nearing age 65 and older. Venbrook Medicare Solutions’ Licensed Insurance Agents can help you navigate the complexities of Medicare to find a plan that is right for you. Agents are contracted and certified in all 50 states to provide Medicare advice and an “A-rated” or better insurance carrier at competitive rates.

How does it work?

Please contact our Medicare partner, Brina Campbell to discuss options and enrollment at (800-) 801-2300 ext. 5756.

Have your current medical coverage information available when you call. Discuss with Venbrook Medicare Solutions your existing insurance coverage, your Medicare options, and which of those plans might work the best for you. If Medicare is the best option, Venbrook Medicare Solutions helps you enroll immediately or emails policy materials for you to review and enroll at a later date.



Dental



Please note that in order to offer Premier Dental plan, the firm must have 6 or more enrollees.

	Anthem Premier (4001) Dental Plan		Anthem Standard (3000) Dental Plan	
	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Annual deductible	None	\$50 per insured person / up to \$150 family (3x individual)	\$25 per insured person / up to \$75 family (3x individual)	\$50 per insured person / up to \$150 family (3x individual)
Annual plan maximum	\$2,500 per insured person	\$1,500 per insured person	\$2,500 per insured person	\$1,500 per insured person
Diagnostic and preventive	No charge	No charge	No charge	No charge
Basic services				
Fillings	10% after ded.	20% after ded.	10% after ded.	20% after ded.
Root canals	10% after ded.	20% after ded.	10% after ded.	20% after ded.
Periodontics	10% after ded.	20% after ded.	10% after ded.	20% after ded.
Endodontics, oral surgery	10% after ded.	20% after ded.	10% after ded.	20% after ded.
Major services²				
Crowns	40% after ded.	50% after ded.	40% after ded.	50% after ded.
Bridgework	40% after ded.	50% after ded.	40% after ded.	50% after ded.
Dentures	40% after ded.	50% after ded.	40% after ded.	50% after ded.
Orthodontia services				
Orthodontia (child only) ²	50% ded. waived	50% ded. waived	Not covered	Not covered
Lifetime maximum	\$2,000	\$1,500	Not covered	Not covered

¹Reimbursement based upon 90% of FAIR Health (Usual, Customary, & Reasonable - UCR)

²Child orthodontic coverage begins at age 8 and runs through age 18. This means the child must have been banded between the ages of 8 and 19 in order to receive coverage. If dependents are covered up to age 26, they can continue to receive coverage, but they must have been banded before age 18.

Dental



	Anthem Value (2000) Dental Plan		Anthem Voluntary (1000) Dental Plan	
	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Annual deductible	\$50 per insured person / up to \$150 family (3x individual)	\$75 per insured person / up to \$225 family (3x individual)	\$50 per insured person / up to \$150 family (3x individual)	\$75 per insured person / up to \$225 family (3x individual)
Annual plan maximum	\$2,000 per insured person	\$1,000 per insured person	\$1,000 per insured person	\$1,000 per insured person
Diagnostic and preventive	No charge	No charge	No charge	No charge
Basic services				
Fillings	20% after ded.	20% after ded.	20% after ded.	20% after ded.
Root canals	20% after ded.	20% after ded.	20% after ded.	20% after ded.
Periodontics	20% after ded.	20% after ded.	20% after ded.	20% after ded.
Endodontics, oral surgery	20% after ded.	20% after ded.	20% after ded.	20% after ded.
Major services				
Crowns	50% after ded.	50% after ded.	50% after ded.	50% after ded.
Bridgework	50% after ded.	50% after ded.	50% after ded.	50% after ded.
Dentures	50% after ded.	50% after ded.	50% after ded.	50% after ded.
Orthodontia services				
Orthodontia (child only) ²	50% ded. waived	50% ded. waived	50% ded. waived	50% ded. waived
Lifetime maximum	\$1,000	\$1,000	\$1,000	\$1,000

The Voluntary Plan (100% paid for by plan member with no employer contribution) must have a minimum of 5 participants in order to be offered.

¹ Reimbursement based upon maximum allowable charge (MAC). MAC determined in one of following ways: out-of-network dental fee schedule/ rate developed by Anthem, information provided by a third-party vendor that shows comparable costs for dental services, in-network dentist fee schedule. Reimbursement is based upon a percentage of these amounts.

² Child orthodontic coverage begins at age 8 and runs through age 18. This means the child must have been banded between the ages of 8 and 19 in order to receive coverage. If dependents are covered up to age 26, they can continue to receive coverage, but they must have been banded before age 18.

Dental Rates



Anthem Voluntary (1000) Dental Plan	Rates
Employee Only	\$55.75
Employee + Spouse	\$117.50
Employee + Child(ren)	\$137.25
Family	\$205.00

Anthem Value (2000) Dental Plan	Rates 0-5 Employees	Rates 6-19 Employees	Rates 20+ Employees
Employee Only	\$51.75	\$45.00	\$40.25
Employee + Spouse	\$109.00	\$94.75	\$84.75
Employee + Child(ren)	\$127.00	\$110.25	\$98.75
Family	\$189.50	\$164.75	\$147.50

Anthem Standard (3000) Dental Plan	Rates 0-5 Employees	Rates 6-19 Employees	Rates 20+ Employees
Employee Only	\$67.75	\$59.50	\$52.50
Employee + Spouse	\$143.00	\$124.25	\$110.50
Employee + Child(ren)	\$135.75	\$118.25	\$105.50
Family	\$200.25	\$174.25	\$156.00

Anthem Premier (4001) Dental Plan	Rates 6-19 Employees	Rates 20+ Employees
Employee Only	\$59.50	\$52.50
Employee + Spouse	\$124.25	\$110.50
Employee + Child(ren)	\$145.00	\$129.25
Family	\$217.75	\$193.75



Vision



The Insurance Program offers you a choice of three plans. Vision coverage helps with the cost of eyeglasses or contacts. Even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

	Anthem Blue View Vision Plan		VSP Vision Plan	
	In-network	Out-of-network	In-network	Out-of-network
Frequency				
Examination	1 x every 12 months from last date of service	In-network limitations apply	1 x every 12 months from last date of service	In-network limitations apply
Frames	1 x every 24 months from last date of service	In-network limitations apply	1 x every 24 months from last date of service	In-network limitations apply
Eyeglass lenses	1 x every 12 months from last date of service	In-network limitations apply	1 x every 12 months from last date of service	In-network limitations apply
Contacts (elective)	1 x every 12 months from last date of service	In-network limitations apply	1 x every 12 months from last date of service	In-network limitations apply
Benefit				
Routine Eye Exam	\$10 copay	Up to \$45 allowance	\$10 copay	Up to \$45 allowance
Frames	\$120 allowance, then 20% off any remaining balance	Up to \$47 allowance	\$120-\$140 allowance, then 20% off remaining balance	Up to \$70 allowance
Single vision lenses	\$25 copay	Up to \$45 allowance	\$25 copay	Up to \$30 allowance
Bifocal lenses	\$25 copay	Up to \$65 allowance	\$25 copay	Up to \$50 allowance
Trifocal lenses	\$25 copay	Up to \$85 allowance	\$25 copay	Up to \$65 allowance
Contacts (elective)	\$120 allowance, then 15% off remaining balance	Up to \$105 allowance	\$120 allowance, up to \$60 for fitting & evaluation	Up to \$105 allowance
Contacts (elective disposable)	\$120 allowance	Up to \$105 allowance	\$120 allowance, up to \$60 for fitting & evaluation	Up to \$105 allowance
Contacts (non-elective)	No Charge	Up to \$250 allowance	\$120 allowance, up to \$60 for fitting & evaluation	Up to \$105 allowance
Level of Coverage	Anthem Blue View Vision Plan Rates		VSP Rates	
Employee	\$3.75		\$5.50	
Employee + Spouse	\$8.00		\$9.00	
Employee+ Child (ren)	\$6.50		\$9.75	
Family	\$11.25		\$13.50	

Anthem's Blue View Vision network also includes convenient retail locations that include: 1-800- CONTACTS, Lens Crafters, and most Pearle Vision.



Vision

The Anthem Voluntary Blue View Vision plan is available for all active full-time owners and plan members. The minimum enrollment period is 12 months. The benefits are the same as the group plan, but the rates are higher. This is a voluntary individual plan, paid 100% by the plan member through a payroll deduction. Please refer to the benefit summary to find out about additional services and discounts available through this plan.

	Anthem Voluntary Blue View Vision	
	In-network	Out-of-network
Frequency		
Examination	1 x every 12 months from last date of service	In-network limitations apply
Frames	1 x every 24 months from last date of service	In-network limitations apply
Eyeglass lenses	1 x every 12 months from last date of service	In-network limitations apply
Contacts (elective)	1 x every 12 months from last date of service	In-network limitations apply
Benefit		
Routine Eye Exam	\$10 copay	Up to \$45 allowance
Frames	\$120 allowance, then 20% off any remaining balance	Up to \$47 allowance
Single vision lenses	\$25 copay	Up to \$45 allowance
Bifocal lenses	\$25 copay	Up to \$65 allowance
Trifocal lenses	\$25 copay	Up to \$85 allowance
Contacts ¹ (elective)	\$120 allowance, then 15% off remaining balance	Up to \$105 allowance
Contacts ¹ (elective disposable)	\$120 allowance	Up to \$105 allowance
Contacts ¹ (non-elective)	No charge	Up to \$250 allowance
Level of Coverage	Anthem Vision Plan Rates	
Employee	\$5.75	
Employee + Spouse	\$12.75	
Employee+ Child (ren)	\$10.50	
Family	\$18.00	

¹Contacts may be chosen instead of prescription glasses. Fitting, evaluation, materials, and two follow-up visits are \$55.

Life Insurance Benefits

As an employee of the Company, you will receive Employer Paid Basic Life Insurance. You will have the option to purchase Voluntary Employee Paid life insurance for you, your spouse, and your children.

* The \$50,000 benefit is only available for members with firms of 6 or more enrolled owners/plan members.

Basic Life Insurance/AD&D

Plan Features	Anthem
Eligibility	All active full-time employees working a minimum of 30 hours per week
Life Benefit Amount	\$5,000, \$10,000, \$25,000, \$50,000*
AD&D Benefit Amount	\$5,000, \$10,000, \$25,000, \$50,000*
Limitations And Exclusions	
Evidence of Insurability	None
Coverage Termination	All Employee's Retirement Age
Exclusions	Standard
Age Band	Benefit Reduction
65-69	60%
70-74	35%

Voluntary Life Insurance / AD&D - Employee

Plan Features	Anthem
Eligibility	All active full-time employees working a minimum of 30 hours per week
Guarantee Issue Limit	
Life Benefit Amount	\$10,000 Increments
AD&D Benefit Amount	\$10,000 Increments
Benefit Maximum	Up \$300,000
Age Band	Benefit Reduction
65-69	60%
70-74	35%

Voluntary Life Insurance / AD&D - Dependents

Plan Features	Anthem
Eligibility	Employee must enroll
Guarantee Issue Limit	
Benefits	Not to exceed 50% of Employee's amount
Spouse	Increments of \$10,000
Benefit Maximum	\$100,000
Spouse Rate Determination	Based on Employee's Age
Child(ren) – Live birth to 14 Days	\$500
Child(ren) – 15 Days to age 26	\$2,500 increments not to exceed 50% of Employee's amount
Benefit Maximum	\$10,000

Rates for voluntary coverage can be found in Anthem's Summary of Benefits.



Resource Advisor is here with help for life's issues – included when you purchase Life insurance with NBBE

Receive personalized counseling, financial, and legal help

Resource Advisor is a member assistance program that's included with your life and/or disability benefit. It provides resources and services to support you and your household family members when you may need it.

Counseling by phone, face-to-face, or LiveHealth Online video chat

If you're feeling stressed, worried, or going through a tough time, you may want someone to talk to. You and your household family members can call Resource Advisor anytime, 24/7, and talk with a licensed counselor:

- **By phone:** Call **1-888-209-7840**.
- **In-person:** You can call to set up face-to-face sessions and then schedule appointments directly with your counselor.
- **Video visit:** You can talk with a counselor from the convenience of your home or wherever you have internet access and privacy using LiveHealth Online. To set up a LiveHealth Online visit, call Resource Advisor. You will receive details about how to schedule a visit, along with a coupon code that gives you LiveHealth Online visits at no extra cost to you.

Helpful resources you can count on

Financial planning

Call Resource Advisor to set up one-on-one financial counseling with a certified professional financial planner. They can help with issues like retirement planning and saving for a child's education.

You can review a therapist's background and qualifications to help choose one who is available and right for you.

You and your family members are eligible for up to three counselor visits for each issue or concern, at no extra cost.

Counselors can help with:

- Stress
- Parenting
- Anxiety
- Depression
- Issues that affect your well-being
- Dealing with illness
- Relationship or family issues
- Help finding child care
- Elder care issues and resources

Legal services

With a call to Resource Advisor, you can schedule a consultation with an attorney over the phone at no charge. If you want to meet with an attorney in person, the legal consultant can set up an appointment at a discounted fee.

Online tools to help with life's issues

The Resource Advisor website has tools to help with life's challenges, such as:

- Creating a will
- Parenting
- Aging
- Healthy living
- Household support
- Referrals
- Funeral planning

Contact Resource Advisor:

Phone: 1-888-209-7840

Online:

www.ResourceAdvisorCAanthem.com

(Log in with program name Resource Advisor.)



Welcoming You With Big Savings!

Join and Save

NBBE.benefithub.com

Sign up and look for ways to keep more of what you earn!

Enjoy exclusive access every day to great discounts and Cash Back on thousands of brands you love in a variety of categories.

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health and Wellness
- Beauty and Spa
- Tickets
- Sports and Outdoors



The average employee can save up to \$4,900* a year.

Maybe you can beat that!



Create Your Account To Save

Log in at:

NBBE.benefithub.com

Need to Register?

Easy Signup! Easy Sign up will take you to a signup screen where you can register or log in. Users can't access the site without registering and logging in

Questions? Call: 1-866-664-4621
Or email us: customer@benefithub.com

Need help?



Get help with your benefits however you feel most comfortable. You have many different ways to get answers to your questions and assistance with coverage and claims issues. Use the resources on the following pages freely!

Say hello to your benefit advocate

Reach out to your benefits advocate for personal and confidential assistance with general benefits questions; eligibility and coverage; finding a network provider; coverage changes due to life events such as marriage, a new child, or divorce; and health care claim or billing issues (when warranted).



Make friends with mobile apps

Stay informed while you're on the go! Many of your benefit plans offer apps that provide personalized information about your benefits coverage and individual usage.



Download the Anthem Blue Cross app to your smartphone to access these tools on the go:

- Store member ID card
- Estimate costs you can plan ahead
- Find a doctor or urgent care and get directions, view ratings and reviews
- Check copays, deductibles, and more
- Securely send a receive messages about your plan

Download the Kaiser Permanente app to your smartphone to access these tools on the go:

- View most lab test results
- Refill most prescriptions
- Email your doctor's office with non-urgent questions
- Schedule and cancel routine appointments
- Print vaccination records for school, sports, and camps
- Use tools to help you manage your coverage and costs
- Manage a family member's health care

Contribution or Premium rate questions?

Employers who have questions regarding rates and contributions, please contact the NBBE Benefits Desk at nbbebenefits@Venbrook.com

If you are an employee looking for premium rate information, please contact your employer.

References and Resources

Benefit	Carrier Website	Carrier Phone Number	Plan #
Medical HMO Kaiser	www.kp.org	(800) 464-4000	603780 / 231224
Medical HMO & PPO Anthem	www.anthem.com	(855) 383-7248	Plan # is employer specific
Medical HSA Anthem	www.anthem.com	(844) 860-3535	Plan # is employer specific
Dental Value Plan	www.anthem.com	877) 567-1804	0-5 employees 2771580023 6-19 employees 2771580024 20+ employees 2771580025
Dental Standard Plan	www.anthem.com	877) 567-1804	0-5 employees 2771580029 6-19 employees 2771580030 20+ employees 2771580031
Dental Premier Plan	www.anthem.com	(877) 567-1804	6-19 employees 2771580035 20+ employees 2771580036
Dental Voluntary Plan	www.anthem.com	(877) 567-1804	0-5 employees 2771580017 6-19 employees 2771580018 20+ employees 2771580019
Vision	www.anthem.com www.VSP.com	(888) 600-1600 (800) 877-7195	1702250011 / 1702250211 12335317
Life/AD&D Class 1	www.anthem.com	(800) 552-2137	2771580001 / 2771580002
Life/AD&D Class 2	www.anthem.com	(800) 552-2137	2771580009 / 2771580013
Life/AD&D Class 3	www.anthem.com	(800) 552-2137	2771580010 / 2771580014
Life/AD&D Class 4	www.anthem.com	(800) 552-2137	2771580011 / 2771580015
Life/AD&D Class 4	www.anthem.com	(800) 552-2137	2771580012 / 2771580016

About This Guide

This guide highlights all employee benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual summary plan description (SPD), plan document or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

NBBE Contacts

Association	Contact Name	Phone	Email
NBBE Benefits Help Desk	Venbrook Insurance Services		NBBEBenefits@venbrook.com
North Coast Builders Exchange	Cindy Womack	(707) 542-9502	Cindy@ncbeonline.com
Marin Builders Association	Paula Krause	(415) 462-1220, ext. 104	paula@marinbuilders.com
Bay Area Builders	Scott Leary	(510) 483-8880	scottpleary@gmail.com
Benefits Administration and Billing	Julie Mayo	(916) 486-1262 ext. 116	jmayo@arbadmin.com

About This Guide

This guide highlights all employee benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual summary plan description (SPD), plan document or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail.



Important plan notices & documents

Health plan notices

These notices must be provided to plan participants on an annual basis and are available [HERE](#).

Medicare Part D Notice	Describes options to access prescription drug coverage for Medicare eligible individuals
Women's Health and Cancer Rights Act	Describes benefits available to those that will or have undergone a mastectomy
Newborns' and Mothers' Health Protection Act	Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
HIPAA Notice of Special Enrollment Rights	Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
HIPAA Notice of Privacy Practices	Describes how health information about you may be used and disclosed
Notice of Choice of Providers	Notifies you that your plan requires you to name a Primary Care Physician (PCP) or provides for you to select one
Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)	Describes availability of premium assistance for Medicaid eligible dependents

COBRA continuation coverage

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

Plan documents

Important documents for our health plan are available. Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact your employer.

