



Navigating Your Benefits

2025-2026 Benefit Guide
NON-UNION EMPLOYEES

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Welcome to Your 2025 - 2026 Benefits!

The success of the Pasha Group is built on the passion and hard work of our employees. We are grateful for all you do and the biggest thank you we can give is supporting your physical, financial, mental, and emotional health.


Our competitive benefits package includes resources to help you and your family enhance your overall health at an affordable cost.

Carefully review your benefits guide to find the right options for you and your family, and the coverage that best meets your needs in the coming year.

Eligibility

Benefits for eligible employees begin on the first of the month following one month of employment. You may enroll your eligible dependents in many of the same plans you choose for yourself.

Eligible Employees



- Work at least 20 hours per week
- Earn a monthly wage of at least 86.67 times the Hawaii minimum hourly wage
- Classified as active, regular full-time

Eligible Dependents

- Your spouse
- Your registered domestic partner over age 18 (subject to imputed income)
- Your natural, adopted, stepchildren, children for whom you are a guardian, and children of your domestic partner
- Children up to age 26 or unmarried children of any age who are incapable of self-support due to mental or physical disability developed before age 26

The Impact of Imputed Income on Domestic Partners

Imputed income is the amount The Pasha Group pays toward the cost of domestic partner coverage. Domestic partner coverage premiums for domestic partners who do not qualify as dependents under Section 152 of the Internal Revenue Code will be paid by the employee with after-tax dollars. The fair market value of any employer contributions made on behalf of your domestic partner will be imputed income to the employee.

NOTE: The group health plan will pay secondary to Medicare for any active employee’s Medicare-eligible domestic partner. The domestic partner should enroll in Medicare to ensure adequate coverage.

Enrolling & Making Changes

The choices you make when you first become eligible are in effect for the remainder of the plan year. It’s important to review your benefit options to choose the best coverage for you and your family. You have three opportunities to enroll in or make changes to your benefits:

01	02	03
Within 30 days of your eligibility date	During the annual open enrollment period	Within 30 days of a qualified change in family status (Life Event)

If you have questions about whether your Life Event qualifies you to make changes to your benefits, contact the Benefits Team at benefits@pashanet.com.

What Is a Life Event?

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of a dependent
- Loss or gain of other health coverage for you and/or your dependents

- Change in employment status
- Change in Medicaid/Medicare eligibility for you or a dependent
- Receipt of a Qualified Medical Child Support Order



Have Questions About Your Health Insurance?

Contact Alliant Benefit Advocates at **800-489-1390**.
Advocates are available Monday through Friday, 8 a.m. – 8 p.m. EST.

How to Enroll

UKG | n35.ultipro.com | app: 

Follow these steps to enroll in your benefits:

1. Evaluate Your Needs.

Be a smart health care shopper and ask yourself the following questions:

- **Who should I cover?** Evaluate your coverage options for all dependents who meet **eligibility requirements**.
- **How much did I spend on health care last year?** Consider your past expenses to help you plan for your future needs.
- **Will I need more, or less, health coverage next year?** Estimate the amount of health care you will require in the upcoming year.

2. Review Your Options.

Review this benefit guide to compare your options and evaluate plan costs and potential savings.

3. Enroll Online.

- Visit the UKG Portal at n35.ultipro.com/Login.aspx.
- Enter your username and password.
(If you do not have access to UKG, please contact HRISupport@pashanet.com.)
- Under “Manage My Benefits,” follow the prompts to select or waive each of your options, then checkout.
- Review plan details and costs.
- Submit your elections.

4. Confirm Your Elections.

Review your confirmation statement carefully to make sure your benefits and dependent information are correct.



Helpful Enrollment Tip

Each year you want to participate in a **Flexible Spending Account (FSA)**, you must designate the amount you want to contribute to each account from your paycheck, up to annual IRS limits. FSA enrollment occurs annually in November.



Questions?

If you have any questions about your benefits or need assistance, please contact the Benefits Department at benefits@pashanet.com. You can also call the Benefits Hotline at **800-489-1390** or email benefitsupport@alliant.com.

Helpful Benefit Terms & Definitions

To better understand your coverage, it's helpful to be familiar with these terms, which may be referenced throughout this guide.

Balance Bill

When a health care provider bills a patient for the difference between what the patient's health insurance reimburses and the provider charges.

Coinsurance

The percentage paid for a covered service, shared by you and the plan.

Copay

A fixed dollar amount you pay the provider at the time of service; for example, a \$15 copay for an office visit or a \$3 copay for a generic prescription.

Deductible

The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible.

Emergency Room Care

Care received at a hospital emergency room for life-threatening conditions.

Imputed Income

The premium paid for coverage over \$50,000 will be added to the employee's gross income and is subject to taxes. Imputed income also applies to domestic partnerships and is the amount the company pays toward the cost of domestic partner coverage.*

In-Network Care

Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

Out-of-Network Care

Care provided by a doctor or at a facility outside of the plan's network. Your out-of-pocket costs may increase, and services may be subject to balance billing.

Out-of-Pocket Maximum (OOPM)

The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

Premium

The complete cost of your benefits. You share this cost with The Pasha Group and pay your portion through regular payroll deductions.

Preventive Care

Routine health care, including annual physicals and screenings, to prevent disease, illness, and other health complications. In-network preventive care is covered at 100%.













Urgent Care

Urgent care centers are helpful when care is needed quickly to avoid developing more serious pain or problems. Visit urgent care for sudden illnesses or injuries that are not life-threatening.







*Domestic partner coverage premiums for domestic partners who do not qualify as dependents under **Section 152** of the Internal Revenue Code will be paid by the employee with after-tax dollars. The fair market value of any employer contributions made on behalf of your domestic partner will be imputed as income to the employee. Unless otherwise requested, premiums will automatically be deducted on a pre-tax basis.

Where to Go for Care

Need medical attention, but it's not a true emergency? Save time and money by choosing the best option for care. Reduce wait times and avoid emergency room copays by visiting your primary care doctor or urgent care for non-emergency injuries and illnesses. These options provide quality care just like the ER, and could save you hundreds of dollars and hours of time in the waiting room for non-life-threatening issues.

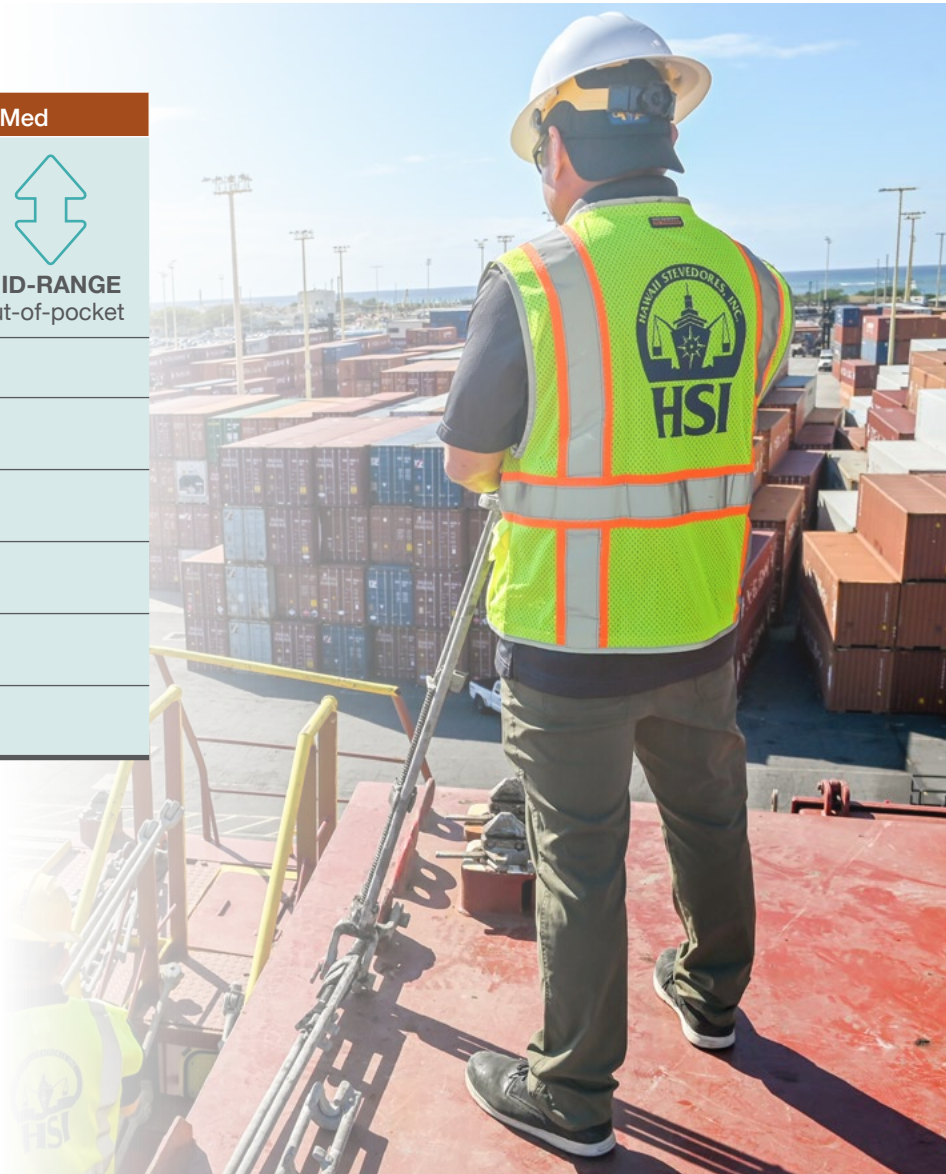
 Telehealth		 Primary Care Provider		 Urgent Care Center		 Emergency Room	
Non-Life-Threatening		Non-Life-Threatening		Non-Life-Threatening		Life-Threatening	
Appointment Time: 	Appointment Cost: 	Appointment Time: 	Appointment Cost: 	Appointment Time: 	Appointment Cost: 	Appointment Time: 	Appointment Cost: 
Benefit: <ul style="list-style-type: none"> Can be done anywhere Low cost 		Benefit: <ul style="list-style-type: none"> In-person examination Reasonable price in-network 		Benefit: <ul style="list-style-type: none"> Lower cost than ER visit Same-day visits often available 		Benefit: <ul style="list-style-type: none"> Necessary for life-threatening conditions Open 24/7/365 	
Reasons to go: <ul style="list-style-type: none"> Cold & flu symptoms Allergies Headaches Skin irritations & rashes Urinary tract infections Depression & anxiety 		Reasons to go: <ul style="list-style-type: none"> Immunizations Annual exams Earaches & infections Regular treatment for chronic conditions Depression, anxiety, and other mental health conditions 		Reasons to go: <ul style="list-style-type: none"> Minor cuts, sprains & burns Fever & flu symptoms Allergic reactions Animal bites Mild asthma Urinary tract infections 		Reasons to go: <ul style="list-style-type: none"> Sudden numbness or weakness Disorientation or difficulty speaking Seizure or loss of consciousness Overdoses Uncontrolled bleeding Heart attack or chest pain 	

Which Medical Plan Is Right for You?

	Kaiser HMO		HMSA PPO		HMSA CompMed	
Your costs	 HIGHER monthly premiums	 LOWER out-of-pocket	 LOWER monthly premiums	 HIGHER out-of-pocket	 HIGHEST monthly premiums	 MID-RANGE out-of-pocket
PCP required	Yes		No		No	
Referrals needed for specialists	Yes		No		No	
Satisfy annual deductible	No		No		Yes	
Out-of-network coverage	No		Yes		Yes	
Mental health benefits	Yes		Yes		Yes	
Dental and vision auto-enroll	No		Yes		Yes	



Find a Provider
Find in-network medical providers
by visiting [kp.org](https://www.kp.org) or [hmsa.com](https://www.hmsa.com).



Medical Plan Coverage

Kaiser | **800-966-5955** | kp.org | app: 

HMSA | **800-776-4672** | hmsa.com | app: 

Plan Features	Kaiser HMO	HMSA PPO		HMSA CompMED	
	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
	You pay:	You pay:		You pay:	
Annual Deductible Individual/Family	None	None	None	\$200 / \$600	
Annual Out-of-Pocket Maximum Individual/Family	\$2,500 / \$7,500	\$2,500 / \$7,500	\$2,500 / \$7,500	\$2,200 / \$6,600	\$2,200 / \$6,600
Preventive Care	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Primary Care	\$15 copay	10%	30%	\$12 copay	\$12 copay
Behavioral Health/Substance Abuse Inpatient Outpatient	10% \$15 copay	10% 10%	30% 30%	20% after deductible \$12 copay	20% after deductible \$12 copay
Urgent Care	\$15 copay*, 20%**	10%	30%	\$12 copay	\$12 copay
Emergency Room (copay waived if admitted)	\$100 copay	10%		20% after deductible	
Hospital Services Inpatient Outpatient	10% 10%	10% 10%	30% 30%	20% after deductible 20% after deductible	20% after deductible 20% after deductible
Chiropractic ***	\$20 copay	10%	30%	\$12 copay	\$12 copay
Acupuncture ***	\$20 copay	\$10 copay	50%	\$10 copay	50% after deductible

*In Kaiser Service Area

**Outside Kaiser Service Area

***A maximum number of visits per calendar year may apply



Additional Resources

For additional services and resources that come with your medical plan, access the links below:

Kaiser: kp.org | HMSA: hmsa.com

Prescription Coverage

Plan Features	Kaiser HMO	HMSA PPO		HMSA CompMED	
	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
	You pay:	You pay:	You pay:	You pay:	You pay:
Prescription Drug Out-of-Pocket Maximum	None	\$3,600 per individual / \$4,200 per family		\$3,600 per individual / \$4,200 per family	
Prescription Drugs: Retail (up to a 30-day supply)					
Tier 1: Generic	\$3 copay (maintenance); \$15 copay	\$3 copay	\$3 copay + 20%	\$3 copay	\$3 copay + 20% after deductible
Tier 2: Preferred Brand	\$50 copay	\$7 copay	\$7 copay + 20%	\$7 copay	\$7 copay + 20% after deductible
Tier 3: Non-Preferred Brand	\$50 copay	\$40 copay	\$40 copay + 20%	\$40 copay	\$40 copay + 20% after deductible
Tier 4: Specialty	\$200 copay	\$40 copay	\$40 copay + 20%	\$40 copay	\$40 copay + 20% after deductible
Prescription Drugs: Mail Order (up to a 90-day supply)					
Tier 1: Generic	\$30 copay	\$8 copay	Not covered	\$8 copay	Not covered
Tier 2: Preferred Brand	\$100 copay	\$17 copay		\$17 copay	
Tier 3: Non-Preferred Brand	\$100 copay	\$60 copay		\$60 copay	

See below to review the formulary, or list of covered prescription drugs, through your health plan:

Kaiser

- Follow the link healthy.kaiserpermanente.org/hawaii/health-wellness/drug-formulary
- Select *Large Employer Group (50+ Employees)*

HMSA

- Follow the link prc.hmsa.com/s/article/HMSA-s-Select-and-Choice-Drug-Formulary-and-Coverage-Codes
- The Select Formulary Coverage code is 812



Additional Resources

For additional services and resources that come with your medical plan, access the links below:

Kaiser: kp.org | HMSA: hmsa.com

Dental Coverage


Hawaii Dental Service | **800-232-2533**

hawaiidental-service.com | app: 

Regular dental visits are shown to improve your overall health. Our dental plans help you maintain a healthy smile through preventive care and address issues as soon as possible.

The Pasha Group offers two choices:

- Those enrolled in an HMSA medical plan will be auto-enrolled in the HMSA dental plan.
- Those enrolled in the Kaiser HMO or not enrolled in medical coverage may elect dental coverage through the Hawaii Dental Services (HDS) stand-alone plan.



Additional Resources

To find an in-network provider near you, visit hmsa.com or hawaiidental-service.com.

Plan Features	HMSA Plan	HDS Plan
	In-Network Only	In-Network Only
Calendar Year Benefit Maximum	\$2,500	\$1,500
	You pay:	You pay:
Diagnostic & Preventive Services (e.g., x-rays, cleanings, exams)	Covered in full	Covered in full
Basic & Restorative Services (e.g., fillings, extractions, root canals)	20%	30%
Major Services (e.g., dentures, crowns, bridges)	20%	50%
Orthodontia	Adults and children	50% (Children only)
Orthodontia Lifetime Maximum	Plan pays up to \$6,000: 25% initially, 75% in equal monthly payments over the Treatment Plan term (max. 36 months)	\$1,000



Vision Coverage

HMSA | 800-776-4672 | hmsa.com | app: 

VSP | 800-877-7195 | vsp.com | app: 

We help keep your eyes healthy through our vision plans.

The Pasha Group offers two choices:

- Those enrolled in an HMSA medical plan will be auto-enrolled in the HMSA vision plan.
- Those enrolled in the Kaiser HMO or not enrolled in medical coverage may elect vision coverage through the VSP stand-alone plan.



Plan Features	HMSA	VSP**
	In-Network	In-Network***
Exam every 12 months	No deductible	\$25 copay for exam and glasses
Doctor Network	HMSA Vision PPO	VSP Signature Network
Frames	\$500 allowance per 12 months*	\$130 allowance; \$150 allowance for featured frame brands; 20% savings on amount over allowance per 24 months
Lenses every 12 months Single Vision Bifocal Trifocal	\$500 allowance*	Combined with exam
Contact Lenses (instead of glasses) every 12 months		
Contacts (instead of glasses)	\$500 allowance*	\$130 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation)
Additional Benefits		
LASIK/PRK	\$5,000 allowance	Average 15% off the regular price or 5% off the promotional price

*\$500 allowance per calendar year can be used for any combination of the following: frames; prescription sunglasses; contact lenses; single vision lenses and multi-focal lenses, including tinting, UV lenses, polycarbonate lenses, and anti-reflective coating.

**Covered members can visit their VSP doctor for a non-urgent eye problem such as cataracts or pinkeye. \$20 copay applies.

***Save money by visiting an in-network doctor. Call Member Services for out-of-network plan details.



Additional Resources

Remember, you will save money by visiting in-network providers. To find an in-network provider near you, visit hmsa.com or vsp.com.

Employee Assistance Program (EAP)

HealthAdvocate | **866-799-2728** (EAP) **866-695-8622** (Healthcare Help)

healthadvocate.com/pashagroup | app: 

To help you optimize your health and overall well-being, The Pasha Group offers an EAP, through Health Advocate. Health Advocate services are completely confidential and available to you, your spouse, dependents, parents and parents-in-law at no cost. The benefit has two components: EAP + Work/Life and Healthcare Help.

EAP + Work/Life

When you or your family need help with work, home, personal, or family issues, the EAP is there to help. The EAP + Work/Life gives you access to:

 Unlimited phone sessions with EAP counselors	 Up to six face-to-face sessions per year
 Child and elder care referrals	 Financial and legal resources
 Time management tools	 Mental health resources

Healthcare Help

The Healthcare Help feature provides support and solutions to help you make informed health care decisions while saving you money. When you reach out to Healthcare Help, you will be connected to a Personal Health Advocate (PHA) who can help you:

Locate in-network doctors, specialists, and facilities.	Get help scheduling visits with the right providers.
Uncover billing mistakes and claims errors.	Get clear explanations of diagnoses and treatments.
Clarify Medicare, Medicaid, and supplement plans.	Get support for care or insurance challenges.

Alliant Benefits

Alliant Benefit Advocates help you navigate your health insurance and answer your questions. Call your Benefit Advocate for:

- Insurance claim questions
- Denied claims appeals
- Benefit questions or clarifications
- Prescription problems
- FSA questions
- COBRA inquiries

Reach out for free, confidential assistance Monday through Friday, 8 a.m. to 8 p.m. ET at **800-489-1390** or email **benefitsupport@alliant.com**.



PashaLIFE

pashagroup.sharepoint.com/teams/wel

PashaLIFE provides campaigns that focus on understanding and getting the most out of your existing core benefits and creating the connections and conversations that lead to lasting wellness. We do this by partnering with our health care providers and a variety of subject matter experts to provide tools, resources, information, fun prizes, and events to get you out doing things you care about and taking care of those you love. Keep an eye out for PashaLIFE emails and campaigns throughout the year.

GoPivot

919-885-0525 | gopivotsolutions.com/#!/login | app: 

GoPivot is a points-based app designed to motivate and recognize employees for improving overall wellness. Employees earn points by participating in activities and achieving significant milestones. Points can be redeemed for gift cards, concert/sporting event tickets, and travel vouchers in the GoPivot mall. Through the GoPivot app, employees can easily access wellness activities, recipes, workouts, participate in challenges and redeem rewards. Participation in the GoPivot program is voluntary. Check it out and join the fun!

Understand Your Medicare Options

877-888-0165 | alliantmedicareolutions.com

Turning 65? Alliant Medicare Solutions is a no-cost service available to you, your family members, and friends nearing age 65.

Choosing a Medicare plan—and understanding how it can affect your employer-provided medical coverage—can be confusing. Alliant Medicare Solutions can help you understand how Medicare works, what plans are available to you, and what might work best for you, whether you're retiring or continuing to work after age 65. Reach out to speak to a licensed agent for more information.



Life Balance Discount Program

As an employee of Pasha, you and your family have access to an amazing suite of employee discounts through the LifeBalance Program.

To access the available discounts, visit: tpg.lifebalanceprogram.com.

Flexible Spending Accounts (FSAs)

Navia | 800-669-3539 | naviabenefits.com | app: 

FSAs allow you to set aside pre-tax dollars to pay for eligible health care and dependent care expenses, which lowers your taxable income. Each year, you must elect the annual amount you want to contribute to each account. Your contributions will be deducted pre-tax from your paycheck.

Open enrollment for Flexible Spending Accounts occurs in November for a January 1, 2026 effective date.

Newly eligible employees may enroll on the first of the month following one month of service.

Plan Ahead to Spend

An FSA is a “use-it-or-lose-it” account, meaning that any funds remaining in the account at the end of the plan year will automatically be forfeited.

Please Note: You cannot change the amount of your FSA contributions unless you have a **Life Event**. Annual contribution limits are evaluated annually and are subject to change per IRS regulations.

Plan Features	Health Care FSA	Dependent Care FSA
Annual Contribution Limit	\$3,300*	\$5,000 (\$2,500 if married and filing separately)*
Eligible Expenses**	Medical, dental, vision, and prescription expenses	Care for children 12 and under, disabled children, and dependent adults
Availability of Funds	The full annual amount you elect is available on your plan effective date	You can be reimbursed up to the amount available in your account
Payment or Reimbursement Options	FSA debit card or reimbursement	Reimbursement
Deadline for Services	3/15/27	3/15/27
Deadline for Submission for Reimbursement	4/1/27	4/1/27

**Subject to change per IRS.*

***Refer to IRS Publication 502 and 503 for a complete list of eligible expenses.*

Examples of Eligible Expenses



Health Care

- Acupuncture
- Dental fees
- Eye exams
- Hospital bills
- Deductibles and copays
- Allergy medications
- Pain relief
- Cold and flu medications
- Sleep aids
- Feminine care products
- Blood pressure monitor
- First aid supplies
- Pregnancy tests
- Sunscreen



Dependent Care

- After-school care
- Elder care
- Babysitter
- Summer day camp
- Nursery school
- Nanny

Life and AD&D Insurance

Prudential | **800-524-0542** | **prudential.com** | app: 

Life and Accidental Death and Dismemberment (AD&D) insurance provides financial security to you and your family if you become seriously injured or pass away.

Basic Life and AD&D Insurance

As an eligible employee, you may select from two levels of company-paid coverage.

Level 01	Level 02
Basic Group Term Life Insurance equal to two times your annual base salary up to a maximum of \$500,000	You may choose to limit your life insurance benefit to \$50,000 to avoid the taxable portion of this benefit*

**Coverage exceeding \$50,000 is considered imputed income. This means any amount over \$50,000 must be included in your gross income and will be subject to Social Security and Medicare taxes, which may be reflected in your paycheck.*

Note: Your AD&D death benefit is equal to your Basic Life election, up to \$500,000; other eligible injuries will be covered at a flat \$50,000 benefit.



Choosing a Beneficiary

You may choose anyone to be the beneficiary of your Life and AD&D policy in the event of your death or serious injury. Review your beneficiary designation periodically to ensure it reflects your current wishes. You may **change your beneficiary** as often as needed.



Voluntary Term Life

You may purchase additional Life and AD&D for yourself and your family at discounted rates. The chart below describes the amounts of coverage you can purchase for yourself, your spouse, and your child(ren) up to age 26.

Benefit Features	Voluntary Term Life*		
	Employee	Spouse**	Dependent Child(ren) (up to age 26)**
Coverage Options	\$10,000 increments	\$5,000 increments	\$5,000
Maximum	\$500,000	Lesser of \$100,000 or 50% of employee amount	\$5,000
Guaranteed Issue Amount	\$160,000	\$50,000	\$5,000
Guaranteed Issue Period	Within 30 days of benefits eligibility		

*Evidence of Insurability (EOI) may be required.

**Employee Voluntary Term Life is required to purchase Spouse and/or Child Life.

How Much Voluntary Term Life Insurance Should I Buy?

When deciding how much Voluntary Term Life coverage to buy, consider the following:

01	How much will your dependents need to pay debts, such as a mortgage, car loan, or credit card balances?
02	How much do your dependents need to maintain their current standard of living?
03	What kind of future would you like to provide for your dependents or others who depend on you for financial support?

What Is EOI?



Evidence of Insurability (EOI) is the process of providing health information to qualify for certain types of insurance coverage. If you elect Voluntary Term Life coverage above the guaranteed issue limit or after the guaranteed issue period, you will be required to submit a health questionnaire. In some cases, a physical exam may be required. Your questionnaire will be reviewed by the carrier, and you will be notified of their decision directly.



Disability Coverage

Prudential | **800-842-1718** | **prudential.com** | app: 

If you experience an injury or illness that prevents you from working, disability coverage provides partial income replacement to assist you financially. Disability coverage is automatically provided by The Pasha Group, at no cost to you.

Short-Term Disability (STD)

STD provides you with a portion of income replacement if you are unable to work due to a non-occupational illness or injury. Benefits may be offset by benefits you receive from the state-mandated disability plans in Hawaii.

STD	
Percent of Earnings	66.67%
Weekly Maximum	\$2,500
Benefits Begin	After 7 days of disability
Maximum Duration	52 weeks

Long-Term Disability (LTD)

LTD pays you a portion of your earnings if you cannot work for an extended period of time due to a disabling illness or injury. You will continue to receive benefits if you meet the definition of disability or reach your Social Security Normal Retirement Age (SSNRA). Benefits are reduced by other sources of disability income you may qualify for, such as Social Security and Workers' Compensation.

LTD	
Percent of Earnings	66.67%
Monthly Maximum	\$10,000
Benefits Begin	After 365 days of disability
Maximum Duration	As long as disability exists or until SSNRA. After age 60, a reduction schedule applies



Voluntary Benefits

LegalEASE | **800-248-9000** | legaleaseplan.com/pashagroup

Prudential | **844-455-1002** | prudential.com | app: 

We know your life is multi-faceted. That's why we offer additional benefits to help protect you, your loved ones, and even your furry friends, now and in the years to come.

NEW! Legal Insurance

When you enroll in the LegalEASE Insurance Plan, you have access to a national network of attorneys who can provide assistance and advice on personal legal issues, including:

- Buying or selling a home
- Financial contracts, debt collection, etc.
- Traffic violations and license suspensions
- Adoption, name change, etc.
- Estate planning, wills, health care power of attorney
- And more!

NEW! Hospital Indemnity Insurance

Hospital Indemnity Insurance is designed to complement your medical plan coverage. This insurance plan, through Prudential, can help pay for out-of-pocket costs associated with a hospital stay. It pays benefits for:

- Hospital admissions
- Daily in-hospital stays
- Intensive Care Unit (ICU) admission/stays
- Emergency room visits
- Doctors' visits

Accident Insurance

Accident insurance through Prudential pays you cash for injuries and related care. You'll receive payments for:

- | | |
|----------------|-------------------------|
| ▪ Broken teeth | ▪ Ambulance rides |
| ▪ Burns | ▪ Emergency room visits |
| ▪ Concussions | ▪ Medical appliances |
| ▪ Fractures | ▪ Physical therapy |

Critical Illness Insurance

Prudential Critical Illness insurance pays you for a wide range of medical conditions including:

- | | |
|---------------------------|-----------------------|
| ▪ Alzheimer's Disease | ▪ Heart attack |
| ▪ Cancer | ▪ Major organ failure |
| ▪ Coma | ▪ Paralysis |
| ▪ Coronary Artery Disease | ▪ Stroke |



When you enroll in any of these plans, you pay for coverage through payroll deduction.

Voluntary Benefits (continued)

Nationwide | **877-738-7874** | petsnationwide.com | app: 

Unum | **877-851-7637** | unum.com | app: 

Pet Insurance

Your pets can now receive coverage to stay healthy, too. Voluntary pet insurance helps you be financially prepared, as veterinary bills can add up quickly. With Nationwide's Pet Insurance, you can save on unexpected veterinary expenses, plus purchase optional coverage to help pay for routine veterinary care, such as vaccines, wellness exams, and teeth cleaning.

Long-Term Care (LTC) Insurance

Plan for the future and maintain your independence with Unum LTC insurance. When you need long-term care benefits, you can choose to receive care in your home, assisted living facilities, or nursing homes. You may select from a variety of benefit durations. Coverage ranges from \$3,000 to \$8,000 a month. You may also choose to include immediate family member care, including parents and parents-in-law, for an additional cost.



How to Enroll

Nationwide, Unum, and LegalEase will provide Human Resources and Payroll with your enrollment information at the end of the enrollment period.

Open enrollment for Accident, Critical Illness, and Hospital Indemnity insurance occurs in November for a January 1, 2026 effective date.



Value-Added Benefits through Prudential

Prudential | **800-524-0542** | prudential.com | app: 

Prudential provides you with more than just life insurance. As an enrollee in a Prudential plan, you have access to a variety of valuable benefits and resources.



Will & Legal Document Preparation

When you create a will or other important legal documents, you ensure your assets and health care are handled according to your wishes. EstateGuidance provides you with easy and affordable document preparation resources for the creation of your:

- Will
- Living will
- Health care power of attorney
- Durable power of attorney
- Final arrangements

Go to estateguidance.com and enter your promotional code: EGP311.



Identity Theft Protection

Receive the tools and resources you need to help you identify, mitigate, or respond to identity theft. The Identity Theft program, through ComPsych, provides you with access to unlimited telephonic legal assistance from attorneys who offer step-by-step guidance if you experience identity theft. You have access to credit monitoring, credit card fraud assistance, and counseling to address emotional needs.

To learn more, call **800-311-4327**.



Travel Assistance

You, your spouse, and your children have access to travel assistance when you travel more than 100 miles from home. IMG Travel Assistance Services will arrange for any needed travel assistance services at no cost to you, with the exception of any additional fees incurred. Your travel assistance benefits include:

- Pre-trip planning
- Personal assistance
- Medical assistance
- Emergency medical transportation
- Security services

For more information, visit imglobal.com/travel-insurance.



Additional Services

As a Prudential member, you have access to the Online Resource Center to help you and your beneficiaries with filing claims, planning funerals, financial and legal advice, and emotional support.

For more information, explore prudential.com/workplacebeneficiary.

Financial Savings Benefits

Voya Retirement Services | **800-584-6001** | [voya.com/retirementplans.com](https://voya.com/retirement) | app: 

The Pasha Group gives you an opportunity to prepare for a bright financial future. The 401(k) Plan helps you save for retirement through a variety of investment options.

401(k) with Match

All regular, company-paid employees are eligible to enroll in the pre-tax or post-tax (Roth) 401(k) plan:

- **Pre-tax 401(k):** Contributions to this account are not taxed until you use your funds in retirement.
- **Roth 401(k):** This plan allows you to contribute money on a post-tax basis. You pay taxes now, so you will not pay taxes when funds are withdrawn in retirement.

In addition to your contributions, your savings grow with The Pasha Group’s matching contributions, when you defer up to 6% of your annual pay to the 401(k) Plan. This table shows the matching contributions:

Your deferral percentage*	The Pasha Group’s matching contributions
1%	100% (\$1 for every \$1 you contribute)
2% to 6%	50% (\$0.50 for every \$1 you contribute)

**Please note that the match is based on whole percentage deferrals only and no flat-dollar contributions.*

You become fully vested in The Pasha Group’s matching contributions after two years of service.

Profit Sharing Plan

All regular employees with six months of eligible service may enroll in the Profit Sharing Plan. Once enrolled, you must have at least 1,000 hours of service and be employed on the last day of each year in order to receive the profit sharing contribution.

This option gives eligible employees a discretionary pre-tax contribution based on a percentage of eligible wages. The amount of the contribution is subject to review each year and is based on The Pasha Group’s performance. Contributions vest over five years.

Helpful Tips on Saving for Retirement

- 1 Start saving as soon as possible to grow your retirement account.
- 2 Begin with small contributions, if necessary, and increase contributions over time.
- 3 Make a habit of setting aside money for retirement.
- 4 Understand investment returns may fluctuate.
- 5 Let it sit. Avoid penalties by leaving funds in your 401(k) until retirement.
- 6 If you change jobs, you can roll over your retirement account.



Tuition Assistance

American Funds | **800-421-4225** | capitalgroup.com

At The Pasha Group, we support continuing education to better yourself and advance your skills. Our strong commitment to education is reflected by the fact that we'll help you pay for it.



College Savings Account

The Pasha Group sponsors a Section 529 College Savings plan through American Funds. This plan is a tax-advantaged account that allows you to save for educational expenses. Payroll deferrals are not offered, but the administrative costs of this plan are greatly reduced. All employees are eligible to participate.



Tuition Reimbursement

Regular employees who have worked for one year of continuous service are eligible to receive tuition reimbursement for an approved course of study. Tuition, books, and registration fees may all be eligible for reimbursement. All courses must be related to the employee's current position or assist in developing qualifications for advancement. Employees who terminate employment within 30 days of course completion are not eligible.



Your Cost for Coverage

The Pasha Group covers the majority of the cost of your health insurance. While our health care premiums are increasing in the new plan year, The Pasha Group will be absorbing most of the additional cost. The monthly portion you pay for medical, dental, and vision is deducted from your paycheck before taxes, as shown in the table below. Enrollment in either of the HMSA medical plans includes both dental and vision coverage. If you enroll in the Kaiser plan, Hawaii Dental Service (HDS), and VSP Vision are available. You may also enroll in Hawaii Dental Service (HDS) Dental or VSP Vision without enrolling in medical coverage.

Health Coverage

Plan	Enrollment Tier	Monthly Premium	The Pasha Group Pays	Employer % of Premium	You Pay Monthly
Kaiser HMO Medical & Prescription	Employee Only	\$559.31	\$507.85	91%	\$51.46
	Employee + Spouse/DP	\$1,118.62	\$889.59	79%	\$229.03
	Employee + Child(ren)	\$1,006.76	\$800.37	79%	\$206.39
	Employee + Family	\$1,677.93	\$1,317.78	78%	\$360.15
HMSA PPO Medical, Dental, Vision & Prescription	Employee Only	\$1,108.26	\$953.27	86%	\$154.99
	Employee + Spouse/DP	\$2,535.98	\$2,053.22	81%	\$482.76
	Employee + Child(ren)	\$2,102.98	\$1,703.41	81%	\$399.57
	Employee + Family	\$3,533.38	\$2,826.96	80%	\$706.42
HMSA CompMED Medical, Dental, Vision & Prescription	Employee Only	\$1,078.44	\$926.71	86%	\$151.73
	Employee + Spouse/DP	\$2,467.44	\$1,998.42	81%	\$469.02
	Employee + Child(ren)	\$2,046.54	\$1,657.70	81%	\$388.84
	Employee + Family	\$3,438.24	\$2,751.06	80%	\$687.18
Hawaii Dental Service (HDS) Dental	Employee Only	\$44.59	\$39.33	88%	\$5.26
	Employee + Spouse/DP	\$89.18	\$78.67	88%	\$10.51
	Employee + Child(ren)	\$98.10	\$86.52	88%	\$11.58
	Employee + Family	\$133.77	\$118.00	88%	\$15.77
VSP Vision	Employee Only	\$7.83	\$5.32	68%	\$2.51
	Employee + Spouse/DP	\$13.43	\$9.12	68%	\$4.31
	Employee + Child(ren)	\$13.71	\$9.31	68%	\$4.40
	Employee + Family	\$22.10	\$15.02	68%	\$7.08

Voluntary Term Life

Employee & Spouse/Domestic Partner Monthly Costs		
Employee Age / Spouse or DP Age*	Employee Cost Per \$1,000 of Coverage	Spouse / Domestic Partner Cost per \$1,000 of Coverage
Under age 30	\$0.08	\$0.08
30-39	\$0.10	\$0.10
40-44	\$0.17	\$0.17
45-49	\$0.27	\$0.27
50-54	\$0.40	\$0.40
55-59	\$0.65	\$0.65
60-64	\$1.00	\$1.00
65-69	\$1.58	\$1.58
70+	\$2.06	\$2.06
Child(ren) Monthly Costs		
Benefit Level	Cost per \$5,000 of Coverage	
\$5,000	\$1.00 per family, per month	

*Employee life rates are based on Employee age; Spouse/DP rates are based on Spouse/DP age as of January 1 of the current year.

Important Notices

Click [here](#) for Annual Notices

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located at the link above.

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.

Current Plan Documents

Summary Plan Descriptions (SPD)

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries. The following Summary Plan description is available:

- The Pasha Group Health and Welfare Plan Summary Plan Description

Summary of Benefits and Coverage (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available on the Pasha Hawaii Benefits Website.

- Kaiser Hawaii HMO SBC
- HMSA PPO SBC
- HMSA CompMED SBC

Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact Human Resources.



Your Benefit Contacts

Coverage	Carrier	Group Number	Phone	Website/Email
The Benefits Department	Human Resources	—	415-927-6604	benefits@pashanet.com
General Benefits Help	Benefits Hotline	The Pasha Group	800-489-1390	benefitsupport@alliant.com
Benefits Site	Benefits Website	—	—	pashagroup.sharepoint.com/teams/ben
Online Enrollment	UKG	—	—	n35.ultipro.com/login
Medical	Kaiser	9383	800-966-5955	kp.org
	HMSA	30646-1	800-776-4672	hmsa.com
Dental	Hawaii Dental Service	1250	800-232-2533	hawaiidental-service.com
Vision	VSP	00114152	800-877-7195	vsp.com
FSA	Navia	The Pasha Group (PH3)	800-669-3539	naviabenefits.com customerservice@naviabenefits.com
EAP/Health Advocacy	HealthAdvocate	‘The Pasha Group’	EAP: 866-799-2728 Healthcare Help: 866-695-8622	healthadvocate.com/pashagroup
Wellness App	GoPivot	The Pasha Group	919-885-0525	gopivotsolutions.com support@gopivotsolutions.com
Life and AD&D	Prudential	71321	800-524-0542	prudential.com
Disability	Prudential	71321	800-842-1718	prudential.com
Legal Insurance	LegalEASE	—	800-248-9000	legaleaseplan.com/pashagroup
Hospital Indemnity, Accident, Critical Illness	Prudential	71321	844-455-1002	prudential.com
Long-Term Care	Unum	142265	877-851-7637	unum.com laskunum@unum.com
Pet Insurance	Nationwide	‘The Pasha Group’	877-738-7874	petsnationwide.com
401(k)	Voya Retirement Services	873609	800-584-6001	voyaretirementplans.com
529 Savings Plan	American Funds	—	800-421-4225	capitalgroup.com

This communication highlights some of The Pasha Group benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. The Pasha Group reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

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