



2025 Benefits Details



If you are a new Mountaineer or are experiencing a life event and need to enroll in 2025 benefits, you can find 2025 benefits plan details within the following document.

The following benefits details are covered here:

- [Physical wellbeing](#)
- [Aetna medical plans](#)
- [Aetna condition management programs](#)
- [Aetna: Where to go for care](#)
- [Kaiser Permanente medical plan](#)
- [Kaiser condition management programs](#)
- [Kaiser: Where to go for care](#)
- [Triple-S Salud HMO medical plan](#)
- [Health and wellbeing programs through Triple-S](#)
- [Triple-S: Where to go for care](#)
- [Health Savings Account \(HSA\)](#)
- [Health Care Flexible Spending Account \(FSA\)](#)
- [Limited Purpose Flexible Spending Account \(FSA\)](#)
- [Dependent Care Flexible Spending Account \(FSA\)](#)
- [Commuter benefits](#)
- [Dental](#)
- [Vision](#)

For information on all other benefits, there have been no changes from 2025 to 2026. Visit the appropriate page on IRMBenefits.com for details on the following:

- [Emotional wellbeing](#)
- [Benefits for Belonging](#)
- [Life and AD&D insurance](#)
- [Disability insurance](#)
- [Supplemental voluntary benefits](#)
- [Financial wellbeing](#)
- [401\(k\) plan \(U.S. Mountaineers\)](#)
- [401\(k\) plan \(Puerto Rico Mountaineers\)](#)
- [Employee Stock Purchase Plan](#)
- [Employee banking](#)
- [Discounts](#)
- [529 College savings](#)
- [Life events](#)

- [Time away](#)
- [Care@Work](#)
- [Social wellbeing](#)

Physical wellbeing

With our medical plans, you and your family are covered for everything from routine checkups and preventive care to urgent medical needs.

U.S. Mountaineers	Puerto Rico Mountaineers
You have a choice of medical plans, all administered by Aetna. If you live in California, you can also choose a Kaiser Permanente Plan.	Mountaineers based in Puerto Rico are eligible for the Triple-S HMO Medical Plan.

Medical plan surcharges

Tobacco and spousal surcharges help keep medical costs equitable for all Mountaineers. If you are a tobacco user or are covering a spouse/domestic partner, these surcharges may apply to you.

Spousal surcharge

While many spouses/domestic partners have health coverage through their jobs, their employers may encourage them to seek coverage through other employer group plans. This means that companies like Iron Mountain end up paying health care costs for employees who work for other companies. Our spousal surcharge helps cover these costs and encourages you to think about which employer coverage best meets the needs of your spouse/domestic partner.

If you wish to cover a spouse/domestic partner, you must attest to whether they are eligible for other employer-sponsored health care coverage during Open Enrollment. If you elect to cover your spouse/domestic partner who is eligible for other employer-sponsored coverage, you'll pay a **\$125 per month** surcharge.

However, if your spouse loses access to their employer-sponsored coverage, the spousal surcharge will be waived. To have the surcharge removed, your spouse will need to provide proof of lost coverage (i.e., a letter from their former employer stating loss of eligibility to benefits). You can submit the proof by opening a [MyMap ticket](#).

Tobacco surcharge

You and your enrolled spouse/domestic partner must pay a surcharge if either of you uses tobacco or nicotine products.

Surcharge for using a tobacco product in the past six months

	Employee Monthly Surcharge for 2025 (full time and part time)
I am a tobacco user	\$75.00
My covered spouse is a tobacco user	\$75.00
Both my covered spouse and I are tobacco users	\$150.00

Note: Your tobacco status also affects your rates for Critical Illness Insurance.

Want to stop smoking or using other tobacco products?

Sign up to work one-on-one with a health coach who can help you kick the habit (and access non-prescription Nicotine Replacement Therapy) through the [**Aetna Tobacco Cessation program**](#).

Eligibility: All Mountaineers can access the Aetna Tobacco Cessation Program.

Get started: Contact A1A at 888-216-8573 to learn more.

Aetna medical plans

You have a choice of four medical plans administered by Aetna:

- Select Network Plan (multi-tier EPO)
- Choice PPO Plan (multi-tier POS)
- Enhanced HDHP (multi-tier HSA plan)
- Basic HDHP (HSA plan)

All Aetna plans:

- **Provide preventive care** — which generally includes annual exams, immunizations, and routine screenings — at no cost to you when you use in-network providers.
- **Cover the same services**, like doctor visits, hospital care, lab work, and X-rays.
- **Offer access** to a comprehensive network of doctors and other health care providers.
- **Include prescription drug coverage** administered by Aetna/CVS. Certain [preventive care prescriptions](#) are covered at 100% or are not subject to the deductible. Preventive prescriptions include drugs that help prevent heart attacks, heart disease, high blood pressure, stroke, blood clots, and diabetes.
- **Give you free access** to virtual reproductive health and family planning (Maven), cardiac care (Hello Heart), back and neck pain support (Hinge Health), and diabetes management (Aetna Transform Diabetes) programs. Click [here](#) to learn more about these programs.
- Medications you take regularly will need to be filled in 90-day supplies at a select participating pharmacy; the prescription benefit plan offers Maintenance Choice®, which gives you the option to pick up or get delivery of 90-day supplies of the medications you take regularly (for things like diabetes, high blood pressure, asthma, etc.) at select participating pharmacies. You have the option of getting the 90-days supply thru CVS mail order pharmacy, or at your nearest local CVS, Costco, or Kroger pharmacy. If you refill at another pharmacy, or in 30-day supplies, your medication(s) won't be covered and you'll need to pay the full cost. Go to aetna.com or call A1A to learn more.

But what and how you pay for care — through payroll contributions and your costs when you access care — are different.

See costs in the plan comparison chart below.

If you live in California, and you are looking for more information about the Kaiser Permanente Plan click [here](#).

If you live in Puerto Rico, your medical plan is through Triple-S. Learn more about this [plan](#).

Compare Aetna medical plans

Compare plan deductibles, copays, and coinsurance payments to find the plan that makes the most sense for you and your family.

This year we have added the new Basic HDHP (HSA plan) — a high-deductible health plan (HDHP) — as a fourth option for individuals and families who wish to pay lower premiums each month with a higher deductible.

How to choose the right plan with Emma™

Your virtual benefits assistant, Emma, is available to assist you through the enrollment process. Emma can help you understand your options and make your choices.

Emma is more than just a guide—she is a comprehensive tool designed to ensure you have a great enrollment experience!

Just log in, answer a few questions about your personal situation, and Emma will help you determine which medical plan is right for you.

Visit the [Iron Mountain Benefits Center \(U.S. and PR\)](#) to get started.

Be prepared: Make sure you have handy a list of your preferred providers and medications, as well as those for your spouse/domestic partner and any dependents.

Using in-network doctors can save you money. Find out if your doctors are in-network with your plan.

- Go [here](#) for the Choice PPO Plan (multi- tier POS) or Enhanced HDHP (Multi-Tier HSA Plan)
- Go [here](#) for the Select Network Plan (multi-tier EPO)
- Enter your home zip code, and click "Start Your Search"
- Follow the "Continue as a guest" option, enter your zip code again, and click "Search"
- Click on a provider category or search for a specific provider

In the search results, Tier 1 providers are indicated by "Maximum Savings" and Tier 2 are indicated

by "Standard Savings".

Flexible Spending Accounts

If you choose the EPO or PPO plan or waive medical coverage, you can contribute to a Health Care Flexible Spending Account (FSA). With the Enhanced HDHP or Basic HDHP plans, you can contribute to a Health Savings Account (HSA) and a Limited Purpose FSA. In addition, all Mountaineers can contribute to a Dependent Care FSA. Learn more about tax-advantaged accounts [here](#).

Learn more about multi-tier networks

The EPO, PPO, and Enhanced HDHP plans offer a multi-tier network. The Basic HDHP plan offers benefits under one network only.

The multi-tier network gives you more options for saving money by assigning providers into two different tiers. Make sure you understand the benefits of each tier and which category your providers fall under before receiving care.

Tier 1 (T1) – Providers in this tier offer the maximum savings. To save the most money, use these providers whenever possible.

Tier 2 (T2) - By offering this broader network, we're able to give you standard savings on more providers. Using these providers will save you money but not as much as using Tier 1 providers.

These plans are designed to allow you to access the maximum savings network to lower the amount you pay out of your own pocket and also gives you access to the standard savings network option.

The deductible and out of pocket amounts in the table below cross apply toward each other. Example: You enrolled in the Select Network Plan with individual coverage and have an x-ray at ABC Radiology – a Tier 1 provider. They bill Aetna \$200, but their contracted rate with Aetna is \$150. You have not met your deductible yet, so the \$150 you paid out of pocket is applied to your deductible. Since the Tier 1 and Tier 2 deductibles cross apply, you have now met \$150 of your \$750 Tier 1 deductible and \$150 of your \$1,500 Tier 2 deductible.

	Select Network Plan (multi-tier EPO)	Choice PPO Plan (multi-tier POS)	Enhanced HDHP (multi- tier HSA plan)	Basic HDHP (HSA plan)
Annual deductible				
Individual	T1/\$750 T2/\$1,500	T1/\$1,000 T2/\$2,000 OON/\$4,000	T1/\$2,000 T2/\$4,000 OON/\$6,000	\$4,000/\$6,000
Family	T1/\$1,500 T2/\$3,000	T1/\$2,000 T2/\$4,000 OON/\$6,000	T1/\$4,000 T2/\$8,000 OON/\$12,000	\$8,000/\$12,000
Annual out-of-pocket maximum				
Individual	T1/\$3,000 T2/\$6,000	T1/\$3,000 T2/\$6,000 OON/\$12,000	T1/\$4,000 T2/\$8,000 OON/\$12,000	\$8,000/\$12,000
Family	T1/\$6,000 T2/\$12,000	T1/\$6,000 T2/\$12,000 OON/\$24,000	T1/\$8,000 T2/\$16,000 OON/\$24,000	\$16,000/\$24,000
Coinsurance % paid by member	T1/10% T2/20%	T1/20% T2/30% OON/40%	T1/20% T2/30% OON/40%	OON/30%/40%
Hospital services				
Hospital admission	Ded & Coinsurance	Ded & Coinsurance	Ded & Coinsurance	Ded & Coinsurance
Emergency room	\$250 copay	Ded & 20%	Ded & 20% Coinsurance	Ded & 30% Coinsurance
Outpatient surgery & other facility services	Ded + Coinsurance	Ded & Coinsurance	Ded & Coinsurance	Ded & Coinsurance
Professional services				
Primary care office visit	\$25 copay / Ded & Coinsurance	Ded & Coinsurance	Ded & Coinsurance	Ded & Coinsurance
Primary care virtual visit				
Specialist office visit	\$40 copay / Ded & Coinsurance	Ded & Coinsurance	Ded & Coinsurance	Ded & Coinsurance
Radiology/laboratory/other professional services	Ded & Coinsurance	Ded & Coinsurance	Ded & Coinsurance	Ded & Coinsurance
Pharmacy				
Retail				
Generic	\$10	\$10	Ded & 20%	Ded & 20%
Preferred	35% (\$45 min, \$75 max)	35% (\$45 min, \$75 max)	Ded & 20%	Ded & 20%

Non-preferred	35% (\$75 min, \$100 max)	35% (\$75 min, \$100 max)	Ded & 30%	Ded & 30%
Mail				
Generic	\$20	\$20	Ded & 20%	Ded & 20%
Preferred	35% (\$112.50 min, \$187.50 max)	35% (\$112.50 min, \$187.50 max)	Ded & 20%	Ded & 20%
Non-preferred	35% (\$187.50 min, \$250 max)	35% (\$187.50 min, \$250 max)	Ded & 30%	Ded & 30%

Key terminology

Deductible

The amount you need to pay out of pocket before your plan starts paying benefits.

Coinsurance

The amount you pay for care after you meet your deductible. Coinsurance is generally a percentage of the total cost of care for specific services.

Out-of-pocket maximum

The most you'll pay in a given year for all covered health care expenses. After you or any other eligible family member pays this amount, your plan pays 100% for the rest of the calendar year. Or, after the family out-of-pocket maximum has been met, the Plan pays 100% for each eligible family member's expenses.

Your cost

Please click [here](#) to view a chart of your biweekly paycheck cost.

You can also review these [FAQs on salary bands](#).

Salary-based medical rates are based on an employee's "base" annual salary. This means that the amount you contribute towards your medical insurance from your paycheck may vary depending on your annual base salary. Your base salary as of October will determine your medical premium rate for the following plan year. If hired after October 1, your medical premium rate will be determined by your base salary as of your hire date.

Prescription drug coverage details

Through our four Aetna medical plans, Iron Mountain provides prescription drug coverage administered by Aetna/CVS. Certain preventive care prescriptions are covered at 100% or are not

subject to the deductible. Preventive prescriptions include drugs that help prevent heart attacks, heart disease, high blood pressure, stroke, blood clots, and diabetes.

Compare costs:

Pharmacy	Select Network Plan (multi-tier EPO)	Choice PPO Plan (multi-tier POS)	Enhanced HDHP (multi-tier HSA plan)	Basic HDHP (HSA plan)
Retail				
Generic	\$10	\$10	Ded & 20%	Ded & 20%
Preferred	35% (\$45 min, \$75 max)	35% (\$45 min, \$75 max)	Ded & 20%	Ded & 20%
Non-preferred	35% (\$75 min, \$100 max)	35% (\$75 min, \$100 max)	Ded & 30%	Ded & 30%
Mail				
Generic	\$20	\$20	Ded & 20%	Ded & 20%
Preferred	35% (\$112.50 min, \$187.50 max)	35% (\$112.50 min, \$187.50 max)	Ded & 20%	Ded & 20%
Non-preferred	35% (\$187.50 min, \$250 max)	35% (\$187.50 min, \$250 max)	Ded & 30%	Ded & 30%

Specialty Medications

To provide a comprehensive, cost-effective prescription drug program for you and your family, Iron Mountain offers the PrudentRx copay program for certain specialty medications used to treat medical conditions like Hepatitis C, autoimmune disorders and multiple sclerosis. The program is available to Mountaineers and their dependents enrolled in one of our Aetna medical plans.

With PrudentRx, you'll receive help enrolling in a manufacturer copay assistance program, which will entitle you to a \$0 copay for specialty medications covered under the program. If you or your dependents are eligible for the program, PrudentRx will contact you to assist with enrollment. If you do not enroll in the program, you'll be subject to 30% coinsurance for these medications.

If you're prescribed a specialty medication A specialty medication is a high-cost medication used to treat complex, chronic conditions such as cancer, rheumatoid arthritis, HIV and hepatitis C., please reach out to Aetna One Advocate (A1A) for assistance at [888-216-8573](tel:888-216-8573).

Prior Authorization and Step Therapy

Prior Authorization and/or Step Therapy may apply to your medications.

Prior Authorization (PA)

PA makes sure you're getting the right medication for your condition. It may also help keep your medication affordable. The following are some common reasons PA is needed:

- There may be a lower cost option that's just as effective.
- The medication has the potential for misuse or abuse.
- The medication is for certain conditions or diagnoses.

Step Therapy

Medications that cost more don't always work better. Many lower-cost medications provide great health benefits and save you money. In fact, you may be paying too much to treat your condition. We want to help you and your doctor choose a lower-cost medication as the first step in treating your health condition. This is called step therapy.

Aetna condition management programs

Through our Aetna plans, you (and your covered dependents) can receive additional support for specific conditions to help you feel your best and be well.

Cardiac and hypertension care

Hello Heart

Aetna medical plan members have free access to the Hello Heart program. The easy-to-use app makes it fun to stay on track and reduce your risk of high blood pressure, high cholesterol, and heart disease. Track your blood pressure and cholesterol readings in one place and get personalized insights on how to improve your health.

How Hello Heart helps you

- Easily track your blood pressure trends over time on your phone
- Get instant health readings with clear explanations
- Get personalized insights, heart health tips, and easy-to-understand graphs
- See how activity, weight, and medications may impact your readings
- Enjoy privacy with Hello Heart's data safety controls

Eligibility: Mountaineers and their adult dependents enrolled in an Aetna medical plan

What it costs: Hello Heart is offered at no cost to you.

Get started: Visit join.helloheart.com and select Iron Mountain in the dropdown list.

Virtual physical therapy/back and joint care

Hinge Health

Don't let pain get in the way of living your best life! Hinge Health, Aetna's Back & Joint Care program, provides personalized virtual physical therapy services and dedicated one-on-one

support from a health coach and a physical therapist at no cost to you.

How Hinge Health helps you

Each program is tailored to your needs and may include:

- Personalized exercise therapy
- Real-time movement feedback during exercise therapy provided by Motion insights. A new app feature that uses your device's camera to help you maintain proper form and get more from your exercises!
- Unlimited 1-on-1 health coaching
- Personal physical therapist with video visits

Eligibility: Mountaineers and dependents 18+ enrolled in an Aetna medical plan

What it costs: Hinge Health is offered at no cost to you.

Get started: Register at hinge.health/ironmountain.

Fertility and family planning

Maven

Aetna plan members have 24/7, no-cost access to Maven, a virtual program that provides family building support for every path to parenthood. Connect with your own dedicated Care Advocate, and video chat, or message about topics like fertility, IVF, pregnancy, adoption, surrogacy, and more.

How Maven helps you:

You and your partner get:

- Unlimited, 24/7 virtual access to quality providers spanning 35+ specialties
- Your own dedicated Care Advocate
- On-demand content and virtual classes

Eligibility: Mountaineers enrolled in an Aetna medical plan and spouses/domestic partners (partners don't need to be on Aetna plan)

What it costs: Maven is offered at no cost to you.

Get started: [Download the Maven Clinic App now and activate your account.](#)

Diabetes management

Transform Diabetes Care

Transform Diabetes Care is a personalized, comprehensive approach to managing diabetes. This program offers Mountaineers who are living with diabetes access to valuable resources and support, both in person with local pharmacists and clinical providers, and virtually with Aetna care managers.

How Transform Diabetes Care helps you:

This program helps take the guesswork out of diabetes management and gives you personalized support with:

- Taking the right medication
- Preventing diabetes complications
- Making healthy lifestyle changes to control your diabetes
- Monitoring your blood glucose levels

Eligibility: Aetna members, ages 18 and up

What it costs: Transform Diabetes Care is offered at no cost to you.

Get started: Contact A1A at [888-216-8573](tel:888-216-8573) to learn more and sign up.

Aetna Condition Management Coaching

Aetna Condition Management Coaching

Aetna Condition Management Coaching can help you reach your personal health goals, one step at a time. You choose how and when to interact with the program's coaches. You can contact the team directly through calls or secure messages and access the program anytime, anywhere, with the ActiveHealth® app.

How Condition Management Coaching helps you:

There are three kinds of condition coaching: one-on-one phone coaching, live group coaching webinars, and self-directed digital coaching. Coaching offers tips and advice on many conditions, including:

- Diabetes
- High blood pressure
- High cholesterol
- Back and neck pain
- Asthma
- Coronary artery disease
- Heart failure
- Chronic obstructive pulmonary disease
- Rheumatoid arthritis
- Osteoporosis
- Chronic hepatitis
- Migraines
- Osteoarthritis
- Peptic ulcer disease
- Colitis/Crohn's
- Cancer

Eligibility: Mountaineers enrolled in an Aetna medical plan

What it costs: Condition Management Coaching is offered at no cost to you.

Get started: Contact A1A at [888-216-8573](tel:888-216-8573) to learn more or contact Aetna Condition Coaching directly at [866-533-1410](tel:866-533-1410).

Aetna Lifestyle Coaching

Ready to do something good for yourself? It's easier than ever with Aetna Lifestyle Coaching. This personalized coaching program can help you eat better, be more active, improve your sleep, and take charge of your wellbeing in just about any way you can imagine.

How Lifestyle Coaching helps you:

Lifestyle Coaching provides helpful advice and recommended health activities, based on your preferences and at your pace. You also choose how and when to interact with your coach(es). You can contact your team directly through calls or secure messages and access the program anytime, anywhere, with the ActiveHealth® app.

There are three kinds of health coaching: one-on-one phone coaching, live group coaching webinars, and self-directed digital coaching. Coaching offers tips and advice on many topics of healthy living, including:

- Sleep
- Mindfulness and emotional wellbeing
- Work-life balance
- Metabolic syndrome
- Pre-diabetes
- Elevated blood pressure
- Exercise and activity
- Healthy eating habits

- Tobacco cessation
- General health education
- Women's health

Eligibility: Mountaineers enrolled in an Aetna medical plan

What it costs: Lifestyle Coaching is offered at no cost to you.

Get started: Contact A1A at [888-216-8573](tel:888-216-8573) to learn more or contact Aetna Lifestyle Coaching directly at [866-533-1410](tel:866-533-1410) to get started.

Aetna Tobacco Cessation Coaching

If you missed the opportunity to update your tobacco status during Open Enrollment, you can participate in coaching by the end of Quarter 1 to be eligible to have your surcharge removed. If you are a non-tobacco user but didn't update your status during Open Enrollment, you can participate in other coaching relevant to you.

How Tobacco Cessation Coaching helps you:

Would you like to quit smoking or using other tobacco/nicotine products? All medical-enrolled members can access Aetna's one-on-one coaching program to be paired with a wellness coach that can help you break the habit and live the healthy life you deserve. Your wellness coach will be there for you at every step.

Together, you'll:

- Work on proven ways to quit
- Spot and manage your triggers for tobacco use
- Learn to make changes in your life to live tobacco-free
- Find healthy ways to replace the feeling you get from smoking and using tobacco

Eligibility: All medical-enrolled Mountaineers, regardless of plan

What it costs: Tobacco Cessation Coaching is offered at no cost to you.

Get started: Contact A1A at [888-216-8573](tel:888-216-8573) to learn more or contact Aetna Lifestyle Coaching directly at [866-533-1410](tel:866-533-1410).

Aetna: Where to go for care

Do you know where to go for care when you need it? The answer isn't always your primary care doctor, urgent care, or the emergency room. Aetna helps you save time and money by providing both in-person and virtual options for care, including CVS MinuteClinic®, and a 24-hour Nurse Line. Urgent care and emergency room services are still needed in some cases, so be sure to understand all your options.

[Learn more here](#) – and know where and when to get the right care.

Aetna 24/7 Nurse Line

You and your covered family members can connect with a registered nurse anytime, anywhere.

Eligibility:

Mountaineers and their family members enrolled in an Aetna medical plan

What it costs:

The 24/7 Nurse Line is offered at no cost to you.

Get started:

Call the Nurse Line at [**800-556-1555**](tel:800-556-1555) whenever you need care.

CVS Health Virtual Primary Care

You can access primary care, mental health services, and on-demand care services online or by phone anytime. Get 24/7 access to highly trained, qualified physicians for non-emergency medical conditions, including:

- Preventive care
- Health and wellness screenings
- Sick visits

- Chronic disease management
- Medication reviews
- Health coaching
- Mental health services including counseling for anxiety, stress, depression, and grief

Key benefits include:

- Secure messaging on a convenient digital platform
- Follow-up care coordination with in-network physicians
- On-demand virtual care visits 24/7/365
- Care team consults with pharmacists for medication management as needed
- Support to identify in-person specialists or health services, if needed

In most cases, you'll pay less than you would for an urgent care or ER visit.

How it works:

- Log in to cvs.com/virtual-care to access CVS Health Virtual Primary Care from a computer or mobile device.
- Meet with a virtual physician, access on-demand care, or schedule a mental health visit.
- Get in-person care coordinated to any nearby MinuteClinic® location or in-network provider clinic, if needed.
- Review all medical notes, appointments, and test results on the online Health Dashboard.

Eligibility: Mountaineers and their family members enrolled in an Aetna medical plan

Fee For Service (FFS) Rates for CVS Virtual Care (2025):

Your medical plan	Cost per video or phone visit
On-Demand (General Medical) Outpatient Urgent Care Visit	\$55
Mental Health Talk Therapy	\$85
Mental Health Initial Assessment	\$85
Mental Health Initial Assessment- (Psychiatric Prescriber)	\$215

Mental Health Medication Management	\$99
Virtual Primary Care Initial/Annual Evaluation	\$144
Virtual Primary Care Follow Up Visit	\$99

*Costs shown are for general medical visits only. Costs for dermatology and behavioral health visits are based on what you pay for this care under your medical plan.

Get started: Go to cvs.com/virtual-care. Follow the instructions to set up your account.

CVS Minute Clinic

You can visit a CVS MinuteClinic when you have a minor illness or need a vaccination.

Eligibility: Mountaineers and their family members enrolled in an Aetna medical plan

What it costs: Clinic visits are free if you're enrolled in the EPO or PPO plan. If you're enrolled in the Savings or Low-Cost Savings HDHP medical plan, visits typically cost less than a doctor or urgent care visit.

Get started: To find a MinuteClinic near you, go to cvs.com/minuteclinic/clinic-locator/.

Kaiser Permanente medical plan

Kaiser Permanente is a Health Maintenance Organization (HMO) medical plan available in **California only**. If you choose the Kaiser Permanente Plan, your primary care physician (PCP) coordinates your care, typically at one location, within the Kaiser network. Prescription drug coverage is included.

At Kaiser Permanente, physician-led teams work together to make sure the care you get is tailored to your needs. Your care team is connected to your electronic health record, which makes it easy to share information, see your health history, and deliver high-quality, personalized care — when and where you need it. Your care team – no matter who you see in the network – has access to all your important records.

Making the switch to great care is easy. Are you new to Kaiser Permanente? Thinking about joining? It's simple to get started with your new plan. Visit kp.org/easyswitch.

Manage your care online

See how easy it is to stay on top of your care. When you register at kp.org, you get the most out of your Kaiser Permanente membership — and can manage your health anytime, anywhere. When you register for an online account, you can access many time-saving tools and tips for healthy living, including:

- View most lab test results
- Refill most prescriptions
- Choose your doctor based on what's important to you, and change anytime
- Email your Kaiser Permanente doctor's office with non-urgent questions
- Schedule and cancel routine appointments
- Print vaccination records for school, sports, and camp
- Manage a family member's health

Register for an online account at kp.org or on the Kaiser Permanente mobile app.

- Follow the sign-on instructions. You'll need your health/medical record number, which you can find on your Kaiser Permanente ID card.

Eligibility: All Kaiser Permanente plan enrollees.

Get Started: View this helpful Guide to get you started with your online account; learn how to find providers, fill an Rx and [access your digital ID card](#).

Kaiser Permanente traditional HMO details

	Self-only coverage (A family of one member)	Family coverage (Each member in a family of two or more members)	Family coverage (Entire family of two or more members)
Plan out-of-pocket maximum	\$1,500	\$1,500	\$3,000
Deductible	None	None	None
Drug deductible	None	None	None
		In-network only	
Company contributions to HSA		Not available	
Physician office visit		<ul style="list-style-type: none"> • Most primary care visits and most non-physician specialist visits: \$20 copay • Most physician specialist visits: \$20 copay 	
Routine physical maintenance exams, including well-woman visits		No charge	
Well-child preventive exams (through age 23 months)		No charge	
Scheduled prenatal care exams		No charge	
Routine eye exams with a plan optometrist		No charge	
Urgent care consultations, evaluations, and treatment		\$20 copay	
Most physical, occupational, and speech therapy		\$20 copay	
Telehealth visits (primary care and physician specialist)		No charge	
ER visit		\$150 copay	
Ambulance services		\$50 copay	
Inpatient hospital admission		\$500 copay per admission	
Outpatient surgery		\$100 copay per procedure	
Standard Imaging (Lab and X-ray)		\$10 copay	
Advanced Radiological Imaging (e.g., MRI, CT, PET scans)		\$50 copay	
Infertility Treatment		Certain services covered; 50% coinsurance	
Mental Health/Substance Abuse Services		<ul style="list-style-type: none"> • Inpatient: \$500 copay • Outpatient: \$20 copay 	

Home health care (up to 100 visits)	No charge
Eyeglasses or contact lenses every 24 months	\$350 allowance
Hearing aids every 36 months	\$1,000 allowance

Please click [here](#) to view a chart of your biweekly paycheck cost.

You can also review these [FAQs on salary bands](#).

Key terminology

Deductible

The amount you need to pay out of pocket before your plan starts paying benefits.

Coinsurance

The amount you pay for care after you meet your deductible. Coinsurance is generally a percentage of the total cost of care for specific services.

Out-of-pocket maximum

The most you'll pay in a given year for all covered health care expenses. After you or any other eligible family member pays this amount, your plan pays 100% for the rest of the calendar year. Or, after the family out-of-pocket maximum has been met, the Plan pays 100% for each eligible family member's expenses.

Kaiser: Prescription drug coverage

At Kaiser Permanente, [pharmacies](#) and care teams are connected. You can fill most prescriptions online for delivery to you at no extra charge.

Tier 1 generic medications at a plan pharmacy	\$10 (up to 30-day supply)
Tier 1 generic refills through mail-order service	\$20 (up to 100-day supply)
Tier 2 brand-name medications at a plan pharmacy	\$30 (up to 30-day supply)
Tier 2 brand-name refills through mail-order service	\$60 (up to 100-day supply)
Tier 4 specialty medications at a plan pharmacy	\$30 (up to 30-day supply)

Kaiser: Condition management programs

Manage your specific conditions with Kaiser health tools and resources so you can feel better and improve your health.

Access helpful condition resources

Looking to improve your overall health but need some tips and tools? Check out all the important information you need to create positive changes in your life. Kaiser's complimentary resources can help you:

- Lose weight
- Eat healthier
- Quit smoking
- Reduce stress
- Manage ongoing conditions like diabetes or depression

Eligibility: Mountaineers and family members enrolled in the Kaiser medical plan

Get started: Visit kp.org/health-wellness or kp.org/salud-bienestar (en Español)

Connect with a wellness coach

If you need more support, Kaiser offers Wellness Coaching by phone at no cost. You'll work one-on-one with your personal coach to make a plan to help you reach your health goals.

Eligibility: Adult Mountaineers (18+) and family members enrolled in the Kaiser medical plan.

What it costs: Wellness Coaching is offered at no cost to you.

Get started: kp.org/wellnesscoach

Join health classes

With all kinds of health classes and support groups offered at Kaiser facilities, there's something for everyone. Classes vary at each location and some may require a fee.

Eligibility: Adult Mountaineers (18+) and family members enrolled in the Kaiser medical plan

What it costs: Most health classes are offered at no cost, though some require a fee. Contact your location or visit kp.org/classes to learn more.

Get started: Visit kp.org/classes or [kp.org/classes\(en Español\)](https://kp.org/classes(en%20Espa%C3%B1ol))

Enjoy reduced rates

Get reduced rates on a variety of health-related products and services through The ChooseHealthy program. These include:

- Active&Fit Direct – members pay \$25 per month (plus a one-time \$25 enrollment fee) for access to a national network of more than 10,000 fitness centers
- Up to 25% off a contracted provider's regular rates for:
 - Acupuncture
 - Chiropractic care
 - Massage therapy

Eligibility: Adult Mountaineers (18+) and family members enrolled in the Kaiser medical plan

What it costs: Rates vary per service.

Get started: Visit kp.org/choosehealthy

Make time for self care

Manage stress, improve your mood, sleep better, and more with the help of wellness apps, available at no cost to adult members. These apps can be used as self-guided care or in addition to any clinical support you receive. They're not intended to replace treatment or advice, but they can help you build resilience, set goals, and take meaningful steps toward becoming a healthier, happier you.

Eligibility: Adult Mountaineers (18+) and family members enrolled in the Kaiser medical plan

What it costs: Wellness apps are offered at no cost to you.

Get started: Register at kp.org/selfcareapps.

Fertility and family planning

If you want to grow your family, the Kaiser Permanente Centers for Reproductive Health has a team of dedicated professionals to provide you with compassionate, high-quality, and personalized care through your journey.

Eligibility: Adult Mountaineers (18+) and family members enrolled in the Kaiser medical plan

What it costs: Program offered at no cost to you.

Get started: Fertility NCAL: California Fertility Clinic (Bay Area) | Kaiser Permanente Centers for Reproductive Health kpivf.com

Fertility SCAL: [Southern California Fertility Care \(kaiserpermanente.org\)](https://kaiserpermanente.org)

Diabetes management

Learn how to manage your diabetes through diet, medications, and exercise.

Eligibility: Adult Mountaineers (18+) and family members enrolled in the Kaiser medical plan

What it costs: Program offered at no cost to you.

Get started:

[Your Guide to Diabetes](#)

Cancer care

The best defense against most cancers is healthy living and early diagnosis. You have access to a range of healthy lifestyle tools and resources to help you minimize your risk. And if you've been

diagnosed with cancer, Kaiser's 360-degree approach to cancer care – from your primary care team to nurse navigators and cancer care specialists – is designed to keep you healthy and give you peace of mind as you go through treatment.

At Kaiser Permanente, everything you need is available in one connected system designed to support:

- Better cancer prevention and earlier detection
- Seamless cancer treatment paths with fewer obstacles to care
- Faster recoveries and healthier outcomes

You'll have access to:

- Primary care team
- Health plan
- Nurse navigators to guide you through your cancer care journey
- Cancer care specialists like surgeons, pathologists, geneticists, and more, coordinating personalized treatments
- Holistic support from mental health clinicians, social workers, and more

Multidisciplinary teams work together seamlessly

- Collaborative decision making — Cancer specialists review medical records and diagnostic tests with a team of consulting oncology experts to determine the best possible treatment decision with each patient.
- Built-in second opinions — Employees have access to multiple experts with different perspectives, experience, and skill sets.
- Connected health records — Each member's cancer care journey is captured in their electronic health record.

So care teams can easily share information to help optimize treatment and ongoing care.

Eligibility: Adult Mountaineers (18+) and family members enrolled in the Kaiser medical plan

What it costs: Cancer care tools and resources are offered at no cost to you.

Get started: Visit kp.org/medical-excellence

Tobacco cessation coaching

Would you like to quit smoking or using other tobacco products? Aetna's one-on-one coaching program pairs you with a wellness coach who can help you break the habit and live the healthy life you deserve.

Your wellness coach will be there for you at every step. Together, you'll:

- Work on proven ways to quit
- Spot and manage your triggers for tobacco use
- Learn to make changes in your life to live tobacco-free
- Find healthy ways to replace the feeling you get from smoking and using tobacco

Eligibility: Everyone enrolled in an Iron Mountain medical plan, and their family members, regardless of plan

What it costs: Tobacco cessation coaching is offered at no cost to you.

Get started: Contact A1A at [888-216-8573](tel:888-216-8573) to learn more or contact Aetna Lifestyle Coaching directly at [866-533-1410](tel:866-533-1410) to get started.

Kaiser: Where to go for care

Get care from the comfort of your home.

With Kaiser Permanente, you can continue to get the high-quality care you depend on for all your health needs without leaving your home. For primary care, specialty care, and mental health services, connect with your care from the safety and comfort of your home.

- **E-visit:** Fill out a short questionnaire about your symptoms online and get personalized self-care advice from a Kaiser Permanente clinician.
- **Phone appointment:** Schedule an appointment to talk with a Kaiser Permanente clinician over the phone — just like an in-person visit.
- **Email:** Message your doctor's office with nonurgent questions anytime through your [kp.org](https://www.kp.org) account.
- **Video visit:** Meet face-to-face with a doctor by video for the same high-quality care as an in-person visit.
- **Mail-order pharmacy:** Get prescriptions sent straight to your door with our mail-order delivery service.

Copay may apply.

Get started: To make an appointment, sign in to [kp.org](https://www.kp.org) or use the Kaiser Permanente app.

Call us 24/7:

Northern California: [650-358-7015](tel:650-358-7015) (TTY 711)

Southern California: [833-574-2273](tel:833-574-2273) (TTY 711)

Triple-S Salud HMO medical plan

If you're a Mountaineer based in **Puerto Rico**, you're eligible for the Triple-S Salud HMO Medical Plan. Take care of your physical, mental, and emotional health with the available resources and tools. Read below to know how your plan works and all the available services.

Your costs for the Triple-S plan can be found below and within the enrollment experience.

Effective for 2025, Mountaineers in Puerto Rico will be subject to Spousal and Tobacco surcharges.

To enable healthy lives, Triple-S takes care of your physical, mental, and emotional health. As a member, you are well cared for, from prevention to care for a health condition or possible hospitalization.

Triple-S plan summary

Below is a summary of the Triple-S medical plan. For complete information and details, click [here](#).

Manage your care online with the Triple-S portal

Manage your health and that of your loved ones through the Triple-S Portal. Here, you can view your history of medical visits, emergency room visits, hospitalizations, medications, and existing conditions. If you wish, you can share your medical information with family members or caregivers.

In addition, you can request coverage certificate, ID card duplicates, process reimbursements, and manage dependents, among other things. You have access to your personal information and that of your underage dependents.

You can also check if a prescription is covered and your copayment before going to the pharmacy.

Eligibility: All Triple-S plan members

Get started: Register at ssspr.com

Triple-S Salud HMO plan details

Contact

For assistance, contact the Service Call Center.

787-774-6060

Toll Free: 800-981-3241

(TTY / TDD) 787-792-1370

Toll Free TTY / TDD: 866-215-1999

MEDICAL	
Maximum out of pocket for medical, pharmacy, and hospital services given by participating providers* *Non-essential benefits, services not covered or given by providers outside our network aren't eligible for the accumulation of maximum out of pocket.	\$6,350 Individual \$12,700 Family
Preventive Preventive services (including those for females) Preventive immunizations (vaccines) Immunizations (vaccines) for Respiratory Syncytial Virus Sterilization and vasectomy	No charge No charge 20% No charge
Medical visits General practitioner Specialist (including psychologist and psychiatrist) Subspecialist Nutritionist Chiropractor TeleconsultaMD (virtual consults)	\$10 \$15 \$15 \$0, up to 6 visits per policy year \$7 \$10
Tests Labs X-rays Specialized tests Allergy tests Lithotripsy	30% 30% 30% \$0, up to 50 tests per policy year Ambulatory surgery copayment applies
Ambulatory Ambulatory surgery	\$75
Therapy Physical therapy Chiropractor manipulations Respiratory therapy	\$7, up to 20 therapies per policy year \$7, up to 20 manipulations per policy year \$7, up to 20 therapies per policy year
Mental health Group therapy Collateral visits	\$15 \$15
Emergency room	

Accident	No charge
Illness	\$50
Recommended by Teleconsulta	No charge
Urgent care facility	\$25 Sick / \$0 Accident
Hospitalization	
Regular (including mental health)	\$75 Preferred Hospital / \$150 Non-Preferred Hospital
Partial (due to mental illness)	\$35 Preferred Hospital / \$75 Non-Preferred Hospital
Skilled nursing facility	No charge
Surgical assistance	20%
Other	
Home health care	25%
Durable medical equipment	25%

Key Terminology

Coinsurance: Coinsurance is the amount you pay for care after you meet your deductible, and is generally a percentage of the total cost of care for specific services.

Out-of-pocket maximum: The most you'll pay in a given year for all covered health care expenses. After you or any other eligible family member pays this amount, your plan pays 100% for the rest of the calendar year. Or, after the family out-of-pocket maximum has been met, the Plan pays 100% for each eligible family member's expenses.

Pharmacy coverage

Pharmacy Coverage	
Rule of Generic Mandatory Medication	If the insured chooses a brand-name drug for which a generic drug exists, the insured will pay the brand drug copay plus the difference between the cost of the brand.
Generic medication	\$10
Preferred brand medication	\$25
Non-preferred brand medication	20%
Preferred specialized medication	20%
Non-preferred specialized medication	20%
Oral chemotherapy drug	No charge
90-day supply for maintenance medications (by mail or pharmacy)	
Generic medication	\$20
Preferred brand medication	\$50
Non-preferred brand medication	15%

OTC medications (Triple-S specified list)	No charge
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Vision coverage

Vision	
Glasses or contact lenses	\$100 per policy year
Refraction exam	30%

Dental coverage

Dental	
Diagnostic and preventive services	No charge
Restorative services	No charge
Endodontics	30%
Oral surgery	30%
Periodontics	30%, maximum of \$1,000 per policy year
Prostheses and crowns	50%, maximum of \$1,000 per policy year
Orthodontics	0%; maximum of \$2,000 per lifetime

Click [here](#) for details and definitions on deductibles and out-of-pocket limits.

Your cost

Please click [here](#) to view a chart of your biweekly paycheck cost.

You can also review these [FAQs on salary bands](#).

Health and wellbeing programs through Triple-S

Contigo Mama Prenatal Program

Are you pregnant or planning to start a family? The Contigo Mama program provides education on all stages of pregnancy, nutrition, prenatal care, the delivery, and postpartum process, and newborn care, among others. You can also attend educational workshops on painless labor and breastfeeding, presented by nutrition and lactation specialists, perinatal educators, and prenatal nurses. These courses are available virtually and can be done at your own pace before giving birth.

Eligibility: Any pregnant Mountaineer participating in the Triple-S plan

What it costs: Contigo Mama is offered at no cost.

Get started: For more information and to register, email contigomama@ssspr.com.

Contigo Relax Wellness Tools

Emotional wellbeing can affect your physical health. Contigo Relax gives you access to wellness strategies through an interactive portal tool. This tool provides content to help you manage anxiety through yoga, meditation, self-massage, mindfulness workshops, and more.

Eligibility: All Triple-S Salud members

What it costs: Contigo Relax Wellness Tools are offered at no cost to you.

Get started: Call [787-277-6571](tel:787-277-6571) for more information.

Triple-S Natural Program

Get medical services using an integrated model of medicine, in which complementary techniques and treatments validated by the National Institutes of Health in the United States and agencies recognized at the international level are used.

The Triple-S Natural Program integrates:

- Primary Conventional Medicine
- Holistic and Complementary Health
- Medical Acupuncture
- Therapeutic Massage
- Naturopathic Medicine
- Bioenergetic Medicine (Pranic Healing)
- Hypnotherapy
- Traditional Chinese Medicine
- Reflexology
- Clinical Nutrition
- Botanical Medicine
- Aromatherapy
- Music Therapy
- Chiropractic

Eligibility: All Triple-S Salud members

Contact the Service Call Center for more information: 787-774-6060

Toll Free: 800-981-3241

(TTY / TDD) 787-792-1370

Toll Free: 866-215-1999

Get started: View the [Triple-S Plan Summary](#) for a list of facilities and contact information.

Triple-S: Where to go for care

Understand your options for receiving the care you need, when you need it.

TeleConsulta MD

Visit a doctor – including psychologists – online via the app. Connect with a doctor in minutes, receive prescriptions and obtain medical orders, as needed, all from the comfort of home or wherever you may be!

TeleConsulta MD can help you with the following:

- See a doctor in minutes
- Review prescriptions at your preferred pharmacy quickly and easily when you need them
- Available 7 days a week from 6 am to 10 pm ET
- Unlimited service in Puerto Rico with a \$10 copay

Available physicians:

- Generalist
- Internist
- Family Physician
- Pediatrician
- Psychologist

Eligibility: All Triple-S Salud members

Get started: Visit teleconsultamd.com to sign up for free or download the TeleConsulta MD app.

TeleConsulta

Not sure where to go after hours when you have a medical need? Have questions about an upcoming procedure or exam?

Triple-S nursing professionals are available 24/7 over the phone to guide you on how to manage your health situation and recommend next steps. They can also give you advice about nutrition, diet, and exercise, and answer questions about prescription drugs and other conditions like asthma, diabetes, and high blood pressure.

Eligibility: All Triple-S Salud members

Get started: Call [800-255-4375](tel:800-255-4375) to speak with a Nurse.

Salus network of clinics

The Salus network of clinics is designed to make your health care easier. It includes primary doctors, over 40 specialists, and dentists within the network sharing a single electronic record, which allows for a more effective management of your health.

Eligibility: All Triple-S Salud members

Get started: Call [787-789-1996](tel:787-789-1996) or visit saluspr.com for details about our clinics.

Urgent care centers in Puerto Rico and Florida

Visit an urgent care center when you have a health situation that needs quick medical attention but your life is not in danger.

When should I visit an urgent care center instead of an emergency room?

Visit Urgent Care for:	Visit an Emergency Room for:
<ul style="list-style-type: none">• Earache• Eye infection• Sprained ankle• Severe sore throat• Vomiting/diarrhea• Back pain, painful muscle spasms	<ul style="list-style-type: none">• Sudden, severe pain in the stomach area• Uncontrolled blood pressure• Loss of consciousness• Trouble breathing• Sudden headache or headache with nausea• Numbness, tingling, or loss of movement

	<ul style="list-style-type: none"> • Unable to speak coherently • Sudden changes in vision • A wound with severe bleeding • A severe burn • Fractures, especially if the bone is visible
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Eligibility: All Triple-S Salud members

Get started: For urgent care centers in Puerto Rico, Call [787-286-6060](tel:787-286-6060) or visit haspr.com

For urgent care centers in Florida: Call [844-665-4827](tel:844-665-4827) or visit mysanitas.com

Health Savings Account (HSA)

Health Savings Account (HSA)

An HSA allows you to save for **eligible medical, prescription drug, dental, and vision expenses**, now or in the future, and comes with these **triple-tax advantages**.*

- Money GOES INTO your account before taxes.
- Money GROWS tax-free.
- Money COMES OUT tax-free when spent on eligible expenses.

Iron Mountain HSAs are administered by Fidelity.

*Tax advantages described here are for federal income tax purposes only. State income tax treatment of contributions and earnings may vary. Check with your tax advisor for more information.

Eligibility

You can have an HSA if:

- You're enrolled in the Enhanced HDHP or Basic HDHP medical plan
- You're not covered under any other health plan that's not a high-deductible health plan, including Medicare, Veterans Affairs (VA) benefits, or TRICARE
- None of your eligible health care dependents has a Health Care Flexible Spending Account (FSA)

How it works

When you enroll in the Enhanced HDHP or Basic HDHP medical plan, and elect to contribute pre-tax money to an HSA, we'll automatically open an HSA in your name with Fidelity.

You own the account — even if you switch plans or leave Iron Mountain — and **any unused funds roll over from year to year**. (Unlike a Flexible Spending Account, the HSA has no “use it or lose it” rule.)

Contribute

If you are enrolled in the Enhanced HDHP, both you and Iron Mountain contribute to your HSA, up

to the annual IRS limits. If you elected the Basic HDHP, only you contribute to your HSA. You can change your contribution at any time during the year.

Annual IRS contribution limits for 2025:

Single \$4,300

Employee + Dependent/Family \$8,550

Iron Mountain's Annual HSA Contribution (Enhanced HDHP only)

	Salary Band 1	Salary Band 2	Salary Band 3
Base Salary	< \$45,000	\$45,000-\$70,000	> \$70,000
Coverage Level:			
Single	\$600	\$400	\$200
Employee + Spouse/DP	\$1,200	\$800	\$400
Employee + Child(ren)	\$1,200	\$800	\$400
Family	\$1,200	\$800	\$400

Pay

Use your HSA debit card to pay for eligible **medical, prescription drug, dental, and vision expenses**, or file claims online.”

Remember to save any itemized receipts or Explanation of Benefits (EOBs) statements to verify your claims as required by the IRS.

Generally, you can’t submit expenses for your domestic partner or their dependents.

Save

If you enroll in the Health Care Flexible Spending Account (HCFSA) and are electing to participate in an HSA (with the Aetna Enhanced HDHP or Basic HDHP medical plan) for 2025, contributions will be delayed until the first paycheck in April if you still have a balance in your HCFSA as of December 31, 2024. This complies with the IRS guidelines for savings accounts.

For more information, contact Fidelity at **800-544-3716**.

Health Care Flexible Spending Account (FSA)

Health Care Flexible Spending Account (FSA)

An FSA allows you to set aside money to pay for **eligible medical, prescription drug, dental, and vision expenses**, including deductibles, coinsurance, and copays.

FSAs come with these tax advantages:*

- Money GOES INTO your account before taxes.
- Money COMES OUT tax-free when spent on eligible expenses.

Iron Mountain FSAs are administered by Fidelity.

*Tax advantages described here are for federal income tax purposes only. State income tax treatment of contributions and earnings may vary. Check with your tax advisor for more information.

Eligibility

You can have a Health Care FSA if you're enrolled in the Select Network Plan (EPO), Choice PPO Plan, or Kaiser Permanente Plan (or if you waive medical coverage).

How it works

Here's how you can use a Health Care FSA.

Contribute

Elect your contribution amount annually during Open Enrollment. You can **only make changes** during the year if you experience a qualifying life event.

You can contribute up to **\$3,300**. The money will be deducted from your paycheck in equal amounts throughout the year before taxes are calculated. Your eligible expenses must be incurred by December 31.

Pay

Use your Fidelity debit card to pay for eligible **medical, dental, and vision expenses**, or file claims **online**.

Remember to save any itemized receipts or Explanation of Benefits (EOBs) statements to verify your claims as required by the IRS.

Spend

Funds can be used only for eligible health care expenses incurred by March 15, but you must submit claims to the claims administrator by the dates noted below.* If you don't incur expenses and submit them for reimbursement per the deadlines outlined below, you'll forfeit your balances.

For 2025 plan year balances:

Claims Incurred	Deadline to Submit Claims to Fidelity
January 1, 2025 – March 15, 2026	March 31, 2026

*If you leave Iron Mountain and do not continue your FSA through COBRA, you are subject to the same deadline to submit claims, however, the claims must be incurred prior to your termination date.

For a full list of eligible expenses, view [IRS Publication 502](#).

To review the legal requirements governing health FSAs, see [IRS Publication 969](#).

For more information, contact Fidelity at [833-299-5089](tel:833-299-5089).

Limited Purpose Flexible Spending Account

Limited Purpose FSA funds can be used to pay for eligible dental and vision expenses, and eligible medical expenses that exceed your deductible.

FSAs come with these tax advantages*:

- Money GOES INTO your account before taxes.
- Money COMES OUT tax-free when spent on eligible expenses.

Limited Purpose FSAs are compatible with a Health Savings Account (HSA) — you can have both accounts at the same time.

Iron Mountain FSAs are administered by Fidelity.

*Tax advantages described here are for federal income tax purposes only. State income tax treatment of contributions and earnings may vary. Check with your tax advisor for more information.

Eligibility

You can have a Limited Purpose FSA if you're enrolled in the Enhanced HDHP or Basic HDHP Medical Plans.

How it works

Here's how you can use a Limited Purpose Health Care FSA.

Contribute

Elect your contribution amount annually during Open Enrollment. You can only make changes during the year if you experience a qualifying life event.

You can contribute up to **\$3,300**. The money will be deducted from your paychecks in equal amounts throughout the year before taxes are calculated. Your eligible expenses must be incurred by December 31.

Pay

Use your Fidelity debit card to pay for [dental and vision expenses](#), and eligible medical expenses

that exceed your deductible.

Remember to save any itemized receipts or Explanation of Benefits (EOBs) statements to verify your claims as required by the IRS.

Spend

Funds can be used only for eligible health care expenses incurred by March 15, but you must submit claims to the claims administrator by the dates noted below. If you don't incur expenses and submit them for reimbursement per the deadlines outlined below, you'll forfeit your balances.

For 2025 plan year balances:

Claims Incurred	Deadline to Submit Claims to Fidelity
January 1, 2025 – March 15, 2026	March 31, 2026

*If you leave Iron Mountain and do not continue your FSA through COBRA, you are subject to the same deadline to submit claims, however, the claims must be incurred prior to your termination date.

For a full list of eligible expenses, view [IRS Publication 502](#).

To review the legal requirements governing health FSAs, see [IRS Publication 969](#).

For more information, contact Fidelity at [833-299-5089](tel:833-299-5089).

Dependent Care Flexible Spending Account

Dependent Care FSA funds can be used to pay for eligible expenses necessary for you to work or attend school full-time, including:

- Day care inside or outside your home for children under age 13, or any age, if disabled.
- Tuition for pre-school, day camp, or before- and after-school programs for children under age 13.
- Day care for a disabled dependent or parent who lives with you at least eight hours a day and who you claim on your income tax return.

FSAs come with these tax advantages*:

- Money GOES INTO your account before taxes.
- Money COMES OUT tax-free when spent on eligible expenses.

*Tax advantages described here are for federal income tax purposes only. State income tax treatment of contributions and earnings may vary. Check with your tax advisor for more information.

Eligibility

You don't need to be enrolled in an Iron Mountain medical plan to be eligible for a Dependent Care FSA. All full-time Mountaineers are eligible to enroll in a Dependent Care FSA. If you're married, both you and your spouse must either be working, a full-time student, actively looking for work or incapable of self-care.

How it works

Contribute

Elect your contribution amount annually during Open Enrollment. You can only make changes during the year if you experience a qualifying life event.

You can save up to **\$5,000*** if you and your spouse file taxes jointly (or **\$2,500** if you're single or married but filing separately). The money will be deducted from your paychecks in equal amounts throughout the year before taxes are calculated. You lose any money left in your account at the end of the year.

*If you are classified as a highly compensated employee (HCE), you can contribute up to an annual maximum of \$1,700 for the Dependent Care FSA. The IRS defines highly compensated employees (HCEs) as individuals who earned \$155,000 or more in 2024.

Pay

Use your Dependent Care FSA to pay for [**eligible child or elder care expenses**](#). Remember to save any itemized receipts or Explanation of Benefits (EOBs) statements.

For 2025 claims, submit your claims online at [**netbenefits.com**](https://netbenefits.com).

Spend

Funds can be used only for eligible child or elder care expenses incurred by March 15, but you have until March 31 to submit claims to the claims administrator.*

For 2025 plan year balances:

Claims Incurred	Deadline to Submit Claims to Fidelity
January 1, 2025 – March 15, 2026	March 31, 2026

*If you leave Iron Mountain, you are subject to the same deadline to submit claims, however, the claims must be incurred prior to your termination date.

For more information, contact Fidelity at [**833-299-5089**](tel:833-299-5089).

Commuter benefits

Iron Mountain offers a commuter benefits program that allows you to set aside pre- and post-tax funds to pay for your expenses related to commuting to and from work. This includes:

Public transportation: Including bus, train, subway, ferry, eligible vanpool services, carpools, and commuter highway vehicles.

Parking: Expenses related to parking at or near work or at a location from which you commute to work using mass transit, van pooling, or carpooling. This does not include parking where you live.

Eligibility

Benefit-eligible Mountaineers who work a minimum of 20 hours per week, are eligible for commuter benefits (Exceptions: Employees in Puerto Rico, Expats, and Union employees are not eligible). These benefits can only be used for Mountaineers who use parking or mass transit for commuting to the workplace. If you're currently working exclusively from home, you're not eligible for commuter benefits.

How it works

The Internal Revenue Service (IRS) sets the maximum monthly pretax deduction limit – the maximum monthly limit that may be excluded from an employee's income for qualified commuter benefits. You can choose the pretax amount you would like added to your NetBenefits CommuterCard® via payroll deduction, up to \$325 for 2025. Keep in mind, if the amount you want to spend with your CommuterCard exceeds the IRS maximum monthly limit, the transaction will be declined. Instead, use another form of payment and reimburse yourself via NetBenefits. The commuter enrollment on Fidelity's NetBenefits website has a separate election for pre-tax vs. post-tax. Consider only enrolling in a post-tax benefit if you are maxing out on the pre-tax options.

Iron Mountain also allows you to elect post-tax amounts. Electing both pre and post-tax funds enables you to use your debit card for all your commuter expenses, even if your monthly expenses exceed the IRS pretax limits.

Note: The IRS has a requirement that commuter claims must be submitted within 180 days of incurring the expense.

Transit pass details

To help you save even more, Iron Mountain will provide an employer contribution up to \$80 per month on your pre-tax transit commuter expenses. See the examples below to see how this contribution works:

Monthly Pre-tax Employee Transit Enrollment	Monthly Employer Contribution	Monthly Employee Contribution
\$50	\$50	\$0
\$150	\$80	\$70

Parking expense details

The most common eligible expenses are charges for parking at or near your place of work, or at a location from which you commute to work, such as a train station. Please note: Iron Mountain does not provide a contribution to the Parking benefit.

Vanpool expense details

If you vanpool, the van must be used mainly for commuting (at least 80% of the time). The van must seat at least six adults, plus the driver. On a regular basis, it must be at least half full. A van that you or one of the other riders owns or operates as your personal vehicle isn't an eligible vanpool.

What it costs: The option to enroll in and contribute to commuter benefits is available at no additional cost to you.

Get started

Log on to [Netbenefits](#). If you already have a username and password for another Fidelity account, use that same login information. Otherwise, select Register as a new user and follow the step-by-step instructions. Navigate to "Flexible spending and reimbursement accounts" to enroll. For step-by-step guidance, review this [Enrollment Guide](#) for additional details.

Important Deadlines

- Ongoing Enrollment window: The monthly deadline to make a commuter election is the 5th day of the previous month. For example, enroll by January 5 for February benefits.

For more information, contact Fidelity at [833-299-5089](tel:833-299-5089).

Dental

Dental coverage can help save money on trips to the dentist for you and your family.

Iron Mountain provides two dental plan options: the Core Plan and the Enhanced Plan. These plans are available through Delta Dental.

Dental plan features

	Core Plan	Enhanced Plan
Annual Deductible	\$50 (Individual) \$100 (Family)	\$50 (Individual) \$100 (Family)
Annual Benefit Maximum	\$750 per person	\$2,000 per person
Type I (Preventive and Diagnostic)	100% (no deductible)	100% (no deductible)
Type II (Basic Restorative)	80%	80%
Type III (Major Restorative)	Not covered	50%
Orthodontia	Not covered	50% coverage \$2,000 per person lifetime maximum

Both options cover in-network preventive and diagnostic care at no cost to you. You can see any dentist you want, but you'll save money by seeing a dentist in one of the preferred Delta Dental networks. To find an in-network dentist, visit deltadentalma.com.

Network savings in action

Here's a comparison of what it would cost for a porcelain crown if you're enrolled in the Enhanced Plan and use a dentist in one of the preferred networks versus using an out-of-network dentist.

Coverage Options	Delta Dental PPO Network	Delta Dental Premier Network	Out of Network
Cost Billed by Dentist	\$1,288	\$1,288	\$1,288
Delta Dental Negotiated Rate	\$907	\$1,030	N/A
Plan Pays (50% Coinsurance)	\$454	\$605	\$644
What You Would Pay	\$454	\$605	\$644

Rollover provision

You can roll over up to \$600 to the following year's annual benefits maximum for dental coverage, if:

- You're enrolled in the Enhanced Plan before October 1 of the current plan year; and
- You receive a cleaning and oral exam during the calendar year; and
- Your paid claims for the current year don't exceed \$1,500.

Rollover coverage can't be applied to orthodontia services.

Rollover in Action

Let's say Anthony enrolls in the Enhanced Plan and gets a cleaning and oral exam each year. He has basic dental work for a couple of years but needs major dental work in year three. Here's how the rollover provision helps him save money on the care he needs.

	Year One	Year Two	Year Three
Annual Benefit Maximum	\$2,000	\$2,000	\$2,000
Rollover from Previous Year	\$0 (first year in the plan)	\$600	\$600
Adjusted Annual Benefit Maximum	\$2,000	\$2,600	\$3,200
Total Paid Claims (cleaning, oral exam + other services)	\$400	\$300	\$3,000*
Eligible for Rollover	Yes (claims don't exceed \$1,500)	Yes (claims don't exceed \$1,500)	No (claims exceed \$1,500, but the \$200 left from Year 2 will roll over)
Rollover Amount	\$600	\$600	\$0

*In year 3, Anthony exceeded the \$2,000 annual benefit maximum, but he rolled over enough money to cover the additional \$1,000, so he didn't have to pay the extra amount out of pocket.

Eligibility

All regular full-time or part-time U.S. Mountaineers are eligible for Dental coverage through Delta Dental.

What it costs

Here's what you pay per biweekly paycheck for dental coverage.

Core Dental

	Employee Per Pay Cost
Single	1.20
Employee + Spouse/DP	3.03
Employee + Child(ren)	2.42
Family	4.85

Enhanced Dental

	Employee Per Pay Cost
Single	5.79
Employee + Spouse/DP	13.91
Employee + Child(ren)	11.60
Family	20.28

Get started

1. Find an **in-network dentist**.
2. Schedule an appointment.
3. Bring your Delta Dental ID card when you go. (You'll receive your card in the mail after you enroll.)

Delta Dental

800-872-0500

deltadentalma.com

Vision

Vision coverage provides annual eye exams and savings on eyeglasses and contacts for you and your family.

Vision coverage is provided through Vision Service Plan (VSP). Annual coverage includes routine eye exams, lenses, and contacts. Benefits for frames are provided once every other calendar year.

Plan features

	Frequency	VSP Provider	Non-VSP Provider
Well Vision Exam	Once every calendar year	\$15 copay	Up to \$55
Prescription Glasses	See frames and lenses	\$15 copay	See frames and lenses
Lenses Single Vision Lined Bifocal Lined Trifocal Standard Progressive Lenses	Once every calendar year	Included in prescription glasses copay	Up to \$50 Up to \$75 Up to \$100 Up to \$75
Frames (for Prescription Glasses)	Once every other calendar year	Covered up to \$150 (\$200 on featured brands); 20% savings thereafter	Up to \$70
Contact Lenses (Instead of Glasses)	Once every calendar year	Covered up to \$150	Up to \$105
Laser Vision Correction	Not applicable	15% off regular cost, or 5% off of the promotional cost (discounts only available from contracted facilities)	Not covered

You can see any provider you want, but you'll pay less if you use a VSP provider.

Eligibility

All regular full-time and part-time U.S. Mountaineers are eligible for vision coverage through VSP.

What it costs

Here's what you pay per biweekly paycheck to have vision coverage.

Coverage Level	VSP Plan
Employee	\$3.03
Employee + Spouse/Domestic Partner	\$6.05
Employee + Child(ren)	\$6.47
Family	\$10.35

Get started

1. Find an in-network provider at vsp.com.
2. Schedule an appointment.
3. Share your name and the last four digits of your Social Security number (SSN) with your chosen provider. (The last four digits of your SSN are your ID; VSP doesn't issue ID cards.)

Vision Service Plan (VSP)

[800-877-7195](tel:800-877-7195)

vsp.com