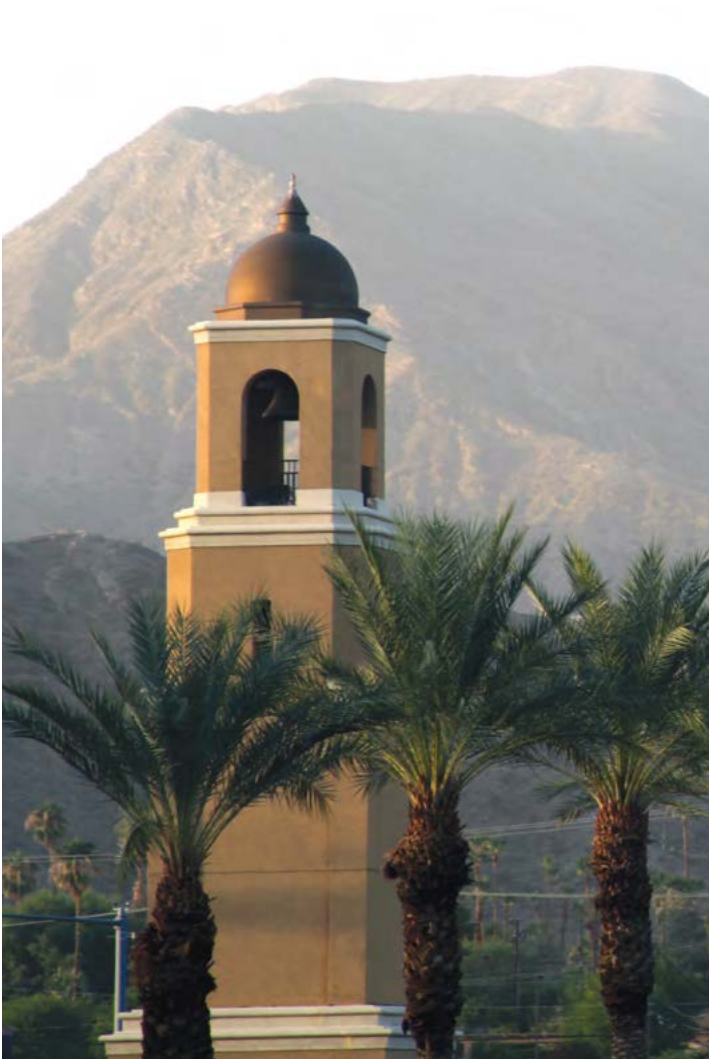


# Employee Benefits

## 2019 Guide



Cathedral City

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If you (and/or your dependents) have Medicare or you will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.

Please see page 76 for more details.

The information in this brochure is a general outline of the benefits offered under the City of Cathedral City's benefits program. Specific details and plan limitations are provided in the Summary Plan Descriptions (SPD), which is based on the official Plan Documents that may include policies, contracts and plan procedures. The SPD and Plan Documents contain all the specific provisions of the plans. In the event that the information in this brochure differs from the Plan Documents, the Plan Documents will prevail.

# Human Resources Contact Information

Employee Benefits Programs
Benefits Coordination (Medical, Dental & Vision Insurance)
COBRA Continuation
Flexible Spending Accounts
Voluntary Plan Administration
Deferred Compensation
Employee Assistance Program
Fair Employment Housing Act (FEHA) Americans for Disabilities Act (ADA)
Family Medical Leave Act (FMLA)
Leave Administration
Life Insurance & Disability Insurance Long Term & Short Term
Workers' Compensation

Contact	Email	Phone
Human Resources Team	HR@cathedralcity.gov	
<ul style="list-style-type: none"><li>Eugenia Torres HR Manager</li></ul>	etorres@cathedralcity.gov	760.770.0317
<ul style="list-style-type: none"><li>AnnMarie Quintanilla HR Specialist</li></ul>	aquintanilla@cathedralcity.gov	760.202.2408
<ul style="list-style-type: none"><li>Lidia Buelna HR Specialist</li></ul>	lbuelna@cathedralcity.gov	760.770.0352



# Contact Information (continued)

## Benefit Information and Forms Can Be Located at:

<https://eservices.paychex.com/secure>

You may also contact the below benefit carriers or visit the following websites to confirm eligibility and verify coverage:

Employee Benefits Program	Phone Number	Web Site
Medical		
• CalPERS	888.225.7377	<a href="https://my.calpers.ca.gov">https://my.calpers.ca.gov</a>
Dental		
• MetLife PPO	800.942.0854	<a href="https://mybenefits.metlife.com">https://mybenefits.metlife.com</a>
• MetLife DHMO Group No 5912460	800.880.1800	<a href="https://mybenefits.metlife.com">https://mybenefits.metlife.com</a>
MetLife VSP – Group No. 00826401	800.877.7195	<a href="https://mybenefits.metlife.com">https://mybenefits.metlife.com</a>
FSA & Dependent Childcare		
• Basic Pacific	800.574.5448	<a href="http://Basicpacific.com">Basicpacific.com</a>
Voluntary Benefits		
• Colonial/Building Blocks	775.382.1369	<a href="mailto:westservice@bbforb.com">westservice@bbforb.com</a>
Life and Disability		
• Lincoln	800.423.2765	<a href="http://www.lfg.com">www.lfg.com</a>
Deferred Compensation		
• ICMA - Group #301408	888.883.8577	<a href="http://www.icmarc.org">www.icmarc.org</a>
• Nationwide - Group #0037066007	877.677.3678	<a href="http://www.nrsforu.com">www.nrsforu.com</a>
• Pentegra Group #KC2	213.596.8399	<a href="http://www.pentegra.com">www.pentegra.com</a>



# Employee Self Service

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Web address is <https://eservices.paychex.com/secure>, Your Company ID is 0479-M252.

Your username is the first initial of your first name combined with your full last name, all using lowercase letters (example: "Joseph Bean" would be jbean). Your temporary password is the first initial of your first name combined with the first initial of your last name (both capitalized) and the last four digits of your Social Security number (example: Joseph Bean with a Social Security # XXX-XX-6677 would be JB6677).

If you have the same first initial and last name as another user, your username may not follow these rules. Please contact HR for assistance if this applies to you.

Upon clicking the Secure Login button for the first time, you will be prompted to change your password.

You can select any item on the employee tab by clicking on the left menu links.

**NOTE:** For future password resets, please contact Human Resources.

Current features available:

Update/Change	View
Address	Health Selections
Emergency, Contact	Paycheck
Federal tax change	Past years W2
State tax change	Time Bank Balance
Direct Deposit	Training History
Dependent List	
Password	



# 2019 Pay Period and Holiday Calendar

## January

1 New Years Day  
21 Martin Luther King Day

JANUARY						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

FEBRUARY						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

MARCH						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

## February

18 President's Day

APRIL						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MAY						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JUNE						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

## May

27 Memorial Day

## July

4 Independence Day

JULY						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

AUGUST						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

SEPTEMBER						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

## September

2 Labor Day

## November

11 Veteran's Day (HVA)  
28 Thanksgiving Day  
29 Day after Thanksgiving Day

OCTOBER						
S	M	T	W	T	F	S
	1	2	3	4	5	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

NOVEMBER						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

DECEMBER						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

## December

25 Christmas Day

Pay Period Ends
Pay Dates
City Hall Closed Holiday
City Hall is closed every Friday.

# 2019 Holiday Schedule

Calendar Year	Holiday Name	Date		Day of the Week
		Month	Day	
2019	New Year's Day	January	01	Tuesday
	Martin Luther King Day*	January	21	Monday
	President's Day	February	18	Monday
	Memorial Day	May	27	Monday
	Independence Day	July	04	Thursday
	Labor Day	September	02	Monday
	Veteran's Day	November	11	Monday
	Thanksgiving Day	November	28	Thursday
	Day Following Thanksgiving (4/10 Floating – 5/8 – Holiday)	November	29	Friday
	Christmas	December	25	Wednesday

\* City Hall closed

Floating Holidays	Date		
	Month	Day	Year
AFSCME (Dispatchers) & Non-Represented	January	01	2019
AFSCME (Dispatchers) & Non-Represented	July	01	2019
AFSCME (Dispatchers) & Non-Represented	September	01	2019
Non-Represented (4/10 Schedule)	November	29	2019

- **Non-Represented** – Employees will be credited with additional floating hours on January 1, July 1 and September 1 to bring the total combined hours of the above holidays and float hours to 144 per year for all full-time employees.
- **AFSCME Other than Dispatchers** – In addition, except for 12-hour employees, float hours shall be credited to the employee's float bank each pay period to bring the total combined hours of the above holidays and float time to 144 per year.
- **AFSCME Dispatchers** – For 12-hour employees, float hours shall be credited to the employee's float bank at the rate of 12 hours on January 1, July 1 and September 1 to bring the combined total hours of the above holidays and float time to 144 per year.

# Introduction

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As City of Cathedral City employees, you and your family are entitled to a number of valuable benefits. This guide contains important information about these benefits, which are negotiated collectively by your Union representative and the City. In order to activate your benefits, complete and submit the following:

- CalPERS Beneficiary Designation Form
- Lincoln Beneficiary Form
- HBD-12 Health Enrollment Form (if not enrolling, proof of coverage)

## Optional Benefit Forms

- Flexible Spending Plan Enrollment form
- Optional Life & Voluntary AD&D insurance form
- Evidence of Insurability form (Required only if enrolling in Life Insurance coverage that exceeds plan limitations)
- Pre-designation of Personal Physician (Worker's Comp)
- Universal Enrollment form (Dental/Vision)

## Benefit Choices

The City recognizes that your benefits are an important part of the reason you choose to work here. The City provides high quality benefits at a reasonable cost to you. You can choose between different medical plans to meet your individual and family needs. Since you have some choices to make, it is important to understand the various programs. That is why this Handbook is being provided for you. Benefits provided by the City for eligible employees include a choice of CalPERS medical plans, a dental plan, a vision plan, group life insurance coverage, group disability and optional voluntary benefits.

You have 60 days from the date of your initial appointment to enroll, or decline coverage for yourself and eligible family members. Benefits will begin on the 1st of the month after you submit your paperwork and appropriate documentation to the Human Resources Department. If you do not enroll during the initial 60 days and have not experienced a qualifying life event, your enrollment will be subject to a 90-day waiting period or the following Open Enrollment period, whichever comes first.

Any questions you may have regarding the enclosed information can be referred to the corresponding representative listed in the contact information found at the beginning of this guide.

# Eligibility and Enrollment

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## Who Is Eligible for the CalPERS Health Program?

### Employees

Eligibility is based on tenure and time base of your qualifying appointment. You must work at least half-time and have a permanent appointment or a "limited term" appointment with a duration of more than six months. If you are a temporary or variable-hour employee, you may be eligible for health coverage due to new provisions in the Public Employee Medical and Hospital Care Act (PEMHCA) that help large contracting employers meet ACA requirements. To check if you meet the expanded eligibility criteria, contact your employer.

### Family Members

The terms "family member" and "dependent" are used interchangeably. Eligible family members include:

- Spouse
- Registered domestic partner
- Children (natural, adopted, domestic partner's, or step) up to age 26
- Children, up to age 26, if the employee or annuitant has assumed a parent-child relationship and is considered the primary care parent
- Certified disabled dependent children age 26 and older

## Who Is Not Eligible for the CalPERS Health Program?

### Ineligible Employees

- Those working less than half time
- Those whose appointment lasts less than six months
- Those whose job classification is "Limited-Term / Intermittent" (seasonal or temporary)
- Those classified as "Permanent-Intermittent" who do not meet the hour requirements within the control period

## Ineligible Family Members

- Former spouses/former registered domestic partners
- Children age 26 and older
- Disabled children over age 26 who were never enrolled or who were deleted from coverage
- Children of a former spouse/former registered domestic partner
- Grandparents
- Parents

## Do Not Enroll Ineligible Family Members

It is against the law to enroll ineligible family members. If you do so, CalPERS will retroactively cancel the enrollment and you may have to pay all costs incurred by the ineligible person from the date the coverage began.

## Where to Get Help With Your Health Benefits Enrollment

If you are an active employee, contact your Health Benefits Officer to make all health benefit enrollment changes. Your Health Benefits Officer is usually located in your personnel office or human resources department.

Once you retire, CalPERS becomes your Health Benefits Officer. As a retiree, you may make changes to your health plan in any of the following ways:

- Online through my|CalPERS at [my.calpers.ca.gov](https://my.calpers.ca.gov) during Open Enrollment
- By writing to us at P.O. Box 942715, Sacramento, CA 94229-2715
- By calling us toll free at 888.CalPERS (or 888.225.7377).

For general information about health benefits, go to the CalPERS website at [www.calpers.ca.gov](https://www.calpers.ca.gov). The chart on page 10 indicates the forms and supporting documentation needed for most changes.

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\* The Affordable Care Act has provisions which expand eligibility criteria for certain variable-hour employees. For additional information, please contact your employer.

# Eligibility and Enrollment (continued)

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## Spouse

You may add your spouse to your health plan within 60 days of your marriage. You are required to provide a copy of the marriage certificate and the spouse's Social Security Number and Medicare card (if applicable). Your spouse's coverage will become effective the first day of the month following the date your Health Benefits Officer receives the Health Benefits Plan Enrollment form.

## Registered Domestic Partner

You may add your registered domestic partner to your health plan within 60 days of registration of the domestic partnership. The coverage will become effective the first day of the month following the date your Health Benefits Officer receives the Health Benefits Plan Enrollment form.

To add a domestic partner to your health plan, you must register your domestic partnership through the California Secretary of State's Office or equivalent office from another state. Upon registration, that office will provide you with a Declaration of Domestic Partnership.

CalPERS requires that you submit a copy of the approved Declaration of Domestic Partnership, the domestic partner's Social Security number, and a copy of their Medicare card (if applicable).

Same sex domestic partnerships between persons who are both at least age 18 and certain opposite sex domestic partnerships (one partner must be 62 years of age or older and the other partner at least 18 years of age) are eligible to register with the Secretary of State. For more information about domestic partnership registration, visit the Secretary of State's website at [www.sos.ca.gov](http://www.sos.ca.gov).

## Children

Natural-born, adopted, domestic partners, and stepchildren who are under age 26 may be added to your health plan, as outlined below:

- Newborn children should be added within 60 days of birth. Coverage is effective from the date of birth.
- Newly adopted children should be added within 60 days of physical custody. Coverage is effective from the date physical custody is obtained.
- Stepchildren or a domestic partner's children under age 26 can be added within 60 days after the date of your marriage or registration of your domestic partnership. The coverage will become effective the first day of the month following the date your Health Benefits Officer receives the Health Benefits Plan Enrollment form.

## Disabled Children Over Age 26

A child age 26 and over who is incapable of self-support because of a mental or physical condition may be eligible for enrollment. The disability must have existed prior to reaching age 26 and continuously since age 26, as certified by a licensed physician. You are required to complete and submit the Member Questionnaire for the CalPERS Disabled Dependent Benefit form, and the physician must complete and submit a Medical Report for the CalPERS Disabled Dependent Benefit form for CalPERS approval. The initial certification of the Disabled Dependent must occur during one of the following two eligibility periods (whichever applies):

- Within 60 days before and ending 60 days after the child's 26th birthday (member and dependent currently enrolled), or
- Within 60 days of a newly eligible employee's initial enrollment in the CalPERS Health Program

Upon certification of eligibility, the dependent's coverage must be continuous and without lapse. You will be required to submit an updated questionnaire and medical report for re-certification periodically, upon request.

**Note:** If the disabled child has a Social Security approved disability, you must provide CalPERS with a copy of his or her Medicare card.

# Eligibility and Enrollment (continued)

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## Dependents in a Parent-Child Relationship

A child other than an adopted, step, or recognized natural child up to age 26 may be added to your health plan if you have assumed parental status, or assumed the parental duties as certified at the time of enrollment of the child, and annually thereafter up to the age of 26.

You have 60 days from the date you obtained custody of the child to enroll him or her on your health plan. Prior to enrollment of a dependent who is in a parent-child relationship, you must complete and submit an Affidavit of Parent-Child Relationship. You will be required to provide supporting documentation as indicated on the Affidavit of Parent-Child Relationship. Coverage will become effective the first day of the month following the date your Health Benefits Officer receives the Health Benefits Plan Enrollment form.

For dependents under the age of 19, the annual re-certification will require a copy of the first page of your income tax return from the previous year listing the child as a tax dependent. In lieu of a tax return, for a time not to exceed one tax filing year, you may submit other documents that substantiate the child's financial dependence.

For dependents from age 19 up to age 26, the annual re-certification requires: A copy of the first page of your income tax return from the previous tax year listing the child as a tax dependent; or Documents that substantiate that the child is financially dependent, provided that the child: either lives with you for more than 50 percent of the time, or is a full-time student; and, is dependent upon you for more than 50 percent of his or her support.

## Split Enrollments

When two active or retired members are married to each other or in a domestic partnership, each member can enroll separately. However, when these individuals enroll in a CalPERS health plan in their own right, one parent must carry all dependents on one health plan. Parents cannot split enrollment of dependents. CalPERS will retroactively cancel split enrollments. You may be responsible for all costs incurred from the date the split enrollment began.

## Enrolling in Two CalPERS Health Plans

Dual CalPERS coverage occurs when you are enrolled in a CalPERS health plan as both a member and a dependent or as a dependent on two enrollments. This duplication of coverage is against the law. When dual CalPERS coverage is discovered, the enrollment that caused the dual coverage will be retroactively canceled. You may be responsible for all costs incurred from the date the dual coverage began.

Members may enroll in both a CalPERS health plan and a health plan provided through another employer. For example, a spouse may enroll in a CalPERS plan and in the plan from his or her private employer. In this case, the two plans may coordinate benefits.

# Eligibility and Enrollment (continued)

Enrollment Type	Copies of Supporting Documentation*	CalPERS Forms
Active employee – new enrollment	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Health Benefits Plan Enrollment form</li> <li>Declaration of Health Coverage</li> </ul>
Adding a registered domestic partner	<ul style="list-style-type: none"> <li>Declaration of Domestic Partnership from the California Secretary of State's Office</li> <li>Medicare card (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li>Health Benefits Plan Enrollment form</li> <li>Declaration of Health Coverage</li> </ul>
Adding a spouse	<ul style="list-style-type: none"> <li>Marriage Certificate* Medicare card (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li>Health Benefits Plan Enrollment form</li> <li>Declaration of Health Coverage</li> </ul>
Adding a dependent who is in a parent-child relationship (PCR)	<ul style="list-style-type: none"> <li>Required supporting documentation as indicated on the Affidavit of Parent-Child Relationship.</li> </ul>	<ul style="list-style-type: none"> <li>Affidavit of Parent-Child Relationship</li> <li>Health Benefits Plan Enrollment form</li> <li>Declaration of Health Coverage</li> </ul>
Adding/deleting a dependent child	<ul style="list-style-type: none"> <li>Medicare card (if applicable)* Reason for add/delete</li> <li>Birth Certificate</li> </ul>	<ul style="list-style-type: none"> <li>Health Benefits Plan Enrollment form</li> <li>Declaration of Health Coverage</li> </ul>
Changing plans due to address change	<ul style="list-style-type: none"> <li>Include both old and new addresses</li> </ul>	<ul style="list-style-type: none"> <li>Health Benefits Plan Enrollment form</li> <li>Declaration of Health Coverage</li> </ul>
Deleting a registered domestic partner due to termination of partnership	<ul style="list-style-type: none"> <li>Termination of Domestic Partnership submitted to the California Secretary of State's Office</li> </ul>	<ul style="list-style-type: none"> <li>Health Benefits Plan Enrollment form</li> </ul>
Deleting a spouse due to divorce	<ul style="list-style-type: none"> <li>Divorce Decree</li> </ul>	<ul style="list-style-type: none"> <li>Health Benefits Plan Enrollment form</li> </ul>
Disabled child over age 26 – certification	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Member Questionnaire for the CalPERS Disabled Dependent Benefit form</li> <li>Medical Report for the CalPERS Disabled Dependent Benefit form</li> </ul>
Enrolling self or dependents due to loss of other health coverage	<ul style="list-style-type: none"> <li>Certificate of Creditable Coverage, or other proof of loss of coverage</li> <li>Medicare card (if applicable) Birth Certificate (child) Marriage Certificate (spouse)</li> <li>Declaration of Domestic Partnership (domestic partner)</li> </ul>	<ul style="list-style-type: none"> <li>Health Benefits Plan Enrollment form (active)</li> <li>Declaration of Health Coverage (active only)</li> <li>Health Benefits Plan Enrollment for Retirees form</li> </ul>

\* Note: Do not submit original documents as your documentation will not be returned.

# Eligibility and Enrollment (continued)

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## Life Changes and Their Impact on Benefits

Outside of the annual open enrollment period, an employee may change an enrollment election (i.e., add or delete dependents, change level of coverage) only if there has been a "major life event."

### Name or Address Changes

If you move or change your name or contact information for any reason, including Marriage or Divorce, you must change your name through your employer. That way you will receive all your benefit information in a timely manner.

### Health Benefits Coverage

Since you must choose a CalPERS health plan that provides coverage in your work or home ZIP code, a change in your address could mean you have to change plans. You can use our Health Plan Search by ZIP Code on line service to see what plans are available in your new ZIP code .

### Marriage

**Retirement Impact** – Your marriage revokes a designation you may have on file. In most instances, you must be married for at least one year prior to your retirement date for survivor benefits to be payable to your spouse. Review your beneficiary designation. If you need to make changes, log in to your my CalPERS account to make changes online or complete the appropriate designation form.

### Form – Beneficiary Designation (PDF)

You should also consider establishing a **CalPERS Special Power of Attorney**, or reviewing your current one. Read the **CalPERS Special Power of Attorney (PUB 30)** (PDF) publication for more information.

**Health Benefits Coverage** – Contact Human Resources as soon as possible to add your new spouse and any stepchildren to your health coverage. Your employer will need a copy of your marriage certificate and new spouse's Social Security number, as well as birth certificates and social security cards for step children.

### Divorce

**Retirement Impact** – Your CalPERS benefits are considered community property under California law. To see how this may impact your benefits, review **Community Property (PUB38A)** (PDF) or CalPERS at 888.225.7377. Your dissolution of marriage revokes a designation you may currently have on file with CalPERS. Review your beneficiary designation. If you need to make changes, log in to your my CalPERS account to make changes online or complete the appropriate designation form.

### Forms – Beneficiary Designation (PDF)

You may also want to review your current Power of Attorney, or consider designating one. Review the **CalPERS Special Power of Attorney (PUB 30)** (PDF) for more information.

**Health Benefits Coverage** – You must remove your ex-spouse from your health plan as required by California Public Employees' Retirement Law. Your ex-spouse's entitlement to coverage ends at midnight on the last day of the month that your marriage dissolution is final. Contact Human Resources to modify your health plan. Your employer will need a copy of your divorce decree.

### Registered Domestic Partnership

To find out more about registering a domestic partner, visit the Secretary of State website.

**Retirement Impact** – Your domestic partnership revokes a designation you may have on file . Review your beneficiary designation. If you need to make changes, log in to your my CalPERS account to make changes online, or complete the appropriate designation form depending on if you're still working or retired:

### Forms – Beneficiary Designation (PDF)

**Health Benefits Coverage** – Contact Human Resources as soon as possible to add your domestic partner and their children to your health coverage. Your employer will need a copy of your certificate of domestic partnership registration.

# Eligibility and Enrollment (continued)

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## Terminate Domestic Partnership

To find out more about terminating a domestic partnership, visit the Secretary of State website.

**Retirement Impact** – Your CalPERS benefits are considered community property under California law. To see how this may impact your benefits, review Community Property (PUB 38A) (PDF). CalPERS will need a copy of your property settlement agreement.

The termination of your domestic partnership revokes a designation you may have on file. Review your beneficiary designation. If you need to make changes, log in to your myCalPERS account to make changes online or complete the appropriate designation form.

## Form – Beneficiary Designation (PDF)

You may also want to review your current Power of Attorney, or consider designating one. Review the CalPERS Special Power of Attorney (PUB 30) (PDF) for more information.

**Health Benefits Coverage** – You must remove your former domestic partner from your health plan. Their entitlement to coverage ends at midnight on the last day of the month that your partnership termination is final. Contact Human Resources to have your former domestic partner removed from your health plan. Your employer will need a copy of your termination document.

## Birth or Adoption

See what details should be taken care of if you have or adopt a child.

**Retirement Impact** – The birth or adoption of a child revokes a beneficiary designation you may currently have on file. Review your beneficiary designation. If you need to make changes, log in to your my CalPERS account to make changes on line, or complete the appropriate designation forms.

## Form – Beneficiary Designation (PDF)

**Health Benefits Coverage** – Contact Human Resources as soon as possible to add your new child to your health coverage. Your employer will need a copy of the birth certificate or adoption papers, and a copy of your new child's Social Security number.

## Additional Documents to Consider Updating/Reviewing

- 457 Deferred Comp  
ICMA/Nationwide/Pentegra Beneficiary
- Checks Recipient Designation
- Emergency Contact (in Paychex)
- Lincoln Life Insurance (Add, Delete, and/or change Beneficiary)

## Additional Enrollment Opportunities

New employees and their dependents may initially enroll in a CalPERS health plan as indicated in the previous sections. Additional enrollment options and guidelines are described below.

In 1996, Congress enacted the Health Insurance Portability and Accountability Act (HIPAA) to improve portability and continuity of health insurance coverage in the group insurance markets. HIPAA requirements for CalPERS took effect in 1998. HIPAA offers two provisions for employees and family members to enroll in CalPERS health plans outside of the initial enrollment period and the Open Enrollment period.

# Eligibility and Enrollment (continued)

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## Special Enrollment

Special Enrollment refers to certain types of enrollment after your initial enrollment, but outside of the Open Enrollment period. You may need Special Enrollment under the following circumstances:

**You lose other health coverage:** If you initially declined (or canceled) enrollment for yourself or your dependents (including your spouse) because you had other private or CalPERS health coverage at that time, you may be able to enroll in a CalPERS health plan if the other coverage involuntarily ends. To qualify, you will need to request enrollment within 60 days after the other coverage ends and provide proof that the other coverage has ended.

**You have new family members:** When you enroll, you must enroll yourself or yourself and all eligible family members. If you later have a new dependent as a result of marriage, domestic partnership registration, birth, change of custody, adoption, or placement for adoption, you may enroll yourself and all eligible dependents within 60 days of that event.

The effective date for a Special Enrollment is the first day of the month following the date your Health Benefits Officer receives the Health Benefits Plan Enrollment form.

## Late Enrollment

If you decline or cancel enrollment for yourself or your dependents and the Special Enrollment exceptions do not apply, your right to enroll (or add dependents) will be limited. You will either have to wait for a 90-day period or until the next CalPERS Open Enrollment period. The earliest effective date of enrollment will be the first of the month following the 90-day waiting period or the January 1 following the Open Enrollment period.



# Considering Your Health Plan Choices

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The City of Cathedral City offers several different medical plan options; Health Maintenance Organizations (HMO) or Preferred Provider Organizations (PPO) for all full-time employees and their eligible dependents through CalPERS.

Selecting a health plan for yourself and your family is one of the most important decisions you will make. This decision involves balancing the cost of each plan, along with other features, such as access to doctors and hospitals, pharmacy services, and special programs for managing specific medical conditions. Choosing the right plan ensures that you receive the health benefits and services that matter to you.

If you are a new Cal PERS member or you are considering changing your health plan during Open Enrollment, you will need to make two related decisions:

- Which health plan is best for you and your family?
- Which doctors and hospitals do you want to provide your care?

The combination of health plan and providers that is right for you depends on a variety of factors, such as whether you prefer a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO); your premium and out-of-pocket costs; and whether you want to have access to specific doctors and hospitals.

We realize that comparing health plan benefits, features, and costs can be complicated. This section provides information that can simplify your decision making process. As you begin that process, the following are some questions you should ask:

- **Do you prefer to receive your health care from an HMO or PPO?** Your preference will impact the plans available to you, your access to health care providers, and how much you pay for certain services. See the chart on the next page for a summary of the differences among plan types<sup>1</sup>.
- **What are the costs (premiums, co-payments, deductibles, and coinsurance)?**
- **Does the plan provide access to the doctors and hospitals you want?** Contact health plans directly for this information. See the "Health Plan Directory"

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1. Note that in a few counties where access to HMOs is limited, a third option, Exclusive Provider Organization (EPO), is available. An EPO provides benefits similar to an HMO with some PPO features.

# Understanding How CalPERS Health Plans Work

The following chart will help you understand some important differences among health plan types.

Features	HMO	PPO
Accessing health care providers	<ul style="list-style-type: none"><li>Contracts with providers (doctors, medical groups, hospitals, labs, pharmacies, etc.) to provide you services at a fixed price</li></ul>	<ul style="list-style-type: none"><li>Gives you access to a network of health care providers (doctors, hospitals, labs, pharmacies, etc.) known as preferred providers</li></ul>
Selecting a primary care physician (PCP)	<ul style="list-style-type: none"><li>Most HMOs require you to select a PCP who will work with you to manage your health care needs<sup>1</sup></li></ul>	<ul style="list-style-type: none"><li>Does not require you to select a PCP</li></ul>
Seeing a specialist	<ul style="list-style-type: none"><li>Requires advance approval from the medical group or health plan for some services, such as treatment by a specialist or certain types of tests</li></ul>	<ul style="list-style-type: none"><li>Allows you access to many types of services without receiving a referral or advance approval</li></ul>
Obtaining care	<ul style="list-style-type: none"><li>Generally requires you to obtain care from providers who are a part of the plan network</li><li>Requires you to pay the total cost of services if you obtain care outside the HMO's provider network without a referral from the health plan (except for emergency and urgent care services)</li></ul>	<ul style="list-style-type: none"><li>Encourages you to seek services from preferred providers to ensure your coinsurance and co-payments are counted toward your calendar year out-of-pocket maximums<sup>2</sup></li><li>Allows you the option of seeing non-preferred providers, but requires you to pay a higher percentage of the bill<sup>3</sup></li></ul>
Paying for services	<ul style="list-style-type: none"><li>Requires you to make a small co-payment for most services</li></ul>	<ul style="list-style-type: none"><li>Limits the amount preferred providers can charge you for services</li><li>Considers the PPO plan payment plus any deductibles and co-payments you make as payment in full for services rendered by a preferred provider</li></ul>

- <sup>1</sup> Your PCP may be part of a medical group that has contracted with the health plan to perform some functions, including treatment authorization, referrals to specialists, and initial grievance processing.
- <sup>2</sup> Once you meet your annual deductible and co-insurance, the plan pays 100 percent of medical claims for the remainder of the calendar year; however, you will continue to be responsible for co-payments for physician office visits, pharmacy, and other services, up to the annual out-of-pocket maximum.
- <sup>3</sup> Non-preferred providers have not contracted with the health plan; therefore, you will be responsible for paying any applicable member deductibles or coinsurance, plus any amount in excess of the allowed amount

# 2019 Summary of Benefits and Coverage Notice

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Choosing your health plan is an important decision. To assist you with this process, each health plan available through the California Public Employees' Retirement System has produced a Summary of Benefits and Coverage (SBC). In addition, the federal government has compiled a glossary of common health insurance terms. Together, these documents provide important information to help you better understand your health benefit coverage and more easily compare health plan options.

To view the SBCs and glossary online, visit [www.calpers.ca.gov](http://www.calpers.ca.gov)\* under the Plans and Rates section (subsection Health Plans), or visit any of the health plan websites below. To request a free paper copy of the SBC and glossary, please contact each health plan directly.

**Anthem Blue Cross HMO**

855.839.4524

[www.anthem.com/ca/calpershmo](http://www.anthem.com/ca/calpershmo)

**Blue Shield of California**

800.334.5847

[www.blueshieldca.com/calpers](http://www.blueshieldca.com/calpers)

**California Association of Highway Patrolmen\*\***

800.734.2247

[www.thecahp.org](http://www.thecahp.org)

**California Correctional Peace Officers Association\*\***

800.257.6213

[www.ccpoabtbf.org](http://www.ccpoabtbf.org)

**Health Net of California**

888.926.4921

[www.healthnet.com/calpers](http://www.healthnet.com/calpers)

**Kaiser Permanente**

800.464.4000

[www.kp.org/calpers](http://www.kp.org/calpers)

**Peace Officers Research Association of California\*\***

800.288.6928

<http://ibt.porac.org>

**PERS Select, PERS Choice, and PERSCare**

877.737.7776

[www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)

**Sharp Health Plan**

855.995.5004

[www.sharphealthplan.com/calpers](http://www.sharphealthplan.com/calpers)

**UnitedHealthcare**

877.359.3714

[www.uhc.com/calpers](http://www.uhc.com/calpers)

**Western Health Advantage**

888.942.7377

[www.westernhealth.com/calpers](http://www.westernhealth.com/calpers)

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\* <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates>

\*\* To enroll in these health plans, you must belong to the specific employee association and pay applicable dues.

# 2019 Rates: Full-Time Employees

## Group Insurance Plan – Health

Employees and their qualified dependents become eligible on the first day of the month following month of hire.

The City offers a cafeteria like plan:

- Employee only may select any medical Health Plan;
- Employee plus dependent(s) shall be capped at an amount equivalent to the second highest cost health plan.

## Optional Benefits

Unit members may choose a plan lower than the cap health plan and utilize the difference toward the purchase of dental, vision and/or short-term disability through the City. Any remaining balance due can be deducted from the employee's paycheck on a bi-weekly basis. Any remaining amount stays with the City, Employees may purchase dental, vision, short-term disability and other voluntary benefits as a payroll deduction.

2019 Rates					
Other Southern California Region Rates Listed. If you reside in a different region such as San Bernardino, LA County - use appropriate rates. Other Southern California Region CAPS/Allowances are used for all regions.					
Health Benefits	Plan	EE Only	EE+1	EE+2+	Selection
<b>Mo. Allowance</b>		<b>\$ 907.29</b>	<b>\$1,661.78</b>	<b>\$2,160.31</b>	
Anthem Select	HMO	\$625.07	\$1,250.14	\$1,625.18	\$-
Anthem Traditional	HMO	\$830.89	\$1,661.78	\$2,160.31	\$-
Blue Shield Access +	HMO	\$760.04	\$1,520.08	\$1,976.10	\$-
Health Net Salud y Mas	HMO	\$427.81	\$855.62	\$1,112.31	\$-
Health Net SmartCare	HMO	\$642.71	\$1,285.42	\$1,671.05	\$-
Kaiser (CA)	HMO	\$628.63	\$1,257.26	\$1,634.44	\$-
PERS Care	PPO	<b>\$907.29</b>	\$1,814.58	\$2,358.95	\$-
PERS Choice	PPO	\$721.11	\$1,442.22	\$1,874.89	\$-
PERS Select	PPO	\$462.71	\$925.42	\$1,203.05	\$-
PORAC (Safety Only)	PPO	\$774.00	\$1,623.00	\$2,076.00	\$-
Sharp	HMO	\$593.66	\$1,187.32	\$1,543.52	\$-
United Healthcare	HMO	\$646.65	\$1,293.30	\$1,681.29	\$-
<b>METLIFE (DENTAL &amp; VISION)</b>					
Met Life VSP	VSP	\$8.45	\$18.86	\$18.86	\$-
Met Life Dental	HMO	\$17.42	\$32.53	\$51.59	\$-
Met Life Dental	PPO	\$40.32	\$77.26	\$129.02	\$-
<b>Health</b>					<b>\$-</b>
<b>STD</b>					<b>\$0</b>
<b>Total</b>					<b>\$0</b>
<b>Allowance</b>					<b>\$-</b>
<b>Mo. Difference</b>					<b>\$0</b>
<b>Pay Period Difference</b>					<b>\$0</b>

Per IRS regulations: any out of pocket cost for your health, dental, and/or vision coverage will be deducted on a pre-tax basis and any cost for your Short-Term Disability coverage will be deducted on a post-tax basis. The calculation remains the same as prior years. When determining your out of pocket costs, we will combine your health, dental and vision rates first then deduct that amount from your applicable allowance. Any remaining funds will be applied to your short-term disability coverage.

# Medical – CalPERS HMO Plans

For more information on CalPERS please visit Human Resources, or the CalPERS website [calpers.ca.gov](http://calpers.ca.gov).

Benefit Categories	Anthem Select HMO	Anthem Traditional HMO	Blue Shield Access+ HMO	Health Net SmartCare HMO	Kaiser HMO	United HealthCare - HMO
<b>General Plan Information</b>						
• Annual Deductible						
– Individual	\$0	\$0	\$0	\$0	\$0	\$0
– Family	\$0	\$0	\$0	\$0	\$0	\$0
• Coinsurance	100%	100%	100%	100%	100%	100%
• Office Visit/Exam	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
• Outpatient Specialist Visit	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
• Annual Out-of-Pocket Limit						
– Individual	\$1,500 (does not include Rx; see EOC for items not included in copay max)	\$1,500 (does not include Rx; see EOC for items not included in copay max)	\$1,500 (does not include Rx; see EOC for items not included in copay max)	\$1,500 (does not include Rx; see EOC for items not included in copay max)	\$1,500 (does not include Rx; see EOC for more detailed coverage)	\$1,500 (does not include Rx; see EOC for items not included in copay max)
– Family	\$3,000 (does not include Rx; see EOC for items not included in copay max)	\$3,000 (does not include Rx; see EOC for items not included in copay max)	\$3,000 (does not include Rx; see EOC for items not included in copay max)	\$3,000 (does not include Rx; see EOC for items not included in copay max)	\$3,000 (does not include Rx; see EOC for more detailed coverage)	\$3,000 (does not include Rx; see EOC for items not included in copay max)
• Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Preventive Services</b>						
• Well-Child Care	100%	100%	100%	100%	100%	100%
• Immunizations	100%	100%	100%	100%	100%	100%
• Well Woman Exams	100%	100%	100%	100%	100%	100%
• Mammograms	100%	100%	100%	100%	100% (some procedures may require a copay)	100%
• Adult Periodic Exams with Preventive Tests	100%	100%	100%	100%	100%	100%
• Diagnostic X-Ray and Lab Tests	100%	100%	100%	100%	100% (some procedures may require a copay)	100%
<b>Maternity Care</b>						
• Pregnancy and Maternity Care (Pre-Natal Care)	100%	100%	100%	100%	100%	100%
<b>Inpatient Hospital Services</b>						
• Pre-Authorization of Services Required	Yes	Yes	Yes	Yes	Yes	Yes
• Semi-Private Room & Board; Including Services and Supplies	100%	100%	100%	100%	100%	100%
<b>Surgical Services</b>						
• Outpatient Facility Charge	100%	100%	100%	100%	\$15 copay	100%

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# Medical – CalPERS HMO Plans (continued)

For more information on CalPERS please visit Human Resources, or the CalPERS website [calpers.ca.gov](http://calpers.ca.gov).

Benefit Categories	Anthem Select HMO	Anthem Traditional HMO	Blue Shield Access+ HMO	Health Net SmartCare HMO	Kaiser HMO	United HealthCare - HMO
<b>Emergency Services</b>						
• Emergency Room	\$50 copay waived if admitted	\$50 copay waived if admitted	\$50 copay waived if admitted	\$50 copay waived if admitted	\$50 copay waived if admitted	\$50 copay waived if admitted
<b>Ambulance</b>						
• Air	100%	100%	100%	100%	100%	100%
• Ground	100%	100%	100%	100%	100%	100%
<b>Urgent Care</b>						
• Urgent Care Facility	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
<b>Mental Health Benefits</b>						
• Inpatient Care	100% (See EOC for more detailed coverage)	100% (See EOC for more detailed coverage)	100% (See EOC for more detailed coverage)	100% (See EOC for more detailed coverage)	100% (See EOC for more detailed coverage)	100% (See EOC for more detailed coverage)
• Outpatient Care	\$15 copay (See EOC for more detailed coverage)	\$15 copay (See EOC for more detailed coverage)	\$15 copay (See EOC for more detailed coverage)	\$15 copay (See EOC for more detailed coverage)	\$15 copay/indiv; \$7 copay/group (See EOC for more detailed coverage)	\$15 copay (See EOC for more detailed coverage)
<b>Inpatient Care</b>						
• Inpatient Hospitalization						
• Inpatient Detoxification Services	100% (See EOC for more detailed coverage)	100% (See EOC for more detailed coverage)	100% (See EOC for more detailed coverage)	100% (See EOC for more detailed coverage)	100% (See EOC for more detailed coverage)	100% (See EOC for more detailed coverage)
<b>Outpatient Care</b>						
• Outpatient Services	\$15 copay (See EOC for more detailed coverage)	\$15 copay (See EOC for more detailed coverage)	\$15 copay (See EOC for more detailed coverage)	\$15 copay (See EOC for more detailed coverage)	\$15 copay/indiv; \$5 copay/group (See EOC for more detailed coverage)	\$15 copay (See EOC for more detailed coverage)

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# Medical – CalPERS HMO Plans (continued)

For more information on CalPERS please visit Human Resources, or the CalPERS website [calpers.ca.gov](http://calpers.ca.gov).

Benefit Categories	Anthem Select HMO	Anthem Traditional HMO	Blue Shield Access+ HMO	Health Net SmartCare HMO	Kaiser HMO	United HealthCare - HMO
<b>Prescription Drug Benefits</b>						
• Prescription Drug Annual Out-of-Pocket Limit/Individual	\$6,400 (in addition to Medical OOP limit)	\$6,400 (in addition to Medical OOP limit)	\$6,400 (in addition to Medical OOP limit)	\$6,400 (in addition to Medical OOP limit)	\$5,850 (in addition to Medical OOP limit)	\$6,400 (in addition to Medical OOP limit)
• Prescription Drug Annual Out-of-Pocket Limit/Family	\$12,800 (Mail-order OOP: \$1,000/family in addition to Medical OOP limit)	\$12,800 (Mail-order OOP: \$1,000/family in addition to Medical OOP limit)	\$12,800 (Mail-order OOP: \$1,000/family in addition to Medical OOP limit)	\$12,800 (Mail-order OOP: \$1,000/family in addition to Medical OOP limit)	\$11,700 (Mail-order OOP: \$1,000/family in addition to medical OOP limit)	\$12,800 (Mail-order OOP: \$1,000/family in addition to Medical OOP limit)
– Generic	\$5 copay (managed by OptumRx)	\$5 copay (managed by OptumRx)	\$5 copay (managed by OptumRx)	\$5 copay (managed by OptumRx)	\$5 copay	\$5 copay (managed by OptumRx)
– Brand (Formulary/Preferred)	\$20 copay (managed by OptumRx)	\$20 copay (managed by OptumRx)	\$20 copay (managed by OptumRx)	\$20 copay (managed by OptumRx)	\$20 copay	\$20 copay (managed by OptumRx)
– Brand (Non-Formulary/Non-preferred)	\$50 copay (managed by OptumRx)	\$50 copay (managed by OptumRx)	\$50 copay (managed by OptumRx)	\$50 copay (managed by OptumRx)		\$50 copay (managed by OptumRx)
– Number of Days Supply	30 days	30 days	30 days	30 days	30 days	30 days
• Mail Order						
<b>Mail Order Mandatory</b>	Yes	Yes	Yes	Yes	Yes	Yes
– Generic	\$10 copay (managed by OptumRx) (\$1,000 OOP max/family; included in Rx OOP limit; excludes non-preferred brands)	\$10 copay (managed by OptumRx) (\$1,000 OOP max/family; included in Rx OOP limit; excludes non-preferred brands)	\$10 copay (managed by OptumRx) (\$1,000 OOP max/family; included in Rx OOP limit; excludes non-preferred brands)	\$10 copay (managed by OptumRx) (\$1,000 OOP max/family; included in Rx OOP limit; excludes non-preferred brands)	\$10 copay (\$1,000 OOP max/family; included in Rx OOP limit; excludes non-preferred brands)	\$10 copay (managed by OptumRx) (\$1,000 OOP max/family; included in Rx OOP limit; excludes non-preferred brands)
– Brand (Formulary/Preferred)	\$40 copay (managed by OptumRx) (\$1,000 OOP max/family; included in Rx OOP limit; excludes non-preferred brands)	\$40 copay (managed by OptumRx) (\$1,000 OOP max/family; included in Rx OOP limit; excludes non-preferred brands)	\$40 copay (managed by OptumRx) (\$1,000 OOP max/family; included in Rx OOP limit; excludes non-preferred brands)	\$40 copay (managed by OptumRx) (\$1,000 OOP max/family; included in Rx OOP limit; excludes non-preferred brands)	\$40 copay (\$1,000 OOP max/family; included in Rx OOP limit; excludes non-preferred brands)	\$40 copay (managed by OptumRx) (\$1,000 OOP max/family; included in Rx OOP limit; excludes non-preferred brands)
– Brand (Non-Formulary/Non-preferred)	\$100 copay (managed by OptumRx)	\$100 copay (managed by OptumRx)	\$100 copay (managed by OptumRx)	\$100 copay (managed by OptumRx)		\$100 copay (managed by OptumRx)
– Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days	100 days (30-day supply for certain drugs)	90 days

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# Medical – CalPERS HMO Plans (continued)

For more information on CalPERS please visit Human Resources, or the CalPERS website [calpers.ca.gov](http://calpers.ca.gov).

Benefit Categories	Anthem Select HMO	Anthem Traditional HMO	Blue Shield Access+ HMO	Health Net SmartCare HMO	Kaiser HMO	United HealthCare - HMO
Other Services and Supplies						
• Durable Medical Equipment & Prosthetic Devices	100%	100%	100%	100%	100%	100%
• Home Health Care	100% (\$15 copay/visit for Physical, Occupational or Speech therapy at home) prior authorization required; custodial care not covered	100% (\$15 copay/visit for Physical, Occupational or Speech therapy at home) prior authorization required; custodial care not covered	100% (\$15 copay/visit for Physical, Occupational or Speech therapy at home) prior authorization required; custodial care not covered	100% (\$15 copay/visit for Physical, Occupational or Speech therapy at home) prior authorization required; custodial care not covered	100% (prior authorization required; custodial care not covered)	100% (\$15 copay/visit for Physical, Occupational or Speech therapy at home) prior authorization required; custodial care not covered
• Skilled Nursing or Extended Care Facility	100% Up to 100 days/ calendar year	100% Up to 100 days/ calendar year	100% Up to 100 days/ calendar year	100% Up to 100 days/ calendar year	100% Up to 100 days/ benefit period	100% Up to 100 days/ calendar year
• Hospice Care	100%	100%	100%	100%	100%	100%
• Chiropractic Services	\$15 copay Up to 20 visits/calendar year; combined w/ Acupuncture	\$15 copay Up to 20 visits/calendar year; combined w/ Acupuncture	\$15 copay Up to 20 visits/calendar year; combined w/ Acupuncture	\$15 copay Up to 20 visits/calendar year; combined w/ Acupuncture	\$15 copay (when medically necessary); Up to 20 visits/calendar year; combined w/ Acupuncture	\$15 copay Up to 20 visits/calendar year; combined w/ Acupuncture
• Acupuncture	\$15 copay Up to 20 visits/ calendar year; combined w/ Chiropractic	\$15 copay Up to 20 visits/ calendar year; combined w/ Chiropractic	\$15 copay Up to 20 visits/ calendar year; combined w/ Chiropractic	\$15 copay Up to 20 visits/ calendar year; combined w/ Chiropractic	\$15 copay (when medically necessary); Up to 20 visits/ calendar year; combined w/ Chiropractic	\$15 copay Up to 20 visits/ calendar year; combined w/ Chiropractic

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

# Medical – CalPERS HMO Plans (continued)

For more information on CalPERS please visit Human Resources, or the CalPERS website [calpers.ca.gov](http://calpers.ca.gov).

Benefit Categories	Anthem Select HMO	Anthem Traditional HMO	Blue Shield Access+ HMO	Health Net SmartCare HMO	Kaiser HMO	United HealthCare - HMO
<b>Vision</b>						
• Examination	100% (members 18+ yrs/ one visit per year)	100% (members 18+ yrs/ one visit per year)	100% (members 18+ yrs/ one visit per year)	100% (members 18+ yrs/ one visit per year)	100%	100% (members 18+ yrs/ one visit per year)
• Materials						
– Benefit Frequency						
– Examination	12 months	12 months	12 months	12 months	12 months	12 months
– Lenses	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
– Frames	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
– Contacts	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
<b>Hearing</b>						
• Screening	100%	100%	100%	100%	100%	100%
• Aid(s)	\$1,000 max every 36 months for both ears	\$1,000 max every 36 months for both ears	\$1,000 max every 36 months for both ears	\$1,000 max every 36 months for both ears	\$1,000 max every 36 months for both ears	\$1,000 max every 36 months for both ears
<b>Infertility</b>						
• Diagnosis	50% of covered charges; See Plan Certificate for more details	50% of covered charges; See Plan Certificate for more details	50% of covered charges; See Plan Certificate for more details	50% of covered charges; See Plan Certificate for more details	50% See Plan Certificate for more details	50% of covered charges; See Plan Certificate for more details
• Treatment	50% of covered charges; See Plan Certificate for more details	50% of covered charges; See Plan Certificate for more details	50% of covered charges; See Plan Certificate for more details	50% of covered charges; See Plan Certificate for more details	50% See Plan Certificate for more details	50% of covered charges; See Plan Certificate for more details
<b>Outpatient Rehabilitative Therapy Services</b>						
• Physical	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
• Occupational	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
• Speech	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

# Medical – CalPERS PPO Plans

For more information on CalPERS please visit Human Resources, or the CalPERS website [calpers.ca.gov](http://calpers.ca.gov).

Benefit Categories	PERS Choice – PPO		PERS Select – PPO		PERSCare – PPO		PORAC – PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>General Plan Information</b>								
• Annual Deductible								
– Individual	\$500 (not transferable between plans)	\$500 (not transferable between plans)	\$1,000* (not transferable between plans)	\$1,000* (not transferable between plans)	\$500 (not transferable between plans)	\$500 (not transferable between plans)	\$300 (not transferable between plans)	\$600 (not transferable between plans)
– Family	\$1,000 (not transferable between plans)	\$1,000 (not transferable between plans)	\$2,000* (not transferable between plans)	\$2,000* (not transferable between plans)	\$1,000 (not transferable between plans)	\$1,000 (not transferable between plans)	\$900 (not transferable between plans)	\$1,800 (not transferable between plans)
• Coinsurance	80%	60%	80%	60%	90%	60%	90%	90% plus amt in excess of max allowed
• Office Visit/Exam	\$20 copay	60%	\$35 copay (non-PCP); \$10 copay/PCP enrolled; (deductible does not apply)	60%	\$20 copay	60%	\$20 copay/visit; 90% for all other services	90% plus amt in excess of max allowed
• Outpatient Specialist Visit	\$35 copay	60%	\$35 copay (deductible does not apply)	60%	\$35 copay	60%	\$20 copay/visit; 90% for all other services	90% plus amt in excess of max allowed
• Annual Out-of-Pocket Limit Individual	\$3,000 (does not include Rx)	No Limit	\$3,000 (does not include Rx)	No Limit	\$2,000 (does not include Rx)	No Limit	\$3,000 (does not include Rx)	No limit (does not include Rx)
• Annual Out-of-Pocket Limit Family	\$6,000 (does not include Rx)	No Limit	\$6,000 (does not include Rx)	No Limit	\$4,000 (does not include Rx)	No Limit	\$6,000 (does not include Rx)	No limit (does not include Rx)
• Deductible Included in Out-of-Pocket Limits	Yes	Not applicable	Yes	Not applicable	Yes	Not applicable	Yes	Not applicable
• Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Preventive Services</b>								
• Well-Child Care	100% (some restrictions apply; see EOC)	60%	100% (some restrictions apply; see EOC)	60%	100% (some restrictions apply; see EOC)	60%	100%	90% plus amt in excess of max allowed
• Immunizations	100% (some restrictions apply; see EOC)	60%	100% (some restrictions apply; see EOC)	60%	100% (some restrictions apply; see EOC)	60%	100%	90% plus amt in excess of max allowed
• Well Woman Exams	100% (some restrictions apply; see EOC)	60%	100% (some restrictions apply; see EOC)	60%	100% (some restrictions apply; see EOC)	60%	100%	90% plus amt in excess of max allowed
• Mammograms	80%	60%	80%	60%	90%	60%	90%	90% plus amt in excess of max allowed
• Adult Periodic Exams with Preventive Tests	100% (some restrictions apply; see EOC)	60%	100% (some restrictions apply; see EOC)	60%	100% (some restrictions apply; see EOC)	60%	100% (some restrictions apply; see EOC)	90% plus amt in excess of max allowed
• Diagnostic X-Ray and Lab Tests	80%	60%	80%	60%	90%	60%	90%	90% plus amt in excess of max allowed

\* Five incentives may reduce deductible - see EOC for details

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# Medical – CalPERS PPO Plans (continued)

For more information on CalPERS please visit Human Resources, or the CalPERS website [calpers.ca.gov](http://calpers.ca.gov).

Benefit Categories	PERS Choice – PPO		PERS Select – PPO		PERSCare – PPO		PORAC – PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Maternity Care</b>								
• Pregnancy and Maternity Care (Pre-Natal Care)	80%	60%	80%	60%	90%	60%	\$20 copay/visit; 90% for all other services	90% plus amt in excess of max allowed
<b>Inpatient Hospital Services</b>								
• Inpatient Hospitalization					\$250 per admission	\$250 per admission		
• Pre-Authorization of Services Required	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
• Semi-Private Room & Board; Including Services and Supplies	80%	60%	80% for Tier 1 facility; 70% for Tier 2 facility	60%	90%	60%	90%	90% plus amt in excess of max allowed
<b>Surgical Services</b>								
• Outpatient Facility Charge	80% (services & supplies limited for certain procedures)	60% (benefit limited to \$350/visit)	80% for Tier 1 facility; 70% for Tier 2 facility (services & supplies limited for certain procedures)	60% (benefit limited to \$350/visit)	90%	60% (benefit limited to \$350/visit)	90%	90% plus amt in excess of max allowed
<b>Emergency Services</b>								
• Emergency Room	\$50 copay waived if admitted; 80% for ER services rendered	\$50 copay waived if admitted; 80% for ER services rendered	\$50 copay waived if admitted; 80% for ER services rendered	\$50 copay waived if admitted; 80% for ER services rendered	\$50 copay/ER room; 90% all other services	\$50 copay/ER room; 90% all other services	90%	90% plus amt in excess of max allowed
<b>Ambulance</b>								
• Air	80%	80%	80%	80%	90%	90%	80% plus amt in excess of max allowed	80% plus amt in excess of max allowed
• Ground	80%	80%	80%	80%	90%	90%	80% plus amt in excess of max allowed	80% plus amt in excess of max allowed
<b>Urgent Care</b>								
• Urgent Care Facility	\$35 copay/physician services; 80% for other services rendered	60%	\$35 copay (deductible does not apply)	60%	\$35 copay/physician services; 90% for other services rendered	60%	90%	90% plus amt in excess of max allowed
<b>Mental Health Benefits</b>								
• Inpatient Care	80%	60%	80% for Tier 1 facility; 70% for Tier 2 facility	60%	90% after \$250 admit fee	60% after \$250 admit fee	90%	90% plus amt in excess of max allowed
• Outpatient Care	\$20 copay	60%	\$35 copay (non-PCP); \$10 copay/PCP enrolled	60%	\$20 copay	60%	\$20 copay	90% plus amt in excess of max allowed
<b>Substance Abuse</b>								
• Inpatient Care								
– Inpatient Hospitalization	80%	60%	80% for Tier 1 facility; 70% for Tier 2 facility	60%	90% after \$250 admit fee	60% after \$250 admit fee	90%	90% plus amt in excess of max allowed
– Inpatient Detoxification Services	80%	60%	80% for Tier 1 facility; 70% for Tier 2 facility	60%	90% after \$250 admit fee	60% after \$250 admit fee	90%	90% plus amt in excess of max allowed

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# Medical – CalPERS PPO Plans (continued)

For more information on CalPERS please visit Human Resources, or the CalPERS website [calpers.ca.gov](http://calpers.ca.gov).

Benefit Categories	PERS Choice – PPO		PERS Select – PPO		PERSCare – PPO		PORAC – PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
• Outpatient Care								
– Outpatient Services	\$20 copay	60%	\$35 copay (non-PCP); \$10 copay/PCP enrolled	60%	\$20 copay	60%	\$20 copay	90% plus amt in excess of max allowed
<b>Prescription Drug Benefits</b>								
• Prescription Drug Annual Out-of-Pocket Limit <b>Individual</b>	\$2,000 (\$1,000 OOP/member required for Mail Order; in addition to Medical OOP limit)	No Limit	\$2,000 (\$1,000 OOP/member required for Mail Order; in addition to Medical OOP limit)	No Limit	\$2,000 (\$1,000 OOP/member required for Mail Order; in addition to Medical OOP limit)	No Limit	\$3,000 (in addition to Medical OOP limit)	No limit
• Prescription Drug Annual Out-of-Pocket Limit <b>Family</b>	\$4,000 (\$1,000 OOP/member required for Mail Order; in addition to Medical OOP limit)	No Limit	\$4,000 (\$1,000 OOP/member required for Mail Order; in addition to Medical OOP limit)	No Limit	\$4,000 (\$1,000 OOP/member required for Mail Order; in addition to Medical OOP limit)	No Limit	\$6,000 (in addition to Medical OOP limit)	No limit
• Generic	\$5 copay (managed by OptumRx)	Not covered	\$5 copay (managed by OptumRx)	Not covered	\$5 copay (managed by OptumRx)	Not covered	\$10 copay	\$10 copay
– Brand (Formulary/Preferred)	\$20 copay (managed by OptumRx)	Not covered	\$20 copay (managed by OptumRx)	Not covered	\$20 copay (managed by OptumRx)	Not covered	\$25 copay	\$25 copay
– Brand (Non-Formulary/Non-preferred)	\$50 copay (managed by OptumRx)	Not covered	\$50 copay (managed by OptumRx)	Not covered	\$50 copay (managed by OptumRx)	Not covered	\$45 copay	\$45 copay
– Number of Days Supply	30 days	N/A	30 days	N/A	34 days	N/A	30 days	30 days
• Mail Order								
– Generic	\$10 copay (managed by OptumRx) (\$1,000 OOP max/person; included in Rx OOP; excludes non-preferred brands)	Not covered	\$10 copay (managed by OptumRx) (\$1,000 OOP/member; included in Rx OOP; excludes non-preferred brands)	Not covered	\$10 copay (managed by OptumRx) (\$1,000 OOP max/member; included in Rx OOP; excludes non-preferred brands)	Not covered	\$20 copay	Not covered
– Brand (Formulary/Preferred)	\$40 copay (managed by OptumRx) (\$1,000 OOP max/person; included in Rx OOP; excludes non-preferred brands)	Not covered	\$40 copay (managed by OptumRx) (\$1,000 OOP/member; included in Rx OOP; excludes non-preferred brands)	Not covered	\$40 copay (managed by OptumRx) (\$1,000 OOP max/member; included in Rx OOP; excludes non-preferred brands)	Not covered	\$40 copay	Not covered
– Brand (Non-Formulary/Non-preferred)	\$100 copay (managed by OptumRx)	Not covered	\$100 copay	Not covered	\$100 copay (managed by OptumRx)	Not covered	\$75 copay	Not covered
– Number of Days Supply for Mail Order	90 days	N/A	90 days	N/A	90 days	N/A	90 days	N/A

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# Medical – CalPERS PPO Plans (continued)

For more information on CalPERS please visit Human Resources, or the CalPERS website [calpers.ca.gov](http://calpers.ca.gov).

Benefit Categories	PERS Choice – PPO		PERS Select – PPO		PERSCare – PPO		PORAC – PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Other Services and Supplies								
• Durable Medical Equipment & Prosthetic Devices	80% (pre-certification required for equipment)	60% (pre-certification required for equipment)	80% (pre-certification required on equipment)	60% (pre-certification required on equipment)	90% (pre-certification required for equipment \$1,000+)	60% (pre-certification required for equipment \$1,000+)	80% plus amt in excess of max allowed	80% plus amt in excess of max allowed
• Home Health Care	80% (Up to 45 visits/cal yr; pre-authorization required)	60% (Up to 45 visits/cal yr; pre-authorization required)	80% (Up to 45 visits/cal yr; pre-authorization required)	60% (Up to 45 visits/cal yr; pre-authorization required)	90% (Up to 100 visits/cal yr)	60% (Up to 100 visits/cal yr)	90% Up to 100 visits/cal yr combined w/ Out-of-Network	90% plus amt in excess of max allowed; Up to 100 visits/cal yr combined w/ In-Network
• Skilled Nursing or Extended Care Facility	80% first 10 days; 70% next 90 days (pre-certification required; Up to 100 days/cal yr)	60% (pre-certification required; Up to 100 days/cal yr)	80% first 10 days; 70% next 90 days (pre-certification required; Up to 100 days/cal yr)	60% (pre-certification required; Up to 100 days/cal yr)	90% first 10 days; 80% next 170 days (pre-certification required; Up to 180 days/cal yr)	60% (pre-certification required; Up to 180 days/cal yr)	90% pre-certification required; Up to 100 days/cal yr combined w/Out-of-Network	90% plus amt in excess of max allowed pre-certification required; Up to 100 days/cal yr combined w/In-Network
• Hospice Care	80%	60%	80%	60%	90%	90%	90% plus amt in excess of max allowed	90% plus amt in excess of max allowed
• Chiropractic Services	\$15 copay; combined with Acupuncture; Up to 20 visits/cal yr	60% combined with Acupuncture; Up to 20 visits/cal yr	\$15 copay; combined with Acupuncture; Up to 20 visits/cal yr	60% combined with Acupuncture; Up to 20 visits/cal yr	\$15 copay combined with Acupuncture; Up to 20 visits/cal yr	60% combined with Acupuncture; Up to 20 visits/cal yr	\$20 copay; Up to 20 visits/cal yr combined w/Physical & Occupational therapy	90% plus amt in excess of max allowed; Up to 20 visits/cal yr combined w/Physical & Occupational therapy
• Acupuncture	\$15 copay; combined with Chiropractic; Up to 20 visits/cal yr	60% combined with Chiropractic; Up to 20 visits/cal yr	\$15 copay; combined with Chiropractic; Up to 20 visits/cal yr	60% combined with Chiropractic; Up to 50 visits/cal yr	\$15 copay combined with Chiropractic; Up to 20 visits/cal yr	60% combined with Chiropractic; Up to 20 visits/cal yr	\$20 copay/visit; 90% for other services; Up to 20 visits/cal yr	90% plus amt in excess of max allowed; Up to 20 visits/cal yr
Hearing								
• Screening	80%	60%	80%	60%	90%	60%	80% (No deductible)	80% plus amt in excess of max allowed (No deductible)
• Aid(s)	80% (Up to \$1,000 every 36 months)	60% (Up to \$1,000 every 36 months)	80% (\$1,000 every 36 months)	60% (\$1,000 every 36 months)	90% (\$1,000 every 36 months)	60% (\$1,000 every 36 months)	80% (No deductible) limit 1 hearing aid/per ear every 36 months	80% (No deductible) plus amt in excess of maximum allowed; limit 1 hearing aid/per ear every 36 months

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# Medical – CalPERS PPO Plans (continued)

For more information on CalPERS please visit Human Resources, or the CalPERS website [calpers.ca.gov](http://calpers.ca.gov).

Benefit Categories	PERS Choice – PPO		PERS Select – PPO		PERSCare – PPO		PORAC – PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Infertility								
• Diagnosis	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	50% plus amt in excess of max allowed; \$5,000 lifetime max combined w/Out-of-Network; see plan certificated for more details	50% plus amt in excess of max allowed; \$5,000 lifetime max combined w/Out-of-Network; see plan certificated for more details
• Treatment	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	50% plus amt in excess of max allowed; \$5,000 lifetime max combined w/Out-of-Network; see plan certificated for more details	50% plus amt in excess of max allowed; \$5,000 lifetime max combined w/In-Network; see plan certificated for more details
Outpatient Rehabilitative Therapy Services								
• Physical	80% Up to 24 visits/ cal yr combined with Occupational	60% Up to 24 visits/ cal yr combined with Occupational	80% Up to 24 visits/cal yr	60% Up to 24 visits/cal yr	90%	60%	\$20 copay; Up to 20 visits/ cal yr combined w/ Occupational & Chiropractic	90% plus amt in excess of max allowed; Up to 20 visits/ cal yr combined w/ Occupational & Chiropractic
• Occupational	80% Up to 24 visits/cal yr combined with Physical	80% Up to 24 visits/cal yr combined with Physical	80% Up to 24 visits/cal yr	80% Up to 24 visits/cal yr	90%	60%	\$20 copay; Up to 20 visits/cal yr combined w/Physical & Chiropractic	90% plus amt in excess of max allowed; Up to 20 visits/cal yr combined w/Physical & Chiropractic
• Speech	80% Up to 24 visits/cal yr	60% Up to 24 visits/cal yr	80% Up to 24 visits/cal yr	60% Up to 24 visits/cal yr	90% Up to 24 visits/cal yr	60% Up to 24 visits/cal yr	\$20 copay; Up to 20 visits/cal yr	90% plus amt in excess of max allowed; Up to 20 visits/cal yr

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# Dental

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When it comes to choosing a dental plan, you want benefits that fit the needs of you and your family. MetLife PPO and Dental HMO both offer comprehensive dental coverage, quality care and excellent customer service. The City allows all full-time and permanent part-time employee and their eligible dependents to elect from one of the two plan offerings.

## MetLife DHMO

MetLife DHMO is our prepaid plan that features set copayments, no annual deductibles and no maximums for covered benefits. In most states, enrollees must select a primary care dentist in the MetLife Dental network from whom they receive treatment as in a traditional dental HMO.

## MetLife PPO

MetLife Dental PPO, our preferred provider organization (PPO) plan, provides access to the largest PPO dentist network in the U.S. MetLife Dental dentists agree to accept reduced fees for covered procedures when treating PPO patients. This means your out-of-pocket costs are usually lower when you visit a PPO dentist than when you visit a non-MetLife dentist, but you have the freedom to visit any licensed dentist, anywhere in the world.



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# Dental (continued)

## MetLife Dental DHMO

With the MetLife DHMO Plan, you receive care from your assigned dentist and are informed of copay amounts ahead of time..

Plan Benefits	Dental HMO / Managed Care
<b>General Plan Information</b>	
• Annual Deductible	
– Individual	\$0
– Family	\$0
• Waived for Preventive	N/A
• Annual Plan Maximum	N/A
• Lifetime Orthodontia Plan Maximum	\$1450
<b>Diagnostic and Preventive Services</b>	
• Diagnostic and Preventive	\$0 - \$50 copay
• Oral Exams	100% covered
• Bitewing X-rays	100% covered
• Full Mouth X-rays	100% covered every 24 months
• Cleaning and Scaling	100% covered every six months
• Prophylaxis Treatments	100% covered every six months
• Fluoride Treatments	100% covered
• Space Maintainers	100% covered
• Sealants	\$0 copay
<b>Basic Services</b>	
• Basic	\$0 – \$225 copay
• Oral Surgery (Extractions and Other Surgical Procedures)	\$0 – \$90 copay
• Endodontic Treatment	\$0 – \$220 copay
• Periodontic Treatment	\$0 – \$265 copay
• Re-linings and Re-basings of Existing Removable Dentures	\$0 – \$365 copay
• Repair or Re-cementing of Crowns, Inlays, Onlays, Dentures or Bridgework	\$0 – \$195 copay

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## Dental (continued)



Plan Benefits	Dental HMO / Managed Care
<b>Major Services</b>	
• Major	\$0 – \$195 copay
• Crowns, Jackets and Cast Restorations	\$0 – \$195 copay
• TMJ	Not covered
• Prosthodontic Benefits (Fixed Bridges, Partial / Complete Dentures)	\$0 – \$195 copay
• Implants	Not covered
<b>Orthodontia Services</b>	
• Orthodontia (Children and adults)	\$0 – \$1,450 copay; see plan document for limitations

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# Dental (continued)

## Dental PPO

Although the percentages of Benefits are the same no matter which dentist you choose, your out-of-pocket expenses may be greater if you choose a MetLife PPO Dentist.

Plan Benefits	PPO Plus	
	In-Network	Out-of-Network
<b>General Plan Information</b>		
• Annual Deductible		
– Individual	\$25	\$25
– Family	\$75	\$75
• Waived for Preventive	No	No
• Annual Plan Maximum	\$1,750	\$1,750
• Lifetime Orthodontia Plan Maximum		
<b>Diagnostic and Preventive Services</b>		
• Diagnostic and Preventive	100%	100%
• Oral Exams	100%	100%
• Bitewing X-rays	100%	100%
• Full Mouth X-rays	100%	100%
• Cleaning and Scaling	100%	100%
• Prophylaxis Treatments	100%	100%
• Fluoride Treatments	100%	100%
• Space Maintainers	100%	100%
• Sealants	100%	100%
<b>Basic Services</b>		
• Basic	80%	60%
• Oral Surgery (Extractions and Other Surgical Procedures)	80%	60%
• Endodontic Treatment	80%	60%
• Periodontic Treatment	80%	60%
• Re-linings and Re-basings of Existing Removable Dentures	80%	60%
• Repair or Re-cementing of Crowns, Inlays, Onlays, Dentures or Bridgework	80%	60%

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## Dental (continued)

Plan Benefits	MetLife PPO PDP Plus	
	In-Network	Out-of-Network
Major Services		
• Major	50%	40%
• Crowns, Jackets and Cast Restorations	50%	40%
• TMJ	50%	Not covered
• Prosthodontic Benefits (Fixed Bridges, Partial / Complete Dentures)	50%	40%
• Implants	50%	Not covered; see plan document

For more information on MetLife please visit [metlife.com](http://metlife.com).  
To look up a dental provider please visit [metlife.com](http://metlife.com)



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# Vision

The City offers a vision plan through VSP. The plan pays benefits and offers discounts for most vision care expenses you incur while covered by the plan, subject to the maximum amounts shown below. Vision coverage is available for non-sworn full-time and permanent part-time employees and their eligible dependents. If you use VSP providers, your costs for most services and materials are limited to the applicable copays. To find more information on VSP or to locate a provider, please visit [vsp.com](http://vsp.com).

Plan Benefits	MetLife Vision Service Plan (VSP)	
	In-Network	Out-of-Network
<b>General Plan Information</b>		
• Exam	\$10 copay, combined with materials copay	Up to \$45 allowance
• Materials	\$10 copay, combined with materials copay	Not covered
<b>Benefit Frequency</b>		
• Exam	12 months	12 months
• Lenses	12 months	12 months
• Frames	24 months	24 months
• Contacts	12 months	12 months
<b>Covered Services</b>		
• Single Vision Lens	Covered after copay	Up to \$30
• Bifocal Lens	Covered after copay	Up to \$50
• Trifocal Lenses	Covered after copay	Up to \$65
• Lenticular	Covered after copay	Up to \$100
• Basic Progressive	Covered after copay	Up to \$75
<b>Lens Options</b>		
• UV Coating	Covered after copay	Up to \$50
• Tint (Solid and Gradient)	20-25% discounted savings	Up to \$50
• Scratch Resistance	20-25% discounted savings	Up to \$50
• Basic Polycarbonate	20-25% discounted savings	Up to \$50
• Standard Anti-Reflective	\$37 copay	Up to \$50
• Other Add-Ons and Services	Discounts available	Not covered
<b>Contact Lenses</b>		
• Medically Necessary	Covered after copay	Up to \$210 allowance
• Elective	Up to \$130 allowance	Up to \$105 allowance
<b>Other Services</b>		
• Corrective Vision Services (Laser Surgery)	Discount available	
• Second Pair of Glasses	Discount available	

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# Basic Life and AD&D

## Basic Life

The City of Cathedral City provides Group Life and Accidental Death and Dismemberment Insurance for full-time and permanent part-time employees.

## Don't Forget to Name a Beneficiary

A beneficiary is the person or persons who will be paid if you die while covered by the plan. A person becomes your beneficiary only if you have named them when you enrolled. If you are married and not naming your spouse as the beneficiary, the spouse must sign an acknowledgement. You may change your beneficiary at any time by completing a new form and returning it to Human Resources.

Basic Life Coverage		
Group	Coverage	AD&D
Elected	\$50,000	Yes
Non-Represented	2x Annual Salary	Yes
CCPMA	2x Annual Salary	Yes
CCFMA	2x Annual Salary	Yes
CCPOA	1x Annual Salary	Yes
CCPFA	1x Annual Salary	Yes
AFSCME	1x Annual Salary	Yes



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# Long Term Disability

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## Eligibility

Class 1 – Executives

Class 2 – Non Reps

Class 3 – AFSCME

Class 4 – CCPMA, CCPOA, CCFMA, CCPFA

The City provides Long-Term Disability (LTD) to employees. LTD is designed to provide a monthly benefit in the event you are unable to work due to a covered disability.



## Benefit Definitions

- **Benefit Waiting Period** – The period of salary continuation for which you are eligible under the Employer's salary continuation plan, whichever is longer.
- **Benefit Percentage** – Percentage of your (pre-disability) monthly earnings the plan replaces.
- **Maximum Duration** – Maximum length of time the benefit is in effect.
- **Maximum Benefit Duration is to SSNRA (Social Security Normal Retirement Age). The Maximum Benefit Duration will be determined as follows:**
  - **Own Occupation to Age 65** definition of disability. You are considered disabled if you are unable to perform the substantial and material duties of your own occupation or you suffer a 20% or greater loss of earnings.
  - **Partial Disability included.**
  - **Return to Work Incentive.** In supporting a claimant's return to work on a part-time basis, during the first 24 months, benefit payments will be paid in addition to the work earnings paid by the employer. The benefit amount paid will be limited to an amount that does not cause the claimant to earn more than 100% of his/her pre-disability earnings. In essence, you can receive full time pay while working part-time.
  - **Survivor Benefit.** If a claimant dies while LTD benefits are payable and the claimant has been continuously disabled for at least 180 days, a lump sum payment equal to three times the monthly "gross" benefit will be paid to a surviving spouse or to unmarried children under the age of 25.
  - **Reasonable Accommodation.** Up to \$25,000 for modifications made that result in a return to work.
  - 3/12 Pre-existing condition limitation.
  - 24-month limitation for disabilities arising from mental disorders or substance abuse.
  - Conversion included.

# Long Term Disability (continued)

Benefits	Summary of Long-Term Disability Benefits			
	Core Plan			
	Executives	Non-Reps	AFSCME	Sworn
Benefit Waiting Period	180 days			
Benefit Percentage	66 2/3%	66 2/3%	60%	60%
Maximum Benefit	\$12,500/month	\$9,000/month	\$7,500/month	\$7,500/month
Age	Benefit Duration			
Age 61 or younger	To SSNRA, 65 or three years + six months if longer			
Age 62	To SSNRA or three years + six months if longer			
Age 63	To SSNRA or three years if longer			
Age 64	To SSNRA or two years + six months if longer			
Age 65	Two years			
Age 66	One year nine months			
Age 67	One year six months			
Age 68	One year three months			
Age 69 or older	One year			



## Important

Please refer to the Certificate of Insurance/Summary Plan Document for a complete description of your rights and the terms under the group policy.

*The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.*

# Voluntary Short Term Disability

## Eligibility

The City offers Short-Term Disability (STD) to employees. STD is designed to provide a weekly benefit in the event you are unable to work due to a covered disability.

- **Class 1**  
All Full-Time and Regular Part-Time Executives
- **Class 2**  
All Full-Time and Regular Part-Time Non-Represented and Confidential Employees
- **Class 3**  
All Full-Time Regular CCPOA/CCPMA Employees
- **Class 4**  
All Full-Time AFSCME Employees
- **Class 5**  
All Full-Time CCPFA Employees
- **Class 6**  
All Full-Time CCFMA Employees

## Benefit Definitions

- **Benefit Waiting Period** – The period of salary continuation for which you are eligible under the Employer's salary continuation plan, whichever is longer.
- **Benefit Percentage** – Percentage of your (pre-disability) monthly earnings the plan replaces.
- **Maximum Duration** – Maximum length of time the benefit is in effect.
- **Maximum Benefit** – Maximum weekly benefit less deductible income (Workers' Compensation, Work Earnings, Social Security, etc.).

Disability can be the single most catastrophic event in a person's life, clouding the future with confusion and uncertainty. Imagine if your ability to work vanished and you no longer received a paycheck. Would you have answers to the following questions?

- How will I make my house or rent payments?
- How will I pay my other bills?
- Will I have money to meet my children's needs?

Benefits	Summary of Short-Term Disability Benefits					
	Core Plan					
	Executives	Non-Reps	CCPOA/ CCPMA	AFSCME	CCPFA	CCFMA
Benefit Waiting Period	7 days					
Benefit Percentage	66 2/3%					
Benefit Duration	25 weeks					
Maximum Benefit	\$2,884/month	\$2,076/month	\$2,290/month	\$1,933/month	\$1,933/month	\$2,170/month

### Important

Please refer to the Certificate of Insurance/Summary Plan Document for a complete description of your rights and the terms under the group policy.

*The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.*

# Voluntary Life and AD&D (continued)

## Voluntary Life Insurance with Accidental Death and Dismemberment (AD&D)

### Summary of Benefits

Sponsored by City of Cathedral City

All Full-Time and Regular Part-Time Employees

Life Benefit	Employee	Spouse/Domestic Partner	Dependent
	Employee must elect coverage for Spouse/Domestic Partner or dependents to be eligible.		
Amount	Choice of \$10,000 increments	Choice of \$5,000 increments	Age 1 Day to age 26: \$10,000
Minimum Amount	\$10,000	\$5,000	\$10,000
Maximum Amount	\$500,000 limited to 5 times your annual salary	\$250,000 limited to 50% of employee amount	\$10,000
Guarantee Issue for Newly Eligible Employee	\$150,000	\$30,000	
Current Eligible Employees	You or your Spouse/Domestic Partner may elect or increase insurance coverage equal to 2 benefit levels on a guaranteed acceptance basis during your company's defined annual open enrollment period, provided that you or your Spouse/Domestic Partner have not been previously declined, withdrawn, or pending for coverage.		
AD&D Benefit	Employee	Spouse/Domestic Partner	
Amount	Optional coverage can be purchased by you for additional premium. Benefit amount equal to the life amount elected by you.	Same as employee	
Benefit Reduction	Employee	Spouse/Domestic Partner	
Benefits will reduce:	35% at age 70; Additional 15% of original amount at age 75; Benefits terminate at retirement	35% at Employee Age 70; Additional 15% of original amount at Employee Age 75 Benefits terminate at Employee Retirement	
Eligibility	Employee	Spouse/Domestic Partner and Dependents	
	All employees in an eligible class.	Cannot be in a period of limited activity on the day coverage takes effect.	
Additional Benefits			
See Definition:	Accelerated Death Benefit		
See Definition:	Portability		
See Definition:	Conversion		
See Definition:	Accident Plus		
See Definition:	Seat Belt, Airbag, and Common Carrier		

# Voluntary Life and AD&D (continued)

Definitions	
Accelerated Death Benefit	Accelerated Death Benefit provides an option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you have satisfied the Active Work rule and have been covered under this policy for the required amount of time as defined by the policy. Check with your tax advisor or attorney before exercising this option.
AD&D	Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable. This insurance is optional and can be purchased by you and your Spouse/Domestic Partner.
Accident Plus	If loss occurs due to an accident, you may also receive the following Accident Plus benefits: Coma, Plegia, Repatriation, Education, Spouse/Domestic Partner Training, & Child Care. Refer to your certificate for more details.
Conversion	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.
Guarantee Issue	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without any Evidence of Insurability requirement. Evidence of Insurability will be required for any amounts above this, for late enrollees or increase in insurance, and it will be provided at your own expense.
Limited Activity	A period when a Spouse/Domestic Partner or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.
Portability	If coverage has been in force for at least 12 months, you may continue coverage for a specified period of time after your employment by paying the required premium. Portability is available if you cease employment for a reason other than total disability or retirement at Social Security Normal Retirement Age. A written application must be made within 31 days of your termination.
Seat Belt, Airbag, and Common Carrier	If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, additional benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less. If loss occurs for you due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate.
Term Life	Benefit provided to the designated beneficiary upon the death of the insured. The benefit is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.
Exclusion: Suicide	Benefits will not be paid if the death results from suicide within 1 year after coverage is effective. May apply if employee contributes toward the premium.
Additional Benefits	
LifeKeysSM	Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.
TravelConnectSM	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.
For assistance or additional information Contact Lincoln Financial Group at	
800.423.2765; reference ID: CATHDRLCTY	<a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a>

**NOTE:** This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

Insurance products are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply. Not for use in New York.

# Voluntary Life and AD&D (continued)

## Monthly Employee Premium Life Premium for Sample Benefit Amounts

Employee and Spouse/Domestic Partner premiums are calculated separately. Spouse/Domestic Partner premiums will be calculated based on the Spouse Age Refer to Program Specifications for your maximum benefit amounts. Benefits and premium amounts reflect age reductions.

Monthly RATE Per \$1000	AGE	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0.0720	<25	\$0.72	\$1.44	\$2.16	\$2.88	\$3.60	\$4.32	\$5.04	\$5.76	\$6.48	\$7.20
0.0720	25-29	\$0.72	\$1.44	\$2.16	\$2.88	\$3.60	\$4.32	\$5.04	\$5.76	\$6.48	\$7.20
0.0810	30-34	\$0.81	\$1.62	\$2.43	\$3.24	\$4.05	\$4.86	\$5.67	\$6.48	\$7.29	\$8.10
0.1170	35-39	\$1.17	\$2.34	\$3.51	\$4.68	\$5.85	\$7.02	\$8.19	\$9.36	\$10.53	\$11.70
0.1800	40-44	\$1.80	\$3.60	\$5.40	\$7.20	\$9.00	\$10.80	\$12.60	\$14.40	\$16.20	\$18.00
0.3110	45-49	\$3.11	\$6.22	\$9.33	\$12.44	\$15.55	\$18.66	\$21.77	\$24.88	\$27.99	\$31.10
0.4860	50-54	\$4.86	\$9.72	\$14.58	\$19.44	\$24.30	\$29.16	\$34.02	\$38.88	\$43.74	\$48.60
0.7520	55-59	\$7.52	\$15.04	\$22.56	\$30.08	\$37.60	\$45.12	\$52.64	\$60.16	\$67.68	\$75.20
1.1610	60-64	\$11.61	\$23.22	\$34.83	\$46.44	\$58.05	\$69.66	\$81.27	\$92.88	\$104.49	\$116.10
1.8990	65-69	\$18.99	\$37.98	\$56.97	\$75.96	\$94.95	\$113.94	\$132.93	\$151.92	\$170.91	\$189.90
3.1280	70-74	\$6,500	\$13,000	\$19,500	\$26,000	\$32,500	\$39,000	\$45,500	\$52,000	\$58,500	\$65,000
		\$20.33	\$40.66	\$61.00	\$81.33	\$101.66	\$121.99	\$142.32	\$162.66	\$182.99	\$203.32
3.1280	75-79	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
		\$15.64	\$31.28	\$46.92	\$62.56	\$78.20	\$93.84	\$109.48	\$125.12	\$140.76	\$156.40
3.1280	80-99	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
		\$15.64	\$31.28	\$46.92	\$62.56	\$78.20	\$93.84	\$109.48	\$125.12	\$140.76	\$156.40

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:

Use this formula to calculate premium for benefit amounts over \$100,000

	Age	Monthly Rate Per 1000	X	Benefit In \$1,000's	=	Monthly Cost
Example:	35	0.1170	X	150	=	\$17.55
			X		=	

Dependent Children  
Benefit Monthly Rate:

\$10,000
\$1.50

Premium covers all dependent children regardless of the number of children.

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# Voluntary Life and AD&D (continued)

## Monthly Spouse/Domestic Partner Premium Life Premium for Sample Benefit Amounts

Employee and Spouse/Domestic Partner premiums are calculated separately. Spouse/Domestic Partner premiums will be calculated based on the Spouse Age Refer to Program Specifications for your maximum benefit amounts. Benefits and premium amounts reflect age reductions.

Monthly RATE Per \$1000	AGE	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0.0720	<25	\$0.36	\$0.72	\$1.08	\$1.44	\$1.80	\$2.16	\$2.52	\$2.88	\$3.24	\$3.60
0.0720	25-29	\$0.36	\$0.72	\$1.08	\$1.44	\$1.80	\$2.16	\$2.52	\$2.88	\$3.24	\$3.60
0.0810	30-34	\$0.41	\$0.81	\$1.22	\$1.62	\$2.03	\$2.43	\$2.84	\$3.24	\$3.65	\$4.05
0.1170	35-39	\$0.59	\$1.17	\$1.76	\$2.34	\$2.93	\$3.51	\$4.10	\$4.68	\$5.27	\$5.85
0.1800	40-44	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
0.3110	45-49	\$1.56	\$3.11	\$4.67	\$6.22	\$7.78	\$9.33	\$10.89	\$12.44	\$14.00	\$15.55
0.4860	50-54	\$2.43	\$4.86	\$7.29	\$9.72	\$12.15	\$14.58	\$17.01	\$19.44	\$21.87	\$24.30
0.7520	55-59	\$3.76	\$7.52	\$11.28	\$15.04	\$18.80	\$22.56	\$26.32	\$30.08	\$33.84	\$37.60
1.1610	60-64	\$5.81	\$11.61	\$17.42	\$23.22	\$29.03	\$34.83	\$40.64	\$46.44	\$52.25	\$58.05
1.8990	65-69	\$9.50	\$18.99	\$28.49	\$37.98	\$47.48	\$56.97	\$66.47	\$75.96	\$85.46	\$94.95
3.1280	70-74	\$3,250	\$6,500	\$9,750	\$13,000	\$16,250	\$19,500	\$22,750	\$26,000	\$29,250	\$32,500
		\$10.17	\$20.33	\$30.50	\$40.66	\$50.83	\$61.00	\$71.16	\$81.33	\$91.49	\$101.66
3.1280	75-79	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
		\$7.82	\$15.64	\$23.46	\$31.28	\$39.10	\$46.92	\$54.74	\$62.56	\$70.38	\$78.20
3.1280	80-99	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
		\$7.82	\$15.64	\$23.46	\$31.28	\$39.10	\$46.92	\$54.74	\$62.56	\$70.38	\$78.20

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

### Example:

Use this formula to calculate premium for benefit amounts over \$50,000

	Age	Monthly Rate Per 1000	X	Benefit In \$1,000's	=	Monthly Cost
Example:	35	0.1170	X	150	=	\$8.78
			X		=	

Dependent Children  
Benefit Monthly Rate:

\$10,000
\$1.50

Premium covers all dependent children regardless of the number of children.

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# Voluntary Life and AD&D (continued)

## Monthly Employee Life Premium With Accidental Death & Dismemberment Life Premium for Sample Benefit Amounts

### Monthly Employee Premium

Life and Accidental Death and Dismemberment Premium for sample benefit amounts. Employee and Spouse/Domestic Partner premiums are calculated separately. Refer to Program Specifications for your maximum benefit amounts. Benefits and premium amounts reflect age reductions.

Monthly RATE Per \$1000	AGE	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0.0920	<25	\$0.92	\$1.84	\$2.76	\$3.68	\$4.60	\$5.52	\$6.44	\$7.36	\$8.28	\$9.20
0.0920	25-29	\$0.92	\$1.84	\$2.76	\$3.68	\$4.60	\$5.52	\$6.44	\$7.36	\$8.28	\$9.20
0.1010	30-34	\$1.01	\$2.02	\$3.03	\$4.04	\$5.05	\$6.06	\$7.07	\$8.08	\$9.09	\$10.10
0.1370	35-39	\$1.37	\$2.74	\$4.11	\$5.48	\$6.85	\$8.22	\$9.59	\$10.96	\$12.33	\$13.70
0.2000	40-44	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00
0.3310	45-49	\$3.31	\$6.62	\$9.93	\$13.24	\$16.55	\$19.86	\$23.17	\$26.48	\$29.79	\$33.10
0.5060	50-54	\$5.06	\$10.12	\$15.18	\$20.24	\$25.30	\$30.36	\$35.42	\$40.48	\$45.54	\$50.60
0.7720	55-59	\$7.72	\$15.44	\$23.16	\$30.88	\$38.60	\$46.32	\$54.04	\$61.76	\$69.48	\$77.20
1.1810	60-64	\$11.81	\$23.62	\$35.43	\$47.24	\$59.05	\$70.86	\$82.67	\$94.48	\$106.29	\$118.10
1.9190	65-69	\$19.19	\$38.38	\$57.57	\$76.76	\$95.95	\$115.14	\$134.33	\$153.52	\$172.71	\$191.90
3.1480	70-74	\$6,500	\$13,000	\$19,500	\$26,000	\$32,500	\$39,000	\$45,500	\$52,000	\$58,500	\$65,000
		\$20.46	\$40.92	\$61.39	\$81.85	\$102.31	\$122.77	\$143.23	\$163.70	\$184.16	\$204.62
3.1480	75-79	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
		\$15.74	\$31.48	\$47.22	\$62.96	\$78.70	\$94.44	\$110.18	\$125.92	\$141.66	\$157.40
3.1480	80-99	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
		\$15.74	\$31.48	\$47.22	\$62.96	\$78.70	\$94.44	\$110.18	\$125.92	\$141.66	\$157.40

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:

Use this formula to calculate premium for benefit amounts over \$50,000

	Age	Monthly Rate Per 1000	X	Benefit In \$1,000's	=	Monthly Cost
	35	0.1370	X	150	=	\$20.55
Example:			X		=	

Dependent Children  
Benefit Monthly Rate:

\$10,000
\$1.50

Premium covers all dependent children regardless of the number of children.

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# Voluntary Life and AD&D (continued)

## Monthly Spouse/Domestic Partner Premium Life With Accidental Death and Dismemberment Premium for Sample Benefit Amounts

Employee and Spouse/Domestic Partner premiums are calculated separately. Spouse/Domestic Partner premiums will be calculated based on the Spouse Age Refer to Program Specifications for your maximum benefit amounts. Benefits and premium amounts reflect age reductions. Benefits and premium amounts reflect age reductions.

Monthly RATE Per \$1000	AGE	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0.0920	<25	\$0.46	\$0.92	\$1.38	\$1.84	\$2.30	\$2.76	\$3.22	\$3.68	\$4.14	\$4.60
0.0920	25-29	\$0.46	\$0.92	\$1.38	\$1.84	\$2.30	\$2.76	\$3.22	\$3.68	\$4.14	\$4.60
0.1010	30-34	\$0.51	\$1.01	\$1.52	\$2.02	\$2.53	\$3.03	\$3.54	\$4.04	\$4.55	\$5.05
0.1370	35-39	\$0.69	\$1.37	\$2.06	\$2.74	\$3.43	\$4.11	\$4.80	\$5.48	\$6.17	\$6.85
0.2000	40-44	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
0.3310	45-49	\$1.66	\$3.31	\$4.97	\$6.62	\$8.28	\$9.93	\$11.59	\$13.24	\$14.90	\$16.55
0.5060	50-54	\$2.53	\$5.06	\$7.59	\$10.12	\$12.65	\$15.18	\$17.71	\$20.24	\$22.77	\$25.30
0.7720	55-59	\$3.86	\$7.72	\$11.58	\$15.44	\$19.30	\$23.16	\$27.02	\$30.88	\$34.74	\$38.60
1.1810	60-64	\$5.91	\$11.81	\$17.72	\$23.62	\$29.53	\$35.43	\$41.34	\$47.24	\$53.15	\$59.05
1.9190	65-69	\$9.60	\$19.19	\$28.79	\$38.38	\$47.98	\$57.57	\$67.17	\$76.76	\$86.36	\$95.95
3.1480	70-74	\$3,250	\$6,500	\$9,750	\$13,000	\$16,250	\$19,500	\$22,750	\$26,000	\$29,250	\$32,500
		\$10.23	\$20.46	\$30.69	\$40.92	\$51.16	\$61.39	\$71.62	\$81.85	\$92.08	\$102.31
3.1480	75-79	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
		\$7.87	\$15.74	\$23.61	\$31.48	\$39.35	\$47.22	\$55.09	\$62.96	\$70.83	\$78.70
3.1480	80-99	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
		\$7.87	\$15.74	\$23.61	\$31.48	\$39.35	\$47.22	\$55.09	\$62.96	\$70.83	\$78.70

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:

Use this formula to calculate premium for benefit amounts over \$50,000

	Age	Monthly Rate Per 1000	X	Benefit In \$1,000's	=	Monthly Cost
Example:	35	0.1370	X	75	=	\$10.28
			X		=	

Dependent Children  
Benefit Monthly Rate:

\$10,000
\$1.50

Premium covers all dependent children regardless of the number of children.

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## Handling Life, Handling Loss

LifeKeys® services help you meet life's challenges

### Term Life Insurance / Support Services

When you choose life insurance, you're planning for your family's future – assuring their comfort and securing their plans. With Lincoln Term Life Insurance, you can also access services that make a real difference now as well as in the future. LifeKeys services, included with all Lincoln Term Life and Accidental Death and Dismemberment Insurance policies, provide assistance to you, your family and your beneficiaries.

## For You And Your Family...

### EstateGuidance® Will Preparation

Create your will online — easily and economically. Follow a step-by-step guide through the entire process, and then use online instructions to execute your will. You can:

- Name an executor to manage your estate
- Choose a guardian for your children
- Specify wishes for your property
- Provide funeral and burial instructions

### GuidanceResources® Online

GuidanceResources® Online is the place to go for articles, tutorials, streaming videos and "Ask the Expert" personal responses on topics such as:

- Law and regulations
- Money and investments
- Family and relationships
- Health and wellness
- Work and education
- Leisure and home

### Identity Theft

Identity theft is one of the fastest-growing crimes in the U.S. Be sure you have the information you need to recognize and prevent it. Our online resource helps you:

- Spot the warning signs
- Take steps to protect your cell phone, computer and tax records from fraud
- Lessen the damage and repair your credit if identity theft occurs
- Link to essential resources such as credit reporting bureaus, the FBI Internet Crime Complaint Center, ID Theft Resource Center, and more

## You May Also Be Eligible For Beneficiary Services

If you develop a terminal illness and access your Accelerated Death Benefit, you will be able to use beneficiary services shown on the other side of this flier.

## For Your Beneficiaries...

Services are available for up to one year after a loss, and include:

- A combination totaling six in-person sessions for grief counseling, or legal or financial information and
- Unlimited phone counseling

## Assistance at a Difficult Time

Make sure your loved ones have the support they need, should you pass away. Unlimited phone contact with master's-level grief counselors lets your beneficiaries access information, advice and referrals for topics such as:

- Grief and loss
- Stress, anxiety and depression
- Memorial planning information
- Concerns about children and teens

# LifeKeys (continued)

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## Financial Services

Your beneficiaries can call one of our certified financial specialists or use online tools and resources whenever they need help with essential topics such as:

- Estate planning
- Budgeting
- Debt
- Bankruptcy
- Investments



## Legal Support

If your beneficiaries need quick legal information, they can call one of our in-house attorneys. Or, if they need in-depth information, guidance or representation, we'll refer them to a qualified attorney in their area. They will be eligible for a free 30-minute consultation as well as a 25% reduction in customary legal fees thereafter. They'll get expert guidance on areas such as:

- Estate and probate law
- Real estate transactions
- Social Security survivor and child benefits
- Important documents beneficiaries need

## Support with Day-to-Day Concerns

Through good times and bad, everyone can use assistance. LifeKeys® services provide in-depth information and guidance – on virtually any topic you can name. Your beneficiaries can call for a quick answer or take advantage of specialists who will do the research for them and provide a comprehensive, customized booklet of information.

Topics include:

- Planning a memorial service
- Finding child care or elder care
- Selecting a mortgage
- Moving and relocation
- Making major purchases

To access LifeKeys services: Call 1-855-891-3684 or visit  
[GuidanceResources.com](https://www.GuidanceResources.com) (First-time user: Web ID = LifeKeys)

# Travel Insurance



GROUP BENEFITS

## Travel more. Worry less.

### Travel assistance services user guide

#### Travel made easier

You know your Lincoln Life Insurance coverage helps protect your family's financial future ... but did you know it also includes helpful services you can use right now?

Those services include the *TravelConnect*<sup>SM</sup> program, which provides a wealth of travel, medical and safety-related services you can access while traveling. Lincoln has partnered with UnitedHealthcare Global, a worldwide leader in travel assistance, to make this valuable benefit available.

For travel more than 100 miles from home

Business and leisure travel

Staff and resources provide 24/7 travel support



Cut out this card and keep it with you for quick reference.



#### Your comprehensive coverage includes...

##### Medical emergency evacuation and transportation

Includes arrangement and payment for transportation of the patient to the nearest medical facility able to treat the injury or illness. Once the patient can travel home, includes arrangement and payment for the trip.

##### Dependent child transportation

If a medical emergency leaves no covered parents available, includes arrangement and payment for a dependent child's trip home or arrangement and payment for a family member to travel to and care for the child.

##### Travel treatment monitoring

Includes care management when a traveler has a medical emergency; services are available until the traveler is released or sent to a hometown hospital. Services vary from case to case but can include: medical record requests and reviews to ensure treatment is appropriate; intermediary services; medical translation services for the patient and/or the family; and communication between the patient and family back home.

Insurance products issued by:  
The Lincoln National Life Insurance Company  
Lincoln Life & Annuity Company of New York

LFE-TRAV-FLI001\_Z01

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# Travel Insurance (continued)

## ...And much more

- Destination info — weather, currency and more
- Emergency travel arrangements and funds transfer
- Lost or stolen travel documents assistance
- Language translation services
- Medical and dental referrals
- Assistance with corrective lenses or medical device replacement
- Arrangement for the delivery of medications, vaccines or blood
- Updates to family, employer and/or home physician
- Repatriation of a deceased traveler
- Security and political evacuation assistance

For a complete list of services provided, please reach out to your benefits department.

Travel assistance services are subject to specific terms, conditions and limitations. A program description is available at [www.Lincoln4Benefits.com](http://www.Lincoln4Benefits.com). To use *TravelConnect*<sup>SM</sup> services, call UnitedHealthcare Global at 800-527-0218 or 410-453-6330, and provide them with ID number 322541.

<b>UnitedHealthcare Global Emergency Response Center:</b> <b>United States +1-410-453-6330 (Reverse Charges Accepted)</b> <b>TOLL FREE ACCESS - The numbers below must be dialed from within the country</b> If your location is not listed or the call will not go through, call the 24-hour Emergency Response Center collect (reverse charges accepted)			
<b>Australia</b>	1 800 127 907	<b>Japan</b>	00531 11 4065
<b>Brazil</b>	0800 891 2734	<b>Mexico</b>	001 800 101 0061
<b>China (northern)</b>	108888*800 527 0218	<b>Philippines</b>	1 800 1 111 0503
<b>China (southern)</b>	10811*800 527 0218	<b>Singapore</b>	800 1100 452
<b>Dominican Republic</b>	1 888 567 0977	<b>South Africa</b>	0800 9 92379
<b>France</b>	0800 90 8505	<b>Spain</b>	900 98 4467
<b>Germany</b>	0800 1 811401	<b>Switzerland</b>	0800 55 6029
<b>Hong Kong</b>	800 96 4421	<b>Thailand</b>	001 800 11 471 0661
<b>Israel</b>	1 809 41 0172	<b>U.K.</b>	0800 252 074
<b>Italy</b>	800 877 204	<b>U.S. &amp; Canada</b>	1 800 527 0218

\* Dial the first portion of phone number, wait for tone, and then dial remaining numbers.  
For a complete list, go to the Global Intelligence Center: <https://members.uhcglobal.com>

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[LincolnFinancial.com](http://LincolnFinancial.com)

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Order code: LFE-TRAV-FLI001



*TravelConnect*<sup>SM</sup> travel assistance services are provided by UnitedHealthcare Global, Baltimore, MD. UnitedHealthcare Global is not a Lincoln Financial Group<sup>®</sup> company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products (policy series GL1101) are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group<sup>®</sup> companies. Product availability and/or features may vary by state. Limitations and exclusions apply.

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

# Employee Assistance Program (EAP)

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## How can we help?

Life can be complicated. With MHN, getting help is easy.

Your EAP is here to help with life's many challenges. MHN provides the following services, paid for by your employer.

### Problem-solving support

Call us for help with life's ups and downs. We're here 24/7 to connect or refer you to a professional who can help with:

- Marriage, family and relationship issues.
- Problems in the workplace.
- Stress, anxiety and sadness.
- Grief, loss or responses to traumatic events.
- Concerns about your use of alcohol or drugs.

When you call, you can make an appointment that works for you:

- **Face-to-face sessions** – Meet with a provider from our network (for example, a counselor, marriage and family therapist, or psychologist) in his or her office. We can provide a referral when you call us. You can also search for a provider on our member website.
- **Phone or web-video consultations** – Easily accessed support provided by a network provider or MHN consultant.

Remember that EAP services are not medical care or mental health treatment of any kind. If, in the course of a consultation, clinical problems are suspected, including drug or alcohol problems, we will offer a referral to appropriate medical or mental health services.

## Work and life services

Our experts can help you balance your work with your life!<sup>1</sup>

Call us for:

- **Childcare and eldercare assistance** – We'll find out what kind of help you need caring for children or elders in your life. Then we'll give you names and numbers of providers in your area with confirmed openings.
- **Financial services** – Talk to an advisor over the phone about:
  - Budgeting
  - Credit and financial questions (investment advice, loans and bill payments not included)
  - Retirement planning
- **Legal services** – Talk to a lawyer over the phone or face to face about:
  - Civil, consumer and criminal law
  - Personal and family law, including adoption, divorce and custody issues
  - Financial or tax matters. (Business matters are excluded. Also excluded are any disputes or actions between members and their employer, business partners, MHN, Health Net, or their affiliates.)
  - Real estate
  - Estate planning
- **Identity theft recovery services** – Speak with a certified consumer credit counselor who can learn more about your situation and help you create a plan. If there is a potential of ID theft, we'll connect you to an identity recovery specialist.
- **Daily living services** – Need help with errands? Planning an event or a vacation? We'll track down businesses and consultants for you. (MHN does not cover the cost nor guarantee delivery of vendors' services.)

# Employee Assistance Program (EAP) (continued)

Our member website can help with:

- Childcare and eldercare directories.
- Tips, tools and calculators to help you with finances, legal issues and retirement planning.

## Health and wellness resources

Take charge of your well-being! MHN can help. Just register on our member website to:

- Assess your health and get tips for living better.
- Track progress toward your wellness goals.
- Take advantage of interactive e-learning programs.
- Find articles and videos about health topics.

Call your EAP number to learn more about our wellness coaching services – personalized support to help you set and reach your wellness goals.

This is just a summary. For details about services and eligibility, please contact MHN or your employer, or check your plan documents (such as an Evidence of Coverage booklet or Summary Plan Description).

## Your privacy

EAP services are confidential. Your privacy is important to us, and it is protected by state and federal laws.



## Need help?

Call toll-free, 24 hours a day, seven days a week: 1-800-227-1060 TTY users call 711.

Or visit us at:

[mhn.advantageengagement.com](http://mhn.advantageengagement.com)

and register with the company code: cathedral

You are entitled to 8 face-to-face sessions or telephonic or web-video consultations for problem-solving support per incident, per policy year. Separate limits apply for work-life consultations.

*We speak your language!*

*When you call MHN, free interpretation services are available in over 170 languages. We also contract with a vendor who can physically attend appointments with you, at no cost, if you need help communicating with doctors or other providers.*

*¡Hablamos su mismo idioma!*

*Cuando llame a MHN, podrá usar nuestros servicios de interpretación gratuitos en más de 170 idiomas. Además, contamos con proveedores contratados que pueden asistir en persona a las citas con usted, sin cargo alguno, en caso de que necesite ayuda para comunicarse con los médicos u otros proveedores.*

# Colonial Life Voluntary Benefits

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## Pre-Tax Benefit Plan

Your employer offers tax-free benefit plan(s) that provide you with ways to save up to thousands of dollars per year by offering the option to pay for certain types of expenses with pre-tax payroll deductions. If you choose to participate, you will reduce your taxable income which ultimately results in you having more money to spend!

For more details about the plan, please refer to your Summary Plan Description (SPD).

## Medical Flexible Spending Account (FSA)

### What is the Maximum I Can Elect?

The maximum you may elect is released annually by the IRS. The current maximum is \$2,650.

### How do I Use the Medical FSA?

The Medical Expense FSA allows you to set aside tax-free dollars that will reimburse you for “qualified” medical, dental and vision expenses “incurred” during the plan year. “Incurred” means the service must be performed during the plan year. “Qualified” expenses include most medically necessary (meaning not cosmetic) out-of-pocket medical, dental, and vision related expenses. Insurance premiums of any kind, including Medicare, individual health insurance, long-term care, warranties, or membership fees that are not directly related to care are not eligible for reimbursement through the Medical FSA.

IRS Publication 502 offers helpful information as a guide to what qualifies as a medical expense. Please be advised Publication 502 addresses all expenses that can be deducted on your individual tax return, not just the expenses that are eligible for reimbursement through a Medical FSA.

IRS Publication 969 is another good source of information for Medical FSAs.

### Following is a Sample of Permitted Expenses:

- Acupuncture
- Allergy Treatments
- Chiropractic
- Contact Lenses & Supplies
- Dental (No Teeth Whitening)
- Doctor Office Visits & Exams
- Glasses (Prescription)
- Hearing Aids
- Hospital Services & Surgery
- Insulin & Insulin Supplies
- Insurance Co-pays & Deductibles
- Laboratory Fees
- Laser Eye Surgery
- Medical Mileage
- Orthodontia (Child & Adult)
- Over-the-counter medical items & supplies (Restrictions may Apply)
- Prescriptions (Medically Necessary)
- Psychiatric Care
- Sterilization
- Therapy (No Marriage/Family Counseling)
- Vaccines (Including Flu Shots)
- Vision Exams

# Colonial Life Voluntary Benefits (continued)

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## Can I Be Reimbursed Through an FSA For Health Expenses Incurred By My Family Members?

Yes! You may save taxes on all qualified medical expenses incurred by you, your spouse, and your dependent children. You may NOT be reimbursed for expenses incurred by a domestic partner unless your domestic partner is your federal tax dependent. Your plan also allows reimbursement for qualified expenses that you incur for an eligible adult child up to age 26.

## What is the Last Date I Can Submit FSA Claims for the Plan Year?

If you are an active participant on the last day of the plan year, you are allowed an additional time to submit reimbursement requests of expenses incurred throughout the plan year. This extended time period is referred to as the claim run out (or final claim filing period). Your final filing date is posted online for each benefit you are enrolled in. Please keep in mind that any unused amount left in your account following the final filing date is forfeited at the end of the plan year. This rule is commonly known as "use it or lose it."

## FSA Debit Card?

For plans that offer a debit card, new participants will receive two debit cards at no cost. You may provide the second debit card to your spouse or adult dependent, or keep the second card as an alternate card to use, just in case.

If you order additional cards or replacements for lost/stolen cards, a small fee may be required. Replacement cards can be requested online.

**DO NOT** throw away your debit cards after you exhaust your account(s). The debit cards are valid for up to 3 years at a time and are reloadable. If you throw away your debit card before it expires, a fee will be charged when you order a new card.

Your debit card can be used to pay for qualified services at providers that accept VISA or by using your PIN (Personal Identification Number). To obtain a personal PIN for your debit card, call 1-866-898-9795 and the automated system will walk you through the process.

## How Do I Enroll in the FSA Plan?

The appropriate enrollment instructions and/or forms are included or may be provided to you separately by your employer, if applicable. Be sure to elect prior to the close of your designated enrollment period.

## Can I Participate in a FSA and HSA (Health Savings Account) at the Same Time?

If you participate in the Medical FSA, neither you nor your spouse (if applicable) is permitted to make contributions to a HSA at any time during the plan year. However, if your Flexible Benefit Plan offers a special Limited Use FSA (this is a FSA that will only reimburse dental and vision related expenses) you may elect to participate in the Limited Use FSA and your HSA or your spouse's HSA at the same time.

## Can I be Reimbursed More Than I've Had Deducted From My Paycheck?

The Medical FSA account is pre-funded, meaning your entire annual election amount is available for reimbursement at any time during the plan year, regardless of the amount you have contributed from your paycheck.

## What Happens if My Employment Terminates or I Lose Eligibility to Participate in the Plan(s)?

**Medical FSA:** For most plans, benefits will not be payable for services rendered after the day on which you lost your eligibility to participate. (Refer to your SPD for specific details and information about COBRA for the Medical FSA, if it is available).

**BASIC pacific** must receive your Medical FSA claims for reimbursement no later than the designated final filing date for expenses that were incurred prior to the date your participation ended. Note the final filing period for terminated employees may be limited so submit any qualifying expenses right away should loss of coverage occur midyear.

# Colonial Life Voluntary Benefits (continued)

## How Do I Determine How Much My Family Will Spend on Health Services?

The worksheet on the following page will help you calculate how much your entire family will spend on medical services during the course of the plan year.

- Only include services or expenses you will incur during the plan year based on the date of service (not the date you pay for a service).
- While determining the amount you would like to contribute on an annual basis, please keep in mind that any unused amount left in your account is forfeited at the end of the plan year. This rule is commonly known as “use it or lose it.”

DO NOT include expenses for the following services:

- |                                                                                           |                                                                                       |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| • “Boutique” Medical Access Fees (Membership fees paid for access to a particular doctor) | • Health club membership dues                                                         |
| • Capital expenses (including operating & maintenance costs)                              | • Insurance premiums                                                                  |
| • Cosmetic services                                                                       | • Massage & massage therapy (unless prescribed to treat a specific medical condition) |
| • Electrolysis                                                                            | • Marriage & family counseling                                                        |
| • Expenses for your general health                                                        | • Vitamins, supplements & herbal remedies (unless prescribed by a physician)          |
| • Expenses paid by another plan                                                           | • OTC Drugs & Medicines (without a written prescription)                              |
| • Food (of any type)                                                                      |                                                                                       |

If you have individual questions prior to enrollment, you may contact BASIC pacific directly for assistance.

Email: <a href="mailto:customerservice@basicpacific.com">customerservice@basicpacific.com</a> Website: <a href="http://basicpacific.com">basicpacific.com</a>		
Phone 916.303.7090 800.574.5448	FAX 916.303.7083 800.584.4591	Mailing Address P.O. Box 2170 Rocklin, CA 95677

# Colonial Life Voluntary Benefits (continued)

## Annual Health Expense Calculator Worksheet

### Office Visits & Co-payments

Medical Office Visits	\$
Acupuncture Office Visits	\$
Chiropractic Office Visits	\$
Therapy (No Marriage or Family Counseling)	\$
Homeopathic Office Visits	\$
<b>PRESCRIPTION DRUGS (LEGAL)</b>	
Allergy Treatments	\$
Birth Control Pills	\$
Other Prescription Drugs	\$
<b>VISION EXPENSES</b>	
Eye Exams	\$
Contact Lenses and Supplies	\$
Prescription Eyeglasses	\$
Prescription Sunglasses	\$
Laser Eye Surgery	\$
<b>DENTAL EXPENSES</b>	
Deductibles	\$
Examinations	\$
Teeth Cleaning	\$
Crowns, Bridges, Root Canals	\$
Orthodontia	\$
<b>OVER-THE-COUNTER MEDICAL SUPPLIES</b>	
Band Aids, First Aid Kits, etc.	\$
Other Expenses	
In Vitro Fertilization	\$
Insulin and Insulin Supplies	\$
Psychiatric Care	\$
Medical Mileage	\$
<b>TOTAL</b>	\$

# Colonial Life Voluntary Benefits (continued)

## Over-the-Counter (OTC) Drugs, Medicines, and Supplies

Saving taxes on your OTC drugs, medicine, and medical supply purchases is a great way to maximize the benefits of your Medical FSA. However, your OTC purchases may have some restrictions. OTC drugs and medicines require a prescription from a physician to be reimbursed through your Medical FSA. However, there are still 27,000 OTC medical products and supplies that can be reimbursed through your Medical FSA without requiring a prescription. The following is a sample list of OTC medical products that may be reimbursed through your Medical FSA.

No Prescription Required	Prescription Required	Never Eligible
• Alcohol Wipes	• Acne Medications	• Aromatherapy products
• Band Aids	• Anti-Inflammatory Treatments	• Baby bottles, cups, oil, wipes
• Blood Pressure Monitor	• Anti-Itch Treatments	• Cosmetics
• Braces & Supports	• Antifungal Treatments	• Cotton swabs or pads
• Breathe Right Strips	• Antiseptics & Topical Antibiotics	• Deodorants and antiperspirants
• Canes	• Allergy, Cold, Flu, and Cough	• Diapers
• Catheters	• Medications	• Facial care
• Colostomy Products	• Asthma Medications	• Feminine care
• Contact Lens Supplies & Solution	• Birth Control	• Food (of any type)
• Contraceptives	• Bunion/Blister Treatments	• Fragrances
• Defibrillators	• Cold Sore & Fever Blister	• Hair re-growth
• Denture Adhesives	• Medications	• Dietary foods
• First Aid Kits	• Corn & Callus Removal	• Oral care (e.g. Sonicare)
• Glucose Meters	• Medications	• Shampoo and conditioner
• Home Screening Tests (Cancer,	• Diaper Rash Ointment	• Skin care
• Cholesterol, Fertility, Hepatitis C,	• Digestion/Gas Aids	• Spa salts
• HIV, Pregnancy, Prostate,	• Ear Drops	• Sun tanning products
• Thyroid)	• Eye Drops	• Toothbrushes
• Hot & Cold Packs	• Hydrogen Peroxide, Iodine	
• Insulin & Diabetic Supplies	• Laxatives	
• Liquid Adhesive	• Lice Control	
• Medicated Bandages	• Motion Sickness Tablets	
• Reading Glasses	• Nasal Sprays, Drops & Strips	
• Sleeping/Snoring Appliances	• Nicotine Gum or Patches	
• Wheelchairs & Walkers	• Oral Pain Remedies	
	• Pain Relievers	
	• Sinus Medications	
	• Sleeping Medicines	
	• Throat Pain Remedies	
	• Wart Removal Medications	
	• *Herbs	
	• *Herbal Remedies	
	• *Minerals	
	• *Other Natural Remedies	
	• *Supplements	
	• *Vitamins	

\* Requires a Letter of Medical Necessity from your Doctor

# Colonial Life Voluntary Benefits (continued)

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## Flexible Spending Mobile Apps

### Quick Start Guide for Version 2.1

Before you begin, please ensure that you have activated your account access at the Employee Portal Website. To access the Employee Portal Website, visit <https://basic.lh1ondemand.com>.

#### For iPhone Users

To download Benefits by BASIC for iPhone OS, follow these simple steps:

1. Visit the App Store and search "Benefits by BASIC" using the search feature.
2. Install the Benefits by BASIC app.
3. The app will appear as Benefits on your device.
4. When accessing the app for the first time, you will be prompted to enter your user name and password. Enter the same user name and password that you use to access the online portal via a computer at <https://basic.lh1ondemand.com>.
5. You will also be prompted to select a passcode. You will use this passcode to access the app in the future.

#### For Android Users

To download Benefits by BASIC for Android follow these simple steps:

1. Visit the Android Market and search "Benefits by BASIC" using the search feature.
2. Install the Benefits by BASIC app.
3. The app will appear as Benefits on your app menu.
4. When accessing the app for the first time, you will be prompted to enter your user name and password. Enter the same user name and password that you use to access the online portal via a computer at <https://basic.lh1ondemand.com>.
5. You will also be prompted to select a passcode. You will use this passcode to access the app in the future.

#### For Assistance Contact

800.444.1922 x 1

[flex-hrasupport@basiconline.com](mailto:flex-hrasupport@basiconline.com)

# Colonial Life Voluntary Benefits (continued)

## Accident Insurance



Accidents happen in places where you and your family spend the most time – at work, in the home and on the playground – and they're unexpected. How you care for them shouldn't be.

In your lifetime, which of these accidental injuries have happened to you or someone you know?

- Sports-related accidental injury
- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries
- Car accidents
- Falls & spills
- Dislocation
- Accidental injuries that send you to the Emergency Room, Urgent Care or doctor's office

Colonial Life's Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. The benefit to you is that you may not need to use your savings or secure a loan to pay expenses. Plus you'll feel better knowing you can have greater financial security.

Accident 1.0-Preferred with Health Screening Benefit-CA

### What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Healthcare Spending Account (HSA) guidelines

### Will my accident claim payment be reduced if I have other insurance?

You're paid regardless of any other insurance you may have with other insurance companies, and the benefits are paid directly to you (unless you specify otherwise).

### What if I change employers?

If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable as long as you pay your premiums when they are due or within the grace period.

### Can my premium change?

Colonial Life can change your premium only if we change it on all policies of this kind in the state where your policy was issued.

### How do I file a claim?

Visit [coloniallife.com](http://coloniallife.com) or call our Customer Service Department at 1.800.325.4368 for additional information.

# Colonial Life Voluntary Benefits (continued)

Benefits listed are for each covered person per covered accident unless otherwise specified.

## Initial Care

- Accident Emergency Treatment..... \$125
- Ambulance .....\$200
- X-ray Benefit.....\$30
- Air Ambulance..... \$2,000

## Common Accidental Injuries

Dislocations (Separated Joint)	Non-Surgical	Surgical
Hip	\$2,200	\$4,400
Knee (except patella)	\$1,100	\$2,200
Ankle – Bone or Bones of the Foot (other than Toes)	\$880	\$1,760
Collarbone (Sternoclavicular)	\$550	\$1,100
Lower Jaw, Shoulder, Elbow, Wrist	\$330	\$660
Bone or Bones of the Hand	\$330	\$660
Collarbone (Acromioclavicular and Separation)	\$110	\$220
One Toe or Finger	\$110	\$220

Fractures	Non-Surgical	Surgical
Depressed Skull	\$2,750	\$5,500
Non-Depressed Skull	\$1,100	\$2,200
Hip, Thigh	\$1,650	\$3,300
Body of Vertebrae, Pelvis, Leg	\$825	\$1,650
Bones of Face or Nose (except mandible or maxilla)	\$385	\$770
Upper Jaw, Maxilla	\$385	\$770
Upper Arm between Elbow and Shoulder	\$385	\$770
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$330	\$660
Shoulder Blade, Collarbone, Vertebral Process	\$330	\$660
Forearm, Wrist, Hand	\$330	\$660
Rib	\$275	\$550
Coccyx	\$220	\$440
Finger, Toe	\$110	\$220

Your Colonial Life policy also provides benefits for the following injuries received as a result of a covered accident.

- Burn (based on size and degree) .....\$1,000 to \$12,000
- Coma.....\$10,000
- Concussion ..... \$60
- Emergency Dental Work.....\$75 Extraction, \$300 Crown, Implant, or Denture
- Lacerations (based on size).....\$30 to \$500

## Requires Surgery

- Eye Injury .....\$300
- Tendon/Ligament/Rotator Cuff.....\$500 - one, \$1,000 - two or more
- Ruptured Disc .....\$500
- Torn Knee Cartilage .....\$500

## Surgical Care

- Surgery (cranial, open abdominal or thoracic) .....\$1,500
- Surgery (hernia) .....\$150
- Surgery (arthroscopic or exploratory) .....\$200
- Blood/Plasma/Platelets .....\$300

# Colonial Life Voluntary Benefits (continued)

## Transportation/Lodging Assistance

If injured, covered person must travel more than 50 miles from residence to receive special treatment and confinement in a hospital.

- Transportation..... \$500 per round trip up to 3 round trips
- Lodging (family member or companion).....\$125 per night up to 30 days for a hotel/motel lodging costs

## Accident Hospital Care

- Hospital Admission\* ..... \$1,000 per accident
- Hospital ICU Admission\* ..... \$2,000 per accident
- \* We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.*
- Hospital Confinement ..... \$225 per day up to 365 days per accident
- Hospital ICU Confinement .....\$450 per day up to 15 days per accident

## Accident Follow-Up Care

- Accident Follow-Up Doctor Visit..... \$50 (up to 3 visits per accident)
- Medical Imaging Study .....\$150 per accident  
(limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy ..... \$25 per treatment up to 10 days
- Appliances ..... \$100 (such as wheelchair, crutches)
- Prosthetic Devices/Artificial Limb .....\$500 - one, \$1,000 - more than 1
- Rehabilitation Unit.....\$100 per day up to 15 days per covered accident, and 30 days per calendar year.  
Maximum of 30 days per calendar year

## Accidental Dismemberment

- Loss of Finger/Toe .....\$750 – one, \$1,500 – two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye .....\$7,500 – one, \$15,000 – two or more

## Catastrophic Accident

For severe injuries that result in the total and irrecoverable:

- Loss of one hand and one foot
  - Loss of both hands or both feet
  - Loss or loss of use of one arm and one leg or
  - Loss or loss of use of both arms or both legs
- Loss of the sight of both eyes
  - Loss of the hearing of both ears
  - Loss of the ability to speak
- Named Insured ..... \$25,000      Spouse .....\$25,000      Child(ren).....\$12,500

365-day elimination period. Amounts reduced for covered persons age 65 and over.  
Payable once per lifetime for each covered person.

## Accidental Death

	Accidental Death	Common Carrier
● Named Insured	\$25,000	\$100,000
● Spouse	\$25,000	\$100,000
● Child(ren)	\$5,000	\$20,000

# Colonial Life Voluntary Benefits (continued)

## Health Screening Benefit

● \$50 per covered person per calendar year

Provides a benefit if the covered person has one of the health screening tests performed.  
This benefit is payable once per calendar year per person and is subject to a 30-day waiting period.

### Tests include:

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- Carotid doppler
- CEA (blood test for colon cancer)
- Cervical Cancer Screening
- Chest x-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Skin cancer biopsy
- Thermography
- Virtual colonoscopy

## Mammography .....\$200

- For one baseline mammogram if the covered person is between the ages of 35 and 39;
- One mammogram every two years if the covered person is 40 to 49 years of age, or more frequently if recommended by the covered person's physician; and
- One mammogram each year if the covered person is 50 years of age or older.

## My Coverage Worksheet (For use with your Colonial Life benefits counselor)

### Who will be covered? (check one)

- ☐ Employee Only      ☐ Spouse Only      ☐ One Child Only      ☐ Employee & Spouse  
☐ One-Parent Family, with Employee      ☐ One-Parent Family, with Spouse      ☐ Two-Parent Family

### When are covered accident benefits available? (check one)

- ☐ On and Off -Job Benefits      ☐ Off -Job Only Benefits

### EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of: or illegal occupations; sickness; suicide or self-inflicted injuries; war or armed conflict; in addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of: birth; intoxicants.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form Accident 1.0-HS-CA. This is not an insurance contract and only the actual policy provisions will control.

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1200 Colonial Life Boulevard  
Columbia, South Carolina 29210  
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Accident 1.0-Preferred with Health Screening Benefit-CA

# Colonial Life Voluntary Benefits (continued)



## Cancer Insurance Level 3 Benefits

Cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members.



For more information, talk with your benefits counselor.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
<b>Air ambulance</b> ..... Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	\$2,000 per trip
<b>Ambulance</b> ..... Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	\$250 per trip
<b>Anesthesia</b> Administered during a surgical procedure for cancer treatment	
■ General anesthesia .....	25% of surgical procedures benefit
■ Local anesthesia .....	\$40 per procedure
<b>Anti-nausea medication</b> ..... Doctor-prescribed medication for radiation or chemotherapy <i>[\$200 monthly max.]</i>	\$50 per day administered or per prescription filled
<b>Blood/plasma/platelets/immunoglobulins</b> ..... A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	\$175 per day
<b>Bone marrow donor screening</b> ..... Testing in connection with being a potential donor <i>[once per lifetime]</i>	\$50
<b>Bone marrow or peripheral stem cell donation</b> ..... Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	\$750
<b>Bone marrow or peripheral stem cell transplant</b> ..... Transplant you receive in connection with cancer treatment <i>[max. of two bone marrow transplant benefits per lifetime]</i>	\$7,000 per transplant
<b>Cancer vaccine</b> ..... An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	\$50
<b>Companion transportation</b> ..... Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment <i>[up to \$1,200 per round trip]</i>	\$0.50 per mile
<b>Egg(s) extraction or harvesting/sperm collection and storage</b> Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>	
■ Egg(s) extraction or harvesting/sperm collection .....	\$1,000
■ Egg(s) or sperm storage (cryopreservation) .....	\$350
<b>Experimental treatment</b> ..... Hospital, medical or surgical care for cancer <i>[\$15,000 lifetime max.]</i>	\$300 per day
<b>Family care</b> ..... Inpatient or outpatient treatment for a covered dependent child <i>[\$2,500 calendar year max.]</i>	\$50 per day
<b>Hair/external breast/voice box prosthesis</b> ..... Prosthesis needed as a direct result of cancer	\$350 per calendar year
<b>Home health care services</b> ..... Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 30 days per calendar year]</i>	\$100 per day
<b>Hospice (initial or daily care)</b> An initial, one-time benefit and a daily benefit for treatment <i>[\$15,000 lifetime max. for both]</i>	
■ Initial hospice care <i>[once per lifetime]</i> .....	\$1,000
■ Daily hospice care .....	\$50 per day

CANCER ASSIST – LEVEL 3



# Colonial Life Voluntary Benefits (continued)



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## BENEFIT DESCRIPTION

## BENEFIT AMOUNT

### Hospital confinement

Hospital stay (including intensive care) required for cancer treatment

- 30 days or less ..... \$250 per day
- 31 days or more ..... \$500 per day

### Lodging

Hotel/motel expenses when being treated for cancer more than 50 miles from home  
[70-day calendar year max.]

\$75 per day

### Medical imaging studies

Specific studies for cancer treatment [350 calendar year max.]

\$175 per study

### Outpatient surgical center

Surgery at an outpatient center for cancer treatment [900 calendar year max.]

\$300 per day

### Private full-time nursing services

Services while hospital confined other than those regularly furnished by the hospital

\$125 per day

### Prosthetic device/artificial limb

A surgical implant needed because of cancer surgery [payable one per site, \$4,000 lifetime max.]

\$2,000 per device or limb

### Radiation/chemotherapy

Weekly benefit [max. once per week]

- Injected chemotherapy by medical personnel ..... \$750
- Radiation delivered by medical personnel ..... \$750

Monthly chemotherapy benefit [max. once per month]

- Self-injected ..... \$300
- Pump ..... \$300
- Topical ..... \$300
- Oral hormonal [1-24 months] ..... \$300
- Oral hormonal [25+ months] ..... \$150
- Oral non-hormonal ..... \$300

### Reconstructive surgery

A surgery to reconstruct anatomic defects that result from cancer treatment  
[up to \$3,000 per procedure, including 25% for general anesthesia]

\$60 per surgical unit

### Second medical opinion

A second physician's opinion on cancer surgery or treatment [once per lifetime]

\$300

### Skilled nursing care facility

Confinement to a covered facility after hospital release [max. of 30 days per covered person  
per calendar year]

\$100 per day

### Skin cancer initial diagnosis

A skin cancer diagnosis while the policy is in force [once per lifetime]

\$400

### Supportive or protective care drugs and colony stimulating factors

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments  
[1,200 calendar year max.]

\$150 per day

### Surgical procedures

Inpatient or outpatient surgery for cancer treatment [5,000 max. per procedure]

\$60 per surgical unit

### Transportation

Travel expenses when being treated for cancer more than 50 miles from home  
[up to \$1,200 per round trip]

\$0.50 per mile

### Waiver of premium

No premiums due if the named insured is disabled longer than 90 consecutive days

Is available

The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Coverage may vary by state and may not be available in all states. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist-CA. This chart is not complete without form number 101481.

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10-15 | 101484-CA

# Colonial Life Voluntary Benefits (continued)



## Specified Critical Illness Insurance



For more information,  
talk with your  
benefits counselor.

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If you're diagnosed with a covered critical illness, specified critical illness insurance from Colonial Life can help with your expenses, so you can concentrate on what's most important – your treatment, care and recovery.

Face amount: \$ \_\_\_\_\_

### Critical illness benefit

For the diagnosis of this covered critical illness condition: <sup>1</sup>	This percentage of the face amount is payable:
Heart attack (myocardial infarction)	100%
Stroke	100%
End-stage renal (kidney) failure	100%
Major organ failure	100%
Permanent paralysis due to a covered accident	100%
Coma	100%
Blindness	100%
Coronary artery bypass graft surgery/disease <sup>2</sup>	25%

The maximum benefit amount for this policy is 3x the face amount for the named insured for all covered persons combined. The policy will terminate when the maximum benefit amount for specified critical illness has been paid.

### Subsequent diagnosis of a different critical illness<sup>3</sup>

If you receive a benefit for a specified critical illness, and later you are diagnosed with a different specified critical illness, the original percentage of the face amount is payable for that particular specified critical illness.

### Subsequent diagnosis of the same critical illness<sup>3</sup>

If you receive a benefit for a specified critical illness, and later you are diagnosed with the same specified critical illness, 25% of the original face amount is payable. Critical illness conditions that do not qualify are: coronary artery bypass graft surgery/disease.<sup>2</sup>

# Colonial Life Voluntary Benefits (continued)



## Individual Short-Term Disability Insurance



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You never know when a disability could impact your way of life. Fortunately, there's a way to help protect your income. If an injury or sickness prevents you from earning a paycheck, disability insurance can provide a monthly benefit to help you cover your ongoing expenses.

### Can you afford to not protect your paycheck?

You don't have the same lifestyle expenses as the next person. That's why you need disability coverage that can be customized to fit your specific needs.

After calculating your monthly expenses, your benefits counselor can help you complete the benefits worksheet.

ESTIMATED MONTHLY EXPENSES	AMOUNT
Mortgage or rent	\$
Utilities (electric/gas, phone, water, TV, Internet)	\$
Transportation costs (gas, car payments)	\$
Food	\$
Health (medical needs and prescription drugs)	\$
Other	\$
TOTAL	\$

### Benefits worksheet

#### How much coverage do I need?

Monthly benefit amount for off-job injury and off-job sickness: \_\_\_\_\_  
Choose a monthly benefit amount between \$400 and \$6,500.\*

*If your plan includes on-job injury/sickness benefits, the benefit is 50% of the off-job amount.*

#### How long will I receive benefits?

Benefit period: \_\_\_\_\_ months  
The partial disability benefit period is three months.

#### When will my total disability benefits start?

After an injury: \_\_\_\_\_ days      After a sickness: \_\_\_\_\_ days

\*Subject to income requirements

# Colonial Life Voluntary Benefits (continued)

## Product information

### Total disability definition

Totally disabled or total disability means that as a result of sickness or injury, you are not able to perform with reasonable continuity, the substantial and material acts necessary to perform your usual occupation in the usual and customary way, and you choose not to work at any occupation.

### How partial or residual disability works

If you are able to return to work part-time after at least 1 day of being paid for a total disability, you may be able to still receive 50% of your total disability benefit.

### Waiver of premium

We will waive your premium payments after 90 consecutive days of a covered disability.

### Geographical limitations

If you are disabled while outside of the United States, Canada or Mexico, you may receive benefits for up to 60 days before you have to return to the U.S. in order to continue receiving benefits.

### Issue age

Coverage is available from ages 17 to 74.

### Keep your coverage

You can keep your coverage to age 75 at no additional cost, even if you change jobs, as long as you pay your premiums when they are due.

### Premium

Your premium is based on your age when you purchase coverage and the amount of coverage you are eligible to buy. Your premium will not change as you age.\*



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**For more information, talk with your benefits counselor.**

## EXCLUSIONS AND LIMITATIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of: alcoholism or drug addiction, cosmetic surgery, felonies or illegal occupation, flying, hazardous avocations, intoxicants and controlled substances, racing, professional sports, suicide or injuries which you intentionally do to yourself, war or armed conflict. We will not pay for losses due to you giving birth within the first nine months after the coverage effective date of the policy. We will not pay for loss when the disability is a pre-existing condition as described in the policy.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form ISTD3000-CA and rider form ISTD3000-ADIB-CA. Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual policy and rider provisions will control.

\*Premiums can be changed only if we change them on all policies in the state where they are issued.

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# Colonial Life Voluntary Benefits (continued)



## Term Life Insurance

### Help protect the people who depend on you

If something happened to you, the last thing your family should have to worry about is financial burdens. Funeral expenses, medical bills and taxes could be just the beginning. How would they cover ongoing living expenses, such as a mortgage, utilities and health care?

Plan for the future with term life insurance from Colonial Life & Accident Insurance Company.

#### The advantages of term life insurance

- Level death benefit.
- Lower cost option compared with cash value insurance.
- Coverage for specified periods of time, which can be during high-need years.
- Benefit for the beneficiary that is typically free from income tax.

#### Benefits and features

- Guaranteed premiums do not increase during the term.
- Coverage is guaranteed renewable to age 95 as long as premiums are paid when due.
- You can convert it to cash value insurance.
- Portability allows you to take it with you if you change jobs or retire.
- An accelerated death benefit is included.



**Your cost will vary based on the level of coverage you select.**

Talk with your Colonial Life benefits counselor for information about what level of coverage would work best for you.

TERM LIFE 1000

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# Colonial Life Voluntary Benefits (continued)

## Benefits worksheet

For use with your Colonial Life  
benefits counselor

### HOW MUCH COVERAGE DO YOU NEED?

☐ **YOU** \$ \_\_\_\_\_  
FACE AMOUNT

#### Select the term period

- ☐ 10-year term
- ☐ 20-year term
- ☐ 30-year term

☐ **SPOUSE** \$ \_\_\_\_\_  
FACE AMOUNT

#### Select the term period

- ☐ 10-year term
- ☐ 20-year term
- ☐ 30-year term

### Select any optional riders:

- ☐ Spouse term life rider  
\$ \_\_\_\_\_ face amount  
for \_\_\_\_\_-year term period
- ☐ Children's term life rider  
\$ \_\_\_\_\_ face amount
- ☐ Waiver of premium benefit rider
- ☐ Accidental death benefit rider

To learn more,  
talk with your Colonial Life  
benefits counselor.

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### Cash value policy conversion

You can convert your policy to a Colonial Life cash value life insurance policy any time through age 75 (unless you have used the accelerated death benefit or waiver of premium benefit rider) with no evidence of insurability. Premiums will be based on your age at the time you convert your policy.

### Accelerated death benefit

If you are diagnosed with a terminal illness, you can request up to 75% of the policy's death benefit, not to exceed \$150,000. We deduct a fee only if you use the benefit, and your death benefit will then be reduced by the amount you receive. In addition, there may be tax consequences for receiving the accelerated benefit; ask your tax advisor for advice. Please refer to your policy for details.

### Spouse coverage options

Two options are available for spouse coverage at an additional cost:

1. **Spouse term life policy:** Offers guaranteed premiums and level death benefits equivalent to those available to you – whether or not you buy a policy for yourself.
2. **Spouse term life rider:** Add a term rider for your spouse to your policy, up to a maximum death benefit of \$50,000; 10-year and 20-year are available (20-year rider only available with a 20- or 30-year term policy).

### Dependent coverage

You may add a children's term life rider to cover all of your eligible dependent children with up to \$10,000 in coverage each for one premium. The children's term life rider may be added to either the primary or spouse policy, not both.

### Waiver of premium benefit rider

This rider waives all premiums (for the policy and any riders) if you become totally and permanently disabled before the age of 65. To be considered permanent, your total disability must continue with no interruptions for at least six consecutive months. Premiums waived by this rider do not have to be repaid. This rider is available for the spouse policy as well, subject to home office approval.

### Accidental death benefit rider

This rider provides an additional benefit to the beneficiary if the insured dies as a result of an accident before age 70. The benefit doubles if the injury resulting in death occurs while insured is a fare-paying passenger on a public conveyance, such as a commercial aircraft or taxicab. An additional seatbelt benefit is also payable.

### EXCLUSIONS AND LIMITATIONS

If the insured commits suicide within two years (one year in CO and ND) from the coverage effective date, whether he is sane or insane (not applicable in AZ), we will not pay the death benefit. We will terminate this policy and return the premiums paid, without interest. In MO, should death occur as a result of suicide, our company is responsible only for the return of premiums paid when application is made with intent to commit suicide.

You will receive a policy summary or illustration (whichever is applicable to your state) when your policy is issued if this policy has exclusions, limitations or reductions of benefits. For costs and complete details, call or write your Colonial Life benefits counselor or the company. This brochure is applicable to policy forms TERM1000, R-TERM1000-ADB, R-TERM1000-CTR, R-TERM1000-STR, R-TERM1000-WAIVER (and applicable state variations, for example: TERM1000-TX, R-TERM1000-ADB-TX-1, R-TERM1000-CTR-TX, R-TERM1000-STR-TX and R-TERM1000-WAIVER-TX-1). See your Colonial Life benefits counselor for additional information specific for your state. This coverage contains limitations and exclusions that may affect benefits payable. Product may vary by state.

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Facts About Life | IMRA 2015



Talk with your Colonial Life benefits counselor for information about what level of coverage would work best for you.



You can't predict your family's future, but you can be prepared for it.

It's not easy to think about such serious circumstances, but it's important to make sure your family is financially protected. You can gain peace of mind with Colonial Life's Whole Life Insurance.

Whole life insurance can help provide protection for you and those who depend on you. You won't have to worry about becoming uninsurable later in life, and your premiums won't increase as you get older.

With whole life insurance, you receive a guaranteed death benefit as long as premiums are paid, which can help with funeral costs and other immediate expenses. Also, throughout the life of the policy, you can access its cash value through a policy loan and use the money for emergencies. The loan should be repaid to protect the policy's value.

- Your premiums will never increase because of changes in your health or age.
- You can take the policy with you even if you change jobs or retire, with no increase in premium.
- A guaranteed purchase option means you can purchase additional whole life coverage — without having to answer health questions — at three different points in the future.
- With the accelerated death benefit, you can request up to 75 percent of your benefit to a maximum of \$150,000 if you are diagnosed with a terminal illness.\*
- An immediate \$3,000 claim payment can help your designated beneficiary pay for funeral costs or other expenses.

# Colonial Life Voluntary Benefits (continued)

## Benefits worksheet

For use with your Colonial Life  
benefits counselor

### HOW MUCH COVERAGE DO YOU NEED?

☐ **YOU** \$ \_\_\_\_\_  
FACE AMOUNT

Select the option:

- ☐ Paid-up at age 65  
☐ Paid-up at age 95

☐ **SPOUSE** \$ \_\_\_\_\_  
FACE AMOUNT

Select the option:

- ☐ Paid-up at age 65  
☐ Paid-up at age 95

☐ **JUVENILE** \$ \_\_\_\_\_  
FACE AMOUNT

### Select any optional riders:

- ☐ Spouse term life rider  
\$ \_\_\_\_\_ face amount  
for \_\_\_\_\_-year term period
- ☐ Children's term life rider  
\$ \_\_\_\_\_ face amount
- ☐ Waiver of premium benefit rider
- ☐ Accidental death benefit rider

To learn more,  
talk with your Colonial Life  
benefits counselor.

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## Product options

### Paid-up at age 65 or paid-up at age 95

These two plan design options allow you to select what age your premium payments will end. You can choose to have your policy paid up when you reach age 65 or 95.

### Guaranteed purchase option

If you are age 55 or younger when you purchase the policy, you have the option to purchase additional whole life coverage – without having to answer health questions – at three different points in the future. You may purchase up to your initial face amount, not to exceed a total combined maximum of \$100,000 for all options.

## Additional coverage options

### Spouse whole life policy

This policy offers a guaranteed death benefit, guaranteed level premiums and guaranteed cash value accumulation – whether or not you buy a policy on yourself.

### Spouse term life rider

You can purchase term life coverage for your spouse, with a maximum death benefit of up to \$50,000. 10-year and 20-year coverage periods are available, based on the policy you select. You can choose to convert this coverage to a cash value policy within certain time periods later on – without having to answer health questions.

### Juvenile whole life policy

You can purchase a policy while children are young and premiums are lower – whether or not you buy a policy on yourself. You may also increase the coverage when the child is 18, 21 and 24 without providing proof of good health. The plan design is paid-up at age 65.

### Children's term life rider

You may purchase up to \$10,000 in term life coverage for each of your eligible dependent children and pay one premium. You can later convert this coverage to a cash value life insurance policy – without having to answer health questions. You can add this additional coverage to either the primary or the spouse policy, but not both.

### Waiver of premium benefit rider

Your premiums on the whole life policy and any riders attached to it will be waived if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period. You must resume premium payments once you are no longer disabled.

### Accidental death benefit rider

This rider pays an additional benefit if you die as a result of an accident before age 70. The benefit doubles if the accident occurs while you are a fare-paying passenger. An additional 25% of the accidental death benefit will be paid if you die due to an injury sustained while driving or riding in a private passenger vehicle and you are wearing a seat belt.

\*Any payout would reduce the death benefit.

## EXCLUSIONS AND LIMITATIONS

If the insured commits suicide within two years (one year in ND) from the coverage effective date or the date of reinstatement (not applicable in AR), whether he is sane or insane (not applicable in AZ), we will not pay the death benefit. We will terminate this policy and return the premiums paid, minus any loans and loan interest to you. Product may vary by state. For costs and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

This brochure is applicable to policy forms:

ICC08-WL-GPO-95/ WL-GPO-95/ WL-GPO-95-rev/ICC12-WL-GPO-95  
ICC07-WL-NGPO-65/ WL-NGPO-65/ WL-NGPO-65-rev/ICC12-WL-NGPO-65  
ICC07-WL-NGPO95/ WL-NGPO-95/ WL-NGPO-95-rev/ ICC12-WL-NGPO-95  
ICC08-WL-GPO-65/ WL-GPO-65/ WL-GPO-65-rev/ ICC12-WL-GPO-65  
ICC16-WL1000J/ WL1000J and applicable state variations.

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# Colonial Life Voluntary Benefits (continued)

## Whole Life

### Comprehensive Long-Term Care Insurance Rider

#### Nursing or Residential Care Facility, Home Care and Respite Care Insurance

The rider is available and can be purchased at an additional cost to provide for flexible use of the Whole Life policy's death benefit.

Colonial Life's Comprehensive Long-Term Care Insurance Rider provides your employees with two kinds of insurance protection in one convenient Whole Life policy – life insurance benefits and long-term care benefits.

The Comprehensive Long-Term Care Insurance Rider reduces the Whole Life policy death benefit to provide monthly indemnity payments to help pay for the insured's long-term care services needed as a result of a chronic illness, serious accident, sudden illness, or cognitive impairment. The maximum benefit amount is equal to the policy death benefit, less any indebtedness.

#### Benefits

Care Setting	Monthly Benefit
Nursing or Residential Care Facility	Monthly indemnity benefit of 6% of the Death Benefit, less any policy debt, as of the end of the elimination period.
Home Care	Monthly indemnity benefit of 4% of the Death Benefit, less any policy debt, as of the end of the elimination period.
Respite Care	0.2% of Death Benefit per day for up to 21 calendar days each calendar year

#### Features

- Benefit Payment Structure allows the employee to protect their savings and assets and have more choice in where long-term care is received. It provides coverage for all care settings, including the home.
- Advances the Whole Life death benefit in indemnity payments to help pay for the long-term care services needed as a result of the insured's inability to perform at least two of the six Activities of Daily Living (ADLs), or the insured's requiring substantial supervision due to severe cognitive impairment.
- Claim payments are made monthly (Respite care is paid daily) and are a percentage of the death benefit.
- **Terminates on the first to occur:** base policy terminates; when the owner requests termination of the rider; or the date the death benefit is exhausted from long-term care benefit payments.
- 90 calendar day elimination period (does not apply to Respite Care benefit).
- Six-month pre-existing conditions limitation period.
- Built-in Waiver of Premium due to payments of the long-term care benefit. Waives all premiums for the rider and the Whole life policy, when long-term care benefits are being paid. However, premium payments will not be waived if you are only receiving Respite Care Benefits.

#### Eligibility Requirements

- Issue ages for employees and spouses:
- Paid-Up at Age 65: 16-45
- Paid-Up at Age 95: 16-79
- May be added to a Whole Life plan during the initial sale.

# Colonial Life Voluntary Benefits (continued)

## Premium Information

Premiums are per thousand, unisex, tobacco distinct, and based on face amount and age.

## What is Not Covered

### Preexisting Conditions Limitation

There is a six (6) month waiting period for coverage of Preexisting Conditions that are disclosed on the application for the rider. No benefits will be paid for any benefit period that results from a Preexisting Condition not disclosed in the application and that starts during the first six (6) months after the effective date of the rider.

### Plan Exclusions

The rider does not provide benefits for:

- a chronic illness caused by:
  - war or any act of war, whether declared or undeclared, or service in the armed forces or units auxiliary thereto, that occurs while the rider is in force;
  - suicide, whether or not the person had mental capacity to control what he or she was doing, attempted suicide, or intentionally self-inflicted injury;
  - the participation in a felony, for which the insured has been convicted under state or federal law, riot or insurrection; and
- treatment for alcoholism or drug addiction;
- any services received outside the United States, its territories or possessions or Canada;
- a chronic illness caused by aviation in the capacity of a non-fare paying passenger;
- services for which there is no charge in the absence of insurance;
- care, treatment or services provided by an immediate family member who is you, your spouse, the insured, the insured's spouse, and anyone related to you or the insured as a parent, child, sister or brother. In-laws are not considered immediate family members;
- services for which benefits are available under Medicare or other governmental programs (except Medi-Cal or Medicaid); or
- any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no fault law.

## Definitions

Elimination Period means the first 90 calendar days of the Benefit Period. No benefits are payable for care or service received during this time. The 90 calendar days need not be continuous; however, it must be entirely within one benefit period.

Pre-existing Condition means a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services, within the six months preceding the effective date of the rider.

## Long-Term Care Rider Sample Monthly Premiums

### Paid-Up at Age 65 Plan

Issue Age	Monthly Sample Premium per \$1,000 Death Benefit
	Uni-Tobacco
25	\$0.01
35	\$0.02
45	\$0.04

## Long-Term Care Rider Sample Monthly Premiums

### Paid-Up at Age 95 Plan

Issue Age	Monthly Sample Premium per \$1,000 Death Benefit
	Uni-Tobacco
25	\$0.01
35	\$0.02
45	\$0.03
55	\$0.06
65	\$0.14

# Colonial Life Voluntary Benefits (continued)

## Samples Rates Deductions per year: 12

### Accident 1.0 for CA

Applicable to policy forms ACCIDENT 1.0-HS and ACCIDENT 1.0-NS

- On/Off-Job Accident Coverage

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Basic with health screening	17-64	\$21.11	\$29.87	\$29.73	\$38.50
Preferred with health screening	17-64	\$25.67	\$35.91	\$37.19	\$47.42
Premier with health screening	17-64	\$31.03	\$43.26	\$44.22	\$56.44

### Individual Disability - ISTD3000 for CA AA Risk Class

Applicable to policy form Individual Disability

- Off Job Injury & Off Job Sickness with Health Screening Rider

#### 6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$2,000*	\$3,000*	\$4,000*
14 days Injury/14 days Sickness	17-49	\$34.30	\$65.70	\$97.10	\$128.50
	50-64	\$45.30	\$87.70	\$130.10	\$172.50
	65-74	\$54.20	\$105.50	\$156.80	\$208.10
30 days Injury/30 days Sickness	17-49	\$21.60	\$40.30	\$59.00	\$77.70
	50-64	\$32.20	\$61.50	\$90.80	\$120.10
	65-74	\$40.20	\$77.50	\$114.80	\$152.10

\*monthly benefit amount

### Cancer Assist for CA

Applicable to policy form CanAssist

- with \$100 Health Screening Benefit

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 2	17-75	\$22.30	\$34.85	\$22.60	\$35.15
Level 3	17-75	\$27.45	\$45.70	\$27.90	\$46.15

### Critical Illness 1.0 for CA

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit

#### Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	17-24	\$7.05	\$10.70	\$7.05	\$10.70
	25-29	\$7.75	\$11.90	\$7.75	\$11.90
	30-34	\$8.55	\$13.20	\$8.55	\$13.20
	35-39	\$10.95	\$16.80	\$10.95	\$16.80
	40-44	\$12.55	\$19.20	\$12.55	\$19.20
	45-49	\$15.55	\$23.80	\$15.55	\$23.80
	50-54	\$19.15	\$29.40	\$19.15	\$29.40
	55-59	\$23.05	\$35.30	\$23.05	\$35.30
60-64	\$27.95	\$42.90	\$27.95	\$42.90	

### Whole Life 1000 for CA

Applicable to policy forms ICC07-WL-NGPO-65, ICC07-WL-NGPO-95, ICC08-WL-GPO-65, ICC08-WL-GPO-95, WL-NGPO-65, WL-NGPO-95, WL-GPO-65, WL-GPO-95, ICC16-WL1000I and WL1000I

- Adult Base Plan Paid-Up at Age 65, Comprehensive Long-Term Care Insurance Rider

#### Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000
20	\$21.12	\$39.87	\$50.00	\$65.66
25	\$23.73	\$45.17	\$58.56	\$77.08
30	\$28.85	\$55.54	\$73.31	\$96.75
40	\$47.46	\$93.33	\$129.93	\$172.24

### Term Life 1000 for CA

Applicable to policy form Term1000

- 10 Year Term Base Plan

#### Non-Tobacco Rates

ISSUE AGE	\$10,000	\$25,000	\$50,000	\$100,000
50	\$7.82	\$13.56	\$23.12	\$42.25
57	\$11.09	\$21.73	\$39.46	\$74.91
59	\$12.69	\$25.73	\$47.46	\$90.91
62	\$15.63	\$33.08	\$62.16	\$120.33
64	\$18.11	\$39.27	\$74.54	\$145.08

# Important Notices

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## Newborns' and Mothers' Health Protection Act (NMHPA)

Benefits for pregnancy hospital stay (for delivery) for a mother and her newborn generally may not be restricted to less than 48 hours following a vaginal delivery or 96 hours following a cesarean section. Also, any utilization review requirements for inpatient hospital admissions will not apply for this minimum length of stay and early discharge is only permitted if the attending health care provider, in consultation with the mother, decides an earlier discharge is appropriate.

## Women's Health and Cancer Rights Act (WHCRA) Annual Notice

Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. For more information, you should review the Summary Plan Description or call your Plan Administrator at 760.770.0317 for more information.

## Patient Protections

The medical plan requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, the plan will designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, call or review your individual carrier website provider search.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology call or review your individual carrier website provider search.

## Networks/Claims/Appeals

The major medical plans described in this booklet have provider networks with CalPERS. The listing of provider networks will be available to you automatically and free of charge. A list of network providers can be accessed immediately by using the Internet address found in the Summary of Benefits and Coverage that relates to the Plan. You have a right to appeal denials of claims, and a right to a response within a reasonable amount of time. Claims that are not submitted within a reasonable time may be denied. Please review your Summary Plan Description or contact the Plan Administrator for more details.

## COBRA Continuation Coverage

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally does not accept late enrollees.

### WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "Qualifying Event." Specific Qualifying Events are listed later in this notice. After a Qualifying Event, COBRA continuation coverage must be offered to each person who is a "Qualified

# Important Notices (continued)

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Beneficiary.” You, your spouse, and your dependent children could become Qualified Beneficiaries if coverage under the Plan is lost because of the Qualifying Event. Under the Plan, Qualified Beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a Qualified Beneficiary if you lose coverage under the Plan because of the following Qualifying Events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a Qualified Beneficiary if you lose your coverage under the Plan because of the following Qualifying Events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or,
- You become divorced or legally separated from your spouse.

Your dependent children will become Qualified Beneficiaries if they lose coverage under the Plan because of the following Qualifying Events:

- The parent-employee dies;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or,
- The child stops being eligible for coverage under the Plan as a “dependent child.”

## **WHEN IS COBRA CONTINUATION COVERAGE AVAILABLE?**

The Plan will offer COBRA continuation coverage to Qualified Beneficiaries only after the Plan Administrator has been notified that a Qualifying Event has occurred. The employer must notify the Plan Administrator of the following Qualifying Events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or,
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other Qualifying Events (e.g., divorce or legal separation of the employee and spouse, or a dependent child's losing eligibility for coverage as a dependent child, etc.), you must notify the Plan Administrator within 60 days after the Qualifying Event occurs. You must provide this notice to your employer.

Life insurance, accidental death and dismemberment benefits, and weekly income or long-term disability benefits (if part of the employer's plan), are not eligible for continuation under COBRA.

## **NOTICE AND ELECTION PROCEDURES**

Each type of notice or election to be provided by a covered employee or a Qualified Beneficiary under this COBRA Continuation Coverage Section must be in writing, must be signed and dated, and must be mailed or hand-delivered to the Plan Administrator, properly addressed, no later than the date specified in the election form, and properly addressed to the Plan Administrator.

Each notice must include all of the following items: the covered employee's full name, address, phone number and Social Security Number; the full name, address, phone number and Social Security Number of each affected dependent, as well as the dependent's relationship to the covered employee; a description of the Qualifying Event or disability determination that has occurred; the date the Qualifying Event or disability determination occurred; a copy of the Social Security Administration's written disability determination, if applicable; and the name of this Plan. The Plan Administrator may establish specific forms that must be used to provide a notice or election.

## **ELECTION AND ELECTION PERIOD**

COBRA continuation coverage may be elected during the period beginning on the date Plan coverage would otherwise terminate due to a Qualifying Event and ending on the later of the following: (1) 60 days after coverage ends due to a Qualifying Event, or (2) 60 days after the notice of the COBRA continuation coverage rights is provided to the Qualified Beneficiary.

If, during the election period, a Qualified Beneficiary waives COBRA continuation coverage rights, the waiver can be revoked at any time before the end of the election period. Revocation of the waiver will be an election of COBRA continuation coverage. However, if a waiver is revoked, coverage need not be provided retroactively (that is, from the date of the loss of coverage until the waiver is revoked). Waivers and revocations of waivers are considered to be made on the date they are sent to the employer or Plan Administrator.

# Important Notices (continued)

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## HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a Qualifying Event has occurred, COBRA continuation coverage will be offered to each of the Qualified Beneficiaries. Each Qualified Beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation on behalf of their dependent children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain Qualifying Events, or a second Qualifying Event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

## DISABILITY EXTENSION OF THE 18-MONTH PERIOD OF COBRA CONTINUATION COVERAGE

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. This disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

## SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF COBRA CONTINUATION COVERAGE

If your family experiences another Qualifying Event during the 18 months of COBRA continuation of coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation of coverage, for a maximum of 36 months, if the Plan is properly notified about the second Qualifying Event. This extension may be available to the spouse and any dependent children receiving COBRA continuation of coverage if the employee or former employee dies; becomes entitled to Medicare (Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second Qualifying Event would have caused the spouse or the dependent child to lose coverage under the Plan had the first Qualifying Event not occurred.

## OTHER OPTIONS BESIDES COBRA CONTINUATION COVERAGE

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

## IF YOU HAVE QUESTIONS

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans subject to ERISA, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Address and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), has jurisdiction with respect to the COBRA continuation coverage requirements of the Public Health Service Act (PHSA) that apply to state and local government employers, including counties, municipalities, public school districts, and the group health plans that they sponsor (Public Sector COBRA). COBRA can be a daunting and complex area of federal law. If you have any questions or issues regarding Public Sector COBRA, you may contact the Plan Administrator or email HHS at [phig@cms.hhs.gov](mailto:phig@cms.hhs.gov).

## KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## EFFECTIVE DATE OF COVERAGE

COBRA continuation coverage, if elected within the period allowed for such election, is effective retroactively to the date coverage would otherwise have terminated due to the Qualifying Event, and the Qualified Beneficiary will be charged for coverage in this retroactive period.

# Important Notices (continued)

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## **COST OF CONTINUATION COVERAGE**

The cost of COBRA continuation coverage will not exceed 102% of the Plan's full cost of coverage during the same period for similarly situated non-COBRA beneficiaries to whom a Qualifying Event has not occurred. The "full cost" includes any part of the cost which is paid by the employer for non-COBRA beneficiaries.

The initial payment must be made within 45 days after the date of the COBRA election by the Qualified Beneficiary. Payment must cover the period of coverage from the date of the COBRA election retroactive to the date of loss of coverage due to the Qualifying Event (or date a COBRA waiver was revoked, if applicable). The first and subsequent payments must be submitted and made payable to the Plan Administrator or COBRA Administrator. Payments for successive periods of coverage are due on the first of each month thereafter, with a 30-day grace period allowed for payment. Where an employee organization or any other entity that provides Plan benefits on behalf of the Plan Administrator permits a billing grace period greater than the 30 days stated above, such period shall apply in lieu of the 30 days. Payment is considered to be made on the date it is sent to the Plan or Plan Administrator.

The Plan will allow the payment for COBRA continuation coverage to be made in monthly installments, but the Plan can also allow for payment at other intervals. The Plan is not obligated to send monthly premium notices.

The Plan will notify the Qualified Beneficiary in writing, of any termination of COBRA coverage based on the criteria stated in this Section that occurs prior to the end of the Qualified Beneficiary's applicable maximum coverage period. Notice will be given within 30 days of the Plan's decision to terminate.

Such notice shall include the reason that continuation coverage has terminated earlier than the end of the maximum coverage period for such Qualifying Event and the date of termination of continuation coverage.

**See the Summary Plan Description or contact the Plan Administrator for more information.**

## **Special Enrollment Rights Notice**

### **CHANGES TO YOUR HEALTH PLAN ELECTIONS**

Once you make your benefits elections, they cannot be changed until the next Open Enrollment. Open Enrollment is held once a year.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if there is a loss of other coverage. However, you must request enrollment no later than 30 days after that other coverage ends.

If you declined coverage while Medicaid or the Children's Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and / or your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment no later than 60 days after Medicaid or CHIP coverage ends.

If you or your dependents become eligible for Medicaid or CHIP premium assistance, you may be able to enroll yourself and / or your dependents into this plan. However, you must request enrollment no later than 60 days after the determination for eligibility for such assistance.

If you have a change in family status such as a new dependent resulting from marriage, birth, adoption or placement for adoption, divorce (including legal separation and annulment), death or Qualified Medical Child Support Order, you may be able to enroll yourself and / or your dependents. However, you must request enrollment no later than 30 days after the marriage, birth, adoption or placement for adoption or divorce (including legal separation and annulment).

For information about Special Enrollment Rights, please contact:

Eugenia Torres  
Human Resources Manager  
760.770.0317

# Important Notices (continued)

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## Medicare Part D – Important Notice About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Cathedral City and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- **CalPERS has determined that the prescription drug coverage offered by CalPERS is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

### WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current City of Cathedral City coverage will not be affected. If you keep this

coverage and elect Medicare, the City of Cathedral City coverage will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current City of Cathedral City coverage, be aware that you and your dependents will be able to get this coverage back.

### WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with City of Cathedral City and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without Creditable Coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (i.e., a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE

Contact the person listed below for further information. NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Cathedral City changes. You also may request a copy of this notice at any time.

### FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

# Important Notices (continued)

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## FOR MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help.
- Call 800.MEDICARE (800.633.4227). TTY users should call 877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 800.772.1213 (TTY 800.325.0778).

## REMEMBER

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained Creditable Coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: September 14, 2018

Name of Entity / Sender: City of Cathedral City

Contact: Eugenia Torres

Address: 68700 Avenida Lalo Guerrero  
Cathedral City, CA 92234

Phone: 760.770.0317

## Wellness – Alternative Standards

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all participating employees. If you think you might be unable to meet a standard for a reward under the wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at [hr@cathedralcity.gov](mailto:hr@cathedralcity.gov) and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you with regard to your health status.

# Important Notices (continued)

## Health Insurance Marketplace Coverage Options and Your Health Coverage

### PART A: GENERAL INFORMATION

This notice provides you with information about City of Cathedral City in the event you wish to apply for coverage on the Health Insurance Marketplace. All the information you need from Human Resources is listed in this notice. If you wish to have someone assist you in the application process or have questions about subsidies that you may be eligible to receive, (for California residents only) you can contact KeenanDirect at 855.653.3626 or at [www.KeenanDirect.com](http://www.KeenanDirect.com), or (for everyone) contact the Health Insurance Marketplace directly at [www.Healthcare.gov](http://www.Healthcare.gov).

#### WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Open Enrollment for health insurance coverage through Covered California begins October 15, 2018 and ends on January 15, 2019. Open Enrollment for most other states will close on December 15, 2018..

#### CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer you coverage, offers medical coverage that is not “Affordable,” or does not provide “Minimum Value.” If the lowest cost plan from your employer that would cover you (and not any other members of your family) is more than 9.56% (for 2018) and 9.86% (for 2019) of your household income for the year, then that coverage is not Affordable. Moreover, if the medical coverage offered covers less than 60% of the benefits costs, then the plan does not provide Minimum Value.

#### DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of medical coverage from your employer that is both Affordable and provides Minimum Value, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s medical plan.

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered medical coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### PART B: EXCHANGE APPLICATION INFORMATION

In the event you wish to apply for coverage on the Exchange, all the information you need from Human Resources is listed below. If you are located in California and wish to have someone assist you in the application process or have questions about subsidies that you may be eligible to receive, you can contact KeenanDirect at 855.653.3626 or at [www.KeenanDirect.com](http://www.KeenanDirect.com).

<b>3. Employer name</b> City of Cathedral City	<b>4. Employer Identification Number (EIN)</b> 95-3674780	
<b>5. Employer address</b> 68700 Avenida Lalo Guerrero	<b>6. Employer phone number</b> 760.770.0317	
<b>7. City</b> Cathedral City	<b>8. State</b> CA	<b>9. ZIP code</b> 92234
<b>10. Who can we contact about employee health coverage at this job?</b> AnnMarie Quintanilla, Human Resources Specialist		
<b>11. Phone number (if different from above)</b> 760.202.2408	<b>12. Email address</b> hr@cathedralcity.gov	

# Important Notices (continued)

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## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 877.KIDS.NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 866.444.EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2018. Contact your State for more information on eligibility.

### ALABAMA – Medicaid

Website: <http://myalhipp.com/>  
Phone: 855.692.5447

### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 866.251.4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility:  
<http://dhss.alaska.gov/dpa/Pages/Medicaid/default.aspx>

### ARKANSAS – Medicaid

Website: <http://myarhipp.com/>  
Phone: 855.MyARHIPP (855.692.7447)

### COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:  
<https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center:  
800.221.3943/ State Relay 711  
CHP+: <https://colorado.gov/HCPF/Child-Health-Plan-Plus>  
CHP+ Customer Service: 800.359.1991/ State Relay 711

### FLORIDA – Medicaid

Website: <http://flmedicaidprecovery.com/hipp/>  
Phone: 877.357.3268

### GEORGIA – Medicaid

Website: <http://dch.georgia.gov/medicaid>  
Click on Health Insurance Premium Payment (HIPP)  
Phone: 404.656.4507

### INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.in.gov/fssa/hip/>  
Phone: 877.438.4479  
All other Medicaid  
Website: <http://www.indianamedicaid.com>  
Phone 800.403.0864

### IOWA – Medicaid

Website:  
<http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
Phone: 888.346.9562

### KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>  
Phone: 785.296.3512

### KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/agencies/dms>  
Phone: 800.635.2570

### LOUISIANA – Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>  
Phone: 888.695.2447

### MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>  
Phone: 800.442.6003  
TTY: Maine relay 711

### MASSACHUSETTS – Medicaid and CHIP

Website:  
<http://www.mass.gov/eohhs/gov/departments/masshealth/>  
Phone: 800.862.4840

### MINNESOTA – Medicaid

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp> | Phone: 800.657.3739

### MISSOURI – Medicaid

Website:  
<https://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573.751.2005

### MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 800.694.3084

# Important Notices (continued)

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## **NEBRASKA – Medicaid**

Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: 855.632.7633  
Lincoln: 402.473.7000  
Omaha: 402.595.1178

## **NEVADA – Medicaid**

Medicaid Website: <https://dwss.nv.gov/>  
Medicaid Phone: 800.992.0900

## **NEW HAMPSHIRE – Medicaid**

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>  
Phone: 603.271.5218  
NH Medicaid Service Center Hotline: 888.901.4999

## **NEW JERSEY – Medicaid and CHIP**

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Medicaid Phone: 609.631.2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 800.701.0710

## **NEW YORK – Medicaid**

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 800.541.2831

## **NORTH CAROLINA – Medicaid**

Website: <https://dma.ncdhhs.gov/>  
Phone: 919.855.4100

## **NORTH DAKOTA – Medicaid**

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
Phone: 844.854.4825

## **OKLAHOMA – Medicaid and CHIP**

Website: <http://www.insureoklahoma.org>  
Phone: 888.365.3742

## **OREGON – Medicaid**

Websites: <http://healthcare.oregon.gov/Pages/index.aspx>  
<http://www.oregonhealthcare.gov/index-es.html>  
Phone: 800.699.9075

## **PENNSYLVANIA – Medicaid**

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancemepremiumpaymenthippprogram/index.htm>  
Phone: 800.692.7462

## **RHODE ISLAND – Medicaid**

Website: <http://www.eohhs.ri.gov/>  
Phone: 855.697.4347

## **SOUTH CAROLINA – Medicaid**

Website: <https://www.scdhhs.gov>  
Phone: 888.549.0820

## **SOUTH DAKOTA - Medicaid**

Website: <http://dss.sd.gov>  
Phone: 888.828.0059

## **TEXAS – Medicaid**

Website: <http://gethipptexas.com/>  
Phone: 800.440.0493

## **UTAH – Medicaid and CHIP**

Medicaid Website: <https://medicaid.utah.gov/>  
CHIP Website: <http://health.utah.gov/chip>  
Phone: 877.543.7669

## **VERMONT– Medicaid**

Website: <http://www.greenmountaincare.org/>  
Phone: 800.250.8427

## **VIRGINIA – Medicaid and CHIP**

Medicaid Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
Medicaid Phone: 800.432.5924  
CHIP Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
CHIP Phone: 855.242.8282

## **WASHINGTON – Medicaid**

Website: <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>  
Phone: 800.562.3022 ext. 15473

## **WEST VIRGINIA – Medicaid**

Website: <http://mywvhipp.com/>  
Toll-free phone: 855.MyWVHIPP (855.699.8447)

## **WISCONSIN – Medicaid and CHIP**

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>  
Phone: 800.362.3002

## **WYOMING – Medicaid**

Website: <https://wyequalitycare.acs-inc.com/>  
Phone: 307.777.7531

To see if any other states have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, contact either:

## **U.S. Department of Labor**

Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
866.444.EBSA (3272)

## **U.S. Department of Health and Human Services**

Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
877.267.2323, Menu Option 4, Ext. 61565



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