# 2024 | Antelope Valley Medical Center Enrollment Guide

Antelope Valley
Medical Center

# Contact Information

Below is a listing of the telephone numbers you can call with questions about the plans available to you. You can also use the website (if available) to access information from providers for the various plans.

| Plan | Group # | Phone Number | Website |
|---|---|---|---|
| **Medical** | | | |
| • PPO/EPO | U79 | 866.507.6558 | www.myhnas.com |
| • 24/7 NurseLine | | 800.700.0197 | |
| • Kaiser Permanente - HMO | 118504-0000 | **Urgent Care:** 888.778.5000 (24/7)<br>**Customer Service:** 800.464.4000<br>**After Hours:** 888.576.6225 | kp.org |
| **Prescription Drugs** | | | |
| • Express Scripts Inc. | K6X | 866.698.1326 | express-scripts.com |
| **Dental** | | | |
| • Delta Dental - PPO | 1517-5555 | 800.765.6003 | deltadentalins.com |
| • DeltaCare USA DHMO – CAA20 | 1476-0001 | 800.422.4234 | deltadentalins.com |
| • MetLife – PPO | 118942 | 800.942.0854 | metlife.com |
| • MetLife/SafeGuard - DHMO SGX100-CA | 119335 | 800.880.1800 | metlife.com |
| **Vision** | | | |
| • Reliance Standard through Vision Service Plan (VSP) | VIS 414310 | 800.877.7195 | group@ameritas.com |
| **Employee Assistance Program (EAP)** | | | |
| • Aetna | | 800.342.8111<br>**TTY Users:** 711 | resourcesforliving.com<br>Username: AVMC \| Password: EAP |
| **Flexible Spending Accounts (FSA)** | | | |
| • PayFlex | | 844.729.3539 | payflex.com |
| **Life/AD&D** | | | |
| • Reliance Standard Life Insurance Company | GL151762 | 800.351.7500 | reliancestandard.com |
| **Long Term Disability (LTD)** | | | |
| • Reliance Standard Life Insurance Company | LTD118745 | **Customer Service:**<br>800.644.1103<br>**Claims Services:**<br>800.351.7500, x4149<br>8:00 - 6:00 p.m. EST | reliancestandard.com |
| **Voluntary Benefits** | | | |
| • Chubb<br>- Short-Term Disability<br>- LifeTime Benefit Term Insurance with Long-Term Care | | 833.542.2013<br>855.241.9891 | chubb.com/workplacebenefitsclaims<br>Email: claims@gotoservice.chubb.com |
| • Reliance Standard Life Insurance Company<br>- Hospital Indemnity Insurance<br>- Accident Insurance<br>- Critical Illness Insurance | <br><br>0000461165<br>0000461161<br>0000461159 | 000.000.0000 | reliancestandard.com |
| **Pet Insurance** | 118942 | 800.438.6388 | metlife.com/mybenefits |
| **Legal Plan** | | 800.821.6400 | metlife.com/mybenefits |
| **Retirement Plan** | | | |
| • Milliman Retirement | | 877.725.8676 | MillimanBenefits.com |
| • Voya Retirement Plan | 664482 | 800.584.6001 | voyaretirementplans.com |

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# 2024 Benefits Open Enrollment

This year's Benefits Open Enrollment will be held from Friday, October 27 through Friday, November 10, 2023. **This is a passive enrollment which means unless you'd like to make changes to your benefit elections you do not need to take action. However, all Flexible Spending Account (FSA), pet, and permanent life participants must update their elections for 2024. If you do not actively elect these benefits you will not have coverage in 2024.** This open enrollment period is the only opportunity to enroll in benefits until next year's open enrollment period unless you experience a qualifying life event. This guide will help you understand the benefit options that are effective on January 1, 2024.

## What's New for 2024

- ✓ HealthNow is replacing Keenan as Health Plan Administrator for the EPO and PPO plan. This change will have minimal impact on you and your family as the benefits are still the same as current and Anthem is still the network.
- ✓ Medical plan ID cards for the PPO and EPO plans will be issued in the name of the employee. If you are covering dependents, you will receive two medical ID cards. Your dependent names will not be listed on the ID cards – all cards will be issued in the employee name.
- ✓ **New Providers!** We are happy to announce a suite of new voluntary benefit providers for 2024. We believe you will be pleased with the program enhancements.
  - Accident Insurance and Critical Illness Insurance will transition from Trustmark to Reliance Standard.
  - Pet Insurance will transition from United Pet Care to MetLife.
  - Legal Coverage will transition from Legal Shield to MetLife.
  - Short-Term Disability will transition from Aflac to Chubb.
- ✓ **New Benefits!**
  - We are pleased to now offer Hospital Indemnity Insurance through Reliance Standard. This new program can reduce the financial and emotional stress of a hospital stay by providing a lump sum cash benefit to be used however needed, whether that's for your deductible, coinsurance or even childcare expenses.
  - We are pleased to now offer LifeTime Benefit Term Insurance with Long-Term Care through Chubb. This new program includes benefits for long-term care such as nursing home care, assisted living facilities, and adult day care. **And during this enrollment period only, you can elect coverage for yourself without answering medical questions!**

## How to Enroll

Professional benefit counselors will be available onsite and by phone to answer your questions and help you complete the enrollment process. To schedule your confidential benefit appointment, scan the QR code, call 855.929.4249 or visit **AVMC.MyBenefitsAppointment.com**. Pre-schedule your appointment today to secure your preferred date and time.

## Online Benefits Information Resource

Our online benefits library puts all of the benefits information right at your fingertips – anytime, anywhere. This is your go-to, online resource for your benefit needs. To learn more, visit **AVMC.MyBenefitsLibrary.com**.

# Enrollment Guidelines

## Choose Coverage That's Right for You

You have a choice between three types of medical coverage. One is a Preferred Provider Organization (PPO). Another is an Exclusive Provider Organization (EPO) that generally limits coverage to doctors and hospitals affiliated with the EPO. Also available is the Kaiser HMO, where all care is received within the Kaiser system. Whichever medical plan you select, you will also receive vision and prescription drug benefits, and may enroll in dental benefits. Antelope Valley Medical Center (AVMC) also provides an Employee Assistance Plan, Basic Life and Accidental Death & Dismemberment coverage, and Long-Term Disability coverage to you at no cost.

## New Hire Enrollment Process

You must enroll within 60 calendar days from your date of hire or within 30 days of your change of employee status in order to become enrolled in benefits. If you do not enroll within 60 calendar days from your date of hire or within 30 days of your change of employee status, you will be considered a "late enrollee" and will be required to wait until the next annual Open Enrollment period to enroll in our employee benefits programs.

Even if you wish to decline coverage in our Medical/ Dental/ Vision plans because you have coverage elsewhere (i.e., through your spouse's employer), you should still add a beneficiary for the company paid Life Insurance.

Before you enroll, please read through the enclosed materials, and determine your benefits selections.

## Eligibility

Eligibility for benefits is determined by employee classification, number of hours scheduled to work and a waiting period before benefits are effective.

*This brochure highlights the main benefits of Antelope Valley Medical Center's Employee Benefit Program. It is designed to assist you in selecting benefits for you and your family. This booklet does not include plan details or specific rules, which are provided in the legal documents such as: Plan Document/Summary Plan Descriptions (SPD), Evidence of Coverage (EOC), and plan contracts. If there are any inconsistencies between this brochure and the legal plan documents, the plan documents will prevail. Antelope Valley Medical Center reserves the right to change, discontinue or increase contributions for benefits at any time.*

*This brochure is considered a Summary of Material Modification.*

## Change of Status Employees

Employees with status change from ineligible (.1 through .5 FTE) to benefit eligible status (.6 through 1.0 FTE) must enroll for coverage within 30 days from the date of status change. For coverage to be effective, the online enrollment must be completed within the 30-day period.

| Eligibility for Benefits | | |
|---|---|---|
| **Employee Classification** | Full-Time Employees | Part-Time Employees |
| **Hours Requirement** | 0.9 – 1.0 FTE | 0.6 – 0.8 FTE |
| **Waiting Period** (benefits effective date) | 1st of the month following 60 days from date of hire | |
| **Benefits Offered** | • Medical<br>• Dental<br>• Vision<br>• Life and Accidental Death & Dismemberment (AD&D)<br>• Long Term Disability (LTD)<br>• Employee Assistance Program (EAP)<br>• Flexible Spending Accounts (FSA)<br>• Voluntary Benefits<br>- LifeTime Benefit Term Insurance with Long-Term Care<br>- Hospital Indemnity<br>- Critical Illness<br>- Accident Insurance<br>- Short-Term Disability (STD)<br>- Pet Insurance<br>- Legal Plan<br>- Identity Theft Protection | |

## During the Open Enrollment Period

Each Fall you have the opportunity to make changes to your benefit choices for the upcoming calendar year. If you enroll by the Open Enrollment deadline, your new choices will be effective on January 1, and will remain in place for the entire year unless you have a family status change.

## Cancellation of Benefits

Once enrolled, insurance coverage can only be cancelled due to a qualifying event with proof of documentation. Per AVMC Human Resources Policy - PE. 3.4

## Changes to Your Health Plan Election

Once you make your benefits elections and select a plan, you cannot change plans until the next Open Enrollment period. Open Enrollment is held once a year. If you have a change in family status due to marriage, birth or adoption, divorce, death, termination of legal responsibility for your dependent, your dependent reaches an age of ineligibility, your spouse or domestic partner involuntarily loses their job, court order or loss of medical eligibility for you or your dependent, you may be able to put in a request to change coverage outside of the Open Enrollment period.

**You need to call the Human Resources department immediately when one of these changes occurs. You have 30 days from the date of the event to request a change in coverage.**

# Enrollment Guidelines

## Dependents

**Your dependents are eligible for medical, dental and vision coverage if they are your:**

- Spouse or Domestic Partner who meets the eligibility criteria (see below).
- Children up to age 26 - Medical, Dental and Vision plans.
- Adult disabled dependent children who are incapable of self-sustaining employment because of a physically or mentally disabling condition that occurred before they reached the limiting age for dependents, and who provide the appropriate Disabled Dependent Certification from their physician may continue coverage past the dependent age limit.
- Employee's parents and siblings are not eligible for benefits.

Children can include your natural children, adopted children, stepchildren and children for whom you have legal guardianship.

## Registered Domestic Partner

In California, your Registered Domestic Partner who meets the following state requirements will be eligible for benefits.

The individual must:

- Be a person of whom you share a committed relationship, the same residence, and the joint responsibility for welfare and financial obligations, **and**
- Be at least 18 years of age, **and**
- Not be related to you by blood, **and**
- Not be married to or legally separated from anyone else, **and**
- Be registered with the State of California as your Domestic Partner.

Any premiums paid for your domestic partner are taxable income and will be included on your W-2.

## Proof of Dependent Eligibility

When you enroll dependents in the benefit programs through AVMC, you must provide the appropriate evidence of the relationship. Note that you may need to provide more than one document depending on the nature of verification. For example, if you are enrolling a dependent child, you must provide proof of the child's relationship to you and the child's age.

### Spouse

- A copy of the first page of your Federal Income Tax Return (listing both spouses married filing jointly or married filing separately)
- Original Marriage Certificate (if married within the last 2 years)

### Registered Domestic Partner

- Certificate of Domestic Partnership (original) that has been filed, stamped and dated by the Secretary of State

### Children

Allowable documents to verify relationship of child:

- A copy of the first page of your Federal Income Tax Return
- Original Birth Certificate that shows the names of both the parent and the child
- Final adoption papers
- Legal documentation (e.g., court orders) substantiating placement for adoption or legal guardianship with financial dependency

# Medical Insurance

## Medical Plan Options

Three medical plans are available: the PPO and EPO plans using the Anthem Blue Cross Prudent Buyer PPO network, and the Kaiser Permanente HMO plan. With the PPO, you can see any provider of your choice, but your costs will be lower In-Network. The EPO has more affordable costs, and you can see any provider In-Network, but there is no coverage Out-of-Network except emergency. For PPO/EPO, most costs are waived for facility care received at Antelope Valley Medical Center. With the Kaiser HMO, all care must be received within the Kaiser network.

**Carefully consider the following as you choose the plan that fits the needs of you and your family.**

- Ease of Obtaining Care
- Your Out-of-Pocket Cost
- Convenience
- Covered Services
- Health Needs of You and Your Family. Make sure you verify with your provider that they are In-Network.

## HealthNow

Effective 01/01/2024, Antelope Valley Medical Center has contracted with HealthNow Administrative Services (HNAS) to be the benefit administrator of our medical plans. Below is important information regarding HealthNow Administrative Services (HNAS).

**Customer Service**

If you have any questions, please contact HealthNow Administrative Services at 866.507.6558. A dedicated HNAS Service Team Member will be available to assist you Monday through Friday 8:00 am to 7:00 pm nationally. After normal customer service hours, the interactive telephone response system is available for claims status, eligibility, and benefit information.

**myhnas**

Please visit www.myhnas.com to access your claims, eligibility, temporary ID cards and to find a network provider.

**Medical ID Cards**

With the change to HealthNow, you will receive new medical ID cards.  If you are covering dependents, you will receive two medical ID cards. If you would like additional cards, you can call HealthNow at 866.507.6558 or visit their website at www.myhnas.com. Your dependent names will not be listed on the ID cards – all cards will be issued in the employee name.

You will receive your new medical/prescription ID cards around 01/01/2024. This ID card is to be used for both medical and pharmacy benefits. Present this card when first visiting your medical provider or pharmacy on or after 01/01/2024.
If you do not receive your ID card prior to 01/01/2024 please call HealthNow Administrative Services at 866.507.6558 or visit www.myhnas.com to print a new ID Card.

**Find a Provider**

To find an Anthem participating provider you can go to myhnas.com and click on the "find a provider" link. You may also go to www.anthem.com/ca.

**Preauthorization Information**

Certain services will require preauthorization such as inpatient hospital stays, elective surgical procedures, etc. To determine if preauthorization is required for a service your provider should call the "Customer Service" phone number on the back of your ID Card.

**Provider Claim Submission Information**

Claims should be submitted by the provider to the local BlueCross/BlueShield plan.

If you have any questions, please contact HealthNow's Customer Service Department at 866.507.6558.

# myHNAS Online Member Benefits

## Welcome to myHNAS!

Access your claims, eligibility, temporary health plan ID card, and other valuable plan information 24/7 through myHNAS. You'll find important documents, links to health-related resources, and answers to frequently asked questions.

### Here's what you can do:

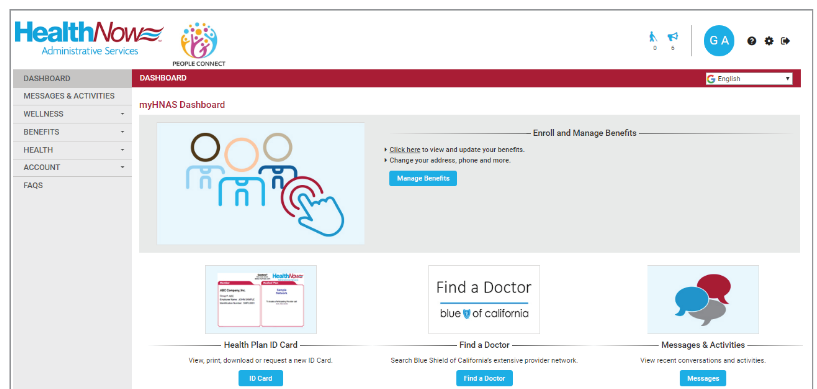
- Review eligibility and plan information for you and your covered dependents
- View claims details for you and your covered dependents*
- Access Explanation of Benefits (EOB) documents related to medical claims
- Track steps and access wellness programs
- View, print, or download your current ID card and request new ID cards
- Access an electronic summary of benefits and coverages
- Locate participating doctors or hospitals
- View deductible/accumulator information related to current and past health plan enrollments
- Change your current coverage due to a life event, if applicable

**Privacy rules apply*

### Getting started

1. Go to **myHNAS.com**.
2. First-time users, select *Register Now*.
3. Enter the required registration fields and click *Submit*.
4. Read the Term of Service agreement and click *Agree*.
5. Read the Notice of Privacy Practices and click *Agree*.
6. Create a username and password and a security question and answer, then click *Submit*.

   ***Note:*** *Your password must include at least six characters and at least one number or symbol ( ! @ # $ % ^ & * _ + - = ).*
7. See your dashboard screen.




HealthNow
Administrative Services

# myHNAS Mobile

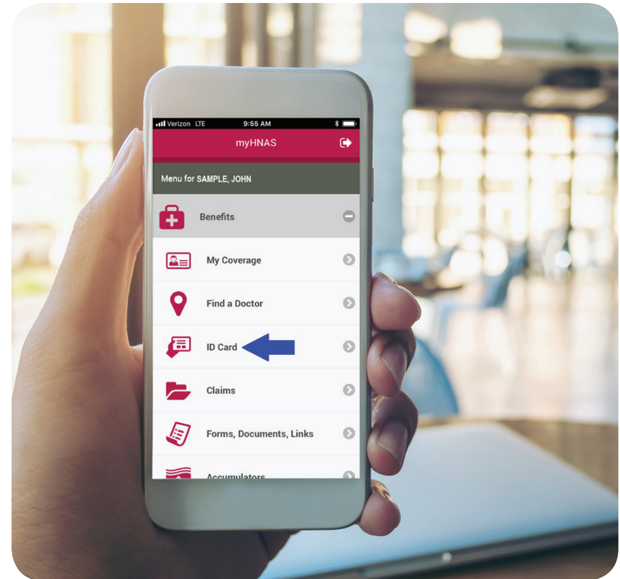
## Access on the go!

Have the account information you need, right when you need it most. With the myHNAS mobile app, you can easily access your benefit portal on the go. The mobile app gives you secure access to valuable benefit and plan information anytime you need it. Enjoy all the amenities of the online portal from your Apple or Android device.

## Virtual ID card

Carry your virtual ID card in your pocket by using your device to access the myHNAS mobile app. Simply select *ID Card* from the mobile menu, and click *Get ID Card Now*. Your ID card image appears sized on your device screen, easily viewable by your doctor or other provider. This is a valid card and is exactly the same as the most recent card mailed to you. You may use it to access health care services and doctors.

You may also request new ID cards by mail.



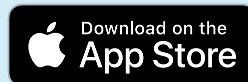

### Getting started

Already have a myHNAS account? Use your existing myHNAS account username and password to log in to the myHNAS app.

Not registered for a myHNAS account yet?

1. Select *Register*.
2. Enter the required registration fields and tap *Submit*.
3. Read the Terms of Service agreement and tap *Agree*.
4. Read the Notice of Privacy Practices and tap *Agree*.
5. Create a username and password and a security question and answer, and then tap *Submit*.
6. See your menu of services.

## Download myHNAS today!



HealthNow Administrative Services

# Medical Insurance

## LiveHealth Online

Anthem's LiveHealth Online lets you talk face-to-face with a doctor through your mobile device or a computer with a webcam. This service helps you to connect with a board-certified doctor when your primary care doctor cannot be reached for consultation. Use LiveHealth Online for prescriptions, common health concerns like colds, the flu, fevers, rashes, infections, allergies, behavioral health and more! With LiveHealth Online, you can visit the doctor 24/7, without the hassle of driving, parking, or waiting rooms. It's faster, easier and more convenient than a visit to an urgent care center. A typical LiveHealth Online session lasts about 10 minutes.

The cost for an online doctor visit is just $10 for EPO/PPO members. Log on to livehealthonline.com or download the mobile app to get started today!

LiveHealth Online should not be used for emergency care. If you experience a medical emergency, call 911 immediately.

## How the Prescription Drug Plan Works

If you enroll in either the PPO/EPO, you are automatically enrolled in the prescription drug plan administered by Express Scripts Inc. (ESI). Kaiser members will receive prescriptions from Kaiser facilities.

**PPO/EPO**

- You will not be issued a separate prescription drug card; the prescription drug information is combined with your medical ID card.
- To access a complete listing of pharmacies near you, log onto express-scripts.com.
- No claim forms to fill out.
- Mail order program for maintenance medications is both convenient and cost-effective. You receive a three-month supply for only two months copays.
- To ensure maximum quality, efficacy, and affordability, step therapy and prior authorization for certain drugs may be required.
- Customer service can be reached at 866.698.1326.

**Kaiser HMO**

- Prescription drug information is printed on your ID card.
- To access a complete listing of pharmacies near you, log onto kaiserpermanente.org.
- You can obtain a 100-day supply through the mail order program.
- Customer service can be reached at 800.464.4000.

# Medical Insurance

| Plan Benefits | PPO Plan through Anthem Prudent Buyer Network — Antelope Valley Medical Center | In-Network | Out-of-Network*** |
|---|---|---|---|
| | Member Responsibility | | |
| Calendar Year Deductible (Individual/Family) | $250/$500 | $600/$1,200 | $1,200/$2,400 |
| Emergency Room (waived if admitted) | $100 copay after deductible | $100 copay; then 20% after deductible | |
| Annual Out-of-Pocket Maximum | $1,000 (person)<br>$2,000 (2-party)<br>$3,000 (family) | $3,000 (person)<br>$5,000 (2-party)<br>$8,000 (family) | $6,000 (person)<br>$10,000 (2-party)<br>$16,000 (family) |
| Office Visit – PCP/Specialist | N/A | 20% after deductible | 50% after deductible |
| Online Doctor Visit (livehealthonline.com) | N/A | $10 copay (deductible waived) | Not covered |
| Well-Child Care | N/A | No charge (deductible waived) | Not covered |
| Adult Physical | N/A | No charge (deductible waived) | Not covered |
| Well-Woman Exam | N/A | No charge (deductible waived) | Not covered |
| Mammography | No charge (deductible waived) | No charge (deductible waived) | 50% after deductible |
| Prenatal Care* | Benefit is based on the type of service performed | | |
| Hospital Delivery (EE and Spouse only) | No charge after deductible | 20% after deductible + $500 copay | 50% after deductible + $500 copay |
| Inpatient Hospitalization | No charge after deductible | 20% after deductible + $500 copay | 50% after deductible + $500 copay |
| Physician Hospital Services | N/A | 20% after deductible | 50% after deductible |
| Outpatient Hospital Services | No charge after deductible | 20% after deductible | 50% after deductible |
| Ambulatory Surgical Center | No charge after deductible | 20% after deductible + $500 copay | 50% after deductible + $500 copay |
| X-Ray and Lab Test | No charge after deductible | 20% after deductible | 50% after deductible |
| Outpatient Physical/ Occupation-al/Speech Therapy | No charge after deductible (24 vis-its/calendar year) | 20% after deductible (24 visits/ calendar year) | 50% after deductible (24 visits/ calendar year; max $25/visit) |
| Durable Medical Equipment | No charge after deductible | 20% after deductible | 50% after deductible |
| Urgent Care | N/A | 20% after deductible | 50% after deductible |
| Ambulance | N/A | 20% after deductible | |
| Home Health Care | No charge after deductible (100 vis-its/calendar year max) | 20% after deductible (100 visits/ calendar year max) | 50% after deductible (100 visits/calendar year max) |
| Mental Health/Substance Abuse** | Covered same as sickness | | |
| Inpatient | No charge after deductible | 20% after deductible + $500 copay | 50% after deductible + $500 copay |
| Outpatient Physician Office Visit | N/A | 20% after deductible | 50% after deductible |
| **Prescription Drugs** | **Express Scripts, Inc.** | | |
| Pharmacy Out-of-Pocket Max | $2,000 per Individual/$6,000 per Family | | |
| Prescription Drugs | Retail | Mail Order | Out-of-Network |
| Generic | $10 copay | $20 copay | $10 copay + 50% |
| Brand† | $25 copay | $50 copay | $25 copay + 50% |
| Brand Non-Formulary† | $40 copay | $80 copay | $40 copay + 50% |
| Supply Limit | 30 days | 90 days | 30 days |

* There is no coverage for the pregnancy of a dependent daughter other than pre-natal and post-natal as established in the Preventive Care Act

** Substance Abuse - covered In-Network and Out-of-Network only

*** Out-of-network members are responsible for changes above the maximum allowable expense.

† If a brand drug is dispensed and a generic is available, member is responsible for brand copay plus cost difference between generic and brand.

N/A Service not available at Antelope Valley Medical Center; benefits are paid at the In-Network or Out-of-Network level

This is a brief summary of the benefits available under the plans. In the event of a discrepancy, the Plan Document will prevail. AVMC retains the right to modify or eliminate these or any other benefits at any time and for any reason.

# Medical Insurance

| Plan Benefits | EPO through Anthem Prudent Buyer Network | | |
|---|---|---|---|
| | Antelope Valley Medical Center | | In-Network |
| | Member Responsibility | | |
| Calendar Year Deductible (Individual/Family) | $0/$0 | | $500/$1,000 |
| Emergency Room (waived if admitted) | $50 copay | | $100 copay |
| Annual Out-of-Pocket Maximum | $1,000 (person)<br>$2,000 (2-party)<br>$3,000 (family) | | $3,000 (person)<br>$5,000 (2-party)<br>$8,000 (family) |
| Office Visit – PCP/Specialist | N/A | | $20 copay*/$30 copay* |
| Online Doctor Visit (livehealthonline.com) | N/A | | $10 copay |
| Well-Child Care | N/A | | No copay* |
| Adult Physical | N/A | | No copay* |
| Well-Woman Exam | N/A | | No copay* |
| Mammography | N/A | | No copay* |
| Prenatal Care* | Benefit is based on the type of service performed | | |
| Hospital Delivery (EE and Spouse only) | No copay | | 20% after deductible |
| Inpatient Hospitalization | No copay | | 20% after deductible |
| Physician Hospital Services | No copay | | No copay* |
| Outpatient Hospital Services | No copay | | 20% after deductible |
| Ambulatory Surgical Center | No copay | | 20% after deductible |
| X-Ray and Lab Test | No copay | | 20% after deductible |
| Outpatient Physical/ Occupation-al/Speech Therapy | No copay<br>(60 visits maximum) | | $20 copay*<br>(60 visits maximum) |
| Durable Medical Equipment | No copay* | | |
| Urgent Care | N/A | | $20 copay* |
| Ambulance | N/A | | No copay* |
| Home Health Care | No copay (100 visits/calendar year) | | $20 copay* (100 visits/calendar year) |
| Mental Health/Substance Abuse** | Covered same as sickness | | |
| Inpatient | No copay | | 20% after deductible |
| Outpatient Physician Office Visit | N/A | | $20 copay* |
| **Prescription Drugs** | **Express Scripts, Inc.** | | |
| Pharmacy Out-of-Pocket Max | $2,000 per Individual/$6,000 per Family | | |
| Prescription Drugs | Retail | Mail Order | Out-of-Network |
| Generic | $10 copay | $20 copay | $10 copay + 50% |
| Brand† | $25 copay | $50 copay | $25 copay + 50% |
| Brand Non-Formulary† | $40 copay | $80 copay | $40 copay + 50% |
| Supply Limit | 30 days | 90 days | 30 days |

* There is no coverage for the pregnancy of a dependent daughter other than pre-natal and post-natal as established in the Preventive Care Act
** Substance Abuse - covered In-Network and Out-of-Network only
*** Out-of-network members are responsible for changes above the maximum allowable expense.
† If a brand drug is dispensed and a generic is available, member is responsible for brand copay plus cost difference between generic and brand.
N/A Service not available at Antelope Valley Medical Center; benefits are paid at the In-Network or Out-of-Network level

This is a brief summary of the benefits available under the plans. In the event of a discrepancy, the Plan Document will prevail. AVMC retains the right to modify or eliminate these or any other benefits at any time and for any reason.

# Medical Insurance

| Plan Benefits | Kaiser Permanente HMO<br>Member Responsibility | |
|---|---|---|
| Calendar Year Deductible (Individual/Family) | $0/$0 | |
| Emergency Room (waived if admitted) | $100 copay (waived at AVMC) | |
| Annual Out-of-Pocket Maximum | | |
| • Person | $3,000 (person) | |
| • 2-Party | $3,000 (per person) | |
| • Family | $6,000 (family) | |
| Office Visit – PCP/Specialist | $20 copay/$30 copay | |
| Well-Child Care | No copay | |
| Prenatal Care | Benefit is based on the type of service performed | |
| Hospital Delivery | $500/admit | |
| Adult Physical | No copay | |
| Well-Woman Exam | No copay | |
| Mammography | No copay | |
| Inpatient Hospitalization | $500/admit | |
| Outpatient Services | $250 copay | |
| X-Ray and Lab Test | $10 copay | |
| Advanced Imaging (MRI, CT, PET scans) | $100 copay | |
| Outpatient Surgery | $250 copay | |
| Chiropractic | Not covered | |
| Urgent Care | $20 copay | |
| Ambulance | $50 copay/trip | |
| Durable Medical Equipment | 20% | |
| Home Health Care | No copay (100 visits/calendar year) | |
| Outpatient Physical/ Occupational/Speech Therapy | $20 copay | |
| Mental Health/Substance Abuse | | |
| Inpatient | $500/admit | |
| Outpatient | $20 copay/visit | |
| **Mental Health/Substance Abuse** | **Kaiser Permanente** | |
| Prescription Drugs | Retail | Mail Order |
| Generic | $10 copay | $10 copay |
| Brand† | $25 copay | $25 copay |
| Supply Limit | 100 days | 100 days |

This is a brief summary of the benefits available under the plans. In the event of a discrepancy, the Plan Document will prevail. AVMC retains the right to modify or eliminate these or any other benefits at any time and for any reason.

# Dental Insurance

*Administered by MetLife Dental*

The MetLife Dental plan offers both a Preferred Provider Option Dentist Program (PPO) and an HMO dental plan. You may choose to enroll in either the PPO or the HMO plan (Safeguard SGX100). The Preferred Dentist Program offers a network of "participating dentists" who have agreed to charge discounted fees to participating members.

### PPO (ID cards WILL NOT be issued for this plan)

| | Services by a Participating Provider In-Network | Services by a Non-Participating Provider Out-of-Network |
|---|---|---|
| | Member Responsibility | |
| Dental Deductible | | |
| Single | $50/calendar year | $50/calendar year |
| Family | $150/calendar year | $150/calendar year |
| Dental Benefit Maximum | $1,500/covered member/calendar year | |
| Diagnostic Services | No Charge (deductible waived) | 30% of covered expense + charges in excess of covered expense (deductible waived) |
| Preventive Services | No Charge (deductible waived) | 30% of covered expense + charges in excess of covered expense (deductible waived) |
| Restorative Services | 20% of negotiated rate (subject to deductible) | 30% of covered expense + charges in excess of covered expense |
| Endodontic Services | 20% of negotiated rate | 30% of covered expense + charges in excess of covered expense |
| Oral Surgery | 20% of negotiated rate | 30% of covered expense + charges in excess of covered expense |
| Periodontic Services | 20% of negotiated rate | 30% of covered expense + charges in excess of covered expense |
| Prosthodontic Services | 50% of negotiated rate | 50% of covered expense + charges in excess of covered expense (deductible waived) |
| Orthodontia | 50% of negotiated rate | 50% of covered expense + charges in excess of covered expense (deductible waived) |
| Benefit Maximum | $1,500 lifetime max<br>Orthodontic benefits are limited to one case/lifetime Orthodontic benefits are available to children up to age 26 if enrolled in the dental PPO. Refer to the MetLife Summary Plan Description for details regarding Orthodontia benefits. Your attending dentist will recommend Orthodontic treatment when he/she feels it is needed. | |

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# Dental Insurance

*Administered by MetLife Dental*

### MetLife Dental HMO – Safeguard SGX100 (ID cards WILL be issued for this plan)

This HMO dental plan offers an extensive network of qualified dentists to provide quality dental care without requiring claim forms, no deductibles, and no annual maximum. As long as you see your Safeguard Dental HMO/Managed Care network dentist there is no cost for covered services except for copays on certain procedures. You will need to select a primary care dentist who will manage all of your dental care.

| Schedule of Benefits | |
|---|---|
| Deductible | $0 |
| Office Visit | $5 copay |
| Diagnostic/Preventive | $0 copay - $50 copay |
| Basic | $0 copay - $300 copay |
| Endodontics | $0 copay - $160 copay |
| Periodontics | $0 copay - $265 copay |
| Crowns, Jackets, Inlays, Cast Restorations | $0 copay - $365 copay |
| Orthodontia (Child/Adult) | $1,450 copay |

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# Dental Insurance

*Administered by Delta Dental*

The Delta Dental plan offers both a preferred provider dental plan and an HMO dental plan. You may choose to enroll in the Preferred Provider Organization (PPO) plan or the HMO plan. If you choose the preferred provider plan, that means that the "participating dentists" have agreed to participate in Delta Dental's Preferred Provider Organization program (PPO). They have agreed to provide insured persons with dental care at a negotiated fee, and take responsibility for obtaining any treatment authorizations required under the plan.

## PPO (ID cards WILL NOT be issued for this plan)

| | Services by a Participating Provider In-Network | Services by a Non-Participating Provider Out-of-Network |
|---|---|---|
| | Member Responsibility | |
| Dental Deductible | | |
| Single | $50/calendar year | $50/calendar year |
| Family | $150/calendar year | $150/calendar year |
| Dental Benefit Maximum | $1,500/covered member/calendar year | |
| Diagnostic Services | No Charge (deductible waived) | 30% of covered expense + charges in excess of covered expense (deductible waived) |
| Preventive Services | No Charge (deductible waived) | 30% of covered expense + charges in excess of covered expense (deductible waived) |
| Restorative Services | 20% of negotiated rate | 30% of covered expense + charges in excess of covered expense |
| Endodontic Services | 20% of negotiated rate | 30% of covered expense + charges in excess of covered expense |
| Oral Surgery | 20% of negotiated rate | 30% of covered expense + charges in excess of covered expense |
| Periodontic Services | 20% of negotiated rate | 30% of covered expense + charges in excess of covered expense |
| Prosthodontic Services | 50% of negotiated rate | 50% of covered expense + charges in excess of covered expense (deductible waived) |
| Major Services (Crowns, inlays, onlays and cast restorations) | 50% of negotiated rate | 50% of covered expense + charges in excess of covered expense |
| Prosthodontic Services | 50% of negotiated rate | 50% of covered expense + charges in excess of covered expense |
| Orthodontia | 50% of negotiated rate | 50% of covered expense + charges in excess of covered expense (deductible waived) |
| Benefit Maximum | $1,500 lifetime max<br>Orthodontic benefits are limited to one case/lifetime Orthodontic benefits are available to children up to age 26 if enrolled in the dental PPO. Refer to the MetLife Summary Plan Description for details regarding Orthodontia benefits. Your attending dentist will recommend Orthodontic treatment when he/she feels it is needed. | |

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.

# Dental Insurance

### DeltaCare®

This HMO dental plan option was created with the idea of delivering quality dental care without requiring claim forms, no deductibles, and no annual maximum. As long as you see your HMO (panel dentist) there is no cost for covered services except for copays on certain procedures. You will need to select a primary care dentist who will manage all of your dental care.

### HMO (ID cards WILL be issued for new members)

| Schedule of Benefits | |
|---|---|
| Deductible | $0 |
| Diagnostic/Preventive | $0 copay – $15 copay |
| Basic | $0 copay – $75 copay |
| Endodontics | $0 copay – $135 copay |
| Periodontics | $0 copay – $200 copay |
| Crowns, Jackets, Inlays, Cast Restorations | $0 copay – $160 copay |
| Orthodontia (Child/Adult) | $1,600/$1,800 copay |

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# Vision Insurance

*Administered by Reliance Standard through Vision Service Plan (VSP)*

If you have enrolled in one of the PPO/EPO medical plans, your vision plan option is administered by Vision Service Plan (VSP), one of America's oldest and largest eye care organizations. VSP offers a network of thousands of eye care professionals located throughout the country. You may use any provider, but you will receive greater benefits when you select a VSP Signature Network provider.

To use a VSP Signature Network provider, just call a VSP provider and make an appointment and identify yourself as a VSP member. There are no claim forms to file; you just pay any amounts not covered by the plan.

To use other providers, you will need to pay in full for the services, and then file a claim with VSP.

| Plan Benefits | **Participating Provider In-Network** | **Non-Participating Provider Out-of-Network** |
|---|---|---|
| Copay | $20 | Allowance varies |
| Exam | Covered in full | Up to $50 allowance |
| Frequency | | |
| Exams | Every calendar year | |
| Lenses | Every calendar year | |
| Frames | Every other calendar year | |
| Lenses* | | |
| Single | Covered in full | Up to $50 allowance |
| Lined Bifocal | Covered in full | Up to $75 allowance |
| Lined Trifocal | Covered in full | Up to $100 allowance |
| Standard Progressive | Covered in full | Up to $75 allowance |
| Frames | $170 allowance<br>$190 allowance featured frame brands<br>20% off balance over allowance<br>Up to $95 frame allowance at Costco/Walmart/Sam's Club<br>LightCare - Use existing frame allowance for ready-to-wear non prescription blue-light glasses or non-prescription sunglasses (instead of prescription eyewear) | Up to $70 allowance |
| Elective Contacts (copay waived) | $150 allowance | Up to $105 (lenses/exam combined) |
| Contact Lens Exam (fitting and evaluation) | Up to $60 copay | Up to $105 (lenses/exam combined) |

* You will be responsible for any additional costs related to cosmetic items such as blended, coated or oversized lenses and designer frames.

## Extra Discounts and Savings

**Glasses and Sunglasses**

- Extra $20 to spend on featured frame brands. Visit vsp.com/specialoffers for details.
- 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.

**Retinal Screening**

- No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam.

**Laser Vision Correction**

- Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

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# Vision Insurance

*Administered by Kaiser Permanente*

If you have enrolled in the Kaiser medical plan, your vision coverage will be provided by Kaiser. You will need to utilize a Kaiser physician or Kaiser plan provider who is an Optometrist.

| | Schedule of Benefits |
|---|---|
| **Exam** | |
| Refraction exams<br>(to determine need for vision correction and to provide prescription for eyeglass lenses) | No charge when performed by a<br>Plan Physician or Plan Provider Who is an Optometrist |
| **Optical Services** | |
| Eyeglasses | 24 months; up to $150 allowance |
| Contact Lenses | 24 months; up to $150 allowance |
| Replacement Eyeglass Lenses<br>(.50 diopter prescription change in one or both eyes within 12 months of the initial point of sale of an eyeglass lens or contact lens that we provided an Allowance toward (or otherwise covered) | |
| Single (or contact lens, fitting and dispensing) | Within 12 months of initial point of sale; $30 allowance |
| Multifocal or lenticular eyeglass lens | Within 12 months of initial point of sale; $45 allowance |
| **Exclusions** | • Industrial frames<br>• Lenses and sunglasses without refractive value, except for a balance lens if only one eye needs correction<br>• Tinted lenses, except when Medically Necessary lenses to treat macular degeneration or retinitis pigmentosa<br>• Replacement of lost, broken, or damaged lenses or frames<br>• Lens adornment, such as engraving, faceting or jeweling<br>• Low-vision devices<br>• Non-prescription products, such as eyeglass holders, eyeglass cases, and repair kits |

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# 2024 Employer/Employee Contributions – SEIU

## SEIU Bargaining Unit Employees

Medical, Dental, Vision, and Prescription Drug Coverage
Per Pay Period Cost Effective January 1, 2024

| Medical<br>Bi-Weekly Contributions | Full-Time/Part-Time | |
|---|---|---|
| | Employee | Employer |
| **PPO & VSP** | | |
| Employee Only | $71.43 | $404.79 |
| Employee + 1 | $154.06 | $873.00 |
| Employee + 2 or more | $206.00 | $1,167.32 |
| **EPO & VSP** | | |
| Employee Only | $47.38 | $268.49 |
| Employee + 1 | $103.86 | $588.52 |
| Employee + 2 or more | $142.79 | $809.14 |
| **Kaiser Permanente** | | |
| Employee Only | $39.72 | $225.07 |
| Employee + 1 | $87.38 | $495.15 |
| Employee + 2 or more | $119.15 | $675.20 |

| Dental<br>Bi-Weekly Contributions | Full-Time/Part-Time | |
|---|---|---|
| | Employee | Employer |
| **MetLife PPO Dental** | | |
| Employee Only | $2.93 | $16.61 |
| Employee + 1 | $5.33 | $30.20 |
| Employee + 2 or more | $9.07 | $51.37 |
| **Safeguard HMO Dental** | | |
| Employee Only | $1.10 | $6.21 |
| Employee + 1 | $2.08 | $11.81 |
| Employee + 2 or more | $3.01 | $17.03 |
| **Delta Dental PPO** | | |
| Employee Only | $3.08 | $17.47 |
| Employee + 1 | $5.61 | $31.78 |
| Employee + 2 or more | $9.54 | $54.08 |
| **DeltaCare Dental HMO** | | |
| Employee Only | $1.45 | $8.21 |
| Employee + 1 | $2.39 | $13.56 |
| Employee + 2 or more | $3.54 | $20.05 |

# 2024 Employer/Employee Contributions – CNA

## CNA Bargaining Unit and Non-Bargaining Employees

Medical, Dental, Vision, and Prescription Drug Coverage
Per Pay Period Cost Effective January 1, 2024

| Medical Bi-Weekly Contributions | Full-Time/Part-Time | |
|---|---|---|
| | Employee | Employer |
| **PPO & VSP** | | |
| Employee Only | $95.24 | $380.98 |
| Employee + 1 | $205.41 | $821.65 |
| Employee + 2 or more | $274.66 | $1,098.65 |
| **EPO & VSP** | | |
| Employee Only | $63.17 | $252.69 |
| Employee + 1 | $138.48 | $553.90 |
| Employee + 2 or more | $190.39 | $761.55 |
| **Kaiser Permanente** | | |
| Employee Only | $52.96 | $211.83 |
| Employee + 1 | $116.51 | $466.02 |
| Employee + 2 or more | $158.87 | $635.49 |

| Dental Bi-Weekly Contributions | Full-Time/Part-Time | |
|---|---|---|
| | Employee | Employer |
| **MetLife PPO Dental** | | |
| Employee Only | $3.91 | $15.63 |
| Employee + 1 | $7.11 | $28.42 |
| Employee + 2 or more | $12.09 | $48.35 |
| **Safeguard HMO Dental** | | |
| Employee Only | $1.46 | $5.85 |
| Employee + 1 | $2.78 | $11.11 |
| Employee + 2 or more | $4.01 | $16.03 |
| **Delta Dental PPO** | | |
| Employee Only | $4.11 | $16.45 |
| Employee + 1 | $7.48 | $29.91 |
| Employee + 2 or more | $12.73 | $50.90 |
| **DeltaCare Dental HMO** | | |
| Employee Only | $1.93 | $7.73 |
| Employee + 1 | $3.19 | $12.76 |
| Employee + 2 or more | $4.72 | $18.87 |

# Life and AD&D

## Basic and Voluntary Life and Accidental Death & Dismemberment (AD&D), Supplemental Life Insurance

Basic Life and AD&D Insurance is an important part of your comprehensive benefits package. For peace of mind and the financial protection for you and your family in the event of death or a serious accident, you are automatically covered for $25,000 of Basic Life and Accidental Death and Dismemberment Insurance through Reliance Standard Life Insurance Company, paid for by AVMC. You may also elect supplemental life insurance coverage for yourself based on either a flat amount or as a multiple of your salary; Newly eligible employees may elect up to the Guaranteed Issue amount ($150,000) with no medical underwriting (Evidence of Insurability) required. For amounts above Guaranteed Issue, or if you wait until after 31 days from the date you first become eligible to enroll or increase your coverage, you must complete a medical Evidence of Insurability form.

### Beneficiary

Please make sure you add your beneficiary in employee self-service for the company paid life insurance.

| | | Life Insurance Options | |
|---|---|---|---|
| | | **Supplemental Amount** | **Your Monthly Cost** |
| **Coverage Amounts** | **Flat Amount** | Flat Rate - $10,000 | $3.00 |
| | | Flat Rate - $15,000 | $4.00 |
| | | Flat Rate - $20,000 | $5.00 |
| | **Multiple of Salary** | 1x, 2x, or 3x annual salary up to $650,000 | The cost per month is based on your age and the amount of coverage you wish to purchase. |
| **Dependent Life**<br>**Spouse Amount:***<br>**Child Amount:** | | $5,000 to $250,000 in increments of $5,000<br>birth to 6 months: $500<br>6 months and over: $5,000 | The cost per month is based on the employee age and the amount of coverage you wish to purchase. |
| **Guaranteed Issue** (New Hire) | | $150,000 (New Hires / Newly Eligible Employees Only)<br>$25,000 (Spouse Supplemental Life)<br>Evidence of Insurability is required for amounts above Guaranteed Issue (new hires), and employees that wait until Open Enrollment to enroll or increase coverage. | |
| **Open Enrollment** (Non-New Hires) | | Evidence of insurability is required for employees increasing coverage or enrolling in Supplemental Life for the first time. | |

*The spouse amount can not exceed 100% of the employee amount.

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# Life and AD&D, Supplemental Life Insurance

## Travel Assistance

If you experience an emergency when traveling, you have around the clock access to On Call International's 24-hour, toll-free travel assistance services. Whether you need help with an illness or injury, lost passport, legal assistance, missing luggage or even a prescription refill, you and your covered dependents have access to a personal travel emergency companion anytime you're more than 100 miles away from home.

Just contact On Call International at 603.328.1966 anytime you need assistance while traveling. On Call's Global Response Center is open 24/7 and can provide emergency medical, legal and travel assistance information and referral services through your group coverage with Reliance Standard.

**To reach On Call International 24 hours a day, 365 days a year, call:**

- In the U.S., Toll Free: 800.456.3893
- Worldwide, Collect: 603.328.1966

To place a collect call, dial the International Country Code followed by On Call's collect call number. To reach On Call via international calling: Go to www.att.com/esupport/traveler.jsp?group=tips for complete dialing instructions.

## Bereavement Support Services

Bereavement Support Services provide confidential and professional support services to all covered employees and family members to cope with the loss of a loved one—at no extra cost. Your Reliance Standard policy offers access to unlimited and confidential telephonic grief counseling, legal and financial consultation when you need it most, as well as an online legal and financial resource center including document preparation. Professional clinicians, who are experienced in dealing with grief, are available to discuss any concerns and offer comfort to those in need of support.

**To Access Services 24/7, 365 days-a-year, Contact ACI Specialty Benefits Toll Free at 855.RSL.HELP (855.775.4357) or rsli@acieap.com.**

## ID Theft Recovery Services

Identity Theft is the fastest growing crime in the United States. To protect you and your family from this devastating loss of time, money and security, Reliance Standard and your employer have provided you with a full service ID Recovery Program that will perform the recovery process for you. Should you or a family member fall victim to identity theft, InfoArmor® Identity Protection Experts will provide restoration services on your behalf. In addition to the recovery program, you also have access to real-time card monitoring through WalletArmor®. WalletArmor® is an interactive, easy-to use vault for protecting your wallet's contents, passwords, and important personal documents, and provides 24/7 online credential monitoring to identify fraudulent activity.

**Do you suspect your personal information has been compromised? Call toll free: 855.246.7347**

**Want to protect the contents of your wallet and important personal documents? Enroll in WalletArmor® today at www.reliancestandard.com/walletarmor.**

# *New!* LifeTime Benefit Term Insurance with Long-Term Care

LifeTime Benefit Term Insurance with Long-Term Care Coverage through Chubb includes living benefits that provide financial support to cover the cost of long-term care like nursing home, assisted living, or home care that you might need as a result of an accident, illness, or aging. As life insurance, the program also protects your family with money that can be used any way they choose like your mortgage or rent, education for children, retirement, or final expenses.

### Limited Time Offer

During this enrollment period only, you can elect coverage for yourself without answering any medical questions.

# Long-Term Disability

*Administered by Reliance Standard*

If you are unable to work for an extended period of time, LTD benefits can replace a portion of your income while you are disabled. This program encourages returning to work when medically possible, and LTD benefits may be available if you return to work on a limited basis as approved by the insurance carrier. This benefit is being provided through Reliance Standard. LTD coverage is provided at no cost to you.

| Plan Benefits | Long Term Disability |
|---|---|
| **Eligible Class** | All benefit eligible employees |
| **Monthly Benefit** | 60% |
| **Monthly Maximum** | $13,000 |
| **Elimination Period** | 180 days |
| **Benefit Duration** | To Social Security Normal Retirement Age<br>(see policy for benefit amount beyond SSNRA) |

**Note:** Pre-existing condition limitations may apply.

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# Employee Assistance Program

*Administered by Aetna*

Aetna Resources For Living Employee Assistance Program (EAP) is an employer sponsored program, available at no cost to you and all members of your household. The EAP includes free counseling and emotional wellbeing support with six (6) sessions per incident, legal and financial consultations, and daily life assistance resources, to provide support for you and your family. Services are confidential and available 24 hours a day, 7 days a week. Children living away from home are covered up to age 26.

## Emotional Wellbeing Support

You can access up to six (6) counseling sessions per issue each year. You can also call us 24 hours a day for in-the-moment emotional well-being support.

Counseling sessions are available face to face, via televideo or chat therapy. Services are free and confidential. We're always here to help with a wide range of issues including:

- Anxiety
- Relationship support
- Depression
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Self-esteem and personal development
- Substance misuse and more

## Daily Life Assistance

Competing day-to-day needs can make it tough to know where to start. Call us for personalized guidance. We'll help you find resources for:

- Child care, parenting, and adoption
- Care for older adults
- Caregiver support
- School and financial aid research
- Special needs
- Pet care
- Community resources/basic needs
- Home repair and improvement
- Summer programs for kids
- Household services and more

## Legal Services

You can get a free 30-minute consultation with a participating attorney for each new legal topic related to:

- General
- Family
- Civil/Criminal law
- Elder law and estate planning
- Divorce
- Wills and other document preparation
- Real estate transactions
- Mediation services

## Financial Services

Simply call for a free 30-minute consultation for each new financial topic related to:

- Budgeting
- Retirement or other financial planning
- Mortgages and refinancing
- Credit and debt issues
- College funding
- Tax and IRS questions

## Online Resources

Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more.

## Additional Services

Chat therapy — Send secure text messages to your counselor, who will respond within one working day up to five days a week. A week of texting counts as one session. You can also schedule to meet online for 30-minute televideo sessions. Each televideo session counts as one visit. Work on the same kinds of issues you'd see a counselor face-to-face to talk about.

Identity theft services — One hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration. Services include a free emergency kit for victims.

MindCheck — Online tools that make it easy to improve your emotional wellbeing. Measure your mindset and get feedback and resources to maintain a positive outlook.

**Employee Assistance Program**

To access services:
800-342-8111 / TTY: 711

resourcesforliving.com

Username: AVMC | Password: EAP

# Flexible Spending Accounts

*Administered by Payflex*

Flexible Spending Accounts are a great way for you to save money on your out-of-pocket health and dependent care expenses. When you sign up for the Flexible Spending Accounts, your contributions are taken from your paycheck before taxes are calculated. This makes budgeting easier, and saves you money. There are two ways that you can save. The plan is subject to IRS regulations. **(Enroll during Open Enrollment Only)**

## Health Care Spending Account

Allows you to set aside a minimum of $100 up to a maximum of $3,050 per year in before-tax dollars to pay for expected out-of-pocket medical, dental, vision, prescription drug and other expenses related to you and your dependent's health care such as:

- Plan deductible
- Copays
- Orthodontia expenses
- Vision care expenses (exams, glasses, contact lenses)
- Prescription drug copays

More information on allowable expenses are available from your Personal Choices Website (see page 5 for login instructions), online at www.payflex.com, or in Human Resources.

**Note:** Itemized receipts should include name, date of service, amount and provider name.

## Dependent Day Care Spending Account

Allows you to use before-tax dollars to pay for dependent daycare or elder care expenses incurred while you are working. Expenses must be for your children under age 13, or eligible tax dependent who is unable to care for themselves. It is a great way to reduce the bite that this expense takes out of your family's income. If you are single or married and filing jointly, you can set aside a maximum of $5,000 for one or more dependents. If you are married filing separately, you can set aside up to $2,500 per year.

If you use a Dependent Care Reimbursement Account, the IRS will not allow you to take a dependent care credit on your tax return for reimbursed expenses. For some people, the tax credit may be greater than the savings from a Dependent Care Reimbursement Account. If you are married, but file a separate tax return, your annual maximum contribution is $2,500. In addition, if you or your spouse earns less than $5,000 per year, the maximum contribution is equal to that person's earned income. If you are married and file a joint tax return, the maximum combined amount that you and your spouse can contribute to a Dependent Care Reimbursement Account is $5,000. If you are in doubt about which is best for you, consult a professional tax advisor.

# Flexible Spending Accounts

*Administered by Payflex*

## Before Enrolling, Points to Consider

Before you enroll in your Flexible Spending Accounts (FSA), there are some things you should know about the plans. There are specific rules and regulations surrounding FSAs that affect the way they operate. Keep these in mind as you do your budgeting.

- The regulations require that you decide at the beginning of the plan year how much you want to set aside for your contributions to your health and dependent day care spending accounts.
- Once you have made your election for the year, you can change it only if you have a change in family status that impacts your coverage. For example, marriage, divorce or legal separation, birth, adoption or change in custody status or eligibility of a child, death of a dependent, or a spouse losing a job or starting a new one.
- For dependent daycare, you may also change your election within 30 days of a change in cost or coverage.
- You should budget carefully. The IRS mandates that any money left in your account at the end of the plan year cannot be refunded. You will have until 90 days after the end of the plan year (March 31) to get reimbursed for any expenses you incurred during the plan year.

## How the Plan Works

1. You sign up for the plan during Open Enrollment to make your annual election.
2. You incur your health expense (or dependent day care expense).
3. **Submit a claim form with receipts before the March 31, 2025 filing deadline for services incurred during calendar year 2024**
4. If you have a balance at the end of 2024, an amount of $610 can be roll over for use in 2025. Dependent Care FSA is not eligible.
5. Be sure to save your receipts, as PayFlex may request verification of an eligible expense.
6. You may also visit the **FSA Store** at fsastore.com where you can purchase FSA-eligible products.

## A Tax-Saving Way to Pay Your Contribution

If you are contributing to the cost of your coverage, your payroll deductions can be made on a pretax basis. This means that your contributions come out of your pay before federal, state, and Social Security taxes. The result is lower taxable income, which means you pay less tax. In accordance with IRS regulations, employer contributions toward domestic partner coverage are taxable as imputed income.

Your AVMC benefit plans that are based on your earnings, such as the Retirement Plan, will not be affected by pretax payroll deductions. Payroll deductions will continue to be based on your full gross pay. Because pretax payroll deductions reduce the amount of Social Security tax you pay, they may slightly reduce any retirement or disability benefits you eventually receive from Social Security if you earn less than the Social Security wage base. For most employees, however, current tax savings will more than offset any possible reduction in Social Security benefits.

**Important**

You must re-enroll in the FSA plans each year that you wish to participate.

# Voluntary Benefits

Benefit eligible employees may take advantage of several voluntary benefit plans: LifeTime Benefit Term Insurance with Long-Term Care, Hospital Indemnity Insurance, Critical Illness Insurance, Accident Insurance and Short-Term Disability. These plans are optional and offered in addition to your existing benefits. You pay the full cost for these plans on an after-tax basis. They are also portable, which means you can take them with you should you change jobs or retire.

For complete cost and coverage details, please schedule an appointment with a benefit counselor. Call XXX-XXX-XXXX or visit **avmc.mybenefitsappointment.com** to schedule your confidential appointment.

## *New!* Hospital Indemnity Insurance

Even with health insurance, a stay in the hospital can become costly quickly as out-of-pocket charges begin to add up. Hospital Indemnity Insurance can reduce the financial and emotional stress of a hospital stay by providing a lump sum cash benefit directly to you that can be used however you need, whether that's for coinsurance or childcare. **Enroll without answering medical questions!**

| Coverage Examples* | Low Plan | High Plan |
|---|---|---|
| **Hospital Admission Benefit** | $500 | $1,000 |
| **Hospital Confinement Benefit** | $100 per day | $150 per day |
| **ICU Admission Benefit** | $500 | $1,000 |
| **ICU Confinement Benefit** | $200 per day | $300 per day |

*This is not a comprehensive list of benefits. Speak to a benefit counselor for a complete list of covered events. Limitations may apply.

If you or a covered family member are admitted to the hospital for COVID-19, here's how hospital indemnity benefits may be paid. These benefits are paid in addition to what your health insurance pays.

| Benefit | Payment |
|---|---|
| **First Day Hospital Confinement** | $1,000 |
| **Daily Hospital Confinement** | $150 per day for six days |
| **Total Benefit Payout** | **Up to $1,900** |

This is a fictional illustration. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

## *New Provider!* Critical Illness Insurance

Critical Illness Insurance through Reliance Standard provides a lump-sum cash benefit, up to 100% of the policy's face value, upon the first diagnosis of a covered critical illness after the plan effective date. Critical Illness insurance is intended to help cover some of the expenses not covered by medical insurance, such as out-of-pocket deductibles and copays, child care, travel expenses and more. Pre-existing condition limitations and exclusions may apply.

### Limited Time Offer

During this enrollment period only, you can elect coverage for yourself without answering any medical questions.

### New!

Now includes coverage of Acute Respiratory Distress Syndrome!*

**Recurrence Benefit**

Provides one payout for each and every covered condition. Additional payouts for the recurrence of a same covered condition are also available with no reduction in payout or limit on the number of recurrences. Recurrence illness diagnosis must occur at least six months after the initial diagnosis.

**Covered Conditions:****

- Heart Attack
- Stroke
- Life Threatening Cancer
- Acute Respiratory Distress Syndrome
- ALS (Lou Gehrig's Disease)
- Major Organ Failure
- Carcinoma In Situ (limited to 25% of the benefit amount)
- Coronary Disease (limited to 50% of the benefit amount)
- And more!

**Health Screening Benefit** pays a benefit of $100 per calendar year for one covered health screening test for each insured. Some of the many health screening tests covered include:

- Pap Smear (women over 18)
- Low Dose Mammography
- Prostate Specific Antigen
- Blood test for triglycerides
- Fasting blood glucose test
- Chest x-ray
- And more!

*Acute Respiratory Distress Syndrome (ARDS) that results in inadequate oxygenation due to aspiration or infection. Evidence of infiltrates is seen in both lungs. This acute lung injury is typically confirmed by the testing of blood gases. A 25% benefit of the policy face value is paid upon a physician's diagnosis. Details about when COVID-19 would trigger an ARDS diagnosis can be found at avmc.mybenefitslibrary.com.

**This is not a comprehensive list of illnesses. Speak to a benefit counselor for a complete list of covered events. Limitations may apply.

# Voluntary Benefits

## *New Provider!* Accident Insurance

Accident coverage is offered through Reliance Standard. The plan provides individuals with a cash benefit that helps with lost income, uncovered medical procedures, copays and many other expenses related to accidents. Accident coverage pays cash directly to the covered individual in addition to any other insurance. Payments received do not have to be used for any specific purpose. The recipient can utilize the payment for any purpose they wish. **Enroll without answering medical questions!**

**Plan Features**

- **Fully Portable:** You can keep your coverage even if you leave your employer or retire
- **Guaranteed Renewable:** Coverage can only be cancelled for nonpayment of premiums
- **Limitations:** No Underwriting or Pre-existing Condition Limitations
- **Wellness Benefit Rider:** Provides a benefit of $100 per covered person per year for routine physicals, vaccines or health screening test

**Accident Benefit Payments**

- **Hospital Admission Benefit:** $800
  - Provides a benefit for admission to a hospital due to a covered accident
  - Payable once per person per accident
- **Hospital Confinement Benefit:** $240 per day*
  - Provides a benefit for confinement in a hospital due to a covered accident
  - Benefit is payable for up to 365 days
- **ICU Admission Benefit:** $1,000
  - Provides a benefit for admission to a hospital due to a covered accident
  - Payable once per person per accident
- **ICU Confinement Benefit:** $480 per day*
  - Provides a benefit for confinement to a Hospital ICU
  - Benefit is payable for up to 30 days

If you or a covered family member breaks a leg, here's how accident benefits may be paid. These benefits are paid in addition to what your health insurance pays.

| Event*** | Payment |
|---|---|
| **Ambulance (ground)** | $100 |
| **ER Visit** | $225 |
| **Fractured Leg**** | Up to $4,800 |
| **Crutches** | $500 |
| **Physical Therapy** | $40 per session up to 12 sessions |
| **Follow-Up Visit** | $100 per visit up to six visits |
| **Total** | **Up to $6,705** |

* Hospital Confinement Benefit and Hospital Intensive Care Unit Benefit cannot be paid at the same time.

** Payment is dependent on type of fracture.

***This is not a comprehensive list of covered injuries and treatments. Speak to a benefit counselor for a complete list of covered events. Limitations may apply.

## *New Provider!* Short-Term Disability

If you're hurt or sick and can't work, Short-Term Disability insurance policies pay cash benefits directly to you, unless assigned otherwise, to help with out-of-pocket expenses such as medical-related travel, food, utilities, and rent or the mortgage on your home. What's more, benefits are paid regardless of any other insurance you have.

- Minimum Benefit: $300/month
- Maximum Benefit: 60% of income up to $5,000/month
- Elimination Period:
  - Accident: 0 days
  - Illness: 7 days
- Maximum Benefit Duration: 6 months

**Limited Time Offer**

During this enrollment period only, you can elect coverage for yourself without answering any medical questions.

# Voluntary Benefits

## *New Provider!* Pet Benefit

Pet Insurance through MetLife provides coverage for a wide range of veterinary services and helps cover the costs of unexpected veterinary bills. You can also purchase optional coverage to help pay for routine care expenses. Pet parents can select from a range of annual limits, deductibles, and coinsurance levels. After your deductible is met, the plan reimburses a percentage of your expenses, up to certain limits. Once the policy is effective, accident coverage begins at midnight and illness coverage begins after 14 days.

## *New Provider!* Legal Plan

All benefit eligible team members are eligible to enroll in our Legal Plan through MetLife. The plan is voluntary and covers all dependents in the household for one low price. Legal coverage gives you easy, direct access to a national network of more than 18,000 attorneys that provide telephonic advice and office consultations on a broad range of personal legal needs.

Examples of covered legal services include:

- Preparation of wills and trusts
- Real estate matters
- Debt matters
- Consumer protection
- Document preparation and review
- Traffic matters
- Juvenile matters

## *New Provider!* Identity Theft Protection

Aura through MetLife keeps your identity safe with extensive monitoring of your personal info, accounts, IDs, and more, and will let you know if any of your online accounts, passwords, or personal information have been compromised. Aura will also monitor your Social Security Number and personal information for bank fraud, including unauthorized wire transfers, new bank account openings, and more. Services include:

- Credit Application Alerts
- Lost Wallet Protection
- Address Change Verification
- Black Market Website Surveillance
- $1 Million Total Service Guarantee
- Court Record Scanning
- Unauthorized Payday Loan Notifications
- Checking and Saving Account Application Alerts
- Enhanced Credit Application Alerts
- And more!

# Pay-in-Lieu

Employees have the option of electing Pay-in-Lieu of Benefits. A Pay-in-Lieu of benefits employee is paid at a higher rate of pay than the standard salary schedule for opting to waive each of the following benefits – health, dental and vision insurance, life insurance; long term disability; paid bereavement leave; flexible spending accounts; PTO; SSL; and AVMC Defined Benefit Retirement Plan (Pension).

**To be eligible for Pay-in-Lieu of Benefits, you must be:**

- A part time .6 - .8 FTE or
- A full time .9 - 1.0 FTE employee

Newly hired employees must elect the Pay-in-Lieu of benefit option within **fifteen (15) calendar days** of their hire date. An employee who has a status change may elect the Pay-in-Lieu of benefits if the change results in the employee moving from an ineligible status to an eligible status for Pay-in-Lieu of benefits purposes. **Employees have 15 calendar days from the date of the status change to complete and submit a Pay-in-Lieu of Benefits Agreement to the Human Resources Department.**

All benefit eligible employees may elect the Pay-in-Lieu of benefit option during the annual Open Enrollment period for benefits.

## Cancellation of Pay-in-Lieu

Cancellation of Pay-in-Lieu of benefits status can be done at any time; however, employees must wait until the next annual Open Enrollment period to enroll in insurance benefits. Accrual of PTO/SSL will commence from the effective date of the cancellation.

**You may obtain a copy of the Pay-in-Lieu of Benefits Agreement from the Human Resources Department.**

# Retirement Planning

## Defined Benefit Plan

AVMC wants to help make retirement as financially secure and comfortable as possible for you and your family. The AVMC Retirement Plan (the "Retirement Plan") can give you the security of a steady monthly income when you retire and may continue payments to your beneficiary. When combined with your personal savings and any Social Security benefit you receive, the Retirement Plan can play an important part in making your retirement more pleasant and allowing you more financial freedom.

**Public Employees' Pension Reform Act of 2013 (PEPRA)**

- All eligible AVMC Employees will be required to contribute to their Pension Plan if hired in 2013 and after
- Participation eligibility begins after employment of one (1) year and 1,000 hours of service in said year

Normal retirement age is 65, however, early retirement is available to participants who are at least 55 years of age and have 10 or more years of vesting service with AVMC. To initiate retirement benefits under the Retirement Plan, you must contact Milliman, Inc. (Retirement Administrator for additional information)

**Milliman, Inc.**

Antelope Valley Medical Center's Retirement Plan is managed by the Milliman Benefits Service Center which provides pension and PEPRA administration. Please contact the Milliman Benefits Service Center directly using the toll-free number listed below for your pension-related matters and questions.

Contact the Milliman Benefits Service Center for any of the following:

- Obtaining answers to your pension related questions
- Requesting the forms to begin receiving your pension benefits
- Requesting a Summary Plan Description (SPD) for your pension plan

Access to Your Retirement Benefits:

- **Customer Service:** 1.877.725.8676
- **Address:** Milliman Benefits Service Center, P.O. Box 601567, Dallas, TX 75360-1567
- **Hours of Operation:** Monday - Friday, 5:00 am - 5:00 pm, Pacific excluding major holidays

## 403(b) Voya Voluntary Retirement Plan

AVMC sponsors a 403(b) Retirement Plan. Participation is voluntary, allowing you to make pre-tax salary deferral contributions. One of the benefits of participating in the 403(b) Plan is the ability to defer from current taxation salary that would otherwise be currently taxable and also defer income taxes on the earnings credited to your account.

We are pleased to be able to offer the benefits of this voluntary pre-tax savings plan for you, because many of you wish to defer current income taxes to your post retirement years, while accumulating additional savings for retirement.

**Note: Enroll any time, no waiting period.**

**What is a 403(b) Plan?**

A 403(b) Plan is a voluntary retirement plan that can be sponsored by schools, hospitals, and churches for the benefit of their employees. Generally, these accounts are funded by elective deferrals made under a salary-reduction agreement. All of our employees are eligible to participate.

403(b) plans allow employees to defer some of their salary to make contributions to the 403(b) plan. Contributions and investment earnings in a traditional 403(b) are tax-deferred until withdrawn (assumed to be retirement), at which time they are taxed as ordinary income.

Employee elective deferrals are subject to limitations as stated above, and are immediately 100% vested. Withdrawals are permitted after a distributable event occurs (e.g., retirement, death, disability, severance from employment), and rollovers or transfers are permitted to an eligible retirement plan.

# Retirement Planning

## Plan Highlights

- **Eligibility:** All Employees are eligible to contribute to the 403(b) plan.
- **Entry Date:** Employees are able to enroll in the Plan immediately upon commencing employment.
- **Contribution Types:** Generally, you can contribute up to 100% of your income up to $19,500 (in 2024)*. You may be eligible to contribute an additional $6,500 if you are age 50 or older.
- **Vesting:** You are always 100% vested in your own contributions, plus earnings.
- **Withdrawal Options:** (Subject to each investment provider's policies. Check with your investment provider for availability.)
  - **In-Service Withdrawal:** If age 59 ½ or older.
  - **Separation of Service:** Possible 10% penalty if under the age of 59½. Various payment options are available.
  - **Loans:** Tax-free loans enable you to access your account without permanently reducing your account. You may have more than one outstanding loan, with a minimum loan amount of $1,000. Loans not repaid in accordance with the repayment schedule will result in taxation of the outstanding loan amount and a possible 10% penalty.
  - **Hardships:** You may take a withdrawal for a financial hardship. Hardship withdrawals are limited to the amount you have contributed to the plan and are only permitted for limited financial circumstances that must be substantiated.
- **New Enrollments:** There are 5 reasons why you should enroll now. You can make changes at anytime, save automatically, help lower your taxable income, invest your way and take your money with you.

  Below are instructions to help you enroll.
  - Step 1: Go to **enroll.voya.com**
  - Step 2: Enter plan number - 664482
  - Step 3: Enter verification number - 088681
  - Step 4: Enter location code - 0001

If you have any questions, please contact our dedicated Voya Financial Adviser:

George S. Peterson, Financial Adviser, CFS
Voya Financial Advisors, Inc., (Member SIPC)
1030 Nevada Street, Suite 203 Redlands, CA 92374

**Phone:** 909.798.3251
**Fax:** 909.792.7976
**E-mail:** George.peterson@Voyafa.com

* At the time of print. Please refer to IRS.gov for updated limits.