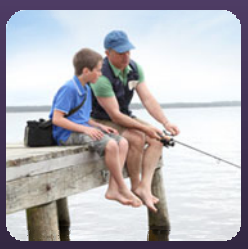
GOLDEN VALLEY
HEALTH CENTERS

Golden Valley Health Centers
Open Enrollment Benefit Guide & Summaries







PLAN YEAR | **2024**



That's why at Golden Valley Health Centers we are committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure, and maintain a work/life balance. Below is a summary of benefits that may be offered effective January 1, 2024. Please refer to the enclosed benefit summaries for more information.

Note: This booklet is a summary only. Please refer to the medical summary plan description as well as other specific insurance carrier documents for full terms and conditions.

Stay Healthy

- Medical Insurance
- Dental Insurance
- Vision Insurance

Feeling Secure

- Flexible Spending Accounts
- Employer sponsored Life and Accidental Death & Dismemberment (AD&D)
- Employer sponsored Long Term Disability Insurance (LTD)
- Voluntary Life and Accidental Death & Dismemberment (AD&D)

Work Life Balance

- Employee Assistance Program
- Legal Shield
- Teledoc



What is Open Enrollment?

It is the time of year when you can **add, change or waive medical, dental, vision, voluntary life, and/or voluntary AD&D coverage** to meet your personal needs. This is also the time of year when you may **enroll in Flexible Spending Accounts** (re-enrollment is required each year you wish to participate). Our plan year is effective January 1 – December 31. These changes will be effective January 1, 2024. After open enrollment is over, you must have a qualifying event to make a change.

Who is Eligible for insurance?

If you are a full-time employee (working 30 or more hours per week) you are eligible for insurance on the first day of the month coinciding with or following the date the full-time Employee completes thirty (30) days of active employment in an eligible status". Seasonal, Per Diem, Independent Contractors and Temporary employees are not eligible to enroll. Dependent children are covered as follows: Up to age 26 regardless of student status for Medical, Dental and Vision. For Medical, Dental and Vision, dependents who turn 26 will have coverage through the end of the month in which they turn 26.

How to Enroll / Waive Coverage

You must complete enrollment or waiver of coverage online within the UltiPro system.
Once you make an election, changes to your enrollment cannot be changed until the next Open Enrollment Period, unless you have a qualified change in status per IRS code 125. This is commonly referred to as a "qualifying event" or QE.

- **The deadline to complete your enrollment is Monday, November 13th, 2023.**

When Can I Make Changes?

Qualified changes must be made within 30 days of a change in status, including: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse or registered domestic partner, commencement or termination of adoption proceedings, or change in your spouse or your registered domestic partner's benefits or employment status.

Pre-tax Contribution through payroll deductions

- This year you can complete enrollment for our health benefits and flexible spending accounts via online through the UltiPro system.
- Payroll deductions for medical, dental, vision and flexible spending accounts are taken pre-tax unless you request differently, in writing, prior to the start of the plan year (January 1, 2024). Our plan year begins on January 1, 2024 and ends on December 31, 2024.
- Pre-tax deductions cannot be dropped/changed during the plan year without an I.R.S. eligible qualifying event.
- Payroll deductions are taken from each paycheck of the month (26 pay periods).
- Payroll deductions for your 2024 elections will begin with your first paycheck in January 2024.

What's New for **2024?**



Golden Valley Health Centers is pleased to announce that there is only one change to this year's benefits!

Medical – The provider network will continue through **Blue Shield of California**. **To locate a Medical Provider, please visit: www.blueshieldca.com/networkppo**

Dental – **Ameritas** offers in and out of network benefits while offering a large network of dental providers from which to choose. To locate a Dental Provider, please visit: www.ameritasgroup.com

Vision – **Ameritas/VSP** offers in and out of network benefits while offering a large network of vision providers from which to choose. To locate a Vision Provider, please visit: www.vsp.com

Flexible Spending Account (FSA) – GVHC will continue using BRI as our FSA administrator.

Group Life/AD&D – GVHC is pleased to continue to offer Life/AD&D benefits through **UNUM.** *Golden Valley Health Centers pays 100% of this benefit for full time benefit eligible employees.*

Long Term Disability – GVHC is pleased to continue to offer LTD benefits though **UNUM**. *Golden Valley Health Centers pays 100% of this benefit for full time benefit eligible employees.*

Voluntary Life/AD&D – GVHC is pleased to continue to offer the voluntary life insurance program through **UNUM**. This provides an opportunity for employees to buy additional life insurance for themselves and family members at group rates via payroll deductions up to the guarantee issue amount of $200,000 without evidence of insurability *when you are first eligible*. If you apply for coverage outside of when you are first eligible, you will be subject to Evidence of Insurability (EOI).

CHANGE – We are moving from Teledoc through Call A Doctor to **Teledoc through Blue Shield**. You will still enjoy these services at no cost. **However, because of this change you will need to RE-REGISTER. Please see page 8 of this guide for steps on how to register.**

How much will it cost me?

Medical	Bi-Weekly
Employee Only	$56.07
Employee + Spouse	$122.13
Employee + Child(ren)	$112.42
Full Family	$164.69

Dental	Bi-Weekly
Employee Only	$11.08
Employee + Spouse	$24.11
Employee + Child(ren)	$22.22
Full Family	$32.55

Vision	Bi-Weekly
Employee Only	$1.66
Employee + Spouse	$3.63
Employee + Child(ren)	$3.34
Full Family	$4.84

Total - All Plans	*Bi-Weekly*
Employee Only	*$68.81*
Employee + Spouse	*$149.87*
Employee + Child(ren)	*$137.98*
Full Family	*$202.08*

NOTE: Our benefits are not "bundled". You have the option to purchase medical, dental and/ or vision benefits separately.

Golden Valley Health Centers Medical Plan

2024 Plan Benefits In-Network Benefits Only	Golden Valley Health Centers Medical Plan
Calendar Year Deductible Individual Family	 $0 $0
Calendar Year Out of Pocket Maximum Individual Family	 $2,000 $4,000
Office Visit Primary Care Specialist Care	 $20 copay $20 copay
Urgent Care	Up to $20 copay
Teledoc	No charge **(must RE-REGISTER January 1, 2024)**
Preventive Care/Screening/Immunizations	No charge
Diagnostic test (x-ray, blood work)	20% coinsurance
Imaging (CT/PET scans, MRIs)	20% coinsurance
Inpatient Hospitalization Services (Facility)	20% coinsurance
Outpatient Surgery (Hospital)	20% coinsurance
Outpatient Surgery (Facility - Non Hospital)	20% coinsurance
Emergency Room	$150 copay + 20% coinsurance ($150 copay waived if admitted)
Calendar Year Brand-Name Drug Deductible	None
Generic Drug Copayment Retail Mail Order (3 month supply)	 $10 $20
Formulary Brand Name Drug Copayment Retail Mail Order (3 month supply)	 $20 $40
Non-Formulary Brand Name Drug Copayment	20% coinsurance up to a $75 max copay per prescription
Specialty Drugs	20% coinsurance up to a $75 max copay per month

Blue Shield is GVHC's network of providers. Please visit www.blueshieldca.com/networkppo for a list of participating providers

This is a brief summary only. For further details and benefit exclusions, please refer to your SPD.

Quick Facts!

DID YOU KNOW?

When you save, the organization saves, keeping your premium costs down!

Is it an Emergency?

- **Non-Emergent Emergency Room Visits**
  - Average cost for an emergency room visit = $6,035
  - Employee responsibility for an emergency room visit = $150 copay plus 20% of remaining charges.
  - Employees responsibility = ***$1,357***
- **Teledoc (Call A Doc Plus)**
  - Employee responsibility = ***$0 (no charge)***
  - Easy access / Convenience / Mobile App
- **Urgent Care**
  - Average cost of an urgent care visit = $300
  - Employee responsibility = up to ***$20 copay***

Imaging (MRI, CT Scan & PET Scan) - Freestanding Facility or a Hospital?

- **MRI in a Hospital**
  - Average cost for a MRI in a hospital = $1,268
  - Employee responsibility = 20%
  - Employees responsibility = ***$253***
- **MRI in a Freestanding Facility**
  - Average cost for a MRI in a freestanding facility = $742
  - Employee responsibility = 20%
  - Employees responsibility = ***$148***

blue california

TELADOC®

Care you can count on



Get support from licensed medical doctors and mental health professionals no matter where you are with Teladoc

As a Blue Shield member, you have access to Teladoc's national network of U.S. board-certified physicians.

General medical care - appointments are available 24/7/365 by phone or video.

Teladoc medical doctors can treat many medical conditions including:

- Cold and flu symptoms
- Allergies
- Respiratory infections
- Sinus problems

How much does Teladoc medical care cost?

Member Cost..... $0

Mental health care - appointments are available from 7 a.m. to 9 p.m. local time, seven days a week.

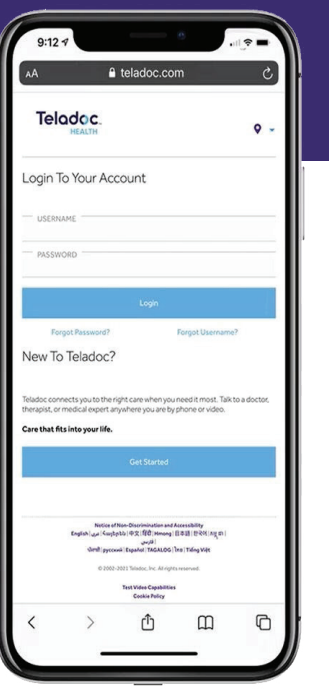
Teladoc licensed professionals can help you manage mental health conditions including:

- Depression
- Anxiety
- Grief
- Stress
- Addiction
- Domestic Abuse
- And more

How much does Teladoc mental health care cost?

Member Cost..... $0

Please note: This service does not include a crisis hotline. Help is available if you or someone you know is in crisis. Call the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)**. You'll need to schedule an appointment to speak with a licensed therapist.



How to request a video or phone appointment

General medical consultations

Appointments are available 24/7/365 by phone or video.

1. Visit **blueshieldca.com/teladoc.**
2. Register or log in. You can request a consultation any time you need care.
3. Download the Blue Shield app to access care from anywhere.

Mental health consultations

Appointments are available from 7 a.m. to 9 p.m. local time, seven days a week. Teladoc confirms mental health appointments within 72 hours.

1. Visit **blueshieldca.com/teladoc** to register or log in and answer a few questions about your needs.
2. Request an appointment.
3. Download the Blue Shield app to access care from anywhere. (Please note that mental health appointments must be scheduled in advance.)

If you have questions or need help creating an account, call **1-800-Teladoc (835-2362)**. Wait times may vary.

Confidential therapy when you need support

blueshieldca.com/teladoc

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You may receive services from network providers on an in-person basis or via telehealth, if available. Contact your primary care provider, treating specialist, facility, or other health professional to learn whether telehealth is an option. Network telehealth and in-person services are subject to the same timeliness and geographic access standards. If your plan has out-of-network benefits, they are subject to your plan's cost sharing obligations and balance billing protections.

Language Assistance Notice
For assistance in English at no cost, call the toll-free number on your ID card. You can get this document translated and in other formats, such as large print, braille, and/or audio, also at no cost. Para obtener ayuda en español sin costo, llame al número de teléfono gratis que aparece en su tarjeta de identificación. También puede obtener gratis este documento en otro idioma y en otros formatos, tales como letra grande, braille y/o audio. 如欲免費獲取中文協助，請撥打您 ID 卡上的免費電話號碼。您也可免費獲得此文件的譯文或其他格式版本，例如：大字版、盲文版和/或音訊版。

Nondiscrimination Notice
The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。



Ameritas - **PPO** Dental Insurance Benefits

Dental Plan Summary	In Network	Out of Network (90th percentile)
Type 1 (Preventive) cleanings	100%	100%
Type 2 (Basic) fillings & root canal	90%	80%
Type 3 (Major) crowns & oral surgery	60%	50%
Deductible (per person)	$50 /calendar year Type 2 & 3 Waived Type 1	$50 /calendar year Type 2 & 3 Waived Type 1
Maximum (per person)	$2,000 per calendar year	$2,000 per calendar year
Orthodontia for Children	50% - $1000 lifetime maximum	50% - $1000 lifetime maximum
Waiting period for newly eligible employees	None for newly eligible employees	None for newly eligible employees



Ameritas/VSP – PPO Vision Benefits

Type of Service	In Network	Out of Network
Eye Exam – every 12 months	$10 copay	$10 copay
Prescription Glasses	$25 Eye Glass Lenses or Frames	$25 Eye Glass Lenses or Frames – up to $45
Lenses – every 12 months	Covered in full (including progressive lenses, transitional lenses anti-reflective, and ultraviolet coatings)	Applicable allowance
Frame – every 12 months	$200 allowance	Up to $70
Contact Lenses – Fit and Exam	Member cost up to $60	No benefit



Flexible Spending Account (FSA)

Benefit Resource, Inc. (BRI) is our FSA administrator. Please see their contact information below.

Participant Portal: https://participant.briweb.com/login
Phone: (800) 473-9595, Monday – Friday, 8am – 8pm (Eastern Time)
Email: participantservices@BenefitResource.com
Online Live Chat: Monday – Friday (*available with participant login access*)

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

Golden Valley Health Centers provides $100 for employees and $200 for families into our employee's FSA accounts *for those employees that are enrolled in the medical plan*.

Health Care Reimbursement FSA - maximum annual election amount: **$3,050 *(including the GVHC contribution mentioned above)***.

This program lets Golden Valley Health Centers employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars through a debit card "Benny Card". Some examples include:

- Medical plan deductibles and copays
- Vision services, including contact lenses, contact lens solution, eye examinations, and eyeglasses
- Dental services and orthodontia
- Chiropractic services

Use it or lose it rule: As required by the Internal Revenue Service (IRS), an FSA has a "use it or lose it" provision stating that any unused funds at the end of the plan year. However, you have an option to roll over $610 after the plan year ends (December 31st). When electing an FSA during open enrollment, employees must specify how much they would like to contribute to their FSA for the year. The goal is choosing an amount that will cover all medical or dependent care expenses, but that is not so high that the money will be forfeited and wasted. **NOTE: Employees are responsible for keeping receipts in case the IRS requires proof of a qualified medical expense.**

Dependent Care FSA (maximum annual election amount: **$5,000**)

The Dependent Care FSA lets Golden Valley Health Centers employees use pre-tax dollars towards qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is $5,000 (or $2,500 if married and filing separately) per calendar year. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)



Life and AD&D Insurance

Employer provided Life and Accidental Death & Dismemberment (AD&D) insurance.

Class 1 (Providers, Management & Directors) - GVHC provides full-time employees with 1.5 x basic annual earnings up to a max of $750,000 for group life and accidental death and dismemberment (AD&D) insurance and pays the full cost of this benefit. Please contact Human Resources to update your beneficiary information.

Class 2 (All Other Employees) - GVHC provides full-time employees with 1.5 x basic annual earnings up to a max of $200,000 for group life and accidental death and dismemberment (AD&D) insurance and pays the full cost of this benefit. Please contact Human Resources to update your beneficiary information

Age Reduction Schedule:

Age 70: Reduces to 65% of original amount
Age 75: Reduces to 40% of original amount
Age 80: Reduces to 20% of original amount



Long Term Disability Insurance

Employer Provided Long Term Disability Insurance

GVHC provides full-time employees with long-term disability benefits to help with supplementing your needs, and pays the full cost of this coverage.

NOTE: The LTD policy will offset with other income you may receive.

Class 1 (Providers, Management & Directors)

	Long Term Disability
Elimination Period	90 days
Maximum Monthly Benefit – Tax Free	60% of salary up to a max of $18,000 per month

Class 2 (All Other Employees)

	Long Term Disability
Elimination Period	90 days
Maximum Monthly Benefit	60% of salary up to a max of $6,000 per month

BENEFITS AT A GLANCE

LIFE INSURANCE PLAN

This life insurance plan provides financial protection for your beneficiary(ies) by paying a benefit in the event of your death. The amount your beneficiary(ies) receive(s) is based on the amount of coverage in effect just prior to the date of your death according to the terms and provisions of the plan.

EMPLOYER'S ORIGINAL PLAN EFFECTIVE DATE: January 1, 2018

IDENTIFICATION NUMBER: 952688 001

ELIGIBLE GROUP(S):

All Employees in active employment in the United States with the Employer

MINIMUM HOURS REQUIREMENT:

Executives
Employees must be working at least 28 hours per week.

Physicians, Dentists, Nurse Practitioners, Physicians Assistants, Management and Directors, All Employees not eligible in another group
Employees must be working at least 30 hours per week.

WAITING PERIOD:

For employees in an eligible group on or before January 1, 2018: None

For employees entering an eligible group after January 1, 2018: First of the month coincident with or next following 30 days of continuous active employment

WAIVE THE WAITING PERIOD:

If you have been continuously employed by your Employer for a period of time equal to your waiting period, Unum will waive your waiting period when you enter an eligible group.

WHO PAYS FOR THE COVERAGE:

Your Employer pays the cost of your coverage.

ELIMINATION PERIOD:

Premium Waiver: 9 months

Disability-based benefits begin the day after Unum approves your claim and the elimination period is completed.

LIFE INSURANCE BENEFIT:

AMOUNT OF LIFE INSURANCE FOR YOU

1.5 x annual earnings

All amounts are rounded to the next higher multiple of $1,000, if not already an exact multiple thereof.

AMOUNT OF LIFE INSURANCE AVAILABLE IF YOU BECOME INSURED AT CERTAIN AGES OR HAVE REACHED CERTAIN AGES WHILE INSURED

If you have reached age 70, but not age 75, your amount of life insurance will be:

- 65% of the amount of life insurance you had prior to age 70; or
- 65% of the amount of life insurance shown above if you become insured on or after age 70 but before age 75.

There will be no further increases in your amount of life insurance.

If you have reached age 75, but not age 80, your amount of life insurance will be:
- 40% of the amount of life insurance you had prior to your first reduction; or
- 40% of the amount of life insurance shown above if you become insured on or after age 75 but before age 80.

There will be no further increases in your amount of life insurance.

If you have reached age 80 or more, your amount of life insurance will be:
- 20% of the amount of life insurance you had prior to your first reduction; or
- 20% of the amount of life insurance shown above if you become insured on or after age 80.

There will be no further increases in your amount of life insurance.

MAXIMUM BENEFIT OF LIFE INSURANCE FOR YOU:

Executives, Physicians, Dentists, Nurse Practitioners, Physicians Assistants, Management and Directors
$750,000

All Employees not eligible in another group
$200,000

SOME LOSSES MAY NOT BE COVERED UNDER THIS PLAN.

OTHER FEATURES:

Accelerated Benefit

Conversion

Continuity of Coverage

Portability

The above items are only highlights of this plan. For a full description of your coverage, continue reading your certificate of coverage section. The plan includes enrollment, risk management and other support services related to your Employer's Benefit Program.

BENEFITS AT A GLANCE

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PLAN

This accidental death and dismemberment insurance plan provides financial protection for your beneficiary(ies) by paying a benefit in the event of your death or for you in the event of any other covered loss. The amount you or your beneficiary(ies) receive(s) is based on the amount of coverage in effect just prior to the date of your death or any other covered loss according to the terms and provisions of the plan.

EMPLOYER'S ORIGINAL PLAN EFFECTIVE DATE: January 1, 2018

IDENTIFICATION NUMBER: 952688 001

ELIGIBLE GROUP(S):

All Employees in active employment in the United States with the Employer

MINIMUM HOURS REQUIREMENT:

Executives
Employees must be working at least 28 hours per week.

Physicians, Dentists, Nurse Practitioners, Physicians Assistants, Management and Directors, All Employees not eligible in another group
Employees must be working at least 30 hours per week.

WAITING PERIOD:

For employees in an eligible group on or before January 1, 2018: None

For employees entering an eligible group after January 1, 2018: First of the month coincident with or next following 30 days of continuous active employment

WAIVE THE WAITING PERIOD:

If you have been continuously employed by your Employer for a period of time equal to your waiting period, Unum will waive your waiting period when you enter an eligible group.

WHO PAYS FOR THE COVERAGE:

Your Employer pays the cost of your coverage.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT:

AMOUNT OF ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE FOR YOU (FULL AMOUNT)

1.5 x annual earnings

All amounts are rounded to the next higher multiple of $1,000, if not already an exact multiple thereof.

AMOUNT OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE AVAILABLE IF YOU BECOME INSURED AT CERTAIN AGES OR HAVE REACHED CERTAIN AGES WHILE INSURED

If you have reached age 70, but not age 75, your amount of AD&D insurance will be:
- 65% of the amount of AD&D insurance you had prior to age 70; or
- 65% of the amount of AD&D insurance shown above if you become insured on or after age 70 but before age 75.

There will be no further increases in your amount of AD&D insurance.

If you have reached age 75, but not age 80, your amount of AD&D insurance will be:
- 40% of the amount of AD&D insurance you had prior to your first reduction; or
- 40% of the amount of AD&D insurance shown above if you become insured on or after age 75 but before age 80.

There will be no further increases in your amount of AD&D insurance.

If you have reached age 80 or more, your amount of AD&D insurance will be:
- 20% of the amount of AD&D insurance you had prior to your first reduction; or
- 20% of the amount of AD&D insurance shown above if you become insured on or after age 80.

There will be no further increases in your amount of AD&D insurance.

MAXIMUM BENEFIT OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU:

Executives, Physicians, Dentists, Nurse Practitioners, Physicians Assistants, Management and Directors
$750,000

All Employees not eligible in another group
$200,000

REPATRIATION BENEFIT FOR YOU

Maximum Benefit Amount:

Up to $5,000

The Repatriation Benefit is separate from any accidental death and dismemberment benefit which may be payable. To receive the Repatriation Benefit, your accidental death benefit must be paid first.

SEATBELT(S) AND AIR BAG BENEFIT FOR YOU

Benefit Amount:

Seatbelt(s): 10% of the Full Amount of your accidental death and dismemberment insurance benefit.

Air Bag: 5% of the Full Amount of your accidental death and dismemberment insurance benefit.

Maximum Benefit Payment:

Seatbelt(s): $25,000

Air bag: $5,000

The Seatbelt(s) and Air Bag Benefit is separate from any accidental death and dismemberment benefit which may be payable. To receive the Seatbelt(s) and Air Bag Benefit, your accidental death benefit must be paid first.

EDUCATION BENEFIT

Each Qualified Child

Benefit Amount per Academic Year for which a Qualified Child is enrolled:

6% of the Full Amount of the employee's accidental death and dismemberment insurance to a maximum of $6,000.

Maximum Benefit Payments:

4 per lifetime

Maximum Benefit Amount:

$24,000

Maximum Benefit Period:

6 years from the date the first benefit payment has been made.

The Education Benefit is separate from any accidental death and dismemberment benefit which may be payable. In order for your Qualified Child to receive the Education Benefit, your accidental death benefit must be paid first.

EXPOSURE AND DISAPPEARANCE BENEFIT FOR YOU

Maximum Benefit Amount: The Full Amount

SOME LOSSES MAY NOT BE COVERED UNDER THIS PLAN.

OTHER FEATURES:

Portability

Continuity of Coverage is available under this plan - refer to the **ACCIDENTAL DEATH AND DISMEMBERMENT OTHER BENEFIT FEATURES** for further details.

The above items are only highlights of this plan. For a full description of your coverage, continue reading your certificate of coverage section. The plan includes enrollment, risk management and other support services related to your Employer's Benefit Program.

BENEFITS AT A GLANCE

LONG TERM DISABILITY PLAN

This long term disability plan provides financial protection for **you** by paying a portion of your income while **you** are disabled. The amount **you** receive is based on the amount **you** earned before your **disability** began. In some cases, **you** can receive disability payments even if **you** work while **you** are disabled. Your **disability** must begin while **you** are covered under the long term disability plan.

All terms **bolded** are defined in the **GLOSSARY** section.

EMPLOYER'S ORIGINAL PLAN
EFFECTIVE DATE: January 1, 2018

POLICY NUMBER: 952688 002

ELIGIBLE GROUP(S):

All Employees in **active employment** in the United States with the **Employer**.

Temporary and seasonal workers are excluded from coverage.

MINIMUM HOURS REQUIREMENT:

Executives
Employees must be working at least 28 hours per week.

Physicians, Dentists, Nurse Practitioners, Physicians Assistants, Management and Directors, All Employees not eligible in another group
Employees must be working at least 30 hours per week.

WAITING PERIOD:

The **waiting period** is a continuous period of **active employment** which **you** must satisfy before **you** are eligible for coverage.

For **employees** in an eligible group on or before January 1, 2018: None

For **employees** entering an eligible group after January 1, 2018: First of the month coincident with or next following 30 days of continuous **active employment**

WAIVE THE WAITING PERIOD:

If **you** have been continuously employed by your **Employer** for a period of time equal to your **waiting period**, Unum will waive your **waiting period** when **you** enter an eligible group.

WHO PAYS FOR THE COVERAGE:

Executives, Physicians, Dentists, Nurse Practitioners, Physicians Assistants, Management and Directors
Your **Employer** pays the cost of your coverage.

Your **Employer** includes these contributions in your taxable income.

All Employees not eligible in another group
Your **Employer** pays the cost of your coverage.

ELIMINATION PERIOD:

90 days

This is the period of **disability** which must be satisfied before **you** are eligible to receive benefits.

DISABILITY COVERED:

Total Disability and **Partial Disability**

For definition of **disability** refer to "***WHEN ARE YOU TOTALLY DISABLED?***" and "***WHEN ARE YOU PARTIALLY DISABLED?***" in the **BENEFIT INFORMATION** section.

Some disabilities may not be covered or may have limited coverage under this long term disability plan.

MAXIMUM MONTHLY BENEFIT:

Executives, Physicians, Dentists, Nurse Practitioners, Physicians Assistants, Management and Directors

60% of **monthly pre-disability earnings** to a maximum benefit of $18,000 per month.

Your payment will be reduced by **benefit reductions** and **disability earnings**. Refer to "***WHAT ARE BENEFIT REDUCTIONS?***" in the **BENEFIT INFORMATION** section for income sources that qualify for **benefit reductions**.

All Employees not eligible in another group

60% of **monthly pre-disability earnings** to a maximum benefit of $6,000 per month.

Your payment will be reduced by **benefit reductions** and **disability earnings**. Refer to "***WHAT ARE BENEFIT REDUCTIONS?***" in the **BENEFIT INFORMATION** section for income sources that qualify for **benefit reductions**.

MAXIMUM PERIOD OF PAYMENT (for **total disability** and **partial disability** combined):

Age at Disability	**Maximum Period of Payment**
Less than Age 62	To Social Security Normal Retirement Age
Age 62	60 months
Age 63	48 months
Age 64	42 months
Age 65	36 months
Age 66	30 months
Age 67	24 months
Age 68	18 months
Age 69 or older	12 months

No premium payments are required for your coverage while **you** are receiving payments under this long term disability plan.

TOTAL BENEFIT CAP:

The total benefit payable to **you** on a monthly basis (including all benefits provided under this long term disability plan) will not exceed 100% of your **monthly pre-disability earnings** or your **maximum monthly benefit**.

PRE-EXISTING CONDITION:

Benefits are not payable for any **disability** caused by or resulting from a pre-existing condition, as defined in the policy. To see if your **disability** excludes **you** from receiving benefits due to a pre-existing condition, refer to "***WHAT IS AN EXCLUDED PRE-EXISTING CONDITION?***" in the **BENEFIT INFORMATION** section.

Some disabilities may not be covered or may have limited coverage under this long term disability plan.

The above items are only highlights of this long term disability plan. For a full description of your coverage, continue reading your certificate of coverage section.

Voluntary Life and AD&D Insurance

GVHC provides full-time employees with the opportunity to purchase additional Life and AD&D Insurance for themselves as well as their eligible dependents through UNUM. Please be sure to keep your beneficiary information updated through Human Resources.

Benefits	Employee: Increments of $10,000 Spouse: Increments of $5,000 Child(ren): Flat amounts: $1,000, $2,000, $4,000, $5,000 or $10,000
Maximum Amounts	Employee: Lesser of 9x annual salary or $500,000 Spouse: $500,000 (may not exceed 100% of the employee amount) Child(ren): $10,000
***Guarantee Issue Amounts**	Employee: $200,000 Spouse: $50,000 Child(ren): $10,000

*For any amount requested over the Guarantee Issue Amounts listed above, you will need to complete the Evidence of Insurability (EOI) Form. If you do not receive the EOI form, please reach out to your Human Resources Department.

Age Reduction Schedule:
Age 75: Reduces to 50% of original amount
Age 80: Reduces to 25% of original amount

Rate Information:

Age	Employee and Spouse Life Monthly Step Rates per $1,000 Rate	Child Life Monthly Rate $0.292 per $2,000
15-24	0.041	
25-29	0.041	
30-34	0.049	
35-39	0.079	
40-44	0.150	
45-49	0.228	
50-54	0.347	
55-59	0.539	
60-64	0.901	
65-69	1.502	
70-74	2.872	
75+	2.872	

<u>*IMPORTANT NOTE</u>: If you do not enroll in the Voluntary Life and AD&D benefits when you are first eligible, you may enroll during open enrollment, however you will be subject to underwriting review, must complete an EOI form, and are not guaranteed coverage. *However, if you did make an election when you were first eligible, you may choose to elect an amount up to the guarantee issue amounts (listed above) during open enrollment with no underwriting and no EOI.*



Employee Assistance Program

Employee Assistance Program

The EAP program through Halcyon is here to help you. It is also here to help your family members. It helps resolve daily matters that affect your life. This is done by talking to a licensed counselor. There are legal and financial referrals available as well. The EAP is the first step to solving issues in your life and helps you regain control of and improve the quality of your life.

And it is completely FREE!

- Family or marital conflict
- Alcohol or drug issues
- Stress
- Depression
- And much more….

There are **6 face to face or via video (3 per 6 months) no cost counseling sessions** in your EAP benefits. You and those living in your home, are eligible.

- "Per household unit" are you and anyone living in your home.
- "Per incident" is each new issue.
- "Per benefit year" is your benefit year.

The success of the EAP depends upon privacy. It is always private when you call your EAP. Your EAP information stays out of your personnel file. EAP information is not given to your employer. The laws of privacy protect you. Accessing your EAP is easy. Simply call Halcyon at (888) 425-4800 or online at www.halcyoneap.com (username: goldenvalleyhealthcenters).

Halcyon EAP

Employee Assistance Program for Golden Valley Health Centers

Emotional wellbeing and work-life balance resources to keep you at your best.

Halcyon EAP offers expert guidance to help you and your family address and resolve everyday issues.

In-the-moment support
Reach a licensed clinician by phone 24/7/365 for immediate assistance

Financial expertise
Consultation and planning with a financial counselor

Legal consultation
By phone or in-person with a local attorney

Short-term counseling
Access up to **6 sessions (3 per 6 months) no-cost counseling sessions,** in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance abuse

Convenience resources
Referrals for child and elder care, home repair, housing needs, education, pet care and so much more

Confidentiality
Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law



Your web portal and mobile app

- The one-stop shop for program services, information and more
- Discover on-demand training to boost wellbeing and life balance
- Find search engines, financial calculators and career resources
- Explore thousands of articles, tip sheets, self-assessments and videos

Convenient, on-the- go support

- **Textcoach®**
  Personalized coaching with a licensed counselor on mobile or desktop
- **Animo**
  Self-guided resources to improve focus, wellbeing and emotional fitness
- **Virtual Support Connect**
  Moderated group support sessions on an anonymous, chat-based platform

Start with Navigator

Take the guesswork out of your emotional fitness! Visit your web portal or mobile app to complete the short Mental Health Navigator survey. You'll immediately receive personalized guidance to access support and resources.

Download the mobile app today!

Halcyon EAP

1-888-HAL-4800 (425-4800)

halcyoneap.com
User Name: goldenvalleyhealthcenters

unum®
Better benefits at work.



Life's stresses aren't a game

Real solutions are close at hand with the Employee Assistance Program (EAP)

unum.com
EN-1917 (11-14)

Work-life Balance Employee Assistance Program

Toll-free, 24-hour access

- 1-800-854-1446: English
- 1-877-858-2147: Spanish
- 1-800-999-3004: TTY/TDD

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Better benefits at work.

Online access

www.lifebalance.net; *user ID and password:* lifebalance

Your Work-life Balance Employee Assistance Program — provided at no additional charge through your company's insurance benefit plan — can help you find solutions for the everyday challenges of work and home as well as for more serious issues involving emotional and physical well-being.

- Child care and/or elder care referrals
- Personal relationship information
- Health information and online tools
- Legal consultations with licensed attorneys
- Financial planning assistance
- Stress management
- Career development

Help is easy to access

- **Telephone consultations:** Speak confidentially with a master's level consultant to clarify your need, evaluate options and create an action plan.
- **Face-to-face meeting:** Meet with a local consultant up to three times per issue for short-term problem resolution.*
- **Educational materials:** Receive information through our online library of downloadable materials and interactive tools.

To learn more, please visit **www.lifebalance.net**;
user ID and password: lifebalance

The Work-life Balance Employee Assistance Program, provided by Ceridian HCM, is available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

* In California and Nevada, you may confer with a local consultant up to three times in a six-month time period.

Insurance products underwritten by the subsidiaries of Unum Group.
unum.com

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EN-1917 (11-14) FOR EMPLOYEES

Better benefits at work.

This is not a medical insurance card.

Keep this card with you at all times. It gives you immediate access to a full range of confidential Work-life Balance services for you and your family. If you need additional cards, contact your workplace plan administrator.

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Better benefits at work.



Don't forget this travel essential!

Pack your worldwide emergency travel assistance phone number and leave travel worries at home

unum.com

EN-1938 (3-15)

If you need travel assistance anywhere in the world, contact us day or night:

- **Within the U.S.:** 1-800-872-1414
- **Outside the U.S.:** (U.S. access code) +609-986-1234
- **Via e-mail:** medservices@assistamerica.com

Reference number: 01-AA-UN-762490

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Better benefits at work.

Employer's name (please write above)

Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your travel assistance phone number! Simply tear off and carry the wallet card or enter the number into your cell phone so it's always close at hand. Day or night, you and your family* can get support for medical, legal and other important services.

Here are some of the benefits of emergency travel assistance:

- Help replacing lost prescriptions and passports
- Referrals to Western-trained, English-speaking medical providers
- Hospital admission assistance**
- Emergency medical evacuation
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Legal and interpreter referrals

For more information, ask your HR manager for a copy of your company's service certificate.

Worldwide emergency travel assistance services, provided by Assist America, Inc., are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Services are not valid after coverage terminates. Please contact your Unum representative for details. All emergency travel assistance must be arranged by Assist America, which pays for all services it provides. Medical expenses such as prescriptions or physician, lab or medical facility fees are paid by the employee or the employee's health insurance.

*Legal dependents are eligible for these services to age 19, or to the age specified by your medical plan. Spouses traveling on business for their employers are not eligible for this service. For more information on eligibility, contact your plan administrator.

**May require a validation of your medical insurance or an advance of funds to the foreign medical facility. You must repay any expenses related to emergency hospital admissions to Assist America Inc. within 45 days.

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This card is not a medical insurance card.

All services must be provided through Assist America, Inc.
Claims for reimbursement will not be accepted. These services are not valid after termination of policy coverage and may be withdrawn at any time.

LegalShield Legal Plan

Expected and unexpected legal issues arise every day. But with a LegalShield Legal Plan, a small monthly fee gets you access to advice and counsel on an unlimited number of personal legal issues from lawyers with an average of 19 years experience.

Advice & Consultation

Advice
Toll-free phone consultations with your Provider Law Firm for any personal legal matter, even on pre-existing conditions

Letters and Phone Calls on Your Behalf
Available at the discretion of your Provider Lawyer

Contract and Document Review
Contract/document review up to 15 pages each

24/7 Emergency Assistance
After-hours legal consultation for covered legal emergencies. Specific coverage depends on plan, such as: if you're arrested or detained, if you're seriously injured, if you're served with a warrant, or if the state tries to take your child(ren).

Family Matters (family plan only)

Uncontested Name Change Assistance*
One (1) uncontested name change prepared per member year by Provider Law Firm

Uncontested Adoption Representation*
Representation by your Provider Law Firm for uncontested adoption proceedings

Uncontested Separation/Divorce Representation*
Representation by your Provider Law Firm for uncontested legal separation, uncontested civil annulment and uncontested divorce proceedings

Representation

Trial Defense Services
Assistance if you or your spouse are named defendant or respondent in a covered civil action filed in court

Year	Pre-Trial Time	Trial Time	Total
1	2.5	57.5	60
2	3	117	120
3	3.5	176.5	180
4	4	236	240
5	4.5	295.5	300

Document Preparation

Standard Will Preparation
- Will preparation and annual reviews and updates for covered members
- Other documents available: Living Will, Health Care Power of Attorney

Residential Loan Document Assistance (family plan only)
Mortgage documents (as required of the borrower by the lending institution) prepared by your Provider Law Firm for the purchase of your primary residence

Auto

Motor Vehicle Services
- Non-criminal moving traffic violation assistance
- Motor vehicle-related criminal charge assistance
- Up to 2.5 hours of help with driver's license reinstatement and property damage collection assistance of $5,000 or less per claim
- Available 15 days after enrollment
- Available only if member has a valid driver's license and is driving a non-commercial motor vehicle

IRS

IRS Audit Legal Services
- One hour of consultation, advice or assistance when you are notified of an audit by the IRS
- An additional 2.5 hours if a settlement is not achieved within 30 days
- If your case goes to court, you'll receive 46.5 hours of your Provider Law Firm's services
- Coverage for this service begins with the tax return due April 15 of the year you enroll

Additional Benefits

25% Preferred Member Discount
You may continue to use your Provider Law Firm for legal situations that extend beyond plan coverage. The additional services are 25% off the law firm's standard hourly rates. Your Provider Law Firm will let you know when the 25% discount applies, and go over these fees with you.

•

For more information contact your Independent Associate:

Teri Sherron 559-554-7785
terisherron2011@gmail.com

Your Plan Covers:

Family Plan:
- ***The member***
  The member's spouse/ domestic partner
- ***Never-married dependent children under age 26 living at home***
- ***Dependent children under age 18 for whom the member is legal guardian***
- ***Never married, dependent, children who are full-time college students up to age 26***
- ***Physically or mentally disabled children living at home***

Individual Plan:
An individual rate is available for those enrollees who are not married, do not have a domestic partner and do not have minor children or dependents. No family benefits are available to individual plan members. Ask your Independent Associate for details.

*These services are available 90 consecutive days from the effective date of your membership. For detailed information about the legal services provided for personal matters by the LegalShield contract, go to http://www.legalshield.com/info/legalplan. Business issues are not included; however, plans providing those services are available.

myLS

Access LegalShield on the go!

Activate your account on mylegalshield.com and then download our new smartphone app MyLegalShield. With this app, our members have access to their Provider Law Firm at the touch of a button.

Download the free app from the App Store or Google Play.

Available on the App Store
ANDROID APP ON Google play

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LegalShield®

MEMBERPERKS

Beyond Your Membership



Save With These Incredible MEMBERPERKS

Your LegalShield membership is simply amazing. And, in addition to the privileges that are already yours, we have added these **MEMBER**PERKS with hundreds of merchants and thousands of discounts. Members can access savings at both national and local companies on everyday purchases such as tickets, electronics, apparel, travel and more. Members have the opportunity to save, on average, over $2,000 per year. **MEMBER**PERKS can save you enough to pay for your membership for years to come!

We hope you enjoy them, and please know how much we value you for being part of the LegalShield family.

- APPAREL
- AUTOMOTIVE
- BEAUTY & FRAGRANCE
- BOOKS, MOVIES & MUSIC
- CELL PHONES
- ELECTRONICS
- FINANCE
- FLOWERS & GIFTS
- FOOD
- HEALTH & WELLNESS
- HOME & GARDEN
- HOME SERVICES
- INSURANCE & PROTECTION SERVICES
- JEWELRY & WATCHES
- OFFICE & BUSINESS
- PETS
- REAL ESTATE & MOVING SERVICES
- SPORTS & OUTDOORS
- TICKETS & ENTERTAINMENT
- TOYS, KIDS & BABIES
- TRAVEL

These benefits are for LegalShield members. All offers or promotions are subject to change without notice.



Reebok · 1-800 flowers.com · Southwest Vacations · DIAMONDBACK BICYCLES · PERKSPOT AUTO BUYING PROGRAM · AMC THEATRES · Scribd · DELL · Canon · Lenovo · GROUPON

And Many More!

Getting Started

To sign up, simply go to mylegalshield.com, click on the Resources tab, then click on **MEMBER**PERKS. If you don't already have an account, follow the simple on-screen instructions to make an account with your personal or work email and LegalShield membership number.

IDShield

Identity Consultation Services

Members have unlimited access to identity consultation services provided by Kroll's Licensed Private Investigators. The Investigator will advise members on best practices for identity management tailored to the member's specific situation. Consultative services include:

Privacy and Security Best Practice
- Consult on best practices for the use and protection of a consumer's Social Security number and Personal Identifying Information (PII)
- Provide consultation on current trends, scams and schemes related to identity theft and fraud issues
- Discuss best practices for financial transactions, online activities and consumer privacy
- Provide the knowledge to best protect the member from identity theft and to be aware of their rights under federal and state laws
- Help members interpret and analyze their credit report and take steps to reduce pre-approved credit offers
- Consult with members regarding a public record inquiry, background search or credit freeze

Event-Driven Consultation Support
- Lost/stolen wallet assistance
- Data Exposure/Data Breach
- Safeguards

Alerts and Notifications
- Monthly identity theft updates to help educate and protect
- Data breach notifications

Consultation Services are limited to the solutions, best practices, legislation, and established industry and organizational procedures in place in the United States and Canada as determined beneficial or productive by a Kroll Licensed Private Investigator.

Privacy Monitoring

Black Market Website Surveillance (Internet Monitoring)
Monitors global black market websites, IRC (internet relay chat) channels, chat rooms, peer-to-peer sharing networks, and social feeds for a member's Personally Identifiable Information (PII), looking for matches of name, date of birth, Social Security number, email addresses (up to 10), phone numbers (up to 10), driver's license number, passport number and/or medical ID numbers (up to 10).

Address Change Verification
Keeps track of a personal mailing address and alerts when a change of address has been requested through the United States Postal Service.

Security Monitoring

Black Market Website Surveillance (Internet Monitoring)
Monitors global black market websites, IRC (internet relay chat) channels, chat rooms, peer-to-peer sharing networks, and social feeds for a member's Personally Identifiable Information (PII), looking for matches of Social Security number, credit card numbers (up to 10) and bank account numbers (up to 10).

Court Records Monitoring
Detects criminal activity that may be associated with an individual's personal information, alerting them to signs of potential criminal identity theft.

Credit Monitoring
Members have access to continuous credit monitoring through TransUnion. The credit monitoring service will alert members to activity up to and including new delinquent accounts, fraud alerts, improved account, new account, new address, new bankruptcy, new employment, new account inquiry, and new public records.

Credit Inquiry Alerts
Members will be notified via email when a creditor requests their TransUnion credit file for the purposes of opening a new credit account. Included are accounts that result in a new financial obligation, such as a new cell phone account, a lease for a new apartment, or even for an application for a new mortgage.

Quarterly Credit Score Tracker
A quarterly credit score from TransUnion that plots the member's score quarter by quarter on a graph.

Payday Loan Monitoring
Alerts the subscriber when their personal information is associated with short-term, payday, or similar cash-advance loans.

Employee Family Plan Coverage

Minor Identity Protection
(Formerly Safeguard for Minors - Family Plan only)
Allows parents/guardians of up to 8 dependents under the age of 18 to monitor for potential fraudulent activity associated with their child's SSN. Unauthorized names, aliases and addresses that become associated with a minor's name and date of birth may be detected. The service monitors public records in all 50 States and including; real estate data, new mover information, property and recorder of deed registration, county assessor/record data, internet job site providers, state occupational license data providers, voter information, public records/ court proceedings, bankruptcies, liens, and judgements. Parents/ Guardians are provided a baseline scan, subsequent alerts and notifications thereafter.

Dependent Identity Theft Protection
(Ages 18 to 26 - Family Plans only)
If you have dependents that are over 18, under 26, either live at your home or are a full time student, and have never been married, they are still eligible for protection. Dependents who fall under this category will receive unlimited consultation and complete restoration by Kroll licensed private investigators. Note that monitoring is not available for dependents in this category.

Identity Restoration

Kroll's Licensed Private Investigators perform the bulk of the restoration work required to restore a member's identity to pre-theft status.

IDShield Service Guarantee
We don't give up until your identity is restored.

Purchase of IDShield requires member to have a valid email address.

Teri Sherron P:559-554-7785
E:terisherron@legalshieldassociate.com

The following are excluded from the Services: Legal Remedy—Any Stolen Identity Event where the member is unwilling or unable to prosecute or otherwise bring a civil or criminal claim against any person culpable or reasonably believed to be culpable for the fraud or its consequences. Dishonest Acts—Any dishonest, criminal, malicious or fraudulent acts, if the member(s) that suffered the fraud personally participated in, directed or had knowledge of such acts. Financial Loss—Any direct or indirect financial losses attributable to the Stolen Identity Event, including but not limited to, money stolen from a wallet, unauthorized purchases of retail goods or services online, by phone, mail or directly. However, individuals who have merely experienced the loss or unauthorized exposure of personal identifiers, including credit or debit card data, such as a data breach event, with no indication of actual misuse or identity theft resulting from that event, are not subject to the Prior Misuse exclusion hereunder. Business—The theft or unauthorized or illegal use of any business name, DBA or any other method of identifying business (as distinguished from personal) activity. Third Parties Not Subject to U.S. or Canadian Law—Restoration services do not remediate issues with third parties not subject to United States or Canadian law that have been impacted by an individual's Stolen Identity Event, such as financial institutions, government agencies, and other entities.

Marketed by: Pre-Paid Legal Services, Inc. dba LegalShield® and subsidiaries; Pre-Paid Legal Casualty℠, Inc.; Pre-Paid Legal Access, Inc.; In FL: Pre-Paid Legal Services, Inc. of Florida; In VA: Legal Service Plans of Virginia, Inc.; and PPL Legal Care of Canada Corporation

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Golden Valley Health Centers
Benefits Open Enrollment

Who to contact….?

Questions regarding the *UltiPro* system? Please contact:

GOLDEN VALLEY HEALTH CENTERS

Jenna Cruz
Benefits & Recognition Manager
Golden Valley Health Centers
209.384.6541
hrbenefits@gvhc.org

Questions regarding your *medical plan* / need new *medical ID* cards? Please contact:

COMPASS HEALTH ADMINISTRATORS

Compass Health Administrators
888.277.2912
customerservice@compasshealthadministrators.com
https://gvhc-compass.com/

General benefit questions? Please contact:

Villane Ward Insurance
A Relation Company

Nicole Logan, Dan Ward or Jenni Villane
Villane Ward Insurance Services (a Relation Company)
559.243.4440
nlogan@villaneward.com / dward@villaneward.com / jvillane@villaneward.com

Women's Health and Cancer Rights Act Notice
(HIPAA REQUIREMENT)

"Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? Call your Plan Administrator for more information."

What is the Women's Health and Cancer Rights Act (WHCRA)?

The Women's Health and Cancer Rights Act (WHCRA) was signed into law on October 21, 1998. The law includes important protections for individuals who elect breast reconstruction in connection with a mastectomy. WHCRA amended the Employee Retirement Income Security Act of 1974 (ERISA) and the Public Health Service Act (PHS Act) and is administered by the Departments of Labor and Health and Human Services.

I have been diagnosed with breast cancer and plan to have a mastectomy. How will WHCRA affect my benefits?

Under WHCRA, group health plans, insurance companies and health maintenance organizations (HMOs) offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

Will WHCRA require all group health plans, insurance companies and HMOs to provide reconstructive surgery benefits?

All group health plans, and their insurance companies or HMOs that provide coverage for medical and surgical benefits with respect to a mastectomy are subject to the requirements of WHCRA.

Under WHCRA, may group health plans, insurance companies and HMOs impose deductibles or coinsurance requirements for reconstructive surgery in connection with a mastectomy?

Yes, but only if the deductibles and coinsurance are consistent with those established for other benefits under the plan or coverage.

When do these requirements take effect?

The reconstructive surgery requirements apply to group health plans for plan years beginning on or after October 21, 1998. To find out when your plan year begins, check your Summary Plan Description (SPD) or contact your plan administrator. These requirements also apply to individual health insurance policies offered, sold, issued, renewed, in effect, or operated on or after October 21, 1998. These requirements were placed in the PHS Act within the jurisdiction of the Department of Health and Human Services.

My state requires the coverage for breast reconstruction that is required by WHCRA and also requires minimum hospital stays in connection with a mastectomy that are not required by WHCRA. If I have a mastectomy and breast reconstruction, am I also entitled to the minimum hospital stay?

It depends. The federal WHCRA permits state law protections to apply to certain health coverage. State law protections apply if the state law is in effect on October 21, 1998 (date of enactment of WHCRA) and the state law requires at least the coverage for reconstructive breast surgery that is required by the federal WHCRA.

If state law meets these requirements, then it applies to coverage provided by an insurance company or HMO ("insured" coverage). If you obtained your coverage through your employer and your coverage is "insured," you would be entitled to the minimum hospital stay required by state law. If you obtained your coverage through your employer but your coverage is not provided by an insurance company of HMO (that is, your employer "self-insures" your coverage), then state law does not apply. In that case, only the federal WHCRA applies and it does not require minimum hospital stays. To find out if your group health coverage is "insured" or "self-insured," check your Summary Plan Description (SPD) or contact your plan administrator.

If you obtained your coverage under a private individual health insurance policy (not through your employer), check with your State Insurance Commissioner's Office to learn if state law applies.

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**.

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 **1-877-KIDS NOW** or **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** or call **1-866-444-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 July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
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: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Please keep this notice in a secure place with your other health plan materials.