



Employnet
WORKFORCE SOLUTIONS

Temp Employee Benefits Guide

2023-2024

This booklet contains important information regarding your employee benefits program.

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Employnet strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Benefits Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all of the different benefits so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on **August 1, 2023 - July 31, 2024**

This booklet is a summary description of your benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the legal plan documents shall prevail.

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Benefit Eligibility

Who is Eligible?

Employees working **30 hours** or more weekly are eligible for benefits on the first of the month **following 30 days after date of employment**. You have the opportunity to add your eligible dependents including your spouse, domestic partner, and dependent child (ren) up to age 26 for certain coverage.

How to Enroll?

During your open enrollment period you will have the option to change your benefit elections, add/remove dependents or change your plan. Our 2022 Annual Open Enrollment dates are:

June 30th - July 14th, 2022

Termination of Coverage:

If your coverage ends, you may have the right to continue coverage for a limited period of time under your COBRA rights. See your employer for details.

How to Make Changes Mid-Plan Year?

All plan elections will be effective for the entire plan year, unless you have a change in family status, also called a Qualifying Event. *You must request the change within 30 days of the Qualifying Event.*

Examples of a Qualifying Event include:

- Marriage/Divorce/Legal Separation
- Birth or Adoption of Child
- Change in your Employment Status
- Change in Spouse's Benefits
- Change in Child's Dependent Status
- Death

Payroll Deduction:

Some contributions will be pre-taxed. IRS regulations prevent changes without a qualifying event to payroll deductions.

California Individual Mandate:

Effective January 1, 2020, see legal notices.

Glossary of Terms

$$\begin{array}{ccccccc} \text{YOUR} & & & & \text{CO-PAY \& COINSURANCE} & & \text{TOTAL} \\ \text{PREMIUM} & + & \text{DEDUCTIBLE} & + & & = & \text{EMPLOYEE} \\ \text{SHARE} & & & & & & \text{COST} \\ & & & & \text{(up to the out-} & & \\ & & & & \text{of-pocket} & & \\ & & & & \text{maximum)} & & \end{array}$$

HMO vs. PPO

HMO:

Covers services performed solely by in-network providers. You must elect a primary care doctor (gatekeeper).

PPO:

Has a network of providers, but also allows for the use of providers outside the plan's network.

Your Premium Share

The amount you pay for your health insurance every paycheck (after your employer contribution). This comes out of your pay as an automatic deduction and may be pre-taxed.

Deductible

A specific dollar amount you pay out of pocket before benefits are available through a health plan. Under some plans, the deductible is waived for certain services. Higher deductibles lead to lower premium but increase cost at time of care.

Copayment

A flat fee that you pay toward the cost of covered medical services that is paid at the times of services.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage of the allowed amount for the service.

Out of Pocket Maximum

A cap on your costs for the calendar year. Once you reach this maximum, your health plan will pay 100% of your covered expenses for the rest of the plan year. Excess fees are your responsibility.

In-Network vs Out-of-Network

In Network: In-network means that your provider has negotiated a contracted rate with your health insurance company. Health insurance companies would prefer you to seek care from their in-network providers because it costs them and you less. Narrow networks can reduce costs but limit the number of providers. Out of Network: Out-of-network health care and plan payments are subject to higher deductible and copays. Out-of-network providers charge more and you may have to pay more. Excess fees are your responsibility.

HMO Medical Plan – CA Only

HMO Plan Benefits - Member Pays: In-Network	
Anthem Silver HMO 55	
Medical Deductible Individual/Family	None
Out of Pocket Max	\$9,100/\$18,200
Network	Anthem Provider Search Search by network: Blue Cross HMO (CACare) - Small Group
Common Medical Events	
Preventive Care	No Charge
Primary	\$55 Copay
Specialist	\$110 Copay
Acupuncture	\$35 Copay
Urgent Care Visit	\$55 Copay
Emergency Room	\$500 Copay
Diagnostic Test: Lab/X-Ray	\$40 Copay/ \$40 Copay
Hospitalization	\$750/day, up to 5 days
Out-Patient Surgery	\$600/visit
Required PCP?	Yes
Out-of-Area	
Prescription Drugs	
Rx Deductible	\$400/\$800
Generic (1)	\$20 Copay*
Brand (2)	\$95 Copay
Non-Formulary (3)	\$150 Copay
Specialty (4)	30% up to \$250
Medical or Rx Deductible waived*	

All rates for employees and dependents are available on page 12

PPO Medical Plans

PPO Plan Benefits - Member Pays: In-Network

	Anthem Silver PPO 55/1950/35%	Anthem Bronze PPO 4600/50%	Anthem Bronze PPO 40/6200/40%
Medical Deductible Individual/Family	\$1,950/\$3,900	\$4,600/\$9,200	\$6,200/\$12,400
Out of Pocket Max	\$9,100/\$18,200	\$8,100/\$16,200	\$8,700/\$17,400
Network	Anthem Provider Search Search by network: Select PPO (Select Network)		
Common Medical Events			
Preventive Care	No Charge*	No Charge*	No Charge*
Primary	\$55 Copay*	50%	\$40 Copay
Specialist	\$90 Copay*	50%	\$80 Copay
Acupuncture	\$55 Copay*	50%	\$40 Copay
Urgent Care Visit	\$90 Copay*	50%	40%
Emergency Room	\$350 Copay + 35%	50%	\$250 Copay + 40%
Diagnostic Test: Lab/X-Ray	\$20 Copay*/ \$20 Copay*	50%	40%
Hospitalization	35%	50%	40%
Out-Patient Surgery	\$200 Copay + 35%	50%	\$200 Copay + 40%
Required PCP?	No	No	No
Out-of-Area	Emergencies Only-Consider Travel Insurance		
Prescription Drugs			
Rx Deductible	\$300/\$600	None	None
Generic (1)	\$15 Copay*	\$20 Copay*	\$20 Copay*
Brand (2)	\$70 Copay	\$80 Copay	\$80 Copay
Non-Formulary (3)	\$110 Copay	\$120 Copay	\$120 Copay
Specialty (4)	30% up to \$250	30% up to \$400	30% up to \$400
Medical or Rx Deductible waived*			

All rates for employees and dependents are available on page 12

MEC Medical Plans

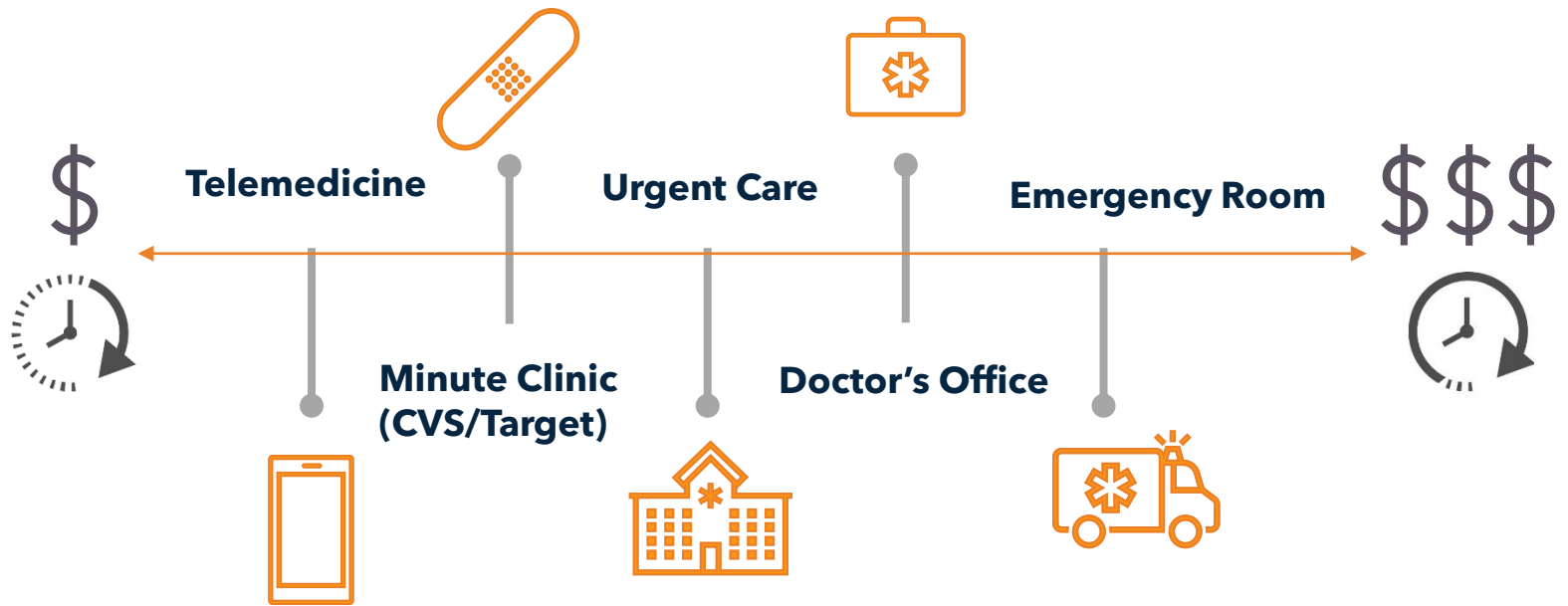
HMO Plan Benefits - Member Pays: In-Network		
	Basic MEC	MEC Plus
Medical Deductible Individual/Family	None	None
Out of Pocket Max	N/A	\$1,850/\$3,700
Network	MEC Provider Search Search by network: PHCS	
Common Medical Events		
Preventive Care	No Charge	No Charge*
Primary	Not Covered	\$15 Copay*
Specialist	Not Covered	\$15 Copay*
Urgent Care Visit	Not Covered	\$50 Copay*
Emergency Room	Not Covered	Not Covered
Diagnostic Test: Lab/X-Ray	\$0 - preventive, otherwise not covered	\$0 -preventive, otherwise \$50 Copay*
Hospitalization	Not Covered	Not Covered
Out-Patient Surgery	Not Covered	Not Covered
Prescription Drugs		
Rx Deductible	None	None
Generic (1)	\$0 - preventive only, otherwise discounted	\$0 - preventive only, otherwise \$15 Copay*
Brand (2)	Discount Only	Discount Only
Non-Formulary (3)	Discount Only	Discount Only
Specialty (4)	Discount Only	Discount Only

*Basic MEC covers all preventative services 100%, including telehealth services and a prescription discount program.

**MEC Plus excludes out-of-network services and covers only the medical services listed above.

All rates for employees and dependents are available on page 13

Where to Access Care



Save Time & Money

Choosing the appropriate place of care will not only ensure prompt and adequate medical attention but it will also help reduce any unnecessary expenses.

Type of Care	Symptoms and Conditions	Things to Consider
Telemedicine	<ul style="list-style-type: none"> • Sore throat or cough • Painful Urination • Low-Grade Fever • Earache • Colds & Flu • Mild Allergy • Skin Rash • Eye Irritation or Redness • Minor burns, cuts or scrapes • Mild Asthma 	<ul style="list-style-type: none"> • Can be reached any time, available 24/7
Minute Clinic (CVS/Target)		<ul style="list-style-type: none"> • Evenings & weekend hours • Walk-in, first come first served basis
Urgent Care Center		<ul style="list-style-type: none"> • Evenings & weekend hours • Walk-in, first come first served basis
Doctor's Office		<ul style="list-style-type: none"> • Trusted, ongoing relationship • M-F
Emergency Room	<ul style="list-style-type: none"> • Life-threatening conditions • Chest pain • Broken bones • Sudden blurred vision • Poisoning 	<ul style="list-style-type: none"> • Available 24/7 • Expensive and over-burdened

DHMO Dental Plan – CA Only

California Dental Network ADV 150	
Calendar Year	In-Network Only
Deductible: Individual/Family	None
Annual Maximum Benefits	None
Preventive	
Annual Preventive Exam	No Charge (1 every 6 months)
Cleanings	No Charge (1 every 6 months)
X-Rays	No Charge
Basic	
Repairs to your Teeth Fillings & Root Canals	\$0-\$250
Major	
Foreign to your Mouth Bridges, Crowns & Dentures, Implants	\$150-\$1,500
Orthodontia- Child/Adult	Child: \$1,775 Adult: \$1,975
PLEASE NOTE: DHMOs use codes per each procedure, the cost depicted on this summary reflects a single procedure. However, you may incur multiple procedure when accessing care. Costs may reflect differently.	
Network	Principal Provider Search Search by network: California Dental Network DHMO

All rates for employees and dependents are available on page 13

POS Dental Plan

Principal Plan			
Calendar Year Reimbursement	EPO (CA Only)	PPO	Out-of-Network UCR 90%
Deductible: Individual/Family	\$50 /\$150	\$50 /\$150	\$50 /\$150
Annual Maximum Benefits (Amount carrier pays per member, thereafter you are responsible for all expenses)	\$1,500 + Roll Over Benefit	\$1,500 + Roll Over Benefit	\$1,500 + Roll Over Benefit
Preventive			
Annual Preventive Exam	No Charge* (2 a year)	No Charge* (2 a year)	No Charge (2 a year)
Cleanings	No Charge* (4 cleanings a year)	No Charge* (4 cleanings a year)	No Charge (4 cleanings a year)
X-Rays	No Charge*	No Charge*	No Charge
Basic			
Repairs to your Teeth Fillings & Root Canals	20%	20%	20%
Major			
Foreign to your Mouth Bridges, Crowns & Dentures, Implants	50%	50%	50%
Orthodontia-Child Only Lifetime Member Maximum	50% \$1,000	50% \$1,000	50% \$1,000
Roll Over Benefit Allows for a portion of the unused maximum to carry over and increase the available amount next year. To be eligible, you must (1) had a dental service performed within the calendar year; and (2) used less than \$750 . If met, \$375 is automatically carried over and added to next year's maximum.			
Network	Principal Provider Search Search by network: Principal POS Plan		
Deductible waived*			

All rates for employees and dependents are available on page 13

Vision Plan

Principal Vision VSP		
Calendar Year	Member Pays: In-Network	Reimbursement: Out-of-Network
Exams	\$10 Copay	Up to \$45
Retinal Imaging	Principal pays \$39 towards Retinal Imaging	Not Covered
Frequency	Every 12 Months	Every 12 Months
Hardware		
Frames	\$130 Allowance	Up to \$70
Frequency	Every 12 Months	Every 12 Months
Lenses	\$25 Copay	Up to \$65
Frequency	Every 12 Months	Every 12 Months
Enhancements covered after co-pays or discounts		
Tinting - Gradients - UV Protection - Polycarbonate - Anti-Reflective - Photochromic - Progressive		
Contact Lenses: Medically Necessary (in lieu of glasses)	\$25 Copay	\$210 Allowance
Contact Lenses: Cosmetic (in lieu of glasses)	up to \$60 Copay, \$130 Allowance	\$105 Allowance
Frequency	Every 12 Months	Every 12 Months
Network	VSP Provider Search Search by network: Choice	
Discounts Available w/ VSP Direct	Browse a huge selection of frames while using the virtual try-on feature. Your benefits will be applied directly to your purchase with free shipping and returns. www.eyeconic.com	

All rates for employees and dependents are available on page 13

2023 Anthem Medical Weekly Rates by Age

Age	Silver HMO 55	Silver Select PPO 1950	Bronze Select PPO 4600	Bronze Select PPO 6200
0 -14	75.95	84.08	77.51	74.39
15	82.71	91.55	84.40	81.00
16	85.29	94.41	87.03	83.53
17	87.87	97.27	89.67	86.06
18	90.65	100.35	92.50	88.78
19	93.43	103.42	95.34	91.51
20	96.31	106.61	98.28	94.33
21	99.29	109.91	101.32	97.24
22	99.29	109.91	101.32	97.24
23	99.29	109.91	101.32	97.24
24	99.29	109.91	101.32	97.24
25	99.68	110.35	101.72	97.63
26	101.67	112.54	103.75	99.58
27	104.05	115.18	106.18	101.91
28	107.92	119.47	110.13	105.70
29	111.10	122.98	113.37	108.82
30	112.69	124.74	114.99	110.37
31	115.07	127.38	117.43	112.71
32	117.45	130.02	119.86	115.04
33	118.95	131.67	121.38	116.50
34	120.53	133.43	123.00	118.05
35	121.33	134.31	123.81	118.83
36	122.12	135.18	124.62	119.61
37	122.92	136.06	125.43	120.39
38	123.71	136.94	126.24	121.17
39	125.30	138.70	127.86	122.72
40	126.89	140.46	129.48	124.28
41	129.27	143.10	131.91	126.61
42	131.55	145.62	134.25	128.85
43	134.73	149.14	137.49	131.96
44	138.70	153.54	141.54	135.85
45	143.37	158.70	146.30	140.42
46	148.93	164.86	151.98	145.87
47	155.19	171.78	158.36	151.99
48	162.33	179.70	165.65	158.99
49	169.38	187.50	172.85	165.90
50	177.33	196.29	180.95	173.68
51	185.17	204.97	188.96	181.36
52	193.81	214.54	197.77	189.82
53	202.54	224.21	206.69	198.38
54	211.98	234.65	216.31	207.62
55	221.41	245.09	225.94	216.85
56	231.63	256.41	236.37	226.87
57	241.96	267.84	246.91	236.98
58	252.98	280.04	258.15	247.78
59	258.44	286.08	263.73	253.13
60	269.46	298.29	274.97	263.92
61	278.99	308.84	284.70	273.26
62	285.25	315.76	291.08	279.38
63	293.09	324.44	299.09	287.06
64 -99	297.86	329.72	303.95	291.73

Weekly Rates MEC, Dental and Vision



Employee costs per pay period effective through August 1, 2023 - July 31, 2024

Basic MEC Medical			
Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$9.69	\$19.38	\$19.38	\$29.08
MEC Plus Medical			
Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$26.54	\$68.08	\$55.38	\$98.07
DHMO Dental			
Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$2.85	\$5.05	\$5.64	\$7.78
POS Dental			
Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$10.78	\$21.02	\$26.25	\$38.35
VSP Vision			
Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$2.22	\$3.87	\$3.81	\$5.49



2023 Employee Enrollment Form Anthem/Dental and Vision

	Name	Social Security #	Date of Birth	Gender	Relationship
Employee					Self
Dependent					
Dependent					
Dependent					
Dependent					

Hire Date:

Address:

City/State/Zip:

MEDICAL (choose one)

<input type="checkbox"/> Anthem Silver HMO 55	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Employee & Family	Age Rated See Page 12 in Benefit Guide	<input type="checkbox"/> Anthem Bronze Select PPO 6200	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Employee & Family	Age Rated See Page 12 in Benefit Guide
<input type="checkbox"/> Anthem Silver Select PPO 1950	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Employee & Family	Age Rated See Page 12 in Benefit Guide			
<input type="checkbox"/> Anthem Bronze Select PPO 4600	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Employee & Family	Age Rated See Page 12 in Benefit Guide			

DENTAL (choose one)

<input type="checkbox"/> Cal Dental (HMO) CA Employees Only Weekly Rates	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Employee & Family	\$2.85 \$5.05 \$5.64 \$7.78	<input type="checkbox"/> Principal Financial (POS) Weekly Rates	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Employee & Family	\$10.78 \$21.02 \$26.25 \$38.35
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VISION

<input type="checkbox"/> Principal Financial Weekly Rates	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Employee & Family	\$2.22 \$3.87 \$3.81 \$5.49			
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ANTHEM BINDING ARBITRATION

ALL DISPUTES BETWEEN YOU AND ANTHEM BLUE CROSS AND/OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY, INCLUDING BUT NOT LIMITED TO, DISPUTES RELATING TO DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY AND CLAIMS OF MEDICAL MALPRACTICE, MUST BE RESOLVED BY BINDING ARBITRATION, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT AND THE DISPUTE CAN BE SUBMITTED TO BINDING ARBITRATION UNDER APPLICABLE FEDERAL AND STATE LAW, INCLUDING BUT NOT LIMITED TO, THE PATIENT PROTECTION AND AFFORDABLE CARE ACT. California Health and Safety Code Section 1363.1 and Insurance Code Section 10123.19 require specified disclosures in this regard, including the following notice: It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as permitted and provided by federal and California law, including but not limited to, the Patient Protection and Affordable Care Act, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. YOU AND ANTHEM BLUE CROSS AND OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY AGREE TO BE BOUND BY THIS ARBITRATION PROVISION. YOU ACKNOWLEDGE THAT FOR DISPUTES THAT ARE SUBJECT TO ARBITRATION UNDER STATE OR FEDERAL LAW THE RIGHT TO A JURY TRIAL, THE RIGHT TO A BENCH TRIAL UNDER CALIFORNIA BUSINESS AND PROFESSIONS CODE SECTION 17200, AND/OR THE RIGHT TO ASSERT AND/OR PARTICIPATE IN A CLASS ACTION ARE ALL WAIVED BY YOU. Enforcement of this arbitration clause, including waiver of class actions, shall be determined under the Federal Arbitration Act ("FAA"), including the FAA's preemptive effect on state law. By signing, writing or typing your name below you agree to the terms of this agreement and acknowledge that your signed, written or typed name is a valid and binding signature.

Employee's Signature

Date



2023 Employee Enrollment Form

MEC/Dental and Vision

	Name	Social Security #	Date of Birth	Gender	Relationship
Employee					Self
Dependent					
Dependent					
Dependent					
Dependent					

Hire Date:

Address:

City/State/Zip:

MEDICAL (choose one)

<input type="checkbox"/> MEC Weekly Rates	<input type="checkbox"/> MEC PLUS 15 Weekly Rates
<input type="checkbox"/> Employee Only \$9.69 <input type="checkbox"/> Employee & Spouse \$19.38 <input type="checkbox"/> Employee & Child(ren) \$19.38 <input type="checkbox"/> Employee & Family \$29.08	<input type="checkbox"/> Employee Only \$26.54 <input type="checkbox"/> Employee & Spouse \$68.08 <input type="checkbox"/> Employee & Child(ren) \$55.38 <input type="checkbox"/> Employee & Family \$98.07

DENTAL (choose one)

<input type="checkbox"/> Cal Dental (HMO) CA Employees Only Weekly Rates	<input type="checkbox"/> Principal Financial (POS) Weekly Rates
<input type="checkbox"/> Employee Only \$2.85 <input type="checkbox"/> Employee & Spouse \$5.05 <input type="checkbox"/> Employee & Child(ren) \$5.64 <input type="checkbox"/> Employee & Family \$7.78	<input type="checkbox"/> Employee Only \$10.78 <input type="checkbox"/> Employee & Spouse \$21.02 <input type="checkbox"/> Employee & Child(ren) \$26.25 <input type="checkbox"/> Employee & Family \$38.35

VISION

<input type="checkbox"/> Principal Financial Weekly Rates	<input type="checkbox"/> Employee Only \$2.22 <input type="checkbox"/> Employee & Spouse \$3.87 <input type="checkbox"/> Employee & Child(ren) \$3.81 <input type="checkbox"/> Employee & Family \$5.49
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I hereby acknowledge the offer of health insurance coverage, providing Minimum Essential Coverage (MEC), for myself, and my eligible dependents. If electing coverage, I authorize my employer to make salary reductions for my portion of the insurance premiums. I understand that I may not make changes to my coverage elections until my employer's next open enrollment period or due to a qualifying event.

Employee's Signature

Date



Benefit Declination

Full Name of Employee (Print)

Social Security Number

If you wish to decline coverage for yourself and/or your dependent(s) who are eligible to enroll under our group medical and dental plans, you must complete this form. Before declining coverage, please read the Late Enrollment Warning on the bottom of this form.

If you are declining coverage under this plan because you and/or your eligible dependent(s) have coverage under another employer's benefit plan, please indicate that below. If you are declining enrollment for yourself or your dependents (including your spouse) because of other insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. Note the exceptions in the Late Enrollment Warning so you know the circumstances in which you may enroll later in our plan without being considered a late enrollee.

EMPLOYEE'S DECLINATION STATEMENT

I acknowledge that I have been given the opportunity to enroll myself and (if applicable) my eligible dependents in my employer's benefit plans and have read the Late Enrollment Warning. I am declining to enroll the following eligible persons under the benefit plans:

NAME	RELATIONSHIP	SOCIAL SECURITY NUMBER
	SELF	SEE ABOVE

Reason for Declining Benefit Coverage through Employnet (must be completed):

1 Coverage Under Another Employer's Medical Dental Vision (please check) and complete:

Employer Name: _____

Plan Name/Insurance: _____

2 Other Reason – Explain: _____

Employee Signature

Date

At Your Service



MEDICAL PLAN

Anthem Blue Cross
Group #: J68866
800.888.8288

MEDICAL PLAN

MEC/SBMA
Group #: 48620001
888.505.7724

VISION PLAN

Principal
Group #: 1114254
800.843.1371

DENTAL PLAN

Principal
Group #: 1114254
800.247.4695

DENTAL PLAN

California Dental
Group #: 1036473
877.433.6825

Legal Notices

The Employee Retirement Income Security Act (ERISA), Department of Labor (DOL), Department of Health and Human Services (HHS) and Internal Revenue Service (IRS) require plan administrators and/or Insurers to provide certain information related to their health and welfare benefit plans to plan participants in writing. To satisfy this requirement, we have posted these notices on our website at: www.BJAPartners.com/annualnotices

These notices explain your rights and obligations in relation to the health and welfare plan(s) provided by your company. Please read the Notices carefully and retain a copy for your records. You have the right to a paper copy of this Notice upon request by contacting your HR Department. The following is a summary of Notices available:

- Health Care Reform Notices
 - Summary of Benefits and Coverage (SBC)
 - Patient Protection Notice
 - Child Under 19 Exclusions
 - Dependent Coverage
 - Lifetime Limit
 - Preventive Care
 - Women's Preventive Health Services
- ERISA Notices
- Premium Assistance Under Medicaid and the Children's Health Insurance Plan (CHIP)
- Mental Health Parity and Addiction Equity Act of 2008 (MHPA/MHPAEA)
- Michelle's Law
- Qualified Medical Child Support Order (QMCSO)
- Women's Health and Cancer Rights Act of 1998
- Newborns' and Mothers' Health Protection Act of 1996
- Family Medical Leave Act (FMLA)
- Health Information Technology Act (HITECH)
- Genetic Information Non-Discrimination Act (GINA)
- Consolidated Omnibus Budget Reconciliation Act (COBRA)
- Medicare Part D Notice Creditable Coverage Disclosure Notice (CMS)



BJA PARTNERS

INSURANCE & FINANCIAL SERVICES

PATRIOT | PARTNER AGENCY



WEB | www.BJAPartners.com

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EMAIL | service@bjapartners.com