



Employnet
WORKFORCE SOLUTIONS

Employee Resources

Benefit Plans

Voluntary Programs

Enrollment

Temp Employee Benefits Guide

Plan Year: 2024-2025

This booklet contains important information regarding your employee benefits program.

Brought to you by BJA Partners

Welcome

This booklet is an overview of the benefits offered to you. We believe we are providing a program that offers not only quality and value, but one that satisfies the diverse needs of our workforce.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all 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, 2024 - July 31, 2025.**

This booklet is a summary of your benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the legal plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

Table of Contents

Benefit Eligibility	3
Insurance Terms	4
HMO Medical Plan	5
PPO Medical Plans	6
MEC Medical Plans	7
Where to Access Care	8
Health & Wellness	9
DHMO Dental Plan	10
PPO Dental Plans	11
Vision Plan	13
Anthem Medical Rates	14
MEC, Dental & Vision Rates	15
Enrollment/Waiver Forms	16
Discount Programs	19
Contacts	20
Legal Notices	21

Who Is Eligible?

Employees working **30 hours** or more weekly are eligible for benefits on the first of the month **following 30 days 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. All elections and changes should be made online using Employee Navigator.

Our 2024 Open Enrollment dates are: **June 28 - July 12, 2024**

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

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. You must request the change within 30 days of the Qualifying Event. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

Payroll Deductions

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

California Individual Mandate:

Effective January 1, 2020, see legal notices.

Helpful Insurance Terms

Employee Resources

Benefit Plans

Voluntary Programs

Enrollment

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

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. **All benefit deductibles reset January 1, 2025.**

Copayment & Coinsurance

The predetermined amount (copayment) or percentage of the cost (coinsurance) a member is responsible for paying for care.

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.

Metal Tiers

These levels are standardized for all health carriers as part of the Affordable Care Act and are based on the "actuarial value," which indicates the average percentage of member health costs that would be covered by the carrier. Bronze plans usually have the lowest monthly premiums but the highest costs when you get care. Platinum plans usually have the highest monthly premiums but pay the most when you get care.

Health Plan: HMO Option

Employee Resources

Benefit Plans

Voluntary Programs

Enrollment

Calendar Year	
Plan Name	Anthem Silver HMO 55
Medical Deductible Individual/Family	None
Out of Pocket Max	\$9,200/\$18,400
Require Primary Care Physician	Yes
Network	Anthem Provider Search Search by Network: Blue Cross HMO (CACare) - Small Group
Out-of-Area	
Common Medical Events	
Preventive Care	No Charge
Primary/Specialist	\$55/\$110 Copay
Urgent Care Visit	\$55 Copay
Emergency Room	\$500/visit
Diagnostic Test: Lab/X-Ray	\$40/\$40 Copay
Hospitalization	\$750/day, up to 5 days
Out-Patient Surgery	\$600/visit
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
Child Dental and Vision Benefits Included (up to age 19)	
Child Dental Check-Up	No Charge*
Child Eye Exam	No Charge*
Child Glasses	No Charge*
*Medical or Rx Deductible waived	

Health Plan: PPO Options

Employee Resources

Benefit Plans

Voluntary Programs

Enrollment

Calendar Year		Member Pays: In-Network		
Plan Name	Anthem Silver PPO 55/1950/35% (Select)	Anthem Bronze PPO 4600/50% (Select)	Anthem Bronze PPO 40/6200/40% (Select)	
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	
Require Primary Care Physician	No	No	No	
Network	<p>Anthem Provider Search CA Employees Select a Plan or Network: Select Network: Select PPO (Select Network) Outside of CA Select a Plan or Network: National PPO (BlueCard PPO)</p>			
Out-of-Area	See Summary of Benefits & Coverage (SBC) for benefits.			
Common Medical Events				
Preventive Care	No Charge*	No Charge*	No Charge*	
Primary/Specialist	\$55/\$90 Copay*	50%	\$40/\$80 Copay	
Urgent Care Visit	\$55 Copay*	50%	\$40 Copay	
Emergency Room	\$350/Visit + 35%	50%	\$250/Visit + 40%	
Diagnostic Test: Lab/X-Ray	\$20/\$20 Copay*	50%	40%	
Hospitalization	35%	50%	40%	
Out-Patient Surgery	\$250/Visit + 35%	50%	\$250/Visit + 40%	
Prescription Drugs				
Rx Deductible	\$300/\$600	Combined w/Medical	Combined w/Medical	
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	
Child Dental and Vision Benefits Included (up to age 19)				
Child Dental Check-Up	No Charge*	No Charge*	No Charge*	
Child Eye Exam	No Charge*	No Charge*	No Charge*	
Child Glasses	No Charge*	No Charge*	No Charge*	

*Medical or Rx Deductible waived

Health Plan: MEC Options

Employee Resources

Benefit Plans

Voluntary Programs

Enrollment

Calendar Year		Member Pays: In-Network	
Plan Name	Wellcare*	Pluscare**	
Medical Deductible Individual/Family	None	None	
Out of Pocket Max	N/A	\$1,850/\$3,700	
Require Primary Care Physician	Yes	Yes	
Network	<p style="text-align: center;">MEC Provider Search Search by Network: PHCS</p> <p>*Wellcare covers all preventative services 100%, including telehealth services and a prescription discount program.</p> <p>**Pluscare excludes out-of-network services and covers only the medical services listed below.</p>		
Out-of-Area	Not Covered-Consider Travel Insurance		
Common Medical Events			
Preventive Care	No Charge	No Charge	
Primary/Specialist	Not Covered	\$15/\$15 Copay	
Telehealth	No Charge	No Charge	
Urgent Care Visit	Not Covered	\$50 Copay	
Emergency Room	Not Covered	Not Covered	
Diagnostic Test: Lab/X-Ray	\$0 - Preventative, otherwise, not covered	\$0 - Preventative, otherwise, \$50 Copay	
Hospitalization	Not Covered	No Covered	
Out-Patient Surgery	Not Covered	No Covered	
Prescription Drugs			
Rx Deductible	None	None	
Generic (1)	\$0 - Preventative, otherwise, not covered	\$0 - Preventative, otherwise, \$15 Copay	
Brand (2)	Discount Only	Discount Only	
Non-Formulary (3)	Discount Only	Discount Only	
Specialty (4)	Discount Only	Discount Only	
Child Dental and Vision Benefits Included (up to age 19)			
Child Dental Check-Up	Not Covered	Not Covered	
Child Eye Exam	Not Covered	Not Covered	
Child Glasses	Not Covered	Not Covered	
*Medical or Rx Deductible waived			

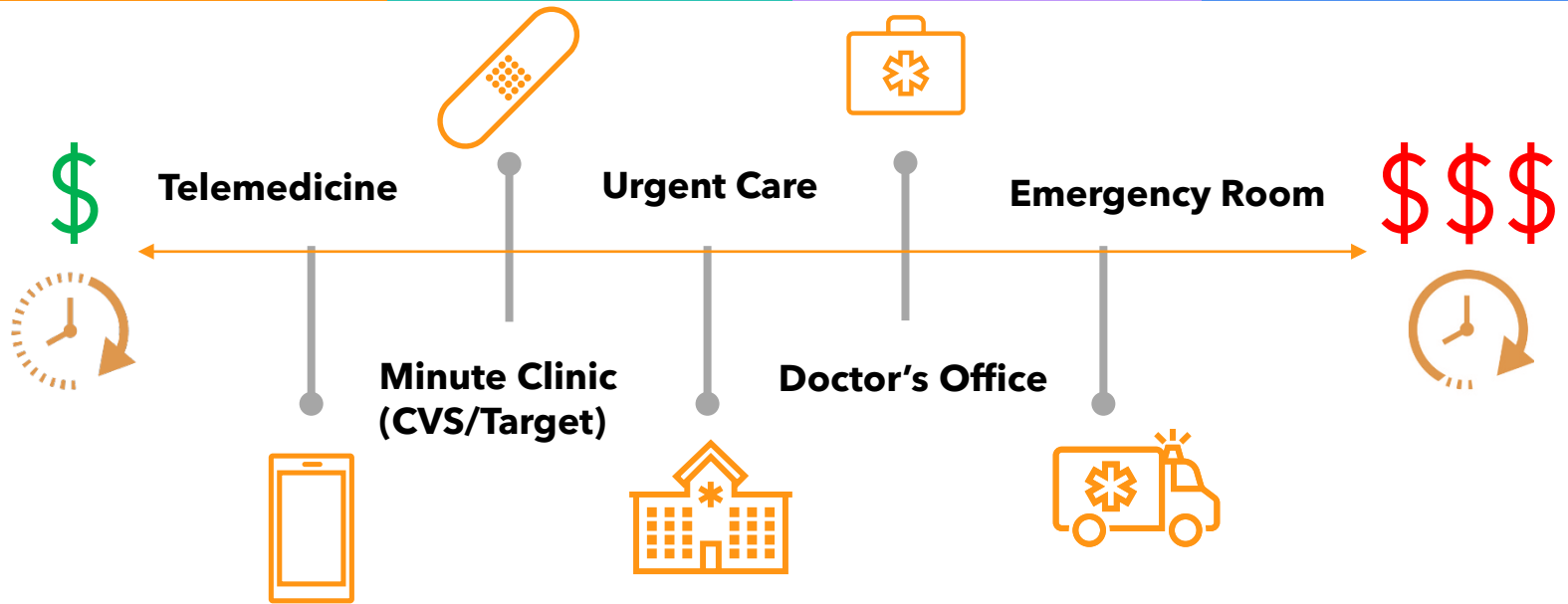
Know Where To Go

Employee Resources

Benefit Plans

Voluntary Programs

Enrollment



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



The Health and Wellness programs for **Anthem** members are designed to guide you and your family every step of the way, from inspiring healthy habits to helping manage chronic conditions. Their approach to health and wellness includes the following components:

Health Classes

As a Kaiser Permanente member, you can sign up for in-person, over-the-phone, and online wellness programs and classes designed to help you achieve your health goals. All sessions are taught by our team of experts and will walk you through how to make actionable lifestyle changes.

Sydney Health

A digital platform that connects you to people, services and information that can provide comfort and peace of mind when they're needed most. Sydney Community can support you through life events or challenges such as parenting, making healthy lifestyle choices, a diagnosis of a serious illness, caring for a loved one, a time of unemployment, and more.

Mental Health Services

Your care goes beyond therapy, medication, or treatment. You can take advantage of classes and screening tools to help keep your mind, body, and spirit in a healthy balance.

Fitness and Exercise

Stay active and fit with a variety of reduced rates for Kaiser Permanente members on studios, gyms, fitness gear, and online classes.

Self-Care Apps

Everyone needs support for total health – mind, body, and spirit. These wellness apps can help you navigate life's challenges, and make small changes to improve your sleep, mood, relationships, and more. It's self-care made easy, designed to help you live well and thrive.

Dental Plan: DHMO Option

Employee Resources

Benefit Plans

Voluntary Programs

Enrollment

Calendar Year	Member Pays: In-Network (Available in CA Only)
Plan Name	Humana LS300 Plan*
Deductible: Individual/Family	None
Deductible Waived for Preventive	N/A
Maximum Benefit (Amount carrier pays per member/calendar yr)	Unlimited
Require Primary Dentist	Yes
Network	Humana Provider Search Scroll down the page: Find a Doctor Search type: Dentist Coverage type: DHMO Network: Liberty Dental
Preventive	
Preventive Services Exams, Cleanings, X-rays	No Charge
Routine Cleanings Frequency	2 per 6 Months
Basic Services	
Repairs to your Teeth Fillings & Extractions	\$10-\$500
Major Services	
Foreign to your Mouth Bridges, Crowns & Dentures	\$130-\$235
Implants	\$45-\$2,000
<p>*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.</p>	

Dental Plan: PPO Option

Employee Resources

Benefit Plans

Voluntary Programs

Enrollment

Member Pays:	PPO Network	Out-of-Network Reimbursement MAC
Calendar Year		
Plan Name	Humana Dental PPO PPO 01K INFS FLEXE 100/80/50	
Deductible: Individual/Family	\$100 /\$300	\$100 /\$300
Deductible Waived for Preventive	Yes	Yes
Maximum Benefit (Amount carrier pays per member/calendar yr)	\$1,000 + Extended Annual Maximum	\$1,000 + Extended Annual Maximum
Extended Annual Maximum Additional coverage for preventive, basic and major services after the annual maximum is met (excludes orthodontia)	30%	30%
Require Primary Dentist	No	
Network	Humana Provider Search Scroll down the page: Find a Doctor Search type: Dentist Coverage type: PPO Network: PPO/Traditional Preferred	
Preventive		
Preventive Services Exams, Cleanings, X-rays	No Charge	20%
Routine Cleanings Frequency	2 per Year	2 per Year
Basic Services		
Repairs to your Teeth Fillings & Extractions	20%	50%
Major Services		
Foreign to your Mouth Bridges, Crowns & Dentures	50%	50%
Orthodontia- Child Lifetime Member Maximum	50% \$1,000	50% \$1,000

Dental Plan: PPO Option

Employee Resources

Benefit Plans

Voluntary Programs

Enrollment

Member Pays:	PPO Network	Out-of-Network Reimbursement UCR 90th
Calendar Year		
Plan Name	Humana Dental PPO PPO TRP 01K U&C+ 100/80/50	
Deductible: Individual/Family	\$50 /\$150	\$50 /\$150
Deductible Waived for Preventive	Yes	Yes
Maximum Benefit (Amount carrier pays per member/calendar yr)	\$2,500 + Extended Annual Maximum	\$2,500 + Extended Annual Maximum
Extended Annual Maximum Additional coverage for preventive, basic and major services after the annual maximum is met (excludes orthodontia)	30%	30%
Require Primary Dentist	No	
Network	Humana Provider Search Scroll down the page: Find a Doctor Search type: Dentist Coverage type: PPO Network: PPO/Traditional Preferred	
Preventive		
Preventive Services Exams, Cleanings, X-rays	No Charge	No Charge
Routine Cleanings Frequency	3 per Year	3 per Year
Basic Services		
Repairs to your Teeth Fillings & Extractions	20%	20%
Major Services		
Foreign to your Mouth Bridges, Crowns & Dentures	50%	50%
Orthodontia- Child Lifetime Member Maximum	50% \$1,000	50% \$1,000

Vision Plan

Employee Resources

Benefit Plans

Voluntary Programs

Enrollment

Calendar Year	Member Pays: In-Network Plus Provider	Member Pays: In-Network	Reimbursement: Out-of-Network
Plan Name	Humana Vision PLUS 150		
Network	Humana Provider Search Search as guest Vision Care Coverage type: Purchased through my employer Vision Plan: Humana Vision PLUS (Humana Insight Network)		
Benefits			
Exams	No Charge	\$10 Copay	Up to \$30
Retinal Imaging	Member pays up to \$39 towards Retinal Imaging	Member pays up to \$39 towards Retinal Imaging	Not Covered
Frequency	Every 12 Months	Every 12 Months	Every 12 Months
Hardware			
Frames	\$200 Allowance, 20% off remaining balance	\$150 Allowance, 20% off remaining balance	\$80 Allowance
Frequency	Every 12 Months	Every 12 Months	Every 12 Months
Lenses	\$10 Copay	\$10 Copay	Up to \$100
Frequency	Every 12 Months	Every 12 Months	Every 12 Months
Contact Lenses: Medically Necessary (in lieu of glasses)	No Charge	No Charge	\$210 Allowance
Contact Lenses: Cosmetic (in lieu of glasses)	Up to \$40 Copay \$150 Allowance, 15% off remaining balance	Up to \$40 Copay \$150 Allowance, 15% off remaining balance	\$128 Allowance
Frequency	Every 12 Months	Every 12 Months	Every 12 Months
Enhancements			
Progressive Lenses	Up to \$150	Up to \$150	Up to \$40
Laser Correction Surgery	Average of 15% off regular price & 5% off promotional price		
Discounts	Member may receive a 20% discount on items not covered by the plan at network providers.		

2024 Anthem Medical Weekly Rates by Age

Age	Silver HMO 55	Silver Select PPO 1950	Bronze Select PPO 4600	Bronze Select PPO 6200
0 -14	82.22	91.11	83.94	79.83
15	89.52	99.21	91.40	86.92
16	92.32	102.31	94.25	89.64
17	95.11	105.41	97.10	92.35
18	98.12	108.74	100.17	95.27
19	101.13	112.08	103.25	98.19
20	104.25	115.53	106.43	101.22
21	107.47	119.10	109.72	104.35
22	107.47	119.10	109.72	104.35
23	107.47	119.10	109.72	104.35
24	107.47	119.10	109.72	104.35
25	107.90	119.58	110.16	104.77
26	110.05	121.96	112.35	106.85
27	112.63	124.82	114.99	109.36
28	116.82	129.46	119.26	113.43
29	120.26	133.28	122.78	116.77
30	121.98	135.18	124.53	118.44
31	124.56	138.04	127.17	120.94
32	127.14	140.90	129.80	123.45
33	128.75	142.68	131.44	125.01
34	130.47	144.59	133.20	126.68
35	131.33	145.54	134.08	127.51
36	132.19	146.50	134.95	128.35
37	133.05	147.45	135.83	129.18
38	133.91	148.40	136.71	130.02
39	135.63	150.31	138.47	131.69
40	137.35	152.21	140.22	133.36
41	139.93	155.07	142.86	135.86
42	142.40	157.81	145.38	138.26
43	145.84	161.62	148.89	141.60
44	150.14	166.39	153.28	145.78
45	155.19	171.98	158.43	150.68
46	161.21	178.65	164.58	156.52
47	167.98	186.16	171.49	163.10
48	175.72	194.73	179.39	170.61
49	183.35	203.19	187.18	178.02
50	191.94	212.72	195.96	186.37
51	200.43	222.13	204.63	194.61
52	209.79	232.49	214.17	203.69
53	219.24	242.97	223.83	212.87
54	229.45	254.28	234.25	222.78
55	239.66	265.60	244.67	232.70
56	250.73	277.86	255.97	243.45
57	261.91	290.25	267.39	254.30
58	273.84	303.47	279.57	265.88
59	279.75	310.02	285.60	271.62
60	291.68	323.24	297.78	283.20
61	302.00	334.68	308.31	293.22
62	308.76	342.18	315.22	299.79
63	317.26	351.59	323.89	308.04
64 -99	322.41	357.31	329.16	313.05

2024 MEC, Dental and Vision Weekly Rates

MEC Wellcare Medical			
Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$9.69	\$19.38	\$19.38	\$29.08

MEC Pluscare Medical			
Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$27.69	\$70.38	\$57.69	\$101.54

Humana DHMO Dental			
Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$2.02	\$4.61	\$3.88	\$6.55

Humana Dental PPO \$1000			
Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$4.47	\$8.93	\$12.83	\$17.58

Humana Dental PPO \$2500			
Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$10.11	\$20.22	\$27.22	\$37.62

Humana Vision			
Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$1.51	\$3.01	\$2.86	\$4.50



2024 Employee Enrollment Form
Anthem/Dental and Vision

Employee Name					
Social Security #					
Address					
Date of Birth					
Date of Hire					
Gender					
Dependent(s) Name	Social Security #	Date of Birth	Gender	Relationship	

MEDICAL (choose one) Age Rated See Page 14 in the Benefit Guide					
<input type="checkbox"/> Anthem Silver HMO 55	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Anthem Bronze Select PPO 6200	<input type="checkbox"/> Employee Only		
	<input type="checkbox"/> Employee & Spouse		<input type="checkbox"/> Employee & Spouse		
	<input type="checkbox"/> Employee & Child(ren)		<input type="checkbox"/> Employee & Child(ren)		
	<input type="checkbox"/> Employee & Family		<input type="checkbox"/> Employee & Family		
<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				
<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				

DENTAL (choose one)					
<input type="checkbox"/> Humana (HMO)	<input type="checkbox"/> Employee Only	\$2.02	<input type="checkbox"/> Humana PPO \$1000	<input type="checkbox"/> Employee Only	\$4.47
<u>CA Employees Only</u>	<input type="checkbox"/> Employee & Spouse	\$4.61	<u>Weekly Rates</u>	<input type="checkbox"/> Employee & Spouse	\$8.93
<u>Weekly Rates</u>	<input type="checkbox"/> Employee & Child(ren)	\$3.88		<input type="checkbox"/> Employee & Child(ren)	\$12.83
	<input type="checkbox"/> Employee & Family	\$6.55		<input type="checkbox"/> Employee & Family	\$17.58

DENTAL (cont'd)			VISION		
<input type="checkbox"/> Humana PPO \$2500	<input type="checkbox"/> Employee Only	\$10.11	<input type="checkbox"/> Humana	<input type="checkbox"/> Employee Only	\$1.51
<u>Weekly Rates</u>	<input type="checkbox"/> Employee & Spouse	\$20.22	<u>Weekly Rates</u>	<input type="checkbox"/> Employee & Spouse	\$3.01
	<input type="checkbox"/> Employee & Child(ren)	\$27.22		<input type="checkbox"/> Employee & Child(ren)	\$2.86
	<input type="checkbox"/> Employee & Family	\$37.62		<input type="checkbox"/> Employee & Family	\$4.50

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



2024 Employee Enrollment Form

MEC/Dental and Vision

Employee Name				
Social Security #				
Address				
Date of Birth				
Date of Hire				
Gender				
Dependent(s) Name	Social Security #	Date of Birth	Gender	Relationship

MEDICAL (choose one)					
<input type="checkbox"/> MEC Wellcare	<input type="checkbox"/> Employee Only	\$9.69	<input type="checkbox"/> MEC Pluscare	<input type="checkbox"/> Employee Only	\$27.69
Weekly Rates	<input type="checkbox"/> Employee & Spouse	\$19.38	Weekly Rates	<input type="checkbox"/> Employee & Spouse	\$70.38
	<input type="checkbox"/> Employee & Child(ren)	\$19.38		<input type="checkbox"/> Employee & Child(ren)	\$57.69
	<input type="checkbox"/> Employee & Family	\$29.08		<input type="checkbox"/> Employee & Family	\$101.54

DENTAL (choose one)					
<input type="checkbox"/> Humana (HMO)	<input type="checkbox"/> Employee Only	\$2.02	<input type="checkbox"/> Humana PPO \$1000	<input type="checkbox"/> Employee Only	\$4.47
CA Employees Only	<input type="checkbox"/> Employee & Spouse	\$4.61	Weekly Rates	<input type="checkbox"/> Employee & Spouse	\$8.93
Weekly Rates	<input type="checkbox"/> Employee & Child(ren)	\$3.88		<input type="checkbox"/> Employee & Child(ren)	\$12.83
	<input type="checkbox"/> Employee & Family	\$6.55		<input type="checkbox"/> Employee & Family	\$17.58

DENTAL (cont'd)			VISION		
<input type="checkbox"/> Humana PPO \$2500	<input type="checkbox"/> Employee Only	\$10.11	<input type="checkbox"/> Humana	<input type="checkbox"/> Employee Only	\$1.51
Weekly Rates	<input type="checkbox"/> Employee & Spouse	\$20.22	Weekly Rates	<input type="checkbox"/> Employee & Spouse	\$3.01
	<input type="checkbox"/> Employee & Child(ren)	\$27.22		<input type="checkbox"/> Employee & Child(ren)	\$2.86
	<input type="checkbox"/> Employee & Family	\$37.62		<input type="checkbox"/> Employee & Family	\$4.50

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

Discount Program

Employee Resources

Benefit Plans

Voluntary Programs

Enrollment

BenefitHub Perks Program

A leading discount marketplace to enjoy discounts, rewards, and perks in a variety of categories such as Home & Auto Insurance, Pet Insurance, Car Rentals, Travel and Entertainment.

- Exclusive Deals with Top Brands
- AI-Based Recommendation Engine
- Local Deals
- Cash Back
- Gift Card Outlet
- Deal of the Day
- Stack and Save



100,000
Hotels and Travel
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1,000+
National
Discount
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7 Million
Event Tickets
At Over 18,000
Venues

\$4,900
Average Savings
Per Year

This is a voluntary program at no cost to you! Sign-up for the BenefitHub Perks Program today.

1. Go to employenet.benefithub.com
2. Not registered? Click on link for "Don't have an account? Sign-up."
3. Browse to see eligible discounts and savings

Questions? Call 866.664.4621 or email customercare@benefithub.com.

Important Contacts

Employee Resources

Benefit Plans

Voluntary Programs

Enrollment

Broker Client Advocate

At BJA Partners, we work for you, not the insurance company!

Broker Information: 858.376.1700 or service@bjapartners.com

Dedicated Client Advocate: Laurie Gillis

858.376.1800 x 233 or laurie.gillis@bjapartners.com

Your Company Benefits Portal: www.employnetbenefits.com

Insurance Type	Carrier	Group Number	Phone Number	Website
Medical	Anthem	J68866	800.888.8288	www.anthem.com
Medical	MEC	48620001	888.505.7724	www.multiplan.com
Dental HMO	Humana	Pending	877.873.2241	www.humana.com
Dental PPO	Humana	Pending	866.427.7478	www.humana.com
Vision	Humana	Pending	877.398.2980	www.humana.com



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 help 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 the posted Notices available:

- California State Individual Health Insurance Mandate
- Children's Health Insurance Program (CHIP) Notice
- COBRA General Notice of Continuation Coverage Rights
- HIPPA Privacy Notice
- HIPPA Special Enrollment Notice
- Notice of Patient Protections
- Women's Health and Cancer Rights Act (WHCRA) Notices

In addition, there are plan specific notices and documents available in printed or electronic format from your HR Department. These include but are not limited to:

- Medicare Part D Creditable Coverage Notice
- Summary of Benefits and Coverage (SBC)
- Summary Plan Description (SPD)

Notes

Employee Resources

Benefit Plans

Voluntary Programs

Enrollment

WEB | www.BJAPartners.com

PHONE | 858.376.1800

EMAIL | service@bjapartners.com

Employee Resources

Benefit Plans

Voluntary Programs

Enrollment

This booklet contains important information regarding your employee benefits program.