



# El Camino Hospital 2023 Employee Benefits Open Enrollment Guide



Greetings:

At El Camino Hospital, we are committed to providing benefits to our employees that are competitive and meet the various needs of our employees. We continually review our programs to ensure that they are effectively managed and continue to offer our employees high quality healthcare and benefit options. We are excited to present your benefits choices for 2023.

This 2023 Employee Benefits Open Enrollment Guide will provide you with the key highlights of our employee benefits program and guide you through the options available.

Please review the material in this guide and take the appropriate amount of time to educate yourself using this guide and additional information available on Workday. Please review both the insurance plan designs and employee costs when selecting what is best for you and your family.

### ***What is Open Enrollment?***

El Camino Hospital's annual Benefits Open Enrollment period will be from **October 26 through November 11, 2022** for changes effective January 1, 2023. During Open Enrollment, eligible employees have the opportunity to add, change, or drop coverage, dependents, or plans. It is also the time to enroll in the Dependent Care, Health Care and/or Adoption Flexible Spending Accounts as you are required to enroll each year that you want to participate.

### ***Online Benefits Center***

Due to the COVID-19 pandemic, in-person benefits fairs will not take place. Instead, our Online Benefits Center will be available again this year. The Benefits Center is a hub for information for staff benefit programs, including benefits guides, plan documents, helpful links, videos and presentations. Employees can access Open Enrollment information through the Online Benefits Center starting October 26th, whenever or wherever they choose through Workday or by going to <https://flimp.live/El-Camino-Benefits-Showcase>

### ***What do I need to do?***

Review your current benefits enrollment on Workday. This year, you will automatically be enrolled in the same benefit plans except the FSA plans. For employees who newly waive medical coverage, you must upload proof of other coverage in Workday to receive the medical waive credit. During Open Enrollment you must enroll and /or make changes through Workday.

#### **You only need to take action if:**

- You are adding or dropping a plan
- You want to change plans or coverage
- You are adding or dropping a dependent
- You are enrolling in the Flexible Spending Health / Dependent Care and/or Adoption Care Accounts (FSA)

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# 2023 El Camino Hospital Benefits Enrollment Guide

At El Camino Hospital, we are committed to providing you with a comprehensive benefit program. This is your guide to enrolling in the benefits that best meet the needs of you and your family.

This guide contains information regarding eligibility, benefit choices, and enrollment procedures. You will have all of the information needed to make benefit choices.

## Enrollment Tools and Services

### Workday is our On-line tool for Benefits Enrollment

Workday is available 24 hours a day at your hospital computer or remotely via smart phone and tablets. In order to use Workday on a desktop, laptop, tablet or mobile phone from outside the hospital, you need to download a free app called **Imprivata ID** and download the **Workday app**. **The Imprivata ID app needs to be downloaded while you are at work.**

During Open Enrollment, you must use the desktop version for benefits enrollments and changes. The Workday Open Enrollment tunnel is not available on the Workday app.

For information on how to use Workday or access it remotely, go to the [ECH Toolbox](#) for links to Workday User Guides.

## Employee Questions

Questions about accessing Workday contact the Help Desk at [helpdesk@elcaminohealth.org](mailto:helpdesk@elcaminohealth.org) or calling Ext. 8000.

Benefit Questions - [benefits@elcaminohealth.org](mailto:benefits@elcaminohealth.org) or call (408) 866-3901 between 7:30 a.m. and 5:00 p.m. Staff will respond to messages within one business day.

## El Camino Hospital group insurance plans include the following benefits:

- Medical and Prescription Drug Plans
- Dental Plans
- Vision Plans
- Life Insurance Plans
- Accidental Death and Dismemberment Insurance
- Long Term Disability Insurance
- Health Savings Account
- Health Care and Dependent Care Flexible Spending Accounts
- Adoption Assistance Flexible Spending Account
- Transit/Commuter Benefit
- Concern / Wellness Coaching
- Voluntary Benefits



## Benefit Costs

You will be able to see the Hospital's contributions and your cost under Benefits in Workday and the Bi-Weekly Rate Schedule included in this guide. Only the net amount you pay will be shown on your Workday payslip.

## Making Changes / Family Status Change

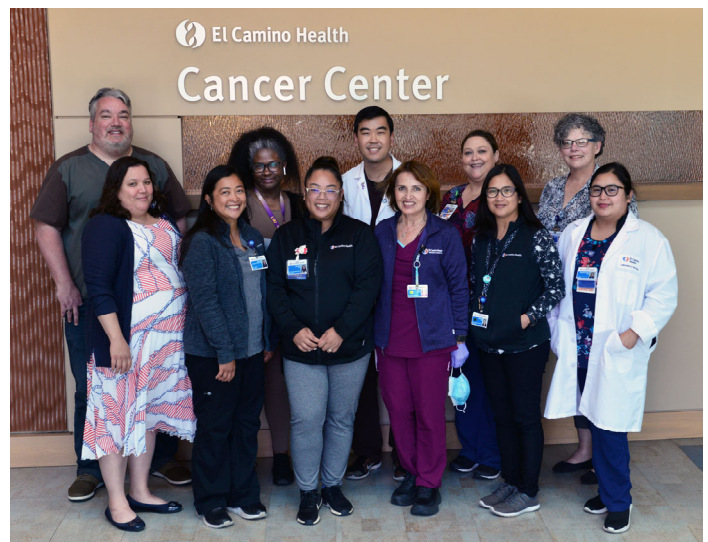
Unless you have a significant change in your family composition or the employment status of your spouse/state registered domestic partner or child under age 26, you cannot make changes outside of your enrollment period. Therefore, it is very important that you consider your benefit options carefully and make choices that will serve the needs of yourself and your family for the whole year or until the next annual open enrollment period. If you do have a qualifying event, you will be allowed to modify your benefit selections. You must submit changes, including documentation of the event, on Workday within 30 days of the qualifying event date. All benefits changes made through any qualifying event will take effective on the 1st of the month on/after the event date. Except for the Birth of a Child/Adoption Event, which benefits changes will take effective on the event date. Examples of qualifying events as a family status change include:

- You add a dependent through marriage, birth or adoption
- You lose a dependent due to divorce, legal separation, death or because the dependent no longer meets dependent eligibility rules (for example, passes the age limit)
- Your spouse or child under age 26 loses or gains a job and/or health coverage
- You relocate out of the HMO service area

Even when you experience a qualifying event, the types of changes you are allowed to make mid-year are limited. The benefit selection changes must be consistent with the type of qualifying event. For example, if you have a child during the year, you may add the child to your medical, dental and/or vision plan, increase your life insurance and/or other income protection coverage, and increase deposits to your health and/or dependent care accounts.

## Benefit Appeals

If you have a claim that has been denied and you would like to appeal, please reach out to the appropriate carrier. Each carrier has an appeal process for denied claims or services. Information on how to make an appeal is found in the El Camino Hospital Summary Plan Document (SPD) and the carrier documents such as, Evidence of Coverage Booklet or Certificate of Insurance. All these documents can be found in Workday.



# Eligible Participants

## Employees

Health and welfare coverage will be effective the 1st of the month on/after date of hire / rehire or transfer from per diem status into a regular 0.5 - 1.0 FTE position for employees. This affects eligibility for all of the Hospital's group insurance plans.

## Eligible Dependents

You can enroll the following family members:

- Your husband or wife, if you are legally married.
- Your state registered domestic partner.
- Your children:
  - Under 26 years old.
  - They must be your natural, step, or adopted children, children of your state registered domestic partner, or children for whom you or your spouse have been appointed legal guardians by a court of law.

Your children who are 26 years old or more if all of the following conditions apply:

- The child is incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness, or condition; and
- The child is chiefly dependent upon the subscriber for support and maintenance.

If you are enrolling a disabled child for new coverage, you must provide Aetna with proof of incapacity and dependency within 60 days of the date you receive a request for such information about the dependent child from Aetna. Aetna must provide you notice at least 90 days prior to the date your enrolled child reaches the age limit at which the dependent child's coverage will terminate.

You must provide Aetna with proof of your child's incapacity and dependency within 60 days of the date you receive such notice from Aetna in order to continue coverage for a disabled child past the age limit. You must provide the proof of incapacity and dependency at no cost to Aetna.

A disabled child may remain covered for as long as he or she remains incapacitated and continues to meet the eligibility criteria described in this section.

You can keep the child covered under the plan until they are no longer chiefly dependent on you for support and maintenance due to a continuing physical or mental condition.

You can't enroll as a family member:

- If you are also benefit eligible as an employee at El Camino Hospital
- If you are now on active duty in the armed services
- If you or your family member live outside the United States.

## Choosing Who to Cover

Benefit needs vary from family to family; therefore our medical, dental, vision, life insurance, and AD&D plans let you decide whom to cover. Below are the five coverage categories. The coverage categories include:

- Employee only
- Employee plus your spouse or state registered domestic partner
- Employee plus your children
- Employee plus your family (spouse, state registered domestic partner and children)
- Waive coverage (medical and dental only).



## Waive Option

Employees may waive medical and/or dental coverage under El Camino Hospital plans. Eligible employees may not waive vision, basic life and AD&D insurance, long-term disability coverage, or Employee Assistance Plan (EAP).

Employees who waive medical coverage are eligible for pay-in-lieu of benefits, called a waive credit, which is prorated based on work status.

*Proof of other coverage is required when an employee waives medical coverage.*

If you decide to waive medical coverage, you must upload necessary documentation to Workday. Such documentation includes a medical plan ID card or a letter or Open Enrollment verification from another employer or group. If you do not provide proof, you will not receive the waive credit.

## Plan Requirements for Dependent Coverage

If you elect to cover dependents in any of the El Camino Hospital plans, you are required to verify dependent status for each covered individual.

### Dependent documents are required at time of enrollment for a newly added dependent: **FOR SPOUSE:**

A copy of page 1 of your last year's federal tax return (1040 form) listing spouse (please redact or remove income) **OR**

Copy of marriage certificate **plus** proof the marriage is still current (recurring monthly or quarterly household bill or statement of account listing your spouse's name at your address and dated within the past 60 days).

### **FOR STATE REGISTERED DOMESTIC PARTNER:**

Certificate of State Registration of Domestic Partnership **plus** proof the partnership is still current (recurring monthly or quarterly household bill or statement of account listing your partner's name at your address and dated within the past 60 days).

### **FOR CHILD up to age 26 and DISABLED CHILDREN:**

Copy of page 1 of your or your spouse's or your state registered domestic partner's last year's federal tax return (1040 form) listing child as a dependent (please redact or remove income)

#### **OR**

Copy of birth/adoption certificate listing child's name and names of parents **OR**

Copy of court order of legal guardianship

Employees must up-load all required documentation into Workday.

## Duplicate Coverage

El Camino Hospital's medical, dental, and vision plans do not allow members to be enrolled in two plans (medical, dental, or vision) provided by the same employer.

Duplicate coverage can happen when an employee is also an eligible dependent (spouse, state registered domestic partner or child) of a Hospital employee.

If you have an eligible dependent who also works at El Camino Hospital, please review your Open Enrollment benefits together. If you and your spouse, or state registered domestic partner, as the case may be, are both covered as employees under the El Camino Hospital plans, only one of you may enroll your children as family members, not both of you.

### Spouse and dependent dual-coverage exclusion

The Hospital's medical plan excludes duplicate coverage for any spouse, state registered domestic partner, or child who is covered by another group health insurance policy. This means that if your dependents are covered under another group medical plan they are not eligible for enrollment in El Camino Hospital's medical plan. **You will need to choose between El Camino Hospital and the other group medical coverage.** To drop coverage, select the plan and change your dependents in Workday during Open Enrollment. Your dependent may also drop coverage under their own group health coverage effective on or before January 1, and be considered an eligible dependent under the hospital's plan for next year.

# Medical Plan Options

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El Camino Hospital offers two medical plans to try and meet a variety of needs. Medical premiums for both the HMO and the High Deductible Health Plan (HDHP) PPO plan increased for 2023. The employer contribution will be 100% of the HMO plan. Employees who enroll in the HDHP PPO plan will pay the difference in rates as a pre-tax deduction each pay period.

Each plan offered by El Camino Hospital provides excellent comprehensive medical protection. The medical plans offer varying levels of coverage and differ in the manner in which they provide service. You will need to study the Medical Plan Comparison chart on the next page to understand the plans and their similarities and differences. The total cost of covering yourself and your dependents also varies by plan. **The Biweekly Rate Schedule, included in this guide, will show you the cost for each plan and coverage category.**

## How do I change my Aetna PCP?

After your initial enrollment, contact Aetna if you wish to change your primary care physician at **(833) 576-2491**. Please see page 7 for a quick guide on how to find a participating Aetna network provider.





## El Camino Hospital Medical Plans: AETNA Comparison

Medical Benefits	HMO	HDHP PPO w/HSA	
AETNA	Aetna HMO Network	Aetna Open Choice PPO Network Only	Out-of-PPO Network
Lifetime Maximum	Unlimited	Unlimited	
Annual Deductible	\$250 Individual or Family	\$3,000 Individual \$6,000 two party & family	\$6,000 Individual \$12,000 two party & family
Annual Out-of-Pocket Max	\$1,000 / \$2,000 / \$3,000 Ind. / 2 per. / Fam.	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family
Physician Office Visits	PCP: \$25 co-pay Spec.: \$40 co-pay	20% after deductible	40% after deductible*
Preventive Care	No co-pay	No co-pay	Not available
Lab & X-ray	No co-pay except \$100/test for CT, SPECT, MRI, MUGA, PET	20% after deductible	40% after deductible*
Infertility Services	50% coinsurance Prior Authorization is required.	20% after deductible	40% after deductible* Prior Authorization is required. Limited to \$2,000 per Covered Person / Lifetime
Skilled Nursing Facility limited to 100 days/calendar year, incl. residential treatment centers	No co-pay	20% after deductible	40% after deductible*
Hospice Care—outpatient	No co-pay	20% after deductible	40% after deductible*
<b>Hospital</b>			
Inpatient Medical Services	\$750 co-pay / admit Waived at El Camino Hospital (after deductible is met)	20% after deductible	40% after deductible*
Ambulatory Surgical Center (outpatient surgery & supplies)	\$100 co-pay after deductible	20% after deductible	40% after deductible*
Emergency Room Services	\$150 co-pay Waived if admitted	20% after deductible	20% after deductible*
Ambulance Services (medically necessary)	No co-pay	20% after deductible	20% after deductible*
Prescription Benefits ( <i>please see page 10</i> )	OptumRx	CVS Caremark through Aetna	

Benefits shown are for illustration purposes only. In case of discrepancy, refer to the policy/certificate. \*Out-of-Network reimbursements are likely to be based on rates significantly lower than what your doctor actually bills. You will likely have to pay the difference between the carrier reimbursement rate and the amount on your Physician's statement. Before utilizing out-of-network services/providers, you should discuss with the provider how they will handle the balance.

## How to Find a Doctor

### Searching for an Aetna HMO or HDHP PPO provider in the network:

Steps to Locating a Doctor or a Facility

1. Go to: **www.aetna.com** (Click “Individual” then click on “Find a doctor”)
2. Continue as a guest and enter required fields

Continue as a guest

Please enter your home location (zip, city, county or state) to access providers specific to your plan benefits.

Enter location here

Traveling? You can change your location after you select your plan

Look within

25 Miles

0 Miles 100 Miles

Search

Enter a 5-digit zip code, city, state, or county to begin looking for a provider

### For HMO

3. Select “Aetna Standard Plans”
4. Then select “HMO”

**OR**

### For HDHP PPO w/HSA

3. Select “Aetna Standard Plans”
4. Then select “Open Choice PPO”

Select a Plan

Enter plan name to narrow list below, e.g. Managed Choice

Show all plans (including those not in my area)

Aetna Standard Plans

- Open Choice® PPO
- Open Choice PPO Gold
- Managed Choice® POS
- HMO
- HMO Silver

Select a Plan

Enter plan name to narrow list below, e.g. Managed Choice

Show all plans (including those not in my area)

Aetna Standard Plans

- Open Choice® PPO
- Open Choice PPO Gold
- Managed Choice® POS
- HMO
- HMO Silver

5. Click on the provider category.

### Find what you need by category

Medical Doctors & Specialists >

Hospitals & Facilities >

Urgent Care >

Walk-In Clinics >

Pharmacy >

Primary care physicians (PCPs), pediatricians, cardiologists, OB/GYNs, others

Hospitals, physical therapy centers, nursing facilities, dialysis centers, others

A type of facility focused on the delivery of urgent care outside of an emergency room

A facility that accepts patients on a walk-in basis and with no appointment required

Search for pharmacies by name or location

6. Your provider listing will include specific providers currently accepting your Aetna Health Plan. You must call and check with the provider before scheduling your appointment or receiving services to confirm if he/she is still participating in Aetna’s network.

**\*\*Important: use the 6-7 digit Primary Care ID on the employee application.**

# Health Savings Account (HSA) Information

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When you're choosing a health plan, there are many factors that affect your decision. If you want an option with flexibility, a high level of choice and tax-advantaged savings, a High Deductible Health Plan with a Health Savings Account (HSA), might be the right choice for you.

## What are HSAs?

Health Savings Accounts (HSAs) are a great way to save money and efficiently pay for medical expenses. HSAs are tax-advantaged savings accounts that accompany High Deductible Health Plans (HDHPs). HSA money can be used tax-free when paying for qualified medical expenses, helping you pay your HDHP PPO with HSA Plan's larger deductible. At the end of the year, you keep any unspent money in your HSA. This rolled over money can grow with tax-deferred investment earnings, and, if it is used to pay for qualified medical expenses, then the money will continue to be tax-free. Your HSA and the money in it belongs to you—not your employer or insurance company.

## What is a high-deductible health plan (HDHP)?

- A high-deductible health plan is a plan with a minimum annual deductible and a maximum out-of-pocket limit as listed below. These minimums and maximums are determined annually by the Internal Revenue Service (IRS) and are subject to change.
- HDHP provide certain tax advantages including the ability to have Health Savings Accounts

## Who is eligible for an HSA?

Anyone who is:

- Covered by a High-Deductible Health Plan (HDHP);
- Not covered under another medical plan that is not an HDHP;
- Not entitled to (eligible for AND enrolled in) Medicare benefits; or
- Not eligible to be claimed on another person's tax return.

## What are the advantages of an HSA?

Here are some of the advantages an HSA provides you with:

- Security – Your HSA can provide a savings buffer for unexpected or high medical bills.
- Flexibility – You can use your HSA to pay for current medical expenses, including your deductible and expenses that your insurance may not cover, or you can save your funds for future medical expenses.
- Savings – You can save the money in your HSA for future medical expenses, all while your account grows through tax-deferred investment earnings.
- Tax Savings – An HSA provides you with triple tax savings:
  - Tax deductions when you contribute to your account
  - Tax-free earnings through investment
  - Tax-free withdrawals for qualified medical expenses
- Control – You make the decisions regarding:
  - How much money you will put in the account
  - Whether to save the account for future expenses or pay current medical expenses
  - Which expenses to pay for from the account
  - How to invest the money in the account
- Portability – Accounts are completely portable, meaning you can keep your HSA after you leave El Camino Hospital.
- Ownership – Funds remain in the account from year to year, just like an IRA. There are no “use it or lose it” rules for HSAs, making it a great way to save money for future medical expenses.

## What is the difference between an HSA and Healthcare Flexible Spending Account (FSA)?

Both FSAs and HSAs are tax-advantaged accounts that allow people to save money to pay for [qualified medical expenses](#), but they have several key differences.

	<b>Flexible Spending Accounts (FSAs) Health Care</b>	<b>Health Savings Accounts (HSAs)</b>
<b>Medical Coverage</b>	Can be used in conjunction with any type of health insurance or no health insurance.	Employee must be enrolled in a qualified High Deductible Health Plan to contribute.
<b>Eligible Expenses</b>	Funds can be used to cover deductibles, copays and coinsurance, as well as qualified medical expenses that are not covered by health insurance, such as LASIK eye surgery that occur in the <b>current year</b> .	Funds can be used to cover deductibles, copays and coinsurance, as well as qualified medical expenses that are not covered by health insurance, such as LASIK eye surgery that occur in the <b>current or future years</b> .
<b>Risk of Forfeiture</b>	"Use it or lose it" – the exception to this is the FSA rollover provision. For 2023, any balance over \$610 not used by the end of the calendar year is forfeited.	None. Employee owns account and may be reimbursed for qualified medical expenses at any time in the future.
<b>Annual Max</b>	<i>\$3,050 Health Care</i>  <i><b>Note:</b> Each year El Camino Hospital will adjust to the IRS annual maximum.</i>	** Health Savings Account - Optum Bank Employee - \$3,850 Family - \$7,750 \$1,000 additional amount may be deposited as "catch-up" if you are 55 years of age or older
<b>Access/Claims</b>	Once the first contribution is made, the full annual contribution amount is available for reimbursement.	Employee may only be reimbursed up to the account balance.
<b>Coordination between FSA and HSA</b>	If enrolled in an HSA, funds are not accessible for medical expenses until the HDHP deductible is reached. Dental and vision expenses may be reimbursed at any time.	If enrolled in the FSA, funds must be used for medical expenses up to the plan deductible. Employee may also submit dental and vision claims as well as after-deductible medical expenses.

### How do I enroll in an HSA?

- During Open Enrollment, employee enrolls in the HDHP and elects an HSA
- Employee opens an account with Optum Bank, El Camino Hospital's HSA partner.
- Payroll makes bi-weekly pre-tax deductions from employee's paycheck and submits funds to Optum Bank.
- Employee receives medical services paid by Aetna HDHP, subject to deductible and coinsurance.
- Employee may seek reimbursement from HSA account for amounts paid toward deductible and coinsurance.

### When do I use my HSA?

- Your HSA dollars can be used to pay your out-of-pocket expenses (deductibles and coinsurance) or you can choose to save your HSA dollars for a future medical expense.
- You may also be able to use an HSA debit card to access your HSA funds (documentation may be required).
- You may use your HSA for non-medical expenses. However, HSA amounts that are used for non-eligible expenses are taxable as income to you and are generally subject to an additional 20% penalty.

### Where can I find more information?

Additional information is available in **Workday**. You may also refer to IRS Publications 969 (HSA) and 502 (Eligible Medical Expenses).

# Prescription Drug Plans

The company that processes prescription drug claims and Home Delivery for the HMO plan is OptumRx.

With OptumRx, employees may continue to fill prescriptions at local pharmacies, including the outpatient pharmacy on the Mountain View campus (with delivery to the Los Gatos campus). The Outpatient Pharmacy will fill prescriptions for up to 90 days at the retail copays of \$5 (generic) and \$20 (brand).

## The OptumRx plan includes:

- A national network of pharmacies
- Home delivery of your medications
- Web-based ordering of your medications
- 24-hour, 365 day-a-year Customer Service Call Center
- OptumRx app

CVS Caremark through Aetna is the prescription benefit plan for the High Deductible Health Plan (HDHP) PPO w/HSA plan.

Find individualized information regarding your benefits coverage, determine tier status, check the status of claims and search for network pharmacies, by logging onto: [www.aetna.com](http://www.aetna.com) or calling the Customer Care number on your ID card.

A deductible and out-of-pocket maximum may apply, and includes both medical and pharmacy expenses. This means that you will pay the full amount Aetna has contracted with the pharmacy to charge for your prescriptions (not just your copay), until you have satisfied the deductible. Once the deductible is satisfied, your prescriptions will be subject to the copays outlined here. If you reach the out-of-pocket maximum, you will not be required to pay a copay.

## Prescription Drug Plan Coverage

Employees are automatically enrolled in prescription drug coverage when they enroll in medical benefits.

Medical Plan	HMO	HDHP PPO Plan w/HSA
Rx Plan	OptumRx	CVS Caremark through Aetna
Annual Deductible	None	\$3,000 ind. or \$6,000 fam. (combined with medical coverage)
Annual out-of-pocket max	\$3,600 ind. \$7,200 fam.	\$5,000 ind. \$10,000 fam. (combined with medical coverage)
Generic—Retail	\$5 for up to a 30-day supply	\$5 for up to a 30-day supply after deductible
Brand—Retail	\$20 for up to a 30-day supply	\$20 for up to a 30-day supply after deductible
Generic—Home Delivery*	\$10 for up to a 90-day supply	\$10 for up to a 90-day supply after deductible
Brand—Home Delivery*	\$40 for up to a 90-day supply	\$40 for up to a 90-day supply after deductible

\* Only certain Prescription Drug Products are available through OptumRx or Aetna mail order; please visit [www.aetna.com](http://www.aetna.com) or [www.optumrx.com](http://www.optumrx.com) or call Customer Care at the telephone number on the back of your ID card for more information.

Note: If you purchase an OptumRx or Aetna Prescription Drug Product from a Non-Network Pharmacy, you are responsible for any difference between what the Non-Network Pharmacy charges and the amount you would have paid for the same Prescription Drug Product dispensed by an In-Network Pharmacy.

# Dental Plan Options

You may choose between four different dental plans for yourself and eligible dependents or you may waive coverage.

You do not need to provide proof of other dental coverage to waive coverage.

## Comparing Your Options

The three available plans include:

- ◆ DeltaCare USA
- ◆ MetLife 1000
- ◆ MetLife 1500
- ◆ MetLife 2000

All plans provide excellent coverage. The primary difference between the plans is the way in which you access services. The MetLife Dental plans allow you to choose your dental care provider at the time services are needed. The DeltaCare USA plan requires you to select a dental office from the DeltaCare USA panel of providers at the time you enroll. Once you and your spouse are enrolled in the DeltaCare USA plan, you will receive or coordinate

all of your dental care through the same dental provider.

With the MetLife plans, the plans pay a percentage of covered charges based on the services you receive and the provider of service. **There is no ID card provided.** Just let your dentist know you are a MetLife member.

In the DeltaCare USA plan, you pay the established co-pay amount for each type of procedure and the plan pays all remaining charges. Charges are covered only if you receive treatment from your selected dental provider or upon authorized referral DeltaCare will send you an ID card.

Below is a chart that will help you compare the differences between the plans.



Benefit Highlights	DeltaCare USA DHMO	MetLife 1000 PPO with Orthodontia		MetLife 1500 PPO		MetLife 2000 PPO with Orthodontia	
	DeltaCare USA Network	MetLife Network	Out-of-Network	MetLife Network	Out-of-Network	MetLife Network	Out-of-Network
Deductible	None	\$50 per individual \$150 per family		None None		None None	
Cal. Year Max. Benefit	N / A	\$1,000 per individual		\$1,500 per individual		\$2,000 per individual	
Preventive Services	Co-pay	0% **	0% **	0% **	0% **	0% **	0% **
Basic Services	Co-pay	20% ** After Ded.	20% ** After Ded.	20% **	20% **	20% **	20% **
Major Services	Co-pay	50% ** After Ded.	50% ** After Ded.	20% **	20% **	20% **	20% **
Orthodontics	\$1,950 Child \$2,150 Adult Co-pay varies*	50% ** Lifetime max of \$ 1,000 (child & adult)		None		50% ** Lifetime Max of \$2,000 (child & adult)	

\* Fee schedules are provided by DeltaCare USA and are available in Workday. Please see the co-pay schedule for exact amounts that you will be responsible for.

\*\* Percentages represent the amount you will be responsible for paying.

**Note: All Non-Network percentages are based on the Usual and Customary Rate (UCR) approved by MetLife. If the procedure is more than the customary rate then you will pay the percentage plus the difference between the two prices.**

# Vision Plan Options

Your vision plan is provided through Vision Service Plan (VSP). VSP has the nation's largest eye care doctor network available. VSP allows you and your covered dependents to utilize the services of a VSP provider for many of your vision needs. The plans provide thorough eye examinations, discounts on lenses, frames, contacts and laser vision correction.

El Camino Hospital provides VSP's Standard vision plan to all benefit-eligible employees at no cost to you. You may not waive this coverage. In addition, you may choose the VSP Enhanced plan and/or choose to cover your spouse/state registered domestic partner and/or children.

Our VSP Network will allow Costco Optical and a few other retailers to be In-Network. The In-Network retailers include, but not limited to:

- Costco Optical
- Pearle Vision
- Visionworks
- Cohen's Fashion Optical
- Optyx
- Heartland Vision

There is no ID card required to use this plan. Just let your provider know you are an El Camino Hospital employee.

## Comparing Your Options

There are two plans available:

- ◆ VSP Standard
- ◆ VSP Enhanced



Both plans allow you to see In-network and Out-of-Network providers. To find a retail chain near you or learn more about providers and your benefits, go to [www.vsp.com](http://www.vsp.com).

Below is a chart that will help you compare the differences between the plans.

Benefit Highlights	VSP Standard		VSP Enhanced	
	VSP Network	Out-of-Network	VSP Network	Out-of-Network
Co-pays				
Exams	\$15 co-pay		\$15 co-pay	
Materials	\$25 co-pay		\$25 co-pay	
Diabetic Eyecare Plus Program	\$20 co-pay		\$20 co-pay	
Allowance for Services				
Exams	Every plan year		Every plan year	
Lenses or Contact Lenses	Every <i>other</i> plan year		Every plan year	
Frames	Every <i>other</i> plan year		Every plan year	
Benefit Level				
Eye Exam	100% Covered	Up to \$50	100% Covered	Up to \$50
Frames	Up to \$120	Up to \$70	Up to \$150	Up to \$70
Costco Frame Allowance	Up to \$65	N/A	Up to \$80	N/A
Lenses	100% Covered	Prices Vary	100% Covered	Prices Vary
Contact Lenses (Elective)	\$120 Allowance	Up to \$105	\$130 Allowance	Up to \$105

# Life Insurance Options

## Employee Life Insurance Options

To help provide your loved ones with financial protection in the event of your death, you may choose from a variety of life insurance levels. During Open Enrollment, we encourage you to review and update your beneficiaries on **Workday**. You may change your beneficiary designation at anytime through **Workday**. The beneficiary(ies) you select for Basic Life will also apply to Voluntary Life. The beneficiary(ies) you select for Basic AD&D will also apply to Voluntary AD&D.

### Basic Employee Life Insurance

El Camino Hospital provides benefit-eligible employees with basic life insurance at no cost to you. Basic Life Insurance coverage is \$10,000 for Local 39, PRN and SEIU-UHW-represented employees and \$50,000 for non-contractual employees (NCE). You may not waive the basic coverage.

### Voluntary Employee Life Insurance

Employees may apply for additional voluntary coverage. Maximum voluntary life coverage amounts are \$490,000 for represented employees and \$450,000 for NCE employees.

At the time of your initial benefits enrollment, you may select up to the Guarantee Issue of \$340,000 (SEIU, PRN, Local 39) or \$300,000 (NCE) without restriction.

If you would like an amount over the Guarantee Issue, you must complete an Evidence of Insurability (EOI) form and pass medical underwriting before the amount goes into effect. The process of medical underwriting may take several months. Your coverage will stay at the Guarantee Issue amount until you are notified of approval by mail. The Hartford will send an EOI form to your El Camino Hospital email address if you elect coverage that requires medical underwriting. If you do not pass medical underwriting, your coverage will remain at the Guarantee Issue amount.

### Changing Your Voluntary Life Insurance Coverage

You may change your coverage level once each year during the annual Open Enrollment period or during the year if you have a qualifying event. **If you wish to increase your coverage during Open Enrollment, you may increase coverage an additional \$10,000 without going through medical underwriting.** For amounts greater than an additional \$10,000, you will be required to submit an (EOI) Evidence of Insurability form and go through medical underwriting.

## Making the Right Choice

You will find the cost of the life insurance options in **Workday** and on the **Bi-weekly Rate schedule**. The costs shown are based on your age. Choose the option that best fits your family's needs and budget.

## Spouse/State Registered Domestic Partner and Dependent Life Insurance Options

You may also obtain life insurance coverage for your spouse/state registered domestic partner and children up to age 26. You are automatically designated as the beneficiary for all spouse/state registered domestic partner and dependent coverage. The IRS requires that you pay the cost of this coverage on an *after-tax* basis.

### Spouse/State Registered Domestic Partner Life Insurance

The spouse/state registered domestic partner life insurance plan allows you to select from over a dozen options ranging from \$10,000 to \$250,000 in coverage. A few basic rules apply to selection:

- Spouse/state registered domestic partner coverage cannot exceed 50% of the total employee life coverage you select.
- Spouse/state registered domestic partner coverage requires completion of an EOI form for amounts over \$10,000 at the time of your initial benefit enrollment, and will not take effect until medical underwriting has been approved.
- If you wish to increase the coverage for your spouse/state registered domestic partner during the annual Open Enrollment period or due to a qualifying event, for any additional amount selected you will be required to complete medical underwriting and submit an EOI form.
- The Hartford will send an EOI form to your El Camino Hospital email address if you elect coverage that requires medical underwriting.

### Dependent Life Insurance

The dependent life plan allows you to choose from five options ranging from \$2,500 to \$10,000 of coverage. Your child(ren) up to age 26 are eligible for coverage. No medical underwriting is required for dependent life insurance.



# AD&D and Long Term Disability Options

## AD&D Insurance Options

### Basic AD&D Insurance

The Hospital pays the cost of basic Accidental Death and Dismemberment (AD&D) coverage of \$10,000. AD&D pays a benefit to your beneficiaries if you die or to you if your covered dependent dies or sustains certain types of injuries as the result of an accident.

### Voluntary AD&D Insurance

The voluntary AD&D program allows you to buy coverage for yourself up to \$250,000. You may also cover your spouse/State registered domestic partner (RDP) and children at a percent of your employee coverage.

If you die as a result of an accident, AD&D benefits will be paid in the amount you selected to your beneficiary/ies. If any insured family member dies as a result of an accident, the AD&D plan will pay all or a portion of the coverage you selected depending on your family's composition at the time of the accident. These amounts are illustrated below:

Percent of Benefit Amount Paid			
Family Composition	Employee	Spouse	Child(ren)
Employee only	100%	N/A	N/A
Emp., SP/RDP, Child(ren)	100%	40%	10% each
Emp., and SP/RDP Only	100%	40%	N/A
Emp., and Child(ren) Only	100%	N/A	15%

If you receive certain types of injuries as a result of and within one year following an accident, the AD&D plan will pay all or a portion of your coverage amount as indicated below. Only one amount, the largest, will be paid for all losses resulting from one accident.

### Changing Your Voluntary AD&D Coverage

For Loss Of	Plan Pays
Life	Full Coverage Amt.
Both hands or both feet	Full Coverage Amt.
Sight of both eyes	Full Coverage Amt.
Combination of two: hand, foot, or sight	Full Coverage Amt.
Speech and Hearing (Both Ears)	Full Amount
One hand, one foot or sight of one eye	One Half Full Amt.
Speech or hearing (One Ear)	One Half Full Amt.
Thumb and index finger of same hand	One-Quarter Full Amt.

You can change your voluntary AD&D coverage only during the annual enrollment period or if you have a change in family status. AD&D coverage does not require medical underwriting.

## Long Term Disability Insurance Options

Long Term Disability (LTD) coverage provides important income protection for anyone who cannot work due to disability. El Camino Hospital provides all benefit-eligible employees with basic LTD coverage at no cost. The monthly maximum benefit for union represented (SEIU, PRN and Local 39) benefit-eligible employees is \$10,000 and \$15,000 for NCE employees. You may also choose an LTD buy-up benefit, with a waiting period of 30 days instead of 90 days. The cost of LTD coverage is paid on an *after-tax* basis.

Coverage Type	Plan Pays
A (Basic)	60% of pay, 90-day waiting period
B (Buy-up)	60% of pay, 30-day waiting period

Option A and B will pay you a benefit equal to 60% of your pay, up to your monthly maximum (\$10,000 or \$15,000) per month, if you are disabled and can't work. The benefits you receive will be offset by State disability, Social Security, workers' compensation and certain other disability benefits you may receive such as PTO and ESL. If 60% of salary has been met by other compensation, then the minimum of \$100 will be paid monthly.

### Changing Your LTD Coverage

You can change your LTD coverage only during the annual open enrollment period. If you change from Option A to Option B during open enrollment, any benefits received would be subject to pre-existing condition review.

# Flexible Spending Accounts (FSA)

A Flexible Spending Account (FSA) offers you an opportunity to budget and pay for certain living expenses and save on taxes at the same time. You choose whether or not to contribute to a spending account. You also decide how much to set aside.

## Health Care Flexible Spending Account and Limited Health Care Flexible Spending Account

The Health Care Flexible Spending Account (HCFSA) reimburses you for your out-of-pocket medical, dental, vision and all other types of health care expenses. Typical expenses for you and your dependents recognized by the IRS include deductibles and co-payments.

The Limited Health Care Flexible Spending Account (LFSA) is similar to a standard Health Care Flexible Spending Account but only applies if an employee is enrolled in a HDHP and is contributing to both an HSA and FSA in the same calendar year. **Before you meet your health plan's deductible**, your limited health care FSA funds are available only for dental and vision expenses. **After you meet your health plan's deductible**, you may get reimbursed for all FSA-qualified health care expenses and your limited health care FSA may work like a standard health care FSA. You must provide WORKTERRA with your latest Explanation of Benefits (EOB) as proof of meeting your annual deductible prior to reimbursement.

You may contribute a minimum of \$260 and a maximum of \$3,050 per year per individual, regardless of marital status.

## FSA Rollover Provision - Health Care FSA

This provision will allow you to rollover a maximum of \$610 of your unused balance to the following year. The rollover is automatic and the funds will be available on April 1st following the plan year as long as you continue to be a benefit eligible employee. If your balance is over \$610 you will still lose the difference if you don't use it during the Plan Year.

## Dependent Care FSA

The Dependent Care Spending Account (DCSA) reimburses your costs related to the care for your children or for a dependent adult while you are at work.

The program allows you to set aside pre-tax dollars to pay for the same kinds of expenses that you would declare as tax credits on your federal tax return. Under a spending account arrangement, you make contributions to the plan from your salary each pay period before payroll taxes are computed. You decide how much to deposit into your Dependent Care Spending account. You are then reimbursed for eligible expenses from your individual account based on claim forms received. Reimbursements will be limited to the amount currently on deposit in the account.

You may contribute a minimum of \$260 and a maximum of \$5,000 per year per family.

## Adoption Assistance FSA

The Adoption Assistance option provides reimbursement to you for the reasonable and necessary expenses that you incur in the process of legally adopting an eligible child, including adoption fees, court costs, attorney fees and related travel costs.

You may contribute a minimum of \$260 and a maximum of \$15,950 for the adoption of any one child.

## Transit/Commuter Spending Account

You can pay for your transportation expenses using the WORKTERRA debit / credit card. The amount you have available is limited to the amount of pre-tax payroll deductions you currently have in your account. Funds remaining in your account after 12/31 will be rolled over into the new plan year. You can enroll, stop or make changes at any time through Workday.

Enrollments / changes are effective on the 1st of the month. Retroactive changes are not permitted.

You may contribute a maximum of \$3,600 per year.

Information about filing claims and using a benefits debit card will be mailed to you in December from WORKTERRA who administers claims for El Camino.

# Flexible Spending Accounts (FSA)

## FSA Credit / Debit Card

Employees who have elected a Flexible Spending Account will receive an FSA debit card provided by WORKTERRA. If you already have a Workterra debit card for an existing FSA, you can use the same card for next year. A new card is only mailed to new participants or when your current card expires.

You should save all itemized receipts for expenses paid from the accounts. You may receive a email/letter from WORKTERRA (the plan administrator) asking you to submit any receipts as evidence the funds were used for qualified expenses.

## Claims and reimbursement

Claims and reimbursements are processed by WORKTERRA. You may also submit claims directly to WORKTERRA and be reimbursed by check or direct deposit. Information about this process is available on [www.WORKTERRA.com](http://www.WORKTERRA.com).

## Important Spending Account Rules

Flexible Spending account rules are determined by the IRS. Although strict, these rules still give you ample opportunity to benefit and come out ahead. IRS regulations require that:

- You use the money in your spending account only for eligible expenses. Eligible expenses are discussed in greater detail in the table on the next page.
- You will lose any money that you put into your spending accounts and do not use by the end of the year (“use it or lose it”) rule. The exception to this rule is the \$610 rollover provision on the Health Care FSA.
- If your family status changes you can change your election within 30 days. Otherwise, according to IRS regulations, you cannot change your elections for the calendar year.
- Reimbursement from the Dependent Care or Adoption Assistance Spending Accounts will be limited to the amount currently on deposit in the account. Health Care Spending Account claims will be reimbursed up to the amount of your annual election at any time during the year. If you terminate your employment, you may be reimbursed for any eligible health care expense incurred up to the last day of employment unless you continue to contribute to the plan through COBRA.

- You cannot transfer amounts between your spending accounts, nor can you use your Dependent Care Spending Account funds to pay for Health Care Spending Account claims or vice versa.
- Your salary-related benefits, including your disability, life, AD&D, and retirement, are not affected by the amounts you contribute to the spending accounts.

For detailed information on IRS rules please see:

- IRS Publication 502 - Health Care FSA
- IRS Publication 503 - Dependent Care FSA
- IRS Publication 968 - Adoption Assistance

**DON'T FORGET! You MUST enroll each year you want to participate in an FSA.**

For more information please contact WORKTERRA at [www.WORKTERRA.com](http://www.WORKTERRA.com) or call (888) 604-5325.

# Health Care Flexible Spending Account

Health Care Flexible Spending Account		
Reimbursement for out-of-pocket medical (not for High Deductible Health Plan) , dental & vision expenses for you and your eligible dependents.		
Contribution:	\$260 — \$3,050 per calendar year per individual, regardless of marital status. If enrolling mid-year minimum is \$10/bi-weekly	
Unused Money:	Forfeited at end of calendar year (claims must be submitted by 03/31 of the following year); however you may rollover up to \$610 to the next plan year.	
Covers:	Out-of-pocket expenses for employees and eligible dependents as described in IRS Publication 502.	
Examples of Eligible Expenses	<ul style="list-style-type: none"> <li>• Co-pays / Deductibles</li> <li>• Coinsurance</li> <li>• Prescription Drugs</li> <li>• Acupuncture &amp; Chiropractic</li> <li>• Alcoholism Treatment</li> <li>• Ambulances</li> <li>• Braces</li> <li>• Braille books</li> <li>• Contact Lenses &amp; Glasses</li> <li>• Insulin</li> </ul>	<ul style="list-style-type: none"> <li>• Laboratory Fee's &amp; X-Rays</li> <li>• Dental and Orthodontic fees</li> <li>• Developmentally Disabled Person's Cost for Special Home Care</li> <li>• Medical Supplies</li> <li>• Guide Dogs</li> <li>• Hearing Aids</li> <li>• Laser Eye Surgery</li> <li>• Hospital Bills</li> <li>• Psychiatric Care</li> </ul>
Examples of Non- Eligible HCSA Expenses	<ul style="list-style-type: none"> <li>• Cosmetic Surgery</li> <li>• Dietary Supplements</li> <li>• Fitness Programs</li> <li>• Health Club Memberships</li> <li>• Hot Tubs</li> </ul>	<ul style="list-style-type: none"> <li>• Medical and Dental Premiums for your spouse and / or dependents</li> <li>• <b>If enrolled in the HDHP PPO and a Health Savings Account (HSA), medical expenses are subject to the HDHP PPO Plan's deductible, meaning that you can only spend FSA money on dental and vision expenses until the HDHP deductible is met.</b></li> </ul>

# Dependent Care Spending Account

Dependent Care Spending Account	
Reimbursement for dependent care expenses for the care of your spouse, child under the age of 13 or any other dependents who are mentally incapable of self-care.	
Contribution:	\$260 — \$5,000 per calendar year per family If enrolling mid-year minimum is \$10/bi-weekly
Reimbursement Eligibility Requirements	<ul style="list-style-type: none"> <li>• The care must be necessary for you to work or for your spouse to work or attend school full-time.</li> <li>• The amount to be reimbursed must not be greater than your annual income or your spouse's, whichever is lower. (If your spouse is a full-time student or is mentally or physically incapacitated— and so does not have a regular job—his or her financial status will be based on an assumed monthly income of \$200 if you have one dependent, \$400 if you have two or more dependents.)</li> </ul>
Child Dependent Requirements	<ul style="list-style-type: none"> <li>• The child must be younger than 13 and depend upon you for at least 50% of his/her financial support.</li> <li>• Care may be provided either inside or outside your home, but it may not be provided by anyone considered your dependent for income tax purposes, such as one of your older children.</li> <li>• If the care is provided by a facility that care for more than six children, the facility must be licensed and you must provide the license number or tax ID number on your reimbursement request.</li> <li>• If the care is provided by an individual you must provide the individual's social security number on your reimbursement request.</li> <li>• Nursery and/or preschool charges are allowed, but tuition for education beyond kindergarten is not.</li> </ul>
Adult Dependent Requirements	<ul style="list-style-type: none"> <li>• He/she must be physically or mentally incapable of caring for himself or herself.</li> <li>• He/she must be dependent upon you for at least 50% of his or her financial support.</li> <li>• Care may be provided either outside your home (such as a nursing home) are eligible only if the dependent regularly spends at least eight hours each day in your household.</li> </ul>

# Flexible Spending Account Worksheet

## Health Care Flexible Spending Account Worksheet

	Column 1	Column 2
List the amount you spent or expect to spend for:	Current Year Actual Expenses	Next Year Projected Expenses
1. Medical Expenses not covered by your health plan: (Note: Those enrolled in the HDHP PPO w/Health Savings Account may not use this account for medical and prescription drug expenses until the deductible is met. They must use the Health Savings Account (HSA) and use a "Limited FSA" for dental and vision expenses until the HDHP deductible is met)		
Deductibles	\$	\$
Co-pay (your share of medical expenses)	\$	\$
Other likely expenses	\$	\$
Prescription drugs and medical supplies	\$	\$
2. Vision Care expenses (exams, glasses, contacts or deductibles under the vision plan)	\$	\$
3. Dental Expenses not covered by your dental plan:		
Deductibles	\$	\$
Co-pay (your share of dental expenses)	\$	\$
Orthodontic Services	\$	\$
Other likely expenses	\$	\$
Add up the total medical, dental and vision expenses in column 2.		\$

## Dependent Care Spending Account Worksheet

	Column 1	Column 2
List the amount you spent or expect to spend for:	Current Year Actual Expenses	Next Year Projected Expenses
Child Care Provider	\$	\$
Day-Care Center	\$	\$
Nursery School (not in first grade or above)	\$	\$
Summer day-care or camp (excluding over-night camps)	\$	\$
After-school Care	\$	\$
Home Health Care Worker	\$	\$
Care for Qualifying Adult	\$	\$
Totals	\$	\$

# Employee Wellness Program

Taking care of our community starts with taking care of ourselves. Our wellness program is a voluntary program designed to give employees the tools to create daily healthy habits and achieve long-term success. We offer hospital-wide challenges, guided meditation, lunchtime webinars, monthly newsletters, gym and program discounts as well as tracking healthy habits related to physical, mental, emotional and financial well-being. Whether you're hoping to exercise more, eat better, reduce stress or improve your sleep, our program is designed to support you in your well-being goals.

Choose your healthy activities and earn Virgin Pulse points toward your rewards. The more you do, the more you'll earn—**up to 80,000 ECH Recognition points per year!**



## Virgin Pulse Wellness Platform

1,840 ECH employees have already joined Virgin Pulse, El Camino Health's wellness platform! Once you join, you can track your activity, get daily tips and participate in hospital-wide challenges. If you look to save time, use a tracking device (or your phone) to sync your steps and earn more rewards!

Register today at:

[join.virginpulse.com/ElCaminoHealth](http://join.virginpulse.com/ElCaminoHealth)

## Journeys®

Journeys are self-guided courses that help you achieve your personal health and well-being goals by building simple lifestyle habits. Topics include getting active, eating healthy, sleeping well, reducing stress, finding emotional balance, managing your finances, parenting and more.

To select a topic of interest and start building new daily habits, visit:

[member.virginpulse.com/#/journeys](http://member.virginpulse.com/#/journeys)

Check out the wellness page on the Tool Box for a full list of offerings and current activities. Benefited employees across all locations, shifts, roles and wellness goals are encouraged to participate.

Focusing on employee wellness promotes a positive work environment and helps us provide better care to our patients. We are committed to providing you with the tools you need to make healthy choices at work and beyond, and we encourage you to participate.

For questions, contact our Wellness Program Coordinator, Carli Rubi, at [carli\\_rubi@elcaminohealth.org](mailto:carli_rubi@elcaminohealth.org).

## Health Check HRA

By completing our quick Health Risk Assessment (HRA), you will learn about your health and habits, and receive a personalized summary and tips on how you can improve.

Complete your HRA today to earn 1,000 Virgin Pulse points: [bit.ly/ECH-HRA](http://bit.ly/ECH-HRA)

## STOP-D™ Program

### Lose Weight & Manage Your Blood Sugar

Do you have pre-diabetes, diabetes or family history of diabetes? Are you interested in losing 5-10% of your body weight? STOP-D™ is a comprehensive one-year diabetes prevention and management program focused on lifestyle and coaching through our South Asian Heart Center. ECH employees can participate at a special 75% discounted rate of just \$200/year!

Call 650.940.7242 to schedule a free consultation and review program details prior to joining.

## Guided Meditation

Our virtual guided meditation sessions take place on the first Wednesday of every month.

Register for one or multiple sessions as well as access past meditation recordings to enjoy much-needed relaxation and calm:

[bit.ly/ECHMeditation](http://bit.ly/ECHMeditation)

## Health Station

Stop by our health station in the HR lobby (MV) or library (LG) to measure your blood pressure and weight. Your measurements are confidential and, if you upload your measurements to your Virgin Pulse account, you can earn up to 2,400 Virgin Pulse points per quarter!



## EMPLOYEE WELLNESS CORNER

Fast, convenient and easy

Take five minutes to know your numbers and manage your health. Stop by to track your progress:

- Blood Pressure
- Body Weight
- Earn Virgin Pulse points!

# Employee Assistance Program & Wellness Coaching



Wellbeing, Done Well

## Summary of Employee Services



### Concern's Digital Platform

Your front door to everything Concern has to offer. After a quick digital assessment, Concern's platform will create a custom dashboard of select life balance solutions and self-help tools personalized to your needs and will match you to a counselor when needed.

## El Camino Health

Services are available to all full-time and part-time employees, and to their spouse/domestic partner and dependent children up to age 26.



Visit [employees.concernhealth.com](https://employees.concernhealth.com) and log in with your company code **El Camino** for easy access to all available Concern services.

## Counseling Benefits

### In-Person, Telephone, & Video Counseling

Concern offers assessment, crisis intervention, referrals, and confidential short-term counseling for help with personal issues. Up to 10 visits, per problem, per year with a skilled Concern counselor for help with: Difficulty with relationships • Emotional distress • Job stress • Communication / conflict issues • Alcohol or drug problems • Loss and death

### Online Therapy

Concern now offers more way to connect with a dedicated counselor via:

- Phone
- Video
- Chat
- Text (asynchronous messaging)

This secure web-based technology gives you the flexibility to access your counselor from anywhere at any time.

## Life Balance Solutions

### Financial Coaching

Get sound financial guidance to help you manage money wisely and develop long-term financial security. Referral includes up to two 30-minute telephone consultations. Example topics: Money management • Debt management • Identity theft resolution • Tax issues

### Legal Consultation

We can link you to a local attorney for a free 30-minute office or telephone consultation for legal issues not related to employment. These may include: Estate planning • Wills & living trusts • Landlord-tenant matters • Immigration • IRS matters • On-line legal forms

### Adult Care Resources

We'll help you find the most appropriate resources to help you care for an elderly or disabled relative. A complimentary copy of **How to Care for Aging Parents** is available upon request.

### Parent & Childcare

Referral available to quality providers for a variety of services, including: Family day care homes • Infant centers & Preschools • Adoption Assistance • Before/after school care • In-home childcare • 24-hr care • School-age & College Assistance • Complimentary New Baby Kit

### Help Wherever You Are

Accessible from your phone, tablet or computer. Easily get the help you need, when you need it:

- Simple digital intake
- Client-counselor matching
- Video counseling self-scheduling
- Guided self-help tools
- Digital therapeutics

For questions about Concern services, or for immediate support:  
Call 800-344-4222 or visit [employees.concernhealth.com](https://employees.concernhealth.com)



# Voluntary Benefits and Employee Services

El Camino Hospital offers you access to voluntary benefits with convenient payroll deductions and special discount programs. Some of the programs we offer are listed below.



Our Voluntary benefits partner is MetLife. If you wish to enroll, change or terminate any of the MetLife voluntary products you will be able to do so on **Workday**. You may enroll in home, auto, or pet insurance anytime during the year. Policies that need to be individually underwritten such as home, auto, and pet insurance, require that you contact MetLife directly at: **1-800-GET-MET (1-800-438-6388)**.

- Accident Insurance
- Critical Illness Insurance
- MetLaw Insurance
- Hospital Indemnity
- Auto & Home Insurance
- Veterinary Pet Insurance

**1-800-GET-MET8 (1-800-438-6388)**  
**Monday-Friday 8:00 am-11:00 pm EST**  
[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

## Employee Discount Programs

El Camino Hospital also partners with a variety of service providers to provide discounts to employees. Currently, some of these include: El Camino YMCA, Global Fit, Addison-Penzak JCC, Action Day / Primary Plus, Tickets at Work, Verizon, AT&T Wireless, and Dell Computers. In addition, discounts are available through the Hospital's purchasing partner, Health Trust. Information about discount programs is available on the **ECH Toolbox**.

## Provident Credit Union

Provident Credit Union is a member-owned, not-for-profit financial cooperative, that returns its profits to members in the form of lower loan rates and higher savings rates. Members have access to 18 Bay Area branches, a shared credit union branch network of more than 2,500 branches and over 28,000 free ATMs nationwide. Provident Credit Union has served the Bay Area since 1950. Provident is a full-service financial institution offering checking, savings, mortgages, auto and personal loans, and online and mobile banking options. El Camino Hospital employees can take advantage of low auto, mortgage

or re-finance rates. The nearest branches to El Camino Hospital are; 398 W. El Camino Real, Sunnyvale, and 15425 Los Gatos Blvd., Los Gatos. An ATM is located near Human Resources in Mountain View.

**For more information, call (650) 508-0300.**

## Travel Assistance Services with ID Theft Protection and Assistance

Through your group coverage with The Hartford, you automatically receive travel assistance services. Travel Assistance Services include pre-trip information to help you feel more secure while traveling. It can also help you access medical professionals across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less when unexpected detours arise. The ID theft services are available to you and your family at home or when you travel.

**For more information on Travel Assistance Services or ID Theft Services, call (800) 243-6108 or collect from other locations: (202) 828-5885 or email [idtheft@europassistance-usa.com](mailto:idtheft@europassistance-usa.com).**

# Leave of Absence Management

CLAIMS



REQUEST A LEAVE  
WITH CONFIDENCE

## THE HARTFORD MAKES IT EASY TO REQUEST A LEAVE

Step 1: Know when it's time to request a leave.

If you're absent from work, we can advise you on when to request a leave. If your absence is scheduled, such as an upcoming hospital stay, call us 30 days prior to your last day of work. If unscheduled, please call us as soon as possible.

Step 2: Have this information ready.

- Name, address and other key identification information.
- Name of your department and last full day of active work.
- The nature of your claim or leave request.
- Your treating physician's name, address, phone and fax numbers.
- Your manager's or HR representative's name and phone number

Step 3: Make the call or file online.

With your information handy, call The Hartford at 1-877-417-2556 or file online at [thehartford.com/mybenefits](http://thehartford.com/mybenefits). You'll be assisted by a caring professional who'll take your information, answer your questions and file your claim or process your leave request.

El Camino Hospital  
Policy Number: 402989

Your leave management program  
is managed by The Hartford.

### TO REQUEST A LEAVE

1-877-417-2556  
Monday-Friday 5am to 5pm PST

Policy #: 402989

[WWW.THEHARTFORD.COM/MYBENEFITS](http://WWW.THEHARTFORD.COM/MYBENEFITS)

If you're absent from work, we can advise you on when to request a leave. If your absence is scheduled, such as an upcoming hospital stay, call us 30 days prior to your last day of work. If unscheduled, please call us as soon as possible.



continued





## HOW TO REQUEST A LEAVE

### GET SUPPORTIVE ASSISTANCE

Even after you have requested a leave, we may be in touch to check your progress, answer questions or obtain additional information from you. Our goal is to offer a smooth and hassle-free experience until you return to work. Feel free to also call us with anything that's on your mind. We're here to help.

### RELAX AND STAY POSITIVE

You have the assurance of our knowledge, experience and understanding of what you are going through. We're with you all the way, so you can receive the benefits you qualify for and get back to your life.

### QUICK FACTS

The Hartford's goal is to help get you through your time away from work with dignity and assist you in any way we can. Keep the card below in a safe place for future use. We'll be there when you need us.

**FOR MORE INFORMATION, PLEASE CONTACT THE HARTFORD'S  
TOLL-FREE NUMBER 1-877-417-2556**



### WHEN YOU CALL THE HARTFORD WILL ASK YOU TO PROVIDE:

- Name, address and other key identification information.
- Name of your department and last full day of active work.
- Your treating physician's name, address and phone and fax numbers
- The nature of your claim or leave request.
- Your manager's or HR representative's name and phone number.

This card is not proof of insurance.

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## Paid Time Off & Extended Sick Leave

Paid Time Off (PTO) combines time off for vacation, holidays, illness, family emergencies, bereavement leave, religious observances, health or dental care, personal business and other approved elective absences into one account of paid time off.

### How much PTO do I accrue?

**SEIU, PRN represented and Non-contractual Employees (NCE)** - Paid Time Off (PTO) hours accrue based on your hours worked (up to 80 / pay period) and length of service at the Hospital. PTO hours also accrue on PTO taken, and Jury and Witness Duty leaves. The maximum accrual is 400 hours. The chart below shows how the hours are accrued each pay period.

**Local 39 represented** - Paid Time Off (PTO) hours accrue based on your work status (FTE) and length of service at the Hospital. PTO accrual is prorated for regular part time employees. The maximum accrual is 500 hours. The chart below shows how the hours are accrued each pay period for a full time employee.

Paid Time Off Accruals		
Length of Service	Per Hour	Maximum Per Pay Period
Less than 2 years	0.1096	8.77
At 2 years	0.1135	9.08
3 years	0.1327	10.62
4 years	0.1519	12.15
5 years	0.1538	12.31
10 years	0.1596	12.77
11 years	0.1635	13.08
12 years	0.1673	13.38
13 years +	0.1712	13.69

### How much Extended Sick Pay (ESL) do I get?

Regular full-time employees accrue 40 hours per year. Regular part-time employees accrue ESL on a prorated basis based on their work (FTE) status. There is no maximum accrual.

Extended Sick Leave Accrual per pay Period								
	EMPLOYEE WORK STATUS (FTE)							
	1.0	0.9	0.8	0.75	0.7	0.6	0.5	0.4
Extended Sick Leave	1.538	1.385	1.231	1.154	1.077	0.923	0.769	0.615

### What happens to my PTO and ESL if I leave?

Upon termination, 100% of your accrued PTO balance is paid out to you. The payoff rate is your hourly rate. ESL balance will be zero out upon termination or transfer to a Per Diem Status.

### Tell me about Education Leave

If you are a PRN represented Nurse, the purpose of Education Leave (EL) is to compensate the RN for time spent on educational experiences while employed by the Hospital that are not required by the Hospital and/or the management representative. RN's may accrue up to 48 hours per year and may not exceed 80 hours in their Education Leave bank.

Education Leave Accrual Schedule							
Work Status	FT	0.9	0.8	0.7	0.6	0.5	0.4
Days/Year	6	5.4	4.8	4.2	3.6	3	2.4
Hours/Year	48	43.2	38.4	33.6	28.8	24	19.2
Hours/Pay Period	1.846	1.662	1.477	1.292	1.108	0.923	0.738


# Benefits Open Enrollment Worksheet

Use this worksheet to PREPARE yourself to use the online benefits enrollment system. Human Resources will NOT accept this form as your benefits enrollment.

If you fill this out before you use the Workday website, you will have an easier time entering your choices online.

Which Plan Do I Want?	Who Do I Want to Cover? Include Social Security Numbers
<p><b>Medical Plan Choices</b></p> <p><input type="checkbox"/> <b>HMO:</b> \$25 PCP and \$40 Specialist office visit co-pay; \$750 per admit after \$250 individual/family deductible  <input type="checkbox"/> Name and Provider ID number of physicians</p> <p><input type="checkbox"/> <b>HDHP PPO w/HSA:</b> 80% in-network ; 60% out-of-network coverage after \$3,000 individual deductible; \$5,000 ind. out-of-pocket max</p> <p><input type="checkbox"/> <b>Waive:</b> I do not want medical coverage and I will provide proof of other coverage to Human Resources if I am waiving medical coverage. Proof of other coverage is any one of the following: a copy of your other plan's medical ID card showing you as a covered member, letter or enrollment statement from another employer or group.</p>	<p><input type="checkbox"/> Employee [Me]</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> State Registered Domestic Partner</p> <p><input type="checkbox"/> Child(ren)</p> <p><b>If adding a dependent, I will need to provide documentation of eligibility when requested.</b></p>
<p><b>HEALTH SAVINGS ACCOUNT (HSA)</b></p> <p>Amount you wish to contribute:</p> <p><input type="checkbox"/> <b>HEALTH SAVINGS ACCOUNT</b></p> <p>\$ _____ annual amount [\$260 up to \$3,850 individual or \$7,750 family, \$1,000 additional amount as "catchup" if you are age 55 or older] <u>OR</u></p> <p>\$ _____ amount to be taken out of each paycheck. [\$10 up to about \$148.08 or \$186.54 w/catchup (ind.) or \$298.08 or \$336.54 w/catchup (fam.)]</p>	<p>Your HSA "contribution" is the amount you set aside pre-tax to pay for eligible expenses. Your contribution is taken out of your paycheck every two weeks. You can use your HSA debit card to pay for eligible health care expenses</p>
<p><b>Dental Plan Choices</b></p> <p><input type="checkbox"/> <b>DeltaCare USA:</b> Choose dentist from their list; no annual maximum; some orthodontic coverage</p> <p><input type="checkbox"/> <b>MetLife 1000:</b> any dentist; \$1,000 annual maximum; \$1,000 lifetime orthodontic coverage (child &amp; adult)</p> <p><input type="checkbox"/> <b>MetLife 1500:</b> any dentist; \$1,500 annual maximum; <b>no orthodontic coverage</b></p> <p><input type="checkbox"/> <b>MetLife 2000:</b> any dentist; \$2,000 annual maximum; \$2,000 lifetime orthodontic coverage (child &amp; adult)</p> <p><input type="checkbox"/> <b>Waive:</b> I do not want dental coverage</p>	<p><input type="checkbox"/> Employee [Me]</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> State Registered Domestic Partner</p> <p><input type="checkbox"/> Child(ren)</p>
<p><b>Vision Plan Choices</b></p> <p><input type="checkbox"/> <b>VSP Standard:</b> Eye exam every calendar year, frames and lenses or contact lenses every <i>other</i> calendar year. Frame allowance is \$120; Contact lenses allowance \$120 from network providers.</p> <p><input type="checkbox"/> <b>VSP Enhanced:</b> Eye exam, frames and lenses or contact lenses every calendar year. Frame allowance is \$150; Contact lenses allowance \$130 from network providers.</p>	<p><input type="checkbox"/> Employee [Me]</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> State Registered Domestic Partner</p> <p><input type="checkbox"/> Child(ren)</p>

**Work Sheet Only - This is not a Benefit Enrollment Form**

Which Plan Do I Want?	 Who Do I Want to Cover?
<p><b><u>Basic Life Insurance</u></b>                      You are automatically enrolled in this coverage for \$10,000 (if represented) or \$50,000 (non-contractual). This benefit is paid by El Camino Hospital. You do not need to sign up, but you should make a beneficiary designation.</p> <p><input type="checkbox"/> <b><u>Voluntary Employee Life Insurance</u></b>                      This coverage is optional. You may purchase up to \$450,000 (non-contractual) or \$490,000 (if represented) of coverage.                      You can add \$10,000 during open enrollment without EOI.                      To apply for amounts over an additional \$10,000, you must complete an EOI form at the Hartford Life Insurance Company Insurance website.                      How much voluntary life insurance do I want to buy? Amount \$ _____</p>	<p><b>Should I update my beneficiary designations?</b>  <i>[To change or update your beneficiary designations, go to Workday].</i></p>
<p><b><u>Basic Accidental Death &amp; Dismemberment (AD&amp;D)</u></b>                      You are automatically enrolled in this coverage, up to \$10,000. This benefit is paid by El Camino Hospital. You do not need to sign up, but you should make a beneficiary designation.</p> <p><input type="checkbox"/> <b><u>Voluntary AD&amp;D</u></b>                      This coverage is optional. You may purchase up to \$250,000 of AD&amp;D coverage for yourself and/or entire family. This coverage is in addition to the \$10,000 of Basic AD&amp;D that you get.                      Do I want to cover myself or my family?                      How much voluntary AD&amp;D life insurance do I want to buy? Amount \$ _____</p>	<p><b>Should I update my beneficiary designations?</b>  <i>[To change or update your beneficiary designations, go to Workday].</i></p>
<p><input type="checkbox"/> <b><u>Spouse / State Registered Domestic Partner Life Insurance</u></b>                      This coverage is optional. You may purchase life insurance on your spouse or state registered domestic partner. The coverage you elect in this plan cannot exceed 50% of your (employee) total life insurance coverage and \$10,000 without EOI is only applied for initial benefits enrollment. During OE, any additional amount elected will be subject to medical underwriting.                      Amount: \$ _____</p>	<p><i>[You are the beneficiary of this insurance].</i></p>
<p><input type="checkbox"/> <b><u>Dependent Life Insurance</u></b>                      This coverage is optional. You may purchase life insurance on your child(ren) and child(ren) of a state registered domestic partner up to \$10,000.                      Amount: \$ _____</p>	<p><i>[You are the beneficiary of this insurance].</i></p>
<p><input type="checkbox"/> <b><u>Long Term Disability (LTD)</u></b>                      Long-Term Disability pays you part of your salary if you can't work due to injury or illness after you satisfy a 90-day waiting period. This plan is provided to you at no cost because El Camino Hospital pays 100% of the premium.                      You may choose to upgrade your LTD benefit by selecting a shorter waiting period of 30-days, however you must pay the cost of the plan upgrade. Refer to the LTD enrollment page on Workday for your cost.</p>	<p><i>Not Applicable</i></p>

**Work Sheet Only - This is not a Benefit Enrollment Form**

Which Plan Do I Want?	Who Do I Want to Cover?
<p><b><u>FLEXIBLE SPENDING ACCOUNTS (FSA)</u></b></p> <p>FLEXIBLE SPENDING ACCOUNTS DO NOT AUTOMATICALLY RENEW. YOU <u>MUST</u> ENROLL EACH YEAR YOU WANT TO PARTICIPATE.</p> <p>Amount you wish to contribute:</p> <p><input type="checkbox"/> <b><u>HEALTH CARE SPENDING ACCOUNT OR LIMITED FSA</u></b></p> <p><input type="checkbox"/> \$ _____ annual amount [\$260 up to \$3,050]</p> <p><input type="checkbox"/> <b><u>DEPENDENT CARE SPENDING ACCOUNT</u></b></p> <p>\$ _____ annual amount [\$260 up to \$5,000]</p> <p><input type="checkbox"/> <b><u>TRANSIT/COMMUTER ACCOUNT</u></b></p> <p>\$ _____ monthly amount [up to \$300]</p> <p><input type="checkbox"/> <b><u>ADOPTION ASSISTANCE ACCOUNT</u></b></p> <p>\$ _____ annual amount [\$260 up to \$15,950]</p> <p>Any "contribution" money left in your account on 12/31 will be lost, however for the Health Care FSA you may rollover up to \$610 to the next plan year.</p>	<p>Your "contribution" is the amount you set aside pre-tax to pay for eligible expenses. Your contribution is taken out of your paycheck every two weeks. To "pay yourself back," you submit receipts for eligible expenses directly to WORKTERRA. They will reimburse you by check or by direct deposit to your bank account, or you can use your FSA debit card to pay for eligible health care expenses</p>

**When you finish enrolling on Workday; here are some other things you may need to do to follow up your choices. Have you...**

- Clicked on the Submit button in Workday to finalize your enrollments? **If you do not "Submit" your Open Enrollment event any changes you selected during the enrollment will not be made.**
- If enrolling in the HMO, have you elected Primary Care Physicians for yourself and your dependents?
- If you enrolled in the HSA plan, have you opened an HSA account with Optum Bank?
- If enrolling in DeltaCare USA, have you elected a dentist for yourself and your dependents who is in the DeltaCare USA network?
- If you elected an amount of life insurance that requires medical underwriting, The Hartford will send an Evidence of Insurability (EOI) form to your El Camino Hospital email address after open enrollment has ended.
- If you would like to enroll in the MetLife home, auto and pet insurance contact MetLife at **(800) 438-6388**.
- If you waived your medical coverage have you uploaded proof of other coverage to Workday?
- If covering new dependents, have you uploaded proof of dependent eligibility to Workday?

# Annual Legal Notices

An important part of any benefit program includes all the required and important notices. The following notices are provided in accordance with our reporting and disclosure requirements. If you have any questions about the information included in this guide or these notices, please contact Human Resources.

**If you (and/or your dependents) have Medicare, or will become eligible for Medicare within the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please read the notices on pages 29 - 43 for more details.**

**It is recommended that you retain a copy of this document for your records.**

## Health Insurance Marketplace Coverage Options and Your Health Coverage

### **PART A: General Information**

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

**What is the Health Insurance Marketplace?** The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in November 2022 for coverage starting as early as January 1, 2023.

**Can I Save Money on my Health Insurance Premiums in the Marketplace?** You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

**Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?** Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.61% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefits costs covered by the plan is no less than 60% of such costs.

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

**How Can I Get More Information?** For more information about your coverage offered by your employer, please check your summary plan description; which is on Workday or contact the Member Services Department of your health care provider as shown on your benefit ID card.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov**, or if you reside in California, **www.CoveredCA.com**, for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.



**Part B: Information About Health Coverage Offered by Your Employer**

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. **This information is numbered to correspond to the Marketplace application.**

3. Employer Name: El Camino Hospital 4. EIN: 94-3167314

5. Employer Street Address: 2500 Grant Road 6. Phone: 650-940-7000

7. City: Mountain View 8. State: CA 9. Zip: 94040

10. Who can we contact about employee health coverage at this job? Human Resources Department

11. Phone No. (if different from above): 408-866-3901 12. Email: benefits@elcaminohealth.org

**Here is some basic information about health coverage offered by this employer:**

As your employer, we offer a health plan to:

- All Employees. Eligible employees are:
- Some Employees. Eligible employees are: Regular full-time and part-time employees who are scheduled to work 20 hours or more per week. Also, employees who are not regularly scheduled to work full-time but during the Look-Back Measurement method worked an average of 30 hours per week.

With respect to dependents:

- We do offer coverage. Eligible dependents are: Your children up to the age of 26, regardless of their student status, residency, marital status or financial dependence and Spouse/ State Registered Domestic Partner, if eligible.

We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov**, or if you reside in California, **www.CoveredCA.com**, will guide you through the process.

\* *An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60% of such costs (Section 36B(c)(2)C(ii) of the Internal Revenue Code of 1986).*

## HIPAA Notice of Availability of Notice of Privacy Practices

This Plan is required by law to provide notice of the Plan's duties and privacy practices with respect to covered individuals' protected health information by providing a Notice of Privacy Practices (NOPP) to participants. The Plan's NOPP is available upon request. To obtain a copy of the NOPP, or for more information regarding the Plan's privacy policies or your rights under HIPAA, contact the Benefits Department at (408) 866-3901 or [benefits@elcaminohealth.org](mailto:benefits@elcaminohealth.org).

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## HIPAA Special Enrollment Rules

HIPAA requires we notify you about your right to later enroll yourself and eligible dependents for coverage in El Camino Hospital's health plan under "special enrollment provisions" briefly described below.

- **Loss of Other Coverage.** If you decline enrollment for yourself or for an eligible dependent, because you have other group health plan coverage or other health insurance, you may be able to enroll yourself and your dependents under El Camino Hospital's health plan if you or your dependents lose eligibility for that other coverage, or if the other employer stops contributing toward your or your dependents' other coverage. You must request enrollment within 30 days after you or your dependents' other coverage ends, or after the other employer stops contributing toward the other coverage.
- **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you gain a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents under El Camino Hospital's health plan. You must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. In the event you acquire a new dependent by birth, adoption, or placement for adoption, you may also be able to enroll your spouse, if your spouse was not previously covered.
- **Enrollment Due to Medicaid/CHIP Events.** If you or your eligible dependents are not already enrolled in El Camino Hospital's health plan, you may be able to enroll yourself and your eligible dependents if: (i) you or your dependents lose coverage under a state Medicaid or children's health insurance program (CHIP), or (ii) you or your dependents become eligible for premium assistance under state Medicaid or CHIP. You must request enrollment within 60 days from the date of the Medicaid/CHIP event. The CHIP Model Notice containing additional information about this right as well as contact information for state assistance is included below. You may also request a copy from the Plan Administrator.

Please contact the Plan Administrator at (408) 866-3901 for details, including the effective dates of coverage applicable to each of these special enrollment provisions. Additional information regarding your rights to enroll in group health coverage is found in the applicable group health plan summary plan description(s) or insurance contract(s).

## Notice of Declining Enrollment (As Provided by HIPAA)

When you decline enrollment for yourself and/or your dependents (including your spouse) **and state in writing that you and/or your dependents have other coverage** under another group health plan or health insurance coverage as the reason for declining to enroll, then special rules may apply to you and/or your spouse and/or your child/ren in the **event you and/or your dependents have lost this other coverage due to the loss of eligibility.**

Loss of eligibility does not include a loss due to failure of the individual or the participant to pay premiums on a timely basis or termination of coverage for cause **(such as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the plan).**

If you decline enrollment for yourself and/or dependents because you have COBRA continuation coverage under another plan, you will not be eligible for a Special Enrollment until COBRA continuation coverage has been exhausted or terminated as a result of loss of eligibility.

Loss of Eligibility includes a loss of coverage as a result of legal separation, divorce, death, termination of employment, reduction in the number of hours of employment, and any loss of eligibility after a period that is measured by reference to any of the foregoing.

Under these rules, a group health plan is required to provide a special enrollment period for yourself and/or your dependents should they request enrollment within **30 days** after the loss of other coverage has occurred.

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## Women's Health & Cancer Rights Act of 1998

In the case of an employee or dependent who receives benefits under the plan in connection with a mastectomy and who elects breast reconstruction (in a manner determined in consultation with the attending physician and the patient), coverage will be provided for:

- Reconstruction of the breast on which mastectomy has been performed, including nipple and areola reconstruction and re-pigmentation to restore the physical appearance of the breast;
- Surgery and reconstruction on the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment for physical complications of all stages of mastectomy, including lymphedemas.

Coverage for reconstructive breast surgery may not be denied or reduced on the grounds that it is cosmetic in nature or that it otherwise does not meet the coverage definition of "medically necessary". Benefits will be provided on the same basis as for any other illness or injury under the Plan.

If you would like more information on WHCRA benefits, call your Plan Administrator at (408) 866-3901.

## **Newborns' and Mothers' Health Protection Act of 1996**

Under federal law (Newborns' Act), group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with child birth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan, or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48 hour (or 96 hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain pre-certification.

A number of states adopted requirements for benefits covering maternity stays prior to the enactment of the Newborns' Act. The federal law does not preempt state law if the state law meets certain criteria. For information on pre-certification, contact your Plan Administrator at (408) 866-3901.

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## **California Maternity Coverage**

Group health plans and health insurance issuers with policies or contracts issued in the State of California generally may not, under California law, restrict benefits for inpatient hospital care to a time period less than 48 hours following a normal vaginal delivery and less than 96 hours following a delivery by caesarean section. However, coverage for inpatient hospital care may be for a time period less than 48 or 96 hours if both of the following conditions are met: (a) the decision to discharge the mother and newborn before the 48 or 96 hour time period is made by the treating physicians in consultation with the mother; (b) the contract or policy covers a post discharge follow-up visit for the mother and newborn within 48 hours of discharge, when prescribed by the treating physician. Furthermore, the Plan may not:

- Reduce or limit the reimbursement of the attending provider for providing care to an individual enrollee/insured in accordance with the coverage requirements.
- Provide monetary or other incentives to an attending provider to induce the provider to provide care to an individual enrollee/insured in a manner inconsistent with the coverage requirements.
- Deny a mother or her newborn eligibility, or continued eligibility, to enroll or to renew coverage solely to avoid the coverage requirements.
- Provide monetary payments or rebates to a mother to encourage her to accept less than the minimum coverage requirements.
- Restrict inpatient benefits for the second day of hospital care in a manner that is less than favorable to the mother or her newborn than those provided during the preceding portion of the hospital stay.
- Require the treating physician to obtain authorization from the health care service plan or insurer prior to prescribing any services

## **Patient Protection Disclosure (HMO)**

Aetna generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you and/or your family members. If you do not properly make this designation, Aetna designates one for you. For information on how to select a primary care provider, and for a list of participating primary care providers, contact Aetna at (833) 576-2491.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Aetna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network or specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Aetna at (833) 576-2491.

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## **Rebates for Failure to meet Medical Loss Ratio Requirements**

In the event that El Camino Hospital qualifies and receives a return of premium (Rebate) as a result of an insurance issuer's failure to meet the Medical Loss Ratio requirements under the Affordable Care Act, El Camino Hospital at its option, shall either:

- Reimburse Plan participants through a payroll adjustment in the amount determined under the Affordable Care Act regulations;
- Reduce employee contributions by an amount determined under Affordable Care Act regulations to reflect the employee's share of the Rebate; or
- Use the Rebate to enhance benefits under the Plan by an amount determined under Affordable Care Act regulations.

## **Wellness Program: Alternative Standard and Disclosure Policy**

The ECH wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors. You are not required to complete the HRA in order to participate in the program. The HRA is used to personalize your experience on the Virgin Pulse platform and provide you with information to help you understand your current health and potential risks. It is administered by a third party and is completely anonymous and confidential. You are also encouraged to share any results or concerns with your own doctor.

### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and El Camino Health may receive aggregate information to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs, involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Employee Wellness & Health Services at (650) 940-7021.

## Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

### What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “**balance billing**.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

### You are protected from balance billing for:

#### **Emergency services**

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

#### **Certain services at an in-network hospital or ambulatory surgical center**

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

**You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.**

**When balance billing isn't allowed, you also have the following protections:**

- *You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.*
- *Your health plan generally must:*
  - *Cover emergency services without requiring you to get approval for services in advance (prior authorization).*
  - *Cover emergency services by out-of-network providers.*
  - *Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.*
  - *Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.*

**If you believe you've been wrongly billed, you may contact Aetna at (833) 576-2491.**

Visit <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/no-surprises-act> for more information about your rights under federal law.



## Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 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, 2022. Contact your State for more information on eligibility –

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### **ALABAMA** – Medicaid

Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

### **ALASKA** – Medicaid

The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility:  
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

### **ARKANSAS** – Medicaid

Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

### **CALIFORNIA** – Medicaid

Website:  
Health Insurance Premium Payment (HIPP) Program  
<http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

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

Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711

CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>  
HIBI Customer Service: 1-855-692-6442

### **FLORIDA** – Medicaid

Website:  
<https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

### **GEORGIA** – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162 ext 2131

### **INDIANA** – Medicaid

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**

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-](https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp)

[z/hipp](https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp) HIPP Phone: 1-888-346-9562

**KANSAS – Medicaid**

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

**KENTUCKY - 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: [KIHIP.PPROGRAM@ky.gov](mailto:KIHIP.PPROGRAM@ky.gov)

KCHIP Website:

<https://kidshealth.ky.gov/Pages/index.aspx> Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

**LOUISIANA – Medicaid**

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or

[www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)

Phone: 1-888-342-6207 (Medicaid hotline) or

1-855-618-5488 (LaHIPP)

**MAINE – Medicaid**

Enrollment Website:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: -800-977-6740.

TTY: Maine relay 711

**MASSACHUSETTS – Medicaid and CHIP**

Website: [https://www.mass.gov/info-details/](https://www.mass.gov/info-details/masshealth-premium-assistance-pa)

[masshealth-premium-assistance-pa](https://www.mass.gov/info-details/masshealth-premium-assistance-pa)

Phone: 1-800-862-4840

**MINNESOTA – Medicaid**

Website: [https://mn.gov/dhs/people-we-](https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp)

[serve/children-and-families/health-care/health-care-](https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp)

[programs/programs-and-services/other-insurance.jsp](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

**MISSOURI – Medicaid**

Website: [http://www.dss.mo.gov/mhd/participants/](http://www.dss.mo.gov/mhd/participants/pages/hipp.htm)

[pages/hipp.htm](http://www.dss.mo.gov/mhd/participants/pages/hipp.htm)

Phone: 573-751-2005

**MONTANA – Medicaid**

Website: <http://dphhs.mt.gov/>

MontanaHealthcarePrograms/HIPP

Phone: 1-800-694-3084

**NEBRASKA – Medicaid**

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: (855) 632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

**NEVADA – Medicaid**

Medicaid Website: <https://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE – Medicaid**

Website: <https://www.dhhs.nh.gov/oi/hipp.htm>

Phone: 603-271-5218

Toll free number for the HIPP program:

1-800-852-3345, ext 5218

**NEW JERSEY – Medicaid and CHIP**

Medicaid Website:

[http://www.state.nj.us/humanservices/](http://www.state.nj.us/humanservices/dmahs/clients/medicaid/)

[dmahs/clients/medicaid/](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

**NEW YORK – Medicaid**

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

[medicaid/](https://www.health.ny.gov/health_care/medicaid/)

Phone: 1-800-541-2831

**NORTH CAROLINA – Medicaid**

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

**NORTH DAKOTA – Medicaid**

Website: [http://www.nd.gov/dhs/services/medicalserv/](http://www.nd.gov/dhs/services/medicalserv/medicaid/)

[medicaid/](http://www.nd.gov/dhs/services/medicalserv/medicaid/)

Phone: 1-844-854-4825

**OKLAHOMA – Medicaid and CHIP**

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

Phone: 1-888-365-3742

**OREGON – Medicaid**

Website: [http://healthcare.oregon.gov/Pages/](http://healthcare.oregon.gov/Pages/index.aspx)

[index.aspx](http://healthcare.oregon.gov/Pages/index.aspx)

<http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

**PENNSYLVANIA – Medicaid**

Website: [https://www.dhs.pa.gov/providers/Providers/](https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx)

[Pages/Medical/HIPP-Program.aspx](https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx)

Phone: 1-800-692-7462

**RHODE ISLAND** – Medicaid  
Website: <http://www.eohhs.ri.gov/>  
Phone: 855-697-4347, or 401-462-0311  
(Direct Rlte Share Line)

**SOUTH CAROLINA** – Medicaid  
Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

**SOUTH DAKOTA** - Medicaid  
Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

**TEXAS** – Medicaid  
Website: <http://gethipptexas.com/>  
Phone: 1-800-440-0493

**UTAH** – Medicaid and CHIP  
Medicaid Website: <https://medicaid.utah.gov/>  
CHIP Website: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669

**VERMONT**– Medicaid  
Website: <http://www.greenmountaincare.org/>  
Phone: 1-800-250-8427

**VIRGINIA** – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>  
<https://www.coverva.org/en/hipp>  
Medicaid Phone: 1-800-432-5924  
CHIP Phone: 1-800-432-5924

**WASHINGTON** – Medicaid  
Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

**WEST VIRGINIA** – Medicaid  
Website: <http://mywvhipp.com/>  
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

**WISCONSIN** – Medicaid and CHIP  
Website:  
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

**WYOMING** – Medicaid  
<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, 2022, or for more information on special enrollment rights, contact either:

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

**U.S. Department of Health and Human Services**  
**Centers for Medicare & Medicaid Services**  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

## **Medicare Part D Creditable Coverage Notice**

### **Important Notice from El Camino Hospital About Your Prescription Drug Coverage and Medicare**

***If you (and/or your dependents) have Medicare, or will become eligible for Medicare within the next 12 months, federal law gives you more choices about your prescription drug coverage. Please read the following notice for more details.***

Please read this notice carefully. It has information about your prescription drug coverage under the El Camino Hospital health plan (Employer Plan) and the coverage options available to Medicare Part-D eligible individuals. This Notice also provides information on additional resources that may help you decide which prescription drug coverage to choose.

You should keep this notice with your important records. If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

#### **Notice of Creditable Coverage**

The purpose of this notice is to advise you that the Employer Plan prescription drug coverage listed below is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay. This is known as "creditable coverage."

- OptumRx Prescription Plan
- Aetna HDHP HSA Rx Plan

Why this is important: Coverage under this plan may help you avoid a Medicare Part D late enrollment penalty. If you or your covered dependent(s) are enrolled in the Employer Plan and are currently or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty—as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment.

#### **Late Enrollment Penalty (Higher Premium Charge)**

You should know that if you waive or drop coverage under the Employer Plan and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Medicare Part D premium may go up by at least 1% per month for every month that you do not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium may consistently be at least 19% higher than what most other people pay. You may have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Medicare Part D.

#### **Medicare Prescription Drug Coverage**

You may have heard about Medicare's prescription drug coverage (called Medicare Part D), and wondered how it would affect you. Medicare offers prescription drug coverage to everyone with Medicare. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become Part D eligible, and each year thereafter during Medicare open enrollment (October 15 through December 7). Individuals who decide to drop their creditable employer/union coverage may be eligible for a two month Medicare Special Enrollment Period.

## **Interaction Between Coverages**

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or a family member of an active employee, your current Employer Plan through El Camino Hospital coverage will be affected. For those individuals who elect Part D coverage, coverage under the entity's plan will end for the individual and all covered dependents, etc. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/ options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

In addition, if you waive or drop your current Employer Plan coverage to enroll in a Medicare Part D plan, you and your dependents will be able to re-enroll in the Employer Plan coverage at open enrollment or when you have a special enrollment event.

## **Additional Information**

Contact the person listed at the end of this Notice for further information about your current prescription drug coverage. **NOTE:** You may receive this notice at other times in the future—such as before the next period you can enroll in Medicare prescription drug coverage, if the Employer Plan coverage changes, or upon your request.

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

## **Here's how to get more information about Medicare prescription drug plans:**

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You" handbook for the telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. For information about this extra help, contact the Social Security Administration (SSA) online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this notice. If you enroll in a Medicare prescription drug plan, you may be required to provide a copy of this notice when you join a Part D plan to show that you have maintained creditable coverage and, therefore, may not be required to pay a higher Part D premium.**

For more information about this notice or your employer-sponsored prescription drug coverage, contact your plan administrator.

**For purposes of this notice, the plan administrator is:**

**El Camino Hospital**

**Phone: (408) 866-3901**

# El Camino Hospital Group Insurance Plan

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Listed below are names, addresses and telephone numbers, as well as other information, which will help you gain information about the plan.

**Plan Sponsor:**

El Camino Hospital  
2500 Grant Road  
Mountain View, CA 94040  
650-940-7000

**Plan Administrator:**

El Camino Hospital  
2500 Grant Road  
Mountain View, CA 94040  
650-940-7000

**Employer Identification Number of Plan Sponsor:**

94-3167314

**Member Contacts:**

Edwin Braxton, Human Resources

**Name of Plan:**

El Camino Hospital Group Insurance Plan

**Services of Legal Process**

Legal process should be served on the Plan Administrator at the address listed above.

**Statement of ERISA Rights**

As a participant in the El Camino Group Benefit Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974, as amended (ERISA).

ERISA provides that all plan participants shall be entitled to:

1. Examine, without charge, at the Plan Administrator's Office, all plan documents, including insurance contracts and copies of all documents filed by the Plan with the U.S. Department of Labor, such as annual reports and plan descriptions.
2. Obtain copies of all plan documents and other plan information upon written request to the Plan Administrator. The Administrator may make a reasonable charge for the copies.
3. Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary financial report.

In addition to creating right for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate you plans, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you, any other plan participants, and beneficiaries. No one, including the Hospital, the union, or any other person, may fire you or otherwise discriminate against you in any way, to prevent you from obtaining benefits or exercising your rights under ERISA. If your claim for benefits is denied in whole or in part you must receive a written explanation of the reason for the denial. You have the right to have the plan review and reconsider your claim. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request material from the plan and so not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the plan administrator to provide the materials and pay up to \$100 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in the state or federal court. If it should happen that plan fiduciaries misused the plan's money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you lose, the court may order you to pay these costs and fees. If you have any questions about this statement or about your rights under ERISA, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest area office of the U.S. Department of Labor Management Services Administration, Department of Labor. The flexible benefit plan is operated according to the terms of legal documents including insurance contracts and plan documents. In the event of a conflict between this enrollment booklet and the legal documents, the legal document will be followed.

# BIWEEKLY RATE SCHEDULES

## 2023 BIWEEKLY MEDICAL RATE SCHEDULE

### AETNA - HMO

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$0.00	\$469.83	\$0.00	\$1,132.43	\$0.00	\$813.72	\$0.00	\$1,409.64

### AETNA - High Deductible Health Plan (HDHP) PPO w/HSA

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$236.34	\$469.83	\$562.36	\$1,132.43	\$422.08	\$813.72	\$744.17	\$1,409.64

\* All paycheck deductions are pre-tax except for state registered domestic partners (DP) and children of state registered domestic partners.

### Medical Waive Credit

HRS	FTE%	Waive
80	1.0	\$50.00
72	0.9	\$45.00
64	0.8	\$40.00
60	0.75	\$37.50
56	0.7	\$35.00
48	0.6	\$30.00
40	0.5	\$25.00

## 2023 BI-WEEKLY DENTAL RATE SCHEDULE

### DELTACARE USA DENTAL

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$0.00	\$7.80	\$0.00	\$13.09	\$0.00	\$13.09	\$0.00	\$19.28

### METLIFE 1000 DENTAL

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$15.18	\$7.80	\$32.84	\$13.09	\$34.00	\$13.09	\$50.77	\$19.28

### METLIFE 1500 DENTAL

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$22.89	\$7.80	\$48.26	\$13.09	\$49.82	\$13.09	\$74.29	\$19.28

### METLIFE 2000 DENTAL

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$26.27	\$7.80	\$55.01	\$13.09	\$56.74	\$13.09	\$84.58	\$19.28

\* All paycheck deductions for Dental are pre-tax except for state registered domestic partners (DP) and children of state registered domestic partners



## 2023 BIWEEKLY VISION RATE SCHEDULE

### VSP STANDARD

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$0.00	\$3.60	\$0.00	\$5.72	\$0.00	\$5.84	\$0.00	\$9.87

### VSP ENHANCED

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$1.93	\$3.60	\$3.07	\$5.72	\$3.14	\$5.84	\$5.30	\$9.87

\* All paycheck deductions for Vision are pre-tax except for state registered domestic partners (DP) and children of state registered domestic partners.

# 2023 BIWEEKLY VOLUNTARY LIFE INSURANCE RATE SCHEDULE

**SEIU, PRN & Local 39 - up to \$490,000**  
**Non-contractual - up to \$450,000**

## Voluntary Employee Life Insurance

(This is an after-tax deduction)

	AGE	<30	30-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & above*
A	\$10,000	\$0.30	\$0.35	\$0.62	\$0.81	\$0.95	\$1.36	\$1.73	\$4.27	\$2.14
B	\$20,000	\$0.60	\$0.69	\$1.25	\$1.62	\$1.89	\$2.72	\$3.46	\$8.54	\$4.27
C	\$30,000	\$0.90	\$1.04	\$1.87	\$2.42	\$2.84	\$4.08	\$5.19	\$12.81	\$6.41
D	\$40,000	\$1.20	\$1.38	\$2.49	\$3.23	\$3.78	\$5.45	\$6.92	\$17.08	\$8.54
E	\$50,000	\$1.50	\$1.73	\$3.12	\$4.04	\$4.73	\$6.81	\$8.65	\$21.35	\$10.68
F	\$60,000	\$1.80	\$2.08	\$3.74	\$4.85	\$5.68	\$8.17	\$10.38	\$25.62	\$12.81
G	\$70,000	\$2.10	\$2.42	\$4.36	\$5.65	\$6.62	\$9.53	\$12.12	\$29.88	\$14.94
H	\$80,000	\$2.40	\$2.77	\$4.98	\$6.46	\$7.57	\$10.89	\$13.85	\$34.15	\$17.08
I	\$90,000	\$2.70	\$3.12	\$5.61	\$7.27	\$8.52	\$12.25	\$15.58	\$38.42	\$19.21
J	\$100,000	\$3.00	\$3.46	\$6.23	\$8.08	\$9.46	\$13.62	\$17.31	\$42.69	\$21.35
K	\$110,000	\$3.30	\$3.81	\$6.85	\$8.88	\$10.41	\$14.98	\$19.04	\$46.96	\$23.48
L	\$120,000	\$3.60	\$4.15	\$7.48	\$9.69	\$11.35	\$16.34	\$20.77	\$51.23	\$25.62
M	\$130,000	\$3.90	\$4.50	\$8.10	\$10.50	\$12.30	\$17.70	\$22.50	\$55.50	\$27.75
N	\$140,000	\$4.20	\$4.85	\$8.72	\$11.31	\$13.25	\$19.06	\$24.23	\$59.77	\$29.89
O	\$150,000	\$4.50	\$5.19	\$9.35	\$12.12	\$14.19	\$20.42	\$25.96	\$64.04	\$32.02
P	\$160,000	\$4.80	\$5.54	\$9.97	\$12.92	\$15.14	\$21.78	\$27.69	\$68.31	\$34.16
Q	\$170,000	\$5.10	\$5.88	\$10.59	\$13.73	\$16.08	\$23.15	\$29.42	\$72.58	\$36.29
R	\$180,000	\$5.40	\$6.23	\$11.22	\$14.54	\$17.03	\$24.51	\$31.15	\$76.85	\$38.43
S	\$190,000	\$5.70	\$6.58	\$11.84	\$15.35	\$17.98	\$25.87	\$32.88	\$81.12	\$40.56
T	\$200,000	\$6.00	\$6.92	\$12.46	\$16.15	\$18.92	\$27.23	\$34.62	\$85.38	\$42.69
U	\$210,000	\$6.30	\$7.27	\$13.08	\$16.96	\$19.87	\$28.59	\$36.35	\$89.65	\$44.83
V	\$220,000	\$6.60	\$7.62	\$13.71	\$17.77	\$20.82	\$29.95	\$38.08	\$93.92	\$46.96
X	\$230,000	\$6.90	\$7.96	\$14.33	\$18.58	\$21.76	\$31.32	\$39.81	\$98.19	\$49.10
Y	\$240,000	\$7.20	\$8.31	\$14.95	\$19.38	\$22.71	\$32.68	\$41.54	\$102.46	\$51.23
Z	\$250,000	\$7.50	\$8.65	\$15.58	\$20.19	\$23.65	\$34.04	\$43.27	\$106.73	\$53.37
AA	\$260,000	\$7.80	\$9.00	\$16.20	\$21.00	\$24.60	\$35.40	\$45.00	\$111.00	\$55.50
BB	\$270,000	\$8.10	\$9.35	\$16.82	\$21.81	\$25.55	\$36.76	\$46.73	\$115.27	\$57.64
CC	\$280,000	\$8.40	\$9.69	\$17.45	\$22.62	\$26.49	\$38.12	\$48.46	\$119.54	\$59.77
DD	\$290,000	\$8.70	\$10.04	\$18.07	\$23.42	\$27.44	\$39.48	\$50.19	\$123.81	\$61.91
EE	\$300,000	\$9.00	\$10.38	\$18.69	\$24.23	\$28.38	\$40.85	\$51.92	\$128.08	\$64.04
FF	\$310,000	\$9.30	\$10.73	\$19.32	\$25.04	\$29.33	\$42.21	\$53.65	\$132.35	\$66.18
GG	\$320,000	\$9.60	\$11.08	\$19.94	\$25.85	\$30.28	\$43.57	\$55.38	\$136.62	\$68.31
HH	\$330,000	\$9.90	\$11.42	\$20.56	\$26.65	\$31.22	\$44.93	\$57.12	\$140.88	\$70.44
II	\$340,000	\$10.20	\$11.77	\$21.18	\$27.46	\$32.17	\$46.29	\$58.85	\$145.15	\$72.58
JJ	\$350,000	\$10.50	\$12.12	\$21.81	\$28.27	\$33.12	\$47.65	\$60.58	\$149.42	\$74.71
KK	\$360,000	\$10.80	\$12.46	\$22.43	\$29.08	\$34.06	\$49.02	\$62.31	\$153.69	\$76.85
LL	\$370,000	\$11.10	\$12.81	\$23.05	\$29.88	\$35.01	\$50.38	\$64.04	\$157.96	\$78.98
MM	\$380,000	\$11.40	\$13.15	\$23.68	\$30.69	\$35.95	\$51.74	\$65.77	\$162.23	\$81.12
NN	\$390,000	\$11.70	\$13.50	\$24.30	\$31.50	\$36.90	\$53.10	\$67.50	\$166.50	\$83.25
OO	\$400,000	\$12.00	\$13.85	\$24.92	\$32.31	\$37.85	\$54.46	\$69.23	\$170.77	\$85.39
PP	\$410,000	\$12.30	\$14.19	\$25.55	\$33.12	\$38.79	\$55.82	\$70.96	\$175.04	\$87.52
QQ	\$420,000	\$12.60	\$14.54	\$26.17	\$33.92	\$39.74	\$57.18	\$72.69	\$179.31	\$89.66
RR	\$430,000	\$12.90	\$14.88	\$26.79	\$34.73	\$40.68	\$58.55	\$74.42	\$183.58	\$91.79
SS	\$440,000	\$13.20	\$15.23	\$27.42	\$35.54	\$41.63	\$59.91	\$76.15	\$187.85	\$93.93
TT	\$450,000	\$13.50	\$15.58	\$28.04	\$36.35	\$42.58	\$61.27	\$77.88	\$192.12	\$96.06
UU	\$460,000	\$13.80	\$15.92	\$28.66	\$37.15	\$43.52	\$62.63	\$79.62	\$196.38	\$98.19
VV	\$470,000	\$14.10	\$16.27	\$29.28	\$37.96	\$44.47	\$63.99	\$81.35	\$200.65	\$100.33
WW	\$480,000	\$14.40	\$16.62	\$29.91	\$38.77	\$45.42	\$65.35	\$83.08	\$204.92	\$102.46
XX	\$490,000	\$14.70	\$16.96	\$30.53	\$39.58	\$46.36	\$66.72	\$84.81	\$209.19	\$104.60

\* At age 70, the Voluntary coverage amount and cost are reduced 50%

**Spouse / State Registered DP Voluntary Life Insurance\***  
**(Coverage cannot exceed 50% of employee coverage)**

	AGE	<30	30-39	40-44	45-49	50-54	55-59	60-64	65-69
A	\$10,000	\$0.30	\$0.35	\$0.62	\$0.81	\$0.95	\$1.36	\$1.73	\$4.27
B	\$20,000	\$0.60	\$0.69	\$1.25	\$1.62	\$1.89	\$2.72	\$3.46	\$8.54
C	\$30,000	\$0.90	\$1.04	\$1.87	\$2.42	\$2.84	\$4.08	\$5.19	\$12.81
D	\$40,000	\$1.20	\$1.38	\$2.49	\$3.23	\$3.78	\$5.45	\$6.92	\$17.08
E	\$50,000	\$1.50	\$1.73	\$3.12	\$4.04	\$4.73	\$6.81	\$8.65	\$21.35
F	\$60,000	\$1.80	\$2.08	\$3.74	\$4.85	\$5.68	\$8.17	\$10.38	\$25.62
G	\$70,000	\$2.10	\$2.42	\$4.36	\$5.65	\$6.62	\$9.53	\$12.12	\$29.88
H	\$80,000	\$2.40	\$2.77	\$4.98	\$6.46	\$7.57	\$10.89	\$13.85	\$34.15
I	\$90,000	\$2.70	\$3.12	\$5.61	\$7.27	\$8.52	\$12.25	\$15.58	\$38.42
J	\$100,000	\$3.00	\$3.46	\$6.23	\$8.08	\$9.46	\$13.62	\$17.31	\$42.69
K	\$110,000	\$3.30	\$3.81	\$6.85	\$8.88	\$10.41	\$14.98	\$19.04	\$46.96
L	\$120,000	\$3.60	\$4.15	\$7.48	\$9.69	\$11.35	\$16.34	\$20.77	\$51.23
M	\$130,000	\$3.90	\$4.50	\$8.10	\$10.50	\$12.30	\$17.70	\$22.50	\$55.50
N	\$140,000	\$4.20	\$4.85	\$8.72	\$11.31	\$13.25	\$19.06	\$24.23	\$59.77
O	\$150,000	\$4.50	\$5.19	\$9.35	\$12.12	\$14.19	\$20.42	\$25.96	\$64.04
P	\$160,000	\$4.80	\$5.54	\$9.97	\$12.92	\$15.14	\$21.78	\$27.69	\$68.31
Q	\$170,000	\$5.10	\$5.88	\$10.59	\$13.73	\$16.08	\$23.15	\$29.42	\$72.58
R	\$180,000	\$5.40	\$6.23	\$11.22	\$14.54	\$17.03	\$24.51	\$31.15	\$76.85
S	\$190,000	\$5.70	\$6.58	\$11.84	\$15.35	\$17.98	\$25.87	\$32.88	\$81.12
T	\$200,000	\$6.00	\$6.92	\$12.46	\$16.15	\$18.92	\$27.23	\$34.62	\$85.38
U	\$210,000	\$6.30	\$7.27	\$13.08	\$16.96	\$19.87	\$28.59	\$36.35	\$89.65
V	\$220,000	\$6.60	\$7.62	\$13.71	\$17.77	\$20.82	\$29.95	\$38.08	\$93.92
X	\$230,000	\$6.90	\$7.96	\$14.33	\$18.58	\$21.76	\$31.32	\$39.81	\$98.19
Y	\$240,000	\$7.20	\$8.31	\$14.95	\$19.38	\$22.71	\$32.68	\$41.54	\$102.46
Z	\$250,000	\$7.50	\$8.65	\$15.58	\$20.19	\$23.65	\$34.04	\$43.27	\$106.73

\*\* When the employee reaches age 70, Spouse / State Registered DP coverage terminates as Spouse / State Registered DP is no longer eligible. Rates are based upon employee's age.

**Dependent Life\***

A	\$2,500	\$0.23
B	\$5,000	\$0.46
D	\$7,500	\$0.69
E	\$10,000	\$0.92

**Voluntary Accidental Death and Dismemberment (AD&D)\***

Employee Only			Employee + Family		
A	\$20,000	\$0.27	H	\$20,000	\$0.42
B	\$25,000	\$0.33	I	\$25,000	\$0.53
C	\$50,000	\$0.67	J	\$50,000	\$1.06
D	\$100,000	\$1.34	K	\$100,000	\$2.12
E	\$150,000	\$2.01	L	\$150,000	\$3.18
F	\$200,000	\$2.68	M	\$200,000	\$4.25
G	\$250,000	\$3.35	N	\$250,000	\$5.31

\* Voluntary deductions are after-tax

## 2023 BIWEEKLY LTD INSURANCE AND FSA RATE SCHEDULES

<b>Long Term Disability</b> (This is a after-tax deduction)		
ECH Pays for the amount equal to the deduction for the 90-day waiting period		
		Biweekly Premium Calculation
A	60% Benefit / 90 Day Waiting	Paid by ECH
B	60% Benefit / 30 Day Waiting	\$0.287 per \$100 of current monthly salary x 12 / 26
Monthly maximum benefit is \$10,000 (Local 39, PRN, SEIU-UHW represented employees) or \$15,000 (non-contractual employees)		

<b>Flexible Spending Accounts</b>	
<b>Health Care Flexible Spending Account</b> (This is a pre-tax deduction)	
Minimum contribution per year*	\$260
Maximum contribution per year**	\$3,050

\*\*FSA Rollover Provision—Rollover a maximum of \$610 of your unused balance to the following year.

<b>Dependent Care Flexible Spending Account</b> (This is a pre-tax deduction)	
Minimum contribution per year*	\$260
Maximum contribution per year	\$5,000

<b>Transit/Commuter Account</b> (This is a pre-tax deduction)	
Maximum contribution per year	\$3,600

<b>Adoption Assistance Account</b> (This is a pre-tax deduction)	
Minimum contribution per year*	\$260
Maximum contribution per year	\$15,950

<b>Health Savings Account</b> (This is a pre-tax deduction available only to employees enrolling in the HDHP)	
Minimum contribution per year*	\$260
Maximum contribution per year (ind.)	\$3,850
Maximum contribution per year (family)	\$7,750
Age 55+ Catch Up Contribution	\$1,000

\* Minimum contribution per pay period is \$10.00

# Where Can I Get More Information?

Carrier Name	Group Information	Member Services
<b>MEDICAL</b>		
Aetna	HMO #181066 HDHP PPO #181066	(833) 576-2491 www.aetna.com
Optum Bank a United Health Group company	Health Savings Account	(800) 791-9361 Option 1 Monday-Friday 5:00 am-5:00 pm PST www.myuhc.com
OptumRx (HMO)	Pharmacy ELCAMINO	(844) 813-7269 www.optumrx.com
CVS Caremark Aetna (HDHP PPO)	Pharmacy #181066	(888) 792-3862 www.aetna.com
<b>DENTAL</b>		
DeltaCare USA	DHMO # 01572	(800) 422-4234 www.deltadentalins.com/plans/delta_care_usa.html
MetLife Dental	PPO 1000 / 1500 / 2000 # 302572	(800) 942-0854 www.metlife.com/mybenefits
<b>VISION</b>		
Vision Service Plan	VSP Standard # 12154060 VSP Enhanced # 12154060	(800) 877-7195 www.vsp.com
<b>EMPLOYEE ASSISTANCE PROGRAM [EAP]</b>		
Concern	EAP PROGRAM <b>Company Code: EICamino</b>	(800) 344-4222 www.concernhealth.com
<b>LIFE INSURANCE, AD&amp;D INSURANCE AND LONG TERM DISABILITY</b>		
The Hartford	Life # 402989 AD&D & Voluntary Life # 402989 Voluntary AD&D # 402989 LTD # 402989 Leave Management # 402989	Insurance (877) 778-1383 www.thehartfordatwork.com  Leave of Absence (877) 417-2556 www.hartfordatwork.com
<b>FLEXIBLE SPENDING ACCOUNTS (FSA)</b>		
WORKTERRA	Health Care FSA, Dependent Care FSA, Transit/Commuter Benefits, Adoption Assistance Account	(888) 604-5325 https://workterra.lh1ondemand.com
<b>PROVIDENT CREDIT UNION</b>		
Provident Credit Union	Checking, Savings, Mortgage, Auto & Personal Loans	(650) 508-0300 www.providentcu.org
<b>RETIREMENT SAVINGS PLANS</b>		
Fidelity Investments	403(b) Retirement Plan # 62178	800-343-0860 www.fidelity.com/atwork
Buck	Cash Balance Plan	(855) 890-5736 https://secure.worknetservices.com/elcamino
<b>ADDITIONAL SERVICES</b>		
MetLife Voluntary Benefits	Accident, Critical Illness, Hospital Indemnity, MetLaw, Pet Insurance, Auto & Home Insurance	1-800-GET-MET8 (1-800-438-6388) Monday-Friday 8:00 am-11:00 pm EST www.metlife.com
Workday	Benefits Administration & Employee Self Service	helpdesk@elcaminohealth.org or call Ext. 8000
Online Benefits Center	Hub for Benefits Information	https://flimp.live/EI-Camino-Benefits-Showcase#welcome
Benefits Documents	https://rwebproxy-test.elcaminohospital.org/HRBenefitsDocs/	
Benefit Questions	Monday through Friday between 7:30 a.m and 5:00 p.m.	benefits@elcaminohealth.org or call (408) 866-3901



Mountain View  
2500 Grant Road  
Mountain View, CA 94040



Los Gatos  
815 Pollard Street  
Los Gatos, CA 95032

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

**Legal Disclaimer:** It is not the intent of this guide to otherwise substitute or replace any official plan documents, plan summaries or contracts between El Camino Hospital and the insurance carriers. If there is any conflict between this summary and the official Summary Plan Descriptions (“SPD”) or plan documents, the official SPD and/or plan documents will govern. The hospital reserves the right to modify, amend or discontinue the benefit plans it offers to its employees.

Some benefit programs require contributions from the employee.

Refer to your benefit materials provided on Workday or contact Human Resources for additional details about any plan.