



Benefits At-A-Glance

Introduction

Community Action Partnership of Orange County is pleased to present this overview of your benefit plans.

We offer a comprehensive package of benefits that help you take good care of yourself and your family. Your benefits are a valuable part of your compensation; we encourage you to learn how your plans work so you can get the most out of them.

Some of our over-riding objectives in selecting the benefits program include:

- Meeting the diverse needs of our employees by offering flexible benefit choices
- Positioning our benefits program as a competitive tool to attract and retain a quality workforce
- Promoting and enhancing employees' understanding of all benefits offered and costs associated with the plan
- Providing programs that promote a culture of wellness, with easy access to a variety of health resources

Community Action Partnership of Orange County pays the full monthly premium for the following plans:

Medical: Aetna Value Network HMO—Employee Only
Dental: Cigna DHMO—Employee Only
Basic Life and AD&D Insurance—Employee Only

Eligibility and Enrollment

You may enroll in our benefits program if you are an active, full-time regular employee working a minimum of 30 hours per week. Your benefit eligibility begins on the first of the month following 30 days of active employment.

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include your spouse/domestic partner and children.

Each year, Community Action Partnership of Orange County holds Open Enrollment, generally in July. Our plan year runs from August 1st through July 31st of each year.

Making Changes to Your Coverage

Once you choose your benefits, you may not change or cancel your coverage until the next open enrollment period unless you have what the IRS calls a “qualified status change”, such as marriage, divorce, birth of a child, death of a dependent, or certain events that affect your dependent’s insurance coverage—for example, your spouse losing his or her job, or your child reaching the maximum age. If you experience a qualified status change, you must notify Human Resources to change your coverage within 31 days of the change.

Qualified Status Changes Include:

- Change of domestic partner status, participant’s legal marital status, including marriage, death of spouse, divorce, legal separation, or annulment.
- Change in the number of employee’s dependents due to birth, adoption, and placement for adoption or death.
- Terminate or commencement of employment by the participant, spouse/domestic partner, or dependent.
- A reduction or increase in hours of employment by participant, spouse/domestic partner, or dependent, including a switch between part-time and full-time status, strike or lockout, or commence of or return from an unpaid leave of absence.
- An event that causes the participant’s dependent to satisfy or cease to satisfy the requirements for coverage due to attainment of age.
- A change in the place of residence (out of plan’s service area) of participant, spouse/ domestic partner, or dependent.

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Medical Plan Comparison

Community Action Partnership of Orange County has three different medical plans that you may choose from. Please refer to the charts below or access the Benefit Summary plan descriptions for more details.

| Aetna HMO Medical Plan Options | | |
|---|------------------------------------|------------------------------------|
| Benefits | Value Network HMO | Full Network HMO |
| Deductible | None | None |
| Preventive Services | No charge | No charge |
| Office Visit (Primary Care and Specialists) | \$20 copay | \$20 copay |
| Chiropractic Services (limited to 20 visits per cal year) | \$15 copay | \$15 copay |
| Hospitalization | \$500 copay | \$500 copay |
| Emergency (copay waived if admitted) | \$100 copay | \$100 copay |
| Urgent Care | \$35 copay | \$35 copay |
| Out-of-Pocket Maximum | \$2,000/Individual; \$4,000/Family | \$2,500/Individual; \$5,000/Family |
| Prescriptions—Retail (30-day supply) | | |
| Generic | \$10 copay | \$10 copay |
| Brand Formulary | \$25 copay | \$20 copay |
| Brand Non-Formulary | \$40 copay | \$35 copay |
| Mail Order (90-day supply) | | |
| Generic | \$20 copay | \$20 copay |
| Brand Formulary | \$50 copay | \$40 copay |
| Brand Non-Formulary | \$80 copay | \$70 copay |

| Aetna Point of Service (POS) Medical Plan Option | | |
|---|---------------------------------------|--|
| Benefits | Open Access Managed Choice POS | |
| Network | In-Network | Out-of-Network |
| Deductible | \$500/Individual; \$1,500/Family | |
| Preventive Services | Covered 100% (deductible waived) | 40%, after deductible |
| Office Visit (Primary Care and Specialists) | \$20 copay (deductible waived) | 40%, after deductible |
| Chiropractic Services (limited to 20 visits per cal year) | \$20 copay (deductible waived) | Not covered |
| Hospitalization | 20%, after deductible | 40%, after deductible |
| Emergency (copay waived if admitted) | \$100 copay + 20% (deductible waived) | |
| Urgent Care | \$35 copay (deductible waived) | 40%, after deductible |
| Out-of-Pocket Maximum | \$3,000/Individual; \$9,000/Family | \$6,000/Individual; \$18,000/Family |
| Prescriptions—Retail (30-day supply) | | |
| Generic | \$10 copay | 40% of submitted cost after retail copay |
| Brand Formulary | \$25 copay | |
| Brand Non-Formulary | \$40 copay | |
| Mail Order (90-day supply) | | |
| Generic | \$20 copay | Not covered |
| Brand Formulary | \$50 copay | |
| Brand Non-Formulary | \$80 copay | |

Prescription Drug Tips

Switch to generic: for the most effective way to save money on prescriptions. Generic drugs have been on the market longer than brand name drugs—more people have used them, so the chances of finding unexpected, rare complications are far lower.

Get your generics at a discount: Certain stores like Wal-Mart, Target, Rite-Aid, Ralph's, Safeway and Walgreens offer selected generic drugs for as little as \$4.00 per 30-day supply, \$6.00 per 60-day supply, or \$10-\$12.00 per 90-day supply.

Mail order prescriptions: If you are on a maintenance medication (e.g. high blood pressure, allergies), you can save time and money by having your prescriptions dispensed through the mail order program.

Aetna Website: Go to www.aetna.com to learn more about your prescription pharmacy benefits such as what medications are covered, medications that require a prior authorization or locating a pharmacy near you.

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Dental Plans

You and your eligible dependents have the opportunity to enroll in dental plans through Cigna. We offer a choice of a DHMO and a DPPO.

| Cigna Dental Plan Options | | | | |
|---------------------------|--------------------|-------------------------------|-----------------------|-----------------------|
| Feature or Service | DHMO Network Only | DPPO | | |
| | | Advantage Network | DPPO Network | Out-of-Network |
| Deductible (ind/fam) | None | \$50/individual; \$150/family | | |
| Ded waived on Preventive? | N/A | Yes | No | No |
| Annual Max | None | \$1,500/individual | | |
| Preventive Services | No charge | No charge (deductible waived) | 20%, after deductible | 20%, after deductible |
| Basic Services | Per copay schedule | 20%, after deductible | 20%, after deductible | 20%, after deductible |
| Major Services | Per copay schedule | 50%, after deductible | 50%, after deductible | 50%, after deductible |
| Orthodontia | | 50% to \$1,500 | | |
| Child (to age 19) | \$1,608 | Lifetime maximum | | |
| Adult | \$1,800 | | | |

Voluntary Vision Plan

You may elect vision coverage through VSP for your eyewear and eye care needs.

| VSP Voluntary Vision Plan | | |
|---|--|--|
| Benefits | Network | Non-Network |
| Exam (Every 12 months) | \$10 copay | Plan pays up to \$45 |
| Lenses (Every 12 months) | \$25 copay | Plan pays \$30-\$100 |
| Frames (Every 24 months) | Plan pays up to \$130 | Plan pays up to \$70 |
| Contact Lenses* Fit & Follow Up Exams Elective Medically Necessary | Up to \$60 copay Plan pays up to \$130 Covered in full | No benefit Plan pays up to \$105 Plan pays up to \$210 |

*Contacts are available in lieu of frames and lenses

Vision Discounts

VSP Member Vision Care Savings Program

As a VSP member, you can save up to 20% off additional prescription eye glasses. Members can choose from private practitioners or leading retailers such as Lens Crafters, Target Optical, JC Penny Optical and most Pearle Vision locations.

Flexible Spending Accounts (FSA)

If you have out-of-pocket medical, dental, voluntary vision or dependent care (including elder care if an IRS dependent) expenses, you may decrease taxes and increase your spendable income by enrolling in a Flexible Spending Account (FSA). SHDR, our FSA Administrator, offers two types of FSAs: a Health Care Account and a Dependent Care Account.

If interested, contact Human Resources for additional information.

Basic Life and AD&D Insurance

Community Action Partnership of Orange County provides employer-paid life and accidental death and dismemberment coverage in the amount of \$15,000. Your AD&D beneficiary(ies) for loss of life is the same beneficiary(ies) you choose for Basic Life Insurance.

Your Basic Life and AD&D benefit will reduce to 35% at age 65 and 50% at age 70.

Basic Life and AD&D Example

Should you lose your life as the result of an accident, AD&D coverage would pay an additional benefit equal to \$15,000. Combined with your Basic Life benefit, your beneficiary would receive \$30,000.

Optional Life Insurance

You may purchase additional life insurance coverage for yourself, as well as for your spouse/domestic partner and/or child(ren) through Unum. You must elect this coverage in order to elect spouse/domestic partner and/or dependent child coverage. Because this coverage is paid with after-tax dollars, beneficiaries will receive a non-taxable benefit. Refer to the Benefits Election Form for plan details and rates.

| Coverage Type | Coverage Amounts |
|--|---|
| Employee | <ul style="list-style-type: none"> 1-5 times annual salary to maximum of \$500,000 Guarantee Issue \$70,000 |
| Spouse/Domestic Partner | <ul style="list-style-type: none"> Lesser of 100% of employee-elected amount, not to exceed \$500,000 Guarantee Issue \$25,000 |
| Children (to age 26) | <ul style="list-style-type: none"> Children live birth to 14 days: \$1,000 14 days to six months: \$1,000 6 months to 26 years: lesser of 100% of employee-elected amount, not to exceed \$10,000 Guarantee Issue: \$10,000 |
| Age Reduction Schedule (benefit reduces from original amount at specified age) | <ul style="list-style-type: none"> To 65% at age 65 To 50% at age 70 Benefits terminate at retirement |

Voluntary Products

Community Action Partnership of Orange County provides an opportunity for you to purchase additional voluntary products on an individual basis through Colonial. The benefits offered are listed below.

Accident Coverage, Cancer Wellness/Security Insurance, Critical Illness Coverage, Term Life Insurance, Universal Life Insurance (Long-Term Care rider available with purchase of this plan)

Premiums for all of these plans except the Medical Bridge Coverage will be payroll deducted on an after-tax (post-tax) basis so that the benefit is not taxed.

If interested, contact our Colonial representative (contact information listed on next page). All communication following enrollment will be handled directly with Colonial on an individual basis.

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Helpful Contacts

| Plan Type | Group Numbers | Telephone Numbers | Website or Email Address |
|---------------------------------|---|---------------------------------|---|
| Medical—Aetna Value Network HMO | 804703 | 800.445.5299 | www.aetna.com |
| Medical—Aetna Full Network HMO | 804703 | 800.445.5299 | www.aetna.com |
| Medical—Aetna POS | 804703 | 877.204.9186 | www.aetna.com |
| Dental—Cigna DHMO | 3334955 | 800.244.6224 | www.cigna.com |
| Dental—Cigna DPPO | 3334955 | 800.244.6224 | www.cigna.com |
| Voluntary Vision—VSP | 010-40915 | 800.877.7195 | www.vsp.com |
| Life Insurance—Unum | Basic: 631152-001 Optional: 635113-001 | 800.421.0344 | www.unum.com |
| Flexible Spending Accounts—SHDR | N/A | 800.768.4873 or 800.930.2441 | www.SHDR.com |
| Voluntary Products—Colonial | N/A | 949.679.4415 | Email: drackliffe@cox.net |

Other Helpful Websites

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|--|--|
| Agency for Healthcare Research & Quality | www.ahrq.gov |
| American Medical Association | www.ama-assn.org |
| Medi-Cal | www.medi-cal.ca.gov |
| Merck Manual of Medical Information | www.merck.com |
| National Institutes of Health | www.nih.gov |
| National Library of Medicine | www.nlm.nih.gov |
| Covered CA | www.coveredca.com |



Please contact the Human Resources department with any questions regarding completion of the enrollment or change forms or any plan questions you may have.

Complete benefit program information is always available through the Human Resources department at ext. 3617. Or, reference the share drive under HRShare in the Benefits Insurance Information folder.