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Southern California Conference of Seventh-day Adventists

Employee Benefits Guide

2024

January 2024

Dear Employees,

Southern California Conference of Seventh-day Adventists (SCCSDA) remains committed to hiring and retaining the best, most talented people for our Conference. We foster a supportive environment where your contributions can be appreciated and recognized. We value your hard work and commitment and want you to grow and accomplish incredible things, make a difference and ultimately build a fulfilling and rewarding service to our church and organization.

We have developed this guide to help you understand your employee benefits. We offer you the opportunity to stay healthy and secure with a comprehensive benefits program and help you achieve financial goals through tax savings and retirement plans.

As the healthcare landscape in our country continues to evolve due to healthcare reforms, we annually evaluate and, when necessary, make modifications to our benefits programs in order to offer you and your dependents the best overall healthcare package. SCCSDA continues to contribute a significant portion of the group benefits plan cost for each qualifying employee. It is our desire to provide the maximum level of benefits while keeping your cost and our organization's cost as low as possible.

On behalf of our administration, I appreciate your support of SCCSDA in fulfilling its mission to exalt Christ by serving others. Thank you for your service to this Conference.

Sincerely,

Velino Salazar
President
Southern California Conference of Seventh-day Adventists

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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your organization. It does not include all the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area. Any discrepancies between this document and the plan document, the plan document will prevail. SCC retains the right to modify or eliminate any benefits, at any time, and for any reasons.

HOW TO ENROLL

1. Review the plan information contained throughout this Benefit Information Guide.
2. Review medical, dental and vision providers by accessing the provider websites. The web address and contact information can be found in this Guide on page 23.
3. Complete your enrollment on Workterra, our online enrollment system. Workterra allows you to:
   - Enroll in your benefit plans
   - Verify your benefit enrollment selections throughout the year
   - Update addresses and personal info
   - Access forms, plan documents and links to websites.

To enroll, follow these steps:

- Launch an Internet browser such as Internet Explorer.
- 2. Navigate to https://workterra.net
- 3. Enter the information below and click **Login**
  - **User Name:** First letter of your First Name, first six letters of your Last Name & last four numbers of your SSN
    (Example: if your name is John Smithville and your SSN ends in "1234", use "jsmithv1234")
  - **Password:** First 5 of your SSN
    (Example: if your SSN is 555-02-xxxx, use "55502")
  - **Company: SCC of SDA**
- **Welcome Page** – Please read your Welcome Page Information and then click the box next to the *Employee Usage Agreement* and *Legal Agreement*. Once you have read both, select **Continue.**
- **Demographics & Dependents** – Review, add, or update your demographic, your spouse or child information.
- **Plan Elections** – Follow the steps to enroll in your benefits. If you are not interested in a particular benefit, you may Waive that benefit. Be sure you select each person you want to cover for each benefit.
- **Navigation** – Please be sure to use only the navigational buttons provided within the tool. Back **Do not use your browser's back button.**
- **Beneficiaries** – Add your beneficiaries.
- **Completing the Enrollment Process** – After completing all your plan elections, you will come to the Confirmation Statement. Review all of your elections. Print a copy. Hit the Finish button.

EMPLOYEE BENEFITS

Who is Eligible for Employee Benefits?

Eligible employees and their dependents may participate in the benefits program. Benefits are effective the first of the month following employment or a change in employment status. Eligible dependents may include:

- Spouse
- Children under age 26
- Children who are age 26 or older and mentally or physically disabled
- Children include biological children, stepchildren, children covered under a child support order, or adopted children.

Paying for Coverage

SCCSDA pays a significant portion of the premium cost of many of your benefits to cover you and your eligible dependents. The portion that you pay for medical, dental, vision and the flexible spending accounts is deducted from your paycheck on a pre-tax basis. This means that the income you use to pay for these benefits is not taxed, putting dollars back into your pocket. SCCSDA pays 100% of the premium for the Basic Life and Long-Term Disability coverage for employees who are eligible for these programs.

3

Making Changes to Your Benefits

The benefits plan year runs from January 1 to December 31 each year. You may make changes to your benefit choices during the annual Open Enrollment period or when you have a qualifying event.

Notify Human Resources **within 30** days of the qualifying event.

- Change in legal marital status.
- Childbirth or adoption.
- Loss of healthcare coverage
- Divorce or legal separation resulting in a loss of coverage
- A dependent's eligibility ceases resulting in a loss of coverage

MEDICAL COVERAGE

ANTHEM BC PPO HDHP/ HSA Plan

The Custom Anthem PPO HSA medical plan has a wide provider network. When choosing this plan, be sure to review the providers available in the network. You can search online at www.anthem.com.
See page 21 of this Guide for step-by-step directions to look up providers.

Plan Highlights	PPO HDHP/HSA	
Services	**In Network**	**Out of Network****
Calendar Year Deductible	$6,100 / individual $12,200 / family	$18,300 / individual $36,600 / family
Calendar Year Out-of-Pocket Maximum	$7,000 / individual $14,000 / family	$21,000 / individual $42,000 / family
Lifetime Maximum Benefit	unlimited	unlimited
MEDICAL BENEFITS*		
Office Visit	0% coinsurance PCP & Specialist**	50% coinsurance PCP & Specialist**
Preventive Care Services	Covered at 100%	50% coinsurance**
X-ray and Laboratory Services	0% coinsurance**	50% coinsurance**
Complex Imaging / Labs	0% coinsurance**	50% coinsurance**
HOSPITAL BENEFITS		
Inpatient Hospitalization	0% coinsurance**	50% coinsurance**
Outpatient Surgery	0% coinsurance**	50% coinsurance**
Urgent Care Visit	0% coinsurance**	50% coinsurance**
Emergency Room	0% coinsurance**	0% coinsurance**
Ground Ambulance	0% coinsurance**	0% coinsurance**
MENTAL HEALTH / SUSTANCE ABUSE BENEFITS		
Outpatient	0% coinsurance**	50% coinsurance**
Inpatient	0% coinsurance**	50% coinsurance**
PRESCRIPTION DRUG BENEFITS		
Calendar Year Deductible	Combined with Medical Deductible	Combined with Medical Deductible
Retail (30-days)		
Tier 1a	$5 copay**	50% up to $250/prescription**
Tier 1b	$15 copay**	50% up to $250/prescription**
Tier 2	$50 copay**	50% up to $250/prescription**
Tier 3	$75 copay**	50% up to $250/prescription**
Tier 4	30% up to $250/prescription**	50% up to $250/prescription**
Mail Order (90-day supply)		
Tier 1a	$10 copay**	Not Covered
Tier 1b	$30 copay**	Not Covered
Tier 2	$125 copay**	Not Covered
Tier 3	$188 copay**	Not Covered
Tier 4	30% up to $250/prescription**	Not Covered

This is a summary only; for more detailed information, please refer to the Summary Plan Description or contact your benefits department.

**Calendar Year Deductible applies to all medical services and Rx with the exception of Preventive Services which is covered at a 100%, However, if you receive both Preventive Services and other covered Services during office visit, you may have a Copay or Coinsurance for the visit.

** When using Out of Network providers Anthem limits coverage. Please make sure you understand that by going to an Out of Network provider, you will be subject to substantially more out of pocket costs.

EMPLOYEE CONTRIBUTIONS

Healthcare Premiums and Contributions

	Employee Monthly	Employee Per Pay Period
PPO HDHP / HSA PLAN		
Employee Only	$80	$40
Employee + Spouse	$160	$80
Employee + Child(ren)	$160	$80
Employee + Family	$240	$120
EMPLOYEE PREMIUM INCLUDES MEDICAL + DENTAL + VISION		

Working Spouse's eligibility is contingent on verification of lack of employer's offer of healthcare and proof of salary within NAD's guidelines.

Meeting your Deductible and Out of Pocket Maximum (OOPM)

	Deductible & Out of Pocket Maximum	
	Single	Family (2 or more)
Deductible	$ 6,100.00	$12,200.00
Employee pays first	$ 500.00	$ 1,000.00
Remaining Deductible	$ 5,600.00	$11,200.00
Employer will reimburse up to	$ 4,000.00	$ 8,000.00
Employee pays remaining deductible	$ 1,600.00	$ 3,200.00
Out of Pocket Maximum	$ 7,000.00	$14,000.00
Deductible	$ 6,100.00	$12,200.00
Remaining Out of Pocket Maximum	$ 900.00	$ 1,800.00
Employee pays first OOPM	$ 300.00	$ 600.00
Employer pays remaining OOPM	$ 600.00	$ 1,200.00
Maximum Employee Liability	$ 2,400.00	$ 4,800.00

HEALTH SAVINGS ACCOUNT (HSA)

Health Savings Accounts (HSA) allow individuals with a High Deductible Health Plan (HDHP) to put pre-tax funds into an interest-bearing bank account to help pay for medical expenses.
The introduction of HSAs is truly changing the way we pay for healthcare. Unlike traditional health insurance coverage, as an HSA account holder, you are in control of how you save and spend for medical expenses.

A Health Savings Account (HSA) in conjunction with the Anthem BC PPO HDHP/ HSA plan is a way for you to pay for your health and medical expenses while saving money for health expenses during retirement. Simply put, an HSA is a tax-advantaged cash and investment account that can be used to pay for qualified medical expenses. Unused funds rollover each year and grow tax free helping you save for future medical expenditures.

When you enroll in the Anthem BC PPO HDHP/HSA plan, you will be automatically enrolled in an Optum Bank HSA if you choose to make contributions.

How to access your Optum Bank HSA

1. Go to http://www.optumbank.com . Sign In. If you are a new user, click "Create Your Profile".
2. Start using the online tools available to help you manage your account.

You will receive your Optum Card in the mail, in a plain white envelope. If you already have an Optum card, continue to use the card until it expires.

- If you receive a card, do not forget to activate it.
- Take note of the personal identification number (PIN) assigned to your card.

Who is eligible to contribute to an HSA?

Anyone who is:

- Enrolled in a HDHP/HSA Plan
- Not covered under another medical plan that is not a HDHP
- Not receiving Medicare benefits
- Not receiving Social Security benefits
- Not eligible to be claimed on another person's tax return

When do I use my HSA?

After visiting a physician, facility, or pharmacy, you may submit the charges to your HSA for payment. Your HSA dollars can be used to pay your out-of-pocket expenses (deductibles and coinsurance) billed by the physician, facility, or pharmacy or you can choose to save your HSA dollars for a future medical expense.

How much can I contribute to an HSA?

The maximum annual contributions allowed by the IRS:

2023	2024
Single: $3,850 Family: $7,750	Single: $4,150 Family: $8,300

Individuals age 55 or older can make an additional catch-up contribution of $1,000.

Contact Optum Bank:

Our customer support center is available for assistance **24/7, at 866 234-8913**

DENTAL COVERAGE

Anthem Dental Essential Choice

The PPO dental plan is designed to allow you the choice of receiving your dental care from any licensed dentist you wish. You receive the maximum benefits available under the plan when you choose a contracted dentist with Dental Complete Network. In addition, no claim forms are required. When you go out-of-network, you will not receive any provider discounts and your out-of-pocket expenses will be greater.

Plan Highlights	Anthem Dental PPO	
	In-Network	Out-of-Network[1]
Calendar Year Deductible (PPO)	Individual / $50 Family / $150	Individual / $50 Family / $150
Annual Plan Maximum	$2,500 / person	$2,500 / person
Preventive Care Benefits X-Rays, Routine Exams and 2 Semi-Annual Teeth Cleanings	Plan pays 100%	Plan pays 100%
Basic Care Benefits Fillings, Extractions, Endodontics, Periodontics, and Oral Surgery	Plan pays 90%	Plan pay 80%
Major Care Benefits Crowns, Inlays, Onlays, Bridges, Dentures, and Restorations	Plan pay 60%	Plan pay 50%
Orthodontics: Child	Plan pay 50%	Plan pay 50%
Orthodontics Lifetime Max	50% to $1,500	50% to $1,500

[1] PPO - Member pays applicable coinsurance plus any amount that exceeds the Usual, Customary and Reasonable (UCR) charge

VISION COVERAGE

When you use an Anthem Blue View vision provider, you are responsible for a copayment at the time of service. Your provider will file a claim for you and be reimbursed directly from Anthem BC. If you see an out-of-network provider, you pay all expenses at the time of service and submit a claim for reimbursement up to the allowance shown in the vision highlights chart below.

You may select a Blue View Vision provider by calling Customer service at 866.723.0515. Providers can also be accessed through the "Find a Doctor / Find Care" link at www.anthem.com. Anthem ID Cards are not required by the vision providers.

Plan Highlights	Anthem Blue View Vision Plan	
	In-Network	Out-of-Network
Exams (once every calendar year)	$10 Copay	Up to $42 reimbursement
Lenses (once every calendar year) Single Vision Bifocal Trifocal	 $0 Copay $0 Copay $0 Copay	 Up to $40 reimbursement Up to $60 reimbursement Up to $80 reimbursement
Frames (once every calendar year) Purchased at Providers	$150 allowance, then 20% off any remaining balance	Up to $45 reimbursement
Contact Lenses medically necessary	Covered in full	Reimbursed Up to $210
(In lieu of lenses and frames, every calendar year) Elective conventional	$150 Allowance, then 15% of any remaining balance	Up to $105 allowance

Ask your Anthem Blue View Vision provider about *special discounts* for additional pairs of glasses, special lens options and other vision services including LASIK surgery.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Prudential

Life has its share of challenges that can affect us physically, mentally, or emotionally. Sometimes you need a little help. The Employee Assistance Program (EAP) through Prudential's partnership with ComPsych you will be connected to GuidanceExpertSM, which is available to *eligible* employees, provides confidential, no-cost assistance for a wide range of personal concerns. For additional financial assistance please contact your HR team.

Common Issues include:

- Marital/relationship problems
- Parenting issues
- Depression/anxiety
- Bereavement or grief counseling
- Substance abuse & recovery

EAP Benefits provided by and include:

- 5 face-to-face sessions per issue per year
- Legal support & resources
- Free will preparation for you and your spouse
- Unlimited EAP phone access; 24 hours a day, 7 days a week

To access these services: Call 800-311-4327 or go to www.guidanceresources.com Your company Web ID: GEN311

Anthem BC Medical Plan (Mental Health)

Please contact your medical plan with Anthem BC for provider network and coverage provisions.

Marriage & Family Counseling Reimbursement Assistance

Financial assistance from the Conference may be available by completing the online application form at Mental Health/Counseling Plan and submit supporting documentation from Anthem BC along with proof of payment and explanation of benefits (EOB). The assistance amount is a reimbursement of 80% of employee's *eligible* receipted expenses.

Alternative Health Care

SCCSDA recognizes the potential value and benefits of alternative health care and lifestyle enhancement programs. Fairness and exercise of good stewardship require that appropriate expectations be in place and that the health care and enhancement programs provide actual measurable benefits. Maximum assistance level is $2,500 or 50% of the treatment costs for the patient, whichever is less. There is no reimbursement for travel expenses, lost wages or companion's expenses. Pre-authorization is required.

Dental Implant Assistance Plan

The Conference provides dental implant assistance to employees and eligible family members who are covered by the Anthem BC dental plan. The assistance amount is a reimbursement at 60% of employee's PPO co-insurance payment. For out-of-network dentist, the assistance amount will be at 50%. Pre-authorization is required. Proof of payment and the explanation of benefits (EOB) statement from Anthem BC website are required for any reimbursement. Complete and submit the online application form to your HR office

GUIDANCE RESOURCES

No matter what's going on in your life, GuidanceResources® is here to help.

GuidanceResources®

Personal problems, planning for life events or simply managing daily life can affect your work, health and family. GuidanceResources is a company-sponsored service that is available to you and your dependents, at no cost, to provide confidential support, resources and information to get through life's challenges. This flyer explains how GuidanceResources can help you.

Confidential Counseling on Personal Issues

Your Employee Assistance Program (EAP) is a confidential assistance program to help address the personal issues you and your dependents are facing. This service, staffed by experienced clinicians, is available by phone 24 hours a day, seven days a week. A GuidanceConsultant℠ is available to listen to your concerns and refer you to a local provider for in-person counseling or to resources in your community. Call any time with personal concerns, including:

- Depression
- Marital and family conflicts
- Job pressures
- Stress and anxiety
- Alcohol and drug abuse
- Grief and loss

Financial Information, Resources and Tools

Financial issues can arise at any time, from dealing with debt to saving for college. Our financial professionals are here to discuss your concerns and provide you with the tools and information you need to address your finances, including:

- Saving for college
- Getting out of debt
- Retirement planning
- Tax questions
- Estate planning

Legal Information, Resources and Consultation

When a legal issue arises, our attorneys are available to provide confidential support with practical, understandable information and assistance. If you require representation, you can also be referred to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call any time with legal issues including:

- Divorce and family law
- Debt obligations
- Landlord and tenant issues
- Real estate transactions
- Bankruptcy
- Criminal actions
- Civil lawsuits
- Contracts

Online Information, Tools and Services

GuidanceResources® Online is your one stop for expert information to assist you with the issues that matter to you, from personal or family concerns to legal and financial concerns. Create your own account by going to www.guidanceresources.com. Each time you return to the site, you will find personalized, relevant information based on your individual life needs. You can:

- Review in-depth HelpSheetsSM on topics you select
- Get answers to specific questions
- Search for services and referrals
- Use helpful planning tools

WE ARE AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK.

Call: 800.311.4327
TDD: 800.697.0353

Online: guidanceresources.com Your company Web ID: GEN311

INCOME PROTECTION PLAN

Basic Life and Disability Insurance

SCCSDA provides Full time employees with Basic Life through VOYA without any cost to the employee. Your Basic Life coverage amount is $100,000. Spouse Basic Life coverage is $50,000.

Basic AD&D Insurance

SCCSDA provides Full time employees with AD&D Insurance through VOYA without any cost to the employee. Your Basic AD&D coverage amount is $100,000. This benefit is available for the employee only.

Long Term Disability (LTD)

All eligible employees are eligible for Long-Term Disability (LTD) through Prudential coverage at no cost to you.

The benefits cover 66.67% of your earnings up to a maximum of $6,000 per month with a 90-day elimination period.

Prudential Voluntary Life and AD&D Insurance

SCCSDA provides benefit-eligible employees with an opportunity to purchase additional group Supplemental Life and Accidental Death & Dismemberment (AD&D) insurance benefits. You can purchase coverage for yourself in $10,000 increments, up to seven times annual earnings not to exceed $500,000 with a guaranteed issue amount of $100,000.

For your spouse, you can purchase increments of $5,000 subject to a maximum of the lesser of 50% Employee's Optional Life amount or $250,000.

For your children, you can purchase increments of $1,000 subject to a maximum of $25,000.

PLAN

403(b) Plan Information

One of the most important decisions you make while working is finding a convenient way to save for your retirement. SCCSDA's 403(b) plan offers tax savings, matching contributions, and a selection from a variety of investments to help you reach your retirement goals.

The employer makes a 5% basic contribution to your retirement account and a dollar-for-dollar matching contribution up to the first 3% of your eligible compensation on amounts that you contribute. For more information on the Plan, please visit www.adventistretirement.org.

As a new hire, you are automatically enrolled in the Adventist Retirement Plan ("Plan") maintained by Empower Retirement. 3% will be taken from your eligible compensation as a salary reduction contribution to the Plan. Plan participants who are not making salary reduction contributions of at least 15%, will automatically have their salary reduction contribution increased by 1% every July 1 until your contribution percentage reaches 15%. If you do not wish to participate in the automatic initial enrollment and/or automatic escalation feature, you must log on to https://participant.empower-retirement.com or call (866) 467-7756 to opt out of these Plan features.

EMPOWER RETIREMENT™

Regardless of whether you contribute to your 403(b) plan, it is important that you log on to the Empower Retirement website to enter your *beneficiary* information.

Once you make an election to defer some of your salary into the plan, your pre-tax contributions are deducted from your pay before income taxes are taken out. This means that you can lower the amount of current income taxes you pay each period. It could mean more money in your take- home pay versus saving money in a taxable account. Also, you pay no taxes on any earnings until you withdraw them from your account, generally at retirement, enabling you to keep more of your money working for you now.

You can roll over eligible savings from a previous employer into this Plan. You can also take your plan vested account balance with you if you leave the company.

You have the flexibility to select from investment options that range from more conservative to more aggressive, making it easy for you to develop a well-diversified investment portfolio.

LIMITED FSA

Your Limited Purpose FSA

You may choose to participate in the following account:
Health Care Limited FSA:

— $3,200 maximum Limited Purpose for dental & vision expenses
—$5,000 Dependent Care FSA household maximum limit.

Dependent Care FSA

The Dependent Care FSA gives you the opportunity to pay for childcare, elder care, or other dependent care services so that you and/or your spouse can work or attend school full-time. In addition, services may be provided inside or outside of your home but cannot be provided by your minor child or dependent. In order to qualify for reimbursement, services need to be related to the care of:

- Children under age 13 who are listed as dependents on your income tax return (if your child turns age 13 during the year, contributions do not stop, so plan accordingly)
- Dependents of any age who are incapable of caring for themselves and who regularly spend at least 8 hours a day in your home

FSA Debit Card

The Debit Card makes using your FSA dollars quick and easy. The card deducts each payment directly from your FSA account — it's as convenient as using an ordinary credit card. You no longer have to pay for a purchase and then submit claim forms and receipts to request reimbursement — simply present the card at the time of purchase at qualifying locations.

It is important to keep your receipts, should the FSA vendor or the IRS request verification of your expenses. If a receipt is required for a debit card transaction, our FSA administrator will send you three requests for a copy of the receipt. If no receipt is received after the 3rd request, the debit card will be deactivated.

MEDICAL TERM GLOSSARY

To help you understand the information in this guide, here is a glossary of health care medical terms.

Affordable Care Act (ACA):
Also known as Obamacare, this law was passed in 2010 to help increase the number of Americans with health insurance by expanding Medicaid coverage and creating health insurance exchanges for those who do not have access to employer-based coverage. The ACA also includes penalties for employers who do not offer health insurance.

Carrier:
The insurance company providing the health plan.

Certificate Booklet, Certificate of Insurance or Policy Booklet or Plan Handbook:
A printed description of the contractual benefits and coverage between the carrier and the insured.

Claim:
A request for payment of service incurred by the insured.

COBRA (Consolidated Omnibus Budget Reconciliation Act):
SCCSDA is exempt from COBRA.
A federal law requiring employer groups to provide a member the ability to purchase health insurance if the member's job or coverage is terminated. SCC is exempt

Copay or Copayment:
Money the insured spends on medications or services through a cost-sharing arrangement, generally a fixed cost depending on service.

Deductible:
A fixed amount the insured pays for health care before the carrier begins to compensate.

HIPAA (Health Insurance Portability & Accountability Act):
A wide-reaching federal law that protects the privacy of personal health information, allows people to qualify for comparable health insurance when changing employment and covers a variety of other health- insurance-related issues.

Open Enrollment:
A window of time when eligible individuals can apply for insurance through their employer.

Out-of-Network Provider:
A physician or facility not contracted with the insured's plan.

PPO (Preferred Provider Organization):
A delivery system where providers are under contract to a carrier at a discounted rate. The insured typically can choose from among in-network and out-of-network providers, but in-network providers are less expensive, benefits are greater, and no claim forms are required.

Precertification or Preadmission Certification:
Authorization from the carrier sometimes required before hospital admissions or physician's services.

Premiums:
Payments to the insurance carrier.

Primary Care Physician:
The health care professional who monitors the insured's needs and coordinates his/her medical care, including referrals for test and specialists.

DENTAL TERM GLOSSARY

To help you understand the information in this guide, here is a glossary of health care dental terms.

Amalgam:
A silver filling.

Anterior:
Teeth that are in the front of the mouth.

Bicuspid:
Most people have eight bicuspid teeth; they are located immediately preceding the molar teeth with two in each quadrant of the mouth.

Bridge:
A replacement for one or more missing teeth that is permanently attached to the teeth adjacent to the empty space(s).

Crown:
A covering created to place over a tooth to strengthen and/or replace tooth structure. A crown can be made of different materials (noble, high noble), base metal, porcelain or porcelain and metal.

Endodontics:
Procedures that treat the nerve or the pulp of the tooth due to injury or infection.

Oral Surgery:
Surgery to remove teeth, reshape portions of the bone in the mouth, or biopsy suspect areas of the mouth.

Orthodontics:
Braces and other procedures to straighten the teeth.

Periodontics:
Procedures related to treatment of the supporting structures of the teeth (gums, underlying bone).

Posterior:
Teeth that set toward the back of the mouth, including molars and bicuspids (premolars).

Primary Teeth:
The first set of teeth ("baby" teeth).

Prophylaxis:
Scaling and polishing of teeth by removal of the plaque above the gum line.

Prosthodontics:
The restoration of natural and/or the replacement of missing teeth with artificial substitutes.

Quadrant:
One of the four equal sections into which your mouth can be divided (some procedures like periodontics are done in quadrants).

ANNUAL NOTICES

Notice of Special Enrollment Rights

Initial Notice of Your HIPAA Special Enrollment Rights.

Our records show that you are eligible to participate in the company Health Plan (to participate, you must complete an enrollment form and pay part of the premium through payroll deduction). A federal law called HIPAA requires that we notify you about an important provision in the plan—your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact HR.

Continuation of Coverage Rights

Your group health plan may contain certain options to continue your and or your dependent's health benefits following termination of coverage. These continuation options may include federal COBRA rights, conversion rights, and/or state mandated continuation rights. State and Federal Marketplace exchanges can also provide medical coverage with no health questions plus you may be eligible to qualify for a subsidy to make the coverage affordable to you. Additionally, your group life insurance certificates or booklets may also include and describe certain continuation options that may be available to you. Please examine your options carefully before declining this coverage. You should be aware that companies selling individual health insurance typically require a review of your medical history that could result in a higher premium or you could be denied coverage entirely.

ANNUAL NOTICES

Notice of Women's Health and Cancer Rights Act (WHCRA)

Our medical plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all states of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema.

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please review the plan option you elected to determine the actual deductible and coinsurance provisions.

Contact the Human Resources department for more information.

Notice Regarding the Newborns' Act

Group health plans and health insurance issuers generally, may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier
than 48 hours (or 96 hours as applicable).

In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). For plans subject to state law, you will need to review the insurance booklets or certificates describing any additional state law requirements.
If you would like more information, please visit www.dol.gov/EBSA.

Notice of Availability of Privacy Practices

The Company provides health care benefits and related benefits to its eligible employees and their eligible dependents. By so doing, it creates, receives, uses, and maintains health information about plan participants which is protected by federal law (protected health information or PHI). The Health Insurance Portability and Accountability Act (HIPAA) requires health plan(s) to provide plan participants and others with a notice of the plan's privacy practices with regard to the health information it creates and maintains in the course of providing benefits (Notice of Privacy Practices). This Notice of Privacy Practices describes the ways the plan uses and discloses PHI. To obtain a copy of the plan's Notice of Privacy Practices, you should contact the member services department for your health coverage. Their contact information is located on your ID card. This is also generally available on their respective websites. Additionally, you may contact our Human Resources department.

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.

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To learn about programs that may be available in your state: www.dol.gov/ebsa/chipmodelnotice.doc or www.insurekidsnow.gov.

Summary of Benefits and Coverage

As an employee, the medical benefits available to you represent a significant part of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan provides a Summary of Benefits and Coverage (SBC), which summarizes information about the medical coverage in a standard format. The SBCs are available during Open Enrollment on PlanSource website or contact HR.

More information about your rights can be found in your Summary Plan Description, insurance certificates or booklets, as well as any required notices that are sent to you separately regarding these rights. If you would like more information about any of these notices, please contact Employee Benefits.

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE FOR USE ON OR AFTER APRIL 1, 2011

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with SCCSDA and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. SCCSDA has determined that the prescription drug coverage offered by the Southern California Conference of Seventh-day Adventists is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you Join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to Join a Medicare drug plan?

Generally speaking, if you decide to join a Medicare drug plan while covered under the company plan due to your employment (or someone else's employment, such as a spouse or parent), your coverage under the Company Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare.

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If you do decide to join a Medicare drug plan and drop your prescription drug coverage with Southern California Conference of Seventh-day Adventists, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

When will you pay a higher premium (penalty) to Join a Medicare drug plan?

You should also know that if you drop or lose your current coverage with SCCSDA and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare
base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage

Contact the person listed below for further information. **Note**: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Southern California Conference of Seventh-day Adventists changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You"
handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare Prescription Drug Coverage:
Visit www.medicare.gov.

Call your State Health Insurance Assistance Program
(see the inside back cover of your copy of the "Medicare
& You" handbook for their telephone number) for personalized help.

Call 1. 800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 800.772.1213 (TTY 800.325.0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

HOW TO FIND PROVIDERS

Anthem BlueCross

FIND A DOCTOR OR SPECIALIST

Find an Anthem medical Provider: www.anthem.com

- Click on "Find a Doctor / Find Care"
- Click on Guests
- On What type of care are you searching for?
- Select Medical
- On What State do you want to search with?
- Click on California
- On What type of plan do you want to search with?
- Click on Medical (Employer-Sponsored)
- On Select a plan/network
- Click on Blue Cross PPO (Prudent Buyer) - Large Group and click Continue
- On Types of providers
- Click on Physicians & Medical Professionals
- Search on the providers listed

Find an Anthem dental Provider: www.anthem.com

- Click on "Find a Doctor / Find Care"
- Click on Guests
- On What type of care are you searching for?
- Select Dental
- On What State do you want to search with?
- Click on California
- On What type of plan do you want to search with?
- Click on Dental
- On Select a plan/network
- Click on Dental Complete
- Click Continue
- On Types of providers
- Click on Dental Professionals
- Search on the providers listed

Anthem BlueCross

Find an Anthem vision Provider: www.anthem.com

- Click on "Find a Doctor / Find Care"
- Click on Guests
- On What type of care are you searching for?
- Select Vision
- On What State do you want to search with?
- Click on California
- On What type of plan do you want to search with?
- Click on Vision
- On Select a plan/network
- Click on Blue View Vision
- Click Continue
- On Types of providers
- Click on Vision Professionals
- Search on the providers listed

Prudential

Find an EAP Prudential Provider:
To access these services: Call 800.311.4327or go to www.guidanceresources.com
Your company Web ID is: GEN311

CONTACT INFORMATION

Need additional information? Have a question about one of your benefits? Keep this guide handy for a quick reference for all your benefit needs.

Plan	Member Services	Website
ENROLLMENT & ELIGIBILITY		
Ashton Hardin-Artiga HR Department	818.546.8416	aartiga@sccsda.org
MEDICAL PLANS		
Anthem BC Custom Anthem PPO / HSA	866.207.9878	www.anthem.com/ca
Anthem Rx Mail Order	833.261.2460	www.anthem.com/ca
Anthem BC Pharmacy General Info & Claims	833.261.2460	www.anthem.com/ca
24/7 Nurseline	800.337.4770	www.anthem.com/ca
ANTHEM DENTAL & VISION PLANS		
Dental PPO	877.567.1804	www.anthem.com/ca
Blue View Vision	866.723.0515	www.anthem.com/ca
PRUDENTIAL PLANS		
Long Term Disability	888.598.5671	www.prudential.com/link2benefits
Supplemental Life & AD&D	844.455.1002	www.prudential.com/link2benefits
PRUDENTIAL EMPLOYEE ASSISTANCE PROGRAM (EAP)		**Your company Web ID: GEN311**
Guidance Resources	800.311.4327	www.guidanceresources.com
FLEXIBLE SPENDING ACCOUNT (FSA)		
Flores FSA	800.532.3327	www.flores247.com
HEALTH SAVINGS ACCOUNT (HSA)		
Optum Bank	866.234.8913	www.optumbank.com
403(b) PLAN		
Empower Retirement	855-756-4738	www.empower-retirement.com
HEALTH INSURANCE EXCHANGE		
Covered California	800.300.1506	www.coveredca.com
Federal Exchange	800.318.2596	www.healthcare.gov
FOY AND ASSOCIATES		
Vicente Torres	747.234.3159	vicente@pcfoy.com
Ashley Clark	818.456.5266	ashley@pcfoy.com

Southern California Conference of Seventh-day Adventists

FOY

PETER C. FOY & ASSOCIATES
INSURANCE SERVICES INCORPORATED