



July 1, 2020 – June 30, 2021
BENEFITS PROGRAM

An aerial photograph of a beach with waves crashing onto the shore. The water is a deep teal color, and the sand is a light tan. The waves are white and frothy as they break.

Welcome to your Benefits

At PPPSW, we pride ourselves on offering a comprehensive, cost effective and high-quality employee benefits program that provides peace of mind for you and your family. As we realize that not every employees' needs are the same, we are pleased to offer a variety of voluntary programs and services to fill your unique needs. This guide will provide you with high level information on the various programs, perks and services that are available.

We appreciate the hard work and dedication you bring to Planned Parenthood of the Pacific Southwest. For this and many other reasons, we are committed to providing the best employee benefits package to care for you and your family. It's one way we can say thank you for your contributions.

*Need assistance?
Health Advocate is
available to help...*

If you have any questions as it relates to your benefits program or available options, please contact Health Advocate. Please make sure to specify that you are affiliated with Planned Parenthood of the Pacific Southwest

866.799.2728
answers@HealthAdvocate.com



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Benefits Eligibility

You can enroll in the benefits program specified below if you are a regular full-time employee scheduled a minimum of 30 hours per week or a part-time partially benefited employee scheduled 24–29 hours per week. Eligible employees may also choose to enroll the following eligible dependents:

- / Your lawful spouse
- / Your state registered and unregistered domestic partner
- / Your children up to age 26, including natural, stepchild or legally adopted children, foster children who has been placed with you, and any other children you support for whom you are the legal guardian or for whom you are required to provide coverage as the result of a qualified medical child support order
- / Your unmarried child(ren) of any age who are principally supported by you and incapable of self-support due to a physical or mental disability

ELIGIBILITY DATE	FULL-TIME BENEFITS ELIGIBLE	PART-TIME BENEFITS ELIGIBLE
New hires are benefit eligible the first of the month following 30 days after date of hire	<ul style="list-style-type: none"> / Medical / Dental / Vision / Flexible Spending Account / Voluntary Life / AD&D / Voluntary Unum Coverage (may only enroll during annual open enrollment) / Legal Plan (can enroll all year round) / Paid Holidays and PTO 	<ul style="list-style-type: none"> / Voluntary Life / AD&D / Legal Plan (can enroll all year round) / Paid Holidays and PTO
Once you are benefit eligible, you will automatically be enrolled in benefits which are paid by PPPSW	<ul style="list-style-type: none"> / Basic Life and AD&D / Short Term Disability / Long Term Disability 	<ul style="list-style-type: none"> / Basic Life and AD&D / Short Term Disability / Long Term Disability
First day of employment	<ul style="list-style-type: none"> / Health Advocate Benefit Support / Health Advocate Employee Assistance Program (EAP) / Bright Horizons Back-Up Child, Adult, and Elder Care Plus Additional Family Support / 401(k) – including employer match 	<ul style="list-style-type: none"> / Health Advocate Benefit Support / Health Advocate Employee Assistance Program (EAP) Bright Horizons Back-Up Child, Adult, and Elder Care Plus Additional Family Support / 401(k) – including employer match

Enrolling & Making Changes During The Year

The choices you make during enrollment will remain in effect for the whole plan year. You have three opportunities to enroll or make changes to your benefits:

1. When you are first eligible as a new hire employee
2. During the annual Open Enrollment period
3. Within 30 days if you experience a qualifying life event. These include:
 - / Marriage, divorce, legal separation or annulment
 - / Birth or adoption of a child
 - / Death of a dependent
 - / You or your spouse's/registered and unregistered domestic partner's loss or gain of coverage through our organization or another employer
 - / Change in child's age or student status
 - / Change in residence affecting eligibility or access

If your change is a result of a loss of eligibility or enrollment in Medicaid, Medicare or a state health insurance program, you must submit the request to change within 60 days.

Effective January 1, 2020, the state of California has a new state Minimum Essential Coverage Individual Mandate. Individuals who fail to maintain qualifying health insurance will owe a penalty unless you qualify for an exemption. You can obtain health insurance through our benefits program or purchase coverage elsewhere, such as coverage from a State or Federal Health Insurance Exchange.



Health Advocate

Health Advocate is available for you, your spouse, dependents, parents, mother and father in-law.

Benefits Support

You have unlimited access to a dedicated personal health advocate who can help you navigate Planned Parenthood of the Pacific Southwest's benefits program. There are many ways to access Health Advocate's Benefits Support team:

- / Toll-free: 866.799.2728
- / Email: answers@HealthAdvocate.com
- / Website: www.HealthAdvocate.com/members

Health Advocate is available for assistance with the following services:

- / General benefit questions
- / Locating the right care including second opinions
- / Support for medical issues or difficult diagnoses
- / Resolution of complex claim and benefit issues
- / Identifying ways to save money on prescription drugs
- / Support for your parents



**Please make sure
to specify to Health
Advocate that you are
affiliated with Planned
Parenthood of the
Pacific Southwest**

Employee Assistance Program (EAP)

PPPSW provides an employee assistance and work/life program through Health Advocate that supports you through many of life's moments at no cost to you. The EAP offers up to six in person sessions with a qualified EAP consultant per issue per year. The work/life program can assist with referrals for childcare, eldercare, legal and financial resources.



Which Medical Plan Is Right For You?

PPPSW offers **four medical plan options** you can choose from plus an additional option for Mexican National employees (restrictions apply).

1. Kaiser HMO with Difference Card
2. United HealthCare Advantage Network HMO with Difference Card
3. United HealthCare Alliance Network HMO with Difference Card
4. United HealthCare PPO with Health Reimbursement Account
5. SIMNSA HMO

When selecting a medical plan that is right for you and your family, you may want to consider the following:

- / How much will be deducted from my paycheck?
- / Should I need care, what are my out-of-pocket costs such as copays, deductibles & coinsurance?
- / Are my providers for myself and dependents included in this plan?

The Difference Card

The Difference Card is a medical reimbursement program that is integrated with PPPSW's Kaiser and United Healthcare medical HMO plans. It is funded by PPPSW to pay for out-of-pocket medical expenses that you may incur under your health plan.

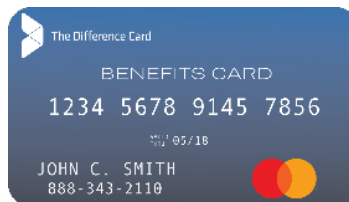
Both you and your spouse/domestic partner (if enrolled) will each receive The Difference Card MasterCard in your own name. If you enroll dependents under 18 onto your health plan, the dependents will be linked to both of your cards. Dependents over 18 are eligible to receive a Difference Card MasterCard upon request by calling the Difference Card Customer Care Team at 888.343.2110

YOUR PLAN PAYS

Kaiser HMO
United Healthcare
Advantage HMO
United Healthcare
Alliance HMO

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WHAT DIFFERENCE CARD PAYS



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WHAT YOU PAY

Kaiser Permanente Deductible HMO With Difference Card

PLAN FEATURES	KAISER BENEFIT	DIFFERENCE CARD PAYS	YOU PAY
Annual Calendar Year Deductible (Individual / Family)	\$3,000 / \$6,000	Up to \$3,000 / \$6,000	\$0
Annual Calendar Year Out-of-Pocket Maximum (Individual / Family)	\$6,000 / \$12,000	N/A	N/A
Coinsurance Limit (Individual / Family)	\$3,000 / \$6,000	\$3,000 / \$3,000	\$0
Preventive Care Services	No copay	n/a	No copay
Primary Care Physician (PCP) Visit	\$40	\$20	\$20
Telehealth Visit	No copay	n/a	No copay
Specialist Visit	\$40	\$20	\$20
Diagnostic X-ray and Lab	\$10 after deductible	Remaining deductible & copay	No copay
Chiropractic Care (30 visits combined with Acupuncture)	\$10	n/a	\$10
Acupuncture (30 visits combined with Chiropractic Care)	\$10	n/a	\$10
Outpatient Physical Therapy	\$40 after deductible	Remaining deductible & copay	\$20
Inpatient Hospital	30% after deductible	Remaining deductible & coinsurance	\$500 per admission
Outpatient Surgery	30% after deductible	Remaining deductible & coinsurance	\$20
Emergency Room Visit	30% after deductible	Remaining deductible & coinsurance	\$50
Urgent Care Visit	\$40	\$20	\$20
Retail Prescription Drugs (up to 30 day supply)	-	-	-
Generic	\$10	\$10	No copay
Formulary Brand	\$30	\$10	\$20 copay
Non-Formulary Brand	\$30	\$10	\$20 copay
Mail Order Prescription Drugs (up to 100 day supply)	-	-	-
Generic	\$20	\$20	No copay
Formulary Brand	\$60	\$20	\$40 copay
Non-Formulary Brand	\$60	\$20	\$40 copay

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

United Healthcare (UHC) SignatureValue Alliance & Advantage Network Deductible HMOs With Difference Card

PLAN FEATURES	UHC BENEFIT	DIFFERENCE CARD PAYS	YOU PAY
Annual Calendar Year Deductible (Individual / Family)	\$3,000 / \$6,000	Up to \$3,000 / \$6,000	\$0
Annual Calendar Year Out-of-Pocket Maximum (Individual / Family)	\$6,000 / \$12,000	N/A	N/A
Coinsurance Limit (Individual / Family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$0
Preventive Care Services	No copay	n/a	No copay
Primary Care Physician (PCP) Visit	\$45	\$20	\$25
Telehealth Visit	No copay	n/a	No copay
Specialist Visit	\$60	\$20	\$40
Diagnostic X-ray	No copay	n/a	No copay
Diagnostic Lab	\$10	\$5	\$5
Chiropractic Care (30 visits combined with Acupuncture)	\$10	n/a	\$10
Acupuncture (30 visits combined with Chiropractic Care)	\$10	n/a	\$10
Outpatient Physical Therapy	\$45	\$20	\$25
Inpatient Hospital	30% after deductible	Remaining deductible & coinsurance	\$250 per admission
Outpatient Surgery	30% after deductible	Remaining deductible & coinsurance	\$200
Emergency Room Visit	\$150	n/a	\$150
Urgent Care Visit (within/outside geographic area of medical group)	\$45 / \$75	\$20	\$25 / \$55
Rx Calendar Year Deductible (Individual / Family)	\$100 / \$300	\$100 / \$300	\$0
Retail Prescription Drugs (up to 30 day supply)	Advantage Formulary	-	-
Tier 1	\$15	\$10	\$5
Tier 2	\$30	\$10	\$20
Tier 3	\$50	\$10	\$40
Mail Order Prescription Drug (up to 90 day supply)		-	-
Tier 1	\$30	\$20	\$10
Tier 2	\$60	\$20	\$40
Tier 3	\$100	\$20	\$80

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

United Healthcare (UHC) PPO With Health Reimbursement Account (HRA)

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
PPPSW Annual Contribution to Health Reimbursement Account (Individual / Family)	\$750 / \$1,500	
Annual Plan Year Deductible (Individual / Family)	\$1,500 / \$3,000	\$3,500 / \$7,000
Annual Plan Year Out-of-Pocket Maximum¹ (Individual / Family)	\$2,500 / \$5,000	\$4,500 / \$9,000
Preventive Care Services	No copay	Not covered
Primary Care Physician (PCP) Visit	10%	30%
Telehealth Visit	10%	Not covered
Specialist	10%	30%
Diagnostic X-ray	10%	30%
Diagnostic Lab	10%	Not covered
Chiropractic Care (24 visits/year)	10%	Not covered
Acupuncture (10 visits/year)	10%	Not covered
Outpatient Physical Therapy	10%	Not covered
Inpatient Hospital	10%	30%
Outpatient Surgery	10%	30%
Emergency Room Visit	10%	10%
Urgent Care Visit	10%	30%
Retail Prescription Drugs (up to 31-day supply)	Advantage Formulary	
Tier 1	\$10	In-Network copay + difference between cost and what UH would pay In-Network
Tier 2	\$30	
Tier 3	\$50	
Mail Order Prescription Drugs (up to 90-day supply)		
Tier 1	\$25	Not covered
Tier 2	\$75	Not covered
Tier 3	\$125	Not covered

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions

Health Reimbursement Account (HRA)

When you elect UHC's PPO plan, PPPSW contributes money into a Health Reimbursement Account to help offset your out-of-pocket expenses, such as copays, deductibles and coinsurance.

Visit
www.discoverybenefits.com
 to manage your HRA

Discovery Benefits administers the HRA. The first half of the HRA is funded every July 1st and the second half is funded on January 1st. If you enroll mid-year, your contribution is prorated. At the end of the plan year, any unused funds will NOT rollover into the following year should the plan be offered

SIMNSA Health Plan HMO*

PLAN FEATURES	SIMNSA BENEFIT
Annual Plan Year Deductible (Individual / Family)	N/A
Annual Plan Year Out-of-Pocket Maximum (Individual / Family)	\$6,350 / \$12,700
Primary Care Physician (PCP)	\$7
Specialist	\$7
Preventive Care Services	No copay
Diagnostic X-ray and Lab	No copay
Acupuncture	\$10
Massage Therapy	\$10
Physical, Speech and Occupational Therapy	\$10
Inpatient Hospital	No copay
Outpatient Surgery	No copay
Emergency Room	\$250 based on UCR
Urgent Care	In Mexico: \$25 Outside of Mexico: \$50
Prescription Drugs	Participating Pharmacy
Includes insulin, glucagon & prescription medications for treating diabetes	\$10

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

*Must be Mexican National to be eligible to enroll in coverage which means:

- a) A person born in Mexico,
- b) A person born in another country with a Mexican father or Mexican mother, or both,
- c) A foreign woman or man who marries a Mexican man or woman and lives in Mexico or,
- d) A foreigner who becomes naturalized in Mexico

* Also, you MUST either work in San Diego or Imperial Valley counties to be eligible to enroll in the SIMNSA plan.

* An Affidavit of Domestic Partnership will need to be completed and provided to SIMNSA if you enroll an unregistered domestic partner



Dental Coverage

PPPSW offers two dental plans through United Healthcare (UHC), a Dental HMO (DHMO) and Dental PPO (DPPO). If you elect the DHMO, you and your enrolled eligible dependents must obtain services from a primary care dentist who participates in the UHC network. The Dental PPO plan is designed to give you the freedom to receive dental care from any licensed dentist of your choice.

PLAN FEATURES	UNITED HEALTHCARE DENTAL HMO	UNITED HEALTHCARE DENTAL PPO	
	In-Network	In-Network	Out-Of- Network
Calendar Year Deductible (Individual / Family)	n/a	\$40 / \$120	
Calendar Year Maximum Per Member	n/a	\$1,500	
Preventive Services	Copays vary	0%	0% of UCR
Basic Services	Copays vary	20%	20% of UCR
Major Services	Copays vary	50%	50% of UCR
Orthodontia Services (Adult & Children)	\$1,895	50% up to \$1,500	50% up to \$1,500

Vision Coverage

PPPSW offers vision coverage through United Healthcare (UHC).

PLAN FEATURES	UNITED HEALTHCARE VISION PPO	
	In-Network	Out-Of-Network
Exam every 12 months	\$10 copay	Up to \$40 reimbursement
Frames every 24 months	\$10 copay, \$130 allowance 20% off amount over allowance	Up to \$45 reimbursement
Lenses every 12 months Single Vision Bifocal Trifocal	\$10 copay	Up to \$40 reimbursement Up to \$60 reimbursement Up to \$80 reimbursement
Elective Contact Lenses (in lieu of eye glasses) every 12 months	\$105 allowance	Up to \$105 reimbursement



Your Cost For Healthcare Coverage

TIER 1

EXEMPT SALARY ≤ \$65,000
HOURLY RATE ≤ \$31.25

	EMPLOYER MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY CONTRIBUTION	EMPLOYEE PER PAY PERIOD CONTRIBUTION (24)
MEDICAL – Kaiser HMO with Difference Card			
Employee Only	\$426.62	\$84.00	\$42.00
Employee + 1	\$771.22	\$250.00	\$125.00
Employee + 2 or more	\$1,095.04	\$350.00	\$175.00
MEDICAL – UHC Advantage HMO with Difference Card			
Employee Only	\$631.13	\$84.00	\$42.00
Employee + 1	\$1,101.66	\$250.00	\$125.00
Employee + 2 or more	\$1,639.01	\$350.00	\$175.00
MEDICAL – UHC Alliance HMO with Difference Card			
Employee Only	\$547.24	\$84.00	\$42.00
Employee + 1	\$943.10	\$250.00	\$125.00
Employee + 2 or more	\$1,405.68	\$350.00	\$175.00
MEDICAL – UHC PPO with HRA			
Employee Only	\$901.05	\$142.00	\$71.00
Employee + 1	\$1,327.09	\$686.00	\$343.00
Employee + 2 or more	\$1,952.25	\$1,010.00	\$505.00
MEDICAL – SIMNSA HMO			
Employee Only	\$177.70	\$44.00	\$22.00
Employee + 1	\$303.19	\$124.00	\$62.00
Employee + 2 or more	\$466.79	\$194.00	\$97.00
DENTAL – UHC DHMO			
Employee Only	\$12.18	\$4.00	\$2.00
Employee + 1	\$16.75	\$14.00	\$7.00
Employee + 2 or more	\$26.54	\$22.00	\$11.00
DENTAL – UHC DPPO			
Employee Only	\$26.15	\$40.00	\$20.00
Employee + 1	\$40.31	\$88.00	\$44.00
Employee + 2 or more	\$64.20	\$132.00	\$66.00
VISION – UHC Vision			
Employee Only	\$0.00	\$8.03	\$4.02
Employee + 1	\$0.00	\$14.26	\$7.13
Employee + 2 or more	\$0.00	\$23.18	\$11.59

Your Cost For Healthcare Coverage


TIER 2

EXEMPT SALARY ≥ \$65,001
HOURLY RATE ≥ \$31.26

	EMPLOYER MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY CONTRIBUTION	EMPLOYEE PER PAY PERIOD CONTRIBUTION (24)
MEDICAL – Kaiser HMO with Difference Card			
Employee Only	\$358.62	\$152.00	\$76.00
Employee + 1	\$529.22	\$492.00	\$246.00
Employee + 2 or more	\$749.04	\$696.00	\$348.00
MEDICAL – UHC Advantage HMO with Difference Card			
Employee Only	\$563.13	\$152.00	\$76.00
Employee + 1	\$859.66	\$492.00	\$246.00
Employee + 2 or more	\$1,293.01	\$696.00	\$348.00
MEDICAL – UHC Alliance HMO with Difference Card			
Employee Only	\$479.24	\$152.00	\$76.00
Employee + 1	\$701.10	\$492.00	\$246.00
Employee + 2 or more	\$1,059.68	\$696.00	\$348.00
MEDICAL – UHC PPO with HRA			
Employee Only	\$831.05	\$212.00	\$106.00
Employee + 1	\$1,099.09	\$914.00	\$457.00
Employee + 2 or more	\$1,614.25	\$1,348.00	\$674.00
MEDICAL – SIMNSA HMO			
Employee Only	\$177.70	\$44.00	\$22.00
Employee + 1	\$303.19	\$124.00	\$62.00
Employee + 2 or more	\$466.79	\$194.00	\$97.00
DENTAL – UHC DHMO			
Employee Only	\$12.18	\$4.00	\$2.00
Employee + 1	\$16.75	\$14.00	\$7.00
Employee + 2 or more	\$26.54	\$22.00	\$11.00
DENTAL – UHC DPPO			
Employee Only	\$26.15	\$40.00	\$20.00
Employee + 1	\$40.31	\$88.00	\$44.00
Employee + 2 or more	\$64.20	\$132.00	\$66.00
VISION – UHC Vision			
Employee Only	\$0.00	\$8.03	\$4.02
Employee + 1	\$0.00	\$14.26	\$7.13
Employee + 2 or more	\$0.00	\$23.18	\$11.59

Flexible Spending Accounts (FSA)

PPPSW offers two flexible spending account options administered by Discovery Benefits. An FSA allows you to allocate pre-tax money to pay for eligible health care and dependent care out-of-pocket expenses.


Discovery Benefits
866.451.3399
www.discoverybenefits.com

Your FSA plan year is July 1 to June 30.

Healthcare FSA – \$2,750 Maximum Contribution for 2020

Contribute towards the Healthcare FSA to pay for your, your spouse and eligible dependents' eligible medical, dental, vision and prescription expenses.

Dependent Care FSA – \$5,000 Maximum Contribution Per Household

Elect the Dependent Care FSA to pay for eligible elder care and child care expenses for your children up to age 13.



Rules to Remember...

- / Use it or lose it.
- / If you don't use the full FSA amount that you elected during the plan year (July 1-June 30), you have a 2.5 month grace period to use your 2020-2021 FSA funds through September 15th.
- / There is a 90 day run out period ending September 30th that allows you to seek reimbursement for any expenses incurred between July 1st to September 15th.
- / Keep your receipts in case you are required to submit for reimbursement.



Life Insurance and Disability Coverage

PPPSW offers life insurance and disability insurance through MetLife to protect you and your family financially against life's unexpected moments.

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

PPPSW automatically covers you at 1x your annual earnings up to a maximum of \$250,000.

Supplemental Life and AD&D Insurance

You can purchase additional life and AD&D insurance for you, your spouse and your dependent children to supplement what PPPSW already offers.

	SUPPLEMENTAL LIFE AND AD&D OPTIONS	GUARANTEE ISSUE
Employee	Increments of \$10,000 to the lesser of 5x annual earnings or \$250,000	\$50,000
Spouse	\$5,000 increments to a maximum of \$100,000 (not to exceed 50% of employee amount)	\$25,000
Dependent Children		
Birth to less than 6 months	\$100	
6 month or older	\$1,000, \$2,000, \$4,000, \$5,000, \$10,000	\$10,000

IRS Regulation: Only the first \$50,000 life insurance is tax-free.

Short Term Disability

You are enrolled in the short term disability policy when you satisfy your waiting period. PPPSW will provide an additional 20% of your weekly salary, up to a maximum of \$2,000 per week if you are disabled for more than 7 days. This benefit pays a maximum of 13 weeks including a 7-day waiting period. This benefit pays in addition to what you may receive from CA state disability.

Long Term Disability

The long term disability policy is paid by PPPSW and you are enrolled in this benefit when you satisfy your eligibility. With this benefit, if you are disabled for more than 90 days, PPPSW provides 60% of your monthly covered earnings, up to a maximum of \$5,000 per month.

Voluntary Benefits

You can enhance your benefits package by purchasing one of these voluntary policy from Unum. PPPSW offers three plans that are available for enrollment during your annual open enrollment. Call Unum directly to enroll. You will be responsible for the cost of the coverage and premiums will be deducted from your payroll.

Accident Insurance

Accident Insurance pays money for accidental injuries and their treatment. The plan has a schedule that pays set amounts for the type of injury you experience as well as the treatment to care for that injury.

SEMI-MONTHLY RATES	
Employee Only	\$8.19
Employee + Spouse	\$11.70
Employee + Child(ren)	\$15.60
Employee + Family	\$19.11

unum®

Call 866.643.9450
to enroll in Unum's
Voluntary Benefits.
Enrollment is only
available during
Open Enrollment.

Critical Illness Insurance

Critical Illness Insurance benefits pay when you are diagnosed with certain serious illnesses. Some of the conditions that are covered are heart attacks, blindness or strokes. The plan also includes a wellness benefit that pays \$75 to each covered family member each year if you get a health screening test from your physician.

Short Term Disability (STD)

Short Term Disability Insurance through Unum can replace a portion of your monthly income if you have a covered disability that prevents you from working. The benefit can pay up to six months while you recover from your disability. Rates vary based on age, salary and the waiting period you elect.

LegalEase

PPPSW offers LegalEase's LegalGUARD plan. You can use their in or out-of-network attorneys to support you with your legal needs. With the LegalGUARD plan, you get:

- / An attorney with expertise specific to your legal matter
- / Access to a national network of attorneys with exceptional experience that are matched to meet your needs
- / Coverage for in and out-of-network
- / Online articles, tools and tips
- / Concierge help finding a better attorney and navigating common individual or family legal issues
- / Up to 10 hours of financial counselling per year

The cost of to participate in this plan is \$20.88 per month or \$10.44 per pay period.

To enroll in the LegalEase LegalGuard plan, download the enrollment form stored under the benefits page on the HUB. Return the completed form to Human Resources.

Bright Horizons Back-Up Child, Adult And Elder Care — Plus Additional Family Supports

The Bright Horizons Family Solutions program offers your family high-quality back-up child and adult /elder care, plus access to regular caregivers, pet care, tuition discounts, and more.

With Bright Horizons Back-Up Care you can:

- / Reserve child care at home or in a high-quality center
- / Have peace of mind, knowing your loved ones are well cared for
- / Find care last minute or in advance
- / Rely on an in-home caregiver when your child is mildly ill
- / Find an in-home caregiver for your adult elder loved one

You will be able to access:

- / 10 annual days of back-up care at subsidized rates
- / Center-based care for children will be \$15 per child per day or \$25 per family per day
- / In-home child care, for well or mildly ill care, care for an adult or elder relative, will be \$6 per hour

With Bright Horizons Additional Family Supports, your free membership gives you access to:

- / Jump ahead on the waitlist at select Bright Horizons centers
- / Tuition discounts at participating child care centers
- / Resources to find sitters, nannies, pet sitters, and housekeepers
- / Senior care solutions, including needs assessment tools, referrals, and more
- / Discounted tutoring and test prep — both online and in-person

Advanced registration is required prior to use of the program. Registering is free of charge.

Go to: <http://clients.brighthorizons.com/pppsw>

Username: pppsw **Password:** care4you

401(K) Retirement Plan

PPPSW's retirement plan is administered by Mass Mutual. You are eligible to participate in the plan immediately upon hire. You may elect up to 80% of your paycheck to be withheld and invested in your 401(k) account, subject to federal law and plan guidelines.

PPPSW will match 100% of the first 3% of your deferral and 50% match on deferrals between 3% and 5%. There is no waiting period for the match and it is always 100% vested.



Additional Benefits

2020 HOLIDAYS

- / New Year's Day 2020, Wednesday, January 1st
- / Martin Luther King Jr.'s Birthday, Monday, January 20th
- / Memorial Day, Monday, May 25th
- / Independence Day, Saturday, July 4th (Friday, July 3rd for administrative offices/M-F departments and exempt center staff)
- / Labor Day, Monday, September 7th
- / Thanksgiving, Thursday, November 26th and Friday, November 27th
- / Winter Break, Thursday, December 24th and Friday, December 25th

Holiday Pay

We typically observe nine paid holidays each calendar year. Regular full-time and part-time partial benefited employees are eligible for holiday pay for the holidays listed. Per diem, temporary, and non-benefited employees are not paid for holidays.

Full-time employees must take the holiday on the date of the holiday if their location is closed and it is a day they are scheduled to work. Full-time non-exempt employees who are not scheduled to work on the day of the holiday will be paid out the holiday.

Part-time, partial benefited employees receive holiday pay on a pro-rated basis (75%, see Benefit Classification System). Employee is paid the pro-rated amount for the holiday regardless of whether or not they usually work on the day of the holiday.

Exempt employees are expected to work any hours necessary to perform the duties of the job. Therefore, if an exempt employee works on a holiday they do not receive overtime, compensatory time or any additional pay for the holiday and will not bank the holiday for future use.

Benefit Classification System

Some Agency benefits are based on benefit classification system. These benefits include Agency holidays, which are paid by the Agency based on the following schedule:

BENEFIT CLASSIFICATION	HOURS SCHEDULED TO WORK PER WEEK	PERCENT OF BENEFIT	HOURS PAID PER HOLIDAY
Regular Full-time	≥ 30	100%	8 hours*
Regular Part-time, Partial Benefited	24 - 29	75%	6 hours

* Note: If your position is on an alternative workweek, please refer to your Alternative Workweek Agreement for details regarding paid time off

Additional Benefits

Bereavement Leave

In the case of a death in an employee's immediate family, full-time employees will be allowed up to 3 paid days off per calendar year (up to 2 incidents per calendar year). Part-time, partial-benefited employees will receive 75% of the full-time allotment.

Sick Time for Employees Who Do Not Accrue PTO

Sick pay provides for pay continuation for specific time periods to employees who are ill or injured and unable to work or who are caring for ill or injured family members. Sick time is only for non-benefited employees. Benefited employees accrue PTO (Paid Time Off).

A non-benefited employee can use sick pay for:

- / An existing health condition or preventive care for themselves or a family member.
- / Medical and dental appointments when it is not possible to schedule them during non-working hours. Sick pay used for health care provider appointments, which are not medically urgent, must be scheduled in advance and approved by the employee's supervisor.
- / Pregnancy or baby bonding leave.
- / Other leaves as required under FMLA/CFRA

Sick Pay Accrual

Non-benefited employees will be granted forty (40) hours of sick pay upon hire and an additional 40 hours each January 1st. Non-benefited employees may hold a maximum of eighty (80) hours in their sick time bank. Non-exempt employees report sick pay in 15-minute increments.

An employee who is absent due to illness is required to use available sick benefits in accordance with the sick pay policy. Employees on pregnancy disability leave (PDL) are permitted but not required to use available sick pay

Change in Employment Classification

Employees changing from a non-benefited status to a benefited employee will begin earning PTO effective the date of the status change.

Benefited staff who move to a non-benefited status will be paid out all PTO and receive the forty (40) hour sick pay grant. Accrued sick pay is forfeited upon termination of employment.

Additional Benefits

Paid Time Off (PTO)

Paid Time Off (PTO) provides paid time off for full time and part time benefited employees.

PTO can be used for any reason, including vacation, illness, care for family members, or other personal matters. Employees must give adequate notice so that the Agency's work can continue with as little disruption as possible. Speak to your supervisor to learn how PTO coverage is managed within your department or location.

All regular full time and part time partial-benefited employees are eligible for PTO and will accrue PTO at the rates indicated in the charts below. PTO is accrued each pay period, starting from an employee's date of employment in a full time or part time partial-benefited position.

When absences are unforeseeable, such as absences due to illness or other medical conditions, employees are expected to provide as much notice as possible. Generally, employees are required to use PTO when missing regularly scheduled work.

Upon termination of employment, employees will be paid in full for accrued, unused PTO. Employees changing from a full time or part time benefited status to a part time non-benefited or per diem status will be paid in full for accrued, unused PTO. Employees changing from a non-benefited or per diem status to a full time or part time benefited status will begin earning PTO on the day of the status change.

	MAXIMUM HOURS PER YEAR	MAXIMUM BANKED TIME	FULL-TIME ACCRUAL PER PAY PERIOD	PART-TIME, PARTIAL BENEFITED ACCRUAL PER PAY PERIOD
EXEMPT PTO ACCRUAL				
Beginning of 1 st year through end of 2 nd year	19 days / 152 hours	228 hours	5.8462	4.385
Beginning of 3 rd year through end of 5 th year	21 days / 168 hours	252 hours	6.4616	4.847
Beginning 6 th year through end of 9 th year	23 days / 184 hours	276 hours	7.0770	5.308
Beginning 10 th year and beyond	25 days / 200 hours	300 hours	7.6923	5.770
NON-EXEMPT PTO ACCRUAL				
Beginning of 1 st year through end of 2 nd year	167 hours	251 hours	6.4231	4.817
Beginning of 3 rd year through end of 5 th year	183 hours	275 hours	7.0385	5.279
Beginning 6 th year through end of 9 th year	199 hours	299 hours	7.6539	5.741
Beginning 10 th year and beyond	215 hours	323 hours	8.2693	6.202

Additional Benefits

Find more information on the HUB

Fitness Club Membership Discounts

PPPSW employees can access corporate membership discounts at 24 Hour Fitness. In addition, we have partnered with GlobalFit which is not a health club facility, but a membership provider that provides savings of 20% to 60% on monthly fitness club dues at over 1,000 health and fitness clubs nationwide.

Employee Perks and Discounts

PPPSW Staff are eligible to take advantage of discounts from Verizon, Sprint, AT&T and any more. For more information on the perks and discounts, visit the HUB, “Employee Discounts” page.

Choice Direct

Consider joining your PPPSW fellow colleagues in giving a tax-deductible donation to make an even greater impact on the lives of those we serve. Donations through our Choice Direct Employee Giving Campaign can be done easily and in absolutely any monetary amount through automatic payroll deductions.

Planned Parenthood Medical Services

All regular and per diem employees who have completed their New-Hire Orientation Period are eligible for medical services provided by our centers. See the “Planned Parenthood Medical Services Policy” on the HUB for more information.

CEU/CME Benefit for Licensed Medical Staff

In order to support licensed medical staff members in completing CEU/CMEs necessary to maintain their licenses, the Agency offers a CEU/CME educational assistance program. The program provides financial and paid time off assistance to all regular full-time and part-time partial benefited Physicians, Clinicians and Registered Nurses who have completed their New Hire Orientation Period.

To be eligible for CEU/CME educational assistance an employee should have successfully completed their New Hire Orientation period and program, conference or seminar must be in the field of reproductive health care or applicable to your practice at Planned Parenthood. CEU/CME money can be used towards registration fees and/or costs associated with travel.

CEU/CME Financial Allotment

Full-time Clinicians and RNs are allotted \$1,500 per year. Eligible part-time partial benefited Clinicians and RNs are allotted \$1125 (75% of the full-time allotment).

CEU/CME Paid Time Off Allotment

Full-time Clinicians and RNs are allotted four paid days (32 hours) per year. Eligible part-time partial benefited Clinicians and RNs are allotted 3 days (24 hours).



Contacts

BRIGHT HORIZONS

877.242.2737

[Clients.brighthorizons.com/pppsw](https://clients.brighthorizons.com/pppsw)

Username: pppsw

Password: care4you

DIFFERENCE CARD

888.343.2110

www.differencecard.com

DISCOVERY BENEFITS

FLEXIBLE SPENDING ACCOUNT

866.451.3399

www.discoverybenefits.com

HEALTH ADVOCATE

BENEFIT SUPPORT

866.799.2728

answers@healthadvocate.com

HEALTH ADVOCATE

EMPLOYEE ASSISTANCE PROGRAM

866.799.2728

Healthadvocate.com/members

KAISER PERMANENTE

Group # 104241

800.464.4000

www.kp.org

LEGALEASE

800.562.2929

www.legaleaseplan.com

MASSMUTUAL

401K PLAN ADMINISTRATOR

800.743.5274

www.retiresmart.com

METLIFE

Group# KM05724561-G

800.275.4638

www.metlife.com

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UNITED HEALTHCARE

MEDICAL PLANS

Advantage HMO Group# 356122

Alliance HMO Group# 356119

PPO Group# 0754245

HMO 800.624.8822

PPO 800.357.0978

www.myuhc.com

UNITED HEALTHCARE

DENTAL PLANS

Group# 0754245

DHMO 877.813.4259

DPPO 877.816.3596

www.myuhcdental.com

UNITED HEALTHCARE

VISION

Group# 0754245

Vision 800.638.3120

www.myuhcvision.com

UNUM VOLUNTARY PLANS

ACCIDENT, INDIVIDUAL SHORT-TERM

DISABILITY, CRITICAL ILLNESS

866.643.9450

www.unum.com



LEGAL NOTICES

The following legal notices are available for review online at <https://planned.interactgo.com/Interact/Pages/Content/Document.aspx?id=9835>

- / Medicare Part D Creditable Coverage Notice
- / Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)
- / Women's Health & Cancer Rights Act
- / Health Insurance Portability & Accountability Act Non-Discrimination Requirements
- / Special Enrollment Rights Notice
- / COBRA Initial Rights Notice
- / Employee Rights & Responsibilities under FMLA
- / Genetic Information Non-Discrimination Act (GINA) Disclosures
- / Notice of Patient Protections
- / Health Insurance Exchange Notice
- / HIPAA Privacy Notice
- / Uniformed Services Employment & Reemployment Right Act Notice

COMPLETE BENEFIT DETAILS

A complete description of your benefits is contained in each plan's Summary Plan Description (SPD). This guide is intended only to provide an overview of your benefits.

Should there be any conflict between the explanations in this guide or the SBC and the actual terms and provisions of the plan documents and contracts, the terms of the plan documents and contracts will govern in all cases.



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