



Discover YOUR 2023 BENEFITS

A comprehensive guide to walk you
through all your plan options.

July 1, 2023 – June 30, 2024

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Welcome to Your Benefits!

The health and well-being of each and every Planned Parenthood of the Pacific Southwest (PPPSW) team member—and their families—are extremely important to us and we continually strive to address your needs. PPPSW is pleased to offer you comprehensive benefit options to make you and your family's life better.

This guide provides the details you need to know regarding your 2023-2024 benefit options. Should you have any questions, don't hesitate to 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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In this Guide, we use the term company to refer to Planned Parenthood of the Pacific Southwest (PPPSW). This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by PPPSW. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

QUESTIONS ABOUT YOUR BENEFITS

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

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 (6) sessions with a qualified specialist per issue per year. The work/life program can assist with referrals for childcare, eldercare, legal and financial resources.



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

ELIGIBILITY AND ENROLLMENT



Planned Parenthood of the Pacific Southwest offers a variety of benefits to support your and your family's needs. Choose options that cover what's important to your unique lifestyle.

Eligibility

You can enroll in the below benefits program options 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:

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 have 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

Verification of dependent eligibility may be required upon enrollment.

ELIGIBILITY DATE	FULL-TIME BENEFIT ELIGIBLE	PART-TIME BENEFIT ELIGIBLE
New hires are benefit eligible the first of the month after date of hire. If date of hire coincides with the first of the month, your benefits start on date of hire	<ul style="list-style-type: none">• Medical• Dental• Vision• Flexible Spending Accounts• 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)• 401(k) – including employer match• BetterUp Care	<ul style="list-style-type: none">• Health Advocate Benefit Support• Health Advocate Employee Assistance Program (EAP)• 401(k) – including employer match• BetterUp Care

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**
2. **During the annual Open Enrollment period**
3. **Within 30 days if you experience a qualifying life event. See illustration below:**

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.

Questions regarding specific life events and your ability to request changes should be directed to Health Advocate at Answers@HealthAdvocate.com. Don't miss out on a chance to update your benefits!

Common qualifying events include:

A change in your legal marital status (marriage, divorce or legal separation)

A change in your employment status for full-time to part-time resulting in a gain or loss of eligibility

Entitlement to Medicare or Medicaid

A change in the number of your dependents (for example, through birth or adoption or if a child is no longer an eligible dependent)

A change in your spouse's or domestic partner's employment status (resulting in a loss or gain of coverage)

Eligibility for coverage through the Marketplace

Changes in your address or location that may affect the coverage for which you are eligible

Some lesser-known qualifying events are:

Turning 26 and losing coverage through a parent's plan

Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Death in the family (leading to change in dependents or loss of coverage)



HOW TO FIND A PROVIDER

Kaiser HMO:

1. Go to www.kp.org and select **"Doctors & Locations"** across the top banner options
2. Select your search type either by **"Doctors"** or **"Locations"**
3. From the **"Region"** dropdown, choose **"California – Southern"** or
4. Select **"Use My Location"**
5. Or enter your Zip Code / City in the boxes below
6. From the Health Plan dropdown select **"HMO"**
7. Next, choose your provider type or enter a keyword to search by

United Healthcare Medical Plans:

1. Go to www.uhc.com and select **"Find a doctor"** across the top banner
2. Under **"Member Provider Search"** select **"Plan through your employer"** in the drop-down menu
3. You may now sign into or register for your UHC member portal or select **"Find a Provider"** under **"Find a Doctor"**
4. Next choose the type of provider directory you need such as **"Medical Directory"**
5. On the following page select **"Employer and Individual Plans"** for your type of plan

For UHC HMO Options select **"SignatureValue Plans"** under **"What plan are you looking for?"**

6. Next choose the state you live in followed by selecting one of the three UHC HMO options: **SignatureValue Harmony HMO / SignatureValue Advantage HMO / or SignatureValue Alliance HMO**

For UHC PPO Options select **"Select Plus Plans"** under **"What plan are you looking for?"**

7. Enter your address, city or zip code and select how you would like to search for a provider:
 - a. If you choose **"People"** select either type of doctor or medical group, you would like to search for such as Pediatricians or cardiologists. You may now refine your results
 - b. If searching by **"Places"** select the type of place you would like to search for such as specific in network hospitals or physical therapy locations. You may now refine your results
 - c. If searching by **"Services and Treatments"** you may search for providers that offer specialize in imaging, certain treatment specialists, etc. Once selected You may now refine your results
 - d. If searching by **"Care by condition"** you may search for providers that specialize in treatment by specific conditions or, treatment of specific areas of the body i.e., Ear, nose, throat doctors. Once selected you may now refine your results

SIMNSA Cross Border HMO:

1. Go to Simnsa.com/locations to view in network medical centers and locations

MEDICAL BENEFITS

Which Medical Plan Is Right for You?

PPPSW offers six (6) medical plan options you can choose from including an option for Mexican National employees (restrictions apply).

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

WHAT DIFFERENCE CARD PAYS



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WHAT YOU PAY



Kaiser Permanente Deductible HMO with Difference Card

This chart summarizes the 2023 – 2024 medical coverage provided by Kaiser Permanente. All covered services are subject to medical necessity as determined by the plan.




	KAISER BENEFIT	DIFFERENCE CARD PAYS	YOU PAY
ANNUAL CALENDAR YEAR DEDUCTIBLE			
INDIVIDUAL	\$3,000	Up to \$3,000	\$0
FAMILY	\$6,000	Up to \$6,000	\$0
OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)			
INDIVIDUAL	\$6,000	n/a	n/a
FAMILY	\$12,000	n/a	n/a
COPAYS / COINSURANCE			
PREVENTIVE	No Copay	n/a	\$0
OFFICE COPAY (PCP)	\$40	\$20	\$20
OFFICE COPAY (SPEC)	\$40	\$20	\$20
TELEHEALTH VISIT	No Copay	n/a	\$0
DIAGNOSTIC X-RAY	\$10 after deductible	Remaining deductible & copay	\$0
DIGANOSTIC LAB	\$10 after deductible	Remaining deductible & copay	\$0
COMPLEX IMAGING	30% up to \$50 per procedure after deductible	Remaining deductible & coinsurance	\$0
MENTAL HEALTH / SUBSTANCE ABUSE OFFICE VISIT	\$40	\$20	\$20
CHIROPRACTIC SERVICES (30 Services Combined with Acupuncture)	\$10	n/a	\$10
ACUPUNCTURE SERVICES (30 Services Combined with Chiropractic Care)	\$10	n/a	\$10
OUTPATIENT PHYSICAL THERAPY	\$40 after deductible	Remaining deductible & \$20	\$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
AMBULANCE	\$150 after deductible	Remaining deductible & \$100	\$50
TERMINATION OF PREGNANCY	\$40 SP / 30% after deductible	Remaining deductible & coinsurance	\$0
RETAIL PRESCRIPTION DRUGS (up to 30-day supply)			
GENERIC	\$10	\$10	\$0
FORMULARY & NON-FORMULARY BRAND	\$30	\$10	\$20
MAIL ORDER PRESCRIPTION DRUGS (up to 100-day supply)			
GENERIC	\$20	\$20	\$0
FORMULARY & NON-FORMULARY BRAND	\$60	\$20	\$40

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 Harmony, Advantage & Alliance Network Deductible HMO's with Difference Card

This chart summarizes the 2023 – 2024 medical coverage provided by United Healthcare. All covered services are subject to medical necessity as determined by the plan.

		UHC BENEFIT	DIFFERENCE CARD PAYS	YOU PAY
ANNUAL CALENDAR YEAR DEDUCTIBLE				
INDIVIDUAL		\$2,500	Up to \$2,500	\$0
FAMILY		\$5,000	Up to \$5,000	\$0
OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)				
INDIVIDUAL		\$5,000	n/a	n/a
FAMILY		\$10,000	n/a	n/a
COPAYS / COINSURANCE				
PREVENTIVE		No Copay	n/a	\$0
OFFICE COPAY (PCP)		\$35	\$20	\$15
OFFICE COPAY (SPEC)		\$70	\$20	\$50
TELEHEALTH VISIT		No Copay	n/a	\$0
DIAGNOSTIC X-RAY		\$25	\$20	\$5
DIAGNOSTIC LAB		\$25	\$20	\$5
COMPLEX IMAGING		\$150	\$50	\$100
MENTAL HEALTH / SUBSTANCE ABUSE OFFICE VISIT		\$35	\$20	\$15
CHIROPRACTIC SERVICES (30 Services Combined with Acupuncture)		\$10	n/a	\$10
ACUPUNCTURE SERVICES (30 Services Combined with Chiropractic Care)		\$10	n/a	\$10
OUTPATIENT PHYSICAL THERAPY		\$35	\$20	\$15
INPATIENT HOSPITAL		30% after deductible	Remaining deductible and coinsurance	\$250 per admission
OUTPATIENT SURGERY		30% after deductible	Remaining deductible and coinsurance	\$200
EMERGENCY ROOM VISIT		30% after deductible	Remaining deductible and coinsurance	\$150
URGENT CARE VISIT Within / Outside of Geographic Area of Med Group		\$35 / \$50	\$20 / \$20	\$15 / \$30
AMBULANCE		\$150	\$50	\$100
TERMINATION OF PREGNANCY		No Charge	n/a	\$0
RETAIL PRESCRIPTION DRUGS (up to 31-day supply)				
TIER 1 / SPECIALTY TIER 1		\$10 / \$10	\$10 / \$10	\$0 / \$0
TIER 2 / SPECIALTY TIER 2		\$35 / \$150	\$10 / \$10	\$25 / \$140
TIER 3 / SPECIALTY TIER 3		\$70 / \$250	\$10 / \$10	\$60 / \$240
MAIL ORDER PRESCRIPTION DRUGS (up to 90-day supply)				
TIER 1		\$25	\$20	\$5
TIER 2		\$87.50	\$20	\$67.50
TIER 3		\$175	\$20	\$155

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

SIMNSA Health Plan HMO*

This chart summarizes the 2023 – 2024 medical coverage provided by SIMNSA Health Plan. All covered services are subject to medical necessity as determined by the plan.



SIMNSA BENEFIT	
ANNUAL CALENDAR YEAR DEDUCTIBLE	
INDIVIDUAL / FAMILY	n/a
OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)	
INDIVIDUAL/ FAMILY	\$6,350 / \$12,700
COPAYS / COINSURANCE	
PREVENTIVE CARE SERVICES	No Copay
OFFICE COPAY (PCP)	\$7
OFFICE COPAY (SPEC)	\$7
TELEHEALTH VISIT	No Copay
DIAGNOSTIC X-RAY	No Copay
DIAGNOSTIC LAB	No Copay
COMPLEX IMAGING	No Copay
MENTAL HEALTH / SUBSTANCE ABUSE	\$7
ACUPUNCTURE SERVICES	\$10
MASSAGE THERAPY	\$10
PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY	\$10
INPATIENT HOSPITAL	No Copay
OUTPATIENT SURGERY	No Copay
EMERGENCY ROOM VISIT	\$250 based on UCR (Usual, Customary & Reasonable)
URGENT CARE VISIT	\$25 / \$50
In Mexico / Outside of Mexico	
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

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

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



United Healthcare (UHC) PPO w/ Health Reimbursement Account (HRA)

This chart summarizes the 2023 – 2024 medical coverage provided by United Healthcare. All covered services are subject to medical necessity as determined by the plan.

UnitedHealthcare®		IN-NETWORK	OUT-OF-NETWORK
PPPSW ANNUAL CONTRIBUTION TO HEALTH REIMBURSEMENT ACCOUNT			
INDIVIDUAL / FAMILY		\$750 / \$1,500	
ANNUAL POLICY YEAR DEDUCTIBLE			
INDIVIDUAL	\$1,500	\$3,500	
FAMILY	\$3,000	\$7,000	
OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)			
INDIVIDUAL	\$2,500	\$4,500	
FAMILY	\$5,000	\$9,000	
COPAYS / COINSURANCE			
PREVENTIVE	No copay	Not covered	
OFFICE COPAY (PCP)	10%	30%	
OFFICE COPAY (SPEC)	10%	30%	
TELEHEALTH VISIT	10%	Not covered	
DIAGNOSTIC X-RAY	10%	30%	
DIAGNOSTIC LAB	Preferred Lab: No Charge Non-Preferred Lab: 10%	Not covered	
COMPLEX IMAGING	10%	30%	
CHIROPRACTIC SERVICES (24 Services per Year)	10%	Not covered	
ACUPUNCTURE SERVICES (10 Services per Year)	10%	Not covered	
OUTPATIENT PHYSICAL THERAPY	10%	Not covered	
MENTAL HEALTH / SUBSTANCE ABUSE OFFICE VISIT	10%	30%	
INPATIENT HOSPITAL	10%	30%	
OUTPATIENT SURGERY	10%	30% (\$760 max / visit)	
EMERGENCY ROOM VISIT	10%	10%	
URGENT CARE VISIT	10%	30%	
RETAIL PRESCRIPTION DRUGS (up to 31-day supply)			
		Advantage Formulary	
TIER 1 / SPECIALTY TIER 1	\$5 / \$5	\$5 / \$5	
TIER 2 / SPECIALTY TIER 2	\$30 / \$150	\$30 / \$150	
TIER 3 / SPECIALTY TIER 3	\$65 / \$250	\$65 / \$250	
MAIL ORDER PRESCRIPTION DRUGS (up to 90-day supply)			
		Specialty Rx Not Covered	
TIER 1	\$12.50	Not Covered	
TIER 2	\$75		
TIER 3	\$162.50		

*After Deductible

Health Reimbursement Account (HRA)

When you elect UHC's PPO plan, PPPSW contributes money into a Health Reimbursement Account, administered by Paylocity, to help offset your out-of-pocket expenses, such as copays, deductibles, and coinsurance. The funding of the HRA will be at the time of your enrollment and then on July 1st (the start of the benefit year) each year after. At the end of the plan year, any unused funds will NOT rollover into the following year should the plan be offered.

DENTAL BENEFITS



Brushing your teeth and flossing are great, but don't forget to visit the dentist too! PPPSW offers two affordable dental plan options for routine care and beyond available from United Healthcare.



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.

UNITED HEALTHCARE DENTAL HMO		
IN-NETWORK		
CALENDAR YEAR DEDUCTIBLE		
	INDIVIDUAL	n/a
	FAMILY	n/a
CALENDAR YEAR MAXIMUM		
	PER MEMBER	n/a
COVERED SERVICES		
	PREVENTIVE SERVICES	Copays vary
	BASIC SERVICES	Copays vary
	MAJOR SERVICES	Copays vary
	ORTHODONTIA SERVICES (Adult & Children)	\$1,895

The Dental PPO plan is designed to give you the freedom to receive dental care from any licensed dentist of your choice.

UNITED HEALTHCARE DENTAL PPO			
		IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE			
	INDIVIDUAL	\$40	\$40
	FAMILY	\$120	\$120
CALENDAR YEAR MAXIMUM			
	PER MEMBER	\$1,500	\$1,500
COVERED SERVICES			
	PREVENTIVE SERVICES	0%	0% of UCR
	BASIC SERVICES	20% after deductible	20%* of UCR after deductible
	MAJOR SERVICES	50% after deductible	50%* of UCR after deductible
	ORTHODONTIA SERVICES (Adult & Children)	50%* up to \$1,500 after deductible	

* UCR (Usual, Customary and Reasonable) refers to the fee guidelines used to pay a claim when seeing a non-network dentist. If you visit a dentist out of network, the UCR fees provide a fair charge for the dental services. The UCR is calculated by how much a certain procedure costs in your geographic area.




VISION BENEFITS



PPPSW offers affordable plan options for routine eyecare and beyond. Vision coverage is available from United Healthcare.



 UnitedHealthcare®		UNITED HEALTHCARE VISION PPO	
		IN-NETWORK	OUT-OF-NETWORK
EXAM – EVERY 12 MONTHS			
	COPAY	\$10	Up to \$40 reimbursement
FRAMES – EVERY 24 MONTHS			
	COPAY	\$10	Up to \$45 reimbursement
	ALLOWANCE	\$130 + 20% off amount over allowance	
LENSES – EVERY 12 MONTHS			
	SINGLE VISION	\$10	Up to \$40 reimbursement
	BIFOCAL VISION	\$10	Up to \$60 reimbursement
	TRIFOCAL VISION	\$10	Up to \$80 reimbursement
CONTACT LENSES – EVERY 12 MONTHS (IN LIEU OF EYEGLASSES)			
	ELECTIVE CONTACT LENSE ALLOWANCE	\$105 allowance	Up to \$105 reimbursement



Thoughts & Tips: Take advantage of your yearly eye exam! 40% of adults at high risk for vision loss did not receive an eye exam in the past year.



FLEXIBLE SPENDING ACCOUNTS (FSA)



Flex your spending power! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare FSA – \$3,050 Maximum Contribution for 2023

Contribute towards the Healthcare FSA to pay for eligible medical, dental, vision and prescription expenses for yourself, your spouse, domestic partner (provided you claim your domestic partner as a dependent for tax purposes) and eligible dependents.



Thoughts & Tips: Your

Healthcare FSA funds can be used for your portion of the cost to visit a chiropractor or acupuncturist.

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

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — whether you elect any other benefits. You can set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents up to age 13. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is deposited in your account at that time.

- Eligible dependents include children under 13
- Expenses are reimbursable if the elder/childcare provider is not your dependent
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed

This account covers dependent daycare expenses that are necessary for you and your spouse/domestic partner to work or attend school full time. Examples of eligible dependent care expenses include:

- In-home babysitting services (not provided by a tax dependent)
- Care of a preschool child by a licensed nursery or daycare provider
- Before and after-school care
- Day camp
- In-house dependent daycare

Check with your tax advisor to determine if any exceptions apply.

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 2023-2024 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 or need to provide back-up documentation for substantiation.

As an IRS regulated program, Flexible Spending Accounts are subject to annual non-discrimination testing to ensure the programs do not favor highly compensated employees. Employers must pass testing each year in order to provide benefits on a pre-tax basis. If the plan fails that testing, deduction changes may be required mid-year for certain highly compensated employees in order for the plan to pass required IRS testing at year end.

SUPPLEMENTAL HEALTH BENEFITS



PPPSW offers voluntary policy options to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan.

Critical Illness Coverage

Critical Illness coverage through Unum helps offset the financial effects of a catastrophic illness by paying a lump sum benefit when employees or their family members are diagnosed with a covered illness. The benefit is based on the amount of coverage in force, the illness diagnosed and all other terms and provisions of the policy.

Critical Illness Benefit Enhancements:

- » Wellness benefit: With this plan enhancement you and other covered dependents can receive an incentive of up to \$75 per calendar year when a covered health screening is performed. See your policy for details.
- » Mammography benefit: Receive up to \$200 per year when you receive a preventive mammogram. See your policy for details.

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

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.



Call (866) 752-7432 to enroll. Monday through Friday, 5am – 5pm PST.

Please use reference ID #186574 when calling in.

YOUR COST FOR BENEFITS

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your monthly costs.

TIER 1 EXEMPT SALARY ≤ \$65,000 HOURLY RATE ≤ \$31.25	MONTHLY PPSW AND EMPLOYEE COST COMBINED	MONTHLY EMPLOYEE COST	EMPLOYEE PER PAY PERIOD COST (24)
KAISER HMO with DIFFERENCE CARD			
EMPLOYEE ONLY	\$617.96	\$84.00	\$42.00
EMPLOYEE + 1	\$1,235.89	\$250.00	\$125.00
EMPLOYEE + 2 or MORE	\$1,784.80	\$350.00	\$175.00
UNITED HEALTHCARE HARMONY HMO with DIFFERENCE CARD			
EMPLOYEE ONLY	\$741.14	\$84.00	\$42.00
EMPLOYEE + 1	\$1,430.38	\$250.00	\$125.00
EMPLOYEE + 2 or MORE	\$2,104.84	\$350.00	\$175.00
UNITED HEALTHCARE ALLIANCE HMO with DIFFERENCE CARD			
EMPLOYEE ONLY	\$763.94	\$84.00	\$42.00
EMPLOYEE + 1	\$1,443.91	\$250.00	\$125.00
EMPLOYEE + 2 or MORE	\$2,124.75	\$350.00	\$175.00
UNITED HEALTHCARE ADVANTAGE HMO with DIFFERENCE CARD			
EMPLOYEE ONLY	\$865.46	\$104.00	\$52.00
EMPLOYEE + 1	\$1,635.78	\$264.00	\$132.00
EMPLOYEE + 2 or MORE	\$2,407.12	\$368.00	\$184.00
UNITED HEALTHCARE PPO with HRA			
EMPLOYEE ONLY	\$1,553.08	\$142.00	\$71.00
EMPLOYEE + 1	\$2,997.45	\$686.00	\$343.00
EMPLOYEE + 2 or MORE	\$4,410.73	\$1,010.00	\$505.00
SIMNSA HEALTH PLAN HMO			
EMPLOYEE ONLY	\$237.49	\$44.00	\$22.00
EMPLOYEE + 1	\$457.61	\$124.00	\$62.00
EMPLOYEE + 2 or MORE	\$707.84	\$194.00	\$97.00
UNITED HEALTHCARE DENTAL HMO			
EMPLOYEE ONLY	\$16.67	\$4.00	\$2.00
EMPLOYEE + 1	\$31.68	\$14.00	\$7.00
EMPLOYEE + 2 or MORE	\$50.01	\$22.00	\$11.00
UNITED HEALTHCARE DENTAL PPO			
EMPLOYEE ONLY	\$66.08	\$40.00	\$20.00
EMPLOYEE + 1	\$128.17	\$88.00	\$44.00
EMPLOYEE + 2 or MORE	\$195.99	\$132.00	\$66.00
UNITED HEALTHCARE VISION PPO			
EMPLOYEE ONLY	\$8.23	\$8.23	\$4.12
EMPLOYEE + 1	\$14.62	\$14.62	\$7.31
EMPLOYEE + 2 or MORE	\$23.76	\$23.76	\$11.88

TIER 2 EXEMPT SALARY > \$65,000 HOURLY RATE > \$31.25		MONTHLY PPPSW AND EMPLOYEE COST COMBINED	MONTHLY EMPLOYEE COST	EMPLOYEE PER PAY PERIOD COST (24)
KAISER HMO with DIFFERENCE CARD				
EMPLOYEE ONLY	\$617.96	\$152.00	\$76.00	
EMPLOYEE + 1	\$1,235.89	\$492.00	\$246.00	
EMPLOYEE + 2 or MORE	\$1,784.80	\$696.00	\$348.00	
UNITED HEALTHCARE HARMONY HMO with DIFFERENCE CARD				
EMPLOYEE ONLY	\$741.14	\$152.00	\$76.00	
EMPLOYEE + 1	\$1,430.38	\$492.00	\$246.00	
EMPLOYEE + 2 or MORE	\$2,104.84	\$696.00	\$348.00	
UNITED HEALTHCARE ALLIANCE HMO with DIFFERENCE CARD				
EMPLOYEE ONLY	\$763.94	\$152.00	\$76.00	
EMPLOYEE + 1	\$1,443.91	\$492.00	\$246.00	
EMPLOYEE + 2 or MORE	\$2,124.75	\$696.00	\$348.00	
UNITED HEALTHCARE ADVANTAGE HMO with DIFFERENCE CARD				
EMPLOYEE ONLY	\$865.46	\$192.00	\$96.00	
EMPLOYEE + 1	\$1,635.78	\$518.00	\$259.00	
EMPLOYEE + 2 or MORE	\$2,407.12	\$732.00	\$366.00	
UNITED HEALTHCARE PPO with HRA				
EMPLOYEE ONLY	\$1,553.08	\$212.00	\$106.00	
EMPLOYEE + 1	\$2,997.45	\$914.00	\$457.00	
EMPLOYEE + 2 or MORE	\$4,410.73	\$1,348.00	\$674.00	
SIMNSA HEALTH PLAN HMO				
EMPLOYEE ONLY	\$237.49	\$44.00	\$22.00	
EMPLOYEE + 1	\$457.61	\$124.00	\$62.00	
EMPLOYEE + 2 or MORE	\$707.84	\$194.00	\$97.00	
UNITED HEALTHCARE DENTAL HMO				
EMPLOYEE ONLY	\$16.67	\$4.00	\$2.00	
EMPLOYEE + 1	\$31.68	\$14.00	\$7.00	
EMPLOYEE + 2 or MORE	\$50.01	\$22.00	\$11.00	
UNITED HEALTHCARE DENTAL PPO				
EMPLOYEE ONLY	\$66.08	\$40.00	\$20.00	
EMPLOYEE + 1	\$128.17	\$88.00	\$44.00	
EMPLOYEE + 2 or MORE	\$195.99	\$132.00	\$66.00	
UNITED HEALTHCARE VISION PPO				
EMPLOYEE ONLY	\$8.23	\$8.23	\$4.12	
EMPLOYEE + 1	\$14.62	\$14.62	\$7.31	
EMPLOYEE + 2 or MORE	\$23.76	\$23.76	\$11.88	

LIFE INSURANCE



It's difficult to think about what would happen if something ever happened to you, but it's important to have a plan in place to make sure your family is provided for. Survivor benefits provide financial protection and security in the event of a death. Securing Life Insurance now ensures your family will be protected for the future.

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

PPPSW provides employees with Basic Life and AD&D insurance as part of your coverage through MetLife, which guarantees that loved ones, such as a spouse or other designated survivor(s), continue to receive part of an employee's benefits after death.

Your Basic Life and AD&D insurance benefits 1x your Basic Annual earnings up to \$450,000.

You will automatically receive Life and AD&D insurance even if you elect to waive other coverage.

What is a beneficiary?

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death.

Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reach's majority age at 18.

If you need assistance, contact MetLife or your own legal counsel.



BASIC EMPLOYEE LIFE/AD&D

COVERAGE AMOUNT	1x Basic Annual Earnings, rounded to the next higher \$1,000, up to \$450,000 maximum
WHO PAYS	PPPSW
EVIDENCE OF INSURABILITY (EOI) REQUIRED?	No
AGE REDUCTION SCHEDULE	Reduces by 35% at age 65 Reduces to 50% at age 70

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



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

Life and AD&D benefits are an important part of your family's financial security. The basic benefits provided to you by PPPSW may not be enough to cover expenses in a time of need. Therefore, extra coverage is available to protect you and your family. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.



VOLUNTARY EMPLOYEE LIFE AND AD&D	
COVERAGE AMOUNT	\$10,000 increments
WHO PAYS	Employee
MAXIMUM BENEFIT	Lesser of 5x annual earnings or \$250,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	≥\$50,000
VOLUNTARY SPOUSE LIFE AND AD&D	
COVERAGE AMOUNT	\$5,000 increments
WHO PAYS	Employee
MAXIMUM BENEFIT	50% of employee amount not to exceed \$100,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	≥\$25,000
VOLUNTARY CHILD LIFE	
COVERAGE AMOUNT AGE BIRTH TO 6 MONTHS	\$1,000
COVERAGE AMOUNT AGE 6 MONTHS OR OLDER	\$1,000, \$2,000, \$4,000, \$5,000, \$10,000
WHO PAYS	Employee
MAXIMUM BENEFIT	\$10,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No

VOLUNTARY LIFE AND AD&D INSURANCE	
PREMIUM RATES PER \$1,000 MONTHLY	
EMPLOYEE'S AGE	EMPLOYEE/SPOUSE
<30	\$0.081
30-34	\$0.101
35-39	\$0.131
40-44	\$0.151
45-49	\$0.231
50-54	\$0.371
55-59	\$0.651
60-64	\$0.871
65-69	\$1.371
70-99	\$2.571
Child Life Rate per \$1,000	\$0.21

INCOME PROTECTION



PPPSW offers disability coverage to protect you financially in the event you cannot work because of a debilitating injury. A portion of your income is protected until you can return to work or until you reach retirement age.

Short-Term Disability (STD) Insurance

Short Term Disability (STD) benefits are provided by PPPSW at no cost to you once 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. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or MetLife summary for details.

Long-Term Disability (LTD) Insurance

Long Term Disability (LTD) benefits are provided by PPPSW at no cost to you. 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 \$12,500 per month.



Thoughts & Tips: Nearly 6% of working Americans will experience a short-term disability due to illness, injury or pregnancy on average every year.




RETIREMENT PLANNING



Whether you're just starting out in your career or you've been in the workforce for years, it's always a good time to plan for retirement.

Contributing to a 401(k) account now can help keep you financially secure later in life. The PPPSW 401(k) plan provides you with the tools and flexibility you need to prepare.

PLAN AT A GLANCE

RECORD KEEPER	
ELIGIBILITY	You are eligible to participate in the plan immediately upon hire.
CONTRIBUTION	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.
COMPANY MATCH	PPPSW will match 100% of the first 3% of your deferral and match 50% on deferrals between 3% and 5%. There is no waiting period for the match, and it is always 100% vested.

What is a 401(k)? This employer-sponsored retirement account can help build and create choices for your future self by saving money — tax free — from your paycheck. Due to the value of compounding interest, the sooner you participate in a 401(k), the better.

Eligible employees can invest for retirement while receiving certain tax advantages. Administrative and record-keeping services for this plan are provided by Empower. You are eligible day one.



Thoughts & Tips: When you retire, you'll need at least 70% of your pre-retirement earnings to maintain your standard of living. Social Security retirement benefits typically replace only about 40%, so start building that nest egg now.

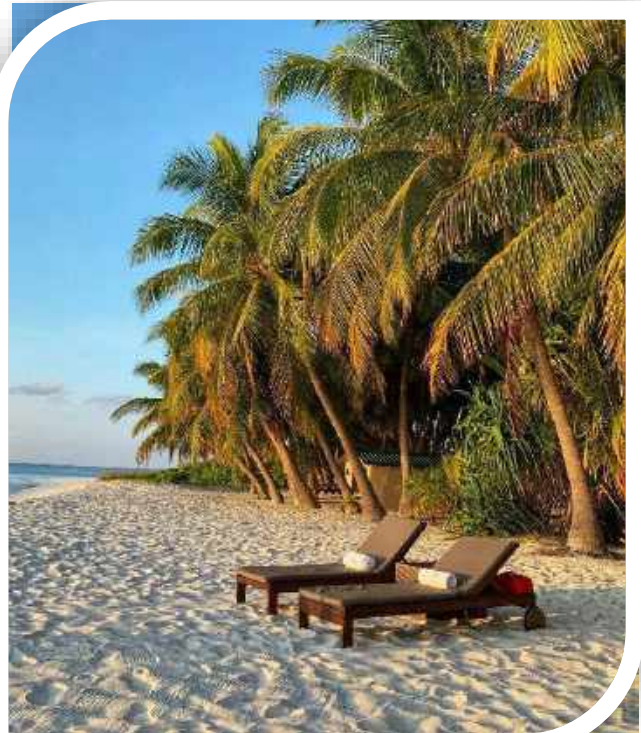
Contributing to the Plan

The deferred contribution limit set annually by the IRS is \$22,500 for 2023.

If you are age 50 or older this calendar year and you already contribute the maximum allowed to your 401(k) account, you may also make a “catch-up contribution.” This additional deposit accelerates your progress toward your retirement goals. The maximum catch-up contribution is \$7,500 for 2023 — for a combined total contribution allowance of \$29,000.

If you started at the agency mid-year, let the Payroll Department know how much you contributed at your previous employer so that can be factored in

Register for online access at empowermyretirement.com or call 800.338.4015 with any questions.



LEGAL ASSISTANCE



PPPSW offers LegalEASE's LegalGUARD plan. You can use their In or Out-of-Network attorneys to support you and your family's legal needs.

The LegalGUARD membership includes:

- 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

Employee Monthly Cost	Employee Pay Period Cost (24)
\$20.88	\$10.44

HOLIDAYS AND PAID TIME OFF

2023 HOLIDAYS

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day (2 Days)
- Winter Break (2 Days)

Holiday Pay

We typically observe ten 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



PAID TIME OFF

Bereavement Leave

In the case of a death in an employee's immediate family, regular full-time employees may take up to 6 paid scheduled workdays off with pay per calendar year. Regular Part-time, partial-benefited employees will receive 75% of the full-time allotment.

Agency Sick Pay

Agency Sick Pay provides wage replacement for time off for regular non-exempt full-time and part-time partial benefited employees who are ill or injured and unable to work or who are caring for an ill or injured covered family member. Sick Pay will be provided to all eligible regular non-exempt employees upon hire and each fiscal year which begins on July 1. All eligible employees will receive 40 hours upon hire and on July 1st of each year. No more than 40 hours of Sick Pay may be used each fiscal year.

Agency Sick Pay can be used for a scheduled shift for the following reasons:

- The employee is physically or mentally unable to perform their duties due to illness, injury or a medical condition;
- For the purpose of obtaining professional diagnosis or treatment of an employee's own medical condition, or for other medical reasons including healthcare appointments when it is not possible to schedule them during non-working hours. It is requested that advance notice be provided for scheduled appointments;
- To provide care or assistance to a covered family member, as defined below, with an illness, injury, or medical condition, including assistance in obtaining professional diagnosis or treatment of a medical condition;
- For certain, specified purposes when an employee or a covered family member is a victim of crime or abuse;
- An employee's place of business is closed by order of a public official due to a public health emergency;
- An employee is providing care or assistance to a child, whose school or childcare provider is closed by order of a public official due to a public health emergency;
- Pregnancy or baby bonding leave;
- Other leaves as required under FMLA/CFRA;
- An existing health condition or preventive care for themselves or a family member

When Sick Pay is available, employees are required to use Sick Pay for time off due to any of the reasons under Sick Pay (unless otherwise stated under local, state or federal law). When Sick Pay is not available, employees are required to use PTO for time off due to any of the reasons under Sick Pay (unless otherwise stated under local, state or federal law).

PAID TIME OFF

Paid Sick Leave for Employees Who Do Not Accrue PTO or other Agency Benefits

Paid Sick Leave provides wage replacement 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. Paid Sick Leave for employees who do not accrue PTO is only for non-benefited employees. All benefited employees accrue PTO (Paid Time Off) and non-exempt benefited employees are also granted Agency Sick Pay.

Paid Sick Leave for Employees who do not accrue PTO can only be used for scheduled shifts for:

- The employee is physically or mentally unable to perform their duties due to illness, injury or a medical condition;
- For the purpose of obtaining professional diagnosis or treatment of an employee's own medical condition, or for other medical reasons including healthcare appointments when it is not possible to schedule them during non-working hours. It is requested that advance notice be provided for scheduled appointments;
- To provide care or assistance to a covered family member, as defined below, with an illness, injury, or medical condition, including assistance in obtaining professional diagnosis or treatment of a medical condition;
- For certain, specified purposes when an employee or a covered family member is a victim of crime or abuse;
- An employee's place of business is closed by order of a public official due to a public health emergency;
- An employee is providing care or assistance to a child, whose school or childcare provider is closed by order of a public official due to a public health emergency;
- Pregnancy or baby bonding leave;
- Other leaves as required under FMLA/CFRA;
- An existing health condition or preventive care for themselves or a family member.

Paid Sick Leave

Non-benefited employees will be granted forty (40) hours of sick pay upon hire and on January 1st of each year.



PAID TIME OFF (PTO)

Paid Time Off (PTO)

Paid Time Off (PTO) provides paid time off for regular 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.

Upon termination of employment, employees will be paid in full for accrued, unused PTO. Employees changing from a regular 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 regular 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 many more.

For more information on the perks and discounts, visit the HUB, “Employee Discounts” page.

Choice Direct

Consider joining your PPPSW 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 four months of employment are eligible for medical services provided by our centers and within the scope of our Medical Protocols. See the “Planned Parenthood Medical Services Policy” on the HUB for more information.

BetterUp Care

PPPSW staff are encouraged to take advantage of coaching, tools, and support at no cost to you. You can get 1:1 coaching and personal guidance to help you navigate challenges at work with a fresh perspective.

To get started, visit members.betterup.com/pppsw

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 Clinicians, Registered Nurses, Licensed Vocational Nurses, Licensed Clinical Social Workers and Clinical Lab Scientists.

To be eligible for CEU/CME educational assistance, an employee should have completed four months of employment and the 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 licensed staff are allotted \$2,500 per year. Eligible part-time partial benefited Clinicians and RNs are allotted \$1,875 (75% of the full-time allotment).

CEU/CME Paid Time Off Allotment

Full-time licensed staff are allotted 40 hours per year. Eligible part-time partial benefited licensed staff are allotted 30 hours.

USEFUL PHONE APPS

UnitedHealthcare App!

Use the app to:

- Search for Quick Care, either urgent care or emergency room services
- View and share your member ID card
- Access your account balance and check the status of benefit amounts, such as your deductible and out-of-pocket maximum
- View the latest claims for your plan



UNUM App

Use the app to:

- Report a new claim or leave
- Check status of existing claim or leave
- Upload documents (medical records, claim and authorization forms etc.)



Paylocity App:

Use the app to:

- Edit personal information
- Search company directory
- View current and historical pay information
- Review schedules and timesheets



Paylocity Benefit Account App:

Use the app to:

- Submit claims and verify your Flexible Spending Account card transactions
- Quicker reimbursements
- Submit healthcare card receipts
- View your account balance



MetLife US App

Use the app to:

- Review claim information and make updates, report absences
- Contact your case manager and upload relevant documents
- Setup and update direct deposit information



Search for these in the App Store or Google Play to get started!



IMPORTANT CONTACTS



Whether you have a question about your benefits or need help finding a provider, your carriers are just a call or click away.

MEDICAL

Difference Card

888.343.2110

www.differencecard.com

MEDICAL

United Healthcare

Harmony HMO Group# 366118

Advantage HMO Group# 356122

Alliance HMO Group# 356119

PPO Group# 0754245

HMO 800.624.8822

PPO 800.357.0978

www.myuhc.com

MEDICAL

Kaiser Permanente

Group # 104241

800.464.4000

www.kp.org

MEDICAL

SIMNSA

Group # 518

619.407.4082

www.simnsa.com

DENTAL

United Healthcare

Group# 0754245

DHMO 877.813.4259

DPPO 877.816.3596

www.myuhcdental.com

VISION

United Healthcare

Group# 0754245

Vision 800.638.3120

www.myuhcvision.com

HEALTH REIMBURSEMENT

ACCOUNT

Paylocity

Group # 88815

800.520.2687

www.paylocity.com

FLEXIBLE SPENDING ACCOUNTS

Paylocity

Group # 88815

800-520-2687

www.paylocity.com

LIFE AND AD&D

METLIFE

Group# KM05724561-G

800.275.4638

www.metlife.com

401(k) PLAN ADMINISTRATOR

Empower

800.338.4015

www.retiresmart.com

BENEFIT SUPPORT & EMPLOYEE ASSISTANCE PROGRAM

Health Advocate

866.799.2728

www.Healthadvocate.com/members

LEGAL ASSISTANCE

LegalEASE

800.562.2929

www.legaleaseplan.com

PLANNED PARENTHOOD OF THE PACIFIC SOUTHWEST HUMAN RESOURCES

Richard Aguilera

619.881.4615

raguilera@planned.org

Vera Rice

619.881.4655

vrice@planned.org

SUPPLEMENTAL HEALTH (UNUM VOLUNTARY PLANS ACCIDENT, INDIVIDUAL SHORT-TERM DISABILITY, CRITICAL ILLNESS)

UNUM

866.752.7432

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)
- Paperwork Reduction Act Statement
- Women's Health & Cancer Rights Act (WHCRA) Notices
- Health Insurance Portability & Accountability Act Non-Discrimination Requirements
- Notice of Special Enrollment Rights
- Model General Notice of COBRA Continuation Coverage Rights
- Employee Rights Under the Family and Medical Leave Act
- Genetic Information Non-Discrimination Act (GINA) Disclosures
- Notice of Patient Protections
- Health Insurance Exchange Notice
- HIPAA Notice of Privacy Notice
- Uniformed Services Employment & Reemployment Right Act Notice (USERRA)

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.

