(Company Name) Your Benefits Guide 2018/2019 - So Cal

We're proud to offer you and your family members valuable benefits from some of the world's leading carriers. Take the time to carefully read through this packet and choose the best fit for you and your family's needs.

Contents

Welcome to Your Benefits

We're excited to offer you the enclosed benefits. In this guide you will find information about your carrier options as well as their covered services and costs.

Overview

This guide has been designed to help you understand your benefit options and what they mean for you and your family. After going through some frequently asked questions, we'll take a detailed look at all of your available plans. Once you've reviewed your options, visit www.adp.com/login to explore the platform and make your benefits elections.

(Company Name) is proud to offer you the following benefits:

Line of Coverage	Who Contributes?
• Medical….	**(Company Name) + You**
• Dental….	**(Company Name) + You**
• Vision….	**(Company Name) + You**
• Basic Life Insurance….	**(Company Name)**
• Voluntary Life Insurance….	**You**
• Hospital Indemnity….	**You**
• Critical Illness….	**You**
• Accident….	**You**
• Cancer….	**You**

While this guide will cover your plans in detail, it should be noted that the most comprehensive overviews are available from the insurance carriers. At the end of this guide you'll find the web address and contact information for your insurance brokers & carriers in case you wish to contact them to understand the benefits covered in further detail.

Common Benefits Questions

Am I eligible?

If you are a regular employee working **30** or more hours per week, you are eligible to enroll in the plans outlined in this guide. The following members of your family may also be eligible as your dependent:

Spouse/ Domestic Partner
Children

How do the plans define spouses and children?

The definition of a dependent may vary slightly from carrier to carrier, but generally it applies to:

Your spouse, defined as one man or one woman that you are legally married to under the law of any jurisdiction that has the authority to sanction marriages.

Your domestic partner

Your children (and/or children of your registered domestic partner), which include natural children of the first degree, legally adopted children, stepchildren, and children whose parents are both deceased for whom you have legal custody.

How do I enroll?

Your first step is to review the benefits options listed this guide.

Once comfortable with your selections, visit the employee portal at workforcenow.adp.com **to enroll.**

When do my benefits elections take effect?

Your benefits as a Full Time New Hire will become effective on the **first day of the month following 30 days**.

Benefits you elect during Open Enrollment will become effective **November 1st**.

When do I have to enroll?

You have **30** days from your date of hire to make your benefit selections. Your benefits plan enrollment is binding and cannot be changed until the next Open Enrollment unless you experience a Qualifying Life Event.

What is 'Open Enrollment?'

Unless you experience a Qualifying Life Event, you can make changes to your benefits plan once a year. Open Enrollment refers to the period of time in which you can make changes to your benefits elections for the upcoming plan year.

The Open Enrollment period for (Company Name) employees is **October 8-October 19**.

What is a 'Qualifying Life Event?'

A Qualifying Life Event (QLE) is a significant life event which provides employees with the opportunity to make changes to their benefit enrollment. QLEs are defined by the Internal Revenue Service and include:

- Marriage
- Divorce
- Legal separation
- Birth or adoption of a child
- Change in a child's dependent status
- Death of a spouse or dependent
- Change in residence due to an employment transfer for you or your spouse
- Commencement or termination of adoption proceedings
- Change in spouse's employment status.

When will I receive my ID cards?

Timing varies from carrier to carrier, but generally you'll receive your ID cards within 30-40 days of enrollment. Please note that some benefits plans do not issue cards, but instead use your social security number or another personal identifier to confirm eligibility.

Who do I contact in regards to claims or billing?

To discuss specific claims or other billing inquiries, please contact the benefits carrier directly. For your reference, we've provided a list of contacts at the end of this document.

Going on ADP…

Website is www.workforcenow.adp.com
Use your ID and Password to login.
Go to MYSELF > BENEFITS > ENROLLMENTS > START to begin the ALP Enrollment 2017-2018.

Easy Step By Step Process:

1) REVIEW and/or ADD a beneficiary for the Basic Life and AD&D plans.

2) STATUS > either *WALK ME THROUGH or *I KNOW WHAT I WANT.

3) Read the Welcome introduction > arrow on the upper right side that notes Forward To Health and Welfare – Medical.

4) *UNENROLL or *EDIT or *don't click any of them and your selection will stay the same.

5) Back to the top > arrow on the upper right side that notes Forward To Health and Welfare – Dental.

6) *UNENROLL or *EDIT or *don't click any of them and your selection will stay the same.

7) Back to the top > arrow on the upper right side that notes Forward To Health and Welfare – Vision.

8) Continue and repeat through the benefits, or you can use the arrow on the upper right > Forward… to the end.

9) When you are done, go to the top right > REVIEW & COMPLETE.

10) Review your selections and If all looks right, go to the top right > COMPLETE ENROLLMENT.

Note: if you want to see the plan description or additional info, just click on the **"i"** next to the plan name in the plan box. The Plan Information box will pop up. Click on "HERE" and open the PDF indicated. Or you can click inside the plan box where it indicates "MORE INFO".

*Make sure to COMPLETE your enrollment.
**Attachments to this email are brochures for the Anthem BlueCross Healthy Support Program that comes with enrollments into the Anthem BlueCross HMO medical plans.

Prepared By: Best & Rudnick Insurance And Financial Services, Inc., Tel. 818-883-3282, charlesmbest@lafinservices.com


Benefits Options

Medical Benefits

Bi-Weekly Paycheck Contributions

Below are the bi-weekly medical contributions for each plan. (Company Name) pays the remaining portion of the premium for employees and their dependents. Note that adding domestic partners and children to this benefit will result in additional tax consideration.

	Anthem Priority Select HMO	Anthem CA Care HMO	Anthem PPO
Employee Only	$49.81	$199.27	$199.27
Employee & Spouse	$199.27	$199.27	$199.27
Employee & Children	$199.27	$199.27	$199.27
Employee & Family	$199.27	$199.27	$199.27

Paycheck Contributions Are Paid By..... (Company Name) + You

All contributions will be deducted on a pre-tax basis unless you inform Human Resources you would like contributions on an after-tax basis.

Domestic partner contributions are taken on a post-tax basis. Contributions made by the employer for domestic partner coverage will be subject to imputed income for the employee.

Medical Benefits

Your company offers options for medical coverage through Anthem Blue Cross Insurance. The below charge is a summary and is intended to highlight coverage under the plan. For a full list of benefits included, please refer to the Anthem SBC's and Evidence of Coverage booklet for full details. You must select a primary care physician to receive services from the Anthem HMO. Please contact the carrier if you need to verify your primary care physician or medical group.

	Anthem HMO Priority Select	Anthem HMO CA Care	Anthem H.S.A. PPO	Anthem PPO
DEDUCTIBLE				
Individual	$1,500 per person	$1,500 per person	$2000 Deductible In Network, $6,000 Deductible Out Of Network	$1,000 Deductible In-Network, $3,000 Deductible Out Of Network
PHYSICIAN SERVICES				
Office Visits	$25 copay	$25 copay	20% Coinsurance In Network, 40% Coinsurance Out Of Network	$35 Copay In Network, 40% Coinsurance Out Of Network
Specialist Visits	$50 copay	$50 copay	20% Coinsurance In Network, 40% Coinsurance Out Of Network	$35 Copay In Network, 40% Coinsurance Out Of Network
Preventative Care	No Charge	No Charge	No Charge In Network, 40% Coinsurance Out Of Network	No Charge In Network, 40% Coinsurance Out Of Network
X-Ray/Lab Procedures	No Charge	No Charge	20% Coinsurance In Network, 40% Coinsurance Out Of Network	20% Coinsurance In Network, 40% Coinsurance Out Of Network
MRI, CT, Radiology	$250 Copay	$250 Copay	20% Coinsurance In Network, 40% Coinsurance Out Of Network	20% Coinsurance In Network, 40% Coinsurance Out Of Network
HOSPITAL SERVICES				
Inpatient	30% After Deductible	30% After Deductible	20% Coinsurance In Network, 40% Coinsurance Out Of Network	20% Coinsurance In Network, 40% Coinsurance Out Of Network
Maternity	30% After Deductible	30% After Deductible	20% Coinsurance In Network, 40% Coinsurance Out Of Network	20% Coinsurance In Network, 40% Coinsurance Out Of Network
Outpatient Services	30% After Deductible	30% After Deductible	20% Coinsurance In Network, 40% Coinsurance Out Of Network	20% Coinsurance In Network, 40% Coinsurance Out Of Network
PRESCRIPTION DRUGS				
Tier 1 - Generic	1a $5 Copay, 1b, $20 Copay	1a $5 Copay, 1b, $20 Copay	1a $5 Copay, 1b, $15 Copay	1a $5 Copay, 1b, $20 Copay
Tier 2 - Preferred Brand	$50 copay, 30 day supply	$50 copay, 30 day supply	$40 copay, 30 day supply	$30 copay, 30 day supply
Tier 3 - Non Preferred	$65 copay, 30 day supply	$65 copay, 30 day supply	$60 copay, 30 day supply	$50 copay, 30 day supply
Tier 4 - Specialty Drugs	30% To Max of $250	30% To Max of $250	30% To Max of $250	30% To Max of $250
Prescription Deductible	Tiers 2-4, $500 Deductible	Tiers 2-4, $500 Deductible	**Subject To Combined Med. & Prescription Deductible**	$0
YEARLY MAXIMUM OUT OF POCKET				
Individual	$6,480	$6,480	$3,000 In Network, $9,000 Out Of Network	$5,000 In Network, $15,000 Out Of Network
EMERGENCY SERVICES				
Emergency Room	$150 copay, waived if admitted	$150 copay, waived if admitted	20% Coinsurance In And Out Of Network	$150 Copay & 20% Coinsurance In And Out Of Network
Ambulance	$100 Per Trip	$100 Per Trip	20% Coinsurance In And Out Of Network	20% Coinsurance In And Out Of Network

Dental Benefits

Bi-Weekly Paycheck Contributions

Below are the bi-weekly dental contributions for each plan. (Employer name) pays the remaining portion of the premium for employees and their dependents.

Note that adding domestic partners and children to this benefit will result in additional tax consideration.

	DPPO	DHMO
Employee Only	$15.37	$3.04
Employee & Spouse	$35.89	$10.45
Employee & Child[ren]	$40.94	$12.02
Employee & Family	$65.40	$20.42

Paycheck Contributions Are Paid By..... The Company + You

All contributions will be deducted on a pre-tax basis unless you inform Human Resources you would like contributions on an after-tax basis.

Domestic partner contributions are taken on a post-tax basis. Contributions made by the employer for domestic partner coverage will be subject to imputed income for the employee.

Dental Benefits

Your company offers options for dental coverage through Guardian Insurance. The following chart compares the plans available to you and your family. For a full list of benefits included, please refer to benefit summaries. Please contact carrier prior to making a dental appointment.

California Employees Only		DHMO – refer to schedule of benefits
In Network	Routine Office Visit	$0
	Preventive	No Charge For Most Services
	Endodontics (root canal)	No Charge up to $140, depending on services rendered
	Periodontics (structure around & supporting your teeth)	$5 up to $155 (depending on services rendered)
	Oral Surgery	$5 up to $155 (depending on services rendered)
	Orthodontia (Child)	Up to $1,000
	Orthodontia (Adult)	Up to $2,175
Out of Network	Out-of-Network Coverage	Not Covered

DHMO Members

You must select and be assigned to a primary care dentist. You can switch dentists once a month by calling Guardian Ins. Transfers are usually effective the next month; however, even though the transfer may be effective, some offices may not see you until your name also appears on the monthly list they receive from your plan (i.e. a roster). Please call (800) 459-9401 for further information about benefits and select a dentist or visit www.guardiananytime.com.

PLEASE NOTE: The benefits illustrated in this booklet are meant to serve as a summary of the benefits available under each carrier's plan. Reference carrier plan summary for full benefit information. Should any discrepancies arise, the carrier's documents supersede these illustrations.

Dental Benefits

Your company offers options for dental coverage through Guardian Insurance. The following chart compares the plans available to you and your family. For a full list of benefits included, please refer to Guardian Insurance benefit summaries.

		DPPO
In Network	Annual Deductible	$50 individual, $150 family
	Annual Maximum	$2,000
	Preventive Services (cleanings, exams)	100%
	Basic Services (fillings, extractions, root canals)	80%
	Major Services (bridges, crowns)	50%
	Orthodontia	Not Covered On PPO Plan
	Orthodontia Lifetime Maximum	n/a
Out of Network	Annual Deductible	$50 individual, $150 family
	Annual Maximum	$2,000
	Preventive Services (cleanings, exams)	100%
	Basic Services (fillings, extractions, root canals)	80%
	Major Services (bridges, crowns)	50%
	Orthodontia	Not Covered Under PPO Plan
	Orthodontia Lifetime Maximum	n/a

Vision Benefits

Bi-Weekly Paycheck Contributions

Below are the **bi-weekly** vision contributions for each plan. (Company Name) pays the remaining portion of the premium for employees and their dependents. Note that adding domestic partners and children to this benefit will result in additional tax consideration.

	Vision Plan
Employee Only	$1.48
Employee & Spouse	$4.11
Employee & Child[ren]	$4.25
Employee & Family	$8.21

Paycheck Contributions Are Paid By .....(Company Name) + You

Vision Benefits

Your company offers options for vision coverage through **VSP**. The following chart compares the plans available to you and your family. For a full list of benefits included, please refer to VSP benefit summaries. Download the Guardian Anytime app, or visit. www.guardiananytime.com to view your ID card and to search local providers.

		Vision
In Network	Examination	$10 Copay
	Lenses	$25 Copay
	Frames	$25 Copay, $130 Allowance every 2 years
	Contact Lenses (Instead of lenses or frames)	$25 Copay, $130 Allowance
Out of Network	Examination	$39/year
	Lenses	$23 Single Vision/per year
		$37 Bifocal/per year
		$49 Trifocal/per year
	Frames	$46/per 2 years
	Contact Lenses (Instead or lenses of frames)	$100 Elective/per 2 years
		$210 Medically Necessary/per year

Life

Basic Life / AD&D Insurance

Basic Life Insurance and Accidental Death & Dismemberment (AD&D) is a policy that pays benefits to the beneficiary if the cause of death is an accident. Benefits amounts are listed below:

How it Works

Age	Your Beneficiary Would Receive:	Note:
Current – 64	100% of your annual salary up to a, maximum of $325,000	The Guarantee Issue amount is $325,000. No evidence of insurability will be required.
65 – 69	Reduced by 35%	
70+	Reduced by 60%	

Note: Please be sure to update your beneficiary information each year.

Paycheck Contributions Are Paid By..... (Company Name)

PLEASE NOTE: The benefits illustrated in this booklet are meant to serve as a summary of the benefits available under each carrier's plan.

Reference carrier plan summary for full benefit information. Should any discrepancies arise, the carrier's documents supersede these illustrations.

Voluntary Life Insurance

You can purchase life and accidental death & dismemberment (AD&D) insurance coverage for yourself and your dependents. Below are the coverage details. For a full list of benefits included, please refer to the Guardian benefit summaries.

You will need to submit an Evidence of Insurability (EOI) form for any amount if you did not elect coverage as a New Hire.

	Voluntary Life w/ AD&D
Employee Increments	$10,000
Employee Maximum	$500,000
Employee Guarantee Issue	$150,000 (available to New Hires only)
Spouse Increments	$5,000
Spouse Maximum	50% of employee amount to $250,000
Spouse Guarantee Issue	$10,000
Children Benefits	$10,000
Benefit Reduction	35% @ age 65, 60% of original amount @ age 70
Conversion	Included
Portability	Included

Paycheck Contributions Are Paid By .....You

PLEASE NOTE: The benefits illustrated in this booklet are meant to serve as a summary of the benefits available under each carrier's plan. Reference carrier plan summary for full benefit information. Should any discrepancies arise, the carrier's documents supersede these illustrations.

Worksite Benefits

Hospital Indemnity Insurance

The Hospital Indemnity Insurance Product provides employees with coverage for costs when hospitalized. Benefits are available with a flat fee reimbursement of either $1,000 per person, or $2,000 per person. (refer to plan documents for additional details)

	Hospital Indemnity Insurance
Hospital /ICU Admission	Lump Sum Reimbursement $1,000 Option & $2,000 Option
Hospital/ICU Confinement	$100 per day, limited to 30 days per insured per year.
Pre-Existing Condition	A pre-existing condition includes any condition for which you, in the specified time period prior to coverage consulted a provider, received treatment, or took prescribed drugs.
Portability	Allows you to take your Hospital Indemnity coverage with you if you terminate employment.
Spousal Coverage Available	YES
Child Coverage Available	YES

Paycheck Contributions Are Paid By…..You

All contributions will be deducted on a pre-tax basis unless you inform Human Resources you would like contributions on an after-tax basis. Domestic partner contributions are taken on a post-tax basis. Contributions made by the employer for domestic partner coverage will be subject to imputed income for the employee.

Worksite Benefits

Critical Illness

The Critical Illness Product provided the ability for an insured to receive a lump sum benefit payment upon first and second diagnosis of any qualified Critical Illnesses listed under covered conditions. Benefits are paid directly to the insured when they need it most. Funds can be used under the discretion of the insured for things such as childcare, transportation and to fill in gaps in their medical plan, like co-pays and deductibles.

The Wellness Benefit Provides a per year benefit for completing certain routine wellness screenings or procedures (refer to plan highlights for listing).

	Critical Illness
Employee Benefit Amount	$5,000, $10,000, $15,000, $20,000 or $25,000
Employee Simplified Issue	Yes
Spouse Benefit Amount	50% of Employee Covered Benefit
Spouse Simplified Issue	Yes
Child(ren)	50% of Employee Covered Benefit
Wellness Benefit	$50 per member per calendar year
Portability	Included
Example for Covered Diagnosis	Heart Attack, Coronary Artery Bypass Surgery (25%), Stroke, End Stage Renal (Kidney) Failure

Paycheck Contributions Are Paid By..... You

All contributions will be deducted on a pre-tax basis unless you inform Human Resources you would like contributions on an after-tax basis. Domestic partner contributions are taken on a post-tax basis. Contributions made by the employer for domestic partner coverage will be subject to imputed income for the employee.

Worksite Benefits

Accident Insurance

The Accident Insurance Product provides employees with coverage for accidents off the job. Benefits are paid out to a member if the service, treatment or procedure is due to injuries incurred in a covered accident.

	Accident
Accidental Death	Employee: $50,000, Spouse: $20,000 and Child(ren): $10,000
Burns	Up To $12,000
Chiropractic Treatment	$0-$50 up to 6 visits
Emergency Room	$150- $200
Hospitalization	$750-$1,250
Hospital Confinement	$175 per day up to $250 per day, maximum benefit one year
Diagnostic Exam (Major)	$100-$200
Family Care	$20 per day up to $30 days
Dislocations	Schedule Up To $4,800

Paycheck Contributions Are Paid By..... You

All contributions will be deducted on a pre-tax basis unless you inform Human Resources you would like contributions on an after-tax basis. Domestic partner contributions are taken on a post-tax basis. Contributions made by the employer for domestic partner coverage will be subject to imputed income for the employee.

Worksite Benefits

Cancer Insurance

The Cancer Insurance Product provides employees with coverage for Cancer related medical expenses. Benefits are paid out to a member if the service, treatment or procedure is related to a covered cancer diagnosis.

The Wellness Benefit Provides routine wellness screenings or procedures (refer to plan highlights for listing).

	Cancer
Surgical Benefit	Schedule Amount Up To $5,500
Outpatient Surgery	$350 per day, 3 days per procedure
Hospital Confinement	$400 Per Day 1st 30 Days, $800 Per Day, 31st day thereafter
ICU Confinement	$600 Per Day 1st 30 Days, $800 Per Day, 31st day thereafter
Immunotherapy	$500 Per Month, $2500 Lifetime Maximum Benefit
Inpatient Special Nursing	$150 Per Day Up To 30 Days Per Year
Medical Imaging	$200 Per Image, Up to 2 Per Year
Home Health Care	$100 Per Visit, Up To 30 Visits Per Year
Transportation Benefit	$0.50 Per Mile Up to $1,500 Per Round Trip/Equal Benefit Companion

Paycheck Contributions Are Paid By…..You

All contributions will be deducted on a pre-tax basis unless you inform Human Resources you would like contributions on an after-tax basis. Domestic partner contributions are taken on a post-tax basis. Contributions made by the employer for domestic partner coverage will be subject to imputed income for the employee.

Employee Assistance Program (EAP)

EAP

The Employee Assistance Program through Unum offers you and members of your household unlimited access to counselors by telephone, resources and online tools including 3 face-to-face visits with a counselor to help with short term problems.

	Employee Assistance Program
Contact	**(800) 386-7055 available 24 hours**
Website	**www.ibhworklife.com User Name: Matters Password: wlm70101**
Counseling	Work through complex, sensitive issues such as personal or work relationships, depression, grief or issues surrounding substance abuse.
Referral Services	Locate childcare and eldercare services and obtain matches to the appropriate provider based on your family's preferences and criteria.
Financial Services	Speak with financial experts by phone regarding issues such as budgeting, controlling debt, teaching children to manage money, investing for college and preparing for retirement.
Referral To Local Counselors	Get a referral to local counselors, up to 3 sessions free of charge.

Paycheck Contributions Are Paid By..... No Charge

All contributions will be deducted on a pre-tax basis unless you inform Human Resources you would like contributions on an after-tax basis.

Domestic partner contributions are taken on a post-tax basis. Contributions made by the employer for domestic partner coverage will be subject to imputed income for the employee.

Glossary

Glossary

Affordable-Care-Act (ACA)
Landmark health reform legislation passed in 2010. It was designed to increase the affordability of health insurance and lower the uninsured rate in the United States. Colloquially referred to as Obamacare.

Allowed Amount
The maximum amount that a carrier will consider to pay for a service, including any amount that the patient will be responsible for paying.

Balance Billing
When a provider bills you the difference between the provider's charge and the carrier's allowed amount.

Co-insurance
Your share of the costs of a covered service, calculated as a percentage of the allowable amount.

Co-payment (Co-Pay)
A set amount you pay for a covered healthcare service, usually at the same time you receive the service (e.g., A $15 co-pay for routine checkup.)

Deductible
The amount you owe for services before your plan begins to pay. Deductibles may not apply for all services.

Durable Medical Equipment (DME)
Equipment and/or supplies ordered by for everyday or extended use. Examples include oxygen equipment, wheelchairs, crutches, and blood testing strips.

Emergency Medical Condition
An illness or injury so serious that one must seek care right away to avoid severe harm.

Exclusive Provider Organization (EPO)
A form of insurance where you can use the doctors and hospitals within a network but cannot go outside the network for care. There are no out-of-network benefits, except in cases considered an emergency.

Excluded Services
Healthcare services that your insurance doesn't cover.

Generic Drugs
A prescription drug with the same active ingredients as a brand-name drug. They typically cost less than brand-name drugs.

Habilitation Services
Health services that help one keep or improve skills and functioning for daily living. These include physical and occupational therapy, speech therapy, and treatments for a variety of other disabilities.

Health Maintenance Organization (HMO)
A form of insurance combining a range of coverage in a group basis. A group of doctors and other medical professionals offer care through the HMO for a monthly rate with no deductibles. Only visits to professionals within the HMO network are covered by the policy.

Hospice Services
Services to comfort and support individuals in the last stages of a terminal illness.

In-Network Co-Insurance
The percent you pay for covered health care services to providers who contract with your health insurance. In-network co-insurance typically costs less than out-of-network co-insurance.

In-Network Co-payment
A set amount that you pay for covered services to providers who contract with your health insurance. In-network co-payments typically cost less than out-of-network co-payments.

Medically Necessary
Health services or supplies needed to prevent or treat an injury, illness, or symptoms that meet accepted standards of medicine.

Network
The providers, suppliers, and facilities your insurance plan has contracted with to provide services.

Non-Preferred Provider
A provider without a contract with your insurance plan. You'll generally pay more to see a non-preferred provider.

Out-of-network Co-insurance
The percent you pay for covered health care services to providers who do not contract with your health insurance. In-network co-insurance typically costs more than out-of-network co-insurance.

Glossary (cont'd)

Out-of-Pocket Limit
The most you'll pay before your insurance begins to pay 100% of the allowed amount. The limit never includes your premium or services that your plan doesn't cover.

Physician Services
Services provided by a licensed medical physical (M.D. or D.O.)

Plan
A benefit your employer or union provides to pay for your healthcare.

Preferred Provider Organization (PPO)
Plans that allow members to use any healthcare professional without a referral. Staying in-network means smaller copays and more coverage. If you go out-of-network, you'll have higher out-of-pocket costs, and not all services may be covered.

Preauthorization
A decision by your insurer that a service or drug is medically necessary. Your plan may require preauthorization for specific services before you receive them.

Premium
The amount that must be paid for your health insurance by you and your employer. Typically paid monthly.

Primary Care Physician
A physician (M.D or D.O.) who provides or coordinates a variety of healthcare services.

Provider
A physician (M.D. or D.O.), health care professional or facility that is licensed and certified as required by state law.

Reconstructive Surgery
Surgery and treatment needed to correct a part of the body due to birth defects, accidents, or medical conditions.

Rehabilitation Services
Services that help a person keep or reclaim skills and functioning for daily living lost due to an illness or injury. Examples include occupational therapy, speech therapy, and select psychiatric services.

Skilled Nursing Care
Services for licensed nurses in a nursing home or your own home.

Specialist
A physician that focuses on a specific area medicine or group of patient to diagnose, prevent, or treat certain conditions.

Summary of Benefits and Coverage (SBC)
A straightforward summary that allows you to compare costs and coverage between different health plans.

Usual, Customary and Reasonable (UCR)
The amount paid for a service in a geographic area based on what local providers typically charge.

Urgent Care
Care for a condition or injury serious enough that one would seek care right away, but not one severe enough to require emergency room care.

Waiting Period
The time that must pass before coverage becomes effective for an employee and his or her dependents.

Wellness Program
A program offered by an employer or insurance carrier to incentivize employee health and fitness through discounted gym memberships, gift certificates for preventive care, and more.

Contact Information

Below are some useful contacts and links in case you have any additional questions regarding your available benefits options or how to enroll.

	Website or Email	Policy Number	Contact
Best & Rudnick Insurance	Email: charlesmbest@lafinservices.com jrudnick@lafinservices.com	Provide your Name, Employer Name, Email Address	(818) 883-3282
Anthem Blue Cross	www.anthem.com/ca	**280719**	(800) 888-8288 HMO (866) 207-9878 H.S.A. (866) 876-0333 Pharmacy (866) 297-1013 Express Scripts
Guardian Dental	www.guardiananytime.com	**518547**	**(800) 459-9401**