Inside the Guide

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This summary is not a legal document and does not replace or supersede the “Evidence of Coverage”, policy, or the Summary Plan Description. Please refer to the Evidence of Coverage/insurance policy/Summary Plan Description for a complete description of the coverage, eligibility criteria, controlling terms, exclusions, limitations, and conditions of coverage.

Occidental College reserves the right to terminate, suspend, withdraw, reduce, or modify the benefits described in the Evidence of Coverage/policy/Summary Plan Description in whole or in part, at any time. No statement in this or any other document and no oral presentation should be construed as a waiver of this right. This summary is the confidential property of Occidental College.
Welcome

At Occidental College (Oxy), employee benefits are an important component of your “total compensation” package. Our program is comprehensive and provides you with flexibility when enrolling for coverage.

We understand that one size does not fit all. We also understand your employee benefit needs can change from time to time. That is why each year, during annual enrollment, you are provided the opportunity to review your benefit enrollments and determine if you want to make any changes for the following year.

This guide provides a brief summary of the employee benefit plans in effect on January 1, 2021 for regular full-time employees of Oxy. It is not the complete summary plan description. Please read this guide carefully so that you may make informed decisions.

Additional enrollment and benefits information (including summary plan descriptions) may be obtained on the Oxy intranet website through the Employee Benefits Resource Center under MyOxy to assist you with your HR and benefits questions. Refer to the section titled Directory of Resources on page 29 if you have questions or require additional information.
Benefit Plan Eligibility

You are eligible to participate in Oxy’s benefits program if you are classified as a regular, full-time employee working 30 or more hours per week. Certain plans also permit you to cover your eligible dependents. Your eligible dependents include your:

• Legal spouse or domestic partner
• Dependent children to age 26 regardless of marital status, student status, level of support provided, or residency

If your spouse/domestic partner also works for Oxy either you or your spouse/domestic partner can elect to cover your dependent children, but not both of you.

Initial Eligibility Period

You are eligible to participate in the Oxy medical, dental, vision, life, FSA, supplemental benefits and long term disability insurance plan on the first day of the month following your date of hire. You have up to 31 days from your effective date to apply for coverage.

Oxy is committed to providing its faculty, administrators and staff with a competitive benefits program that gives you and your family a comprehensive level of coverage and protection. Your benefits package includes the following programs:

• Medical/Prescription
• Dental
• Vision
• Basic Life and AD&D
• Long Term Disability
• Voluntary Life
• Medical Spending Account (Health Care Flexible Spending Account)
• Dependent Care Account
• Premium Spending Account
• Voluntary Accident Insurance
• Voluntary Critical Illness
• Voluntary Hospital Indemnity
• 403(b) Retirement Plan
• Oxy Tuition Remission
• Tuition Exchange Program
• Emergency Travel Assistance
• Employee Assistance Program
• TIAA Online Banking
• Discount Programs
• Glendale Area Schools Credit Union
• Pet Care Discount Program
• CareCounsel (Health Advocacy)
Benefit Plan Eligibility cont.

When Coverage Ends
Coverage for you and your dependents ends on the last day of the month of employment or on the last day of the month you no longer meet the plan’s eligibility requirements. Coverage for your dependents may also end on the last day of the month they no longer meet the definition of an eligible dependent. Under certain circumstances, you may be able to continue some benefit coverages for yourself and/or your dependents through COBRA or the portability/conversion provisions of the plans.

Annual Enrollment
Each year, Oxy holds an Annual Enrollment period during which time employees have the opportunity to evaluate their elections to be sure their healthcare needs are met. To enroll or make benefit changes during Annual Enrollment, please take the following steps:

To enroll or make benefit changes during Annual Enrollment, please log into the Ease online portal to enroll, make changes or waive the Oxy medical, dental, vision and/or enroll in FSA plans. This year enrollment or changes for these plans must be completed through the Ease online portal.

If you are changing your benefit elections during the Annual Enrollment period, those changes will take effect on January 1st of the following year.

Late Enrollment
A “Late Enrollee” is a person (including yourself) for whom you do not elect coverage within 31 days of the date the person becomes eligible for such coverage. You may elect coverage for a Late Enrollee only during the Annual Enrollment period or when a Qualifying Life Event Occurs.

Making Changes During the Year
Enrollment changes outside the Annual Enrollment period are not permitted, unless you experience a Qualifying Life Status Event (QLSE), as defined by the Internal Revenue Service (IRS). Examples of Qualifying Life Status Events include:

- Marriage, divorce or legal separation;
- Birth, adoption or placement for adoption of a child;
- Death of a spouse or dependent;
- A change in employment status for you or your spouse affecting health care coverage (such as changing from full-time to part-time employment, i.e. a reduction in hours, or your spouse ending or starting employment);
- COBRA coverage under another health plan is exhausted;
- A dependent child satisfies or ceases to satisfy plan requirements (such as age limitations);
- Child losing parent’s coverage;
- Entitlement to, or loss of, Medicare or Medicaid benefits;
- A change in place of residence for you, your spouse or your dependent which affects access to your healthcare coverage; or,
- Termination of other health coverage.

Any changes to your election must be made within 30 days* of the event and must be consistent with the event. If you do not change your coverage within 30 days* of the event, you will have to wait until the next Annual Enrollment period to make a change.

*The deadline to change your elections and provide documentation is 60 days for qualifying life events involving Medicare, Medicaid or State Children’s Health Plan.
**Medical**

Oxy offers you several options for medical coverage. The plans are designed to assist you and your covered dependents by paying a portion of eligible expenses incurred for a wide range of medical services.

**HMO** - The HMO (Health Maintenance Organization) plans offered through Kaiser and Blue Shield require members to select a primary care physician (PCP), a doctor who acts as a “gatekeeper” to direct access to medical services. PCPs are usually internists, pediatricians, family doctors, or general practitioners (GPs). Except for a medical emergency, patients need a referral from the PCP in order to see a specialist or other doctor. There is no coverage out of network.

Through Blue Shield you have a choice between 2 HMO plans - 1) Trio or 2) Access+ HMO. Both plans offer the same benefits; however, the Trio utilizes a smaller network of physicians and is the lower cost HMO option. Blue Shield Access+ HMO plan utilizes the full network and costs more than the Trio HMO plan.

To check for participating providers within Blue Shield's network, please go to:
- Trio - blueshieldca.com/networktriohmo
- Access+ - blueshieldca.com/networkhmo

**PPO** - The PPO (Preferred Provider Organization) plan provides two tiers of benefits – PPO and Out-of-Network tiers. At each point of service, the member decides the tier of benefits to use.

The PPO plan has an extensive network that allows you to choose a physician from within or outside of the network. For the PPO tier a member is able to access any provider of choice within the PPO network. For the out-of-network tier, any provider can be accessed for service regardless of their contract with Blue Shield.

To check for participating PPO providers within Blue Shield's network, please visit blueshieldca.com/networkppo.

**How to File a Claim**

If you have out-of-pocket expenses for covered services, please contact your insurance company at the phone number on the back of your ID card for a claim form and instructions.

If you are enrolled in the HMO plan you will not have to file a claim directly to Kaiser/Blue Shield in most situations; however, if you received emergency services or out-of-area urgent care services and need to file a claim, please refer to the information in the next column. For further details, please refer to the Evidence of Coverage (EOC).

**Kaiser**

You can obtain a claim form by visiting Kaiser’s website at kp.org or by calling Member Services Contact Center at 1-800-464-4000.

Please send a complete claim form to: Kaiser Foundation Health Plan, Inc. Claims Department P.O. Box 7004 Downey, CA 90242-7004

**Blue Shield**

For medical services, please send a completed claim form within one year of the date of service to:

**Blue Shield of California**
P.O. Box 272540 Chico, CA 95927-2540

Please call Blue Shield’s Customer Contact Center at the phone number on the back of your ID card or visit Blue Shield’s website at www.blueshieldca.com to obtain the claim form.

For outpatient prescription drugs, please send a completed prescription drug claim form to:

**Retail Prescriptions:**

**Blue Shield of California**
P.O. Box 52136 Phoenix, AZ 85072

**Mail Order Prescriptions:**

**CVS Caremark**
P.O. Box 659541 San Antonio, TX 78265

Claims for covered expenses filed more than one year from the date of service will not be paid unless you can show that it was not reasonably possible to file your claim within that time limit and that you filed as soon as was reasonably possible.
## Medical cont.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Kaiser HMO Plan</th>
<th>Blue Shield Trio HMO</th>
<th>Blue Shield Access+ HMO</th>
<th>Blue Shield PPO</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible&lt;sup&gt;1&lt;/sup&gt;</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$250/Member</td>
<td>$750/Family</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum</td>
<td>$1,500/Member</td>
<td>$1,500/Member</td>
<td>$1,500/Member</td>
<td>$1,750/Member</td>
<td>$3,250/Member</td>
</tr>
<tr>
<td></td>
<td>$3,000/Family</td>
<td>$3,000/Family</td>
<td>$3,000/Family</td>
<td>$3,500/Family</td>
<td>$6,500/Family</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Physician Office Visits</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
<td>30%&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td>Routine Preventive Care</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>Not covered</td>
</tr>
<tr>
<td>Routine Child and Well Baby Care</td>
<td>No charge (thru 23 months)</td>
<td>No charge (thru age 17)</td>
<td>No charge (thru age 17)</td>
<td>No charge (thru age 17)</td>
<td>Not covered</td>
</tr>
<tr>
<td>Maternity Office Visits</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>10%&lt;sup&gt;2&lt;/sup&gt;</td>
<td>30%&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>Diagnostic X-rays and Laboratory</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>Lab: $10</td>
<td>Lab: 30%&lt;sup&gt;1&lt;/sup&gt;&lt;sup&gt;,2&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hospital: $35</td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>10%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>30%&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$10 per procedure</td>
<td>No charge</td>
<td>No charge</td>
<td>Ambulatory: 5%&lt;sup&gt;4&lt;/sup&gt;</td>
<td>30%&lt;sup&gt;1&lt;/sup&gt;&lt;sup&gt;,2&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hospital: 10%&lt;sup&gt;4&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Emergency Room&lt;sup&gt;4&lt;/sup&gt;</td>
<td>$50</td>
<td>$100</td>
<td>$100</td>
<td>$150 + 10%</td>
<td>$150 + 10%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
<td>30%&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$50 per trip</td>
<td>$100 per trip</td>
<td>$100 per trip</td>
<td>10%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>10%&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>Short-Term Rehabilitation (Physical, Occupational &amp; Speech)</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
<td>Office: 30%&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hospital: 30%&lt;sup&gt;1&lt;/sup&gt;&lt;sup&gt;,2&lt;/sup&gt;</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>10%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>30%&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Prosthesis</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>10%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>30%&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>1</sup> Coverage paid up to the coinsurance percentage after deductible is satisfied. Charges above Maximum Allow Amount are not covered and will not apply to your deductible nor to your out of pocket maximum.

<sup>2</sup> 30% up to $350/day plus 100% of additional charges

<sup>3</sup> 30% up to $600/day plus 100% of additional charges

<sup>4</sup> 10% for treatment of illness/injury, radiation and chemotherapy; 15% for surgery performed at a hospital

* Emergency copay waived if admitted
### Medical cont.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Kaiser HMO Plan</th>
<th>Blue Shield HMO</th>
<th>Blue Shield PPO</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Trio HMO</td>
<td>Access+ HMO</td>
<td>PPO</td>
<td></td>
</tr>
<tr>
<td>Prescription Retail</td>
<td>100 days</td>
<td>30 days</td>
<td>30 days</td>
<td>30 days</td>
</tr>
<tr>
<td>Generic</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
<td>25%+$10</td>
</tr>
<tr>
<td>Brand Formulary</td>
<td>$20</td>
<td>$15</td>
<td>$15</td>
<td>$30</td>
</tr>
<tr>
<td>Brand Non-Formulary</td>
<td>$20</td>
<td>$30</td>
<td>$30</td>
<td>$50</td>
</tr>
<tr>
<td>Specialty</td>
<td>$20</td>
<td>20% up to $250</td>
<td>30% up to $250</td>
<td>30% up to $250+25%</td>
</tr>
<tr>
<td>Mail Order</td>
<td>100 days</td>
<td>90 days</td>
<td>90 days</td>
<td>90 days</td>
</tr>
<tr>
<td>Generic</td>
<td>$10</td>
<td>$20</td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td>Brand Formulary</td>
<td>$20</td>
<td>$30</td>
<td>$30</td>
<td>$60</td>
</tr>
<tr>
<td>Brand Non-Formulary</td>
<td>$20</td>
<td>$60</td>
<td>$60</td>
<td>$100</td>
</tr>
<tr>
<td>Specialty</td>
<td>$20</td>
<td>20% up to $500</td>
<td>30% up to $500</td>
<td>30% up to $500</td>
</tr>
<tr>
<td>Mental Health/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>10%³</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td>Vision Eye Exam</td>
<td>No charge</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### Did You Know...

All health plans cover preventive services at 100% when services are received from in-network providers.

Some of these services are:
- Annual exam
- Well-woman exam
- Well-child exam
- Immunizations
Kaiser Resources

My Health Manager
When you’re a registered member on kp.org, you get a one-stop resource for managing your health online. It offers time-saving features 24 hours a day, seven days a week. With My Health Manager, you can:

- Email your doctor’s office
- View most lab results
- View your immunization record
- View past visit information
- Make/cancel appointments
- View list of ongoing health conditions
- Refill prescriptions
- Get maps, directions and contact information to facilities

Health Guides A to Z

Health Encyclopedia
There are lots of pages (actually more than 40,000) with in-depth information on health conditions, related symptoms, and treatment options at kp.org/health.

Symptom Checker
Use the interactive visual aid to assess your symptoms. Click on the part of the body that’s troubling you and learn what to do next at kp.org/symptoms.

Drug Encyclopedia
Look up detailed descriptions of thousands of drugs at kp.org/medications. Find out how to use a medication, its possible side effects, and any precautions you should take. You can search by drug name or medical condition.

Natural Medicines Comprehensive Database
Visit kp.org/naturalmedicines to find answers to your questions about dietary supplements, vitamins, minerals and other natural products.

Look, Listen and Learn
Get your health information to go. Download guided imagery audio programs and other wellness recordings at kp.org/listen. Or take in one of our health videos at kp.org/watch.

Interactive Tools and Calculators
Take a quiz or enter your information into one of our calculators to learn more about your health. Go to kp.org/calculators to find these interactive tools.

Kaiser Healthy Lifestyle Programs
If life is what you make it, why not make it healthy?
Kaiser Permanente invites you to take an active role in improving your health with free, customized online programs that are designed to help you succeed in creating a healthier lifestyle. These programs are brought to you in collaboration with HealthMedia®, and focus on your total health-mind, body and spirit. They’ll help you evaluate your daily routines and discover what steps you should take to get your life headed in a healthier direction.

To select the program you want, choose from the listing below, then sign on to kp.org/healthylifestyles. To use these programs for the first time, all you need to do is register at kp.org/register. Then sign on with your user ID and password.

Fill out the online questionnaire and you’ll receive a customized guide to the program you specify. With most programs we’ll even follow up with personalized e-mails to help keep you on track. You can start measuring your success within weeks of completing your program. For programs in Spanish, go to kp.org/vidasana.
Healthy Lifestyle Programs

With Kaiser Permanente’s online wellness programs, you’ll get advice, encouragement, and tools to help you create positive changes in your life. Our complimentary programs can help you:

• Lose weight
• Eat healthier
• Quit smoking
• Reduce stress
• Manage ongoing conditions like diabetes or depression

Start with a Total Health Assessment, a simple online survey to give you a complete look at your health. You can also share and discuss the results with your doctor.

• kp.org/healthylifestyles
• kp.org/vidasana (en español)

Wellness Coach

If you need a little extra support, Kaiser Permanente offers Wellness Coaching by Phone at no cost. You’ll work one-on-one with your personal coach to make a plan to help you reach your health goals.

• kp.org/wellnesscoach

Member Discounts

Get reduced rates on a variety of health-related products and services through The ChooseHealthy® Program. These include:

• Acupuncture - 25% off a contracted acupuncturist’s regular rates
• Active&Fit Direct - members pay $25 per month for access to a national network of more than 9,000 fitness centers
• Chiropractic care - 25% off a contracted chiropractor’s regular rates
• Massage therapy - 25% off a contracted massage therapist’s regular rate

To find a provider:

• Go to kp.org/choosehealthy.
  1. Choose your region.
  2. Click the “ChooseHealthy” link.
  3. Click “Find a Provider.”
• Or call 1-877-335-2746 for help.
• kp.org/choosehealthy

Kaiser Permanente Health Education Services

Health education classes offer information on self-care skills, caring for others, and making healthier lifestyle choices. In each of our local service areas, you can sign up for classes that discuss:

• Asthma
• Cardiovascular disease
• Depression
• Diabetes
• Chronic conditions
• Perinatal and postnatal care
• Smoking cessation
• Stress reduction
• Weight management

Classes are open to Kaiser Permanente members and their families; some are open to nonmembers. Many classes are offered at no charge.

Good health is in your hands! (Mobile App)

Download the Kaiser Permanente app to use the convenient features of My Health Manager right from your smartphone or other mobile device.

• Email your doctor’s office
• View most test results
• Schedule or cancel routine appointments
• Refill most prescriptions
• View past visits

To download the app:

• Open the App Store or Google Play
• Search for “Kaiser Permanente”
• Download the free app
Blue Shield Resources
www.blueshieldca.com
With your Blue Shield membership you'll get more with a website created just for you. You'll have access to a variety of online resources around the clock:
• My Health Plan - benefits, claims, forms
• Order prescriptions by mail
• Manage your account
• Locate a physician, specialist, hospital or pharmacy
• Participate in wellness programs
• Change doctors
• Order new ID cards

Teladoc
Teladoc is a convenient and affordable option that allows you to talk to a doctor who can diagnose, recommend treatment and prescribe medication, when appropriate, for many of your medical issues. Through Teladoc you can talk to a doctor anytime, anywhere, by phone or video consult 24/7/365.
Teladoc visits to medical and mental health professionals are covered at 100% for all Blue Shield members.
Don't wait until you are sick! Setup your account by visiting the website at www.teladoc.com/bsc. Once your account is set up, request a consult when needed.
You can download the app by visiting www.teladoc.com/mobile. You can also contact Teladoc by calling them at 1-800-Teladoc (1-800-835-2362).

Case Management
Case managers help ensure members have access to the right care at the right time. Case managers provide education, care coordination, and personal support to members when they need it most. Programs include:
• Transplant Program
• Neonatal Intensive Care Unit (NICU) Case Management Program
• Chronic Complex Case Management Program
• High-Risk Case Management Program
• High-Risk Maternity Case Management Program

NurseHelp 24/7
Call NurseHelp 24/7 toll-free at 877-304-0504 and talk with a registered nurse anytime you have health-related questions. Experienced nurses can help you figure out how you can care for yourself, evaluate treatment options, and help you determine whether or not to see a doctor.
You can also chat with a nurse online if you prefer. Use your Blue Shield login at blueshieldca.com/nursehelp to access one-on-one support in a secure environment.
Use Nursehelp 24/7 for reliable information about:
• Minor illness and injuries
• Chronic conditions
• Medical tests and medications
• Preventive care

Fitness and exercise
Fitness Your Way is a gym membership program available through Tivity Health and offers special rates to Blue Shield members. You and your dependents who are age 18 and older are eligible.
• Work out at any facility within a wide network of more than 800 locations in CA
• Meet your lifestyle needs by working out anytime, anywhere, and as often as you need while tracking progress of your goals online
To enroll, visit fitnessyourway.tivityhealth.com/bsc or call 1-833-283-8387.
To find locations, visit fitnessyourway.tivityhealth.com/locations.

Weight management programs
Lose those extra pounds and keep them off through nationally recognized diet and lifestyle change programs. Enroll at no additional charge through Blue Shield’s Wellvolution Diabetes Preventions Program. See if you qualify at solera4me.com/shield.

Alternative care
Get 25% savings on acupuncture, chiropractic, and therapeutic massage services from practitioners in the ChooseHealthy program. Simply show your Blue Shield member ID card at your appointment with a participating practitioner to get your discount.
Visit blueshieldca.com/wellnessdiscounts for program details.

Health and wellness products
Browse and purchase a broad selection of health improvement and wellness products, fulfilled by an e-retail site.
Visit blueshieldca.com/wellnessdiscounts for program details.

Hearing aid discount
Save 30% to 60% off manufacturers' suggested retail prices on major brands through EPIC Hearing Healthcare.
To learn more, call EPIC at 1-866-956-5400 or visit epichearing.com
Medical — Blue Shield cont.

Discount provider network
Save 20% on the following services and materials at participating providers whether or not you have vision care benefits through Blue Shield:
- Routine eye exams
- Frames and lenses (including photochromic)
- Tints and coatings
- Extra pair of glasses
- Non-prescription sunglasses
- Hard contact lenses
Access participating providers at blueshieldca.com/find-a-doctor.

MESVision Optics
MESVisionOptics.com offers competitive prices on many contact lens brands as well as a selection of sunglasses, reading glasses, and eye care accessories.
- MESVision Optics stocks all major brands and types of contact lenses at a reduced price from other online retail sellers
- Every lens is shipped in safe, sealed containers and is guaranteed to be the exact lens prescribed by your doctor
Learn more at MESVisionOptics.com.

QualSight LASIK
Save on LASIK surgery at more than 45 surgery centers in CA. Services include:
- Pre-screening
- Pre-operative exam
- Post-operative visits
To find out if you are a potential candidate, call 1-877-437-6110 or visit qualsight.com/-lasickca.

NVISION Laser Eye Centers
Get a 15% discount for services from NVISION Laser Eye Centers with offices in Southern CA and Sacramento.
To learn more, call NVISION at 1-877-91-NVISION or 1-877-916-8474 or visit NVISIONcenters.com to find a provider.

LifeReferrals 24/7
LifeReferrals 24/7 offers convenient support to help you meet life's challenges. A simple phone call connects you with a team of experienced professionals ready to help you with a wide range of personal, family and work issues.
- Personal issues - For matters like relationship problems, stress and grief, talk to a trained counselor and request a face-to-face session with a licensed therapist. You are eligible for 3 face-to-face sessions and unlimited number of phone consultations with a LifeReferrals 24/7 specialist.
- Financial, legal, and mediations questions - Request referrals for consultations with professionals about legal matters. You are eligible for one 60-minute consultation with a financial professional.
- Identity theft assistance - You're eligible for unlimited consultation with a specialist who can help restore identify and credit, dispute fraudulent debts and help prevent further identify theft occurrences.
- Referrals to community resources - A specialist can provide useful information about referrals to a wide range of resources such as parenting and child/elder care.
The dental coverage offered by Oxy is designed to assist you and your covered dependents by paying a portion of eligible expenses incurred for a wide range of dental services. The dental plan is insured through Delta Dental and they offer two comprehensive dental options: the Dental HMO plan and the Dental PPO plan.

No ID card is required to receive services; simply provide the dental office with your name, date of birth and social security or enrollee ID number. Remember, if you enroll in the Dental HMO plan, you will need to select a Primary Care Dentist (PCD) for dental care. Services from specialists will require your PCD’s referral and authorization from Delta. If a PCD is not selected during enrollment, Delta will select one for you.

Members electing the Dental PPO program are allowed to visit any licensed dentist, independent of whether they are contracted with Delta Dental. Members who do visit a Delta contracted dentist will experience discounted fees that will lower your out-of-pocket cost. Delta Dental contracted providers are required to file a claim on the member’s behalf as well as to only require payment of the patient’s portion when services are provided. Delta Dental offers two networks, the Delta Dental Preferred Provider Organization (PPO) and Delta Dental Premier.

- **Delta Dental PPO Contracted Provider** - considered “In-Network”, offers most savings due to greatest reduction in dental fee schedule versus billed charges. Members cannot be balance billed for the difference between the PPO filed fee and the charges billed initially by the provider.
- **Delta Dental Premier Contracted Provider** - contracted with Delta, however, benefits provided at “Out-of-Network” level, and subject to modest savings due to a reduction in dental fee schedule versus billed charges. Members cannot be balance billed for the difference between the Premier filed fee and the charges billed initially by the provider.
- **Non-Delta Dentists** - Delta will determine a maximum plan allowance for the services submitted by your dentist. The plan allowance will be applied to any coinsurance payable by the plan. Members can be balance billed for any amounts in excess of the maximum plan allowance.

It is important to confirm with your provider that they are a Delta Dental PPO contracted provider, a Delta Dental Premier contracted provider, or whether they are not a contracted provider. Only Delta Dental contracted providers agree to either the Delta PPO discounted fee schedule or the Delta Premier discounted fee schedule as payment in full without the ability to balance bill members for any amounts in excess of the filed fee.

<table>
<thead>
<tr>
<th>Benefit 1</th>
<th>Dental HMO 2</th>
<th>Dental PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DeltaCare USA</td>
<td>In-Network</td>
</tr>
<tr>
<td>Individual Deductible</td>
<td>N/A</td>
<td>$50</td>
</tr>
<tr>
<td>Family Deductible</td>
<td>N/A</td>
<td>$150</td>
</tr>
<tr>
<td>Annual Maximum Benefit</td>
<td>Unlimited</td>
<td>$2,000 per person</td>
</tr>
<tr>
<td>Preventive (exams, x-rays, cleaning, fluoride, sealants)</td>
<td>$0 to $10</td>
<td>100% covered; deductible waived</td>
</tr>
<tr>
<td>Basic Restorative (fillings, extractions, oral surgery, endodontics, periodontics)</td>
<td>$0 to $220</td>
<td>20%</td>
</tr>
<tr>
<td>Major Restorative (crowns, dentures, bridges)</td>
<td>Copays vary, see Schedule of Copayment</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontia (Adults and Child(ren))</td>
<td>$1,700 copay for child $1,900 copay for adult</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontia Maximums</td>
<td>N/A</td>
<td>$1,500 lifetime</td>
</tr>
</tbody>
</table>

1 Limitations or waiting periods may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary of Plan Description for waiting periods and a list of benefit limitations and exclusions.
2 Please refer to Schedule of Copayment for further detail of covered services and applicable copays.
3 Maximum Plan Allowance (MPA) – Fees based on Maximum Plan Allowance for out-of-network dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist’s actual fees.
Dental Resources

Visit www.deltadentalins.com

The customized site makes it easier to quickly find exactly what you’re looking for:

- Check eligibility & benefits
- Find a dentist and view your dental coverage details.
- Status of your claims in progress and details of your processed claims
- Nominate your dentist for membership in a Delta Dental network
- Print an ID card
- Read dental health tips and articles
- Visit SmileKids, a fun way for children to learn about oral health
- Referrals to dentists outside the U.S.
- Email inquiry to customer service

Introducing the new SmileWay℠ Wellness Program

Delta Dental has always offered a broad array of wellness resources, including extensive oral health content, tools and plan designs that emphasize preventive care. Delta's SmileWay Wellness Program offers enhanced oral health resources in one convenient program and includes:

- Online oral health risk assessment quizzes with the opportunity to sign up for customized communications based on the results
- Regular dental health tips through opt-in email newsletters and expanded oral health communications through Facebook and Twitter
- Access to an extensive dental health article and video library
- Quarterly wellness campaigns (for example, Children’s Dental Health Month and Healthy Aging Month) with topical materials
- A new feature on Delta Dental’s website, a three-part SmileWay Challenge, to guide you through the program (see the details below).

The new SmileWay Wellness Program is self-managed, enabling you to determine your level of participation to help prevent dental disease and promote oral health (reflected in the SmileWay tagline: Your smile. Your health. Your way.).

Plan Ahead with the Cost Estimator

1. Get an estimate of dental costs in your area.
2. Log in to your Online Services account at deltadentalins.com. (Don’t have an account? Sign up in less than a minute.)
3. Click on Cost Estimator by your name. You will be redirected to the Delta Dental Plans Association website.
4. Log in again with the same username and password.
5. Select Dental Care Cost Estimator from the menu on the left.
6. Click Agree to accept the terms of use.
7. Once at the “Dental Care Cost Estimator” page, enter your zip code (or your dentist’s)
8. Select the procedure you want from the drop-down menu.
   Optional: You can also search for a specific dentist.
9. Click Get Cost Estimate.

Keep your smile connected!

Download Delta Dental’s mobile app:

1. Open the App Store or Google Play
2. Search for “Delta Dental”
3. Download the free app titled Delta Dental by Delta Dental Plans Association

Did You Know...

The information you need is at your fingertips through Delta Mobile Online Services! Find a dentist, view your ID card, check benefits and claims right from your phone. Bookmark or add a home page shortcut to Delta’s mobile website www.deltadentalins.com

Spanish website available at: es.deltadentalins.com
Vision — EyeMed

EyeMed’s vision benefit will help keep you and your eyes healthy through personalized care from a doctor you can trust.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam</td>
<td></td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>Lenses or Contact Lenses</td>
<td></td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>Frame</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam</td>
<td>$10 copay</td>
<td>Reimbursed Up to $40</td>
</tr>
<tr>
<td>Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>$25 copay</td>
<td>Reimbursed Up to $30</td>
</tr>
<tr>
<td>Lined Bifocal</td>
<td>$25 copay</td>
<td>Reimbursed Up to $50</td>
</tr>
<tr>
<td>Lined Trifocal</td>
<td>$25 copay</td>
<td>Reimbursed Up to $70</td>
</tr>
<tr>
<td>Standard Progressive Lens</td>
<td>$90 copay</td>
<td>Reimbursed Up to $50</td>
</tr>
<tr>
<td>Frames</td>
<td>Covered up to $150</td>
<td>Reimbursed Up to $91</td>
</tr>
<tr>
<td></td>
<td>then 20% discount above $150 allowance</td>
<td></td>
</tr>
<tr>
<td>Standard Contact Lens Fit &amp; Follow-up</td>
<td>Up to $40</td>
<td>Not covered</td>
</tr>
<tr>
<td>Contacts</td>
<td>Covered up to $130</td>
<td>Reimbursed up to $130</td>
</tr>
<tr>
<td></td>
<td>(if conventional lenses 15% discount above $130 allowance)</td>
<td></td>
</tr>
</tbody>
</table>

**Vision Resources**

- Find the right EyeMed doctor for you. You’ll find plenty to choose from at eyemed.com or by calling 1-866-939-3633. Some of the in-network retail optical providers are LensCrafters and Target Optical.
- Order contact lenses online using ContactsDirect and have your lenses delivered to you with free shipping.
- Download the EyeMed app available through Apple or Android to access benefit details, provider locations and directions, ID card, member support, FAQs and more!

*That’s it! EyeMed will handle the rest!*

**Extra discounts and savings**

- Receive 20% discount on some of the services not covered by the plan at in-network providers (professional services and contact lenses excluded).
- 40% discount off an additional complete pair of eyeglasses and a 15% discount off conventional contact lenses once the above benefit has been used.
- Contacts - 15% off cost of contact lens exam (fitting and evaluation).
- Laser Vision Correction - Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.
- EyeMed members receive a 40% discount off of hearing exams and discounted pricing for hearing aids through Amplifon Hearing Health Care (Note: The hearing discount is not insurance.)

**Freedom Pass**

Select any frame, any brand at any price point from Target Optical & Sears Optical for no out-of-pocket expense! Plus you also get $20 off contacts purchase (and free shipping) from Contactsdirect.com.

Please note you are still responsible for lens copays, and must be eligible for frame & lenses at the time of purchase.
Long Term Disability

Would you be able to meet your financial responsibilities if you were ill or injured and could not work for a period of time? Oxy provides core Long Term Disability benefits through Unum at no cost to you, to protect you and your family in the event of serious illness or injury.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Unum</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Covered Salary</td>
<td>60%</td>
</tr>
<tr>
<td>Maximum Monthly Benefit</td>
<td>$14,000</td>
</tr>
<tr>
<td>Minimum Monthly Benefit</td>
<td>$100 or 10% of gross disability payment</td>
</tr>
<tr>
<td>Elimination Period</td>
<td>180 days</td>
</tr>
<tr>
<td>Definition of Disability</td>
<td>2 year regular occupation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefit Duration</th>
<th>Age of Disability</th>
<th>Maximum Period of Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than age 62</td>
<td>To age 67</td>
<td></td>
</tr>
<tr>
<td>Age 62</td>
<td>60 months</td>
<td></td>
</tr>
<tr>
<td>Age 63</td>
<td>48 months</td>
<td></td>
</tr>
<tr>
<td>Age 64</td>
<td>42 months</td>
<td></td>
</tr>
<tr>
<td>Age 65</td>
<td>36 months</td>
<td></td>
</tr>
<tr>
<td>Age 66</td>
<td>30 months</td>
<td></td>
</tr>
<tr>
<td>Age 67</td>
<td>24 months</td>
<td></td>
</tr>
<tr>
<td>Age 68</td>
<td>18 months</td>
<td></td>
</tr>
<tr>
<td>Age 69 and over</td>
<td>12 months</td>
<td></td>
</tr>
</tbody>
</table>
Life and Accident — Prudential/Unum

Life Insurance is designed to provide a level of financial protection to your family in the event of your death. Accidental Death and Dismemberment (AD&D) Insurance provides an additional benefit if your death results from an accident, or if an accident causes certain serious injury.

Life and AD&D Benefits
Oxy provides you with Basic Life and AD&D coverage at no cost to you through Prudential.

You are automatically enrolled for basic life insurance on the 1st day of the month coinciding with or following your hire date.

Conversion
You can convert any time coverage is lost for any reason, such as:
- Termination of employment,
- Become ineligible for benefits due to a reduction in hours
- Oxy's policy is canceled and coverage is not provided through a successor carrier (total loss of coverage) or replacement coverage is less than what you had in force (lost amounts can be converted).

If the contract ends, there is a limit to the amount that can be converted. If the coverage is not replaced, the amount convertible would be $10,000. The lesser of:
- The total amount of all your life insurance then ending under the Group Contract reduced by the amount of group life insurance from any carrier for which you are or become eligible in the next 31 days.
- $10,000

Voluntary Life
You may also purchase additional life protection for yourself and your dependents through the voluntary life plan offered through Unum. You must be enrolled in voluntary life coverage in order for your spouse and/or dependent child(ren) to be enrolled.

Evidence of Insurability
Evidence of Insurability is required by Unum if you are applying for coverage or increasing your existing coverage. Please complete Unum’s Application for Group Voluntary Programs and submit to Human Resources. You and/or your spouse’s requested amount will be effective the first of the month following Unum’s approval.

Voluntary Life Benefits and Rates

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>Plan Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Amount</td>
<td>From $10,000 to $500,000 available in $10,000 increments, not to exceed five times your basic salary. Your guarantee issue amount is $180,000 applicable at time of hire.</td>
</tr>
<tr>
<td>Spouse/Domestic Partner Eligibility</td>
<td>Your spouse/domestic partner is eligible.</td>
</tr>
<tr>
<td>Spouse/Domestic Partner Amount</td>
<td>From $10,000 to $300,000 available in $10,000 increments, not to exceed 100% of your coverage amount. You must be enrolled to be eligible for spouse/domestic partner coverage. The guarantee issue amount is $40,000 applicable at time of hire.</td>
</tr>
<tr>
<td>Dependent Child(ren) Eligibility</td>
<td>Your dependent children are eligible to age 26.</td>
</tr>
<tr>
<td>Dependent Child(ren) Amount</td>
<td>From $2,500 to $10,000 available in $2,500 increments. You must be enrolled to be eligible for dependent children coverage.</td>
</tr>
</tbody>
</table>

Rates* — Employee and Spouse/Domestic Partner Life Insurance: Monthly per $10,000

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate</th>
<th>Age</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30</td>
<td>$0.60</td>
<td>55-59</td>
<td>$7.40</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.70</td>
<td>60-64</td>
<td>$7.90</td>
</tr>
<tr>
<td>35-39</td>
<td>$1.00</td>
<td>65-69</td>
<td>$13.90</td>
</tr>
<tr>
<td>40-44</td>
<td>$1.50</td>
<td>70-74</td>
<td>$24.60</td>
</tr>
<tr>
<td>45-49</td>
<td>$2.60</td>
<td>75 plus</td>
<td>$39.40</td>
</tr>
<tr>
<td>50-54</td>
<td>$4.30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Premiums depend on age. As you or your partner enter a new age bracket, the premium is adjusted accordingly.

Rates* — Dependent Child(ren) - Age 26 or under

<table>
<thead>
<tr>
<th>Benefit Amount</th>
<th>Rate</th>
<th>Benefit Amount</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,500</td>
<td>$0.40</td>
<td>$7,500</td>
<td>$1.20</td>
</tr>
<tr>
<td>$5,000</td>
<td>$0.80</td>
<td>$10,000</td>
<td>$1.60</td>
</tr>
</tbody>
</table>

Conversion/Portability (Voluntary Life only)
You can convert or port your voluntary life coverage if your employment has been terminated. You may also port your coverage if you have lost membership in an eligible class and you are covered under a class for which portability is offered. You may continue either the exact term life benefit amount in force at the time of termination or a lesser amount. Coverage cannot be changed or increased following initial selection.
Flexible Spending Accounts (FSA) — Cetera

This program allows you the opportunity to set aside money from your paycheck on a pre-tax basis to pay for certain eligible health care expenses for medical, dental or vision, incurred in taking care of a qualified dependent child or adult so that you can work, or for premiums for individually purchased medical, dental, vision or disability insurance.

Medical Spending Account/Healthcare FSA

You may contribute up to $2,750 for the plan year to the Medical Spending Account to pay for these types of eligible expenses that you and your eligible dependents incur during the plan year. The Health Care FSA is a supplement to our benefit menu and is not intended as a replacement to the medical plan. Debit cards are available and, if requested, will be loaded with the value of your annual Health Care FSA election and allows you to pay qualified out-of-pocket health care expenses not covered by insurance. Alternatively, you may pay for expenses and subsequently file for reimbursement. Qualified expenses include the following:

• Health plan copays and deductibles;
• Prescription copays;
• Over-the-counter items based on OTC list of allowable expenses and expenses that need a doctor’s prescription;
• Eye care products/corrective lenses and corrective procedures for the eye;
• Out-of-pocket expenses for treating a specific condition (dental, orthodontic, acupuncture, chiropractic, homeopathic provider visits, Lamaze classes, lactation assistance and devices, smoking cessation, weight loss programs for clinical obesity or deemed to treat an underlying health condition).

Please contact Cetera for questions that you may have on additional reimbursable expenses.

Save your receipts. While most Health Care FSA expenses can be verified automatically when using a debit card, like a prescription, you may be required to substantiate other expenses like doctor office visits. This means that you may also be required to submit documentation for the expenses even after a debit card transaction. This is for your protection because, again, this is a tax program.

* This is the proposed amount by the IRS for 2021 and is subject to change per IRS Regulations.

Dependent Care FSA

You may contribute up to $5,000 each plan year to the Dependent Care FSA for any child who is your dependent and is under the age of thirteen if you are filing a joint tax return or as head-of household. If you are married and you and your spouse file separate tax returns, the maximum amount you may contribute is $2,500 each plan year. If your spouse’s employer offers a Dependent Care FSA, you and your spouse can contribute a combined maximum of $5,000 to your accounts each plan year. Please be aware that if you have circumstances where a court order is in place, that court order overrides the federal regulation for the exemption and you will need to refer to your court order and possibly contact a legal counsel for further assistance.

You can use your Dependent Care FSA to pay for eligible expenses during the year such as:

• Day care provided by individuals inside or outside of your home. The provider must be 18 years of age and file a tax return.
• Day care at a licensed facility, day camp or day care center. (Overnight camps are not allowed.)
• Summer Day Camp programs such as Soccer Camp, Science Camp, Music Camp, etc. (Overnight camps are not allowed.)
• Day care for an elderly dependent (they must be someone you claim on your taxes).

If you participate in the Dependent Care FSA, you will need to provide the taxpayer identification number (or Social Security number) of the caregiver. An eligible dependent means:

- your child under age 13; or
- a mentally or physically disabled spouse, parent or other relative who spends at least eight hours a day in your home. In addition, you must claim the person as a dependent on your federal income tax return.

Please remember that you must file a 2441 form with your tax return to track the funds that are paid to the individual(s) that provide services for Dependent Care.

Please note...

FSA enrollment deadlines and grace periods for qualifying events are subject to temporary changes as directed by IRS guidelines.
Flexible Spending Accounts (FSA) — Cetera cont.

Individual Insurance Premium Expenses FSA
If you have an individual medical, dental, vision or disability insurance policy (premiums are not paid to, or through, your spouse’s employer or any other employer), or you have COBRA coverage, you may choose to set up a FSA for these premiums. The policies may cover you, your legal spouse and/or your eligible dependents.

Since this is a reimbursement account, the Plan will not be paying the premiums directly to your insurance company; you must submit a reimbursement request. Only premiums for insurance coverage while you are a plan participant are eligible for reimbursement. Reimbursement of premium expenses can only be made after the insurance coverage has been provided.

Once you elect the amount you want contributed to your Premium Spending Account, you cannot change your election until the next plan year unless you have a change in status. Likewise, if you decide to change your insurance mid-year, you will not be able to adjust the amount being deducted from your paycheck for the remainder of the plan year.

NOTE: If you purchase disability insurance with pre-tax dollars and you become disabled, the benefits received will be taxable as ordinary income (the first six months of benefits will also be subject to Social Security taxes). If you purchase disability insurance with after tax dollars, the benefits are not taxable.

How to File a Claim
Requests for reimbursement may be filed at any time after the expense is incurred and up to 60 days after the end of the plan year with an additional two and one half month extension for the Medical and Dependent Care Flexible Spending Accounts only, under Internal Revenue Code Notice 2005-42, (but not later than 60 days after you terminate employment). You must be a plan participant and employee to use this extension. If you still have a balance on December 31st in the new Plan year, this balance will be carried over and will be forfeited.

The deadline to file a claim for 2020 balances is April 30th.

If you terminate employment at the end of the plan year or in the beginning of the new plan year, a 60-day grace period for withdrawal of funds will still apply as it does upon termination of employment mid-year. Only the expenses incurred while you were a plan participant can be reimbursed.

Proof of the expense must be third party documentation such as an itemized statement, receipt, and/or an Explanation of Benefits (EOB) from your insurance company. Please note that credit card receipts and canceled checks are not acceptable forms of documentation under the Internal Revenue Code.

If you elect the Dependent Day Care FSA benefit and your care provider does not provide you with a bill or receipt, you will need to request one - it does not have to be typed, it can be handwritten and signed by the care provider. If you do not receive the full amount of your request, please do not resubmit the bill; the balance will be paid upon your next contribution.

If your claim is denied for any reason, you will receive written notification. If you disagree with the decision, you have the right, as outlined in the Plan Document and Summary Plan Description, to an appeal.

Important FSA Guidelines
If you elect to participate in these accounts, you must enroll each year in order to continue participating. Enrollment is never automatic.

As with any tax-advantage program, there are some rules in exchange for the tax break and a quick overview is as follows:

- You cannot transfer money between your Health Care and/or Dependent Care FSA;
- You cannot change the amount you originally elect to contribute during the plan year unless you have a qualifying life event. Those events are as follows:
  - Change in employee’s legal marital status
  - Change in number of tax dependents
  - Termination or commencement of employment of employee, spouse or dependent (eligibility must be affected)
  - Dependent satisfies (or ceases to satisfy) dependent eligibility
  - Change in employment status (eligibility must be affected)
  - Change in residence or worksite of employee, spouse or dependent (eligibility must be affected)
  - Change in insurance
  - Change in spouse’s benefits
  - Change in child(ren) losing parent’s benefits
  - Change in dependent care provider’s fees
  - Dependent care provider ceased services
  - HIPAA Special Enrollment/COBRA event
  - Judgment, decree or court order

You cannot claim expenses on your federal income tax return if you’ve already been reimbursed for them through an FSA;

You must spend all monies set aside in each account during the plan year; and

The IRS regulates that any monies left in your account cannot be carried over and will be forfeited.

Use it or Lose it!
Carefully review your personal situation before enrolling in any reimbursement account – the IRS requires that you forfeit any unused money remaining in your reimbursement accounts at the end of the calendar year. However, you have an additional two and one half month extension beyond the end of the calendar year to incur expenses under the Health Care and Dependent Care Flexible Spending Accounts only, under Internal Revenue Code Notice 2005-42.
Optional Supplemental Benefits

Occidental College offers the following optional supplemental plans to complement your medical plans and help pay for expenses that the medical plan may or may not cover. Once the plans are elected, the premiums are paid through post-tax payroll deduction (premiums can be found on MetLife’s enrollment form). The following optional supplemental plans are portable so you can take it with you if your employment status changes.

**Accident Insurance - MetLife**
Accident insurance is designed to help you meet the out-of-pocket expenses and extra bills that can follow an accidental injury that happens on and off the job. Accident insurance pays a lump-sum benefit directly to you if you or your family have suffered a covered injury and need treatment.

- No medical questions asked
- Family coverage available
- Coverage for unlimited number of accidents
- Receive $75 for getting an annual health screening
- Use the benefits to pay for insurance deductibles, copays, household bills, and more

**Critical Illness - MetLife**
Critical Illness insurance is designed to help employees offset the financial effects of a catastrophic illness with a lump-sum benefit if an insured is diagnosed with a covered critical illness such as cancer, heart attack, stroke, kidney failure, major organ transplant, Alzheimer’s Diseases or other serious illnesses (more than 20 conditions covered).

- No definition of disability to meet
- Rates will not increase due to age (maintain the rate at the time the policy is issued)
- Family coverage available
- Receive $50 for getting an annual health screening and $200 for routine mammogram
- Guaranteed acceptance for you and other eligible dependents

**Hospital Indemnity - MetLife**
Hospital Indemnity works to complement your existing major medical insurance and pays in addition to what your medical plan may or may not cover. The plan will pay a flat amount upon your hospital admission and a daily amount for each day of your stay. It is designed to provide extra protection to you and each covered family member, should you be required to pay for expenses associated with a deductible, copays, coinsurance or everyday living expenses.

- Payment made directly to you
- Family coverage available
- Guaranteed acceptance for you and other eligible dependents

**Pet Care Discount Program – Pet Assure/PETplus**
Occidental College’s total compensation package extends to your pets! Oxy offers pet care discount programs through Pet Assure and PETplus. Pet Assure is a discount plan that gives you a 25% discount on in-house medical services at a participating veterinarian for all types of pets and PETplus is a prescription savings plan for dogs and cats.

- No deductibles, copays or waiting period
- No exclusions based on pet’s age, breed or prior medication conditions
- Access to a 24/7 Pet Help Line

**Monthly Premium**

<table>
<thead>
<tr>
<th>Plan/Monthly Premium</th>
<th>One pet</th>
<th>Multiple pets (unlimited number of pets)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pet Assure</td>
<td>$8</td>
<td>$11</td>
</tr>
<tr>
<td>PetPlus</td>
<td>$3.75</td>
<td>$7.50</td>
</tr>
</tbody>
</table>

Once the plans are elected, the premiums are paid through post-tax payroll deduction.

**Health Advocacy – CareCounsel**
Occidental College will continue to offer health and benefits advocacy service through CareCounsel. CareCounsel will be the first point of contact when you need a personal health advocate. Employees must be enrolled in Oxy’s benefit plans to utilize this service. They can assist with benefits education, finding a physician and grievances and appeals. This service is being provided to you at no cost and all inquiries are completely confidential.

CareCounsel is there to be your advocate by providing help with:

- Benefits education for all plans
- Help find a provider
- Obtain second opinions
- Resolve insurance claims and billing issues
- Understanding treatment costs
- Grievances and appeals
- Navigating Medicare when you turn 65 and ongoing
- Connecting you with expert healthcare resources

As a subsidiary of Stanford Health Care, CareCounsel is committed to providing exceptional service.

You can reach CareCounsel at 1-888-227-3334 or at staff@carecounsel.com.
403(b) Retirement Plan — TIAA

Oxy’s 403(b) Retirement Plan with TIAA has been adopted to provide you with the opportunity to save for retirement on a tax-advantaged basis and provides additional income for retirement.

- Employer non-elective and safe harbor contribution equal to 6% of compensation.
- IRS employee elective deferral limit for 2021 is $19,500*, age 50-Catch up deferral for 2021 is an additional $6,500* for a total of $26,000 for those who are age 50 and above. * These are proposed amounts by the IRS for 2021 and subject to change per IRS Regulations.
- Immediate 100% vesting.
- A wide variety of investment vehicles, including age appropriate Life Cycle accounts.
- Plan Loans and Financial Hardship withdrawal provisions.

This is a partial, general explanation of the Oxy 403(b) Plan. Please consult the Summary Plan Description of the plan for eligibility requirements and more detailed information.

Employee Assistance Program — Unum

Oxy’s Employee Assistance Program is provided by Unum. It is designed to help you maximize your health and effectiveness at home and at work. Through this plan, you receive confidential, personal support for a wide range of issues, from everyday concerns to serious problems. Oxy provides this program for you and your family at no cost to you.

This program provides phone counseling and up to 3 face-to-face sessions per incident with a licensed professional at no cost to you and your family members who may experience:

- Marital or relationship difficulties
- Financial worries
- Substance abuse problems
- Parenting issues
- Elder care responsibilities
- Other family or work difficulties

There is no charge for obtaining a referral or financial expert, or for seeing a network EAP counselor. Discounted services for legal and family mediation are also available.

Worldwide Travel Assistance — Unum

The worldwide emergency travel assistance services program is available through Unum and can help you obtain quality medical care when you have a health emergency while traveling 100 miles or more from home or in another country. The program arranges and pays for services such as doctor referrals, hospital admission guarantee*, help refilling lost or forgotten prescriptions, emergency medical evacuation, care of minor children and more when you are away from home in unfamiliar surroundings, legal/interpreter referral, return of mortal remains and much more, whether on business or for pleasure. This program is offered to employees as well as spouse and dependent children. Extended family members are not considered members of the travel assistance services program. Spouse business travel – trips taken by the spouse on behalf of his or her employer – is excluded.

For a complete description of services, consult your membership brochure or visit www.assistamerica.com.

*May require a validation of your medical insurance or an advance of funds to the foreign medical facility. You must repay any expenses related to emergency hospital admissions to Assist America Inc. within 45 days.
Tuition Benefits

Tuition Remission at Occidental College
A variety of Tuition Remission Plans at Oxy are available, subject to the following requirements:

Benefit for Employees:
Employees may take advantage of the Tuition Remission Plan at Oxy. Benefits include one class per semester of undergraduate study for a course that directly relates to your current job. Your supervisor should contact Human Resources in writing if you wish to take a job-related class at Oxy.

To qualify, the employee must have completed at least 3 years of continuous full-time employment. Full-time is defined as a work schedule of at least 30 hours per week on a regular basis.

Benefit for Children:
Dependent children of employees may take advantage of the Tuition Remission Plan for enrollment at Oxy.

Benefits for dependent children are limited to 4 academic years (8 semesters) of undergraduate study at Oxy if they have met the regular admission requirements and are enrolled in a specific degree program. Eligible dependent children must apply through the College’s standard admission process and are not guaranteed admission. Dependent children are required to be in good academic standing, as defined by the College. In addition, they must be enrolled on a full-time basis.

To be eligible, children must be listed as dependents for Federal Income Tax purposes or be dependent upon the employee for more than half of their support. In addition, dependent children must be under age 30 when they begin the program.

Dependent children receiving Tuition Remission must apply for a Cal Grant and a Pell Grant, and should apply for such other non-institutionally administered financial aid for which they may be eligible. A waiver of this requirement can be obtained by appealing to the College’s Director of Financial Aid. The amount of tuition received from Oxy will be reduced by the amount of scholarship(s) received by outside sources.

Benefit for Spouses and Domestic Partners:
Spouses and Domestic Partners of employees may take advantage of the Tuition Remission Plan at Oxy. The benefits are equal to one-half tuition remission for undergraduate study at Oxy whether or not they are enrolled in a specific degree program. To qualify for this benefit, the employee must be in a full-time regular position. Full time is defined as a work schedule of at least 30 hours per week on a regular basis. Employees who are interested in obtaining this benefit for a Spouse or Domestic partner should make a request in writing to Human Resources.

Tuition Exchange Program
Occidental College participates in the Tuition Exchange Program, which provides national scholarship opportunities for dependent children of faculty, administrators and staff who have completed at least five years of continuous full-time service to the College. In addition, employees who do not have an undergraduate degree may qualify for scholarship opportunities for themselves. Approximately 600 member institutions nationwide participate in Tuition Exchange (TE).

Under this program, students apply for admission directly to member institutions and employees apply for certification with their employing institution. Each member institution strives to maintain a balance between the number of students they certify to attend other institutions (exports) and the number of TE scholarships they award to incoming students (imports). Ultimately, each institution determines the appropriate number of employees who may be certified as exports and the number of accepted students to be granted TE scholarships as imports to their institution.

Even though the College certifies individuals under this plan, it is up to the member institutions to actually award the TE scholarships as part of the admission process. Some schools are extremely competitive.

If you wish to apply for TE certification for the 2021-2022 academic year, the due date is November 13, 2020. Priority for selection will be based on employee’s years of continuous full-time service with the College and the employee’s current participation in the TE program.

A TE application and certification will be given to only one eligible dependent per employee at a time.

Contact Karen Salce at x2945 if you have any questions about this program. Printed copies of this information will be made available by Human Resources.
Additional Benefits

On Campus

Facilities
Access to swimming pool, fitness center, track and tennis courts at no charge to employee
Participation in a variety of health and wellness classes
On-campus discounted Weight Watchers programs
Access to Academic Commons, which includes borrowing privileges

Discount
Employees receive a Bookstore discount of 10% on most items
Employees receive a 5% discount at the Marketplace, Green Bean and Cooler when they pay for items using a Tiger Plus account.
Employees may be eligible to receive discounted rate for dependent use of gym facility

Glendale Area Schools Credit Union
Employees may join the Glendale Area Schools CU to take advantage of share accounts, checking accounts, Visa cards, and many other services provided only to member Institutions. The Credit Union has two nearby locations, one in downtown Glendale at the US Post Office (818-243-1797) and another, at the main branch, in Montrose (800-844-5363).

Employee Discounts

Passes to Local Attractions
Go to: www.funex.com (Oxy Access Code: 12-18721)

Movie Theater Tickets
Discounted tickets are available for purchase on campus in the Student Activities Center located in the Johnson Student Center.

Apple Computer and Adobe Software
Apple: Go to: www.apple.com/us-hed/shop
Adobe: Go to: www.journeyed.com or www.academicsuperstore.com

Verizon Wireless
Go to www.verizonwireless.com/getdiscount
Enter your work email address
Receive validation email
Register your line
If you do not have a work email address, then click on the “I do not have a work email address” link and follow the instructions on the Register Your Line form.

AT&T
Eligible for discounts on qualified services, equipment, and more.
Go to: https://www.wireless.att.com/business/authenticate/index.jsp

Universal Studios and Six Flags/Magic
Go to: https://my.oxy.edu
After logging in, select EMPLOYEE SERVICES tab; under “Discount Tickets” section, select “our website” and “discounted tickets”; purchase and print your tickets.

Online Benefits Resource Center and Mobile App

Benefits Resource Center
Visit https://my.oxy.edu for periodic updates on College benefits, including Annual Enrollment periods and other information, as well as quick access to our insurance providers.

Remember, you may view your benefits and deductions at any time by visiting the MyOxy portal on the College’s website. Just follow these easy steps:
• Click on the MyOxy icon on Oxy’s Home Page
• Enter your Oxynet ID and password when prompted
• Click on the Work Related tab
• In the Employee Details channel, click on Benefits and Deductions
• Check out the links ranging from Retirement Plans, Health Benefits, Flexible Spending Accounts, Miscellaneous and Benefits Statement

Mobile App
The mobile benefits app provides a quick and simple way for you and your enrolled dependents to access benefit summaries, educational videos and other important information about our group plans. The app also offers the ability to take photos of ID cards to store on the phone, as well as a way to easily locate carrier and HR contact information—all in one place—24/7 and on the go. The USIeb app is free and available for iPhone and Android platforms.

Download the “USIeb” mobile app to your smartphone. Scroll through the intro pages and, when prompted, enter the code 712692 to see your plan information.
Legal Notices

The following pages contain important information about Oxy’s benefit plans. Please review this information and keep it with your other benefits material for future reference. Should you have any questions about the material in this document, please contact Karen Salce at x2945 in Human Resources.

Patient Protection

Blue Shield HMO and Kaiser HMO plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in Blue Shield or Kaiser’s HMO network and who is available to accept you or your family members. Until you make this designation, Blue Shield or Kaiser designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Blue Shield at (888) 256-1915 or Kaiser at (800) 464-4000.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Blue Shield or Kaiser or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Blue Shield at (888) 256-1915 or Kaiser at (800) 464-4000.

Newborns’ and Mothers’ Health Protection Act

Hospital Stay in Connection with Childbirth: Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women’s Health and Cancer Rights Act

As a Plan participant or beneficiary of Oxy’s Health Plan who elects breast reconstruction in connection to a mastectomy you will also be covered for:

- reconstruction of the breast on which the mastectomy was performed
- surgery and reconstruction of the other breast to produce symmetrical appearance; and
- prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

This coverage will be provided after consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.

This notice is provided to you for informational purposes, no action is required on your part.

If you have any questions regarding this notice, please contact Member Services at the number found on your Medical ID Card.

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

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

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact Karen Salce at (323) 259-2945.
Legal Notices cont.

Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children and Families

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in California, you may be eligible for assistance paying your employee health plan premiums.

CALIFORNIA - Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
Phone: 1-800-541-5555

To see if any other states have added premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

<table>
<thead>
<tr>
<th>U.S. Department of Labor</th>
<th>U.S. Department of Health and Human Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Benefits Security Administration</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>Phone: 1-866-444-EBSA (3272)</td>
<td>1-877-267-2323, Menu Option 4, Ext. 61565</td>
</tr>
</tbody>
</table>

Prescription Drug Coverage and Medicare

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Oxy has determined that the prescription drug coverage offered by the Oxy’s Health and Welfare Benefits Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Oxy coverage will not be affected. See Pages 7-9 of the CMS Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Oxy coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with Oxy and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice Or Your Current Prescription Drug Coverage...
Contact Karen Salce at (323) 259-2945 for further information.

NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Oxy changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...
More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:
Visit www.medicare.gov
Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: GENERAL INFORMATION

When key parts of the health care law took effect in 2014, a new way to buy health insurance: the Health Insurance Marketplace – became available. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins on November 1, 2020 for coverage starting as early as January 1, 2021.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.78% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact:

Karen Salce - Human Resources
323-259-2945

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit www.HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.
PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Employer Phone Number</th>
<th>Employer Identification Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occidental College</td>
<td>323-259-2613</td>
<td>95-1667177</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>1600 Campus Road</td>
<td>Los Angeles</td>
<td>CA</td>
<td>90041</td>
</tr>
</tbody>
</table>

Who can we contact about employee health coverage at this job?
Karen Salce
323-259-2945
ksalce@oxy.edu

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to:

☐ All employees.
☑ Some employees. Eligible employees are: working 30 hours per week or more.

With respect to dependents:

☑ We do offer coverage. Eligible dependents are: spouse, domestic partner and dependent children to age 26.

☐ We do not offer coverage.

☑ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, www.HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit www.HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.
# Directory of Resources

<table>
<thead>
<tr>
<th>Plan</th>
<th>Carrier</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical HMO</td>
<td>Kaiser</td>
<td>800-464-4000</td>
<td>My.kp.org/Occidentalcollege</td>
</tr>
<tr>
<td>Medical HMO &amp; PPO</td>
<td>Blue Shield</td>
<td>888-256-1915; Trio: 855-829-3566</td>
<td><a href="http://www.blueshieldca.com">www.blueshieldca.com</a></td>
</tr>
<tr>
<td>Dental PPO</td>
<td>Delta Dental</td>
<td>800-765-6003</td>
<td><a href="http://www.deltadentalins.com">www.deltadentalins.com</a></td>
</tr>
<tr>
<td>Dental HMO</td>
<td>DeltaCare USA</td>
<td>800-422-4234</td>
<td><a href="http://www.deltadentalins.com">www.deltadentalins.com</a></td>
</tr>
<tr>
<td>Long Term Disability</td>
<td>Unum</td>
<td>866-679-3054</td>
<td><a href="http://www.unum.com">www.unum.com</a></td>
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<td>Basic Life and AD&amp;D</td>
<td>Prudential</td>
<td>800-524-0542</td>
<td></td>
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<tr>
<td>Voluntary Life</td>
<td>Unum</td>
<td>866-679-3054</td>
<td><a href="http://www.unum.com">www.unum.com</a></td>
</tr>
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<td>FSA</td>
<td>Cetera</td>
<td>888-926-0600</td>
<td><a href="mailto:michelle.vargo@cetera.com">michelle.vargo@cetera.com</a></td>
</tr>
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<td>Tuition Exchange</td>
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<td>N/A</td>
<td><a href="http://www.tuitionexchange.org">www.tuitionexchange.org</a></td>
</tr>
<tr>
<td>Accident Insurance</td>
<td>MetLife</td>
<td>800-438-6388</td>
<td><a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a></td>
</tr>
<tr>
<td>Critical Illness Hospital Indemnity</td>
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<td></td>
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</tr>
<tr>
<td>Pet Care Discount Program</td>
<td>Pet Assure/PetPlus</td>
<td>888-913-7387</td>
<td><a href="http://www.petbenefits.com">www.petbenefits.com</a></td>
</tr>
<tr>
<td>Health Advocacy</td>
<td>CareCounsel</td>
<td>888-227-3334</td>
<td><a href="mailto:staff@carecounsel.com">staff@carecounsel.com</a></td>
</tr>
<tr>
<td>403(b) Retirement Annuity Plan</td>
<td>TIAA</td>
<td>Pasadena Office: 866-842-2905</td>
<td><a href="http://www.tiaa.org/oxy">www.tiaa.org/oxy</a></td>
</tr>
<tr>
<td>Employee Benefits Resource Center</td>
<td>Occidental College</td>
<td>N/A</td>
<td>Occidental College’s intranet website under MyOxy</td>
</tr>
<tr>
<td>Human Resources</td>
<td>Benefits Team</td>
<td>323-259-2613</td>
<td><a href="http://www.oxy.edu/human-resources/meet-our-team">www.oxy.edu/human-resources/meet-our-team</a></td>
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</table>
This summary is not a legal document and does not replace or supersede the "Evidence of Coverage", policy, or the Summary Plan Description. Please refer to the Evidence of Coverage/insurance policy/Summary Plan Description for a complete description of coverage, eligibility criteria, controlling terms, exclusions, limitations and conditions of coverage.

Occidental College reserves the right to terminate, suspend, withdraw, reduce, or modify the benefits described in the Evidence of Coverage/policy/Summary Plan Description in whole or in part, at any time. No statement in this or any other document and no oral presentation should be construed as a waiver of this right. This summary is the confidential property of Occidental College.