

2022

# Benefits eGuide

Health • Financial • Work-Life



January 1 - December 31, 2022



# Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week in a full-time, regular assignment. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your domestic partner (DP) and/or their children, where applicable by state law
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 31 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire.
- ▶ If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2022.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, DP, or child
- ▶ You lose coverage under your spouse's/DP's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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# Enrollment

Go to <https://oxy.ease.com>. There, you will find detailed information about the plans available to you and instructions for enrolling.

# Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

## Kaiser HMO

With this plan, you must use Kaiser facilities and providers for your medical and pharmacy needs. Services received outside of the Kaiser network are not covered, except in the case of emergency medical care.

## Blue Shield of California TRIO and Access+ HMO

With each of these plans, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.

## Blue Shield of California PPO

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the network.

- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the **annual deductible**. You may also have to pay a fixed dollar amount (**copay**) for certain services.
- ▶ Once you meet the deductible, you pay a percentage of certain health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible, copays and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the year.





# Medical (Cont'd)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Kaiser	Blue Shield of California			
	Traditional HMO \$10	Trio Network HMO	Access + HMO	Full Network PPO	
	In-Network Only	In-Network Only	In-Network Only	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)					
Individual / Family	None / None	None / None	None / None	\$250 / \$750	\$250 / \$750
<b>Out-of-Pocket Maximum</b> (per calendar year)					
Individual / Family	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,750 / \$3,500	\$3,250 / \$6,500
<b>Covered Services</b>					
Office Visits (physician/specialist)	\$10 / \$10 copay	\$10 / \$10 copay	\$10 / \$10 (if referred) / \$20 (self-referred) copay	\$10 / \$10 copay	30%*
Virtual Visits	\$10 copay	No charge	No charge	No charge	Not covered
Routine Preventive Care	No charge	No charge	No charge	No charge	Not covered
Outpatient Diagnostic (lab/X-ray)	No charge	No charge	No charge	\$10 copay*	30%*
Complex Imaging	No charge	No charge	No charge	10%* <sup>5</sup>	30%*
Chiropractic / Acupuncture	N/A	N/A	N/A	\$25 copay <sup>2</sup>	30%*
Ambulance	\$50 copay	\$100 copay	\$100 copay	10%*	10%*
Emergency Room	\$50 copay	\$100 copay	\$100 copay	\$150 copay + 10%	\$150 copay + 10%
Urgent Care Facility	\$10 copay	\$10 copay	\$10 copay	\$10 copay	30%*
Inpatient Hospital Stay	No charge	\$250 copay <sup>6</sup>	\$250 copay <sup>6</sup>	10%* <sup>6</sup>	30%* <sup>3, 6</sup>
Outpatient Surgery	\$10 copay	No charge	No charge	5%*	30%* <sup>4</sup>
<b>Prescription Drugs</b>	(Generic / Brand)	(Tier 1 / Tier 2 / Tier 3 / Tier 4)			
Retail Pharmacy (30-day supply)	\$10 / \$20	\$10 / \$15 / \$30 / 20% to \$250	\$10 / \$15 / \$30 / 20% to \$250	\$10 / \$30 / \$50 / 30% to \$250	\$10 / \$30 / \$50 / 30% to \$250 plus 25% of purchase price
Mail Order (90-day supply)	\$10 / \$20	\$20 / \$30 / \$60 / 20% to \$500	\$20 / \$30 / \$60 / 20% to \$500	\$20 / \$60 / \$100 / 30% to \$500	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Up to 20 visits per calendar year, per member
3. Up to \$600 per day, plus 100% of additional charges
4. Up to \$350 per procedure, plus 100% of additional charges
5. Reflects cost share at outpatient radiology center
6. Also applies to mental health and substance abuse

# Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through MetLife are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

## Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

## Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000<sup>1</sup>? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

## Hospital Indemnity Insurance

The average cost of a hospital stay is \$11,700—and the average length of a stay is 4.6 days<sup>2</sup>. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization.



1. MetLife Accident and Critical Illness Impact Study, October 2013  
2. Overview of U.S. Hospital Stays in 2016: Variation by Geographic Region. HCUP Statistical Brief #246. December 2018. Agency for Healthcare Research and Quality, Rockville, MD.

# Dental

We are proud to offer you a choice of dental plans.

## Delta Dental DHMO (DeltaCare USA Plan)

With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

## Delta Dental DPPO (Fee for Service Plan)

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Delta Dental DHMO (DeltaCare USA Plan)	Delta Dental DPPO (Fee for Service Plan)	
	In-Network Only	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)			
Individual / Family	None / None	\$50 / \$150	\$50 / \$150
<b>Benefit Maximum</b> (per calendar year; preventive, basic, and major services combined)			
Per Individual	None	\$2,000	\$2,000
<b>Covered Services</b>			
<b>Preventive Services</b>	No charge	No charge	20%
<b>Basic Services</b>	See Schedule	20%*	20%*
<b>Major Services</b>	See Schedule	50%*	50%*
<b>Orthodontia</b> (Child & Adult)	\$1,700 / \$1,900 (child / adult)	50%; \$1,500 Lifetime Maximum Benefit	50%; \$1,500 Lifetime Maximum Benefit

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# Vision

We are proud to offer you a vision plan.

The Eyemed vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Eyemed network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)	\$10 copay	Up to \$40
<b>Materials Copay</b>	\$25 copay	N/A
<b>Lenses</b> (once every 12 months)	No charge after materials copay	Up to \$30
Single Vision		Up to \$50
Bifocal		Up to \$70
Trifocal		
<b>Frames</b> (once every 12 months)	Covered up to \$150; 20% discount over \$150	Up to \$91
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	Covered up to \$130	Up to \$130



# Flexible Spending Accounts

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered through Cetera. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

## Health Care FSA

For 2022, you may contribute up to \$2,850 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions and Over-the-Counter Drugs
- ▶ Menstrual Care Products
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams, materials, Lasik

## Dependent Care FSA

For 2022, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](https://www.irs.gov/pub/irs-pdf/p503.pdf).

# FSA Rules

## YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Health Care & Dependent Care FSAs:** Unused funds will **NOT** be returned to you or carried over to the following year.

**You can incur expenses through March 15, 2023, and must file claims by April 30, 2023.**

*Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.*

If you have insurance coverage that isn't provided by your employer, you may qualify for an Individual Premium Reimbursement Account. The program will allow you to use pre-tax dollars to pay for individually purchased dental, vision, life or disability insurance policies for you, your spouse, or your eligible dependents that are not provided through your or your spouse's employer. The account is a reimbursement account, so you must pay for the policies in advance, and then submit documentation to Cetera to be reimbursed. Once you make an annual election into your premium spending account, you cannot change the amount of that election for the remainder of the plan year, unless you experience a qualifying life event.

# Life and AD&D

**Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

## Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Hartford.

Benefit Amount	1 times your annual base salary plus \$5,000
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## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Hartford for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue <sup>1</sup>
Employee	\$10,000 increments; up to 5 times your earnings or \$500,000	\$180,000
Spouse/DP	\$10,000 increments to \$300,000 not to exceed 100% of the Employee's Approved Coverage	\$40,000
Child(ren)	Increments of \$2,500 subject to the lesser of \$10,000 or 100% of Employee Life Benefit	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.



# Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

## Long-Term Disability

Provided at **NO COST** to you through Hartford.

Benefit Percentage	60%
Monthly Benefit Maximum	\$14,000
When Benefits Begin	After 180th day of disability
Maximum Benefit Duration	Social Security Normal Retirement Age

# Employee Assistance Program

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Compsych.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Substance abuse
- ▶ Relationships or marital conflicts
- ▶ Grief and loss
- ▶ Child and eldercare
- ▶ Legal or financial issues

## EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to 3 in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

# Valuable Extras

We also offer the following additional benefits:

- ▶ 403(b) Retirement Plan
- ▶ Pet Care Discount Program
- ▶ Travel Assistance and Identity Theft Assistance
- ▶ Tuition Benefits
- ▶ Employee Discounts (Apple, Verizon, AT&T, movie theater and theme park ticket discounts)
- ▶ Health Advocacy





# Cost of Benefits

January 1 - December 31, 2022

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

## Voluntary Life

Schedule	\$10,000 increments, not to exceed 5 Times Earnings or \$500,000
Life Guaranteed Issued Amount	Lesser of 3 Times Earnings or \$180,000
Life Rate by Age	per \$1,000
0-25	\$0.050
25-29	\$0.060
30-34	\$0.080
35-39	\$0.090
40-44	\$0.100
45-49	\$0.150
50-54	\$0.230
55-59	\$0.430
60-64	\$0.546
65-69	\$0.789
70-74	\$2.060
75+	\$2.060
AD&D Rate (per \$1,000)	\$0.019

## Supplemental Life/AD&D

Deductions for supplemental Life/AD&D are taken from your paycheck after taxes. Rates are available during enrollment.

## Voluntary Spouse Life/AD&D

Schedule	\$10,000 increments to \$300,000 not to exceed 100% of the Employee Elected and Approved Amount
Life Guaranteed Issued Amount	\$40,000
Life Rate by Age	per \$1,000
0-25	\$0.050
25-29	\$0.060
30-34	\$0.080
35-39	\$0.090
40-44	\$0.100
45-49	\$0.150
50-54	\$0.230
55-59	\$0.430
60-64	\$0.622
65-69	\$0.897
70-74	\$2.060
75+	\$2.060
AD&D Rate (per \$1,000)	\$0.019

## Voluntary Child Life/AD&D

Schedule	1 Days to 26 Years: Increments of \$2,500 subject to the lesser of \$10,000.00 or 100% of Employee Life
Life Guaranteed Issued Amount	\$10,000
	per \$1,000
Child Life Rate	\$0.029
	per \$1,000
Child AD&D Rate Child Life Rate	\$0.022

# Cost of Benefits (Con't.)

## Voluntary Accident Benefit

Benefit	MetLife	
	Low Plan	High Plan
<b>Injuries</b>		
Fractures	\$50 - \$3,000	\$100 - \$6,000
Dislocations	\$50 - \$3,000	\$100 - \$6,000
Second and Third Degree Burns	\$50 - \$5,000	\$100 - \$10,000
<b>Medical Services &amp; Treatment</b>		
Ambulance	\$200 - \$750	\$300 - \$1,000
Emergency Care	\$25 - \$50	\$50 - \$100
Surgery	\$100 - \$1,000	\$20 - \$2,000
<b>Hospital Coverage (Accident)</b>		
Admission	\$500 - \$1,000 per accident	\$1,000 - \$2,000 per accident
Confinement	\$100 a day - up to 31 days \$200 a day (ICU) - up to 31 days	\$200 a day - up to 31 days \$400 a day (ICU) - up to 31 days
<b>Accidental Death</b>		
Employee	\$25,000 \$75,000 for common carrier	\$50,000 \$150,000 for common carrier
Spouse	50% of employee benefit	50% of employee benefit
Child(ren)	20% of employee benefit	20% of employee benefit

Benefit	MetLife	
	Low Plan	High Plan
<b>Dismemberment, Loss &amp; Paralysis</b>		
Dismemberment, Loss & Paralysis	\$250 - \$10,000 per injury	\$500 - \$50,000 per injury
<b>Other Benefits</b>		
Lodging	\$100 per night, up to 31 nights per calendar year	\$200 per night, up to 31 nights per calendar year
Health Screening Benefit (Wellness)	\$75 (payable once per calendar year)	\$75 (payable once per calendar year)
<b>Rates per month</b>		
	Low Plan	High Plan
EE Only	\$7.46	\$11.78
EE + Spouse	\$14.28	\$22.44
EE + Children	\$15.64	\$24.48
EE + Family	\$19.58	\$30.65

# Cost of Benefits (Con't.)

## Critical Illness

MetLife									
Monthly Premium / \$1,000 of coverage (Non-Tobacco)					Monthly Premium / \$1,000 of coverage (Tobacco)				
Age	EE Only	EE + Spouse	EE + Children	EE + Family	Age	EE Only	EE + Spouse	EE + Children	EE + Family
<25	\$0.54	\$0.85	\$0.73	\$1.04	<25	<b>\$0.82</b>	\$1.27	\$1.01	\$1.46
25-29	\$0.54	\$0.85	\$0.74	\$1.05	25-29	\$0.82	\$1.27	\$1.02	\$1.47
30-34	\$0.77	\$1.19	\$0.96	\$1.38	30-34	\$1.20	\$1.84	\$1.40	\$2.04
35-39	\$1.08	\$1.66	\$1.27	\$1.85	35-39	\$1.72	\$2.62	\$1.92	\$2.82
40-44	\$1.66	\$2.53	\$1.86	\$2.74	40-44	\$2.72	\$4.12	\$2.91	\$4.31
45-49	\$2.33	\$3.54	\$2.53	\$3.73	45-49	\$3.86	\$5.83	\$4.06	\$6.03
50-54	\$3.10	\$4.68	\$3.29	\$4.88	50-54	\$5.17	\$7.79	\$5.36	\$7.98
55-59	\$3.90	\$5.89	\$4.10	\$6.08	55-59	\$6.57	\$9.89	\$6.76	\$10.08
60-64	\$4.62	\$6.97	\$4.82	\$7.17	60-64	\$7.82	\$11.77	\$8.01	\$11.96
65-69	\$4.06	\$7.63	\$5.25	\$7.82	65-69	\$8.60	\$12.93	\$8.79	\$13.13
70-74	\$5.86	\$8.83	\$6.06	\$9.03	70-74	\$10.01	\$15.06	\$10.21	\$15.25
75-79	\$5.86	\$8.83	\$6.06	\$9.03	75-79	\$10.01	\$15.06	\$10.21	\$15.25
80-84	\$5.86	\$8.83	\$6.06	\$9.03	80-84	\$10.01	\$15.06	\$10.21	\$15.25
85+	\$5.86	\$8.83	\$6.06	\$9.03	85+	\$10.01	\$15.06	\$10.21	\$15.25



# Cost of Benefits (Con't.)

## Hospital Indemnity

Benefit	MetLife	
	Low Plan	High Plan
<b>Hospital Coverage (Accident)</b>		
<b>Admission</b>	\$500 per accident (non-ICU) \$1,000 per accident (ICU)	\$1,000 per accident (non-ICU) \$2,000 per accident (ICU)
<b>Confinement</b>	\$100 a day (non-ICU) - up to 31 days \$200 a day (ICU) - up to 31 days	\$200 a day (non-ICU) - up to 31 days \$400 a day (ICU) - up to 31 days
<b>Hospital Coverage (Sickness)</b>		
<b>Admission</b> Payable 1 x per calendar year	\$500 (non-ICU) \$1,000 (ICU)	\$1,000 (non-ICU) \$2,000 (ICU)
<b>Confinement</b> Paid per sickness	\$100 a day (non-ICU) - up to 31 days \$200 a day (ICU) - up to 31 days	\$200 a day (non-ICU) - up to 31 days \$400 a day (ICU) - up to 31 days
<b>Pre-existing Limitations</b>	Yes	Yes
<b>Other Benefits</b>		
<b>Health Screening (Wellness)</b> Benefit provided if insured takes one of the covered screening/prevention tests	\$50 Payable 1 x per calendar year	\$50 Payable 1 x per calendar year
<b>Health Screening Benefit (Wellness)</b>	\$75 (payable once per calendar year)	\$75 (payable once per calendar year)
<b>Rates per month</b>	<b>Low Plan</b>	<b>High Plan</b>
<b>EE Only</b>	\$14.68	\$26.82
<b>EE + Spouse</b>	\$29.16	\$53.24
<b>EE + Children</b>	\$23.97	\$43.55
<b>EE + Family</b>	\$38.45	\$69.98

**Domestic Partner (DP) Contributions:** Your contributions to cover a DP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your DP's or DP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for DP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover an DP must be taken on an after-tax basis.

# Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Kaiser	(833) 574-2273	<a href="http://www.kp.org">www.kp.org</a>
	Blue Shield of California	(855) 829-3566 Trio; (888) 256-1915 for HMO or PPO	<a href="http://www.blueshieldca.com">www.blueshieldca.com</a>
Voluntary Benefits	Metlife	(800) 438-6388	<a href="https://online.metlife.com/edge/web/public/benefits/signOut">https://online.metlife.com/edge/web/public/benefits/signOut</a>
Dental	Delta Dental	(800) 422-4234 HMO, (800) 932-0783 PPO	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Vision	Eyemed	(866) 939-3633	<a href="http://www.eyemed.com">www.eyemed.com</a>
Flexible Spending Accounts (FSAs)	Cetera	(888) 926-0600, x58308	<a href="mailto:michelle.vargo@cetera.com">michelle.vargo@cetera.com</a>
Life/AD&D	Hartford	(800) 523-2233	<a href="http://www.account.thehartford.com">www.account.thehartford.com</a>
Disability	Hartford	(800) 523-2233	<a href="http://www.account.thehartford.com">www.account.thehartford.com</a>
Employee Assistance Program (EAP)	Ability Assist by Compsych	(800) 96-HELPS	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>

## Benefits Website

For detailed information on all of Oxy's benefit and discount programs, please visit our website at [OXY.gobenefits.net](http://OXY.gobenefits.net).

## Questions?

If you have additional questions, you may also contact:

Health Champion Services at (800) 964-3577, option 1

Karen Salce at (323) 259-2945 | [ksalce@oxy.edu](mailto:ksalce@oxy.edu)

**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.  
**Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

