# 2024 Benefit Enrollment

## It's Time To Talk About Your Benefits

For Plans in Effect July 1, 2024 – June 30, 2025

# ABOUT THIS GUIDE

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice.

Great care has been taken to ensure this guide is accurate. However, oversights can occur or condensed summaries can be misinterpreted. If there is a difference between this overview and the official plan documents governing the plans, the plan documents will prevail. In the event of a discrepancy between this booklet and the EOC, the EOC will prevail.

### Making Changes to Your Benefits

During Open Enrollment you can change your benefit choices. Open Enrollment changes will be effective July 1st Your decisions remain in effect for twelve months unless you have a qualifying life event as defined by the IRS;

- The addition of a dependent through marriage, adoption or birth.
- The loss of other "group" coverage.
- The loss of a dependent through divorce or death, or if your child reaches the maximum age limit for coverage.
- A change in your or your spouse's employment status from full-time to part-time or vice versa.
- A substantial change in your benefits coverage or a spouse's coverage.
- The addition or separation of a qualified domestic partner.
- Change in eligibility for Medicaid or Children's Health Insurance Program (CHIP) subsidy.

Any benefit changes must be consistent with the type of event you experience. If you add a dependent, you can add them to your benefits, but you cannot drop another dependent from benefits. For example, if you have a baby, you can add the baby to your medical plan, but you cannot drop a spouse from the plan. If you experience a family status change and want to change your benefits, you MUST contact Human Resources **within 30 days of the change.**

### Eligibility for Benefits

Benefit eligible employees will become eligible for benefits first of the month following eligible employment. Benefit eligible employees are defined as those working 30+ hours per week. The following family members may also be enrolled in the group benefits as noted below:

- Your legal spouse
- Your qualified domestic partner
- Your children until age 26 (medical)
- Your qualified domestic partner's children until age 26 (medical)
- Your dependent child who is incapable of self support because of a mental or physical disability
- For the purpose of our benefit plans, your children include:
- Natural and adopted children
- Stepchildren
- Any other children you support for whom you are the legal guardian or for whom you are required to provide coverage as the result of a qualified medical child support order.

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**"Individual Mandate: Make Sure You're Covered"**

As of January 1, 2014, the Affordable Care Act — also known as "healthcare reform" — requires you and your dependents to have health insurance (unless you meet certain exceptions). You can meet this requirement by enrolling in a Associated Students, Inc. plan, purchasing coverage in the Marketplace Exchange or if you have Medicare or Medical. If you do not have health insurance, you may pay a tax penalty when you file your taxes at the end of the year.

Associated Students, Inc.'s medical plan options provide valuable comprehensive coverage that meets the requirements of the healthcare reform law and is intended to be affordable as defined by the law. It is unlikely that you are eligible for financial assistance from the government to help you pay for insurance purchased through the Market-place because you have access to an employer plan that complies with the affordability standard. All enrollment and eligibility matters should be directed to the Human Resources Department at Associated Students, Inc.

**If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 25-26 for more details.**

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The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

# CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department. The quickest way to find answers to your benefit questions is to go directly to the source. This contact list includes web addresses and phone numbers for the administrators of each of our benefit plans. The insurance company can verify benefits and coverage or copayment information. We suggest you contact the insurance company prior to seeking care should you have any questions in regards to your benefits.

| Benefit | Administrator | Phone | Website/Email | Group Number |
|---|---|---|---|---|
| Medical | Kaiser Permanente | 800.464.4000 | www.kp.org | 1468 |
| | Sutter Health Plus | 855.315.5800 | www.sutterhealthplus.org | 252211 |
| Dental | MetLife | 800.275.4638 | www.MetLife.com | KM05952749 |
| Vision | MetLife | 800.275.4638 | www.MetLife.com | KM05952749 |
| Flexible Spending Account | Health Equity | 866.346.5800 | Healthquity.com/fsa | n/a |
| Life and AD&D | MetLife | 800.638.5000 | www.MetLife.com | KM05952749 |
| Voluntary Life and AD&D | MetLife | 800.638.5000 | www.MetLife.com | KM05952749 |
| Long Term Disability | MetLife | 800.929.1492 | www.MetLife.com | KM05952749 |
| Legal | MetLaw | 800.821.6400 | info.legalplans.com | Access code: GETLAW |
| Employee Assistance Plan | LifeWorks | 888.319.7819 | www.metlifeeap.lifeworks.com | n/a |
| Pet Insurance | MetLife | 855.270.7387 | www.metlife.com/insurance/petinsurance/ | |
| Director, Human Resources | Myra Makelim | 916.278.5484 | makelim@csus.edu | |

# MEDICAL BENEFITS

## Administered by Kaiser Permanente

We offer employees a choice of medical plans through Kaiser and Sutter Health Plus. This page provides information on the Kaiser plan. Services with the HMO plan must be obtained from a participating provider or hospital. Select a doctor at a Kaiser facility near you. The doctor you choose must be a primary care physician (PCP) - Internal Medicine, Family/General Medicine or Pediatric Medicine. Most Kaiser locations offer multiple services under one roof. That means you may be able to see your PCP, get an X-ray, visit the lab and fill your prescription all in the same place.

| | Traditional HMO Plan |
|---|---|
| | In-Network |
| **Annual Deductible** | $0 single / $0 family |
| **Annual Out-of-Pocket Maximum** | $2,500 single / $5,000 family |
| **Doctor's Office** | |
| **Primary Care Office Visit** | $30 copay per visit |
| **Specialist Office Visit** | $30 copay per visit |
| **Preventive Care (screening, immunization)** | No Charge |
| **Diagnostic Test (x-ray, blood work)** | $10 copay per encounter |
| **Imaging (CT/PET scans, MRI's)** | $50 copay per procedure |
| **Outpatient Services** | |
| **Chiropractic** | $15 copay (30 visits/year) |
| **Vision Exam/Lenses** | No Charge |
| **Frames (every 24 months) / Contact lenses (every 12 months)** | $150 allowance |
| **Hospital Services** | |
| **Emergency Room** | $100 copay per visit |
| **Inpatient** | $500 copay per admission |
| **Outpatient Surgery** | $250 copay per procedure |
| **Ambulance Service** | $100 copay per trip |
| **Prescription Drugs** | |
| **Generic drugs (Tier 1) 30-day supply** | $15 copay per prescription |
| **Preferred brand drugs (Tier 2) 30-day supply** | $35 copay per prescription |
| **Specialty drugs (Tier 4) 30-day supply** | 30% after deductible up to $250 copay per prescription |
| **Mail Order** | 2x retail cost per prescription for 100 day supply |

# MEDICAL BENEFITS

## Administered by Sutter Health Plus

This page provides information on the Sutter Health Plus. As a member of Sutter Health Plus, you have access to a large network of Participating Providers from which to choose your Primary Care Physician (PCP). All non-Emergency care must be accessed through your PCP, with the exception of OB/GYN services and annual vision exams, which may be obtained through direct access without a referral.

| | Summit ML82 HMO Plan |
|---|---|
| | In-Network |
| **Annual Deductible** | $0 single / $0 individual family / $0 family |
| **Annual Out-of-Pocket Maximum** | $2,000 single / $2,000 individual in a family / $4,000 family |
| **Doctor's Office** | |
| **Primary Care Office Visit** | $30 copay |
| **Specialist Office Visit** | $30 copay |
| **Preventive Care (screening, immunization)** | No Charge |
| **Diagnostic Test (x-ray, blood work)** | $10 copay |
| **Imaging (CT/PET scans, MRI's)** | $50 copay |
| **Outpatient Services** | |
| **Chiropractic** | $15 copay (30 visits/year) |
| **Vision Exam / Materials (every 12 months)** | No charge for exam / $20 copay for materials |
| **Frames / Contact lenses (Every 24 months)** | $120 allowance |
| **Hospital Services** | |
| **Emergency Room** | Facility: $150 copay |
| **Inpatient** | $500 copay |
| **Outpatient Surgery** | Facility: $100 copay |
| **Ambulance Service** | $100 copay per trip |
| **Prescription Drugs** | |
| **Tier 1 (most generic drugs) 30-day supply** | $10 copay |
| **Tier 2 (Preferred brand name and non-preferred generic drugs) 30-day supply** | $30 copay |
| **Tier 3 (Non-preferred brand name drugs) 30-day supply** | $60 copay |
| **Tier 4 (Specialty drugs)** | 20% after deductible up to $100 copay |
| **Mail Order** | 2x retail cost per prescription for 100 day supply |

# IMPORTANT INFORMATION ABOUT MEDICAL PLANS

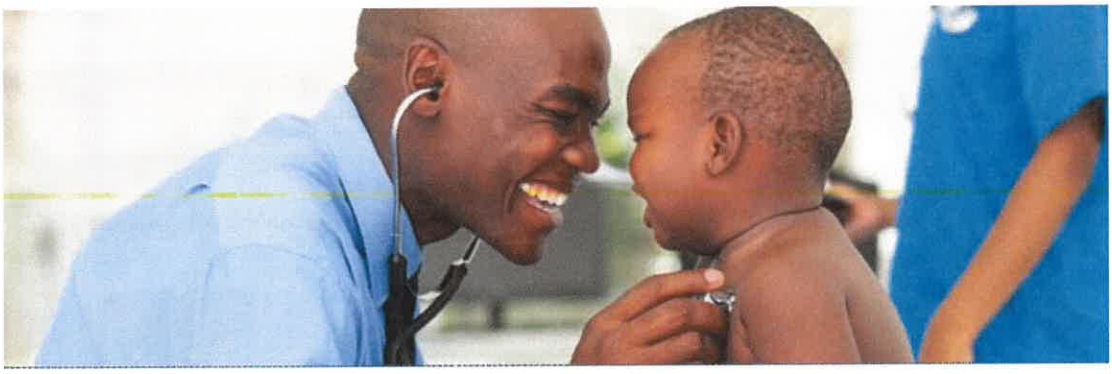
## Patient Protection Disclosure

Kaiser and Sutter Health Plus generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in their network and who is available to accept you or your family members. Until you make this designation, the plan will designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Kaiser or Sutter Health Plus. You may designate a pediatrician as the primary care provider for children.

You do not need prior authorization from your Insurance Carrier 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 Kaiser or Sutter Health Plus.

## Medical Annual Out of Pocket Maximums

The plans have embedded deductibles and out-of-pocket maximums. Each family member will begin paying copays or coinsurance after meeting his/her individual deductible, or when the family deductible is satisfied. Individual family members are no longer subject to the cost sharing when they reach their individual out-of-pocket maximum, or when the family out-of-pocket maximum is met.



# DENTAL BENEFITS

## Administered by MetLife

With all of the emphasis on healthy living, it is important to have access to a comprehensive dental plan that makes it easier for you and your family to maintain a healthy regimen while helping to protect you against the rising costs of dental care.

MetLife offers you 2 levels of dental providers, contracted Providers (In-Network) & Non-Contracted (Out-of-Network) providers. When you visit a dentist who participates in the MetLife Dental PPO Network, you can save an average of up to 30 percent (see page 9 for sample costs). The PPO network is nationwide so you can find a participating dentist near your home, work, when you're on vacation or away at college.

| Services | In-Network (PDP Plus Network) | Out-of-Network* |
|---|---|---|
| **Annual Deductible** | $50 per person; $150 family limit | |
| **Annual Benefit Maximum** | $2,000 | $2,000 |
| **Preventive Dental Services** (oral examinations, full mouth x-rays, bitewing x-rays, prophylaxis - cleanings, topical fluoride applications, sealants, space maintainers) | 100% | 100% |
| **Basic Dental Services** (amalgam and composite fillings, prefabricated crowns, endodontics root canal, periodontal surgery, periodontal scaling & root planning, periodontal maintenance, oral surgery, (simple and surgical extractions), other oral surgery, emergency palliative treatment, harmful habits appliances) | 90% after deductible | 80% after deductible |
| **Major Dental Services** (crowns/inlays/onlays, repairs, bridges, dentures, general anesthesia, consultations, implant services) | 60% after deductible | 50% after deductible |
| **Orthodontia Services** (covered to age 26) adult and child | 50% to $2,000 lifetime maximum per person | 50% to $2,000 lifetime maximum per person |

*Covered charges for out-of-network are based on the lower of:

1) The dentists actual charge for the service, or
2) 2) The dentists usual charge for the service, or 3) The UCR amount of the service based on the 90th percentile of dentists in the same geographic area.

# DENTAL BENEFITS

## How To Find a Participating Provider

Go to www.MetLife.com anytime and where it says "I want to find a MetLife:" select "Dentist." You can also call 1-800-Ask-4Met. A MetLife customer care specialist will be happy to help you.

## Refer Your Dentist

If your dentist doesn't participate, please help us get your dentist in our PPO network. That way, you can continue to see the dentist you know and trust while receiving the best value from your plan.

## Pre-determination of Benefits

If dental services are expected to excess $300, we encourage you to obtain a "pre-determination of benefits." Your dentist office can submit this request for you to the carrier prior to receiving services. This will give you an estimate of what your out-of-pocket costs will be in advance of having the procedure performed.

## Out of Network Provider's

Non-participating dentists can bill you for charges above the amount covered by your MetLife Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

## Sample Scenarios - In Network vs Out of Network

The scenario below reflects charges for a crown that are paid at 60%. The charges and reimbursement limits in this scenario are fictitious; however, they illustrate the difference between the two reimbursement limit options. The coinsurance levels for this plan differ by the type of service:

- Preventive service – 100 percent
- Basic service – 80 percent
- Major service – 50 percent

| Example | MetLife Contracted In-Network Dentist | Out of Network Non-Contracted Dentist |
|---|---|---|
| Dentist's charge for crown | $1,000 | $1,000 |
| Sample plan allowance Based on: | $640 PPO plan allowance | $700 plan allowance |
| Coinsurance amount | 60% | 50% |
| Plan payment | $320 | $350 |
| Balance billing | No | Yes: $300 |
| Enrollee payment | ($640 x 40%) = $256 | ($700 x 50%) + $300 (difference between allowed and actual charges) = $650 |

# VISION BENEFITS

## Administered by MetLife

Establishing a relationship with your eye doctor is important. They can see differences in your vision and overall eye health. Annual eye exams are important to your overall health. During your eye exam, your eye care provider will look for vision problems and signs of other health conditions like diabetes, high blood pressure, and high cholesterol.

This plan provides coverage for annual eye examinations as well as materials (lenses, frame and/or contacts).

MetLife offers you 2 levels of vision providers, contracted providers (In-Network) & non-contracted (Out-of-Network) providers. When you visit a provider who participates in the MetLife PPO Network, you can save. The PPO network is nationwide so you can find a participating provider near your home, work, when you're on vacation or away at college. When you visit an out-of-network provider, you will have to pay the full cost of the visit and then submit your receipts for reimbursement.

Not everyone's personal situation is the same; your family needs may be different from the needs of your coworkers.

In recognition of these differences, we offer voluntary benefits, which you can purchase at group rates.

### Your coverage from a MetLife doctor

| Service | In-Network (any MetLife provider) | Out-of-Network (any qualified non-network provider of your choice) |
|---|---|---|
| Eye Exam — once every 12 months | $10 copay | Up to $45 |
| Lenses — once every 12 months | | |
| Single Vision Lenses | $10 copay | Up to $30 |
| Bifocal Lenses | $10 copay | Up to $50 |
| Trifocal Lenses | $10 copay | Up to $65 |
| Frames — once every 24 months | $130 allowance plus 20% off | Up to $70 |
| Contact Lenses (in lieu of glasses) —once every 12 months | | |
| Allowance | $130 allowance | Up to $105 |
| Medically Necessary | Covered in full | Up to $210 |
| Separate Fitting Allowance | Up to a $60 copay | Applied to the allowance for the contact lenses |

# LIFE AND DISABILITY INSURANCE

## Life and AD&D

**Administered by MetLife**

### Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Associated Students, Inc. If you are an employee working at least 40 hours per week, Associated Students, Inc. provides basic life insurance of $50,000 at no cost to you.

Enrollment is automatic, but it is your responsibility to complete and update your beneficiary designation form as needed. Visit www.MetLife.com or call 800-275-4638

### Accidental Death and Dismemberment (AD&D)

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. If you are an employee working at least 40 hours per week, Associated Students, Inc. provides AD&D coverage of $50,000 at no cost to you.

## Voluntary Life and AD&D

**Insured by MetLife**

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to $150,000, and up to $25,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

**Employee—** Increments of $10,000 up to $300,000 up to 5 times your annual salary

**Spouse—** Increments of $5,000 up to $100,000, not to exceed 50% of employee's benefit amount

**Children—** Less than 15 days: $100; 15 days but less than 6 months: $500; 6 months and over: Options of $1,000, $2,000, $4,000, $5,000 or $10,000.

## LONG TERM DISABILITY

**Administered by MetLife**

Associated Students, Inc. also provides Long-term disability insurance through MetLife. This benefit replaces a portion of your income if you become disabled and are unable to work.

| | How it Works | Who Pays for the Benefit |
|---|---|---|
| Long-term Disability | You receive 66.67% of your income up to $3,000 per month. Benefits begin after 90 calendar days of absence from work and continue until you reach the RBD w/ SSNRA. | Associated Students, Inc. |

# MetLaw®

Smart. Simple. Affordable.®

## Telephone & Office Consultations

MetLaw provides you with telephone and office consultations for an unlimited number of matters with the attorney of your choice. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options and recommend a course of action.

## Legal Representation

### Estate Planning

- Simple Wills
- Complex Wills
- Revocable Trusts
- Irrevocable Trusts
- Powers of Attorney (healthcare, financial, childcare)
- Healthcare Proxies
- Living Wills
- Codicils

### Money Matters

- Personal Bankruptcy/Wage Earner Plan
- Debt Collection Defense
- Foreclosure Defense
- Repossession Defense
- Garnishment Defense
- Identity Theft Defense
- Tax Collection Defense
- Negotiations with Creditors
- Tax Audit Representation (Municipal, State, Federal)

### Real Estate Matters

- Sale, Purchase or Refinancing of primary, second or vacation home
- Home Equity Loans for primary, second or vacation home
- Eviction & Tenant Problems (for tenant)
- Security Deposit Assistance (for tenant)
- Boundary or Title Disputes
- Property Tax Assessments
- Zoning Applications

### Elder Law Matters

Consultation & Document Review for issues related to your parents:

- Medicare
- Medicaid
- Prescription Plans
- Nursing Home Agreements
- Leases
- Notes
- Deeds
- Wills
- Powers of Attorney

### Family Law

- Adoption & Legitimization
- Guardianship
- Conservatorship
- Name Change
- Prenuptial Agreement
- Protection from Domestic Violence

### Traffic Offenses*

- Defense of Traffic Tickets (excludes DUI)
- Driving Privileges Restoration (includes License Suspension due to DUI)

### Document Preparation

- Affidavits
- Deeds
- Demand Letters
- Mortgages
- Promissory Notes
- Review of Any Personal Legal Document

### Immigration Assistance

- Advice & Consultation
- Review of Immigration Documents
- Preparation of Affidavits
- Preparation of Powers of Attorney

### Juvenile Matters

- Juvenile Court Defense (includes Criminal Matters)
- Parental Responsibility Matters

### Consumer Protection

- Disputes over Consumer Goods & Services
- Small Claims Assistance

### Defense of Civil Lawsuits

- Civil Litigation Defense
- Incompetency Defense
- Administrative Hearings
- School Hearings
- Pet Liabilities

### Personal Property Protection

- Consultation & Document Review for personal property issues
- Assistance for disputes over goods & services

## For More Information:

Visit **info.legalplans.com** and enter access code GETLAW or call our Client Service Center at 800-821-6400 (Monday – Friday, 8 am to 7 pm EST/EDT).

**$19.50 per month**

covers employee, spouse and dependents

The cost is automatically deducted from your paycheck.

## Additional Plan Features

### Reduced Fees

Network attorneys provide representation for personal injury, probate & estate administration matters at reduced fees.

### Family Matters™**

Available for an additional fee. Separate plan for parents of participants for estate planning documents.

### E-Services

Attorney Locator; Law Firm E-Panel®; Free, downloadable legal documents; Life Guide; Links to financial planning, insurance & work/life matters resources

Smart. Simple. Affordable.®

Hyatt Legal Plans

A MetLife Company

Available on the App Store

Google play

## Pet Insurance

Pays a portion or full cost of veterinary treatment of an ill or injured pet.

# Protect Your Furry Family Members with Pet Insurance offered by MetLife[1].

Pet Insurance Underwritten by Independence American Insurance Company


Now more than ever, pets are playing a significant role in our lives and it is important to keep them safe and healthy. **Help make sure your furry family members are protected** in case of an accident or illness with Pet Insurance offered by MetLife[1].

## Why is pet insurance important?

- A small monthly payment can help you prepare for unexpected vet expenses down the road
- More than **6 in 10** pet owners said their pet has had an **emergency medical expense**[2]
- 24% of **pet parents have credit card or personal loan debt** to cover pet health and vet costs[3]
- Average annual cost for a routine vet visit is **$212 for a dog** and **$160 for a cat**; and average annual cost for a surgical vet visit is **$426 for a dog** and **$214 for a cat**[4]
- Pet insurance may not cover pre-existing conditions

## ...so don't wait!

**What covered[5]?**

> accidental injuries
> illnesses
> exam fees
> surgeries
> medications
> ultrasounds
> hospital stays
> x-rays and other diagnostics
> diagnostic tests

**And our coverage also includes**

> hip dysplasia
> hereditary conditions
> congenital conditions
> chronic conditions
> alternative therapies
> and much more!

**To get a quote or enroll, call 1-800-GETMET8 and provide discount code 4500.**

MetLife

# Pet Insurance

## How does Pet Insurance offered by MetLife[1] work?

Select the coverage that's best for your pet and enroll

Download our mobile app

When an unexpected accident or illness occurs, take your pet to the vet

Pay the bill

Send your claim + bill to us via our mobile app, online portal, email, fax or mail

Receive reimbursement[1] by check or direct deposit

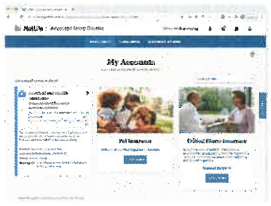
## Why Choose MetLife?

- **Flexible product offerings** with straightforward pricing and options, group discounts[6], customizable limits and deductible savings[7]
- **Quick 3-step enrollment** and hassle-free claims experience with most claims processed within 10 days[8]
- **Multichannel support options with our experienced team** of pet advocates that have been serving pet parents and their communities for more than 15 years

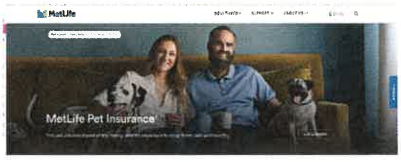
## You Have 3 Options to Obtain a Quote or Enroll:

To get a quote or enroll, call 1-800-GETMET8 and provide discount code 4500.

Register for MyBenefits. Click on the Pet Insurance Card to begin your quote.



Visit www.metlife.com/insurance/pet-insurance/. Click Get Quote.




*Online quotes will be available for Associated Students, Inc Employees after 07/01/2022*

1. PetFirst Healthcare, LLC, a MetLife company, is the program administrator authorized to offer and administer pet health insurance policies underwritten by Independence American Insurance Company, a Delaware insurance company, with its main office at 485 Madison Avenue, NY, NY 10022. For costs, complete details of coverage, and a listing of approved states, please contact PetFirst Healthcare, LLC. Like most insurance policies, insurance policies offered by PetFirst Healthcare, LLC and underwritten by Independence American Insurance Company, contain certain exclusions, exceptions, reductions, limitations, and terms for keeping them in force.
2. Delfino, Devon. "42% of Millennials Have Been in Debt for Their Pet," lendingtree, https://www.lendingtree.com/personal/pet-financing/average-pet-debt/. Accessed 22 April 2020.
3. 2019 Employee Benefits Adviser "5 benefit perks to entice top millennial talent to your clients."
4. 2019-2020 APPA National Pet Owners Survey.
5. Provided all terms of the policy are met. Like most insurance policies, insurance policies offered by PetFirst Healthcare, LLC and underwritten by Independence American Insurance Company, contain certain exclusions, exceptions, reductions, limitations, and terms for keeping them in force.
6. This discount is not available in Tennessee. This discount is only available for individuals who purchase a policy through an employer group (10% for Groups > 1000 lives and 5% for Groups 50-999 lives).
7. With deductible savings, your pet's deductible automatically decreases by $25 each policy year that you don't receive a claim reimbursement. May not be available in all states.
8. 80% of claims are processed within 10 days or less.

**Metropolitan Life Insurance Company** | 200 Park Avenue | New York, NY 10166
L0620004553[exp0622][All States][DC,GU,MP,PR,VI] 

MetLife

# EMPLOYEE ASSISTANCE PROGRAM—EAP

**We provide you and the members of your household access to the Employee Assistance Program (EAP) at no cost to you.**

## EAP can help with a wide range of issues, including:

- Up to 5 sessions with a licensed clinician per issue, per individual, per calendar year. You choose between in-person sessions with a provider from LifeWorks' extensive network or convenient and easy telephonic consultations with a licensed LifeWorks clinician. Call 888-319-7819 anytime to speak with a clinician, request a referral, or schedule an appointment.
- Legal Services: Consultations for issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, estate planning and more.
- Financial Services: Budgeting, credit and financial guidance (investment advice, loans and bill payments not included), retirement planning and assistance with tax issues.
- Childcare and Eldercare Assistance: Consultation plus referrals to childcare and eldercare providers.
- Identity Theft Recovery Services: Information on ID theft prevention, plus an ID theft emergency response kit and help from a fraud resolution specialist if you are victimized.
- Daily Living Services: Referrals to consultants and business that can help with event planning, transportation services, pet services and more (does not cover the cost nor guarantee delivery of vendors' services).
- Online Member Services: LifeWorks' EAP website and app features a wide range of tools and information to help you take charge of your well-being and simplify your life. Log on to metlifeeap.lifeworks.com using the username and password below to get started.

Call toll-free 888-319-7819 or visit the website at metlifeeap.lifeworks.com

**Username - metlifeeap / Password - eap**

# FLEXIBLE SPENDING PLAN / DEPENDENT CARE REIMBURSEMENT

## Administered by Health Equity

Flexible Spending Accounts allow you to pay for goods and services you already use with money deducted from your paycheck before it is taxed.

ASI's Flexible Spending Account plan year is from July 1st through June 30th. However you do have an option to roll over up to $640 of unused funds to the next plan year. Plan carefully when determining how much to contribute as anything over $640 left in the account at the end of the plan year will be forfeited.

Additionally, expenses incurred by domestic partners and their children do not qualify as eligible expenses per Internal Revenue Code 125.

**Sample Health Care Expenses**

- Acupuncture/Chiropractic
- Alcoholism treatment
- Ambulance
- Deductibles and copays
- Dental/Orthodontia
- Eye Exams
- Hearing exams and hearing aids
- Home health care
- Hospital bills
- Insulin
- LASIK surgery
- Obstetrics and fertility
- Psychiatric care
- Prescription drugs
- Smoking cessation programs if prescribed by your doctor
- X-rays and MRI
- Menstrual care products
- Certain over-the-counter medications

**Sample Dependent Care Expenses**

- After school care
- Au pair
- Care for children under age 13
- Elder care
- Extended day programs
- Nanny fees
- Nursery school
- Preschool for under 5 year olds
- Sick-child center
- Summer day camp

***Expenses for day care, summer camps, etc. cannot be submitted until after services have been received.***

**Health Care FSA — up to $3,200 annually**

This allows you to pay for qualifying out-of-pocket health care expenses for you and your dependents. The amount you choose to contribute will be deducted from your pay in equal installments throughout the year. You cannot change this amount unless you have a qualifying event.

**Dependent Care FSA— Up to $5,000 July 1, 2024—June 30, 2025**

Eligible expenses are those you must pay for dependent daycare so that you can work. If you are married, your spouse must also work full-time, be actively seeking employment or attending school full-time. If your spouse also contributes to a Dependent Care FSA, your total contributions as a couple cannot exceed the maximum allowed.

# Full - Time Monthly Payroll Deductions - 40 Hours

| Contributions for employees working 40 hours or more per week | Total Premium per Month | Employer Monthly Contribution | Employee Monthly Contribution | Employee Per Pay Period Contribution |
|---|---|---|---|---|
| **Kaiser Permanente HMO** | | | | |
| Employee Only | $823.57 | $750.00 | $73.57 | $36.79 |
| Employee + 1 Dependent | $1,647.15 | $1,400.00 | $247.15 | $123.58 |
| Employee + 2 or more dependents | $2,330.71 | $1,980.00 | $350.71 | $175.36 |
| **Sutter Health Plus HMO** | | | | |
| Employee Only | $698.40 | $698.40 | $ - | $ - |
| Employee + 1 Dependent | $1,396.80 | $1,257.12 | $139.68 | $69.84 |
| Employee + 2 or more dependents | $1,976.50 | $1,778.85 | $197.65 | $98.83 |
| **MetLife Dental** | | | | |
| Employee Only | $56.39 | $56.39 | $ - | $ - |
| Employee + Spouse | $112.43 | $101.19 | $11.24 | $5.62 |
| Employee + Child(ren) | $125.75 | $113.18 | $12.58 | $6.29 |
| Employee + Family | $194.65 | $175.19 | $19.47 | $9.73 |
| **MetLife Vision -Voluntary** | | | | |
| Employee Only | $9.80 | $0.00 | $9.80 | $4.90 |
| Employee + Spouse | $19.07 | $0.00 | $19.07 | $9.54 |
| Employee + Child(ren) | $16.68 | $0.00 | $16.68 | $8.34 |
| Employee + Family | $27.50 | $0.00 | $27.50 | $13.75 |
| **MetLaw Legal Plan - Voluntary** | | | | |
| Employee Only or with Family | $19.50 | $0.00 | $19.50 | $9.75 |
| **MetLife Supplemental Life/AD&D-Voluntary** | | | | |
| Rates depend on age — Please see MetLife documents for rates | | | | |

**Section 125**

Any contributions you make for you and your IRS dependents' medical, dental, and vision plan coverage is automatically deducted from your paycheck on a pretax basis per IRS guidelines under Section 125. This decreases your taxable earnings and can increase your take-home pay.

Your elections remain in effect and can not be changed for 12 months or the remainder of the group plan year, whichever occurs first, unless you have a qualifying life event as defined by the IRS. Qualifying life events are listed in the Employee Benefits Guide.

**Imputed Income**

If your domestic partner qualifies as your tax dependent for group health plan purposes, the value of your domestic partner's health coverage will not be treated as income and will not be reported on your Form W-2. We are required to "impute" the value of these benefits and report that value as taxable income to the employee. Any contributions made by you towards your domestic partner's coverage can be made on a pre-tax basis through our Section 125 cafeteria plan. In addition, unreimbursed health expenses incurred by your domestic partner may be claimed for reimbursement under a health FSA. If you enroll your domestic partner, you will be required to complete and sign a Certification of Domestic Partner Tax Status annually.

# Part - Time Monthly Payroll Deductions - 30 Hours

| Contributions for employees working 30 –39 hours per week | Total Premium per Month | Employer Monthly Contribution | Employee Monthly Contribution | Employee Per Pay Period Contribution |
|---|---|---|---|---|
| **Kaiser Permanente HMO** | | | | |
| Employee Only | $823.57 | $550.00 | $273.58 | $136.79 |
| Employee + 1 Dependent | $1,647.15 | $700.00 | $947.16 | $473.58 |
| Employee + 2 or more dependents | $2,330.71 | $1,000.00 | $1,330.72 | $665.36 |
| **Sutter Health Plus HMO** | | | | |
| Employee Only | $698.40 | $523.80 | $174.60 | $87.30 |
| Employee + 1 Dependent | $1,396.80 | $698.40 | $698.40 | $349.20 |
| Employee + 2 or more dependents | $1,976.50 | $988.25 | $988.25 | $494.13 |
| **MetLife Dental** | | | | |
| Employee Only | $56.39 | $28.20 | $28.20 | $14.10 |
| Employee + Spouse | $112.43 | $56.22 | $56.22 | $28.11 |
| Employee + Child(ren) | $125.75 | $62.88 | $62.88 | $31.44 |
| Employee + Family | $194.65 | $97.33 | $97.33 | $48.66 |
| **MetLife Vision -Voluntary** | | | | |
| Employee Only | $9.80 | $0.00 | $9.80 | $4.90 |
| Employee + Spouse | $19.07 | $0.00 | $19.07 | $9.54 |
| Employee + Child(ren) | $16.68 | $0.00 | $16.68 | $8.34 |
| Employee + Family | $27.50 | $0.00 | $27.50 | $13.75 |
| **MetLaw Legal Plan - Voluntary** | | | | |
| Employee Only or with Family | $19.50 | $0.00 | $19.50 | $9.75 |
| **MetLife Supplemental Life/AD&D-Voluntary** | | | | |
| Rates depend on age — Please see MetLife documents for rates | | | | |

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# Glossary of Key Terms

**Coinsurance** – The member and insurance company share the cost of covered procedures in a specific ratio (e.g., member pays 20% and the insurance company pays 80%). This is primarily used in medical and dental PPO plans. If the plan has a deductible, coinsurance does not apply until it has been met.

**Copayment** – A specific dollar amount you pay to the provider or pharmacy when receiving services or prescriptions.

**Deductible** – The amount you must pay before the insurance company begins paying benefits on your behalf. The deductible is generally waived for preventive visits and services that require a copayment, including prescription drugs.

**Explanation of Benefits (EOB)** – A notice sent to the covered person after a claim for payment has been processed by the insurance company. The form explains the action taken on the claim. This explanation usually indicates the amount paid, the benefits available, reasons for denying payment or the claims appeal process.

**Formulary** – A list containing the names of certain prescription drugs that a medical plan covers when dispensed to its members who have drug coverage through a participating pharmacy. You can obtain a list of formulary medications covered under your plan by visiting the carrier websites referenced on the "Who to Contact" page.

**HMO** – With this type of medical or dental plan, all care - except emergency services - must be coordinated through a Primary Care Physician (PCP) and/or medical group. Failure to coordinate care through a PCP may result in loss of benefit and greatly increase the amount of money that the member will have to pay for care. Each family member can have a different PCP and they can be changed upon request.

**Imputed Income** – The IRS has ruled that a domestic partner is not a legal spouse for tax purposes. Employers are obligated to report and withhold taxes on the value of benefits provided to a domestic partner and the domestic partner's children. The applicable amount is treated as taxable income to the employee and added back into an employee's paycheck as taxable income. Imputed income also applies to the premiums an employer pays on your behalf for life insurance coverage amounts in excess of $50,000 and any tax-free LTD benefits. This premium is added to your gross income for tax purposes.

**In-Network** – All medical, dental and vision carriers have a designated network of doctors or dentists. These providers have agreed to discounted fees with the insurance carrier. In turn, you generally pay a lower percentage of the costs, resulting in less out-of-pocket cost.

**Mail Order Prescriptions** – A benefit that allows you to order certain maintenance drugs at a reduced cost. You receive multiple months' worth of medication by mail.

**Non-formulary** – A drug or medication not included on the formulary list of the health insurance plan. If covered, these medications have a higher copay or cost to the member.

**Out-of-Network** – Medical, dental and vision providers who do not agree to accept the negotiated rates offered by insurance companies. A member may pay higher copays and/or deductibles to see an out-of-network provider or have no coverage at all.

**Out-of-Pocket Maximum** - Generally, the maximum amount of money a member will have to pay each year. The out-of-pocket maximum most often applies to coinsurance. An individual who meets the out-of-pocket maximum may still be responsible for copays.

**PCP** – Primary Care Physician. A doctor who is your first point of contact and who must coordinate your care and refer you to specialists. Primarily required by medical or dental HMO plans.

**Preferred Provider Organization (PPO)** – A type of medical or dental plan that gives members the flexibility to see any provider. If a member chooses an in-network provider or hospital, they will typically have to pay less out-of-pocket.

**Pre-determination of Benefits** – An estimate reflecting the amount of money an insurance company intends to pay on a member's behalf for a particular procedure. This generally applies to medical and dental plans.

**Reasonable and Customary** – The range of usual fees for comparable services charged by professionals in a geographic area. If your provider charges more than the reasonable and customary fee, you may be responsible for paying the difference. This is often referred to as "Balance Billing".

# LEGAL NOTICES

## Patient Protections Disclosure

The Associated Students, Inc. Health Plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Kaiser Permanente and Sutter Health Plus 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 the Kaiser Permanente at 800.464.4000 or www.kp.org and Sutter Health Plus at 855.315.5800 or www.sutterhealthplus.org.

For children, you may designate a pediatrician as the primary care provider.
You do not need prior authorization from Kaiser Permanente and Sutter Health Plus 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 the Kaiser Permanente at 800.464.000 or www.kp.org and Sutter Health Plus at 855.315.5800 or www.sutterhealthplus.org.

## Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: Kaiser Permanente Traditional HMO Plan (Individual: 0% coinsurance and $0 deductible; Family: 0% coinsurance and $0 deductible)

Plan 2: Summit ML82 HMO Plan (Individual: 0% coinsurance and $0 deductible; Family: 0% coinsurance and $0 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 916.278.5484 or makelim@csus.edu.

## Newborns' and Mothers' Health Protection Act

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## HIPAA Notice of Privacy Practices Reminder

**Protecting Your Health Information Privacy Rights**
Associated Students, Inc. is committed to the privacy of your health information. The administrators of the Associated Students, Inc. Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Myra Makelim – Director, Human Resources- at 916.278.5484 or makelim@csus.edu.

## HIPAA Special Enrollment Rights

**Associated Students, Inc. Health Plan Notice of Your HIPAA Special Enrollment Rights**

Our records show that you are eligible to participate in the Associated Students, Inc. Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program** – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Myra Makelim – Director, Human Resources- at 916.278.5484 or makelim@csus.edu.

**Important Warning**

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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 one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | ALASKA – Medicaid |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility:<br>https://health.alaska.gov/dpa/Pages/default.aspx |
| **ARKANSAS – Medicaid** | **CALIFORNIA – Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Health Insurance Premium Payment (HIPP) Program<br>Website:<br>http://dhcs.ca.gov/hipp<br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: hipp@dhcs.ca.gov |
| **COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)** | **FLORIDA – Medicaid** |
| Health First Colorado Website:<br>https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center:<br>1-800-221-3943/State Relay 711<br>CHP+: https://hcpf.colorado.gov/child-health-plan-plus<br>CHP+ Customer Service: 1-800-359-1991/State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br>https://www.mycohibi.com/<br>HIBI Customer Service: 1-855-692-6442 | Website:<br>https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html<br>Phone: 1-877-357-3268 |
| **GEORGIA – Medicaid** | **INDIANA – Medicaid** |
| GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp<br>Phone: 678-564-1162, Press 1<br>GA CHIPRA Website:<br>https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra<br>Phone: 678-564-1162, Press 2 | Healthy Indiana Plan for low-income adults 19-64<br>Website: http://www.in.gov/fssa/hip/<br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: https://www.in.gov/medicaid/<br>Phone: 1-800-457-4584 |

| IOWA – Medicaid and CHIP (Hawki) | KANSAS – Medicaid |
|---|---|
| Medicaid Website: https://dhs.iowa.gov/ime/members<br>Medicaid Phone: 1-800-338-8366<br>Hawki Website: http://dhs.iowa.gov/Hawki<br>Hawki Phone: 1-800-257-8563<br>HIPP Website:<br>https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp<br>HIPP Phone: 1-888-346-9562 | Website: https://www.kancare.ks.gov/<br>Phone: 1-800-792-4884<br>HIPP Phone: 1-800-967-4660 |
| **KENTUCKY – Medicaid** | **LOUISIANA – Medicaid** |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br>https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx<br>Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br>KCHIP Website: https://kynect.ky.gov<br>Phone: 1-877-524-4718<br>Kentucky Medicaid Website:<br>https://chfs.ky.gov/agencies/dms | Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp<br>Phone: 1-888-342-6207 (Medicaid hotline) or<br>1-855-618-5488 (LaHIPP) |
| **MAINE – Medicaid** | **MASSACHUSETTS – Medicaid and CHIP** |
| Enrollment Website:<br>https://www.mymaineconnection.gov/benefits/s/?language=en_US<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br>Private Health Insurance Premium Webpage:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: 1-800-977-6740<br>TTY: Maine relay 711 | Website: https://www.mass.gov/masshealth/pa<br>Phone: 1-800-862-4840<br>TTY: 711<br>Email: masspremassistance@accenture.com |
| **MINNESOTA – Medicaid** | **MISSOURI – Medicaid** |
| Website:<br>https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp<br>Phone: 1-800-657-3739 | Website:<br>http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 |
| **MONTANA – Medicaid** | **NEBRASKA – Medicaid** |
| Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084<br>Email: HHSHIPPProgram@mt.gov | Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |
| **NEVADA – Medicaid** | **NEW HAMPSHIRE – Medicaid** |
| Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 | Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 5218 |
| **NEW JERSEY – Medicaid and CHIP** | **NEW YORK – Medicaid** |
| Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 | Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **NORTH CAROLINA – Medicaid** | **NORTH DAKOTA – Medicaid** |
| Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 | Website: https://www.hhs.nd.gov/healthcare<br>Phone: 1-844-854-4825 |

| OKLAHOMA – Medicaid and CHIP | OREGON – Medicaid and CHIP |
|---|---|
| Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 | Website: http://healthcare.oregon.gov/Pages/index.aspx<br>Phone: 1-800-699-9075 |
| **PENNSYLVANIA – Medicaid and CHIP** | **RHODE ISLAND – Medicaid and CHIP** |
| Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx<br>Phone: 1-800-692-7462<br>CHIP Website:<br>Children's Health Insurance Program (CHIP)(pa.gov)<br>CHIP Phone: 1-800-986-KIDS (5437) | Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RIte Share Line) |
| **SOUTH CAROLINA – Medicaid** | **SOUTH DAKOTA – Medicaid** |
| Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 | Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 |
| **TEXAS – Medicaid** | **UTAH – Medicaid and CHIP** |
| Website: Health Insurance Premium Payment (HIPP) Program \| Texas Health and Human Services<br>Phone: 1-800-440-0493 | Medicaid Website: https://medicaid.utah.gov/<br>CHIP Website: http://health.utah.gov/chip<br>Phone: 1-877-543-7669 |
| **VERMONT – Medicaid** | **VIRGINIA – Medicaid and CHIP** |
| Website: Health Insurance Premium Payment (HIPP) Program \| Department of Vermont Health Access<br>Phone: 1-800-250-8427 | Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select<br>https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs<br>Medicaid/CHIP Phone: 1-800-432-5924 |
| **WASHINGTON – Medicaid** | **WEST VIRGINIA – Medicaid and CHIP** |
| Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 | Website: https://dhhr.wv.gov/bms/<br>http://mywvhipp.com/<br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **WISCONSIN – Medicaid and CHIP** | **WYOMING – Medicaid** |
| Website:<br>https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm<br>Phone: 1-800-362-3002 | Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
**www.dol.gov/agencies/ebsa**
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
**www.cms.hhs.gov**
1-877-267-2323, Menu Option 4, Ext. 61565

**Paperwork Reduction Act Statement**
According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number.
See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

## Notice of Creditable Coverage

**Important Notice from Associated Students, Inc.**
**About Your 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 Associated Students, Inc. 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. **Associated Students, Inc. has determined that the prescription drug coverage offered by the medical 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 to 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 Associated Students, Inc. coverage will not be affected. You can keep this coverage if you elect part D.

If you do decide to join a Medicare drug plan and drop your current Associated Students, Inc., be aware that you and your dependents may 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 Associated Students, Inc. 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 October to join.

**For More Information About This Notice or Your Current Prescription Drug Coverage…**

Contact the person listed below 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 Associated Students, Inc. 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).**

| | |
|---|---|
| **Date:** | **July 01, 2024** |
| **Name of Entity/Sender:** | **Associated Students, Inc.** |
| **Contact—Position/Office:** | **Myra Makelim – Director, Human Resources** |
| **Office Address:** | **6000 J St**<br>**Sacramento, California 95819-2605**<br>**United States** |
| **Phone Number:** | **916.278.5484** |

## Marketplace Notice

**Health Insurance Marketplace Coverage Options and Your Health Coverage**

**PART A: General Information**

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

**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 in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

**Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income. [1] [2]

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.
[2] An employer-sponsored or other employment-based 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 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

**When Can I Enroll in Health Insurance Coverage through the Marketplace?**

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage**. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

**What about Alternatives to Marketplace Health Insurance Coverage?**

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

**How Can I Get More Information?**

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Myra Makelim.

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

**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.

| | | | |
|---|---|---|---|
| 3. Employer name<br>Associated Students Inc. | | | 4. Employer Identification Number (EIN)<br>94-1347023 |
| 5. Employer address<br>6000 J St | | | 6. Employer phone number<br>916.278.5484 |
| 7. City<br>Sacramento | | 8. State<br>California | 9. ZIP code<br>95819-2605 |
| 10. Who can we contact about employee health coverage at this job?<br>Myra Makelim | | | |
| 11. Phone number (if different from above) | 12. Email address<br>makelim@csus.edu | | |

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

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ■ Some employees. Eligible employees are:
    Employees working 30+ hours per week.
- With respect to dependents:
  - ■ We do offer coverage. Eligible dependents are:
    Same and opposite sex Spouse
    Same sex Domestic Partner (registered with the State)
    Dependent Children up to age 26 for medical coverage
  - ☐ 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, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

# NOTES

# NOTES

*This benefit summary prepared by*

Gallagher

Insurance | Risk Management | Consulting



Associated Students Inc.