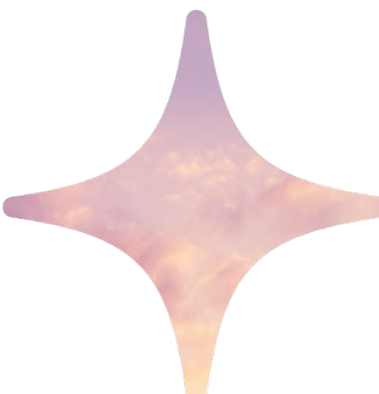


2025

USC Arcadia Hospital  
Keck Medicine of USC

# Employee Benefits Overview





# Contents



## **MEDICARE PART D NOTICE**

If you (and/or your dependents) 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 the Important Plan Information section for more details.

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## GETTING STARTED

### 2025 BENEFITS

January 1, 2025  
through  
December 31, 2025

Whether you're enrolling in benefits for the first time, nearing retirement, or somewhere in between, USC Arcadia Hospital supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, life, disability and more.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Review the coverage and tools available to you to make the most of your benefits package.

**IMPORTANT NOTE:** This is a summary overview and does not provide a complete description of all benefit provisions. While we've made every effort to make sure that this overview is comprehensive, it cannot provide a complete description of all benefits. Specific details and limitations are provided in the plan documents, such as the Summary of Benefits and Coverage (SBC), Evidence of Coverage (EOC), etc. Plan documents contain relevant provisions and determine how benefits are paid. If the information in this overview differs from the plan documents, the plan documents prevail. Please contact HR for a full list of benefits and plan documents.



# Who's Eligible For Benefits?



\* In general, benefit-eligible employees working 20 or more hours per week are eligible for the benefits outlined in this overview. In order to comply with the Affordable Care Act (ACA), USC Arcadia Hospital determines Per Diem and Temporary Employee eligibility for benefits using the Look Back Measurement Method. Refer to the Look Back Measurement Method section of this guide for additional information on how your eligibility is determined.

## Employees

In general, employees working 20 or more hours per week are eligible for the benefits outlined in this overview.

Employees with variable hours and seasonal schedules may be considered eligible for benefits. Refer to “Determining Eligibility” later in this guide for details.

## Eligible dependents

- Legally married spouse.
- Registered Domestic Partner (RDP), if not subject to the above exclusion. Any premiums for your domestic partner paid for by USC Arcadia Hospital are taxable income (federal only) and will be included on your W-2. Any premiums you pay for your domestic partner will be deducted on an after-tax basis. Contact your tax advisor about your domestic partner's tax dependent status and advise USC Arcadia Hospital if your domestic partner is a tax dependent.
- Natural, adopted or stepchildren, or children of a domestic partner up to age 26.
- Children over age 26 who are disabled and depend on you for support.
- Children named in a Qualified Medical Child Support Order (QMCSO).

For additional information, please refer to the benefit booklets for each benefit.

## Important Note: Please Read

If your spouse/domestic partner is eligible for group health insurance through his or her current employer (or former employer through non-Medicare retiree benefits), then he or she will NOT be eligible to obtain coverage under the USC Arcadia Hospital group health plans (including medical, dental and vision). By enrolling your spouse/domestic partner in the USC Arcadia Hospital group health plan, you are confirming that your spouse is not employed and/or eligible for coverage through his or her employer.

## Who is not Eligible?

Family members who are not eligible for coverage include (but are not limited to): parents, grandparents, and siblings.

Any employee who is enrolled as a primary subscriber cannot also be enrolled as a dependent of another USC Arcadia Hospital employee.

Employees who work less than 20 hours per week, temporary employees, contract employees, or employees residing outside the United States.

Employees who elect to be in the Opt-out program.

Employees classified as Per Diem if they do not meet the Affordable Care Act minimum hours requirement\*

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

# Enrollment



## When you can enroll

You can enroll in benefits as a new hire or during the annual open enrollment period. New hire coverage begins on the first of the month following date of hire, and you must be regularly scheduled to work at least 20 hours per week.

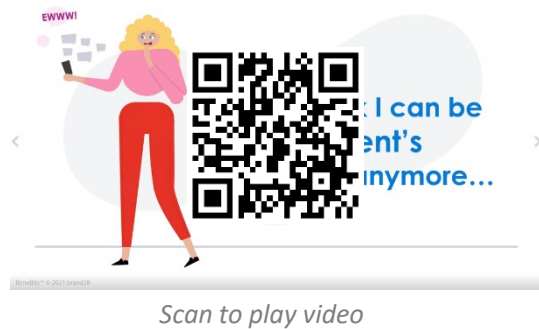
You must complete the enrollment process within 30 days of your hire date.

If you miss the enrollment deadline, you'll need to wait until the next open enrollment (the one time each year that you can make changes to your benefits for any reason).

- **When First Eligible:** For new hires, you must enroll in benefits within 30 days of your hire date. Coverage becomes effective on the first day of the month following date of hire.
- **At Annual Enrollment:** Open enrollment for current employees is generally held in October/November. Open enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.
- **If you Experience a Qualifying Life Event:** Make sure you login to Workday to initiate the qualifying life event. Life events include (but are not limited to):
  - Birth or adoption of a baby or child
  - Loss of other healthcare coverage
  - Eligibility for new healthcare coverage
  - Marriage
  - Divorce

# Changing Your Benefits

## Qualifying Life Events



### LIFE HAPPENS

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

### THREE RULES APPLY TO MAKING CHANGES TO YOUR BENEFITS DURING THE YEAR:

1. Any change you make must be consistent with the change in status.
2. You must make the change within 30 days of the date the event occurs.
3. All proper documentation is required to cover dependents (marriage certificates, birth certificates, etc.).

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a qualifying life event, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

**You must submit your change within 30 days after the event.**

# Dependent Verification



## Dependent Verification

If you are enrolling your dependents, you must log into Workday to provide the supporting documentation.

Acceptable documentation includes:

- Spouse: A copy of a government-issued marriage certificate is required. A provisional marriage license is accepted, but only valid 90 days from event.
- Domestic Partner: A copy of your state-issued domestic partner certificate
- Birth Child: Birth Certificate (hospital certificates are not acceptable unless child is under the age of 6 months). If a birth certificate lists maiden name, a marriage certificate must also be provided.
- Stepchildren: A government-issued birth certificate showing the parents' names, a copy of the marriage certificate, or state-issued domestic partnership certificate.
- Adopted Children and Legal Guardianship: Court documents name the employee, spouse or RDP as legal guardian/custodian.
- Dependent Children over the Limiting Age Incapable of Self-Support Due to Disability: Government-issued birth or adoption certificate names the employee, spouse, or RDP as the child's parent, continuation of coverage for disabled dependent form, which can be obtained by contacting HR, and a tax document that shows the financial dependency of the dependent on the employee.

The following resources may help you find the required documents or answer questions regarding obtaining vital records you may need:

- All States/Counties:
  - o [www.usbirthcertificate.net](http://www.usbirthcertificate.net) or (888) 736-2692
  - o [www.vitalchek.com](http://www.vitalchek.com)
- California Only:
  - o <https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records.aspx> or (916) 445-2684
  - o [www.sos.ca.gov/dpregistry/index.htm](http://www.sos.ca.gov/dpregistry/index.htm) or (916) 653-3984



# Workday Enrollment



## How to Enroll

You will receive a notification in your USC email to enroll in your benefits through Workday. (In some cases, you may receive this notification before your start date.) Gather all enrollment information (birthdates, Social Security numbers, etc.) and log into Workday from the Employee Gateway to complete enrollment.

**Employee Gateway** - <https://employees.usc.edu/>

Type the link into your web browser or scan the QR code using your smartphone device. You may wish to log into the Workday Help site to consult the user guides on benefits enrollment, and setting up direct deposit, to help you complete these processes.



**Incomplete Enrollment:** If you leave the enrollment process at any time prior to completing your elections, your elections WILL NOT be saved. You will know your enrollment is complete when you receive a confirmation number.

**Benefits Pending due to Evidence of Insurability:** The cost for any benefits pending approval will appear as pending on the confirmation screen/statement.

**Dependent Verification Documents:** If you are required to provide proof of your dependents' eligibility, be sure to follow the instructions and submit the requested information to Human Resources in the time allowed.

## Remember to Print Your Confirmation Statement!

In the event of a system or enrollment error, your printed Confirmation Statement is your only proof of your 2025 benefit elections. You will not be allowed to change or correct your elections following the close of Open Enrollment unless you can provide proof of your elections.



## HEALTHCARE

## MAKE TIME FOR HEALTH

### OUR COMMITMENT

We believe that our employees should have access to healthcare coverage that promotes preventive care and helps cover the cost of illness.

Eligible employees and their eligible dependents can enroll in medical, dental, and vision coverage through the USC Arcadia Hospital benefits program.

### Medical

The USC Arcadia Hospital Medical Plan features a PPO physician (and other non-hospital services) provider network through Private Health care systems (PHCS). The Plan also provides you with the freedom of choice for inpatient and outpatient hospital and facility-based services. You choose the hospital or facility and our TPA, HealthPlans, Inc. (HPI), negotiates a value-based price for the care and services you need—saving you on out-of-pocket costs and balance billing. And any hospital-based care received at USC Arcadia Hospital is not subject to the annual deductible or member coinsurance.

### Dental

Some people don't like going to the dentist, but no one likes big dental bills. Regular checkups and cleanings are fully covered and can identify issues before they become serious. And if you do need dental services, insurance helps cover the cost for fillings, gum disease, orthodontia, and more.

### Vision

An eye exam can uncover health conditions you may not know you have, such as glaucoma, or even high blood pressure. Our vision plan help cover the cost of eye exams, eyeglasses, and contact lenses to ensure you're seeing and feeling your best.

# USC Arcadia Hospital Medical Plan – Value Base Pricing



## WHO DO YOU CONTACT?

For member services, call HPI at (877) 734-6692, 5 a.m. – 5 p.m. (PT); or visit

[www.healthplansinc.com/members](http://www.healthplansinc.com/members)  
for:

- Assistance locating a provider
- Medical plan benefit questions
- Claims information or questions
- Member savings programs information
- ID Cards

If you receive a facility based Balance Bill

- Contact the HST Patient Advocacy Center (PAC) at (888) 837-2237, 7 a.m. – 5 p.m. (PT)
- Send an email to: [patientadvocacy@hstechnology.com](mailto:patientadvocacy@hstechnology.com)
- Fax: (949) 891-0420

## How Does Value-Based Pricing Work

Savings are achieved through a partnership between HPI and HST. HST is a company that negotiates value-based prices based on a percentage of what Medicare pays. A lower negotiated price means lower out-of-pocket expenses for you!

1. If you need hospital-based services, your physician or other health care provider will contact HPI at the number listed on your ID card to confirm your eligibility and request precertification.
2. HPI will review your physician's request and, if authorized, submit the authorization to HST, who contacts the hospital to negotiate a value-based price for the care and services. This precertification process confirms the total price for the services with the hospital or facility based on a reference determined by Medicare. (If the costs are unusually high, you'll be notified of other high-quality facilities where you may decide to receive care at a lower cost to you.)
3. HPI does all the work for you. They will notify you of your out-of-pocket costs in advance of your procedure—no surprises.
4. Following your procedure, your provider will submit a claim to HPI priced at the agreed amount. When the claim is received, HPI will suspend the claim for 72 hours to allow HST time to review the claim and verify all billed charges are accurate, reasonable, and allowed.
5. Once approved, HPI will process the claim according to the negotiated price and issue payment to your provider. You will receive an Explanation of Benefits only if you are responsible for paying a deductible and/or coinsurance amount to the hospital or facility. If you do receive a balance bill, HST will contact the provider and advocate on your behalf.
6. If you are admitted to the hospital through the emergency room your services will be certified post service, and the ER copay will be waived. The plan must be notified within 2 business days of admission.

# Medical Plan Benefits

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible.

	USC Arcadia Hospital Medical Plan			
	USC Arcadia Hospital Services & Providers Tier 1	In-Network Physician Providers Tier 2	All other Facility Based Services Tier 3	Out-of-Network Physician Providers Tier 4
<b>Calendar Year Deductible</b>				
Individual	None	\$1,000	\$1,000	\$1,000
Family	None	\$2,000	\$2,000	\$2,000
Embedded <sup>4</sup>		Embedded	Embedded	Embedded
<b>Calendar Year Out-of-Pocket Maximum<sup>6</sup></b>				
Individual	\$500	\$5,500	\$5,500	\$5,500
Family	\$1,000	\$11,000	\$11,000	\$11,000
Embedded <sup>5</sup>	Embedded	Embedded	Embedded	Embedded
<b>Office Visit</b>				
Primary Care	\$15 Copay	\$30 Copay <sup>1</sup>	N/A	\$30 Copay <sup>1</sup>
Specialist	\$30 Copay	\$55 Copay <sup>1</sup>	N/A	\$55 Copay <sup>1</sup>
<b>Preventive Services</b>	No Charge	No Charge <sup>1</sup>	No Charge <sup>1</sup>	No Charge <sup>1</sup>
<b>Diagnostic test (x-ray, bloodwork)</b>	No Charge	30% Coinsurance	30% Coinsurance	40% Coinsurance
<b>Imaging (CT/PET scans, MRIs)<sup>3</sup></b>	No Charge	30% Coinsurance	30% Coinsurance	40% Coinsurance
<b>Urgent Care</b>	Not Available	\$30 Copay <sup>1</sup>	\$30 Copay <sup>1</sup>	\$30 Copay <sup>1</sup>
<b>Emergency Room<sup>8</sup></b>	\$150 Copay	\$150 Copay <sup>1</sup>	\$150 Copay <sup>1,9</sup>	\$150 Copay <sup>1,9</sup>
<b>Inpatient Hospitalization<sup>2</sup></b>				
Facility Fee	No Charge	N/A	20% Coinsurance	N/A
Physician/Surgeon Fee	No Charge	20% Coinsurance	N/A	40% Coinsurance
<b>Outpatient Surgery<sup>2</sup></b>				
Facility Fee	No Charge	20% Coinsurance	20% Coinsurance	40% Coinsurance
Physician/Surgeon Fee	No Charge	20% Coinsurance	N/A	40% Coinsurance
<b>Pediatric Room &amp; Board</b>	Not Available	Plan covers 100% of Reasonable and Allowed amount <sup>1,2</sup>	Plan covers 100% of Reasonable and Allowed amount <sup>1,2</sup>	Plan covers 100% of Reasonable and Allowed amount <sup>1,2</sup>
<b>Outpatient Physical/Occupational Therapy<sup>7</sup></b>	No Charge at USCAH \$15 Copay	\$30 Copay <sup>1</sup>	N/A	\$30 Copay <sup>1</sup>

<sup>1</sup>Deductibles does not apply

<sup>2</sup>Preauthorization required. Failure to obtain precertification may result in a reduction of benefits and balance billing. Excess and balance-billed amounts do not apply to the out-of-pocket maximum.

<sup>3</sup>Preauthorization required for CT/PET scans and MRIs

<sup>4</sup>An embedded family deductible means the plan begins to make payments for a member when they reach their individual deductible.

<sup>5</sup>An embedded family maximum means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

<sup>6</sup>The following expenses are excluded from the Medical Out-of-Pocket Maximum(s):

- Precertification penalties
- Amounts in excess of the allowed amount for non-contracted providers
- Prescription drug copayments (Refer to Prescription Drug Benefit above for separate Prescription Out-of-Pocket Maximum)

<sup>7</sup>Limited to 24 visits per calendar year per injury/illness

<sup>8</sup>Copay Waived if admitted

<sup>9</sup>You may be billed for any amount over what is considered reasonable and allowed.



# Prescription Drugs – Express Scripts

Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure.

If you enroll in medical coverage, you will automatically receive coverage for prescription drugs.

If you take a specialty medication and it is noted on the SaveOnSP drug list, you can participate in the program to receive your medications free of charge. To receive your medication at no cost you must speak with SaveOnSP before filling the prescription. Contact SaveonSP at 1-800-683-1074.

	In-Network	Out-of-Network
<b>Prescription Drug Deductible</b>	None	N/A
<b>Annual Out-of-Pocket Limit</b>	\$1,350 Individual \$2,700 Family	N/A
<b>Retail Pharmacy</b>		
Generic <sup>2</sup>	\$10 copay then plan pays 100%	Not covered
Preferred Brand	\$25 copay then plan pays 100%	Not covered
Non-preferred Brand	Not covered (closed formulary)	Not covered
Supply Limit	34 days	N/A
<b>Mail Order / Walgreens<sup>3</sup></b>		
Generic <sup>2</sup>	\$20 copay then plan pays 100%	Not covered
Preferred Brand	\$50 copay then plan pays 100%	Not covered
Non-preferred Brand	Not covered (closed formulary)	Not covered
Supply Limit	90 days	Not covered
Specialty Medications <sup>4</sup>	20% up to \$150 max	Not covered

1. The USC Arcadia Hospital prescription drug plan includes an Advanced Utilization Management program. Your prescriptions may or may not be affected by this program. Members should contact Express Scripts if they have any questions or concerns regarding their medications and how they may be affected by this program.
2. Mandatory generic medications must be used when available; otherwise, the member will pay the cost differential between the generic drug and the brand name drug plus the preferred brand name copay.
3. If you require a maintenance medication, you may receive up to two (2) fills at a retail pharmacy. After the second fill, you must use the Express-Scripts mail order pharmacy or a Walgreens retail pharmacy to receive refills (90-day supply).
4. Specialty medication prescriptions are allowed to be filled at a retail pharmacy one (1) time and then must be filled through Curascript / Accredo specialty pharmacy. Specialty medication prescriptions are filled for a 34-day supply.

## Learn about your prescription plan choices

Express Scripts, the company that manages our prescription benefit, has an easy-to-use website where you can learn about:

- The plans available to you
- What you will pay for prescriptions
- Which pharmacies are in your network
- How to save money
- And more!



**Visit the website at:**  
[www.express-scripts.com/USCAH](http://www.express-scripts.com/USCAH)



**Questions?**  
888-454-2471

# Important Medical Plan Considerations

## Remember these three simple steps to get the most out of your medical plan:

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Access care through the USC Arcadia Hospital Provider Network: Savings are immediate because: (1) services provided by USC Arcadia Hospital providers are not subject to a calendar year deductible, (2) copays are lower for USC Arcadia Hospital providers than other providers, and (3) there are no charges for inpatient hospital services.

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If your physician is not part of the USC Arcadia Hospital Provider Network, you can access care or services from any PHCS Provider. This PPO provider network consists of physicians and other non-hospital service providers such as laboratories and x-ray service providers. When you access care or services from these providers you will be required to satisfy a calendar year deductible and be required to pay copays and/or coinsurance until you reach your annual out-of-pocket maximum.

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If you need an inpatient or outpatient hospital-based procedure or service, you have the freedom of choosing any provider. There is no prescribed network, but your services must be precertified to ensure you receive the lowest out-of-pocket costs with no balance billing. And your share of the costs will accumulate towards the same PHSC in-network annual out-of-pocket maximum.

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## Considering going to a non-PHCS professional

Remember, if you elect to receive care or services from a non-PHCS provider, you will be subject to higher copays and coinsurance amounts. In addition, if you receive inpatient or outpatient hospital-based services that have not been precertified, you may be balance-billed for any amounts above the amount negotiated by the plan, and these balance-billed amounts will not accumulate towards your annual out-of-pocket maximum—exposing you to even more out-of-pocket costs.

## What if I have Questions about:

### Getting care at a hospital or facility:

Get hospital and facility based services from any hospital you choose. Be sure your services are precertified at least 7 days in advance.

- To precertify facility care you/ your provider will call 800-432-8421
- For questions, call HPI at 877-734-6692 weekdays 5am – 5pm PST

### My physician Network:

Visit physicians and other non-hospital providers who participate in your PPO network. Check your PPO network details online.

- Visit [www.healthplansinc.com](http://www.healthplansinc.com) to search for a provider
- If your provider is not a PHCS provider, you can nominate him or her to become part the PHCS provider network at [www.multiplan.com/nominate/nominate.cfm?type=patient](http://www.multiplan.com/nominate/nominate.cfm?type=patient)

### My Coverage or Providers

HPI's member services team is available to help with any benefit, provider or claim questions you may have.

- Call HPI at 877-734-6692 weekdays 5am – 5pm PST

### My Plan Benefits

Including questions about medical plan benefits, health care claims, and member savings programs.

- Read your Welcome material or log into My plan at [www.healthplansinc.com/members](http://www.healthplansinc.com/members)

### My Bills from Providers

If you receive a bill (beyond your patient responsibility) from a hospital or facility, contact the HST patient Advocacy Center (PAC).

- Contact the PAC at (888) 837-2237 weekdays from 7 a.m. – 5 p.m. (PT) or send an email to [patientadvocacy@hstechnology.com](mailto:patientadvocacy@hstechnology.com)

# Medical Carrier Resources



## How it Works

1. Download the app on your mobile device or access [doctorondemand.com/health-plans-inc](https://doctorondemand.com/health-plans-inc)
2. Create your account and enter insurance (choose Health Plans, Inc.) and pre-consult information.
3. Complete a questionnaire of current symptoms and medical history.
4. Pay cost share via app or website.
5. Consult with a Doctor on Demand board certified provider.
6. Receive email follow up after the visit to share with your PCP, or request that it be directly sent to your PCP.

Scan code to download the  
Doctor On Demand app



Did you know our USC Arcadia Hospital Medical plan offers a program to help you manage your healthcare? Learn more about them here.

## Doctor on Demand

What do you do when you need care right away, but it's not an emergency? You can use Doctor on Demand to get care when you need it virtually.

Access to a licensed professional at your fingertips.

The app allows you to connect with a physician in minutes, right from your phone, tablet or computer for only a \$15 copay. Download the app from the Apple store or at Google Play, or go to [www.docotorondemand.com/health-plans-inc](https://www.docotorondemand.com/health-plans-inc).

**For Help with Doctor on Demand, call HPI Member Services at 877-734-6692**

## Medical Urgent Care Visits

Doctors can diagnose, treat and write prescriptions for many conditions, including:

- Coughs/colds/flu
- Sore/strep throat
- Pediatric issues
- Sinus and allergies
- Nausea/diarrhea
- Rashes and skin issues
- Women's health
- Sports injuries

## Behavioral Health Visits<sup>3</sup>

Psychologists support you using talk therapy, while psychiatrists will also look for biological imbalances and can prescribe medicine as part of a treatment plan.<sup>4</sup>

<sup>1</sup> Availability more limited during overnight hours.





<sup>2</sup> Doctor On Demand physicians do not prescribe Schedule I-IV DEA controlled substances, and may elect not to treat or prescribe other medications based on what is clinically appropriate.

<sup>3</sup> Doctor On Demand is not meant for crisis or emergency mental health situations. If you are experiencing a crisis or emergency, call 911 or go to your nearest emergency room. Psychology visits are typically available within 48 hours to one week and psychiatry visits are typically available within 2–3 weeks.

<sup>4</sup> Doctor on Demand psychiatrists can prescribe medications when necessary for treatment; however, Doctor On Demand does not prescribe any controlled substances. In these cases, alternatives with less potential for abuse and dependence may be offered.

# Know Where To Go

Where you get medical care can have a significant impact on the cost. Here's a quick guide to help you know where to go, based on your condition, budget, and time.

Type	Appropriate for	Examples	Access	Cost
<b>Online visit</b> 	Many non-emergency health conditions <a href="http://www.doctorondemand.com/health-plans-inc">www.doctorondemand.com/health-plans-inc</a> 877-734-6692	<ul style="list-style-type: none"> <li>▪ Cold, flu, allergies</li> <li>▪ Headache, migraine</li> <li>▪ Skin conditions, rashes</li> <li>▪ Minor injuries</li> <li>▪ Mental health concerns</li> </ul>	24/7	\$
<b>Office visit</b> 	Routine medical care and overall health management <a href="http://www.healthplansinc.com/members">www.healthplansinc.com/members</a>	<ul style="list-style-type: none"> <li>▪ Preventive care</li> <li>▪ Illnesses, injuries</li> <li>▪ Managing existing conditions</li> </ul>	Office Hours	\$\$
<b>Urgent care, walk-in clinic</b> 	Non-life-threatening conditions requiring prompt attention <a href="http://www.healthplansinc.com/members">www.healthplansinc.com/members</a>	<ul style="list-style-type: none"> <li>▪ Stitches</li> <li>▪ Sprains</li> <li>▪ Animal bites</li> <li>▪ Ear-nose-throat infections</li> </ul>	Office Hours, or up to 24/7	\$\$\$
<b>Emergency room</b> 	Life-threatening conditions requiring immediate medical expertise	<ul style="list-style-type: none"> <li>▪ Suspected heart attack or</li> <li>▪ Stroke</li> <li>▪ Major bone breaks</li> <li>▪ Excessive bleeding</li> <li>▪ Severe pain</li> <li>▪ Difficulty breathing</li> </ul>	24/7	\$\$\$\$\$



# Dental

Regular visits to your dentist can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

	Delta Dental PPO Dental Plan	
	In-Network Providers include Delta Dental PPO dentists	Out-of-Network* Providers include Non-Delta Dental PPO dentists
<b>Annual Deductible</b>	\$50 per individual \$150 per family	
<b>Annual Plan Maximum</b>	\$1,500	\$1,000
<b>Diagnostic &amp; Preventive</b>	No Charge	You pay 20%
<b>Basic Services</b> Fillings Root Canals Periodontics	You pay 20% <sup>1</sup> You pay 20% <sup>1</sup> You pay 20% <sup>1</sup>	You pay 20% <sup>1</sup> You pay 20% <sup>1</sup> You pay 20% <sup>1</sup>
<b>Major Services</b>	You pay 50% <sup>1</sup>	You pay 50% <sup>1</sup>
<b>Orthodontia</b> Adults Children (up to age 19)	You pay 50% You pay 50%	You pay 50% You pay 50%
<b>Ortho Lifetime Max</b>	\$1,500	\$1,500

1. After deductible.

\*Percent of the lesser of the fee charged, or the fee that satisfies most Delta Dental dentists.

## What you need to know about this plan



### Features:

See any provider, but you'll pay more out of network

### Am I restricted to in-network providers?

No

### Do I have to select a primary dentist?

No

### Can I use my FSA?

If you participate in a healthcare FSA, you can use your account to pay for dental expenses.

### Where can I get more details?

Visit Delta Dental online at [www.deltadentalins.com](http://www.deltadentalins.com) or download their app.

# Vision

Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions.

Your vision checkup is fully covered after your Exam copay. After any Materials copay, the plan covers frames, lenses, and contacts as described below.

USC Arcadia Hospital offers you a vision plan through Vision Service Plan.

	VSP Vision	
	In-Network	Out-of-Network
<b>Well Vision Exam</b> Frequency	\$25 copay (for exam and glasses) Once every 12 months	Plan pays up to \$45 In-Network limitations apply
<b>Eyeglass Lenses</b> Single Vision Lens Bifocal Lens Trifocal Lens Frequency	Plan pays 100% of basic lens Plan pays 100% of basic lens Plan pays 100% of basic lens Once every 24 months	Plan pays up to \$30 Plan pays up to \$50 Plan pays up to \$65 In-Network limitations apply
<b>Frames</b> Benefit  Frequency	\$170 Featured Frame Brands allowance \$150 frame allowance, plus 20% savings on the amount over your allowance  Once every 24 months	Plan pays up to \$70  In-Network limitations apply
<b>Contacts (Elective)</b> Conventional Copay Frequency	\$130 allowance* Up to \$60 Once every 24 months	\$105 allowance  In-Network limitations apply

\*copay does not apply

## What you need to know about this plan



- Features:**

See any provider, but you'll pay more out of network.
- What other services are covered?**

The plan can also help you save money on LASIK procedures, sunglasses, computer glasses, and even hearing aids.
- How do I find a Provider?**

To Find a VSP provider visit [vsp.com](https://vsp.com) and select "Find a Doctor." You can also access the Find a doctor feature on the App. For Help with your vision coverage contact VSP at 800-877-7195.

# Healthcare Flexible Spending Account (FSA)

Scan to play video



## Find out more

- [Eligible Expenses](#) – now include more over-the-counter items!
- [Ineligible Expenses](#)

## FSA Debit Card

When you enroll in a FSA, you will automatically receive a debit card from Health Equity. The debit card automates the process of paying for eligible health and dependent care expenses by automatically deducting amounts from your pre-tax account, eliminating the hassle of claim forms, double out-of-pocket payments and having to wait for reimbursement checks.

FSA rules require that every transaction on a debit card be substantiated. This ensures only eligible expenses are reimbursed and properly documented. The substantiation rule is met if one of the following requirements is met:

- Copayment—the dollar amount of the charge is the same as the copayment amount for that service under the USC Arcadia Hospital medical plan (example: a Provider office visit copay of \$15).
- Recurring Expense—the amount an employee charges matches the amount of a previously approved expense at the same provider (example: a monthly prescription copay amount).
- Real-time substantiation—the provider/merchant provides information to the plan verifying the charge is for an eligible expense (example: provider enters a treatment code when processing amounts in excess of scheduled copay amounts)

For more information contact the Health Equity FSA Team at (877) 924-3967 or visit the website listed on the back of your member ID card.

## Set aside healthcare dollars for the coming year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year. This program is administered through Health Equity.

## How the Healthcare FSA works

- You estimate what you and your family's out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, even eligible drugstore items.
- You can contribute any amount from \$100 up to \$3,200. Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.
- Expenses must be incurred between 1/1/2025 and 12/31/2025 and claims must be submitted for reimbursement no later than 3/31/2026. If you don't spend all the money in your account, you can roll over up to \$640 to use the following year. Any additional remaining balance will be forfeited.
- Elections cannot be changed during the plan year, unless you experience a qualifying event.
- You must re-enroll in this program each year.

# Pre-Tax Benefits



Federal income tax law requires that you include your dependent care provider's name, address and social security number or taxpayer identification number (TIN) on your federal tax return.

## Dependent Care FSA—up to \$5,000 per year tax-free

A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by Health Equity.

### Here's how the Dependent Care FSA works

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only childcare, but also before and after school care programs, preschool, and summer day camp for children under age 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to \$5,000 per household per year. If you are married but filing separately, federal regulations limit the use of Dependent Care FSA to \$2,500 each year. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.



**Estimate carefully!** You can't change your FSA election amount mid-year unless you experience a qualifying event. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.

## Eligible expenses

Eligible Expenses are the same as those that apply to the Federal Child Care Tax Credit. In order to be eligible for reimbursement, a dependent care expense must generally meet the following requirements:

### If the Dependent is a Child:

- He or she must be younger than the age of 13 and dependent upon you for at least 50% of his or her financial support. There is no age limit for handicapped children.
- Care may be provided either inside or outside your home, but it may not be provided by anyone considered your dependent for income tax purposes, such as one of your older children.
- If care is provided by a facility that cares for more than six children, the facility must be licensed.

### If the Dependent is an Adult:

- He or she must be physically or mentally incapable of caring for himself or herself and must be dependent upon you for at least 50% of his or her financial support.
- Care may be provided either inside or outside your home; however, expenses outside your home (such as a nursing home) are eligible only if the dependent regularly spends at least 8 hours each day in your household.
- The provider may not be a member of your immediate family.





## LIFE & DISABILITY

### Company-Provided Basic Life And Basic AD&D Insurance

**YOUR BENEFICIARY = WHO GETS PAID**

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. Coverage is provided by MetLife and premiums are paid in full by USC.

Company-Paid Basic Life / AD&D	
Benefit Amount	\$50,000
Benefit Cost	100% Company Paid

# Voluntary Life And AD&D Insurance



## Protecting those you leave behind

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is provided by MetLife and available for your spouse and/or child(ren).

### MetLife Voluntary Life/ADD

<b>Employee</b>	Increments of \$10,000 up to \$2,500,000 Guaranteed Issue: 3x your annual earnings or \$500,000, whichever is less.
<b>Spouse</b>	Increments of \$5,000 up to \$250,000 but not to exceed 100% of the employee benefit amount Guaranteed Issue: \$50,000
<b>Child(ren)</b>	Increments of \$5,000 up to \$25,000 but not to exceed 100% of the employee benefit amount

### Guaranteed Issue

If you purchase life insurance coverage above a certain limit (the "guaranteed issue" amount) or after your initial eligibility period, you will need to submit Evidence of Insurability with additional information about your health in order for the insurance company to approve the amount of coverage.

### Statement of Health (SOH)

If you elect Voluntary Life coverage above guaranteed issue , or if you are a late entrant (enrolling more than 31 days after the date you become eligible), you must complete and submit SOH.



# Voluntary Short-Term Disability Insurance (STD)



## EXPECT THE UNEXPECTED

Most people underestimate the likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.

Short-term disability insurance provides up to 52 weeks of coverage, after a seven-day unpaid waiting period. California hospital staff are automatically enrolled in the California State Disability Insurance.

If preferred, benefits-eligible hospital staff may choose to instead enroll in USC’s Basic Short Term Disability insurance that provides the same amount of coverage as well as additional benefits:

- Participants of the USC Basic Short Term Disability plan generally receive a greater benefit than they would under California State Disability Insurance.
- Only participants of the USC Basic Short Term Disability plan may choose to enhance their coverage by also electing the USC Supplemental Short Term Disability plan.

## Supplemental Disability

Supplemental Disability insurance provides a larger percentage of base wages for up to 52 weeks. Eligibility to enroll begins after 12 months of active benefits-eligible employment and is only available when already enrolled in USC Basic Short Term Disability insurance.

	CA State Disability	USC Basic	USC Supplemental
Benefit Amount	60-70% of wages earned 5-18 months prior to the start of disability leave	70% of base weekly pay	100% of weekly pay for up to 10 weeks (one week per year of service) then 80% of weekly pay
Maximum Benefit – weekly	\$1,620	\$2,062	N/A
Duration	52 Weeks	52 Weeks	52 Weeks
Waiting Period	7 Days	7 Days	7 Days

## Submitting A Claim

If a staff member has a disabling injury or illness, they need to notify their manager and HR Partner, and then call MetLife at (800) 638-6420. You will need additional information ready for your call. This information can be found at [employees.usc.edu/benefits-perks/disability-and-workers-compensation/disability](https://employees.usc.edu/benefits-perks/disability-and-workers-compensation/disability).

# Long-Term Disability Insurance (LTD)



## Things to know about LTD insurance

- It can protect you from having to tap into your retirement savings.
- You can use LTD benefits however you need, for housing, food, medical bills, etc.
- Benefits can last a long time—from weeks to even years—if you remain eligible.

## LTD benefits cushion the financial impact of a disability

Long-Term Disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders.

Long Term Disability insurance begins after 52 weeks of Short-Term Disability insurance. To ensure that hospital staff are financially protected, USC provides—at no cost—Long Term Disability insurance through MetLife for all eligible hospital staff.

<b>Monthly Benefit Amount</b>	Plan pays 60% of your covered monthly earnings
<b>Maximum Monthly Benefit<sup>1</sup></b>	\$15,000
<b>Benefits Begin After</b>	52 weeks of disability
<b>Maximum Payment Period<sup>1</sup></b>	Social Security Normal Retirement Age <sup>2</sup>

<sup>1</sup>Maximum payment period is based on the first day benefits begin, not the first day you are disabled.

<sup>2</sup>Social Security Normal Retirement Age (SSNRA) depends on the year you are born and ranges from 65-67





## VOLUNTARY BENEFITS

### OUR VOLUNTARY PLANS

Accident

Critical Illness

Hospital Indemnity Insurance

Kathy Kredel Nurse School

Bright Horizons

401(k) – Retirement Plan

Employee Assistance Program

### You're unique—and so are your benefit needs

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs.

USC Arcadia Hospital offers plans to help:

- replace income if you're injured or ill
- bridge the gap for special healthcare needs
- secure your identity, and help you manage legal issues

You pay the entire cost for these plans, but rates may be more affordable than individual coverage. And you get the added convenience of paying through payroll deduction.

Voluntary benefits are just that: voluntary. You have the freedom and flexibility to choose the benefits that make sense for you and your family. Or, you don't have to sign up for voluntary benefits at all. The choice is yours.

# VOLUNTARY HEALTH-RELATED PLANS



## THINGS TO CONSIDER

Your medical plan helps cover the cost of illness, but a serious or long-lasting medical crisis often involves additional expenses and may affect your ability to bring home a full paycheck. These plans provide you with resources to help you get by while there are additional strains on your finances.

## Accident Insurance

If an accident occurs, you may be surprised at how the expenses can add up. Accident Insurance is designed to help you pay for unexpected costs that result from an accidental injury. Accident Insurance includes benefits for a wide range of common injuries such as fractures, dislocations, and burns; emergency room or urgent care visits; and physical therapy. If you or a covered family member suffers an accident, this plan will pay you a lump-sum, tax-free benefit. The amount of money you receive depends on the type and severity of your injury and can be used any way you choose. MetLife provides coverage for this program.

## Critical Illness Insurance

Critical Illness Insurance can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you. Benefits can be used to help cover out-of-pocket medical costs like your plan deductible, copays, or related expenses, such as transportation to and from the hospital, child care, lost income from work or costs associated with adjusting to life following a covered critical illness. Elect coverage in \$10,000 increments up to \$50,000. You choose a benefit amount that fits your paycheck. You can cover yourself and your family members if needed. MetLife provides coverage for this program.

## Hospital Indemnity Insurance

Hospital indemnity insurance from MetLife can enhance your current medical coverage. The plan pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan however you see fit, for paying medical bills, childcare, or for regular living expenses like groceries—you decide. Please note Hospital indemnity Insurance is a fixed indemnity policy and is NOT a replacement for health insurance.



# PLANS TO KEEP YOU AND YOUR FAMILY SECURE



## Contact information

Visit [www.metlife.com/USC](http://www.metlife.com/USC) for more information on the legal program and pet insurance.

## Legal Program

Legal assistance for you, your spouse, and dependents for some of the most frequently needed personal legal matters—with no waiting periods, no deductibles, and no claim forms when using a network attorney for a covered matter. And, for non-covered matters that are not otherwise excluded, your plan provides four hours of network attorney time and services per year. You must enroll in the plan within 30 days of your employment at USC or wait until the next open enrollment.

MetLife Legal plan provides unlimited, confidential telephone advice and office consultation, giving you the opportunity to discuss with an attorney any personal legal problems that are not specifically excluded matters, even if the matter is not fully covered under the plan.

Some of the services provided include:

- Purchase, sale, or refinancing of a primary residence
- Wills and estate planning
- Deed preparation and immigration assistance
- Debt matters and identity theft defense
- Civil litigation defense
- Identity management services
- Guardianship or conservatorship (Contested)
- Home equity loans (Second or Vacation Home)
- Refinancing of residence (Second or Vacation Home)
- Sale or purchase of residence (Second or Vacation Home)
- Attorney services for non-covered matters—4 hours max.

## Pet Insurance

Pets are members of the family too. When your pet gets sick, bills can add up faster than expected. Pet insurance prevents you from needing to weigh your pet's health against your bank account. Most plans offer coverage for costs associated with both accidents and illnesses—even medications. MetLife provides coverage for this program. You can enroll in this program anytime.

## Additional Programs



### The Following Programs Are Available To All Employees (Full Time, Part Time & Per Diem)

- **RETIREMENT SAVINGS PLAN** - This plan provides employees with an excellent opportunity to save long-term funds for their retirement, while deferring income taxes. You can become a participant in the plan immediately. The current match is 4% after one year of employment and 1,000 hours worked.
- **CHILDCARE** - The Hospital supports a fully licensed Nursery School located on Hospital grounds and operated specifically for children of employees. Children are accepted from six-weeks of age and at least six pounds to five years of age.
- **HANDLE WITH CARE** - A childcare center for mildly ill children of employees (six weeks to 12 years of age) located on Hospital grounds. Flu-like symptoms, low-grade fevers, asthma, congestion, coughs and ear infections are eligible.
- **CREDIT UNION** - The Foothill Federal Credit Union and the USC Credit Union are available to all employees.
- **DIRECT DEPOSITS** - Direct payroll deposits to checking and/or savings account(s) are available.
- **FREE PARKING** - Two secured, lighted parking facilities are available to all employees.
- **RIDESHARING** - Information is available through the Human Resources Department. Preferred parking is offered to employees who carpool.
- **CAFETERIA DISCOUNT** - Employees save 20% off on all food purchases.

## USC Arcadia Hospital Kathy Kredel Nursery School

The Kathy Kredel Nursery School at USC Arcadia Hospital is the longest-running, non-profit corporate nursery school in the United States. The school provides daily care to the children of our doctors and staff, and offers excellent education and care that is on par with the services offered by the hospital.

- *The school is open from 6:30am to 6:30pm., Monday through Friday, twelve months a year.*
- *The center is for children 6 weeks of age and at least six pounds through 5 years of age while their parents are working at USC Arcadia Hospital.*
- *Handle with Care provides care to children for children 6 weeks through 12 years of age that are mildly ill. Mildly ill is defined as having a fever, teething, vomiting, diarrhea and any flu like symptoms.*

## Bright Horizons at HSC

At **Bright Horizons®**, we provide a caring and nurturing environment for your child with the help of experienced and dedicated teachers. Our programs are tailored to suit different age groups and to promote curiosity, happiness, and confidence in children. Most importantly, we strive to provide an environment where children can fully enjoy the joys of childhood.

A Bright Horizons early education and preschool experience includes:

- Innovative curriculum that guides children through each age and stage, empowering them to become confident, successful, lifelong learners
- Our health, safety, and security policies exceed state and local standards, as well as those established by the National Association for the Education of Young Children
- Experienced child development professionals with the training to guide and nurture each child
- Strong parent/teacher communication and partnerships

You and your family are invited to schedule a tour of Bright Horizons by visiting [child-care-preschool.brighthorizons.com](http://child-care-preschool.brighthorizons.com).

If your family is ready to register and/or join the center wait pool, visit our Family Information Center [familyinfocenter.brighthorizons.com](http://familyinfocenter.brighthorizons.com) and select Sign Up.

# Retirement Plan



For more details, click the QR code to view the 401(k) Plan Highlights



USC University of  
Southern California

**Fidelity**  
INVESTMENTS

## Important differences of a Roth 401(k)

- You pay taxes when you contribute, at your current tax rate.
- Account interest and dividends are not taxed if you meet certain criteria.
- Like a traditional 401(k), you can withdraw money without penalties when you reach age 59½, but you must have held the account for at least 5 years.

## 401(k) Retirement Savings Plan

Our 401(k) Retirement Savings Plan helps you save for retirement. The plan offers tax savings NOW through pre-tax contributions and tax savings AFTER you retire through a Roth after-tax option. All regular employees are eligible to join the plan immediately.

To enroll, use Workday to set up your payroll deductions. You will also use Workday to stop or change your contributions. Your enrollment becomes effective the next pay period following submissions on your online enrollment. Visit the Fidelity NetBenefits website at [www.netbenefits.com](http://www.netbenefits.com) to manage your account, investments and contributions.

Fidelity NetBenefits offers a variety of quality investment options. You'll also have access to special services such as automatic account rebalancing and personal investment assistance from a licensed investment counselor.

<b>Maximum Annual Contribution Limit</b>	Up to \$23,000 per year. If you're age 50 save an additional \$7,500 per year. IRS limits are evaluated annually and may change.
<b>USC Matching Contributions</b>	100% of the first 4% that you set aside. Please see the Summary Plan Description for details.
<b>USC Vesting Schedule</b>	20% per year of employment until you are fully vested after 5 years. A year of vesting service is a plan year (calendar year) in which you are credited with 1,000 hours of service or more.



# Employee Assistance Program



## CONTACT THE EAP

### Phone

855-399-7353

### Website

[usc.lifeworks.com](http://usc.lifeworks.com)

Username: USC

Password: workwell

## Help for you and your household members

Whether your needs are big or small, Telus, through MetLife is there for you with their employee assistance program. This Program is designed to help employees better balance their work and personal lives. The plan provides toll-free access, 24 hours a day, seven days a week, to information, referrals and crisis assistance. This benefit is provided at no cost to you and is available to all household members.

## No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues
- Unlimited web access to helpful articles, resources, and self-assessment tools

### COUNSELING BENEFITS

- Difficulty with relationship
- Emotional distress
- Job stress
- Communication/conflict issues
- Alcohol or drug problems
- Loss and death

### LEGAL CONSULTATION

- Referral to a local attorney
- Family issues (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

### PARENTING & CHILDCARE

- Referrals to quality providers
- Family day care homes
- Infant centers and preschools
- Before/after school care
- 24-hour care

### ELDERCARE RESOURCES

- Help with finding appropriate resources to care for an elderly or disabled relative

### FINANCIAL COACHING

- Money management
- Debt management
- Identity theft resolution
- Tax issues

### ONLINE RESOURCES

- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics

# Your Bi-Weekly Benefit Costs

The amount that you pay for your coverage is outlined below and depends on whether you cover dependents.

In general, you pay for health coverage before federal, state, and social security taxes are withheld, so you pay less in taxes. Please note that unless your domestic partner is also your tax dependent as that term is defined by the IRS, contributions for domestic partner coverage must be made on an after-tax basis. Similarly, the company contribution toward the cost of domestic partner coverage and his/her dependents is taxable income to you.

Contact your tax advisor for more details on how this tax treatment applies to your specific situation. Contact USC Arcadia Hospital if your domestic partner is also your tax dependent.

## Full Time Employee

	Medical PPO
Employee Only	\$61.46
Employee + Spouse/DP	\$176.93
Employee + Children	\$153.97
Employee + Family	\$247.16

## Part Time Employee

	Medical PPO
Employee Only	\$123.58
Employee + Spouse	\$245.82
Employee + Children	\$216.10
Employee + Family	\$343.06

## 2025 Dental and Vision Rates

	Keck Medicine of USC Community Dental PPO	Keck Medicine of USC Community Vision
Employee Only	\$4.42	\$1.50
Employee + 1 adult or Employee + 1 child	\$9.05	\$3.00
Employee + 2 children or Employee + adult + children	\$13.54	\$5.50

# Plan Contacts

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website
<b>Medical</b>	HealthPlans, inc.	(877) 734-6692	<a href="http://www.healthplansinc.com/members">www.healthplansinc.com/members</a>
	(Call for information regarding plan benefits, precertification, claims, ID cards, assistance locating a provider, etc.)	Extended Hours: 5 a.m. – 5 p.m. (PT)	
<b>Patient Advocacy Center</b>	HST	(888) 837-2237	Email: <a href="mailto:patientadvocacy@hstechnology.com">patientadvocacy@hstechnology.com</a>
	(Call if you receive a bill from a hospital or facility)		
<b>Prescriptions</b>	Express Scripts	(888) 454-2471	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
	SaveonSP Program	(800) 683-1074	
<b>Dental</b>	Delta Dental	(800) 765-6003	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
<b>Vision</b>	VSP	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>FSA</b>	Health Equity	(877) 924-3967	<a href="http://www.healthequity.com/wageworks">www.healthequity.com/wageworks</a>
<b>Life Insurance</b>	MetLife	(800) 638-6420	<a href="http://Metlife.com/USC">Metlife.com/USC</a>
<b>Disability Insurance</b>	MetLife	N/A	<a href="http://Metlife.com/USC">Metlife.com/USC</a>
<b>Employee Assistance &amp; Wellness Program (EAP)</b>	Telus	(855) 399-7353	<a href="http://usc.lifeworks.com">usc.lifeworks.com</a> UserName: USC Password - workwell
<b>Accident</b>	MetLife	N/A	<a href="http://Metlife.com/USC">Metlife.com/USC</a>
<b>Critical Illness</b>	MetLife	N/A	<a href="http://Metlife.com/USC">Metlife.com/USC</a>
<b>Legal Plans</b>	MetLife	(800) 821-6400	<a href="http://Metlife.com/USC">Metlife.com/USC</a>
<b>Pet Insurance</b>	MetLife	(800) 438-6388	<a href="http://www.metlife.com/info/USC/benefits/pet-insurance/">www.metlife.com/info/USC/benefits/pet-insurance/</a>
<b>401(k) Retirement</b>	Fidelity	(800) 343-0860	<a href="http://www.netbenefits.com">www.netbenefits.com</a>
<b>Early Childhood Education</b>	Bright Horizons	N/A	<a href="http://bhlogin.brighthorizons.com">bhlogin.brighthorizons.com</a>

# Glossary

## -A-

### **AD&D Insurance**

An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

### **Allowed Amount**

The maximum amount your plan will pay for a covered healthcare service.

### **Ambulatory Surgery Center (ASC)**

A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

### **Annual Limit**

A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

## -B-

### **Balance Billing**

In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill YOU for the \$30 difference (the balance).

### **Beneficiary**

The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

### **Brand Name Drug**

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

## -C-

### **COBRA**

A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

### **Claim**

A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

### **Coinsurance**

Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

### **Copayment**

A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

## -D-

### **Deductible**

The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Family coverage may have an **aggregate** or **embedded** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

### **Dental Basic Services**

Services such as fillings, routine extractions and some oral surgery procedures.

**Dental Diagnostic & Preventive** Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

### **Dental Major Services**

Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

### **Dependent Care Flexible Spending Account (FSA)**

An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for children under age

13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

## -E-

### **Eligible Expense**

A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

### **Excluded Service**

A service that your health plan doesn't pay for or cover.

## -F-

### **Formulary**

A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

## -G-

### **Generic Drug**

A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

### **Grandfathered**

A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

## -H-

### **Health Reimbursement Account (HRA)**

An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

### **Healthcare Flexible Spending Account (FSA)**

A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

### **High Deductible Health Plan (HDHP)**

A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

# Glossary

## -I-

### **In-Network**

In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will cost more or may not be covered.

## -L-

### **Life Insurance**

An insurance plan that pays your beneficiary a lump sum if you die.

### **Long Term Disability Insurance**

Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

## -M-

### **Mail Order**

A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

## -O-

### **Open Enrollment**

The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

### **Out-of-Network**

Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of-network services at all.

### **Out-of-Pocket Cost**

A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

### **Out-of-Pocket Maximum**

Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Family coverage may have an *aggregate* or *embedded* maximum. Aggregate means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. Embedded means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

### **Outpatient Care**

Care from a hospital that doesn't require you to stay overnight.

## -P-

### **Participating Pharmacy**

A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

### **Plan Year**

A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

### **Preferred Drug**

Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

### **Preventive Care Services**

Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

### **Primary Care Provider (PCP)**

The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP and require care and referrals to be directed or approved by that provider.

## -S-

### **Short Term Disability Insurance**

Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

## -T-

### **Telehealth / Telemedicine / Teledoc**

A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

## -U-

### **UCR (Usual, Customary, and Reasonable)**

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

### **Urgent Care**

Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

## -V-

### **Vaccinations**

Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

### **Voluntary Benefit**

An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.



# Important Plan Information

## HEALTH PLAN NOTICES

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located on the benefits website.

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.

## COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

## DEADLINE FOR FILING LAWSUIT UNDER ERISA AFTER EXHAUSTION OF ALL CLAIMS PROCEDURES

Any lawsuit must be filed within 36 months of the final decision on the claim. Exhaustion of all claims and appeals procedure is required prior to filing suit. Please refer to the WRAP Summary Plan Description for the plan specific statute of limitations.

# Plan Documents

Important documents for our health plan and retirement plan are available on the benefits website. Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact the Plan Administrator.

## **SUMMARY PLAN DESCRIPTIONS (SPD)**

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

- USC Arcadia Hospital Medical Plan

## **SUMMARY OF BENEFITS AND COVERAGE (SBC)**

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available on the benefits site.

- USC Arcadia Hospital Medical Plan

## **STATEMENT OF MATERIAL MODIFICATIONS**

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the USC Arcadia Hospital Group Health Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

# Determining Eligibility

## LOOK-BACK MEASUREMENT METHOD

A full-time employee is generally an employee who works on average 130 hours per month, as defined by the ACA. ACA full-time status can affect or determine medical benefits eligibility but is not a guarantee of benefits eligibility. USC Arcadia Hospital uses the Look-Back Measurement Method to determine whether an employee (Per Diem or Temporary) meets this eligibility threshold.

### New Employees

If you are a new full-time or part-time employee hired to work at least 20 hours a week, you will be offered medical benefits.

If — as of your date of hire — USC Arcadia Hospital is unable to determine if you are benefit-eligible, you will not be offered medical benefits immediately. Instead, you will be placed into an Initial Measurement Period; a 12-month period to determine whether you are eligible for benefits. Employees hired with the following schedules will be placed into an Initial Measurement Period, including those hired into a:

A Per Diem or Temporary position where hours vary, and USC Arcadia Hospital is unable to determine whether you will work on average 130 or more hours a month

Your 12-month Initial Measurement Period will begin on the first of the month following your date of hire and will last for 12 months. If, during your Initial Measurement Period, you average 130 or more hours a month over that 12 months period, you will become full-time and, if otherwise eligible for benefits, you will be offered coverage by the first of the second month after your Initial Measurement Period ends. Your full-time status will remain in effect during an associated stability period that will last 12 months. If your employment is terminated during that stability period, and you were enrolled in benefits, you will be offered coverage under COBRA.

### Ongoing Employees

USC Arcadia Hospital uses the look-back measurement method to determine medical plan eligibility for ongoing employees. An ongoing employee is an individual who has been employed for an entire Standard Measurement Period. A Standard Measurement Period is the 12-month period of time over which USC Arcadia Hospital counts employee hours to determine which employees work full-time.

A Per Diem or Temporary employee is benefit-eligible if he or she averages 130 or more hours a month over the 12-month standard measurement period. Those employees who average 130 or more hours a month over the 12-month standard measurement period will be full-time and, if otherwise eligible for benefits, offered coverage as of the first day of the stability period associated with the standard measurement period, which is the same as our plan year.

Benefit-eligible status will be in effect for the 12- month stability period. If your employment is terminated during a stability period, and you were enrolled in benefits, you will be offered coverage under COBRA.

USC Arcadia Hospital uses the Standard Measurement Period and associated Stability Period annual cycle outlined below.

<b>Measurement Period</b> Time to determine if you work 130+ hours per month on average – used to establish if you are "full-time" or "part-time" for medical eligibility	November 1 – October 31
<b>Stability Period</b> Time during which you will be considered "full-time" or "part-time" for medical plan eligibility - based on hours worked during preceding Measurement Period	January 1 – December 31

# Medicare Part D Notice

## Important Notice from USC Arcadia Hospital 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 USC Arcadia Hospital 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. USC Arcadia Hospital has determined that the prescription drug coverage offered by the USC Arcadia Hospital 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.

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### 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 USC Arcadia Hospital coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under USC Arcadia Hospital Medical Plan is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your USC Arcadia Hospital prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

### 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 USC Arcadia Hospital 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 Human Resources. 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 USC Arcadia Hospital 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 [medicare.gov](https://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 800-MEDICARE (800-633-4227). TTY users should call 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 [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 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:	January 1, 2025
Name of Entity/Sender:	USC Arcadia Hospital
Contact-Position/Office:	Human Resources
Address:	300 W. Huntington Drive, Arcadia, CA 91007
Phone Number:	626-574-3607



# Women's Health and 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 this plan. You can contact your health plan's member services for more information.

# 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 the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 877-734-6692.

# HIPAA Notice of Special Enrollment Rights

If you decline enrollment in USC Arcadia Hospital's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in USC Arcadia Hospital's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in USC Arcadia Hospital's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health 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](http://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](http://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](http://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—**

<b>ALABAMA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a>   Phone: 1-855-692-5447
<b>ALASKA – Medicaid</b>
The AK Health Insurance Premium Payment Program   Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861   Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>
<b>ARKANSAS – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a>   Phone: 1-855-MyARHIPP (855-692-7447)
<b>CALIFORNIA – Medicaid</b>
Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322   Fax: 916-440-5676   Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943   State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991   State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
<b>FLORIDA – Medicaid</b>
Website: <a href="https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html">https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

<b>GEORGIA – Medicaid</b>
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>   Phone: 678-564-1162, press 2
<b>INDIANA – Medicaid</b>
Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>   Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>   Phone 1-800-457-4584
<b>IOWA – Medicaid and CHIP (Hawki)</b>
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>   Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>   Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>   HIPP Phone: 1-888-346-9562
<b>KANSAS – Medicaid</b>
Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>   Phone: 1-800-792-4884
<b>KENTUCKY – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>   Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>   KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718   Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>
<b>LOUISIANA – Medicaid</b>
Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
<b>MAINE – Medicaid</b>
Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-442-6003   TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 800-977-6740   TTY: Maine relay 711
<b>MASSACHUSETTS – Medicaid and CHIP</b>
Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>   Phone: 1-800-862-4840   TTY: 617-886-8102
<b>MINNESOTA – Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>   Phone: 1-800-657-3739
<b>MISSOURI – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>   Phone: 573-751-2005
<b>MONTANA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084   email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>
<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633   Lincoln: 402-473-7000   Omaha: 402-595-1178
<b>NEVADA – Medicaid</b>
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>   Medicaid Phone: 1-800-992-0900
<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218   Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
<b>NEW JERSEY – Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>   Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>   CHIP Phone: 1-800-701-0710

<b>NEW YORK – Medicaid</b>
Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>   Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>   Phone: 919-855-4100
<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>   Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>   Phone: 1-888-365-3742
<b>OREGON – Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> or <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a>   Phone: 1-800-692-7462
<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>   Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlite Share Line)
<b>SOUTH CAROLINA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>   Phone: 1-888-549-0820
<b>SOUTH DAKOTA – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>   Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>   Phone: 1-800-440-0493
<b>UTAH – Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>   CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>   Phone: 1-800-250-8427
<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> or <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924   CHIP Phone: 1-800-432-5924
<b>WASHINGTON – Medicaid</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>   Phone: 1-800-562-3022
<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> or <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700   CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>   Phone: 1-800-362-3002
<b>WYOMING – Medicaid</b>
Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>   Phone: 1-800-251-1269



## Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for USC Arcadia Hospital describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Human Resources.

## ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.12% in 2024 of your modified adjusted household income.

## Notes

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## Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



