

# SAN DIEGO NATURAL HISTORY MUSEUM



Employee Benefits Guide

2017 - 2018

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## Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the **San Diego Natural History Museum** 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.

**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 pages 21 - 22 for more details.



## Benefits in Focus

At **San Diego Natural History Museum**, we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain good health - physical, emotional and financial - is the reason we offer you this benefits package. We are providing you with this guide to help you understand the benefits that are available to you and how to best use them. Please review carefully and be sure to ask about any important issues that are not addressed here. A list of plan contacts is provided at the back of this guide.

Although we've made every effort to make sure that the following guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The SPD will determine how all benefits are paid.

**The benefits in this summary are effective:  
July 1, 2017 - June 30, 2018**

# Who Can You Cover?

## WHO IS ELIGIBLE?

Full-time employees working 30 or more hours per week are eligible for the benefits outlined in this overview. In order to comply with the Affordable Care Act (ACA), **San Diego Natural History Museum** determines your eligibility for medical coverage based on the number of hours you work each month.

You can enroll the following family members in our medical, dental and vision plans.

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your registered domestic partner is eligible for coverage if you have completed a Domestic Partner Affidavit. Any premiums for your domestic partner paid for by **San Diego Natural History Museum** are taxable income 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 **San Diego Natural History Museum** if your domestic partner is a tax dependent.
- Your children (including your domestic partner's children):
  - o Under the age of 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
  - o Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
  - o Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

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

## PAYING FOR COVERAGE

**San Diego Natural History Museum** strives to provide you with a valuable benefits package at a reasonable cost. Our program meets the "affordability test" under the Affordable Care Act. Based on your benefit selections and coverage level, you may be required to pay for a portion of the cost. The Cost of Coverage section on the next page outlines the rates and frequency of payroll deductions for each benefit plan.

## WHEN CAN I ENROLL?

Coverage for full-time benefit eligible employees begins on the first of the month following 30 days of employment. You must enroll within 30 days of becoming eligible.

Open enrollment for current full-time employees is generally held in June with benefit elections effective July 1.

Open enrollment is the one time each year that employees can make changes to their benefit elections without an IRS qualifying life event (as defined below).

You must notify Human Resources right away if you experience an IRS qualifying event and need to make a change to your coverage election. Qualifying Events include (but are not limited to):

- o Change in marital status
- o Birth or adoption of a child
- o Death of a dependent
- o Change in your / your spouse's / Registered domestic partner's employment status
- o Reduction of hours that changes your eligible status
- o Change in your benefits coverage or a spouse's / registered domestic partner's coverage (e.g. open enrollment period)
- o A relocation that affects network access
- o Special Open Enrollment Period under The ACA Marketplace, generally running from November 1 to January 31

You must notify Human Resources within 30 days of an IRS qualifying life event. If your change during the year is a result of the loss of eligibility or enrollment in Medicaid, Medicare or state health insurance programs, you must submit the request for change within 60 days (see page 21 - 22).

# Cost of Coverage

Coverage Level	Total Monthly Cost	San Diego Natural History Museum's Monthly Contribution	Employee Monthly Payroll Deduction
<b>Anthem HMO</b>			
Employee Only	\$467.24	\$447.24	\$20.00
Employee + Spouse / Domestic Partner	\$1,027.91	\$564.55	\$463.36
Employee and Child(ren)	\$841.02	\$538.62	\$302.40
Employee and Family	\$1,444.42	\$628.92	\$815.60
<b>Anthem HSA</b>			
Employee Only	\$727.70	\$404.24	\$323.46
Employee + Spouse / Domestic Partner	\$1,600.93	\$469.96	\$1,130.97
Employee and Child(ren)	\$1,309.84	\$461.22	\$848.62
Employee and Family	\$2,255.86	\$499.54	\$1,756.32
<b>Kaiser Permanente HMO</b>			
Employee Only	\$558.43	\$463.97	\$94.46
Employee + Spouse / Domestic Partner	\$1,340.22	\$609.55	\$730.67
Employee and Child(ren)	\$1,005.17	\$568.72	\$436.45
Employee and Family	\$1,675.28	\$680.56	\$994.72
<b>Anthem DHMO</b>			
Employee Only	\$12.44	\$11.32	\$1.12
Employee + Spouse / Domestic Partner	\$24.88	\$22.66	\$2.22
Employee and Child(ren)	\$24.88	\$18.94	\$5.94
Employee and Family	\$40.44	\$22.23	\$18.21
<b>Anthem DPPO</b>			
Employee Only	\$45.05	\$7.92	\$37.13
Employee + Spouse / Domestic Partner	\$89.76	\$15.86	\$73.90
Employee and Child(ren)	\$106.67	\$15.07	\$91.60
Employee and Family	\$155.87	\$12.80	\$143.07
<b>VSP Voluntary Vision</b>			
Employee Only	\$9.39	\$0.00	\$9.39
Employee + Spouse / Domestic Partner	\$16.09	\$0.00	\$16.09
Employee and Child(ren)	\$16.43	\$0.00	\$16.43
Employee and Family	\$26.48	\$0.00	\$26.48

# Making the Most of Your Benefit Plans

Helping you and your family members stay healthy and ensuring you use your benefits to the best advantage is our goal in offering this comprehensive benefits package. Here are a few things to keep in mind.

## STAY WELL!

Harder than it sounds, of course, but many health problems are avoidable. Take action—from eating well, to getting enough exercise and sleep. Taking care of yourself can avoid potential problems down the road.

## ASK QUESTIONS AND STAY INFORMED

Know and understand your options before you decide on a course of treatment. Informed patients get better care. Ask for a second opinion if you are at all concerned.

## PRIMARY CARE PROVIDER (PCP)

Having a relationship with a PCP provides you with a trusted person who knows your unique situation when you are having a health issue. Visit your PCP and learn where your urgent care facilities are located for non-emergency healthcare.

## GOING TO THE DOCTOR?

Being organized and having a plan helps you get the most out of your doctor visit. Bring the following with you:

- Your plan ID card
- A list of your current medications
- A list of what you want to talk about with your doctor

If you need a new medication, you may save money by asking your doctor if there are generic equivalents for your specific medication.

## USING THE EMERGENCY ROOM

Did you know most ER visits are unnecessary? Use them only in a true emergency—for instance, any situation where life, limb, and/or vision are threatened. Otherwise, call your doctor, nurse line, or go to an urgent care clinic. You will save a lot of money and time when you stay away from the ER.

## AN APPLE A DAY

Eating well and in moderation really does help keep the doctor away. Avoid fat-heavy, processed foods and alcohol, and instead focus on whole grains, vegetables, and lean meats to be the healthiest you can be.

## BE MED WISE!

Always follow your doctor's and/or pharmacist's instructions when taking medications. You can make your condition(s) worse, by not taking your medication as prescribed or by skipping doses. If your medication is making you feel worse, contact your doctor.

## GOING ABROAD?

When you travel, you can rely on Anthem's travel assistance program. All employees covered under the basic life and AD&D plans through Anthem have access to this program. This assistance is available at no additional cost to you and includes a wealth of services when traveling 100 miles or more from home (see page 13 for further details).



# Your Health Care Coverage

San Diego Natural History Museum offers a number of different options for your health care coverage. The highlights of each plan are listed below. You decide which medical plan will work best for you and your family based on the cost of coverage, deductible, and out-of-pocket maximum.

## YOUR MEDICAL PLAN OPTIONS:

- Kaiser HMO plan
- Anthem Select HMO plan
- Anthem High Deductible Health Plan (HDHP) Health Savings Account (HSA) Lumenos plan

## IN AND OUT-OF-NETWORK COVERAGE

The HMO plans allow for in-network coverage only, with copayments and out-of-pocket maximums. If you select the Kaiser or Anthem HMO plan, you are required to select a Primary Care Physician (PCP) within the HMO network. The Anthem HDHP / HSA Lumenos plan allows for in and out-of-network coverage; individual and family deductibles; copays; coinsurance; and out-of-pocket maximums. If you select the Anthem HDHP / HSA Lumenos plan, you may use in or out-of-network providers. However, you will always pay less and therefore extend your benefit further if you seek services within the provider network (in-network).

## DEDUCTIBLE (ANTHEM HDHP / HSA LUMENOS PLAN ONLY)

On the Anthem HDHP / HSA plan, you must meet an annual deductible before the medical plan begins to cover a portion of your costs. Once the deductible is met, the medical plan begins to pay for a percentage of covered benefits; this is called coinsurance.

The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to the individual deductible and individual out-of-pocket maximum. In addition, amounts for all family members apply to the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.

**Note:** that with the Anthem HDHP / HSA Lumenos plan, prescriptions are subject to medical deductible (see page 9 for more details).

## ACTIVATING AN HSA

If you choose to enroll in the HDHP plan, you will be provided with additional information regarding your HSA account options. A form must be completed in order for Human Resources to open your Health Savings Account.

## OUT-OF-POCKET MAXIMUMS

Out-of-pocket maximums apply to all of the plans. This is the maximum amount you will pay for health care costs in a calendar year. Once you have reached the out-of-pocket maximum, the plan will cover eligible medical expenses for the rest of the benefits plan year (limits apply). If you see an out-of-network provider, you may be responsible for out-of-pocket costs that are considered above the “reasonable and customary” fees.

## FEATURES UNDER ANTHEM HDHP / HSA PLAN

- Lower costs than traditional PPO medical plans
- Allows you to contribute pretax and post-tax dollars
- Contribute up to \$3,400 / individual and \$6,750 / family pretax dollars annually
- Unused funds roll over from year-to-year
- Your HSA stays with you, even if you switch employers, change health plans or retire
- If you have an HSA somewhere else, you can transfer the balance to your new HSA
- Your money can earn interest – plus you can enjoy investment options

## USING HSA FUNDS

The IRS only allows HSA funds to pay for qualified medical, dental and vision costs incurred by the plan member or dependent(s) and will not allow for reimbursement for claim dates prior to the HSA account being open. For a list of potential eligible expenses that may be covered by an HSA visit Internal Revenue Code (IRC) section 213 (d). IRS Publication 502 (Medical and Dental Expenses) may also be used as a guide for what expenses may be considered eligible by the IRS; however, these guidelines should be used with caution when trying to determine what expenses are reimbursable under an HSA.

# Medical



Medical coverage provides you with benefits that help keep you healthy, such as preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. **San Diego Natural History Museum** provides you with a choice between three different medical plans.

	Kaiser Permanente HMO	Anthem Select HMO (excludes Scripps Clinic and Scripps Coastal Providers)	Anthem HDHP / HSA Lumenos Plan	
	HMO Network	HMO Network	In-Network	Out-Of-Network
	<i>Member Pays</i>	<i>Member Pays</i>	<i>Member Pays</i> (after deductible)	
<b>Calendar Year Deductible</b>			<i>(combined Medical and RX)</i>	
Individual	None	None	<b>\$2,600</b>	<b>\$7,800</b>
Family	None	None	<b>\$5,200</b>	<b>\$15,600</b>
<b>Calendar Year Out-of-Pocket Maximum</b>	<i>(combined Medical and RX)</i>	<i>(combined Medical and RX)</i>	<i>(combined Medical and RX)</i>	
Individual	\$3,000	\$2,500	<b>\$5,000</b>	<b>\$15,000</b>
Family	\$6,000	\$5,000	<b>\$10,000</b>	<b>\$30,000</b>
<b>Office Visit</b>				
Primary Care Provider (PCP)	\$40 Copay / Visit	\$20 Copay / Visit	No Charge after deductible	30% after deductible
Specialist Visit	\$40 Copay / Visit	\$40 Copay / Visit	No Charge after deductible	30% after deductible
<b>Preventive Services</b> <i>(as defined by Health Care Reform)</i>	No Charge	No Charge	No Charge (deductible waived)	30% after deductible
<b>Lab and X-ray</b> <i>(Routine lab and imaging)</i>	\$10 Copay	No Charge	No Charge after deductible	30% after deductible (up to \$350)
<b>Complex Imaging</b> <i>(MRI, CT Scan, PET Scan, etc. precertification may be required)</i>	\$50 Copay / Test	\$100 Copay / Test	No Charge after deductible	30% after deductible (up to \$800 per test)
<b>Hospitalization Inpatient</b>	\$500 Copay / Per Admit	\$250 Copay / Day (up to \$750 per admit)	No Charge after deductible	30% after deductible (up to \$1,000 / day)
<b>Outpatient Surgery</b>	\$250 Copay / Procedure	\$125 Copay / Procedure	No Charge after deductible	30% after deductible (up to \$350 / admission)
<b>Urgent Care</b>	\$40 Copay / Visit	\$20 Copay / Visit	No Charge after deductible	30% after deductible
<b>Emergency Room</b> <i>(copay waived if admitted)</i>	\$150 Copay / Visit	\$150 Copay / Visit	No Charge after deductible	
<b>Chiropractic Care</b> <i>(rehab services are included in benefit maximum)</i>	Not Covered	\$20 Copay / Visit (60 visits per calendar year)	No Charge after deductible	30% after deductible
			(30 visits per calendar year)	



# Prescription Drugs



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

If you enroll in any of the medical plans, you will also receive coverage for prescription drugs. Here are the prescription drug plans that are offered with the medical plans.

	Kaiser Permanente HMO	Anthem * Select HMO	Anthem * HDHP / HSA Lumenos Plan	
	In-Network	In-Network	In-Network	Out-Of-Network
<b>Retail Pharmacy</b>			<i>After Medical Deductible**</i>	<i>After Medical Deductible**</i>
Lower Cost Generic (Tier 1a)	N/A	<b>\$5 copay</b>	<b>\$5 copay</b>	All tiers - 30% coinsurance up to \$250 max plus costs in excess of MAA
Generic (Tier 1b)	\$15 Copay	<b>\$20 copay</b>	<b>\$15 copay</b>	
Preferred Brand / Non Preferred Generic (Tier 2)	\$30 copay	<b>\$30 copay</b>	<b>\$40 copay</b>	
Non-Preferred Brand and Generic (Tier 3)	N/A	<b>\$50 copay</b>	<b>\$60 copay</b>	
Specialty (Tier 4)	30% coinsurance up to \$150 per prescription	30% coinsurance up to \$250 per prescription	30% coinsurance up to \$250 per prescription	
Supply Limit	Up to 30 days	Up to 30 days	Up to 30 days	Up to 30 days
<b>Mail Order</b>			<i>After Medical** Deductible</i>	<i>After Medical** Deductible</i>
Lower Cost Generic (Tier 1a)	N/A	<b>\$12.50 copay</b>	<b>\$12.50 copay</b>	Must use In-network Mail order.
Generic (Tier 1b)	\$30 copay	<b>\$50 copay</b>	<b>\$37.50 copay</b>	
Preferred Brand / Non Preferred Generic (Tier 2)	\$60 copay	<b>\$90 copay</b>	<b>\$120 copay</b>	
Non-Preferred Brand and Generic (Tier 3)	N/A	<b>\$150 copay</b>	<b>\$180 copay</b>	
Specialty (Tier 4)***	30% coinsurance up to \$150 per prescription	30% coinsurance up to \$250 per prescription	30% coinsurance up to \$250 per prescription	
Supply Limit	Up to 100 days	Up to 90 days	Up to 90 days	

\*Under the new Essential Formulary some prescription drugs may require pre-authorization and/or are part of a “step-therapy” program. Go to [anthem.com/pharmacyinformation](http://anthem.com/pharmacyinformation) for more information on prescription drug coverage and costs.

\*\*The medical deductible applies to prescription drugs on the Anthem HDHP / HSA plan with the exception of some preventive drugs, which are available at no cost at retail pharmacies.

\*\*\*Specialty medications can have 30 day limit refills only on the Anthem plan.

# Wellness and Online Resources

## FIND A KAISER DOCTOR



1. Log on to [kp.org](http://kp.org); it is best to register for a username and ID, however if you would like to begin a general search, as a guest, click on “Find a Doctor”
2. Select “California – Southern” from the drop-down menu and click on “Go”
3. Enter search parameters, then click on “Search”
4. Narrow your search based on specialty, gender, and spoken language

## USING KAISER MY HEALTH MANAGER

My Health Manager is your one-stop online resource for time-saving features. Use it 24 hours a day, 7 days a week:

- Email your doctor’s office
- View most lab test results
- Refill prescriptions
- Request, cancel, or review routine appointments
- View recent immunizations, allergies, and more

To get started go to [kp.org/myhealthmanager](http://kp.org/myhealthmanager) and follow the below steps:

1. Verify membership (name, DOB, location, etc.)
2. Accept terms
3. Choose user ID (email address)

If you have any difficulties or need technical support, please call **800-556-7677**.

## KAISER’S TOTAL HEALTH ASSESSMENT

After you’ve registered online, visit [kp.org/healthylifestyles](http://kp.org/healthylifestyles) to take a total health assessment with HealthMedia® Succeed. This program will analyze your lifestyle choices and create a customized health improvement plan to fit your needs. You can even attach your results to your electronic health record so your doctor can work with you to help reach your goals.

Also visit [kp.org/choosehealthy](http://kp.org/choosehealthy) for reduced rates on:

- Acupuncture
- Massage Therapy
- Chiropractic Care
- Membership at fitness facilities

You also get free access to online wellness programs, trackers, and other tools, and an online health and wellness library. For further questions, please call **877-335-2746**.

## FIND AN ANTHEM HMO OR HDHP DOCTOR



1. Log on to [anthem.com/ca](http://anthem.com/ca) and under the “Find a Doctor” section on the right side of the home page, you will have the option to search by **Provider Group or Doctor’s Name, Location, State or Zip Code**
2. To search for an HMO doctor, search under the “**Select HMO**” plan/network; to find a Lumenos HDHP doctor, search under the “**Lumenos Plans**”
3. Follow the prompts to narrow your search and find a physician

## ANTHEM SPECIAL OFFERS DISCOUNT PROGRAM

With Special Offers you can get discounts on products and services that help promote better health and well-being. It’s just one of the perks of being a member.

- Family and Home
- Vision and Hearing
- Fitness and Health
- Medicine and Treatment

For full listing of available discounts, log on at [anthem.com/ca](http://anthem.com/ca) and select **Discounts**.

## ANTHEM LIVEHEALTH ONLINE

- **24/7 Access to Doctors:** an assigned doctor will assess your condition, provide treatment options and even send a prescription to the pharmacy of your choice
- **Medical Care When You Need It:** for things like the flu, a cold, sinus infection, pink eye, rashes, fever, and more
- **Convenience:** no appointments or long waits, most people are connected to a doctor in about 10 minutes or less

Online visits using LiveHealth Online are included in your Anthem medical plan. Doctors using LiveHealth Online typically charge \$49 or less per visit, depending on your health plan. To start using LiveHealth Online, all you need to do is sign up at [livehealthonline.com](http://livehealthonline.com) or download the app.

# 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 conditions elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease. **San Diego Natural History Museum** offers you a choice between two dental plans through Anthem.

	Anthem DHMO Plan "Dental Net" Network	Anthem DPPO plan "Dental Complete" Network	
	In-Network	In-Network	Out-Of-Network*
<b>Calendar Year Deductible</b> Individual Family	None None	\$50 \$150	\$50 \$150
<b>Calendar Year Annual Plan Maximum</b>	Unlimited	\$1,500	\$1,500
<b>Diagnostic &amp; Preventive</b>		Plan pays	Plan pays
Office Visit	No Charge	100%	100% (up to UCR)
0120 Periodic Oral Evaluation	No Charge	100%	100% (up to UCR)
1110 Routine Cleaning (adult & child)	No Charge	100%	100% (up to UCR)
0210 X-Rays: Full Mouth Series	No Charge	100%	100% (up to UCR)
<b>Basic Services</b>			
2140 Amalgam Filling (Silver)	No Charge	Plan pays 80%	Plan pays 80%
3310 Endodontics	\$90 Copay		
4210 Periodontics	\$95 Copay		
<b>Major Services</b>			
2740 Porcelain/Metal Crown	\$175 Copay	Plan pays 50%	Plan pays 50%
5110 Complete Denture	\$175 Copay	Plan pays 50%	Plan pays 50%
6010 Endoseal Implant (surgical placement)	Not Covered	Not Covered	Not Covered
<b>Orthodontics</b>			
8080 Child (to age 19)	\$1,695 Copay	Not Covered	
8090 Adult (age 19 and older)	\$1,895 Copay	Not Covered	

\* Plan pays up to 90<sup>th</sup> percentile of UCR (Usual, Customary, & Reasonable); member may be balanced billed by out of network providers billing over the UCR amount

## Need to Find a Dentist?

1. Visit <https://www.anthem.com/ca/health-insurance/provider-directory/searchcriteria> and under the Search as a Guest section, click **Search by Selecting a Plan or Network**
2. "What type of care are you searching for?" Select **Dental**
3. "What State do you want to search in?" Select **California**
4. "Select a plan/network" For DHMO, you will want to choose **Dental Net HMO** and for the PPO plan, select **Dental Complete**.
5. Click **Continue**
6. You can look providers up by specialty, name, location, accepting new patients and more.
7. Click **Search** for the results

# Vision



Routine vision exams are important, not only for correcting vision but because they can detect other health conditions. **San Diego Natural History Museum** offers you a vision plan through Vision Service Plan (VSP). As with a traditional PPO, you may take advantage of the highest level of benefit by receiving services from in-network vision providers and doctors. You would be responsible for a copayment at the time of your service. However, if you receive services from an out-of-network doctor, you pay all expenses at the time of service and submit a claim for reimbursement up to the allowed amount.

	VSP Vision Plan	
	In-Network	Out-Of-Network
<b>Routine Exam</b>	\$20 Copay	Reimbursement up to \$45
<b>Materials (Including Frames)</b>	\$20 Copay	Varies (see <i>below</i> )
<b>Exam Schedule Frequency</b>	1 x every 12 months	
<b>Standard Lenses</b>		<i>Reimbursement:</i>
Single Vision Lens	Covered in full after Copay	Up to \$30
Bifocal Lens	Covered in full after Copay	Up to \$50
Trifocal Lens	Covered in full after Copay	Up to \$65
<b>Frequency</b>	1 x every 12 months	
<b>Frames</b>	<i>Allowance:</i>	<i>Reimbursement:</i>
<b>Standard Frames</b>	Up to \$130	Up to \$70
<b>Featured Frames</b>	Up to \$150	Up to \$70
<b>Frequency</b>	1 x every 24 months	
<b>Contacts (Elective)</b> <i>In lieu of glasses</i>	<i>Allowance:</i>	<i>Reimbursement:</i>
<b>Benefit</b>	Up to \$130; Up to \$60 copay for fitting/ evaluation	Up to \$105
<b>Frequency</b>	1 x every 12 months	

## Need to Find a VSP Doctor?

1. Log onto [vsp.com](http://vsp.com)
2. In the “FIND A VSP DOCTOR” box on the right side of the web page enter your **zip code**
3. Under “Doctor Network” use the drop down to select “**Choice**”



## Did You Know?

- As a VSP member, you can now access an in-network experience at Costco.
- Please refer to the VSP customer care for more details at **800-877-7195**.

# Life Insurance and Long Term Disability

If you have loved ones who depend on your income, life and accidental death and dismemberment (AD&D) insurance can help protect your family's financial security. The following coverage is administered by Anthem.

**Beneficiary Reminder:** Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.



## LIFE AND AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. The cost of coverage is paid in full by **San Diego Natural History Museum**.

<b>Life / AD&amp;D Amount</b>	1 x covered annual earnings up to a maximum of \$150,000
<b>Guaranteed Issue Amount</b>	\$150,000
<b>Age Reduction</b>	Reduced to 65% at age 65; Reduced to 50% at age 70
<b>Cost</b>	The premium is paid in full by <b>San Diego Natural History Museum</b> .



## LONG TERM DISABILITY INSURANCE

Long-Term Disability coverage pays you a certain percentage of your income if you are unable to work because an injury or illness prevents you from performing your job functions over a long period of time. It's important to know that benefits are reduced by income from other benefits income you might receive while disabled, such as worker's compensation, state disability (CASDI) and Social Security.

<b>Maximum Monthly Benefit Amount</b>	\$6,000
<b>Elimination Period</b>	90 days
<b>LTD Benefit (Day 91 and beyond)</b>	Plan provides 60% of monthly earnings up to a maximum of \$6,000 / month
<b>Cost</b>	The premium is paid in full by <b>San Diego Natural History Museum</b> .



## TRAVEL ASSISTANCE

Travel Assistance is provided by Anthem and available at no additional cost to you and your dependents. Services are provided for both business and leisure travel, at least 100 miles from home at no additional cost to you.

Travel Assistance helps provide assistance with:

- Pre-departure information: Immunization (shots), Passport needs and travel alerts
- Travel Services: Getting / Sending emergency messages and emergency cash advances
- Emergency Medical Help: Find a doctor, dentist, facility to seek needed treatment, and help with emergency medical transportation

For details about your travel assistance plan, Contact Generali Global Assistance 24/7 at **866-295-4890** (US and Canada) or call collect **202-296-7482** (Other locations) and state the **Group User Name: AnthemBC** and **Password: 95164**. The center is available 24/7, and is staffed with multilingual representatives who will help coordinate your medical care and travel assistance. If you do not have access to a phone, you may also go onto [europassistance-usa.com](http://europassistance-usa.com) for more information.

# Employee Assistance Program (EAP)



Life can present some complex challenges, which is why **San Diego Natural History Museum** provides an EAP plan through Anthem that offers you and your family the assistance you may need. The plan **includes up to 3 face-to-face emotional or work-life counseling sessions, per occurrence** for all benefit eligible employees and their dependents, as well as any member of the household. The plan also offers unlimited telephonic consultations.

## Using the Program 24 hours a day / 7 days a week

When you're faced with a troubling situation, the EAP will provide:

- Financial Services to support issues including Bankruptcy, Debt Obligations and more
- Legal Services to guide you through a Divorce, Civil Lawsuits and other topics
- Valuable consumer information on many topics such as health, wellness, career, education, legal matters and personal finances
- Work / Life Services to offer referrals for important matters such as Home / Car Purchasing or Relocating to a new city, amongst other subjects

## consultations are available for the following topics:

- Child and eldercare assistance
- Identity Theft
- Marital, relationship, parenting and family problems
- Depression, stress, and anxiety
- Bereavement or grief counseling
- Substance abuse and recovery

To access the EAP Plan or request a list of providers or services call **888-209-7840** or

Register online at: [www.ResourceAdvisorCA.anthem.com](http://www.ResourceAdvisorCA.anthem.com)

**Program Name: ResourceAdvisor**

## Meet BEN-IQ

Ben-IQ is a free app that includes much of the information that's included in this overview, but in a place that's always at your fingertips — your smartphone. Ben-IQ is available for Android and iPhone.

### GETTING STARTED WITH BEN-IQ

1. Download and launch the app.
2. Enter your assigned username: **SDNHM**
3. Read and agree to the Terms and Conditions.



Take a tour of Ben-IQ and review plan summaries, and important contacts. Store and organize ID cards using your phone's camera, and much more! Be sure to share Ben-IQ with your covered family members too.

# Flexible Spending Accounts (FSA)



A flexible spending account (FSA) allows employees to pay for eligible medical, dental, and vision out-of-pocket expenses, as well as child care expenses, on a pre-tax basis. The advantage is that your FSA contributions are deducted from your paycheck before taxes, which lowers your taxable income, thereby increasing your take home pay. The amount you elect annually is deducted from your paycheck before Federal, State and Social Security taxes are calculated. **San Diego Natural History Museum** offers three Flexible Spending Accounts administered by Conexis:

- **General Purpose (Health Care) Account:** You can set aside up to **\$2,500** in 2017. This money can be used to pay for qualified expenses not covered by the medical, vision and dental plans. For a full list of qualifying expenses, refer to IRS Publication 502 at [irs.gov](http://irs.gov). *This FSA type cannot be used in conjunction with an HSA.*
- **Limited Purpose Account:** This account is only for employees who are enrolled in the HSA plan. It is the same as the general purpose account, in that you can set aside up to **\$2,500** in 2017, except it is *limited to dental and vision services only*. You cannot use the limited purpose account for medical expenses. Medical expenses are however, still covered under the Health Savings Account. This type of FSA is designed for those HSA participants that have large dental or vision expenses (i.e. braces, laser eye surgery, etc.) for which they do not want to use their HSA funds.
- **Dependent Care Account:** If you are single or married and file a joint tax return, you can set aside up to **\$5,000** in the Dependent Care Account annually. If you are married but file a separate tax return, the maximum you can set aside is **\$2,500** annually. This account is used for qualified daycare expenses for the care of a dependent. A dependent is defined as a person who is under 13 years of age who you claim as an exemption on your tax return or a person who is physically or mentally incapable of caring for himself or herself, regardless of age, who you claim as an exemption on your tax return. Refer to IRS Publication 503 for specific regulations.

Your FSA plan year is July 1 through June 30 of each year. FSA elections do not automatically continue from year to year; you must actively enroll during open enrollment each year. An annual contribution amount must be determined at the time of enrollment. Be sure to estimate your annual FSA election carefully. **Once you have made your annual contribution, changes cannot be made to the amount mid-year unless you have experienced an IRS qualifying life event (see page 4).**

**\$500 Rollover and Run-Out Period:** You will have the opportunity to rollover up to \$500 of any unused FSA funds from the current plan year to the next plan year. The plan will also allow a 60 day “run-out period” after the end of each plan year, which allows you to submit eligible expenses incurred during the plan year for reimbursement. Remember, after August 30, any amount above \$500 remaining in your FSA will be forfeited. (Claims must be incurred prior to July 1<sup>st</sup>)

Flexible spending account participants will receive a debit card that may be used as the point-of-sale for eligible services such as office visit copays, prescription copays, deductibles, etc. Once enrolled, you will have online access to view your FSA balance(s), check on a reimbursement status and more.

For further questions visit [conexis.com/myfsa](http://conexis.com/myfsa) or call Conexis at **877-266-3947**. If you do not receive automatic reimbursement through your debit card, you can submit a manual reimbursement request **online:** [mybenefits.conexis.com](http://mybenefits.conexis.com), by **fax: 888-866-3312**, or by **mail: P.O. Box 227197, Dallas, TX 75222**.

You may receive your manual reimbursement by check in the mail or by means of direct deposit into your personal Checking or Savings Account.

**Please note: consult your tax advisor for additional information or advice.**

# Required Federal Notices

## THE WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act (WHCRA) requires employer groups to notify participants and beneficiaries of the group health plan, of their rights to mastectomy benefits under the plan. Participants and beneficiaries have rights to coverage to be provided in a manner determined in consultation with the attending Physician 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;
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits are subject to the same deductible and co-payments 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 NOTICE

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.

## NOTICE OF CHOICE OF PROVIDERS

HMO plans generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in their network and who is available to accept you or your family members. Until you make this designation, your carrier will designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your insurance carrier directly.

## NOTICE OF AVAILABILITY OF ALTERNATIVE STANDARD FOR WELLNESS PLAN

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the **San Diego Natural History Museum's** Benefits Department and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

## AVAILABILITY OF SUMMARY INFORMATION

As an employee, the health benefits provided by **San Diego Natural History Museum** represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

**San Diego Natural History Museum** offers a variety of benefit plans to eligible employees. The federal healthcare reform law requires that eligible members of an employer plan receive a Summary of Benefits and Coverage (SBC) for any medical and pharmacy plans available. The SBC is intended to provide important plan information to individuals, such as common benefit scenarios and definitions for frequently used terms. The SBC is intended to serve as an easy-to-read, informative summary of benefits available under a plan.



## NOTICE OF AVAILABILITY OF HIPAA PRIVACY NOTICE

The Federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires that we periodically remind you of your right to receive a copy of the HIPAA Privacy Notice. You can request a copy of the Privacy Notice by contacting the Employee Benefits Customer Service Center.

## NOTICE ABOUT NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS AND NONDISCRIMINATION STATEMENT: DISCRIMINATION IS AGAINST THE LAW

**San Diego Natural History Museum** complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. **San Diego Natural History Museum** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### **San Diego Natural History Museum:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Human Resources.

If you believe that **San Diego Natural History Museum** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**Contact:** Human Resources or Ingrid Garcia  
**Address:** 1788 El Prado, San Diego, CA 92101  
**Phone:** 619-255-0358  
**Fax:** 619-232-0352  
**Email:** igarcia@sdnhm.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Human Resources is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
**1-800-368-1019, 800-537-7697 (TDD)**

Complaint forms are available at <https://www.hhs.gov/ocr/filing-with-ocr/index.html>.

## 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 <https://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, 2017. Contact your State for more information on eligibility

### ALABAMA – Medicaid

Website: <http://www.myalhipp.com>  
Phone: 1-855-692-5447

### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

Medicaid Eligibility:

<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

### ARKANSAS - Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

### COLORADO – Health First Colorado & Child Health Plan Plus

Health First Colorado Website:

<https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:

1-800-221-3943/ State Relay 711

CHP+: [Colorado.gov/HCPF/Child-Health-Plan-Plus](http://Colorado.gov/HCPF/Child-Health-Plan-Plus)

CHP+ Customer Service: 1-800-359-1991/

State Relay 711

### FLORIDA – Medicaid

Website: <http://flmedicaidprecovery.com/hipp/>

Phone: 1-877-357-3268

### GEORGIA – Medicaid

Website: <http://dch.georgia.gov/medicaid>

- Click on Health Insurance Premium Payment (HIPP)

Phone: 404-656-4507

### INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <http://www.indianamedicaid.com>

Phone 1-800-403-0864

### IOWA – Medicaid

Website:

<http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

Phone: 1-888-346-9562

### KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>

Phone: 1-785-296-3512

### KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>

Phone: 1-800-635-2570

### LOUISIANA – Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>

Phone: 1-888-695-2447

### MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>

Phone: 1-800-442-6003

TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>  
Phone: 1-800-462-1120

MINNESOTA – Medicaid

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>  
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: [http://dhhs.ne.gov/Children\\_Family\\_Services/AccessNebraska/Pages/accessnebraska\\_index.aspx](http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx)  
Phone: 1-855-632-7633

NEVADA – Medicaid

Medicaid Website: <http://dwss.nv.gov/>  
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>  
Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Medicaid Phone: 609-631-2392  
CHIP Website: <http://www.nifamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: [http://www.nyhealth.gov/health\\_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <http://www.ncdhhs.gov/dma>  
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://www.oregonhealthykids.gov>  
<http://www.hijossaludablesoregon.gov>  
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancemypremiumpaymenthippprogram/index.htm>  
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: <http://www.eohhs.ri.gov/>  
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://www.gethipptexas.com/>  
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>  
CHIP Website: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>  
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
Medicaid Phone: 1-800-432-5924  
CHIP Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>  
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: <http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx>  
Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>  
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <http://wyequalitycare.acs-inc.com/>  
Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor Employee Benefits Security Administration**

[www.dol.gov/ebsa](http://www.dol.gov/ebsa)

**(866) 444-EBSA (3272)**

**U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services**

[www.cms.hhs.gov](http://www.cms.hhs.gov)

**(877) 267-2323, Menu Option 4 Ext. 61565**

**Paperwork Reduction Act Statement**

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

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

OMB Control Number 1210-0137 (expires 12/31/2019)

## MEDICARE PART D

### Important Creditable Coverage Notice from **San Diego Natural History Museum** 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 **San Diego Natural History Museum** 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. **San Diego Natural History Museum** has determined that the prescription drug coverage offered by the medical plans listed on page 8 in this guide are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. 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 **San Diego Natural History Museum** coverage could 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 **San Diego Natural History Museum** 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 **San Diego Natural History Museum** prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with **San Diego Natural History Museum** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

### For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the office listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **San Diego Natural History Museum** changes. You also may request a copy of this notice at any time.

### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

### For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

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

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

**Date:** July 1, 2017  
**Name of Entity:** San Diego Natural History Museum  
**Contact:** Human Resources  
**Address:** 1788 El Prado  
San Diego, CA 92101  
**Phone:** **619-255-0358**



# Contact Information

Plan Type	Insurance Carrier	Policy Number	Membership Services Phone Number	Website
Medical	Kaiser HMO	227550	800-390-3507	<a href="http://kp.org">kp.org</a>
	Anthem HMO	279603	800-759-3030	<a href="http://anthem.com/ca">anthem.com/ca</a>
	Anthem HSA	279603	800-759-3030	<a href="http://anthem.com/ca">anthem.com/ca</a>
Dental	Anthem DHMO	279603	888-209-7852	<a href="http://anthem.com/ca">anthem.com/ca</a>
	Anthem DPPO	279603	877-567-1804	<a href="http://anthem.com/ca">anthem.com/ca</a>
Vision	Vision Service Plan	30033930	800-877-7195	<a href="http://vsp.com">vsp.com</a>
Life	Anthem	279603	800-552-2137	<a href="http://anthem.com/ca">anthem.com/ca</a>
AD&D	Anthem	279603	800-552-2137	<a href="http://anthem.com/ca">anthem.com/ca</a>
Long Term Disability (LTD)	Anthem	279603	800-232-0113	<a href="http://anthem.com/ca">anthem.com/ca</a>
Employee Assistance Program (EAP)	Anthem	Resource Advisor	888-209-7840	<a href="http://ResourceAdvisorCA.anthem.com">ResourceAdvisorCA.anthem.com</a>
Travel Assistance	Anthem	<b>User Name:</b> AnthemBC <b>Password:</b> 95164	866-295-4890 or 202-296-7482	<a href="http://europassistance-usa.com">europassistance-usa.com</a>
Flexible Spending Account (FSA)	Conexis	N/A	877-864-9549 Fax: 888-866-3312	<a href="http://conexis.com/myfsa">conexis.com/myfsa</a>

Human Resources	Ingrid Garcia	619-255-0358	<a href="mailto:igarcia@sdnhm.org">igarcia@sdnhm.org</a>
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In addition, **San Diego Natural History Museum** offers you confidential access to Benefit Advocates who can help you with benefit questions or claim issues:

Benefit Advocates	Dawn Godshalk	619-849-3916	<a href="mailto:dgodshalk@alliant.com">dgodshalk@alliant.com</a>
	Tina Mora	619-849-3870	<a href="mailto:tmora@alliant.com">tmora@alliant.com</a>
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