Welfare Plan

Plan Document and Summary Plan Description Fact Sheet

Multiple Part Document Notice

The complete Plan Document and Summary Plan Description (SPD) are comprised of the elements outlined below. This document is a "wrap-around" Plan Document and Summary Plan Description, meaning the full documents are made up of several different parts.

When the Fact Sheet and the Disclosure Document are accompanied by the corresponding Certificates of Coverage, the combined documents become the complete Summary Plan Description.

When the Fact Sheet and the Disclosure Document are accompanied by the corresponding Insurance Contracts or Employer Agreements, the combined documents become the Plan Document.

This description of the multiple-part construction of the Plan Document and SPD is intentionally repeated at the beginning of both the Fact Sheet and the Disclosure Document. This framing further emphasizes the integral nature of the three component parts that constitute both the Plan Document and Summary Plan Description.

Part	Document Name	Description
Part #1	Plan Fact Sheet	Contains general plan information and specific benefit plan information on each of the Component Benefit Plans that are included in the Plan.
Part #2	Disclosure Document	Contains important disclosures and descriptions of plan details, rights, rules, and responsibilities under the Plan.
Part #3	Component Benefit Plan Documents	Participant Documents. Insurance carrier Certificates of Coverage, Evidence of Coverage, or other Plan Detail Documents. Employer Documents. Insurance carrier contracts, master service agreements, or other contract documents.
Addendum	HIPAA Privacy Notice	HIPAA Privacy Notice which is consolidated with and appended to the end of this disclosure document for convenience and easy reference.

Section 1: Plan Information

Plan Name:	SCAN Group Employees Group Health Insurance Plan
Plan Number:	510
Employer/Plan Sponsor:	SCAN Group
Contact Information:	3800 Kilroy Airport Way Long Beach, CA 90806 United States
Affiliated Employers:	Healthcare In Action, Inc, 87-1858798 Healthcare In Action, Medical Group, 87-1942811 SCAN Health Plan, 95-3858259 The SCAN Foundation, 45-0552845
Employer Tax ID Number:	95-3826037
State of Domicile:	CA
Effective Date:	January 1, 1989
Plan Update Date:	January 1, 2026
Plan Year:	January 1 to December 31
Plan Administrator and Plan Fiduciary:	SCAN Group The Plan Administrator has authority to control and manage the operation and administration of the Plan. The Plan Administrator acts as the fiduciary of the plan and maintains fiduciary responsibility over the plan.
Agent for Service of Legal Process:	SCAN Group
Plan Changes or Termination:	The Plan Administrator may terminate, suspend, withdraw, amend or modify any element of this Plan in whole or in part at any time, subject to the applicable provisions of the group benefit policies or corporate policies as outlined in the contracts, corporate minutes and/or bylaws.
COBRA Status:	Subject to COBRA
ACA Applicable Large Employer:	SCAN Group is an Applicable Large Employer (for the purposes of the Pay or Play penalties of the Affordable Care Act).
ACA Eligibility Determination Method:	SCAN Group uses the following ACA Safe Harbor protocol for employees: Initial Measurement Period = 12 months from date of hire Initial Administration Period = 0 days Initial Stability Period = 12 months Ongoing Measurement Period = October 15 through October 14 Ongoing Administration Period = 78 days Ongoing Stability Period = January through December
Wellness Program Notice:	Employer does NOT sponsor a formal wellness program.
HIPAA Covered Entity Status:	Full PHI for HIPAA Privacy Detailed PHI for HIPAA Security
HIPAA Privacy Officer:	Beverly Tai, b.tai@scanhealthplan.com
HIPAA Security Officer:	Beverly Tai, b.tai@scanhealthplan.com

Special 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 Section 21 for more details. (This font is intentionally large for compliance purposes.)
Language Assistance:	SPANISH (Español): Para obtener asistencia en Español, llame al 800-838-8482. CHINESE (中文): 如果需要中文的帮助，请拨打这个号码 800-838-8482.
Component Benefit Plan Description:	The benefits identified in the following pages are provided pursuant to Insurance Contracts or self-insured arrangements between Employer/Plan Sponsor and the Insurer or Contract Administrator for each Component Benefit Plan. If the terms of this document conflict with the terms of the Insurance Contract or with the Certification of Coverage, the terms of the Insurance Contract will control, unless superseded by applicable law. For further information, refer to the Certification of Coverage or Insurance Contract for each separate Component Benefit Plan.

The following pages outline the specific plan information for each of the Component Benefit Plan that comprise this Plan.

Section 2: Benefit Plan Information

Insurance Company or Contract Administrator:	Aetna
Policy Number:	885560
Type of Plan Benefit:	Medical HDHP-PPO
Type of Plan Administration:	Contract administration with benefits provided in accordance with the group policy.
Contract Administrator: *Responsible for plan administration and processing of claims.*	Aetna U.S. Healthcare 151 Farmington Ave. Hartford, CT 06156
Contract Funding Agent: *Responsible for payment of claims and for financial risk of claims.*	Aetna U.S. Healthcare 151 Farmington Ave. Hartford, CT 06156
Claims Appeal Address:	Provider Resolution Team P.O. Box 14079 Lexington, KY 40512-4079
Funding Arrangement:	Fully Insured
Plan Premiums/ Contributions:	This benefit is paid by Employer contributions, including, in some cases, those made at employee direction through a salary reduction agreement.
Medicare Part D:	Creditable.
Grandfathered Plan:	No.
Employee Eligibility:	Regular status employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with date of hire Full-time temporary employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with 2 months of employment.
Dependent Eligibility:	Eligible dependents include your spouse and child(ren) under the age of 26
Domestic Partner Coverage:	You may also enroll a Registered Domestic Partner and a Registered Domestic Partner's children as dependents in our medical, dental, and vision plans. Non-registered Domestic Partners are not eligible under the plan.
Special Notes:	None

The benefits identified above are provided pursuant to Insurance Contracts or self-funded arrangements between Employer/Plan Sponsor and the Contract Administrator for this Component Benefit Plan. If the terms of this Benefit Plan Information summary conflict with the terms of the Insurance Contract or Certification of Coverage, the terms of the Insurance Contract will control, unless superseded by applicable law. For further information and benefit details, refer to the Certificate of Coverage or Insurance Contract this Component Benefit Plan.

Section 2: Benefit Plan Information

Insurance Company or Contract Administrator:	Aetna
Policy Number:	885560
Type of Plan Benefit:	Medical HMO
Type of Plan Administration:	Contract administration with benefits provided in accordance with the group policy.
Contract Administrator: *Responsible for plan administration and processing of claims.*	Aetna U.S. Healthcare 151 Farmington Ave. Hartford, CT 06156
Contract Funding Agent: *Responsible for payment of claims and for financial risk of claims.*	Aetna U.S. Healthcare 151 Farmington Ave. Hartford, CT 06156
Claims Appeal Address:	Provider Resolution Team P.O. Box 14079 Lexington, KY 40512-4079
Funding Arrangement:	Fully Insured
Plan Premiums/ Contributions:	This benefit is paid by Employer contributions, including, in some cases, those made at employee direction through a salary reduction agreement.
Medicare Part D:	Creditable.
Grandfathered Plan:	No.
Employee Eligibility:	Regular status employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with date of hire Full-time temporary employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with 2 months of employment.
Dependent Eligibility:	Eligible dependents include your spouse and child(ren) under the age of 26
Domestic Partner Coverage:	You may also enroll a Registered Domestic Partner and a Registered Domestic Partner's children as dependents in our medical, dental, and vision plans. Non-registered Domestic Partners are not eligible under the plan.
Special Notes:	This plan is available to employees that reside in the State of California (and within the service area of the carrier) only.

The benefits identified above are provided pursuant to Insurance Contracts or self-funded arrangements between Employer/Plan Sponsor and the Contract Administrator for this Component Benefit Plan. If the terms of this Benefit Plan Information summary conflict with the terms of the Insurance Contract or Certification of Coverage, the terms of the Insurance Contract will control, unless superseded by applicable law. For further information and benefit details, refer to the Certificate of Coverage or Insurance Contract this Component Benefit Plan.

Section 2: Benefit Plan Information

Insurance Company or Contract Administrator:	Aetna
Policy Number:	885560
Type of Plan Benefit:	Medical HMO – Value Network HMO
Type of Plan Administration:	Contract administration with benefits provided in accordance with the group policy.
Contract Administrator: *Responsible for plan administration and processing of claims.*	Aetna U.S. Healthcare 151 Farmington Ave. Hartford, CT 06156
Contract Funding Agent: *Responsible for payment of claims and for financial risk of claims.*	Aetna U.S. Healthcare 151 Farmington Ave. Hartford, CT 06156
Claims Appeal Address:	Provider Resolution Team P.O. Box 14079 Lexington, KY 40512-4079
Funding Arrangement:	Fully Insured
Plan Premiums/ Contributions:	This benefit is paid by Employer contributions, including, in some cases, those made at employee direction through a salary reduction agreement.
Medicare Part D:	Creditable.
Grandfathered Plan:	No.
Employee Eligibility:	Regular status employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with date of hire Full-time temporary employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with 2 months of employment.
Dependent Eligibility:	Eligible dependents include your spouse and child(ren) under the age of 26
Domestic Partner Coverage:	You may also enroll a Registered Domestic Partner and a Registered Domestic Partner's children as dependents in our medical, dental, and vision plans. Non-registered Domestic Partners are not eligible under the plan.
Special Notes:	This plan is available to employees that reside in the State of California (and within the service area of the carrier) only.

The benefits identified above are provided pursuant to Insurance Contracts or self-funded arrangements between Employer/Plan Sponsor and the Contract Administrator for this Component Benefit Plan. If the terms of this Benefit Plan Information summary conflict with the terms of the Insurance Contract or Certification of Coverage, the terms of the Insurance Contract will control, unless superseded by applicable law. For further information and benefit details, refer to the Certificate of Coverage or Insurance Contract this Component Benefit Plan.

Section 2: Benefit Plan Information

Insurance Company or Contract Administrator:	Aetna
Policy Number:	885560
Type of Plan Benefit:	Medical HMO – Whole Health HMO
Type of Plan Administration:	Contract administration with benefits provided in accordance with the group policy.
Contract Administrator: *Responsible for plan administration and processing of claims.*	Aetna U.S. Healthcare 151 Farmington Ave. Hartford, CT 06156
Contract Funding Agent: *Responsible for payment of claims and for financial risk of claims.*	Aetna U.S. Healthcare 151 Farmington Ave. Hartford, CT 06156
Claims Appeal Address:	Provider Resolution Team P.O. Box 14079 Lexington, KY 40512-4079
Funding Arrangement:	Fully Insured
Plan Premiums/ Contributions:	This benefit is paid by Employer contributions, including, in some cases, those made at employee direction through a salary reduction agreement.
Medicare Part D:	Creditable.
Grandfathered Plan:	No.
Employee Eligibility:	Regular status employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with date of hire Full-time temporary employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with 2 months of employment.
Dependent Eligibility:	Eligible dependents include your spouse and child(ren) under the age of 26
Domestic Partner Coverage:	You may also enroll a Registered Domestic Partner and a Registered Domestic Partner's children as dependents in our medical, dental, and vision plans. Non-registered Domestic Partners are not eligible under the plan.
Special Notes:	This plan is available to employees that reside in the State of California (and within the Southern California service area of the carrier) only.

The benefits identified above are provided pursuant to Insurance Contracts or self-funded arrangements between Employer/Plan Sponsor and the Contract Administrator for this Component Benefit Plan. If the terms of this Benefit Plan Information summary conflict with the terms of the Insurance Contract or Certification of Coverage, the terms of the Insurance Contract will control, unless superseded by applicable law. For further information and benefit details, refer to the Certificate of Coverage or Insurance Contract this Component Benefit Plan.

Section 2: Benefit Plan Information

Insurance Company or Contract Administrator:	Aetna
Policy Number:	885560
Type of Plan Benefit:	Medical EPO
Type of Plan Administration:	Contract administration with benefits provided in accordance with the group policy.
Contract Administrator: *Responsible for plan administration and processing of claims.*	Aetna U.S. Healthcare 151 Farmington Ave. Hartford, CT 06156
Contract Funding Agent: *Responsible for payment of claims and for financial risk of claims.*	Aetna U.S. Healthcare 151 Farmington Ave. Hartford, CT 06156
Claims Appeal Address:	Provider Resolution Team P.O. Box 14079 Lexington, KY 40512-4079
Funding Arrangement:	Fully Insured
Plan Premiums/ Contributions:	This benefit is paid by Employer contributions, including, in some cases, those made at employee direction through a salary reduction agreement.
Medicare Part D:	Creditable.
Grandfathered Plan:	No.
Employee Eligibility:	Regular status employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with date of hire Full-time temporary employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with 2 months of employment.
Dependent Eligibility:	Eligible dependents include your spouse and child(ren) under the age of 26
Domestic Partner Coverage:	You may also enroll a Registered Domestic Partner and a Registered Domestic Partner's children as dependents in our medical, dental, and vision plans. Non-registered Domestic Partners are not eligible under the plan.
Special Notes:	This plan is available to employees that reside outside the State of California (and within the service area of the carrier) only.

The benefits identified above are provided pursuant to Insurance Contracts or self-funded arrangements between Employer/Plan Sponsor and the Contract Administrator for this Component Benefit Plan. If the terms of this Benefit Plan Information summary conflict with the terms of the Insurance Contract or Certification of Coverage, the terms of the Insurance Contract will control, unless superseded by applicable law. For further information and benefit details, refer to the Certificate of Coverage or Insurance Contract this Component Benefit Plan.

Section 2: Benefit Plan Information

Insurance Company or Contract Administrator:	Kaiser Health Plan
Policy Number:	17940
Type of Plan Benefit:	Medical HMO
Type of Plan Administration:	Contract administration with benefits provided in accordance with the group policy.
Contract Administrator: *Responsible for plan administration and processing of claims.*	Hawaii Claims Administration P.O. Box 378021 Denver, CO 80237
Contract Funding Agent: *Responsible for payment of claims and for financial risk of claims.*	Hawaii Claims Administration P.O. Box 378021 Denver, CO 80237
Claims Appeal Address:	Hawaii Claims Administration P.O. Box 378021 Denver, CO 80237
Funding Arrangement:	Pre-Paid
Plan Premiums/ Contributions:	This benefit is paid by Employer contributions, including, in some cases, those made at employee direction through a salary reduction agreement. Full-time temporary employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with 2 months of employment.
Medicare Part D:	Creditable.
Grandfathered Plan:	No.
Employee Eligibility:	Regular status employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with date of hire Full-time temporary employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with 2 months of employment.
Dependent Eligibility:	Eligible dependents include your spouse and child(ren) under the age of 26
Domestic Partner Coverage:	You may also enroll a Registered Domestic Partner and a Registered Domestic Partner's children as dependents in our medical, dental, and vision plans. Non-registered Domestic Partners are not eligible under the plan.
Special Notes:	This plan is available to employees that reside in the State of Hawaii (and within the service area of the carrier) only.

The benefits identified above are provided pursuant to Insurance Contracts or self-funded arrangements between Employer/Plan Sponsor and the Contract Administrator for this Component Benefit Plan. If the terms of this Benefit Plan Information summary conflict with the terms of the Insurance Contract or Certification of Coverage, the terms of the Insurance Contract will control, unless superseded by applicable law. For further information and benefit details, refer to the Certificate of Coverage or Insurance Contract this Component Benefit Plan.

Section 2: Benefit Plan Information

Insurance Company or Contract Administrator:	Aetna
Policy Number:	885560
Type of Plan Benefit:	Dental PPO
Type of Plan Administration:	Contract administration with benefits provided in accordance with the group policy.
Contract Administrator: *Responsible for plan administration and processing of claims.*	Aetna U.S. Healthcare 151 Farmington Ave. Hartford, CT 06156
Contract Funding Agent: *Responsible for payment of claims and for financial risk of claims.*	Aetna U.S. Healthcare 151 Farmington Ave. Hartford, CT 06156
Claims Appeal Address:	Aetna Dental P.O. Box 10462 Van Nuys, CA 91410
Funding Arrangement:	Fully Insured
Plan Premiums/ Contributions:	This benefit is paid by Employer contributions, including, in some cases, those made at employee direction through a salary reduction agreement.
Medicare Part D:	N/A
Grandfathered Plan:	N/A
Employee Eligibility:	Regular status employees working 30 or more hours per week are eligible on the first day of the month following date of hire
Dependent Eligibility:	Eligible dependents include your spouse and child(ren) under the age of 26
Domestic Partner Coverage:	You may also enroll a Registered Domestic Partner and a Registered Domestic Partner's children as dependents in our medical, dental, and vision plans. Non-registered Domestic Partners are not eligible under the plan.
Special Notes:	None

The benefits identified above are provided pursuant to Insurance Contracts or self-funded arrangements between Employer/Plan Sponsor and the Contract Administrator for this Component Benefit Plan. If the terms of this Benefit Plan Information summary conflict with the terms of the Insurance Contract or Certification of Coverage, the terms of the Insurance Contract will control, unless superseded by applicable law. For further information and benefit details, refer to the Certificate of Coverage or Insurance Contract this Component Benefit Plan.

Section 2: Benefit Plan Information

Insurance Company or Contract Administrator:	Aetna
Policy Number:	885560
Type of Plan Benefit:	Dental HMO
Type of Plan Administration:	Contract administration with benefits provided in accordance with the group policy.
Contract Administrator: *Responsible for plan administration and processing of claims.*	Aetna U.S. Healthcare 151 Farmington Ave. Hartford, CT 06156
Contract Funding Agent: *Responsible for payment of claims and for financial risk of claims.*	Aetna U.S. Healthcare 151 Farmington Ave. Hartford, CT 06156
Claims Appeal Address:	Aetna Dental P.O. Box 10462 Van Nuys, CA 91410
Funding Arrangement:	Pre-paid
Plan Premiums/ Contributions:	This benefit is paid by Employer contributions, including, in some cases, those made at employee direction through a salary reduction agreement.
Medicare Part D:	N/A
Grandfathered Plan:	N/A
Employee Eligibility:	Regular status employees working 30 or more hours per week are eligible on the first day of the month following date of hire
Dependent Eligibility:	Eligible dependents include your spouse and child(ren) under the age of 26
Domestic Partner Coverage:	You may also enroll a Registered Domestic Partner and a Registered Domestic Partner's children as dependents in our medical, dental, and vision plans. Non-registered Domestic Partners are not eligible under the plan.
Special Notes:	This plan is available to employees that reside within the service area of the carrier only.

The benefits identified above are provided pursuant to Insurance Contracts or self-funded arrangements between Employer/Plan Sponsor and the Contract Administrator for this Component Benefit Plan. If the terms of this Benefit Plan Information summary conflict with the terms of the Insurance Contract or Certification of Coverage, the terms of the Insurance Contract will control, unless superseded by applicable law. For further information and benefit details, refer to the Certificate of Coverage or Insurance Contract this Component Benefit Plan.

Section 2: Benefit Plan Information

Insurance Company or Contract Administrator:	Vision Service Plan
Policy Number:	30085517
Type of Plan Benefit:	Vision
Type of Plan Administration:	Contract administration with benefits provided in accordance with the group policy.
Contract Administrator: *Responsible for plan administration and processing of claims.*	Vision Service Plan 3333 Quality Dr. Rancho Cordova, CA 95670
Contract Funding Agent: *Responsible for payment of claims and for financial risk of claims.*	Vision Service Plan 3333 Quality Dr. Rancho Cordova, CA 95670
Claims Appeal Address:	Vision Service Plan Attn: Appeals Department P.O. Box 2350 Rancho Cordova, CA 95741
Funding Arrangement:	Fully Insured
Plan Premiums/ Contributions:	This benefit is paid by Employer contributions, including, in some cases, those made at employee direction through a salary reduction agreement.
Medicare Part D:	N/A
Grandfathered Plan:	N/A
Employee Eligibility:	Regular status employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with date of hire
Dependent Eligibility:	Eligible dependents include your spouse and child(ren) under the age of 26
Domestic Partner Coverage:	You may also enroll a Registered Domestic Partner and a Registered Domestic Partner's children as dependents in our medical, dental, and vision plans. Non-registered Domestic Partners are not eligible under the plan.
Special Notes:	None

The benefits identified above are provided pursuant to Insurance Contracts or self-funded arrangements between Employer/Plan Sponsor and the Contract Administrator for this Component Benefit Plan. If the terms of this Benefit Plan Information summary conflict with the terms of the Insurance Contract or Certification of Coverage, the terms of the Insurance Contract will control, unless superseded by applicable law. For further information and benefit details, refer to the Certificate of Coverage or Insurance Contract this Component Benefit Plan.

Section 2: Benefit Plan Information

Insurance Company or Contract Administrator:	Prudential
Policy Number:	72279
Type of Plan Benefit:	Life and AD&D
Type of Plan Administration:	Contract administration with benefits provided in accordance with the group policy.
Contract Administrator: *Responsible for plan administration and processing of claims.*	The Prudential Insurance Company of America 751 Broad Street Newark, New Jersey 07102
Contract Funding Agent: *Responsible for payment of claims and for financial risk of claims.*	The Prudential Insurance Company of America 751 Broad Street Newark, New Jersey 07102
Claims Appeal Address:	The Prudential Life Claim Division P.O. Box 8517 Philadelphia, PA 19176
Funding Arrangement:	Fully Insured
Plan Premiums/ Contributions:	This benefit is paid by Employer contributions, including, in some cases, those made at employee direction through a salary reduction agreement.
Medicare Part D:	N/A
Grandfathered Plan:	N/A
Employee Eligibility:	Regular status employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with date of hire
Dependent Eligibility:	Dependents are not eligible for this benefit.
Domestic Partner Coverage:	Domestic Partners are not eligible for this benefit.
Special Notes:	None

The benefits identified above are provided pursuant to Insurance Contracts or self-funded arrangements between Employer/Plan Sponsor and the Contract Administrator for this Component Benefit Plan. If the terms of this Benefit Plan Information summary conflict with the terms of the Insurance Contract or Certification of Coverage, the terms of the Insurance Contract will control, unless superseded by applicable law. For further information and benefit details, refer to the Certificate of Coverage or Insurance Contract this Component Benefit Plan.

Section 2: Benefit Plan Information

Insurance Company or Contract Administrator:	UNUM
Policy Number:	421782 001
Type of Plan Benefit:	STD
Type of Plan Administration:	Contract administration with benefits provided in accordance with the group policy.
Contract Administrator: *Responsible for plan administration and processing of claims.*	Unum 2211 Congress St. Portland, ME 04122
Contract Funding Agent: *Responsible for payment of claims and for financial risk of claims.*	Unum 2211 Congress St. Portland, ME 04122
Claims Appeal Address:	Unum 2211 Congress St. Portland, ME 04122
Funding Arrangement:	Fully Insured
Plan Premiums/ Contributions:	This benefit is paid by Employer contributions, including, in some cases, those made at employee direction through a salary reduction agreement.
Medicare Part D:	N/A
Grandfathered Plan:	N/A
Employee Eligibility:	Regular status vice presidents and above working 30 or more hours per week are eligible on the first day of the month following or coinciding with date of hire
Dependent Eligibility:	Dependents are not eligible for this benefit.
Domestic Partner Coverage:	Domestic Partners are not eligible for this benefit.
Special Notes:	None

The benefits identified above are provided pursuant to Insurance Contracts or self-funded arrangements between Employer/Plan Sponsor and the Contract Administrator for this Component Benefit Plan. If the terms of this Benefit Plan Information summary conflict with the terms of the Insurance Contract or Certification of Coverage, the terms of the Insurance Contract will control, unless superseded by applicable law. For further information and benefit details, refer to the Certificate of Coverage or Insurance Contract this Component Benefit Plan.

Section 2: Benefit Plan Information

Insurance Company or Contract Administrator:	Prudential
Policy Number:	72279
Type of Plan Benefit:	STD
Type of Plan Administration:	Contract administration with benefits provided in accordance with the group policy.
Contract Administrator: *Responsible for plan administration and processing of claims.*	The Prudential Insurance Company of America 751 Broad Street Newark, New Jersey 07102
Contract Funding Agent: *Responsible for payment of claims and for financial risk of claims.*	The Prudential Insurance Company of America 751 Broad Street Newark, New Jersey 07102
Claims Appeal Address:	Disability Management Services P.O. Box 13480 Philadelphia, PA 19176
Funding Arrangement:	Fully Insured
Plan Premiums/ Contributions:	This benefit is paid by Employer contributions, including, in some cases, those made at employee direction through a salary reduction agreement.
Medicare Part D:	N/A
Grandfathered Plan:	N/A
Employee Eligibility:	Regular status employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with date of hire
Dependent Eligibility:	Dependents are not eligible for this benefit.
Domestic Partner Coverage:	Domestic Partners are not eligible for this benefit.
Special Notes:	None

The benefits identified above are provided pursuant to Insurance Contracts or self-funded arrangements between Employer/Plan Sponsor and the Contract Administrator for this Component Benefit Plan. If the terms of this Benefit Plan Information summary conflict with the terms of the Insurance Contract or Certification of Coverage, the terms of the Insurance Contract will control, unless superseded by applicable law. For further information and benefit details, refer to the Certificate of Coverage or Insurance Contract this Component Benefit Plan.

Section 2: Benefit Plan Information

Insurance Company or Contract Administrator:	Prudential
Policy Number:	72279
Type of Plan Benefit:	LTD
Type of Plan Administration:	Contract administration with benefits provided in accordance with the group policy.
Contract Administrator: *Responsible for plan administration and processing of claims.*	The Prudential Insurance Company of America 751 Broad Street Newark, New Jersey 07102
Contract Funding Agent: *Responsible for payment of claims and for financial risk of claims.*	The Prudential Insurance Company of America 751 Broad Street Newark, New Jersey 07102
Claims Appeal Address:	Disability Management Services P.O. Box 13480 Philadelphia, PA 19176
Funding Arrangement:	Fully Insured
Plan Premiums/ Contributions:	This benefit is paid by Employer contributions, including, in some cases, those made at employee direction through a salary reduction agreement.
Medicare Part D:	N/A
Grandfathered Plan:	N/A
Employee Eligibility:	Regular status employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with date of hire
Dependent Eligibility:	Dependents are not eligible for this benefit.
Domestic Partner Coverage:	Domestic Partners are not eligible for this benefit.
Special Notes:	None

The benefits identified above are provided pursuant to Insurance Contracts or self-funded arrangements between Employer/Plan Sponsor and the Contract Administrator for this Component Benefit Plan. If the terms of this Benefit Plan Information summary conflict with the terms of the Insurance Contract or Certification of Coverage, the terms of the Insurance Contract will control, unless superseded by applicable law. For further information and benefit details, refer to the Certificate of Coverage or Insurance Contract this Component Benefit Plan.

Section 2: Benefit Plan Information

Insurance Company or Contract Administrator:	Prudential
Policy Number:	72279
Type of Plan Benefit:	Vol Life and AD&D
Type of Plan Administration:	Contract administration with benefits provided in accordance with the group policy.
Contract Administrator: *Responsible for plan administration and processing of claims.*	The Prudential Insurance Company of America 751 Broad Street Newark, New Jersey 07102
Contract Funding Agent: *Responsible for payment of claims and for financial risk of claims.*	The Prudential Insurance Company of America 751 Broad Street Newark, New Jersey 07102
Claims Appeal Address:	The Prudential Life Claim Division P.O. Box 8517 Philadelphia, PA 19176
Funding Arrangement:	Fully Insured
Plan Premiums/ Contributions:	This benefit is paid by Employer contributions, including, in some cases, those made at employee direction through a salary reduction agreement.
Medicare Part D:	N/A
Grandfathered Plan:	N/A
Employee Eligibility:	Regular status employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with date of hire
Dependent Eligibility:	Eligible dependents include your spouse and child(ren) under the age of 26
Domestic Partner Coverage:	You may also enroll a Registered Domestic Partner and a Registered Domestic Partner's children as dependents in our medical, dental, and vision plans. Non-registered Domestic Partners are not eligible under the plan.
Special Notes:	None

The benefits identified above are provided pursuant to Insurance Contracts or self-funded arrangements between Employer/Plan Sponsor and the Contract Administrator for this Component Benefit Plan. If the terms of this Benefit Plan Information summary conflict with the terms of the Insurance Contract or Certification of Coverage, the terms of the Insurance Contract will control, unless superseded by applicable law. For further information and benefit details, refer to the Certificate of Coverage or Insurance Contract this Component Benefit Plan.

Section 2: Benefit Plan Information

Insurance Company or Contract Administrator:	UNUM
Policy Number:	0943457-001
Type of Plan Benefit:	Voluntary Worksite – Accident Insurance
Type of Plan Administration:	Contract administration with benefits provided in accordance with the group policy.
Contract Administrator: *Responsible for plan administration and processing of claims.*	Unum 2211 Congress St. Portland, ME 04122
Contract Funding Agent: *Responsible for payment of claims and for financial risk of claims.*	Unum 2211 Congress St. Portland, ME 04122
Claims Appeal Address:	Unum 2211 Congress St. Portland, ME 04122
Funding Arrangement:	Fully Insured
Plan Premiums/ Contributions:	This benefit is paid by Employer contributions, including, in some cases, those made at employee direction through a salary reduction agreement.
Medicare Part D:	N/A
Grandfathered Plan:	N/A
Employee Eligibility:	Regular status employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with date of hire
Dependent Eligibility:	Eligible dependents include your spouse and child(ren) under the age of 26
Domestic Partner Coverage:	You may also enroll a Registered Domestic Partner and a Registered Domestic Partner's children as dependents in our medical, dental, and vision plans. Non-registered Domestic Partners are not eligible under the plan.
Special Notes:	None

The benefits identified above are provided pursuant to Insurance Contracts or self-funded arrangements between Employer/Plan Sponsor and the Contract Administrator for this Component Benefit Plan. If the terms of this Benefit Plan Information summary conflict with the terms of the Insurance Contract or Certification of Coverage, the terms of the Insurance Contract will control, unless superseded by applicable law. For further information and benefit details, refer to the Certificate of Coverage or Insurance Contract this Component Benefit Plan.

Section 2: Benefit Plan Information

Insurance Company or Contract Administrator:	UNUM
Policy Number:	0618468-001
Type of Plan Benefit:	Voluntary Worksite – Critical Illness
Type of Plan Administration:	Contract administration with benefits provided in accordance with the group policy.
Contract Administrator: *Responsible for plan administration and processing of claims.*	Unum 2211 Congress St. Portland, ME 04122
Contract Funding Agent: *Responsible for payment of claims and for financial risk of claims.*	Unum 2211 Congress St. Portland, ME 04122
Claims Appeal Address:	Unum 2211 Congress St. Portland, ME 04122
Funding Arrangement:	Fully Insured
Plan Premiums/ Contributions:	This benefit is paid by Employer contributions, including, in some cases, those made at employee direction through a salary reduction agreement.
Medicare Part D:	N/A
Grandfathered Plan:	N/A
Employee Eligibility:	Regular status employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with date of hire
Dependent Eligibility:	Eligible dependents include your spouse and child(ren) under the age of 26
Domestic Partner Coverage:	You may also enroll a Registered Domestic Partner and a Registered Domestic Partner's children as dependents in our medical, dental, and vision plans. Non-registered Domestic Partners are not eligible under the plan.
Special Notes:	None

The benefits identified above are provided pursuant to Insurance Contracts or self-funded arrangements between Employer/Plan Sponsor and the Contract Administrator for this Component Benefit Plan. If the terms of this Benefit Plan Information summary conflict with the terms of the Insurance Contract or Certification of Coverage, the terms of the Insurance Contract will control, unless superseded by applicable law. For further information and benefit details, refer to the Certificate of Coverage or Insurance Contract this Component Benefit Plan.

Section 2: Benefit Plan Information

Insurance Company or Contract Administrator:	Modern Health
Policy Number:	N/A
Type of Plan Benefit:	EAP & Behavioral Health
Type of Plan Administration:	Contract administration with benefits provided in accordance with the group policy.
Contract Administrator: *Responsible for plan administration and processing of claims.*	Modern Health 650 California St. Floor 7 San Francisco, CA 94108
Contract Funding Agent: *Responsible for payment of claims and for financial risk of claims.*	Modern Health 650 California St. Floor 7 San Francisco, CA 94108
Claims Appeal Address:	Modern Health 650 California St. Floor 7 San Francisco, CA 94108
Funding Arrangement:	Fully Insured
Plan Premiums/ Contributions:	This benefit is paid by Employer contributions.
Medicare Part D:	N/A
Grandfathered Plan:	N/A
Employee Eligibility:	Regular status employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with date of hire
Dependent Eligibility:	Eligible dependents include your spouse and child(ren) under the age of 26
Domestic Partner Coverage:	You may also enroll a Registered Domestic Partner and a Registered Domestic Partner's children as dependents in our medical, dental, and vision plans. Non-registered Domestic Partners are not eligible under the plan.
Special Notes:	None

The benefits identified above are provided pursuant to Insurance Contracts or self-funded arrangements between Employer/Plan Sponsor and the Contract Administrator for this Component Benefit Plan. If the terms of this Benefit Plan Information summary conflict with the terms of the Insurance Contract or Certification of Coverage, the terms of the Insurance Contract will control, unless superseded by applicable law. For further information and benefit details, refer to the Certificate of Coverage or Insurance Contract this Component Benefit Plan.

Section 2: Benefit Plan Information

Insurance Company or Contract Administrator:	UNUM
Policy Number:	0943458-001
Type of Plan Benefit:	Voluntary Worksite – Hospital Indemnity
Type of Plan Administration:	Contract administration with benefits provided in accordance with the group policy.
Contract Administrator: *Responsible for plan administration and processing of claims.*	Unum 2211 Congress St. Portland, ME 04122
Contract Funding Agent: *Responsible for payment of claims and for financial risk of claims.*	Unum 2211 Congress St. Portland, ME 04122
Claims Appeal Address:	Unum 2211 Congress St. Portland, ME 04122
Funding Arrangement:	Fully Insured
Plan Premiums/ Contributions:	This benefit is paid by Employer contributions, including, in some cases, those made at employee direction through a salary reduction agreement.
Medicare Part D:	N/A
Grandfathered Plan:	N/A
Employee Eligibility:	Regular status employees working 30 or more hours per week are eligible on the first day of the month following or coinciding with date of hire
Dependent Eligibility:	Eligible dependents include your spouse and child(ren) under the age of 26
Domestic Partner Coverage:	You may also enroll a Registered Domestic Partner and a Registered Domestic Partner's children as dependents in our medical, dental, and vision plans. Non-registered Domestic Partners are not eligible under the plan.
Special Notes:	None

The benefits identified above are provided pursuant to Insurance Contracts or self-funded arrangements between Employer/Plan Sponsor and the Contract Administrator for this Component Benefit Plan. If the terms of this Benefit Plan Information summary conflict with the terms of the Insurance Contract or Certification of Coverage, the terms of the Insurance Contract will control, unless superseded by applicable law. For further information and benefit details, refer to the Certificate of Coverage or Insurance Contract this Component Benefit Plan.