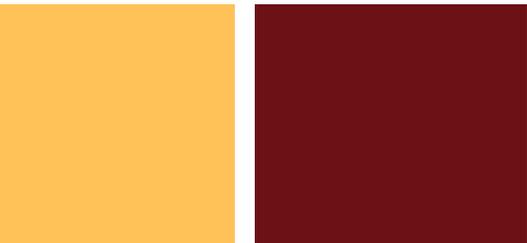


A GUIDE TO YOUR  
**Benefits**

JULY 1, 2015 - JUNE 30, 2016





## *About Your Benefits*

The Archdiocese of Los Angeles offers employees comprehensive health care benefits and voluntary insurance plans. Our benefits program is designed to give you the flexibility to choose the benefits that are right for you and your family. We closely manage our health care benefits program so that we can keep costs reasonable without sacrificing the high quality of the covered services.

The Archdiocese of Los Angeles also offers a number of valuable insurance plans on a voluntary basis. These benefit plans can help protect your income and financial security. This section of the guide also contains the eligibility and enrollment information for these benefits.

This guide is intended to give you an overview of the benefits available to you. Because the selection of your benefits is important, please set aside some time to review the information in this guide.

### **The benefits program includes the following coverage:**

- Medical/vision and prescription drug
- Dental
- Employee Assistance Program
- Voluntary benefits:
  - ≠ Life and accidental death & dismemberment (AD&D) insurance
  - ≠ Short-term disability insurance
  - ≠ Long-term disability insurance (includes short-term disability)

In addition, a new wellness program is being developed.

### **Notice**

The Archdiocese of Los Angeles offers standardized health care plans for employees and religious members of the Archdiocese and their eligible family members. The Archdiocese of Los Angeles health plans are bound by the Ethical and Religious Directives for Catholic Health Care Services published by the National Conference of Catholic Bishops. The plans provide benefits that are in compliance with these Directives. The Directives can be reviewed at <http://www.usccb.org/about/doctrine/ethical-and-religiousdirectives>. If you are an Archdiocese health plan participant, even if you are not Catholic or even if you possess personal beliefs in contravention of these Directives, the Archdiocese health plans will still only provide benefits in compliance with these Directives. The Archdiocese of Los Angeles summary plan descriptions may contain language which may be argued to be inconsistent with the Directives; however, services which are contrary to the Ethical and Religious Directives for Catholic Health Care Services are specifically excluded by the Archdiocese health plans.

*This booklet summarizes the key features of your benefit plans. It is only intended to provide the highlights of your benefits; see your plan document for full details. If any conflict ever arises between this booklet and the actual plan document, the terms of the plan document will govern in all cases. The Archdiocese of Los Angeles reserves the right to change, modify, or terminate the benefit plans at any time. This booklet is not a contract for purposes of employment or payment of benefits.*



## *Health Insurance Benefits Overview*

### **Eligibility for the Health Care Program**

If you are a priest, religious or Archdiocesan lay employee working 30 or more hours per week, you are eligible for benefits. Archdiocesan lay employees have the option to enroll eligible dependents for medical/vision and dental benefits. Eligible dependents include:

- Your spouse
- Your dependent children, up to age 26, regardless of student status
- Any dependent child you claim on your federal tax return who is incapable of self-support because of a medical or physical disability

### **If You Are a New Employee**

Your coverage will be effective the first of the month following one month of continuous employment. If you are a new employee, you must enroll in the Archdiocesan health care benefits program within 31 days of your date of hire. Otherwise, you will have to wait until the next scheduled Open Enrollment period. If you are working 20 or more hours per week, you are also eligible to enroll in the voluntary plans offered through The Hartford during your first 31 days of employment. **Your elections will remain in effect until the next Open Enrollment unless you experience a qualifying "change in status."**

### **Making Changes to Your Benefits**

Each year, you have the opportunity to make changes to your health care benefit elections during the scheduled Open Enrollment period. All elections and/or changes you make during this period are effective July 1.

Your elections will remain in effect until the next Open Enrollment unless you have a qualifying "change in status." In order to make adjustments to your benefit elections outside of the initial eligibility period and Open Enrollment, the IRS requires you to have a qualifying change in status. Events that are considered qualifying changes in status include:

- Marriage, legal separation or divorce
- Termination of spouse's employment
- Birth, adoption or custody change of an eligible dependent
- A change in benefit eligibility due to a reduction or increase in hours of employment for either you or your spouse
- Death of an eligible dependent

If you have a qualifying change in status, you can make changes to your benefits by notifying your Location Administrator within 31 days of the change. If your change in status is not listed above or if you need clarification on whether your change in status qualifies you to change your benefit election, please contact your Location Administrator.



## Medical Benefits

Administered by Anthem Blue Cross & Kaiser

The Archdiocese of Los Angeles gives you a choice of three medical options: an Anthem EPO, a Kaiser Permanente EPO, and an Anthem PPO. Each medical option includes vision care benefits.

### How the Anthem Preferred Provider Organization (PPO) Works

A PPO is a network of doctors and health care facilities that provide services to members at lower rates. You can go to any doctor you like within the Anthem Blue Cross Prudent Buyer PPO network, including specialists; you do not have to select a primary care physician. If you decide you'd rather go to a doctor or health care facility that does not belong to the PPO network, you are free to do so—but your out-of-pocket costs will be higher.

#### PPO Network Providers

When you go to a PPO network provider:

- Your coinsurance and out-of-pocket maximum will be lower.
- Preventive care will be covered in full.
- You will never pay more than the discounted PPO rate—no matter what the provider might charge non-PPO patients.
- The deductible does not apply to certain services, such as physician office visits and prescriptions drugs. When you receive these services from a PPO network provider, you will pay a flat copay and nothing else.
- There are no claim forms to fill out.

#### Out-of-Network Providers

Except in the case of an emergency, if you go to an out-of-network provider:

- Your coinsurance and out-of-pocket maximum will be higher.
- Anthem will pay benefits only up to the “maximum allowed amount” for a particular health care service in your geographic area. ***If your non-network provider charges more than the maximum allowed amount, you will have to pay all charges over that amount.***
- If you use a non-network provider Anthem will issue a check to the member and it will be your responsibility to pay the provider directly.

### How the Anthem Exclusive Provider Organization (EPO) Works

The EPO uses the Anthem Blue Cross Prudent Buyer provider network to closely manage your medical care and control your out-of-pocket costs. You do not have to select a primary care physician. ***Unless it's an emergency, you may only go to doctors and health care facilities in Prudent Buyer PPO network. Out-of-network care is not covered.***

### How the Kaiser Exclusive Provider Organization (EPO) Works

Kaiser Permanente provides medical care through its own hospitals and health care facilities. All Kaiser members are encouraged to select a personal physician for preventive care, treatment of illness, and referral to a specialist when needed. You may change or choose your personal physician at any time. ***Except in the case of an emergency, you must go to Kaiser facilities and see only Kaiser doctors. Out-of-network care is not covered.***

The chart on the following page shows the highlights of your medical benefits. Please see the Evidence of Coverage (available on [www.myenroll.com](http://www.myenroll.com)) for complete information on the benefits, exclusions, and limitations. See page 5 for the definition of some common medical terms.



|  | <b>Anthem Blue Cross PPO</b>   | <b>Anthem Blue Cross EPO</b>   | <b>Kaiser Permanente EPO</b>  |
|--|--|--|---|
| Choice of Doctor/Facility (the doctors and facilities you choose to use will affect the payment of benefits) | You may use any doctor you wish; you will save money when you use Anthem PPO network providers | In order for benefits to be paid, you <b>must</b> use Anthem PPO network providers | In order for benefits to be paid, you <b>must</b> use Kaiser doctors and hospitals                        |
| Coinsurance Percentage (Network/Non-network)   | 10% in / 30% out   | Most eligible benefits covered at 10%  | Most eligible benefits covered without coinsurance  |
| Office Visit Copay   | \$20 copay in / 30% out  | \$25 copay   | \$25 copay  |
| Hospitalization  | 10% in / 30% out; \$500 deductible per non-preauthorized admission                             | 10%  | \$250 copay per admission   |
| Emergency Room   | \$100 copay (waived if admitted); 10% in and out   | 10%  | \$100 copay; waived if admitted   |
| <b>Annual Deductible</b>   |  |  |   |
| Individual   | \$500  | \$500  | None  |
| Family   | \$1,000  | \$1,000  | None  |
| <b>Annual Out-of-Pocket Maximum</b>  |  |  |   |
| Individual   | \$5,000 / \$15,000   | \$2,000  | \$1,500   |
| Family   | \$10,000 / \$30,000  | \$4,000  | \$3,000   |
| <b>Mental Health</b>   |  |  |   |
| Inpatient  | 10% in / 30% out   | 10%  | \$250 copay   |
| Outpatient   | \$20 copay / 30% out   | \$25/visit   | \$25 copay for individual visits; \$12 for group therapy  |
| Chemical Dependency/Alcoholism Treatment   | Combined with Mental Health Care   | Combined with Mental Health Care   | \$25 copay for individual visits; \$5 for group therapy; \$250 per admission for inpatient detoxification |
| Chiropractic   | \$20 copay in / 30% out; Limit 24 visits per calendar year                                     | \$25 copay; Limit 24 visits per calendar year                                      | Not covered   |
| Allergy Visit and Serum  | \$20 copay in / 30% out  | \$25 copay   | \$25 copay for testing; \$5 copay for injection   |
| Skilled Nursing Facility   | 10% / 30% out; 120 days per calendar year  | 10%; 120 days per calendar year  | No charge up to 100 days per benefit period   |
| Routine Preventive Care  | No charge / 30% out  | No charge  | No charge   |
| Outpatient Surgery   | 10% in / 30% out   | 10%  | \$25 copay  |
| Well-Baby Care   | No charge / 30% out  | No charge  | No charge   |
| <b>Prescription Drugs</b>  |  | <b>Prescription by Optum RX</b>  | <b>Kaiser</b>   |
| Retail – 30-day supply   | \$10/\$30/\$50   | \$10/\$20/\$30   | \$10/\$20 – 30 days<br>2x copay for 31 – 60 days<br>3x copay for 60 – 100 days                            |
| Mail Order – 90-day supply   | \$20/\$60/\$100  | \$20/\$40/\$60   | 2x copay for 31 – 100 days  |
| RX Out of Pocket Maximum   | \$500 Ind/\$1,000 Fam  | \$500 Ind/\$1,000 Fam  | Does not apply  |

**Note:** If you take a maintenance drug (such as blood pressure or cholesterol medication), you are encouraged to use the mail order service. If you fill your maintenance medication prescription at the pharmacy, your copay will be doubled after the fourth refill.



## Medical Terms You Should Know

|  |  |
|--|--|
| <b>Copay</b>                                 | The flat dollar amount you pay for certain services, such as office visits and prescription drugs, when you go to a network provider.  |
| <b>Coinsurance</b>                           | The percentage of your medical costs you have to pay for most covered services. You will begin paying coinsurance after you have met your deductible.  |
| <b>Deductible</b>                            | The dollar amount you pay for most services each calendar year before benefits are paid.   |
| <b>Exclusive Provider Organization (EPO)</b> | A network of doctors and health care facilities that closely manage your care to control your out-of-pocket costs. In an EPO, you must go to network providers for all your non-emergency care.  |
| <b>Explanation of Benefits (EOB)</b>         | A document sent to you by your insurance company after you have received medical benefits. The EOB shows what the insurance company paid on your behalf, as well as how much you owe (if applicable)   |
| <b>Maximum Allowed Amount</b>                | The most the PPO will pay for a particular medical service in your area. <ul style="list-style-type: none"><li>▪ PPO network providers have agreed to accept this amount as reimbursement for covered services—they will never bill you more than the maximum allowed amount.</li><li>▪ If you go to an out-of-network provider, you will be responsible for the difference between the maximum allowed amount and what that provider charges you.</li></ul> |
| <b>Out-of-Pocket Maximum</b>                 | The maximum amount of copays and coinsurance you have to pay each calendar year.   |
| <b>Preferred Provider Organization (PPO)</b> | A network of doctors and health care facilities that provide services to members at negotiated rates. In a PPO, you have the option to go to network providers and out-of-network providers.   |

## LiveHealth Online – Anthem Members Only

LiveHealth Online lets you talk with and get treatment from a doctor online, either at the [www.livehealthonline.com](http://www.livehealthonline.com) website or on your smartphone or tablet using the free app. It is secure, easy to use, and affordable.

This service is available seven days a week, 24 hours a day, 365 days a year. You can see a doctor using LiveHealth Online for the same cost as your regular, in-network doctor visits: \$25 for EPO members and \$20 for PPO members. You just have to enroll for free at [www.livehealthonline.com](http://www.livehealthonline.com) or on the app. (If you don't enroll, Anthem won't be able to cover your visit.)

People use LiveHealth Online for a range of medical issues. The most common are cold and flu symptoms, fevers, allergies, infections, and other similar illnesses. Sometimes there's just no substitute for going to the doctor in person. But other times, the convenience of having a doctor a click away can help you get the care you need when you need it. You can download your LiveHealth Online app for free from the Apple App Store or Google Play. For more information, contact [customersupport@livehealthonline.com](mailto:customersupport@livehealthonline.com) (include your e-mail address and phone number) or call (855) 603-7985.



## *Dental Care Coverage*

The Archdiocese of Los Angeles offers dental care coverage, either in conjunction with medical coverage or as a separate election. The Archdiocese is contracted with Cigna Dental to provide you with their dental network. This network is a list of dentists who have agreed to reduce their fees to our members. This means you will save money when you visit a dentist in the Cigna network.

You can search for a dentist in your area by calling Cigna at 1-800-564-7642, or by visiting their website at <http://hcpdirectory.cigna.com/web/public/providers>

| <b>Archdiocese of Los Angeles Dental Plan</b>                                  |   |            |                       |
|--|---|------------|-----------------------|
| <b>Plan Provisions</b>   |   |            |                       |
| Annual Deductible  | \$50 per individual; \$150 per family (Deductible must be first satisfied prior to receiving all services). |            |                       |
| Annual Maximum Benefit   | \$1,500 per individual  |            |                       |
| Preventative Services (Routine exams, cleanings, and X-rays) Deductible Waived | EPO<br>90%  | PPO<br>80% | Out-of-Network<br>50% |
| Basic Services (Fillings, oral surgery, Endodontics and Periodontics)          | EPO<br>90%  | PPO<br>80% | Out-of-Network<br>50% |
| Major Dental Services (Crowns, inlays, onlays, bridge and dentures)            | EPO<br>90%  | PPO<br>80% | Out-of-Network<br>50% |



## Vision Care Coverage

Vision care benefits are available to employees who enroll in the Archdiocesan medical benefits program.

|  | <b>Anthem Blue Cross*<br/>PPO &amp; EPO<br/>Coverage offered through Eye Med</b>  | <b>Kaiser Permanente EPO**</b>   |
|--|---|--|
| Vision Exam with Dilation as Necessary-Every 12 months                             | \$10 copay  | Covered at 100% after \$25 copay   |
| Frames-Every 24 months   | \$0 copay \$130 allowance, 20% off balance over \$130   |  |
| Prescription Lenses- One pair of lenses per calendar year.                         | Limited to the following amounts:<br>Single: \$10 copay<br>Bifocal: \$10 copay<br>Trifocal: \$10 copay<br>Lenticular: \$10 copay  | Limited to \$175 allowance for frames, lenses, and/or contact lenses once every 24 months* |
| Contact Lenses- One pair of lenses per calendar year in lieu of frames and lenses. | Limited to the following amounts:<br>Elective lenses: \$0 copay \$100 allowance;<br>15% off balance over \$100<br>Medically necessary lenses: 5% off balance over \$140 |  |

\* You are highly encouraged to utilize a network provider as your benefits will be richer when you remain within the Eye Med Insight Network. To find a provider the Eye Med network, please go to [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) and select the Insight Network or you can call (866) 800-5457.

\*\*If you currently participate in the Kaiser EPO plan your vision benefits are provided through the Kaiser Permanente EPO. You must use Kaiser doctors and facilities to receive benefits.

## Employee Counseling Services

Because the Archdiocese cares about the well being of our employees, we provide an Employee Assistance Program to all employees and their families. These services are completely confidential, free and offer assistance in resolving those problems that may be interfering with your professional and/or personal life. Along with referrals, you may receive up to eight sessions per person per issue to help you deal with a variety of issues that can affect you at work or at home, such as:

- Parenting and child care
- Stress and anxiety
- Depression
- Coping with grief and loss
- Debt management and budgeting
- Addiction and recovery
- Living with a chronic condition

Offered through Optum, employee counseling services are provided primarily through phone based counselors, who are available to assist you 24 hours a day, seven days a week by calling (866) 248-4104, or by logging on to [www.liveandworkwell.com](http://www.liveandworkwell.com), access code 11040.



## *Voluntary Life and AD&D Insurance*

The Archdiocese of Los Angeles offers voluntary life and accidental death and dismemberment (AD&D) insurance through The Hartford, to help you protect your loved ones if something should happen to you. This plan is offered to all active lay employees who work at least 20 hours per week.

You may enroll in this plan within 31 days of your date of employment or during a qualifying life event; otherwise you must wait until the next scheduled open enrollment. You will pay the full cost of your coverage through pre-tax payroll deductions.

If you die while covered under this plan, your beneficiary will receive the life insurance benefit amount in force on the date of your death. The plan also pays an AD&D benefit, equal to your core life insurance amount, if you die as a result of a covered accident. Benefits are also payable if you suffer certain severe injuries in an accident, including loss of limb, sight, or paralysis.

Please Note: If you are electing a beneficiary to your life insurance someone other than your spouse, your spouse must sign the spousal consent in the beneficiary form.

You have three benefit options:

| <b>Option 1</b>   | <b>Option 2</b>   | <b>Option 3</b>  |
|---|---|--|
| 1 times your annual earnings, to a maximum benefit amount of \$75,000 | 1½ times your annual earnings, to a maximum benefit amount of \$100,000 | 2 times your annual earnings, to a maximum benefit amount of \$200,000 |

The cost of your coverage is based on your age and the benefit option you select.

| <b>Your Age</b> | <b>Monthly Rate per \$1,000 of Coverage</b> | <b>Calculating Your Cost</b>         |                            |
|-----------------|---|--------------------------------------|----------------------------|
| Under 30        | \$.095                                      | Gross Annual Salary                  | \$ _____                   |
| 30 – 39         | \$.10                                       | <b>Multiply</b> by Benefit Option    | x _____                    |
| 40 – 44         | \$.16                                       | (1, 1½, or 2)                        |                            |
| 45 – 49         | \$.25                                       |                                      | = _____                    |
| 50 – 54         | \$.39                                       |                                      | (round to nearest \$1,000) |
| 55 – 59         | \$.60                                       |                                      |                            |
| 60 – 64         | \$.93                                       | Your Coverage Amount                 | \$ _____                   |
| 65 – 69         | \$1.65                                      | <b>Divide</b> by \$1,000             | / _____                    |
| 70 – 74         | \$2.85                                      | <b>Multiply</b> by Rate for Your Age | x _____                    |
| 75 – 80         | \$4.52                                      |                                      |                            |
| 80+             | \$7.12                                      | Your Monthly Cost                    | \$ _____                   |



## *Voluntary Disability Insurance*

**Please note: The Archdiocese of Los Angeles does not participate in the State Disability Program (SDI). This means that if you become disabled and unable to work due to a non-work-related illness, injury, or accident, you will NOT have any income protection (beyond your accrued sick time and vacation time) if you do not purchase voluntary coverage.**

The financial consequences of a lengthy disability can be very serious. Disability insurance protects a portion of your income if you become ill or injured, to help you pay your bills until you can get back to work. You have two plan options:

- Option 1: Short-term disability insurance only
- Option 2: Long-term disability insurance, which includes short-term disability insurance

You may enroll in these plans within 31 days of your date of employment or during a qualifying life event; otherwise you must wait until the next scheduled open enrollment. You will pay the full cost of your coverage through after-tax payroll deductions. Any benefits you receive under these plans will be tax-free. The disability insurance plans are provided through Hartford.

### **Option 1: Short-Term Disability (STD) Insurance**

If you become disabled due to a maternity leave or unable to work due to a non-work related illness, injury or accident while covered under this plan, your STD benefits can help replace your lost income. This plan covers up to 60% of your gross weekly earnings, to a maximum weekly benefit amount of \$1,000. Benefits you receive under STD are non-taxable. If you are eligible for income from other sources such as Social Security and/or Workers' Compensation income you receive "from another employer" or "due to other employment" your STD benefits will be adjusted so that the maximum weekly benefit you receive from all sources does not exceed 60% of your pre-disability earnings.

Benefit payments begin after seven calendar days of disability and may continue for up to two years while you remain disabled and under a physician's care.

The cost of your STD coverage is \$.0101 times your gross monthly earnings. You would calculate your cost like this:

| <b>STD Insurance</b>   |           |
|------------------------|-----------|
| Gross Monthly Earnings | \$ _____  |
| Multiply by Rate       | X \$.0101 |
| Your Monthly Cost      | \$ _____  |

**Example.** Christopher earns \$35,000 per year. Here's how he calculates the monthly cost of his STD coverage:

- $\$35,000 \div 12 \text{ months} = \$2,917$  per month (rounded)
- $\$2,917 \times \$.0101 = \$29.26$

Christopher's STD coverage will cost \$29.26 per month.



**Option 2: Long-Term Disability (LTD) Insurance (Includes STD)**

If you purchase this option, you are covered under the STD plan as described above for up to two years. You then become eligible for LTD benefits if your disability continues beyond two years. The LTD plan pays 60% of your monthly earnings to a maximum monthly benefit of \$4,333. Benefits you receive under the LTD plan are non-taxable. If you are eligible for income from other sources such as Social Security and/or Workers' Compensation income you receive "from another employer" or "due to other employment," your LTD benefits will be adjusted so that the maximum monthly benefit you receive from all sources does not exceed 60% of your pre-disability earnings.

If your disability begins prior to age 63, your LTD benefits may continue up to age 67 while you remain disabled and under a physician's care. If your disability begins at age 63 or after, your benefits will be payable as follows:

| <b>Age Reduction Schedule for LTD Benefits</b> |                                     |
|--|-------------------------------------|
| <b>Age at Which Disability Begins</b>          | <b>Duration of Benefit Payments</b> |
| Age 63   | 36 months                           |
| Age 64   | 30 months                           |
| Age 65   | 24 months                           |
| Age 66   | 21 months                           |
| Age 67   | 18 months                           |
| Age 68   | 15 months                           |
| Age 69+  | 12 months                           |

Note: This policy will not provide coverage for any period of disability beginning within the first 12 months of the effective date of this coverage is the period of disability is caused by or substantially contributed to by a pre-existing condition or the medical or surgical treatment of a pre-existing condition. The look-back period for a pre-existing condition is up to 6 months.

The cost of your LTD coverage, which includes STD, is \$.0134 times your gross monthly earnings. You would calculate your cost like this:

| <b>LTD Insurance (Includes STD Insurance)</b> |           |
|---|-----------|
| Gross Monthly Earnings                        | \$ _____  |
| Multiply by Rate                              | X \$.0134 |
| Your Monthly Cost                             | \$ _____  |

**Example.** Paula earns \$42,000 per year. Here's how she calculates the monthly cost of her LTD coverage:

- $\$42,000 \div 12 \text{ months} = \$3,500 \text{ per month}$
- $\$3,500 \times \$.0134 = \$46.90$

Paula's combined STD and LTD coverage will cost \$46.90 per month.



## Contact Information

If you have questions about your health care benefits or coverage, we encourage you to contact the carrier directly, using the contact information shown below.

| Coverage  | Member Services | Website   |
|---|-----------------|---|
| <b>Anthem Blue Cross</b>                            |                 |   |
| EPO   | (888) 722-1077  | <a href="http://www.anthem.com/ca">www.anthem.com/ca</a>  |
| PPO   | (888) 722-1077  | <a href="http://www.anthem.com/ca">www.anthem.com/ca</a>  |
| LiveHealth Online                                   | (855) 603-7985  | <a href="http://www.livehealthonline.com">www.livehealthonline.com</a>  |
| Prescription Drugs (Prescription by Optum RX)       | (800) 788-7871  | <a href="http://www.optumrx.com">www.optumrx.com</a>  |
| Vision Benefits (Eye Med)                           | (866) 800-5457  | <a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>  |
| Employee Assistance Program (Optum-EAP)             | (866) 248-4104  | <a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a><br>Access code = 11040                         |
| <b>Kaiser Permanente</b>                            |                 |   |
| EPO   | (800) 464-4000  | <a href="http://www.kp.org">www.kp.org</a>  |
| Prescription Drugs                                  | (800) 464-4000  | <a href="http://www.kp.org">www.kp.org</a>  |
| Vision Benefits (Kaiser Permanente)                 | (800) 464-4000  | <a href="http://www.kp.org">www.kp.org</a>  |
| <b>Cigna Dental</b>                                 |                 |   |
| Dental Plan (Cigna Dental Plan PPO and EPO Network) | (800) 564-7642  | <a href="http://hcpdirectory.cigna.com/web/public/providers">http://hcpdirectory.cigna.com/web/public/providers</a> |
| <b>The Hartford</b>                                 |                 |   |
| Voluntary Term Life and AD&D Insurance Plan         | (800) 523-2233  | <a href="http://www.thehartfordatwork.com">www.thehartfordatwork.com</a>  |
| Voluntary Short-Term and Long-Term Disability Plans | (866) 945-7801  | <a href="http://www.thehartfordatwork.com">www.thehartfordatwork.com</a>  |

For help with enrollment issues, call our plan administrator, BAS, at (888) 337-7785 between 5:30 a.m. and 5:00 p.m. Monday through Friday, or e-mail [employeebenefits@basusa.com](mailto:employeebenefits@basusa.com).

For more information about your benefits, you may also visit HR Connection at [www.hrconnection.com](http://www.hrconnection.com) [user name = ADLAen; password = Benefits2015].



