



ENHANCE YOUR WELLNESS

ENJOY THE BENEFITS

**2021
BENEFITS GUIDE**



City of Hope®

WELCOME TO YOUR

2021

BENEFITS GUIDE

Benefits are an important part of your total rewards package at City of Hope. Our plans are designed to support the physical, emotional and financial health and well-being of our diverse workforce and provide comprehensive, cost-effective options.

We have provided side-by-side comparison charts for your health and welfare plans to help you decide which plans are best for you and your family. We encourage you to review this information before making your plan selections. Please keep this guide as a reference during the year to help you understand your benefits.

The Benefits Team is available to help you with your questions.



Call: 626-218-2228
or Extension 82228



Email: benefits@coh.org



Benefits Website:
benefits.coh.org



- 3 Contact Information
- 4 Enrolling in Benefits
- 5 Benefits Eligibility
- 5 Changing or Canceling Your Benefits

HEALTH BENEFITS

- 6 Health Plans
- 7 HMO Medical Plans Comparison Chart
- 8 PPO Medical Plans Comparison Chart
- 9 Aetna HSA PPO Plan
- 10 The HSA
- 11 Dental Plans
- 12 Vision Service Plan (VSP)
- 13 Finding a Medical or Dental Provider
- 14 Cancer Support Services

FINANCIAL SECURITY

- 16 Flexible Spending Accounts
- 17 Life Insurance
- 18 Accidental Death & Dismemberment Insurance
- 18 Disability Income Insurance
- 19 Voluntary Benefit Plans/AFLAC Plans
- 21 Rideshare and Alternative Commute Program
- 23 Retirement Plans

WELLNESS

- 25 Employee Wellness Program
- 27 Employee Assistance Program
- 27 Back-Up Child and Adult Care/Eldercare
- 28 Reporting a Leave of Absence

EMPLOYEE CONTRIBUTIONS

- 29 Medical Plan Employee Contributions
- 29 Voluntary Life/AD&D Employee Contributions
- 30 Dental and Vision Plan Employee Contributions

ADDITIONAL COMPLIANCE INFORMATION

For additional compliance information, please refer to the health and welfare notices available at benefits.coh.org. Please refer to your certificate, summary plan description or evidence of coverage for a complete explanation of benefits provided, exclusions and limitations, and additional plan information.

CONTACT INFORMATION

City of Hope's Benefits Team is available to help answer your questions about the benefits offered and can help you elect or change your benefits. You may also contact the providers directly with specific benefit coverage questions.

BENEFITS DEPARTMENT



Email:
benefits@coh.org



Call: 626-218-2228
or Extension 82228



Benefits Website:
benefits.coh.org



Fax: 626-218-8992



Come see us:
Rivergrade
Administration
Center,
4920 Rivergrade
Road, Irwindale

AccessHope™ Cancer Support Services
877-882-7890

Aetna DMO/DPPO Dental Plans
Dental Member Services:
877-238-6200
aetna.com
Group No. 836988

Aetna HMO, Traditional PPO, HSA PPO Plans
Member Services: 855-565-8529
aetna.com
Group No. (HMO)865238 (PPO)836988

Aetna Resources for Living (Employee Assistance Program)
Member Services: 800-342-8111
resourcesforliving.com
User Name: city of hope
Password: eap

AFLAC
Member Services: 661-702-9416
Stephanie_Sanders@us.aflac.com
Group No. 58-0663085

Bright Horizons
Backup Child and Adult/Eldercare
careadvantage.com/coh
User Name: COH
Password: backup4u
877-BH-CARES (242-2737)

Discovery Benefits Flexible Spending Accounts and Health Savings Account
Member Services: 866-451-3399
discoverybenefits.com

Fidelity Investments — Retirement Plans
Member Services: 800-343-0860
netbenefits.com/atwork

Kaiser HMO Plan
Member Services: 800-464-4000
kp.org
Group No. 102166

Met Auto/Home Insurance
Member Services: 800-438-6388
metlife.com

Met Law (Hyatt Legal)
Member Services: 800-821-6400

Nationwide Pet Insurance
Member Services: 877-738-7874
petinsurance.com/affiliates/hope

Ridelinks
Rideshare and Alternative
Commuter Program
Vanpool and Public Transit
CityofHope.commuterportal.com

TIAA Retirement Plans
(For employee accounts opened before January 2011)
Member Services: 800-842-2252
tiaa.org

Unum
Life/AD&D Insurance:
Member Services: 800-445-0402
Disability Insurance or to
Report a Leave of Absence:
Member Services: 866-779-1054
unum.com/claims
Policy No. 954939

Virgin Pulse Member Services
Employee Wellness Program
833-724-4673
member.virginpulse.com

Vision Service Plan (VSP)
Member Services: 800-877-7195
vsp.com
Group No. 12008709
(VSP ID No. is 000 plus your
employee ID number)

ENROLLING IN BENEFITS



If you are newly eligible for benefits at City of Hope, you will enroll via our online enrollment website. You have 30 days beginning on your hire/eligibility date to enroll.

You will receive an email at your City of Hope email address on your hire date (or the first date you meet the eligibility requirements for benefits).

- 1 Click the link in the email, or go to benefits.coh.org.
- 2 Review plan details.
- 3 When you are ready to enroll, click "Enroll Now."
- 4 When prompted, enter your network ID and network password.
- 5 Follow the instructions on each screen to make your elections.
- 6 Remember to click "Submit" at the end of your elections.

If you do not enroll within 30 days, you will not be able to participate in the medical, dental, vision, voluntary life and AD&D plans or Flexible Spending Accounts for the remainder of the calendar year, unless you have a qualifying life event. Your next opportunity to enroll will be during the next Open Enrollment period. You will continue to have company-paid basic life, AD&D, short- and long-term disability coverage and the Employee Assistance Program.



FOR ASSISTANCE WITH ENROLLMENT, PLEASE CALL THE BENEFITS TEAM AT 626-218-2228.

BENEFITS ELIGIBILITY

Your benefits become effective the first day of the month following date of employment. The exceptions are the Employee Assistance Program (eligible immediately), Back-Up Care Advantage Program (eligible immediately), Cancer Support Services (eligible immediately), the 403(b) Tax Deferred Annuity Plan (eligible immediately) and the 401(a) Defined Contribution Plan (eligible after one year of continuous service).

You are eligible to participate in the City of Hope benefit plans if you are a regular full-time or part-time employee scheduled to work at least 20 hours per week.

YOUR ELIGIBLE DEPENDENTS INCLUDE:

SPOUSE OR DOMESTIC PARTNER

Your lawful or legally married spouse, or your domestic partner who meets the requirements set forth in the Affidavit of Spousal Equivalency.

FOR EMPLOYEES HIRED ON OR AFTER JANUARY 1, 2013:

- Your spouse or domestic partner is eligible for City of Hope medical and dental benefits only if she or he is not eligible for benefits through another employer's group health plan.
- If you enroll a spouse/domestic partner, you will be required to attest that they are not eligible for employer-sponsored benefits elsewhere.

CHILDREN

Your children who are your natural, step or legally adopted children, or children of your enrolled eligible domestic partner, provided they are under the age of 26. (For life insurance only, children must be under age 26, unmarried and dependent upon you for support.)

Important note: Newborns are NOT automatically added to your coverage under City of Hope's benefit plans. You must enroll your newborn within 30 days of the birth.

CHILDREN OVER AGE 26

Children over age 26 who are disabled and incapable of self-support and who were covered under the plan at the time they reached age 26. Proof of disability must be approved by the carrier within 30 days of the child's 26th birthday.

CHANGING OR CANCELING YOUR BENEFITS

Once your elections take effect, you are not able to make changes until the next Open Enrollment period or when you experience a qualified life event. If you experience a qualified life event, **you may change your coverage within 31 days of the event.** Necessary documentation will be required. Contact the Benefits Department for more information about what qualifies as a life event.

EXAMPLES OF QUALIFYING LIFE EVENTS THAT ALLOW YOU TO CHANGE YOUR BENEFITS DURING THE YEAR INCLUDE:

- Marriage
- Divorce or legal separation
- Birth, adoption or change in the legal custody of your child
- Change in your spouse's or domestic partner's employment status that results in a loss or gain of other coverage for you or your dependents
- Change in your employment status that affects your benefit eligibility
- Death of a spouse, domestic partner or dependent child
- Change in your dependent's eligibility status due to age or loss of dependent status according to federal tax guidelines



HEALTH PLANS

MEDICAL PLANS	DENTAL PLANS
<p>City of Hope offers four medical plans for you to choose from:</p> <ul style="list-style-type: none"> • Aetna HMO • Kaiser HMO • Aetna Traditional PPO • Aetna HSA PPO (paired with a Health Savings Account) 	<p>City of Hope offers two dental plans for you to choose from:</p> <ul style="list-style-type: none"> • Aetna DMO Dental • Aetna PPO Dental

The following pages include side-by-side comparison charts for the medical and dental plan options. A few key terms to understand before you review your options are:

DEDUCTIBLE. The fixed dollar amount that you pay out of pocket each calendar year before the Plan will begin reimbursing for nonpreventive services. Services that note a copay amount do not apply to the deductible.

COPAY. The flat dollar amount that you pay the provider for certain covered services. After you pay the copay, the Plan will pay the remainder of all eligible charges made by an in-network provider.

COINSURANCE. The percentage of covered services you and the Plan each pay. Your share is normally payable only after the deductible has been met.

OUT-OF-POCKET MAXIMUM. The most you could pay during the calendar year for your share of the costs of covered services, including copays and coinsurance.

TO RECEIVE CARE AT CITY OF HOPE

The Aetna Traditional and HSA PPO plans are the ONLY plan choices that provide direct access to City of Hope National Medical Center, City of Hope physicians and City of Hope community practice sites. Under the Kaiser and Aetna HMO plans, care can **only** be received at City of Hope if a formal authorization is granted by your HMO or Medical Group, and there is no guarantee or requirement for an authorization to be issued for care at City of Hope.

WATCH THE “CHOOSING A MEDICAL PLAN” VIDEO.

Text **COH157** to **61759** or scan the QR code using the camera on your mobile device.



HMO MEDICAL PLANS COMPARISON CHART

When you enroll in the Aetna HMO (health maintenance organization) plan, you (and each enrolled dependent) will be asked to select a primary care provider (PCP) from the network. Your PCP will manage your health care. You must receive all nonemergency care from the doctors and hospitals in the Aetna network (if you enroll in the Aetna HMO) or at a Kaiser facility (if you enroll in the Kaiser HMO). Care received from an out-of-network provider (except for emergency care) will not be covered. More information on the plans can be found in the Plan Summaries and Explanation of Coverage available at benefits.coh.org.

		AETNA HMO (Available to California residents only)	KAISER HMO (Available to Southern California residents only)
Annual Deductible	Individual Family	None None	None None
Annual Out-of-Pocket Maximum	Individual Family	\$1,000 \$2,000	\$1,500 \$3,000
Preventive Care	Routine Physical Well Child Care Immunizations Routine GYN Mammogram	No Copay No Copay No Copay No Copay No Copay	No Copay No Copay No Copay No Copay No Copay
Medical Services	Primary Care Visits Specialist Visits X-ray and Lab Outpatient Surgery Emergency Room Urgent Care Durable Medical Equipment Speech, Physical, OCC Therapy	\$20 Copay \$30 Copay No Copay No Copay \$150 (waived if admitted) \$30 Copay No Copay \$20 Copay	\$20 Copay \$30 Copay No Copay \$30 Copay \$150 (waived if admitted) \$20 Copay 20% \$20 Copay
Inpatient Hospitalization		\$100 per admission	\$100 per admission
Mental Health and Substance Abuse	Inpatient Outpatient	\$100 per admission \$30 Copay	\$100 per admission \$20 Copay
Prescription Drugs Retail (30-day supply)	Generic Brand Formulary Nonformulary Specialty	\$10 Copay \$35 Copay \$60 Copay same as generic or brand above	\$10 Copay \$35 Copay \$35 Copay (exception needed) Copay: 20% coinsurance, \$150 max
Prescription Drugs (Mail Order)	Generic Brand Formulary Nonformulary Specialty	\$20 Copay (90-day supply) \$70 Copay (90-day supply) \$120 Copay (90-day supply) n/a	\$20 Copay (100-day supply) \$70 Copay (100-day supply) n/a n/a

PPO MEDICAL PLANS COMPARISON CHART

A preferred provider organization (PPO) plan gives you the flexibility to choose any provider or facility. However, if you use a network provider you'll pay less because the network providers have agreed to charge lower, negotiated rates. The HSA PPO Plan is paired with a Health Savings Account (HSA). The HSA is a tax-advantaged account that allows you to pay for your out-of-pocket medical expenses with tax-free dollars. Please refer to page 9 to learn more about the HSA PPO Plan and HSA eligibility.

		AETNA TRADITIONAL PPO (Available nationwide)		AETNA HSA PPO (Available nationwide)	
		In-network	Out-of-network	In-network	Out-of-network
Deductible (applies to all coinsurance %)	Individual	\$750	\$1,500	\$1,400	\$2,800
	Family	\$2,250	\$4,500	\$2,800	\$5,600
HSA Employer Contribution	Individual	n/a		\$350	
	Family	n/a		\$600	
Out-of-Pocket Maximum (includes deductible)	Individual	\$3,750	\$10,500	\$4,300	\$11,600
	Family	\$8,250	\$22,500	\$8,600	\$23,200
	Per-person limit applicable under family coverage	\$3,750	\$10,500	\$6,850*	n/a
Preventive Care	Routine Physical	No Copay	40%	No Copay	40%
	Well Child Care	No Copay	40%	No Copay	40%
	Immunizations	No Copay	40%	No Copay	40%
	Routine GYN	No Copay	40%	No Copay	40%
	Mammogram	No Copay	40%	No Copay	40%
Medical Services	Primary Care Visits	\$20 Copay	40%	20%	40%
	Specialist Visits	\$30 Copay	40%	20%	40%
	X-ray and Lab	20%	40%	20%	40%
	Outpatient Surgery	20%	40%	20%	40%
	Emergency Room	\$150 (waived if admitted)	\$150 (waived if admitted)	20%	20%
	Urgent Care	\$30 Copay	40%	20%	40%
	Speech, Physical, OCC Therapy	20%	40%	20%	40%
Inpatient Hospitalization		20%	40%	20%	40%
Mental Health Substance Abuse	Inpatient	20%	40%	20%	40%
	Outpatient	\$20 Copay	40%	20%	40%
Prescription Drug Out-of- Pocket Max	Individual	\$3,100		Included in the medical out-of-pocket maximum	
Family	\$5,450				
Prescription Drugs* Retail (30-day supply)	Generic	\$10 Copay		20%	
	Brand Formulary	20% (min \$35, max \$55)		20%	
	Nonformulary	30% (min \$60, max \$80)		20%	
	Specialty	same as generic or brand above		20%	
Prescription Drugs Retail (90-day supply)	Generic	\$20 Copay		20%	
	Brand Formulary	20% (min \$70, max \$110)		20%	
	Nonformulary	30% (min \$120, max \$160)		20%	
	Specialty	n/a		n/a	

*With the HSA Family plan, an individual's out-of-pocket maximum will not exceed \$6,850.

AETNA HSA PPO PLAN

The HSA PPO plan combines a PPO (preferred provider organization) medical plan and a Health Savings Account (HSA). The rules that govern HSAs are complex. Please read the material sent to you by Discovery Benefits and the information in the Plan Document, found at benefits.coh.org.



THE MEDICAL BENEFIT

This medical plan requires that you first satisfy a deductible before the plan will pay benefits. The deductible for this plan is higher than the Traditional PPO Plan.

- All of your medical expenses, except for eligible preventive care (which is paid at 100% with no deductible) apply to your deductible. This includes your prescription drug expenses.
- You are responsible for all nonpreventive care expenses until your deductible is satisfied.
- Once the deductible is satisfied, the plan pays 80% of your claims if you use the network and 60% if you go out-of-network. Your prescription drugs are paid at 80%.
- If you enroll as a family, an individual's out-of-pocket maximum cost will not exceed \$6,850.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA) AND THE HSA

If you enroll in the HSA PPO plan with the HSA, you cannot have any other coverage that reimburses you for medical expenses, including a regular FSA, either through City of Hope or through your spouse's plan. You may make tax-free withdrawals from your HSA to reimburse yourself for eligible medical expenses until your deductible is met.

- You may set up a special Limited Purpose FSA that can be used ONLY for dental and vision expenses until your medical deductible is met. If you meet your deductible, then you may be reimbursed for medical expenses through your Limited Purpose FSA or through your HSA.
- The maximum you can defer into the Limited Purpose FSA in 2021 is \$2,750.



THE HSA

The HSA allows you to pay for your eligible out-of-pocket medical expenses (such as your deductible, copays and coinsurance) with federal tax-free dollars.

When you enroll in the HSA PPO plan, an HSA is established for you. State taxes may apply.

- **Plan eligibility.** You are eligible to enroll in the HSA if you are:
 - NOT claimed as a dependent on anyone else's tax return
 - NOT covered under your spouse's Health Care Flexible Spending Account (FSA)
 - NOT covered by any other medical plans (including Medicare A and/or B) unless the other plan is also a high deductible health plan
- **City of Hope's contribution.** Each year you enroll in the HSA PPO plan, City of Hope contributes to the HSA account. The 2021 contribution is \$350 if you elect single coverage or \$600 for family coverage. Amounts are prorated if your coverage begins during the year.
- **You can also contribute to the HSA.** You can elect a biweekly payroll deduction on a pretax basis. You can contribute up to an additional \$3,250 per year for single coverage and \$6,600 for family coverage. If you are age 55 or older, you may make an additional \$1,000 annual "catch-up" contribution. You do not have to contribute to this account.
- **The money in the HSA is always yours to keep.** Unlike an FSA, there is no "use it or lose it" rule. If you do not use all the money in your account in any year, you can save the money to pay for future medical expenses.

DENTAL PLANS

		AETNA PPO DENTAL		AETNA DHMO DENTAL
		IN-NETWORK	OUT-OF-NETWORK	
Annual Deductible	Individual	\$50	\$75	None
	Family	\$150	\$225	None
Annual Benefit Maximum*		\$1,500 per person*		Unlimited
Preventive Services: Exams, cleanings, X-rays		No charge, No deductible	20%, No deductible	No copay
Basic Services: Fillings, most extractions, etc.		20%, deductible applies	60%, deductible applies	\$0-\$75 (see DMO schedule of benefits)
Major Services: Crowns, bridges, dentures, etc.		50%, deductible applies	70%, deductible applies	\$144-\$250 (see DMO schedule of benefits)
Orthodontics: Adults and Children		50% to \$1,500 lifetime combined		\$1,845 copay + cost of exam, records and retention

*Preventive and diagnostic services do not count toward annual benefit maximum.



VISION SERVICE PLAN (VSP)



	IN-NETWORK	OUT-OF-NETWORK
Eye Exam: Once every 12 months	\$15 Copay	Up to \$45
Lenses: Once every 12 months	Covered in full*	From \$30-\$100
Frames: Once every 24 months	Covered up to \$200 \$110 allowance for Costco	Covered up to \$70
Contacts: In lieu of frames/lenses	Covered up to \$200	Covered up to \$105

*Add-ons such as coatings and certain special type of lenses are at additional costs. Discounts apply. If you use a VSP provider, no ID card or claim form is necessary.

CAN YOU SEE IT?

Common daily symptoms that may suggest a problem with your vision:



- Blurriness, blind spots or halos around lights
- Frequent headaches
- Loss of sharpness
- Sitting too close to the television
- Squinting



**Your VSP
ID number is
000 plus your
employee
ID number**

FINDING A PROVIDER





HOW TO FIND AN AETNA MEDICAL OR DENTAL PROVIDER

REGISTERED MEMBERS OF AETNA NAVIGATOR

- 1 Go to aetna.com/docfind.
- 2 Log into your Aetna account, then select "Find Care and Pricing."
- 3 To find a provider, enter the name/category in the search bar OR select a category listed.

NONREGISTERED MEMBERS OF AETNA NAVIGATOR

- 1 Go to aetna.com/docfind.
- 2 Under "Continue as guest," enter your home zip, city, county or state, then click "Search."
- 3 Under "Select a Plan," select the appropriate Aetna plan name below (or type into the search bar), and click "Continue."

 FOR AETNA MEDICAL PLANS	 FOR AETNA DENTAL PLANS
<p>FOR AETNA HMO: Under "Aetna Standard Plans," select "HMO."</p> <p>FOR AETNA TRADITIONAL PPO: Under "Aetna Open Access Plans," select "Aetna Choice POS II (Open Access)."</p> <p>FOR AETNA HSA PPO: Under "Aetna Open Access Plans," select "Aetna Choice POS II (Open Access)."</p>	<p>FOR AETNA DMO DENTAL: Under "DMO/DNO/Managed Dental," select "DMO/DNO."</p> <p>FOR AETNA DPPO DENTAL: Under "Dental PPO/PDN with PPO II," select "Dental PPO/PDN with PPO II."</p>

- 4 To find a provider, enter the name/category in the search bar OR select a category listed.

ENROLLING IN AETNA HMO OR AETNA DMO PLAN FOR THE FIRST TIME?

If you enroll in the Aetna HMO Medical Plan or the Aetna DMO Dental Plan for the first time, you must choose an Aetna primary care provider. If you do not enter an Aetna provider when enrolling, Aetna will assign you to a provider. Locate the six-digit Provider ID from the list of participating providers and enter the ID in the enrollment system.

CANCER SUPPORT SERVICES

When you or someone in your family is facing a cancer diagnosis, there is nothing more important than finding the very best expertise. That's why City of Hope is now offering employees access to the resources they need, through AccessHope's Cancer Support Services. This program supports our employees and their immediate family, free-of-charge and regardless of benefit eligibility, which medical plan you have selected or if you have enrolled in any of our Benefit plans and offers three distinct programs:

Cancer Support Line | Expert Advisory Review | Expert Evaluation

HOW IT WORKS

1 CANCER SUPPORT LINE

A dedicated phone line answered by experienced oncology nurses who are trained to help you:

- Understand your specific type of cancer
- Connect to expert medical guidance through the Expert Advisory Review or Expert Evaluation programs
- Find answers to questions that arise during your cancer journey
- Prepare for your appointments with an oncologist
- Understand the types of treatments typically provided for your type of cancer
- Access trusted educational materials
- Gain access to interactive webinars on cancer screening, prevention and treatment
- Learn about the importance of clinical trials

2 EXPERT ADVISORY REVIEW

A physician who specializes in your type of cancer will **review your medical records and treatment plan** and communicate with your doctor to provide the following:

- A recommendation regarding the appropriateness of the planned treatment
- A new treatment plan (if needed)
- A recommendation regarding the appropriateness of genetic testing
- Expert interpretation of a genetic test you have already taken
- A listing of appropriate clinical trials, if any, which may be suitable for you

To find out more about these programs, call **877-882-7890**, 6 a.m. to 6 p.m. (Pacific Time), Monday through Friday (except holidays).

3 EXPERT EVALUATION*

During an in-person evaluation, you will have **access to the expertise of an oncologist or hematologist** who specializes in your specific type of cancer, plus additional consultations with a surgical oncologist, radiation oncologist, supportive care practitioner or other specialists as needed. Expert Evaluation includes the following services:

- Phone introduction with a clinical professional
- Consultation with a medical oncologist or hematologist
- Medical records procurement and pathology review
- Additional consultation with specialty clinical staff as needed
- Clinical trial identification and information
- Assigned patient navigator
- Coordination of ongoing care with your doctor
- Review of case by a board of specialists, as necessary

To find out more about these programs, call **877-882-7890**, 6 a.m. to 6 p.m. (Pacific Time), Monday through Friday (except holidays).

The Cancer Support Services program is available to regular employees of City of Hope National Medical Center, Beckman Research Institute of City of Hope, Philanthropy, City of Hope Medical Foundation, Access City of Hope and City of Hope Medical Group. This program is not available to those on non-employee status. Immediate family members are defined as a regular employee's lawful or legally married spouse, eligible domestic partner, children who are your natural, step or legally adopted children or children of your eligible domestic partner, provided they are under the age of 26.

*Expert Evaluation is intended as an opportunity to receive a first or second medical opinion from an AccessHope physician. Ongoing care is not available as part of this program, nor is this program intended to provide employees with an offer of medical plan coverage.



Daniel J. Kim, M.D.

FLEXIBLE SPENDING ACCOUNTS



Provided through Discovery Benefits, a Flexible Spending Account (FSA) lets you set aside money on a pretax basis to pay for eligible health-related, dependent care and/or adoption expenses. You do not have to pay tax on the money you set aside, or when you request reimbursement. Remember to plan carefully. If you do not have sufficient claims incurred during the year, you will forfeit any unreimbursed money in your Dependent Care Account and any money greater than \$550 in your Health Care Account.* You have until March 31, 2022, to submit 2021 claims.

THERE ARE THREE TYPES OF FSAs:

1 HEALTH CARE FSA	2 DEPENDENT CARE FSA	3 ADOPTION ASSISTANCE FSA
For payment of eligible health care expenses for you and your dependents	For eligible day care and elder care expenses	For payment of eligible adoption expenses
Allows you to set aside between \$100 and \$2,750 per year via payroll deductions Reminder: Over-the-counter medications are not eligible for reimbursement under an FSA without a doctor's prescription.	Allows you to set aside between \$100 and \$10,500* for the 2021 calendar year via payroll deductions. Generally applies to children up to age 14.	Allows you to set aside up to \$14,300 per year via payroll deductions for reimbursement of eligible adoption expenses (limitations apply at higher incomes)

**Per the Consolidated Appropriations Act of 2021 for plan years 2020-2021, there are no forfeiture of unused funds in both the Healthcare and Dependent Care FSA accounts. The dependent care FSA limit applies to 2021 only.*

You must re-enroll for FSAs each year. Your previous elections will not carry over. If you are enrolling in the HSA PPO Plan, see page 9 regarding eligibility for a Health Care FSA.

LIFE INSURANCE

Insured by Unum

BASIC LIFE INSURANCE — COMPANY PAID

Coverage	1x base annual earnings (minimum \$60,000, maximum \$350,000). No Evidence of Insurability (EOI) is required. Benefit reduces by 50% at age 70.
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VOLUNTARY LIFE INSURANCE — EMPLOYEE PAID

	Coverage Options	Evidence of Insurability
Employee	1,2,3,4 or 5x base annual earnings up to a maximum of \$1,150,000	EOI required if you: <ul style="list-style-type: none"> • Did not enroll during your initial eligibility period • Choose an amount over \$400,000 of coverage • Increase current coverage by more than 1x earnings
Spouse	\$5,000, \$10,000, \$25,000, \$50,000, \$100,000, \$150,000, \$200,000, \$250,000 (not to exceed 100% of employee's life coverage)	EOI required if you: <ul style="list-style-type: none"> • Did not enroll during your initial eligibility period • Choose an amount over \$50,000 of coverage • Increase your coverage by more than one level
Child*	\$10,000 (one premium covers all children)	EOI not required

*For life insurance only, children must be under age 26, unmarried and dependent upon you for support.

DESIGNATE YOUR LIFE INSURANCE BENEFICIARY

Beneficiaries are individuals or entities that you select to receive benefits from your policy.

- You can change your beneficiary designation at any time.
- You may designate one or multiple beneficiaries to receive payment in the amount you specify.

To select or change your beneficiary, complete the "Life and AD&D Beneficiary Designation Form" found at benefits.coh.org.



Unum
Member Services
Life/AD&D:
800-445-0402

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Insured by Unum

BASIC AD&D INSURANCE — COMPANY PAID

Coverage	1x base annual earnings (minimum \$60,000, maximum \$350,000). No Evidence of Insurability is required. Benefit reduces by 50% at age 70.
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VOLUNTARY AD&D INSURANCE — EMPLOYEE PAID

	Coverage Options
Employee	1,2,3,4 or 5x base annual earnings up to a maximum of \$1,150,000 Benefit reduces by 50% when employee turns age 70.
Employee + Family	Employee chooses 1,2,3,4 or 5x base annual earnings. Dependents are covered as follows: <ul style="list-style-type: none"> ▪ Spouse only: 60% of employee's AD&D amount ▪ Children only: 15% of employee's AD&D amount per child ▪ Spouse and Children: 50% of employee's AD&D amount for spouse, 10% per child Benefit reduces by 50% when employee turns age 70.

DISABILITY INCOME INSURANCE

Insured by Unum

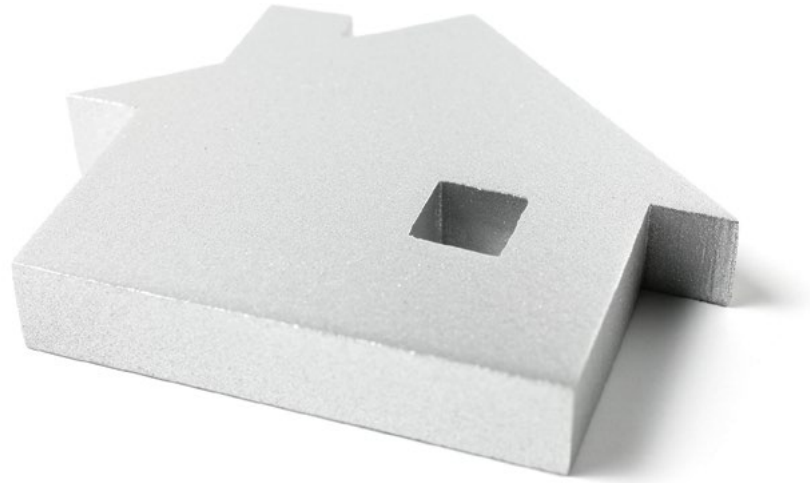
EMPLOYEE BASIC DISABILITY COVERAGE — COMPANY PAID




	Short-Term Disability	Long-Term Disability
Coverage	Benefit equals 60% of pre-disability base weekly earnings to a maximum benefit of \$3,462 per week.	Benefit equals 60% of pre-disability base monthly earnings to a maximum benefit of \$22,500 per month.
Benefit Waiting Period	None for disability caused by accidental injury and seven days for disability caused by physical disease, pregnancy or mental disorder	180 days
Maximum Benefit Period	26 weeks	To age 65

Benefits may be reduced by other income, including state disability, workers' compensation and Social Security.

VOLUNTARY BENEFIT PLANS

A variety of voluntary benefits are available. You are responsible for the full cost of these plans. If you leave City of Hope, you may elect to keep the coverage by paying the premium directly to the carrier. Additional information is available at benefits.coh.org.



 METLIFE AUTO/ HOME INSURANCE	 METLAW — HYATT LEGAL PLAN	 NATIONWIDE PET INSURANCE
<p>MetLife Auto/Home offers a voluntary program with many features and benefits.</p>	<p>The MetLaw Legal Plan offers a variety of covered legal services through a network of participating attorneys.</p>	<p>This plan allows you to purchase health insurance for your pets.</p>
What the Plan Covers	What the Plan Covers	What the Plan Covers
<p>Choose from a variety of policies to meet your coverage needs including: boat, condo, motor home, recreation vehicle and renter's. Save more with multipolicy discounts.</p>	<p>Covered services include preparation of wills, document review, court appearances, traffic ticket defense (except DUI), debt collection defense, identity theft defense, trusts, powers of attorney and real estate matters.</p>	<p>Multiple plan options and annual maximum payouts are available (Comprehensive Medical, Economical Accident and Illness, Emergency Care). Save more with multiple pet discounts.</p>
How to Enroll*	How to Enroll*	How to Enroll*
<p>You may obtain a free quote or apply at any time. 800-GET-MET8 (800-438-6388) metlife.com</p>	<p>You may enroll for this coverage only during Open Enrollment or during your initial benefits enrollment period. Complete the enrollment form found at benefits.coh.org.</p>	<p>You may enroll at any time. 877-738-7874</p>

*If you experience a qualified life event, you may change your coverage within 31 days of the event. Contact the Benefits Department for more information about what qualifies as a life event.



**AFLAC
PLANS**

AFLAC plans pay a cash benefit directly to you in addition to your medical plan benefits.

What the Plan Covers

Coverage is available for you, your spouse/domestic partner and your children. If you leave City of Hope, you may elect to keep the coverage by paying the premium directly to the carrier.

How to Enroll

You may enroll for this coverage only during Open Enrollment or your initial benefits eligibility. Contact AFLAC at 661-702-9416 or email Stephanie_Sanders@us.aflac.com.

**AFLAC
Personal Cancer
Indemnity Plan**

This policy pays cash benefits if you or a covered dependent is diagnosed with cancer. Benefits are payable for:

- Conventional and experimental treatments
- Annual mammogram and pap smear
- One of 11 types of annual cancer screenings for each covered person

**AFLAC
Hospital
Protection Plan**

This policy is available to you and your dependents and pays cash benefits for:

- Hospitalization or outpatient surgery
- Ambulance ride
- Diagnostic exams
- Annual mammogram and one of nine types of annual screenings

**AFLAC
Specified Health
Event Plan**

This policy pays a cash benefit when you or your covered dependents suffer a life-threatening event such as heart attack, stroke, coma, paralysis, persistent vegetative state, major human organ transplant or major third-degree burns. This policy also pays a benefit for an annual mammogram each year.

RIDESHARE AND ALTERNATIVE COMMUTE PROGRAM

Sharing the ride to work helps achieve a more sustainable future. Register for the Rideshare and Alternative Commute Program to participate in subsidized options and to access commuter tools and benefits. Visit Ridelinks at CityofHope.commuterportal.com.



PUBLIC TRANSIT

City of Hope subsidizes the cost of public transit passes for eligible City of Hope employees. The employer subsidy is applied to the Metro Annual Transit Access Pass (A-TAP) or the Metrolink Train pass ordered through the RideLinks Pass Purchasing Program. Reimbursement for eligible public transit parking expenses is available.

VANPOOL

Commute with Enterprise offers an alternative to driving your personal vehicle. Participants privately lease seven or ten seat vehicles and commute together from common pickup locations.

BIKING

Riding your bike to work is a sustainable, economical and healthy alternative to driving alone. Bicycle commuters can utilize covered bike lockers and open bike racks on the Duarte campus.

WALKING

When you walk to work or across campus for a meeting, you are doing something worthwhile for yourself and making a valuable contribution to cleaner air.

CARPOOL

To help you find a carpool partner within the City of Hope community, visit CityofHope.commuterportal.com to access convenient ride matching services.

DUARTE CAMPUS PARKING

Parking space is limited on the Duarte Campus. You are encouraged to use alternative transportation options, however, we understand it is not a viable option for everyone. City of Hope utilizes the Frog Parking app to assign and promote efficient campus parking. You may elect to pay for parking by payroll deduction or pay with your credit card.

ALTERNATIVE COMMUTE INCENTIVES

Public Transit or Vanpool Subsidy Eligible Public Transit Parking Expense Reimbursement	Up to \$270 per month Up to \$55 per month for employees scheduled to work less than 20 hours per week or per diem Temporary employees or contractors are not eligible for the subsidy.
Earn Virgin Pulse Employee Wellness Program Points	Earn 500 points for your registration at CityofHope.commuterportal.com Earn 500 points for a Public Transit Pass purchase through the Ridelinks Pass Purchasing Program.
Earn a Cash Incentive for Continuous Ridership	Earn \$300 after 12 months of continuous* and active ridership. <i>*Commuter must submit a commuter log in Ridelinks every month with 12 or more commutes per month. Payment is taxable at a supplemental tax rate in the year in which it is paid.</i>

OTHER PARTICIPATION BENEFITS

- Carpool and Vanpool Matching service
- Free Guaranteed Ride Home
- Free Metrolink shuttle service to/from Baldwin Park station
- Covered bike lockers and open bike racks on campus

For questions related to parking or the Rideshare and Alternative Commute Program for City of Hope, contact transportation@coh.org.

RETIREMENT PLANS

Provided through Fidelity Investments

Saving for retirement is important for you and your family. City of Hope provides you with two plans to help you meet your retirement savings needs: One is fully funded by City of Hope and the other allows you to save additional money for retirement on a pretax or Roth after-tax basis.



403(b) TAX-DEFERRED ANNUITY PLAN — EMPLOYEE FUNDED

Saving just a little from each paycheck can make a big difference in the amount you could have when you retire. The 403(b) plan allows you to contribute to a retirement account on a pretax or Roth after-tax basis, and invest in a variety of funds. Eligible employees may contribute to this plan.*

Contribution	All contributions to the plan are voluntary and are deducted from employees' compensation on a pretax or Roth after-tax basis. The combined maximum annual contribution is 75% of compensation up to \$19,500 for age 49 and below; and \$26,000 for age 50 and above.
Features	<ul style="list-style-type: none">▪ Saving and investing regularly for retirement▪ Contributions are made on a pretax basis, lowering taxable income, or Roth after-tax basis▪ Earnings grow tax-deferred▪ Convenience of payroll deduction▪ Increase or decrease contributions at any time▪ A wide range of investments from which to choose
Beneficiary Designation	With Fidelity's Online Beneficiaries Service, you can designate your beneficiaries, receive instant online confirmation, and check your beneficiary information virtually anytime. Once the transition is complete, log on to NetBenefits® or call Fidelity to designate your beneficiary.
Vesting	All contributions made by an employee to the plan are fully and immediately vested.
How to Enroll	You may enroll in the 403(b) plan immediately upon hire or anytime of the year. Enroll online with Fidelity Investments at netbenefits.com/atwork or call Member Services at 800-343-0860.

**Employees who are not eligible: students exempt from Medicare and Social Security taxes and nonresident aliens*



401(a) DEFINED CONTRIBUTION PLAN — FUNDED BY CITY OF HOPE

Eligible employees* receive company contributions to this plan after one year and 1,000 hours of service during the 12-consecutive month period that begins on your hire date and each anniversary of that date. Company contributions are calculated according to the following formula:

Less than 5 years of service	More than 5 years of service
<p>2% of base salary up to \$142,800</p> <p>If year-to-date base salary exceeds \$142,800, you will receive an additional 2% “step-up” contribution for eligible compensation greater than \$142,800 for the remainder of the calendar year not to exceed \$290,000 of annual compensation.</p>	<p>6% of base salary up to \$142,800</p> <p>If year-to-date base salary exceeds \$142,800, you will receive an additional 4% “step-up” contribution for eligible compensation greater than \$142,800 for the remainder of the calendar year not to exceed \$290,000 of annual compensation.</p>

VESTING SCHEDULE

“Vesting” in a retirement plan means ownership. This means you will vest, or own, a certain percentage of your account in the plan for each year of employment.

1 year	2 years	3 years	4 years	5 years
0%	25%	50%	75%	100%

*Employees who are not eligible: Members of Research Staff Organization (who are covered under a separate plan), Local 501 Union, per diem, on call, students, visiting scientists, predoctoral scholars, postdoctoral scholars and predoctoral fellows.

EMPLOYEE WELLNESS PROGRAM

We are committed to supporting your health and well-being, so you are able to feel and contribute your best — both at home and at work. A culture of wellness accelerates the positive impact we make on our patients, their families, the communities around us and each other.

Our program powered by Virgin Pulse offers a social and engaging way to feel your best and **be rewarded up to \$300 in gift card rewards and a one-time \$25 credit to use toward a step-tracking device.**

HERE'S HOW YOU CAN PARTICIPATE:

- Download the Virgin Pulse App or visit join.virginpulse.com/CityofHope.
- Complete a health assessment, sync a step-tracking device, participate in challenges with friends, discover healthy tips and more!
- Earn points for completing these and other healthy activities to unlock levels and earn rewards.

YOUR REWARDS

It's easy to earn points by making healthy decisions. The more you make, the more you earn. Here's how your points translate into rewards!



	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Points Earned	10,000	20,000	30,000	45,000
Reward*	\$50	\$50	\$75	\$125

HOW TO EARN POINTS

Activity Upload steps from your activity tracker (Max, Fitbit, Misfit Shine, Virgin Pulse mobile app)	Daily (up to 140 points/day)	Per 1,000 steps 15 or more active minutes 30 or more active minutes 45 or more active minutes	10 points 70 points 100 points 140 points
	Monthly	Take 7,000 steps 20 days in a month Take 10,000 steps 20 days in a month	400 points 500 points
Health Status Awareness Activities	One Time	Complete your health check survey	5,000 points
		Submit your primary care provider attestation form	6,000 points
		Submit your biometric screening form	4,000 points
Self-Tracking Track healthy habits and various activities	Daily (up to 30 points/day)	Track your healthy habits	10 points
Cards Complete	Daily	Complete a daily card (two/day)	20 points
	Monthly	Complete 10 daily cards in a month	100 points
		Complete 20 daily cards in a month	200 points
City of Hope Activities	Daily	Attend a Career Development Course	350 points

*Per federal guidelines, rewards are taxable and are subject to employment taxes in the year in which they are redeemed.

To view a complete listing of all the ways to earn points, visit join.virginpulse.com/CityofHope.

To learn more, visit coh.to/wellness.

Register your account at join.virginpulse.com/CityofHope or download the Virgin Pulse App.



Already a member? Visit member.virginpulse.com or log into the mobile app.

Questions? Contact Virgin Pulse Member Services:

833-724-4673

Monday through Friday, 5 a.m. to 6 p.m. PST



Activities that support our environment of health and well-being include:

- Wellness Ambassador Network
- Diversity, Equity & Inclusion resource groups
- Tuition Assistance program
- Blood donation and Be the Match programs
- Rideshare and Alternative Transportation program
- Employee Giving
- Safety and ergonomic education
- 24-Hour Fitness gym discount
- Nourishing Hope healthy cooking classes
- Learning and Professional Development Week
- Employee Wellness workshops
- Onsite fitness classes
- Annual flu shots
- Blood pressure machines at Duarte and Rivergrade Administration Center
- Volleyball, soccer and basketball teams
- Walking stations at Graff Medical and Scientific Library and Rivergrade Administration Center

EMPLOYEE ASSISTANCE PROGRAM

Provided through Aetna Resources for Living

The Employee Assistance Program (EAP) is a confidential program available to you and your dependents. It provides you with access to experienced professionals who can assist you with a range of issues. The cost of this program is paid by City of Hope. The plan also provides a 30-minute consultation for legal and/or financial issues. Most legal issues (except employer-related) and financial issues (such as credit counseling, retirement and college planning) are covered.

You may receive up to six face-to-face or phone counseling sessions per issue per year.



Member Services: 800-342-8111
Available 24 hours a day, 365 days a year



resourcesforliving.com
User Name: city of hope | Password: eap

The EAP can assist you with a variety of personal life matters, including:

- Stress management
- Resolving conflict
- Day care/Eldercare referrals
- Managing finances
- Depression
- Balancing work and family life
- Managing relationships
- Parenting skills
- Grief counseling
- Substance abuse

BACK-UP CHILD AND ADULT CARE/ELDERCARE

Provided by Bright Horizons

The Back-Up Care Advantage Program is your safety net when disruptions to your regular dependent care arrangements (for children or adult/elders) happen and you need to get to work. The program helps benefits-eligible employees to find high-quality center-based and in-home child care from credentialed in-home care agencies and trained caregivers provided through Bright Horizons.

Benefits include:

- High-quality, low-copay replacement care for your child in your home or in a center; in-home care for adult/elder loved ones throughout the U.S. any time you need an extra hand.
- This program is subsidized by City of Hope.
- Support your family with up to 15 annual days.

Register at no cost today before you have an urgent need tomorrow.

COPAY
Center-based care:
\$15/child or \$25/family
In-home care: \$6/hour

TO REGISTER:
careadvantage.com/coh
User Name: COH
Password: backup4u



877-242-2737

REPORTING A LEAVE OF ABSENCE

Absence management services are provided by Unum

If you are or expect to be absent from work due to family and/or medical leave, accidental injury or pregnancy, you must report your absence.



Advise your manager that you will be absent.



Call Unum's Member Services at 866-779-1054.

Your absence may qualify under the Family Medical Leave Act (FMLA) as well as applicable state laws. Unum's leave coordinator will assist you in determining the type of leave for which you qualify, based on City of Hope's absence policy and consistent with federal and state law.



When you call Unum, you will be asked to provide the following information in addition to other questions about your request for leave:

- Reason for the leave of absence
- Last day you were (will be) at work and anticipated return to work date
- Physician information (including name, address, phone number and fax number) — if applicable



After initiating a leave of absence under FMLA and/or filing a claim for Short-Term Disability, Unum will send you a letter confirming receipt of your claim.

They will also send you an Attending Physician's Statement form for you or your family member's physician to complete. These forms should be returned to Unum by the due date provided in your letter.



Employees in California are required to apply for State Disability Insurance and Paid Family Leave.

Employees in cities or states with mandatory paid parental leave are required to apply for these benefits in order to receive paid parental leave. Short-term disability pay benefits are reduced by any city or state benefits amount.

To begin your claim for California State Disability Insurance: Access the Employment Development Department website at edd.ca.gov/disability or call the EDD at (800) 480-3287 (English) or (866) 658-8846 (Spanish). A Unum representative can assist you in navigating the SDI website — call (855) 861-8008.



Unum
Member Services
to report a Leave
of Absence
866-779-1054

EMPLOYEE CONTRIBUTIONS

MEDICAL PLANS

Contribution per Pay Period	Kaiser	Aetna HMO	Aetna Traditional PPO	Aetna HSA PPO
Full-time*				
Employee only	\$52.04	\$53.74	\$77.73	\$38.16
Employee + Spouse	\$127.85	\$133.49	\$191.40	\$124.19
Employee + Child(ren)	\$115.57	\$117.42	\$172.26	\$111.14
Family	\$176.57	\$173.02	\$264.52	\$169.80
Part-time 1**				
Employee only	\$78.06	\$80.61	\$116.59	\$57.24
Employee + Spouse	\$191.77	\$200.23	\$287.11	\$186.28
Employee + Child(ren)	\$173.35	\$176.13	\$258.40	\$166.72
Family	\$247.20	\$253.47	\$370.32	\$237.72
Part-time 2 ***				
Employee only	\$104.09	\$107.48	\$155.46	\$76.32
Employee + Spouse	\$255.69	\$266.97	\$334.96	\$248.37
Employee + Child(ren)	\$231.14	\$234.84	\$318.69	\$222.29
Family	\$335.48	\$316.84	\$410.00	\$322.62

*72-80 standard scheduled hours per pay period, **56-71 standard scheduled hours per pay period, ***40-55 standard scheduled hours per pay period. If you waive City of Hope's medical plans, you receive a biweekly credit — full-time: \$17.36, part-time 1: \$13.90, part-time 2: \$10.42.

VOLUNTARY AD&D RATES, EMPLOYEE PAID

Plans	Employee Only	Employee + Family
Contribution per Pay Period	\$0.009 per \$1,000 of coverage	\$0.014 per \$1,000 of coverage

VOLUNTARY LIFE RATES, EMPLOYEE PAID

Plans	Employee Only	Spouse	Child
Contribution per Pay Period	\$0.074 per \$1,000 of coverage	\$0.127 per \$1,000 of coverage	\$0.46 per \$10,000 of coverage

EMPLOYEE CONTRIBUTIONS

DENTAL AND VISION PLANS

Contribution per Pay Period	Aetna DMO Dental	Aetna DPPO Dental	VSP Vision
Full-time*			
Employee only	\$2.37	\$6.60	\$7.76
Employee + Spouse	\$9.88	\$25.40	\$7.76
Employee + Child(ren)	\$9.91	\$27.95	\$7.76
Family	\$13.04	\$40.67	\$7.76
Part-time 1 **			
Employee only	\$4.74	\$13.20	\$7.76
Employee + Spouse	\$11.66	\$28.66	\$7.76
Employee + Child(ren)	\$11.70	\$31.52	\$7.76
Family	\$15.38	\$45.87	\$7.76
Part-time 2 ***			
Employee only	\$7.10	\$19.80	\$7.76
Employee + Spouse	\$13.43	\$33.06	\$7.76
Employee + Child(ren)	\$13.49	\$36.37	\$7.76
Family	\$17.73	\$52.93	\$7.76

*72-80 standard scheduled hours per pay period, **56-71 standard scheduled hours per pay period, ***40-55 standard scheduled hours per pay period



The Benefits Team is available to help you with your questions.



Call: 626-218-2228
or Extension 82228



Email: benefits@coh.org

This is not a legal document. In case of a discrepancy between this guide and the plan document/evidence of coverage, the plan document/evidence of coverage always governs. Please refer to your certificate, summary plan description or evidence of coverage for a complete explanation of benefits provided, exclusions and limitations, and additional plan information. Receipt of this booklet is not a promise of future employment.



CityofHope.org