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Union Full Time Employee Benefits Guide T13

Effective 1/1/2018–12/31/2018 | Yuma Union FT Employees

Step 1—Review, Complete, and Return Your Universal Enrollment Form

- **Open Enrollment:**
  This is a passive enrollment. **If you do not wish to make any changes, no action is necessary.**
  Open Enrollment is from November 6, 2017 through November 17, 2017. Current elections will automatically carry over, unless you submit a change by completing the entire Universal Enrollment Form. Your Universal Enrollment Form must be sent to the Benefits Department by November 17, 2017.

- **Mid-Year New Hire Enrollment**:
  Your completed forms must be received by the Benefits Department no later than 15 days prior to your eligibility date, which is the 91st day of employment.

- **Qualifying Life Event Enrollment :**
  Your completed forms must be received by the Benefits Department within 31 days of the Qualifying Life Event date.

Step 2—Review your life insurance and disability

In order to make changes to your voluntary life insurance or disability plan, you must complete sections 3 and 4 of the Universal Enrollment Form.

Step 3—Review your payroll deductions

Your first premium deduction will be taken from your paycheck based on the premium deduction schedule for your payroll cycle. See your manager to determine when your first premium deduction will be withheld. It is your responsibility to review your paycheck stub. If you notice a discrepancy, please notify your manager or the Benefits Department immediately.

Your benefit premiums are deducted on a pre-tax basis (governed by IRS regulations) and you are locked into your choices for the entire plan year. Changes may only be made during Open Enrollment or if you have a Qualifying Life Event (see FAQs for more information).

Please review your paycheck and notify the Benefits Department immediately if you have any corrections.

Log onto www.ne4u.net

You can find Summary Plan Descriptions and any additional information about the plans at www.ne4u.net.

Eligibility—Your insurance is effective on the 91st day of employment.

Employee

- You work on a regular basis at least 30 hours per week for 12 months of the year.

Dependents

- Legal Spouse (and Civil Unions where applicable)
- Dependent child(ren), including biological children, stepchildren and legally adopted children, up to age 26.

Paying for Your Benefits

You will be required to pay for all or a portion of the cost of the insurance you choose to elect. These payments are made through payroll deductions. **It is your responsibility to review your paycheck for these deductions.** If you are unable to pay your premiums due to insufficient hours or a missed paycheck, an additional one times (1x) your deduction will be taken on each paycheck until you have paid your premiums in full.

It is your responsibility to pay for your premiums when you are not actively at work. For example, if you are not working due to a leave of absence, suspension, workers compensation, etc. you are still responsible for your premium payments. A premium collections letter will be mailed to your home regarding your payment schedule. However, you are still responsible for contacting the HR Help Desk or Benefits Department to make payment arrangements. Personal payments received will be processed and applied to your balance as soon as administratively possible.

When Coverage Ends

If your employment ends, your health & welfare (medical, dental, vision) coverage will end at midnight on the last day of the month in which your employment ends. I.e. If your employment ends on 4/15, your coverage ends on 4/30.

Transfers

You may gain or lose eligibility due to a change in work schedule, position, or location. If you gain eligibility for benefits due to one of these changes, the eligibility will be effective the first of the month following the transfer. **You must enroll for coverage within 30 days of the transfer.** Paperwork should be requested from your manager. If you lose eligibility due to a transfer and are enrolled in a voluntary benefit plan, you may be offered COBRA.

Important Contact Information

Vendor/Product Name	Customer Service Number	Website Address
BlueCross BlueShield (BCBS) Medical	800-548-1686	www.bcbsil.com
BlueCross BlueShield (BCBS) Dental	800-367-6401	www.bcbsil.com
VSP Vision	800-877-7195	www.vsp.com
Discovery Benefits (COBRA)	866-451-3399	www.discoverybenefits.com
MetLaw /Hyatt	800-821-6400	www.legalplans.com
Employee Assistance Program (EAP)	888-628-4824	www.guidanceresources.com Plan ID/User Name: LFGSupport Password: LFGSuport1
401(k) Plan - OneAmerica	800-858-3829	www.oaretirement.com
Benefit Forms and Summary Plan Descriptions available online		www.ne4u.net
Benefits Department	888-201-1641	Email: Benefits.Fax@nellc.com FAX: 800-318-3813

Medical Coverage

	BlueCross BlueShield (BCBS) PPO Low Member Pays	
	In Network	Out of Network
Deductible (annual) • Per Person • Family Maximum Limit	 $2,000 $4,000	 $3,000 $6,000
Out-of-Pocket • Max per person per year • Max per family per year	 $5,000 $10,000	 $10,000 $20,000
Office Visit Copay • Primary Care • Specialist • Preventive	 $30 Copay $50 Copay $0	 40% Coinsurance 40% Coinsurance 40% Coinsurance
Outpatient	20% Coinsurance	40% Coinsurance
In-Patient Hospital	20% Coinsurance	40% Coinsurance
Emergency Room	$250 Copay	
Prescriptions • Tier 1 • Tier 2 • Tier 3	 $10 Copay $35 Copay $60 Copay	

Coinsurance: you pay 100% until the deductible is met, then you pay the coinsurance %.

Dental

BlueCross BlueShield (BCBS) Dental	High Plan		Low Plan	
	In Network	Out of Network	In Network	Out of Network
Maximum Benefit per Calendar Year/ person	$1,750		$1,250	
Deductible (annual) • Per Person • Family Maximum Limit • Deductible Waived (Preventive)	 None None Yes	 $25 $75 Yes	 $50 $150 Yes	
Percentage Payable • Preventive and Diagnostic (cleanings, exams, x-rays) • Basic Services (fillings, root canals, periodontal) • Major Services (crowns, dentures, bridges, implants)	 100% 80% 50%		 80% 70% 50%	
Orthodontia for Children and Adults	50% up to $1,250 Lifetime max		Not covered	

BCBS does issue ID cards for this plan. Your dental provider can verify benefits for you.

Vision

VSP—VSP does not issue ID cards for coverage, your vision provider can verify benefits for you.	**VSP Provider You pay…**	**Non-VSP Provider Maximum Reimbursement…**
Exams (Covered every 12 months)	100% after $10 copay	Up to $45 Reimbursement, after $10 co-pay
Lenses (Covered every 12 month) • Single Vision • Bifocal • Trifocal • Lenticular	 $0 $0 $0 $0	 Up to $30 Up to $50 Up to $65 Up to $100
Frames (Covered every 24 months)*	Up to $120	Up to $70 Reimbursement
Contacts (Covered every 12 months)* • Medically Necessary • Elective	 $0 100% up to $130	 100% up to $210 100% up to $105

* Eligible for either a contacts or a glasses allowance (not both) in the same calendar year.

Long Term Disability—Company Paid

NETC provides each full time employee with long term disability insurance that can pay up to 60% of your monthly earnings if you are totally disabled after a 90 waiting period.

Basic Life Insurance—Company Paid

NETC provides each full time employee with an amount equal to $25,000 in life insurance, payable to the employee's beneficiary.

Voluntary Life Insurance—Employee Paid

Employee Voluntary Life: Can elect any amount in $10,000 increments up to $140,000

Spouse Voluntary Life: Can elect any amount in $10,000 Increments up to $70,000. May not exceed 50% of employee life coverage. Only available if employee is covered for voluntary life.

Child Voluntary Life: $10,000 for children up to age 19 (or age 25 if full time student). Only available if employee is covered for voluntary life.

Basic Dependent Life: $5,000 for spouse and $2,500 per child

Voluntary Short Term Disability—Employee Paid

The plan provides you with a weekly income benefit if you are totally disabled, after the 14th day from an accident or sickness (not work related), for a period no longer than 11 weeks. You will receive a percentage or your pay with a weekly maximum benefit of $1,000.

MetLaw—Prepaid Legal Plan—Employee Paid

MetLaw provides you, your spouse, and dependents with fully covered legal services from experienced attorneys at a low monthly group rate, which is paid through deductions from your paycheck. When you use a Plan Attorney, there are no deductibles, no co-payments, no claim forms, and no limits. You will not receive a card for this coverage. If you'd like to seek services, please contact MetLaw / Hyatt at 800-821-6400.

Frequently Asked Questions (FAQs)

Q: What is Open Enrollment?

A: Each year on the plan's renewal date, all employees have the opportunity to change their benefit elections. This time period is referred to as Open Enrollment. Open Enrollment is held in November for a January 1st effective date.

Q: Can I make changes to or cancel my benefit elections at other times during the year?

A: Since your deductions are taken on a pre-tax basis, you can only make changes or cancel your coverage during Open Enrollment unless you have a Qualifying Life Event.

Q: What is a Qualifying Life Event?

A: Examples include change in marital status, birth of a child, change in employment (employee or spouse), qualification for another health plan.

You must notify the Benefits Department within 31 days of the event or you will not be permitted to make changes, additions, or cancellations.

Q: Where do I find the cost of my benefits?

A: Your premium costs should be provided to you at your location along with this enrollment guide. See your manager if you did not receive a rate sheet.

Q: Will I receive ID Cards?

A:You will receive ID cards for your medical/Rx and dental plans. The vision carrier and MetLaw do not mail out ID cards.

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If making changes, please complete the entire form.

Employee #	
CSC #	7032
Location	Yuma, AZ
Job Title	
Effective Date	

Universal Enrollment Form

T13

Union Full -Time Employees (Yuma, AZ Employees)

1. Employee Information

Last Name:	First Name:	M.I.	Social Security Number:
Mailing Address:			Gender: ☐ Male ☐ Female
City:	State:		Zip:
Date of Birth:	Phone Number:		Email Address:
Marital Status: ☐ Married ☐ Single	☐ Life Event ☐ Open Enrollment		☐ New Hire ☐ Rehire Hire Date:

If Qualifying Event:

Type _____ Attach HIPAA Notice, Marriage Certificate, Divorce Decree, Proof of Lost Coverage, Etc.

2. Dependent Information

- List all family members to be covered, **other than yourself.** Indicate their relationship to you, i.e., child, step-child, etc.
- Indicate the coverage being elected for each dependent, i.e., Medical, Dental, and/or Vision

MEDICAL	DENTAL	VISION	First and Last Name (if different)	Social Security Number	Relationship	Date of Birth	MALE	FEMALE
☐	☐	☐					☐	☐
☐	☐	☐					☐	☐
☐	☐	☐					☐	☐
☐	☐	☐					☐	☐

3. Coverage Information (if enrolling dependents, indicate which dependents in Section 2 above)

Medical (Please select only one option)

BlueCross BlueShield (BCBS) Medical [L]

- ☐ Employee Only
- ☐ Employee plus Spouse
- ☐ Employee plus Child(ren)
- ☐ Family
- ☐ **No Medical Coverage**

BlueCross BlueShield (BCBS) Dental (Please select only one option)		**VSP Vision**	**MetLaw Prepaid Legal Plan**
PPO High	**PPO Low**		
☐ Employee Only	☐ Employee Only	☐ Employee Only	☐ Coverage
☐ Employee plus Spouse	☐ Employee plus Spouse	☐ Employee plus Spouse	
☐ Employee plus Child(ren)	☐ Employee plus Child(ren)	☐ Employee plus Child(ren)	
☐ Family	☐ Family	☐ Family	
☐ **No Dental Coverage**		☐ **No Vision Coverage**	☐ **No MetLaw coverage**

PLEASE COMPLETE FRONT AND BACK OF THIS FORM

Life and Disability

Basic Coverage NOTE: Please mark the box or boxes for each coverage you are applying for. All coverage amounts are subject to the limitations and exclusions as stated in the policy.

Basic Group Life	$25,000	**Company Paid**
Dependent Life ☐ Yes ☐ No	Spouse: $5,000 Child: $2,500	Employee Paid
Short Term Disability ☐ Yes ☐ No	60% of pay; Weekly maximum$1,000	Employee Paid
Long Term Disability	60% of pay; Maximums apply	**Company Paid**

Voluntary Life Insurance Coverage

NOTE: Please mark the box or boxes for each coverage you are applying for. All coverage amounts are subject to the limitations and exclusions as stated in the policy.

Type of Coverage	Amount of Coverage	Limitations
Voluntary Employee Life Insurance ☐ Yes ☐ No	$ Guarantee issue is $100k under age 60	$10,000 Increments, Maximum is the lesser of 5x annual salary or $140,000 (min. $20,000) Coverage reduction at age 65 refer to plan document for details.
Voluntary Spouse Life Insurance ☐ Yes ☐ No	$ Guarantee issue is $30k under age 60	$10,000 Increments, Maximum is the lessor of $70,000 or 50% of elected Voluntary Employee Life Insurance
Voluntary Dependent Child Benefit ☐ Yes ☐ No	$10,000 up to age 19 ($250 age 14 day to 6 mo.)	Covers all children at a Per Child amount. Must enroll in Employee Voluntary Life.

4. Beneficiary Information Beneficiary(ies) will be assigned to coverage for Basic Life; Voluntary Employee Life & applicable Business Travel as indicated below or on an attached separate form. Employee is the assumed beneficiary for all levels of dependent life coverage unless indicated otherwise on a separate form

Primary Beneficiary's Last Name	First	MI	Relationship to Beneficiary	Beneficiary Social Security #	
Street Address			City	State	Zip code
1. Contingent Beneficiary's Last Name	First	MI %	Relationship to Beneficiary	Beneficiary Social Security #	
Street Address			City	State	Zip code
2. Contingent Beneficiary's Last Name	First	MI %	Relationship to Beneficiary	Beneficiary Social Security #	
Street Address			City	State	Zip code

5. Signature and Date (This form MUST be signed and dated)

The elections made herein and on my separate insurance application forms (if applicable) constitutes my formal application for coverage. I authorize my employer to deduct from my earnings each pay period any contributions required by my participation in the various benefit plans. I further certify that I have read the Summary of Benefits Booklet and understand all plan rules and my premium obligations and agree to comply with all payroll deductions required. I understand that my contributions to the Medical, Dental, and/or Vision Plan(s) (if applicable) will be deducted from my pay before Federal Income and Social Security Taxes are withheld. I understand that having contributions for Medical, Dental and/or Vision Plan (s) (if applicable) withheld on a pre-tax basis, I cannot change or revoke my elections during the year except in the event of a related qualified life event, or at the next enrollment period. A qualified life event change must be consistent with the benefit change request.

Arrears

It is your responsibility to review your paycheck for these benefit deductions. If you are unable to pay your benefit premiums due to insufficient hours or a missed paycheck, an arrear will be set up in the amount of one times (1x) your deductions and it will be taken on your next paycheck (and all subsequent checks until your premium obligation is satisfied).

Applicant Signature:	**Date:**