

2021



**Cal Poly Pomona
Foundation**

ACTIVE BENEFITS GUIDE

WWW.FOUNDATION.CPP.EDU

FOUNDATION OPEN ENROLLMENT

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ANNUAL BENEFITS OPEN ENROLLMENT

OVERVIEW

Foundation takes pride in offering its employees a comprehensive benefits package to help meet the needs of its highly diverse workforce. Among the many benefits provided to employees, we offer medical insurance, dental & vision insurance, life insurance, long-term disability, and access to pension benefits and retirement savings plans. A number of optional benefit programs are also available including Tuition Reimbursement, the Computer Purchase Program, a Rideshare program, and a range of supplemental insurance plans offered by AFLAC, and supplemental term life AD&D from Unum.

Foundation continues its commitment with programs and tools to help you make smart choices for your health. We encourage you to visit the Kronos Self Service benefit icon where you can find this year's annual information and the new and current plan designs, rates and providers.

It is important to keep in mind that employees play a major role in the cost of medical insurance and can take steps to reduce the cost by:

- Taking advantage of preventive care benefits, including annual physicals and immunizations.
- When possible, use generic medications and avoid brand name medications.
- Avoid emergency room visits for non-emergency medical services, and instead, visit an "Urgent Care Facility."



OPEN ENROLLMENT STARTS OCTOBER 26

This year's Open Enrollment takes place beginning October 26th to November 6th, with a January 1, 2021, effective date.

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The premiums for healthcare insurance (for employees) is made through payroll deductions and are made on a pre-tax basis. If an employee does not want their premiums deducted on a pre-tax basis, they simply need to contact Employment Services, and they will work out a method for the employee to pay their premiums on an after-tax basis.

NEW FOR 2021

HEALTHCARE REFORM

All benefited employees who work an average of 30 hours a week or more, must enroll in medical coverage or provide proof they are covered through another medical plan.

The Affordable Care Act (ACA) requires most individuals in the United States (including children) to have some form of qualifying health insurance or pay a penalty in the form of a tax.



- In 2015, the penalty was \$325 per person or 2% of income, whichever was higher (\$162.50 per child under 18 years of age are still in effect).
- In 2016 and 2017, the penalty became \$695 per person or 2.5% of income, whichever is higher (\$347.50 per child under 18 years of age are still in effect).
- In 2019, there will be no more penalty

Employer-sponsored health insurance, such as the medical coverage offered by the Foundation, satisfies ACA's coverage requirement. Certain government-sponsored coverage, such as Medicare, MediCal and the CHIP program (Children's Health Insurance Program), as well as qualifying individual coverage, also satisfy the requirement for those who are eligible.

Foundation full benefited employees are not eligible for the subsidy through the state or the federal marketplaces because the Foundation offers medical coverage for benefited employees that meet the minimum essential coverage for employees.

HEALTHCARE REFORM **-CONT-**

On August 1, 2018, the Centers for Medicare and Medicaid Services (CMS) changed rules that govern short-term, limited duration (STLD) health insurance plans. CMS made it possible for people to stay on a short-term health plan for up to 364 days. This rule change became effective on October 1, 2018.

This change also reversed a 2017 Obama-era rule that limited short-term health insurance from 364 days to 90 days. The new rules made it possible for states to allow short-term plans to be sold in their state that cover people for up to three years.

EFFECTIVE JANUARY 1, 2019 - NO INDIVIDUAL MANDATE. NO MORE FEDERAL TAX PENALTY FOR NOT HAVING HEALTH INSURANCE.

Effective January 1, 2018, the maximum tax credit or subsidy amount that the government will pay is \$2,000 per year for a young single adult up to \$14,000 per year for a family that includes older adults.

**SEE TABLE I FOR THE KEY DIFFERENCES BETWEEN THE
AFFORDABLE CARE ACT AND THE AMERICAN HEALTH CARE ACT
(TABLE ON PAGE 6)**

BENEFIT INFORMATION

When an employee is currently covered through the Foundation sponsored medical plan they may re-elect or make changes to their current coverage during open enrollment. Changes include actions such as moving from “Individual” coverage to “Family” coverage or vice versa, and also includes switching from one medical plan to another medical plan (i.e., from the Kaiser Traditional to Kaiser PPO). This Open Enrollment period is also a “Rollover Enrollment.” Rollover Enrollment means that if you do not plan on making any changes to your benefits elections, you need not take any action and simply let the benefits “roll over.”

If an employee is not covered through a Foundation sponsored medical plan, the employee must enroll during the annual Open Enrollment period. When an employee does not enroll in Foundation’s medical plan they will be required to provide evidence of coverage to Foundation. If an employee is unable to provide evidence of coverage, the employee will automatically be enrolled in the DHMO Kaiser plan for “employee only” coverage, and the employee will have the employee portion of medical premium deducted from their paycheck. The Foundation will continue to contribute its portion of the healthcare premium.

Newly hired benefited employees are required to enroll in medical coverage within 30 days of employment with the Foundation or provide evidence of existing health insurance coverage. New hires who do not enroll or show evidence of coverage will automatically be enrolled in the DHMO Kaiser plan for “employee only” coverage, and the employee will have the employee portion of medical premium deducted from their paycheck. The Foundation will continue to contribute its portion of the healthcare premium.

TABLE I

THE AFFORDABLE CARE ACT AND THE AMERICAN HEALTH CARE ACT POLICY DIFFERENCES

Key Policy Differences	Affordable Care Act (Obamacare)	The American Health Care Act (Trumpcare)
Is there a federal tax penalty for not having health insurance?	Yes	No
Does the federal government provide subsidies or tax credits to pay for health insurance premiums?	Yes	Yes
Are there income limits on those tax credits?	Yes For 2016 returns, the limits for the continental US were (approx.): \$47,080 for an individual \$97,000 for a family of 4	Yes They begin to phase out at \$75,000 for an individual They begin to phase out at \$150,000 for a family
What is the maximum tax credit or subsidy amount that the government will pay?	There is no fixed dollar limit.	The credit ranges from \$2,000 per year (for a young, single adult) up to \$14,000 per year (for a family that includes older adults.)
Can I buy a plan that doesn't cover benefits I don't want (like mental health and substance use disorder services)?	No. All qualified health plans must cover Obamacare's "10 essential health benefits"	Yes, if your state receives a special waiver from the federal government
Can parents keep their adult children on their health insurance plan until age 26?	Yes	Yes
Can my application for health insurance be declined if I have a pre-existing condition?	No	No
If I have health insurance without a recent break in coverage, can I generally change my plan during the normal enrollment periods without paying a penalty just for having a pre-existing condition?	Yes	Yes
If I have a newborn baby, can I add my baby to my health insurance plan, or buy a new plan that covers the baby, without penalties or higher costs just because the baby has a pre-existing condition?	Yes	Yes
If I've been uninsured for several months, could I be charged more for my health insurance I have a pre-existing condition?	No	Possibly (see extended answer below*)
Are there specific open enrollment periods when I can sign up for insurance or change my plan?	Yes	Yes
Are there special enrollment periods when I can change my insurance if I have certain life events that require me to do so?	Yes	Yes
Who defines the mandatory benefits that will be covered by my health insurance plan?	Federal agencies	Federal agencies, or states when they are granted a special waiver
Does it place any caps on profit-taking by health insurance companies (through "medical loss ratio" rules)?	Yes	Yes
Does it generally give states the authority to manage their Medicaid funds without federal mandates?	No	Yes
Does it have a Federal Invisible Risk Sharing Program? (see definition below)	No	Yes

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NEW FOR 2021

UNDERSTANDING THE AFFORDABLE CARE ACT

OVERVIEW OF THE REGULATIONS

On March 23, 2010, the Affordable Care Act (ACA) became federal law. The ACA initiated the most significant changes in the U.S. health care system since Medicare was established in 1965. The new healthcare law is expansive. However, it is based on a few simple principles which are described below:

- If you have health coverage, you can keep it.
- Children under 26 can stay on a parent's health insurance plan.
- If you don't have coverage, you can use the new Health Insurance Marketplace to buy a private insurance plan.
- Pre-existing conditions are covered.
- All insurance plans must offer the ten essential health benefits.

1. Prescription drugs
2. Laboratory Services
3. Pediatric Services
4. Hospitalization (such as surgery)
5. Preventive and wellness services and chronic disease management
6. Maternity and newborn baby care (care before and after your baby is born)
7. Emergency Services Mentalhealth and substance use disorder
8. services, including behavioral health treatment (this includes counseling and psychotherapy)
9. Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
10. Ambulatory patient services (outpatient care you get without being admitted to a hospital)



ESSENTIAL HEALTH BENEFITS ARE MINIMUM REQUIREMENTS FOR ALL PLANS

Health Insurance Marketplace: If someone you know doesn't have health benefits, Open Enrollment for 2021 health insurance plans through Covered California (www.coveredca.com) begins November 1, 2020, and ends December 15, 2020.

Covered California is a part of the state of California and was created to help you get health coverage to protect yourself and your loved ones. Having insurance can ensure your access to medical care if you get sick or injured so that you can keep your body healthy. It also protects your peace of mind, because you can rest assured that you will have help when you need it most.

NEW FOR 2021

BENEFIT INFORMATION

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Rollover Enrollment means that if you do not plan on making any changes to your benefits elections, you need not take any action and simply let the benefits “roll over.”

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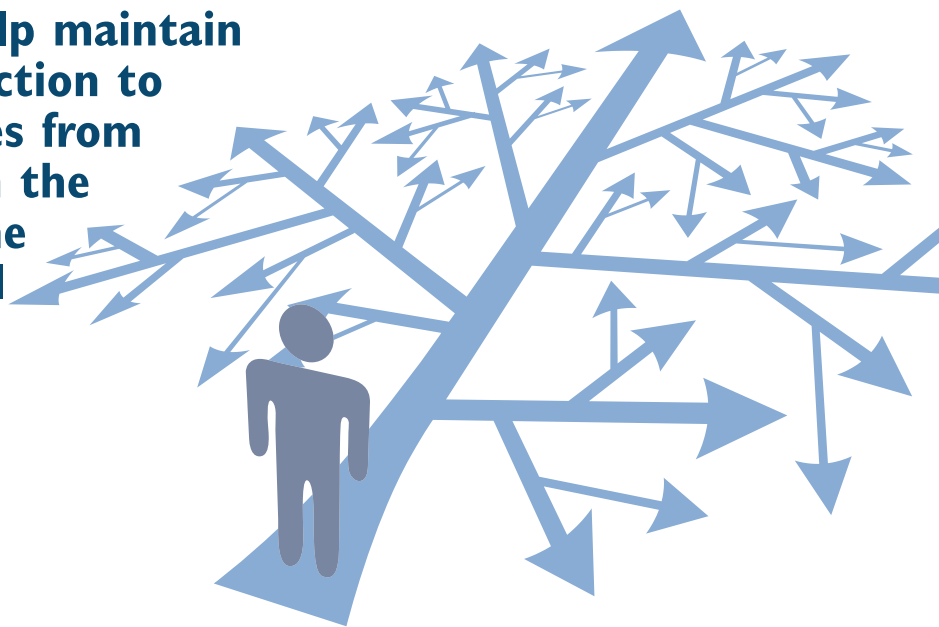
Newly hired benefited employees are required to enroll in medical coverage within 30 days of employment with the Foundation or provide evidence of existing health insurance coverage. New hires who do not enroll or show evidence of coverage will automatically be enrolled in the DHMO Kaiser plan for “employee only” coverage, and the employee on of medical premium deducted from their paycheck. The Foundation will continue to contribute its portion of the healthcare premium.



NEW FOR 2021

HEALTH PLAN OPTIONS

The goal of the Foundation is to provide affordable and quality health care benefits to its eligible employees, eligible retirees and their eligible spouses and dependents. Our medical benefits are designed to help maintain wellness and to offer protection to employees and their families from major financial hardship in the event of illness or injury. The Foundation offers a medical plan through the Kaiser Permanente network.



MEDICAL

PPO (PREFERRED PROVIDER ORGANIZATION)

A PPO plan offers a network of healthcare providers you can use for your medical care. Unlike an HMO, a PPO offers you the freedom to receive care from any provider-in or out of network. This means you can see any doctor or specialist, or use any hospital. In addition, no need to choose a Primary Care Physician or Specialist. No referrals are required. A PPO is generally a good option if you want more control over your choices and don't mind paying more for that ability.

HMO (HEALTH MAINTENANCE ORGANIZATION)

Kaiser Permanente's HMO plan offers comprehensive and quality healthcare coverage.

HMO W/DEDUCTIBLE (HEALTH MAINTENANCE ORGANIZATION - WITH DEDUCTIBLE)

Kaiser Permanente's Hospital Services deductible plan offers comprehensive and quality healthcare coverage. Your doctor's office visits, radiology services and lab tests are covered at a copay or coinsurance, and most preventive care services are covered at little or no cost to you – even before you reach your deductible. You will pay the full charges for most hospital care – including outpatient surgery – until you reach your deductible each year.

HEALTH PLAN OPTIONS **-CONT-**

PRE-EXISTING CONDITIONS

For those currently enrolled in a medical plan, there are no “pre-existing condition” limitations.

ANNUAL LIMITS ON ESSENTIAL BENEFITS

Effective for plan years beginning on or after January 1, 2014, health plans are prohibited from placing annual limits on essential health benefits.

MAIL ORDER PHARMACY

To use this benefit, one needs to obtain a new prescription from their doctor and submit to a mail order pharmacy. The first mail order prescription will be processed in 7-14 days; subsequent refills will be processed more quickly. As always, it is important to have a sufficient supply of medication on hand to get through the transition.

DENTAL

HMO (HEALTH MAINTENANCE ORGANIZATION - DHMO)

The Cigna Dental HMO (DHMO) plan helps to streamline dental care and makes most preventive diagnostic services available at a reasonable cost or no additional cost to the employee, including yearly fluoride treatments for covered children.

PPO (PREFERRED PROVIDER ORGANIZATION - DPPO)

Employees enrolled in the Foundation Dental PPO plan can visit any dentist in or out-of-network and do not need a referral to see a specialist. Access to most preventive services is standard. Benefits are higher when selecting an in-network provider.

VISION

The Foundation Vision Care plan lets employees visit any licensed eye care professional. No worries about in or out-of-network requirements or showing ID cards at the time of service. Foundation Vision Care is a reimbursable plan.

Generally, a Foundation employee becomes eligible for healthcare benefits once they are classified as a “benefited employee.” The effective date of coverage is the first day of the month following the hire date of full-time employment or from when the employee was reclassified as a benefited employee.

ELIGIBILITY

After the initial benefit enrollment, an employee cannot make changes in their election or terminate coverage until the next period of “Open Enrollment,” which happens annually (unless the employee qualifies for “Special Enrollment” as outlined below).



If an employee declines coverage, they must complete the Benefits Election Form declining the benefits for themselves and/or their dependents and provide evidence of coverage from their insurance carrier.

DEPENDENT ELIGIBILITY

For the purposes of our health insurance coverage, the definition of “dependent” includes a spouse, domestic partner (must be registered with the California State Registry) and children up to 26 years of age. “Children” includes step children, children placed under a “qualified medical child support order,” adopted children or children placed for adoption. The effective date for any dependent is the latter of 1) your effective date, or 2) the first of the month following the date you add the dependent. Note: Covered spouses are not (those spouses who have health insurance coverage available through their employer) eligible for Foundation benefits. Contact Employment Services for additional information.

HEALTHCARE REFORM

Foundation’s health insurance plans will cover children (young adults) until they turn 26 years old. This is true even if the young adult no longer lives with his or her parents, is not a dependent on a parent’s tax return, or is no longer a student. This is also the case if the young adult is married, although their spouses and children do not qualify. Children up to age 26 can stay on their parent’s employer plan even if they have another offer of coverage through an employer.

ADDING AND EXCLUDING DEPENDENTS

Newly acquired dependents may be added to the plan during the year by completing the necessary forms within 30 days from the date the dependent first become eligible. If new dependents are not added within the 30-day period and do not qualify for a Special Enrollment (see below), they will not be eligible to enroll until the next Open Enrollment period.

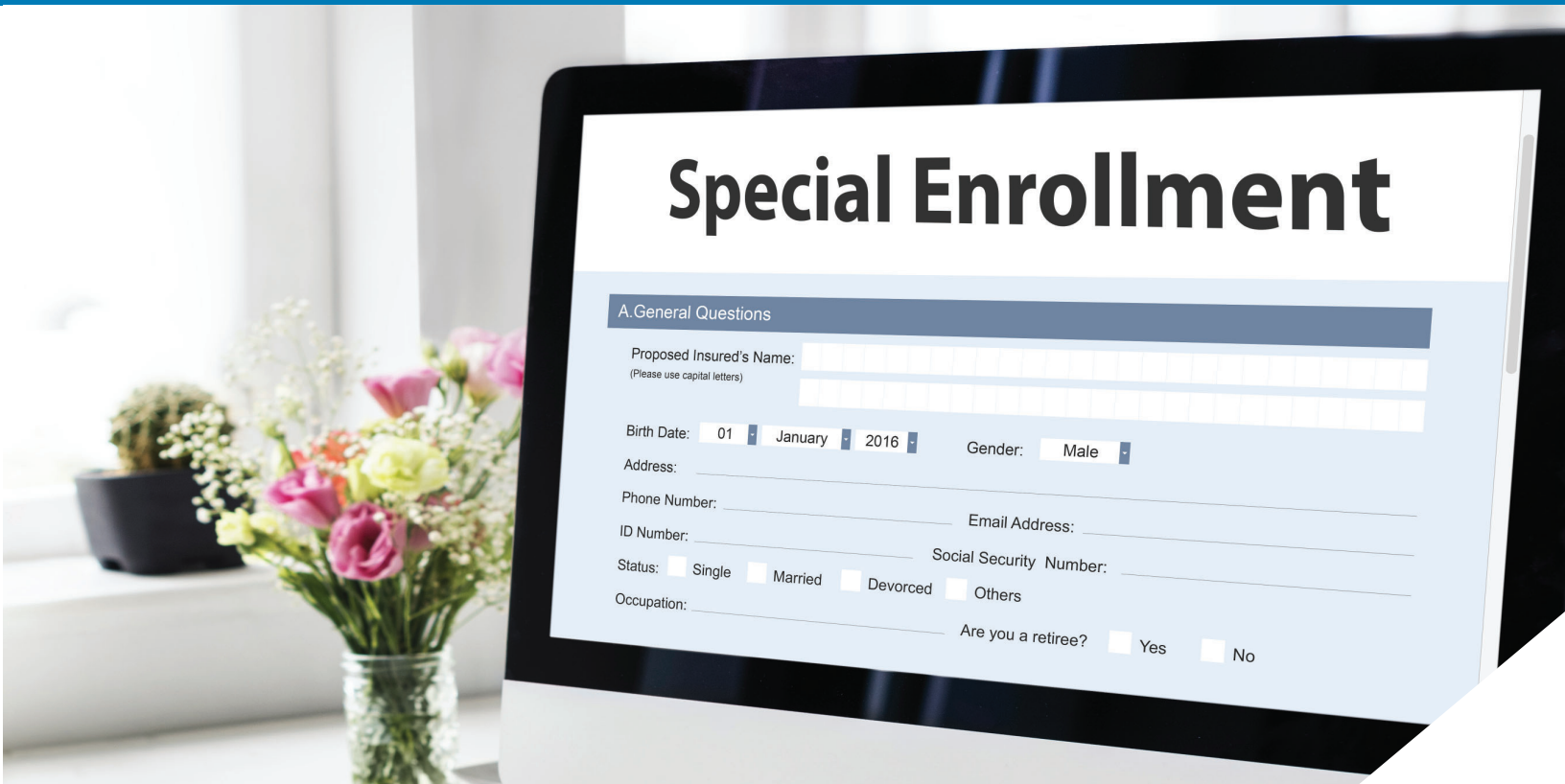
SPECIAL ENROLLMENT RIGHTS

Other than during the annual Open Enrollment period, an Employee may not change coverage unless qualified for a Special Enrollment. Additionally, when an Employee declines enrollment for themselves or dependents (including their spouse) based on having other group medical coverage, that employee may be able to enroll themselves or dependents in this plan - provided they qualify for a “Special Enrollment.” The request for enrollment must be made within 30 days of your other group coverage termination.

THE FOLLOWING ARE EVENTS THAT QUALIFY FOR “SPECIAL ENROLLMENT.”

- Marriage, annulment, legal separation, divorce, or death
- Birth, adoption or placement for adoption of a child, death of dependent child
- Retirement or termination of employment
- Termination of employment or new employment of a spouse
- Change in employment from full-time to part-time or vice versa for you or your spouse
- Change in medical coverage by the spouse’s or domestic partner employer

NOTE: Loss of eligibility due to failure to pay premiums or termination for cause does not create a special enrollment opportunity.



NEW FOR 2021

ADDITIONAL INFORMATION REGARDING BENEFITS

RETIREMENT PLANNING

Foundation retirees who are or were eligible for Foundation's healthcare benefits as a retiree are able to make changes to their healthcare elections annually, including the option to move into and out of a Foundation retiree healthcare plan, without losing eligibility. There are many reasons a retiree might want to remain on one of Foundation's plans one year and opt out of the benefits the next year, and then the next year return to one of Foundation healthcare plans. Of course, there are still some requirements that need to be met in order to opt out and return to Foundation's benefits plan such as re-enrollment needs to be made during an open enrollment period, or if there is a genuine qualifying event such as a loss of healthcare coverage from a spousal plan.

Please make an appointment with Employment Services (Nora Fernandez) if you are thinking about opting out of medical for the 2020 plan year.

BASIC LIFE

Life insurance provides protection for your beneficiary in the event of your death. All full-time benefited employees automatically receive Basic Life Insurance coverage. Generally, the benefit amount is one time the employee's annual base salary.

THE NEWBORNS AND MOTHERS HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean delivery. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).



ADDITIONAL INFORMATION REGARDING BENEFITS -CONT-

LONG TERM DISABILITY (LTD)

When non-work related illness or injury makes it impossible for an employee to work for an extended period of time, eligible employees' income may be continued under the Foundation's LTD Plan. Foundation pays the entire cost of coverage for its eligible employees for this benefit plan. Under the plan, when an eligible employee is disabled for more than 90 days, the employee could receive a benefit of 66 2/3% of their basic monthly pay (up to a predetermined maximum amount) until the employee is able to return to work.

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT

Your health plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy (including lymphedema). Call your health plan's Member Services for more information.

COVERAGE FOR CLINICAL TRIAL PARTICIPANTS

With health care reform, plans can't deny people from participating in clinical trials. They also can not limit coverage of routine patient costs for items and services in connection with the trial. The PPACA says that they must not discriminate against a policyholder because of a clinical trial.

Approved clinical trials are phase I, II, III or IV clinical trials that are for prevention, detection or treatment of cancer or another life-threatening disease.



HEALTH PREMIUM RATES

HEALTH PREMIUM RATES January 1, 2021 through December 31, 2021

The rates shown below apply to the first two pay periods of each month (deducted in 24 equal periods annually)

Medical Plans	*Coverage Code	TOTAL MONTHLY PREMIUM	Foundation Monthly Contribution (Non Flex Dollars)	Employee Monthly Contribution (Non Flex Dollars)	***Employee Payroll Deduction (First two pay periods of each month) (Non Flex Dollars)	TOTAL MONTHLY PREMIUM	COBRA (Monthly +2)
Kaiser PPO www.phcs.com	(1)	\$ 1,148.02	\$ 595.00	\$ 553.02	\$ 276.51	\$1,148.02	\$ 1,170.98
	(2)	\$ 2,296.03	\$ 1,189.00	\$ 1,107.03	\$ 553.52	\$2,296.03	\$ 2,341.95
	(3)	\$ 3,248.89	\$ 1,682.00	\$ 1,566.89	\$ 783.45	\$3,248.89	\$ 3,313.87
Kaiser - DHMO <u>Deductible</u> www.kaiserpermanente.org	(1)	\$ 525.61	\$ 525.61	\$ -	\$ -	\$ 525.61	\$ 536.12
	(2)	\$ 1,051.23	\$ 1,051.23	\$ -	\$ -	\$ 1,051.23	\$ 1,072.25
	(3)	\$ 1,487.69	\$ 1,487.69	\$ -	\$ -	\$ 1,487.69	\$ 1,517.44
Kaiser - HMO <u>Traditional Plan</u> www.kaiserpermanente.org	(1)	\$ 578.94	\$ 578.94	\$ -	\$ -	\$ 578.94	\$ 590.52
	(2)	\$ 1,157.88	\$ 1,157.88	\$ -	\$ -	\$ 1,157.88	\$ 1,181.04
	(3)	\$ 1,638.40	\$ 1,638.40	\$ -	\$ -	\$ 1,638.40	\$ 1,671.17
Dental Plans							
Foundation PPO www.firstdentalhealth.com	(1)	\$ 62.00	\$ 62.00	\$0.00	\$0.00		\$ 63.24
	(2)	\$ 107.00	\$ 107.00	\$0.00	\$0.00		\$ 109.14
	(3)	\$ 162.00	\$ 162.00	\$0.00	\$0.00		\$ 165.24
Cigna DHMO - C609 www.cigna.com	(1)	\$ 22.75	\$ 22.75	\$0.00	\$0.00		\$ 23.21
	(2)	\$ 36.94	\$ 36.94	\$0.00	\$0.00		\$ 37.68
	(3)	\$ 51.22	\$ 51.22	\$0.00	\$0.00		\$ 52.24
Vision							
You may use any Provider	(1)	\$ 12.00	\$ 12.00	\$0.00	\$0.00		\$ 12.24
	(2)	\$ 21.00	\$ 21.00	\$0.00	\$0.00		\$ 21.42
	(3)	\$ 32.00	\$ 32.00	\$0.00	\$0.00		\$ 32.64

Notes:

* Medical only (1) = Employee Only, (2) = Employee with One Dependent, (3) = Employee + Family

* Dental and Vision (1) = Employee Only, (2) = Employee with One Dependent, (3) = Employee with Two or More Dependents

***Health Premiums and/or Cash for Benefits are processed the first two pay periods of each month.

OPEN ENROLLMENT for all health plans is typically during the month of October and/or November effective January 1st.

KAISER HMO HEALTH PLANS

FOUNDATION HMO PLANS(S)

Choosing the right plan...

Kaiser

Kaiser is a Health Maintenance Organization, a managed health network. With Kaiser, you have access to Kaiser doctors and Kaiser facilities. Out of network visits are NOT covered unless it is an emergency. All specialist visits are directed by your HMO primary care physician. Authorization is required for some services. Prescription coverage is available through Kaiser.

Covered Services		Kaiser Traditional 227585 www.kaiserpermanente.org	Kaiser with Deductible 6215 www.kaiserpermanente.org
Network/Group #			
Office Visits/Specialist		\$20.00 per visit	\$20.00 per visit <i>(Plan Deductible doesn't apply)</i>
Prescription Drug Per prescription	30 day supply	Kaiser \$15 Generic 30 day supply	Kaiser \$10 Generic 30 day supply <i>(Plan Deductible doesn't apply)</i>
		\$30 Generic 31-60 day supply	\$30 Brand 30 day supply <i>(Plan Deductible doesn't apply)</i>
		\$45 Generic 61-100 day supply	
		\$30 Brand 30 day supply	
		\$60 Brand 31-60 day supply \$90 Brand 61-100 day supply	
Many brand name drugs come in generic. You may need to ask your doctor for a generic prescription to get the lower copay			
Prescription Drug - Mail Order	90 day supply	\$15 Generic 30 day supply	\$20 Generic up to 100 day supply <i>(Plan Deductible doesn't apply)</i>
		\$30 Generic 31-100 day supply	\$60 Brand 31-100 day supply <i>(Plan Deductible doesn't apply)</i>
		\$30 Brand 30 day supply	
		\$60 Brand 31-100 day supply	
----- Mail order allows you to get a 3 month supply of prescriptions for only 2 copays -----			
Emergency Services	waived if admitted	\$75 per visit	20% Coinsurance after Plan Deductible
Ambulance Services		No Charge	\$150.00 per trip <i>(Plan Deductible doesn't apply)</i>
Out-of-Pocket Maximum			
<i>The Accumulation Period for this plan is 1/1/20- 12/31/20</i>			
Calendar year copayment maximum	Individual		\$3,000
	Family		\$6,000
Lifetime Benefit Maximum			None
Deductible	Calendar year copayment maximum	Individual	\$1,500
		Family	\$3,000
	Lifetime Benefit Maximum		None
Routine Physical Exams	No Charge	\$20 per visit	No Charge <i>(Plan Deductible doesn't apply)</i>
Chiropractor/Acupuncture		\$10 per visit- 20 combined visits/calendar year (Plan deductible doesn't apply)	\$10 per visit- 20 combined visits/calendar year (Plan deductible doesn't apply)
Vision Exam (Refraction)	No Charge	\$150 per 24 months	No Charge <i>(Plan Deductible doesn't apply)</i>
Hospital Services			
Inpatient	Individual	\$250 per admission	20% Coinsurance after Plan Deductible
Outpatient	Surgery performed in an ambulatory surgery center	\$20 per procedure	20% Coinsurance after Plan Deductible
Outpatient surgery in a Hospital			20% Coinsurance after Plan Deductible
Outpatient Lab & X-ray		No Charge	\$10 per encounter <i>(Plan Deductible doesn't apply)</i>
Mental Health/Substance Abuse		\$250 per admission <i>(Inpatient detoxification)</i>	\$250 per admission <i>(Inpatient detoxification)</i>
Inpatient	detoxification	\$250 per admission	20% Coinsurance after Plan Deductible
Outpatient		\$20 per visit	\$20 per visit <i>(Plan Deductible doesn't apply)</i>
Monthly Employee Cost	See Rate Sheet		

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KAISER PPO HEALTH PLANS

2021 Benefit Summary	PPO Plan 10225 NCR / 10226 SCR	
	Participating Provider Tier ⁽¹⁵⁾ *	Non-Participating Provider Tier*
	<i>Precertification is required for certain services†</i>	
The Accumulation Period for this Plan is Calendar Year		
Maximum benefit while insured	Unlimited	
	Insured pays	
Deductible per accumulation period	\$1,000 Individual \$2,000 Family ⁽¹⁾⁽²⁾	\$2,000 Individual \$4,000 Family ⁽¹⁾⁽²⁾
Out-of-Pocket Maximum per accumulation period	\$3,500 Individual \$7,000 Family ⁽²⁾	\$7,000 Individual \$14,000 Family ⁽²⁾
Hospital care	\$500 Copayment per admission, then	\$1,000 Copayment per admission, then
Room, board, and critical care units	30%	50%
Imaging, including X-rays and lab tests	30%	50%
Transplants	30%	50%
Physician, surgeon, and surgical services	30%	50%
Nursing care, anesthesia, and inpatient prescribed drugs	30%	50%
Birth Services ⁽⁷⁾	30%	50%
Outpatient care		
Physician office visits	\$25 Copayment ⁽³⁾	50% ⁽³⁾
Specialty care	\$25 Copayment ⁽³⁾	50% ⁽³⁾
Preventive screening services	No Charge ⁽³⁾	50% ⁽³⁾
Routine adult physical exam	No Charge ⁽³⁾⁽⁴⁾	Not Covered
Well-child preventive care visits	No Charge ⁽⁵⁾	50% ⁽⁵⁾
Family planning visits	\$25 Copayment ⁽³⁾	50%
Prenatal care ⁽⁶⁾	No Charge ⁽³⁾	50% ⁽³⁾
Outpatient Surgery	\$100 Copayment, then 30% per procedure	\$150 Copayment, then 50% per procedure
Lab Test and Imaging, including X-rays	30%	50%
Hearing exams	No Charge ⁽³⁾	Not Covered
Occupational, physical, respiratory, and speech therapy visits	30%	50%
Health Education	No Charge ⁽³⁾	50%
Diabetic Day Care Management Classes	No Charge ⁽³⁾	50% ⁽³⁾
Emergency Care⁽¹⁶⁾ (Emergency Copayment waived if admitted)	\$100 Copayment per visit, then 30%	

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10225 NCR / 10226 SCR

*The information in this brochure is not intended to take the place of, or change the official Plan Documents or Evidence of Coverage. In the event that the information in this brochure differs from the Plan Document, the Plan Document shall prevail.

KAISER PPO HEALTH PLANS

2021 Benefit Summary	PPO Plan 10225 NCR / 10226 SCR	
	Participating Provider Tier ⁽¹⁴⁾ *	Non-Participating Provider Tier*
	<i>Precertification is required for certain services†</i>	
	Insured pays	
Emergency Ambulance Service⁽¹⁶⁾	50%	50%
Medically Necessary Non-emergency Ambulance Service	50% ⁽⁸⁾	50%
Urgent Care	30%	50%
Prescriptions⁽⁹⁾	MedImpact Pharmacy ⁽¹⁰⁾	Non-Participating Pharmacy
Generic drugs (30-day supply)	\$15 Copayment	Not covered
Brand drugs (30-day supply)	\$40 Copayment	Not covered
Contraceptive drugs	No charge	Not covered
Specialty drugs ⁽¹¹⁾	30% with \$200 per prescription maximum	Not covered
Mail-order generic drugs (maximum benefit of a 100-day supply)	\$30 Copayment	Not covered
Mail-order brand drugs (maximum benefit of a 100-day supply)	\$80 Copayment	Not covered
Mental health care		
Inpatient hospitalization	\$500 Copayment per admission, then 30%	\$1,000 Copayment per admission, then 50%
Outpatient individual visits	\$25 Copayment ⁽³⁾	50% ⁽³⁾
Outpatient group visits	\$12 Copayment ⁽³⁾	50% ⁽³⁾
Substance use disorder treatment		
Inpatient hospitalization	\$500 Copayment per admission, then 30%	\$1,000 Copayment per admission, then 50%
Outpatient individual therapy visits	\$25 Copayment ⁽³⁾	50% ⁽³⁾
Outpatient group therapy visits	\$12 Copayment ⁽³⁾	50% ⁽³⁾
Durable medical equipment	30% ⁽¹³⁾	50% ⁽¹³⁾
Diabetic Equipment and Supplies ⁽¹⁴⁾	30%	30%
Prosthetics, orthotics, and special footwear	30%	50%
Additional benefits		
Care in a skilled-nursing facility (60-day combined limit per benefit period)	\$500 Copayment per admission, then 30%	\$1,000 Copayment per admission, then 50%
Home health care (100-day combined limit per accumulation period)	20% ⁽³⁾	20% ⁽³⁾
Hospice care	30%	50%
Fertility services	30% ⁽³⁾⁽¹²⁾	50% ⁽³⁾⁽¹²⁾

DENTAL & VISION BENEFITS

DENTAL PPO First Dental Health Network

	IN NETWORK	OUT OF NETWORK
www.firstdentalhealth.com		
ANNUAL MAXIMUM	\$3,500/Member	\$2000/Member
DEDUCTIBLE (Individual/Family)	\$50/\$150	
PREVENTIVE Oral Exams, Routine Cleaning, X-Rays, Fluoride Application, Sealants, Space Maintainers	100%	100%
BASIC SERVICES Fillings, Oral Surgery - all except simple extractions, Oral Surgery - Simple extractions	75%	75%
MAJOR SERVICES Crowns, Root Canal Therapy/Endodontics, Periodontal Scaling and Root Planing, Dentures, Bridges, Inlays/Onlays, Prosthesis Over Implant	50%	50%
DENTAL IMPLANTS	50% up to \$3,500*	50% up to \$2,000*
ORTHODONTICS	50% up to \$3,500*	50% up to \$2,000*

*Lifetime Maximum for Orthodontics and Implants

CIGNA DENTAL HMO - IN STATE ONLY

	ANNUAL MAXIMUM
DEDUCTIBLE (Individual/Family)	Unlimited
OFFICE VISIT (Per Patient, Per Office Visit in Additiona to any other Applicable Patient Charges)	None
PREVENTIVE	
Exams	No charge
X-Rays	No charge
Prophylaxis	No charge
RESTORATIVE SERVICES	Copay Applies
Amalgam – 3 surface, permanent	No charge
Resin based composite – 3 surface, Anterior	Copay Applies
PERIODONTICS	Copay Applies
Periodontal scaling & root planning, per quadrant (4 or more teeth)	\$15 copay
Gingivectomy or gingivoplasty per quadrant	\$75 Copay
ENDODONTICS	
Pulp Capping	No charge
Root Canal – Molar	\$40-\$100 Copay
ORAL SURGERY	
Single Tooth Extraction	No charge
Removal of impacted tooth, partial bony	\$30 copay
Removal of impacted tooth, complete bony	\$40 copay
CROWNS & BRIDGES	
Crown – full cast noble metal	\$60 copay
Crown – porcelain fused to predominately base metal	\$60 copay
PROSTHETICS (DENTURES)	
Partial Denture – Upper	\$85 copay
Partial Denture – Lower	\$85 copay
ORTHODONTICS	
Adolescent	\$1600 Copay
Adult	\$1800 Copay

Toll-free numbers and websites

of care providers in your area.

Kaiser – HMO	1-800-464-4000 kaiserpermanente.org
DENTAL	
CIGNA DHMO Plan	1-800-244-6224 cigna.com
PPO Dental Plan	1-800-229-2156 firstdentalhealth.com
VISION	
Vision Plan	1-800-229-2156 healthscopebenefits.com

VISION You May Use Any Provider

FREQUENCY	
Eye Examination	Once a Year
Frame	Once a Year
Lenses	Once a Year
Contact Lenses (in lieu of lenses)	Once a Year
EXAM	
(Dialation when necessary)	\$75.00 reimbursement
STANDARD LENSES	
Single Vision	\$75.00 reimbursement
Bifocal	\$140.00 reimbursement
Trifocal	\$140.00 reimbursement
Lenticular	\$145.00 reimbursement
Progressive	\$100.00 reimbursement
Frames	Once a Year
	\$400.00 reimbursement
Contact Lenses (in lieu of lenses)	Once a Year
	\$450.00 reimbursement

*Vision Reimbursement Plan. Member submits claims to HealthScope for reimbursement.



FLEXIBLE SPENDING ACCOUNTS



A Flexible Spending Account, or FSA, is an employee benefit that allows you to conveniently save and pay for you and your family's healthcare expenses. The income you choose to contribute to your FSA becomes tax exempt, giving you extra cash to help pay for upcoming healthcare or dependent care costs, as well as the inevitable unexpected expenses.

Healthcare FSA.

Used for certain qualified out-of-pocket expenses not covered by your health plan.

- Out-of-pocket deductible
- Office visit copays
- Out-of-pocket dental
- Orthodontia
- Vision and hearing
- Prescriptions

Here's why you should enroll.

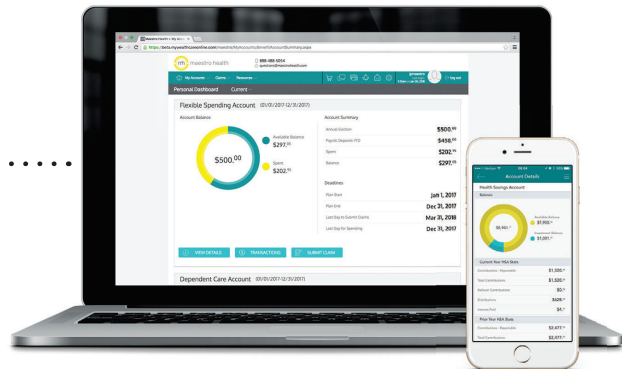
- Fast, daily claim reimbursement
- Online claim filing & account access
- mSAVE™ mobile app for Apple & Android
- mSAVE debit card

Here's how much you can save.

Savings will be determined based on your federal and state tax rates. On average, people save between 20 – 35% on money contributed to an FSA.

What happens if I don't use all my FSA money this year?

Your employer allows up to \$500 of unused rollover dollars from your FSA into the next plan year.



Visit msave.maestrohealth.com

Registration ID: Select "Card Number" and enter the 16-digit number on your mSAVE debit card.

Plan Year Start: 01/01/2021

Plan Year End: 12/31/2021

Annual Election Max: \$2,750

Questions? Let us help.

888.488.5054 | questions@maestrohealth.com | maestrohealth.com



BENEFIT ACCOUNTS

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DEPENDENT CARE FSA



What is a Dependent Care Flexible Spending Account (FSA)?

A Flexible Spending Account, or FSA, is an employee benefit that allows you to conveniently save and pay for certain types of expenses pre-tax. The Dependent Care FSA is used for expenses paid to care for qualified dependents that allows you to work.

- Daycare
- Nursery or preschool tuition
- Nannies
- Before & after school care
- Day camps

Plan Year: 01/01/2021-12/31/2021

Plan Year Maximum: \$5,000

How do I sign up?

You must sign up for the Dependent Care FSA every year at open enrollment.

Learn more at:

msave.maestrohealth.com

How much can I save?

You can save hundreds. Regardless of how much you elect to contribute, you'll decrease your taxable income and increase your spendable income. It's a win-win!



Questions? Let us help.

888.488.5054 | questions@maestrohealth.com | maestrohealth.com



BENEFITS CALPERS

1 INVESTMENTS | NEWSROOM | CONTACT | ABOUT SEARCH

2 myCalPERS Log In

3 Home Active Members Retirees Employers

2016 Health Rates Now Available

Know your choices. Make an informed decision and choose a CalPERS health plan that's right for you.

[View the Rates](#)

4 I Want To . . .

- Attend Training & Events
- Calculate My Retirement Estimate
- Change My Address
- Estimate Service Credit Cost
- Find a Job
- Learn About Long-Term Care
- Review Health Plan Rates
- Update My Beneficiary
- View Board Meeting Agendas
- Visit a Regional Office

Life Events

- Birth or Adoption
- Death or Terminal Illness
- Domestic Partnership
- Injury/Disability
- Leave of Absence
- Leaving CalPERS Membership
- Marriage or Divorce
- Name or Address Changes
- Retirement
- Returning to Work

[View All](#)

Forms & Publications

- Beneficiary Designation (PDF)
- Facts at a Glance (PDF)
- Health Benefit Summary (PDF, 1.44 MB)
- Planning Your Service Retirement (PUB 1) (PDF)
- Service Credit Purchase Options (PUB 12) (PDF)
- Service Retirement Application (PUB 43) (PDF)
- Tax Withholding Election (PDF)

[View All](#)

5 News

- CalPERS to Host Forum to Examine Topic of Diversity in Business and Finance
- CalPERS Highlights Outcome of Proxy Voting Initiatives
- David Crane Swings and Misses About CalPERS Investment Return

6 Events

Aug 5	School Employer Advisory Committee Meeting
Aug 17-19	Board Meeting
Sep 14 - Oct 9	Open Enrollment

7 Subscribe

By Email for Newsletters and Alerts

[Subscribe](#)

8 Follow

By Social Network

[f](#) [t](#) [v](#) [i](#) [g](#) [r](#)

9 Videos

CalPERS Educational Forum 2015

CalPERS Educational Forum 2015

October 26-28, 2015, San Jose, California

0:29

What is a CBEET?

2:58

Decisions 401k's 457's Health Care Retirement

CalPERS Supplemental Income 457 Plan

7:43

[View CalPERSNetwork Videos](#)

CalPERS Facts

The CalPERS Pension Buck

CalPERS income over the last 20 years (as of June 2014) demonstrates that every dollar spent on public employee pensions comes from the following sources:

67¢ CalPERS investment earnings	21¢ CalPERS employers	12¢ CalPERS members
------------------------------------	--------------------------	------------------------

CalPERS Members

As of June 30, 2014

Inactive Members	Active Members
Retirees & Beneficiaries	

[View All](#)

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CALPERS

CalPERS Website

CalPERS' improved website makes it easier for you to access the information you need quickly and easily. Whether you're still working, retired, or an employer, our website has the information you're looking for. Visit calpers.ca.gov and discover for yourself what our site has to offer.

Use these tips to get the most out of our CalPERS website:

- 1 Find out how to reach us, get directions to our headquarters or Regional Offices, or make a public records request. You can also submit your questions and comments online.
- 2 Get accurate and relevant results with the Search function powered by Google.
- 3 Choose a category from **Home, Active Members, Retirees, Employers** that is tailored to your specific needs.
- 4 Select a quick link for direct access to the top tasks and frequently requested areas of our website. Attend training or learn about long-term care, report a life event such as a birth, adoption, marriage or a domestic partnership, or download a form or publication such as the Service Retirement application.
- 5 View the latest CalPERS news.
- 6 Find out the dates for important events such as Open Enrollment or upcoming Board meetings.
- 7 Sign up to receive emails for newsletters and alerts.
- 8 Follow us on the various social media channels to engage with us and receive current information.
- 9 View our videos about current issues and CalPERS benefits. Learn general facts about CalPERS.

PARS 457(B) OPTIONAL



FACTS ABOUT THE PLAN

- ✓ Cal Poly Pomona Foundation, Inc. approved the establishment of a PARS 457(b) Deferred Compensation Plan for vacation and sick deferral effective July 1, 2002. The plan was amended effective January 1, 2009 to allow for voluntary salary deferrals.
- ✓ The PARS 457(b) plan is designed to supplement your current CalPERS retirement benefits.
- ✓ The Foundation has implemented this plan through PARS, Public Agency Retirement Services.

CONTRIBUTIONS INTO THE PLAN

VACATION AND SICK LEAVE CONVERSION

Vacation and Sick Leave Eligibility Requirements

1. Be employed by the Foundation on or after the most recent fiscal year ended as a regular full-time benefited employee.
2. Have completed 4 years of service with the Foundation and taken a minimum of 40 hours of vacation over the previous 12 months.
3. Have completed an Election Form during the annual Open Enrollment Period (August).

Amount of Vacation Conversion

- You must have accumulated over 160 unused vacation hours.
- You may elect to convert any percentage of your unused vacation hours over the 160 hours.
- You cannot convert more than 100 hours of vacation in any year.

Amount of Sick Leave Conversion

- You must have accumulated over 320 unused sick leave hours
- You may elect to convert any percentage of your unused sick hours over the 320 hours.
- You cannot convert more than 100 hours of sick leave in any year.

VOLUNTARY SALARY DEFERRALS

Eligibility Requirements

1. Be employed by the Foundation as a full-time, part-time or temporary employee (excluding student employees), for at least 12 months prior to participating in the plan.
2. Have submitted a completed Voluntary Salary Deferral Agreement to the Foundation Employment Services Office.

Amount of Conversion

- 24 times a year, the Foundation will withhold the contribution amount specified on the employee's Voluntary Salary Deferral Agreement.
- 24 times a year, the Foundation will make the contribution to the plan.
- The deferral amount will remain in full force and effect until modified or cancelled by the employee by submitting a new Voluntary Salary Deferral Agreement

BENEFITS

403(B) OPTIONAL

WHAT IS A 403(B) PLAN?

A 403(b) is a tax advantage retirement savings plan. Simply put, employee salary deferrals are placed into a 403(B) plan and those deferrals are made “pre-tax”. Those deferrals are allowed to grow tax deferred until the money is withdrawn from the plan, and it is taxed at that time.

WHO CAN PARTICIPATE IN THE FOUNDATION’S 403(B) PLAN?

Generally, any Foundation employee who works at least 20 hours a week on an average can participate. However, by definition that excludes student employees.

CAN I TAKE A LOAN FROM THE PLAN?

The Foundation’s 403(B) plan defers the questions to the specific vendor who manages your account. Each vendor has its rules and while some vendors permit loans others do not.

CAN I ROLL OVER THE FUNDS INTO OR OUT OF THE 403(B)?

Generally; yes, Foundation’s 403(B) accepts roll-overs from other 403(B) plans, and allows a participant to roll their funds into another 403(B).

WHO ARE THE AUTHORIZED VENDORS REGARDING WHERE MY MONEY WILL BE HELD?

Currently, the below vendors are the authorized at the Foundation for 403(B) custodial accounts.

- **ING Life Insurance and Annuity Company**
- **Oppenheimer Funds**
- **Primerica Shareholder Services**
- **TIAA-CREF as Agent**
- **Thrivent Financial for Lutherans**
- **T. Rowe Price**
- **American Funds Service Company**
- **Fidelity Retirement Services**

Please keep in mind the above information is intended to be general and the Plan Document will apply in all cases. If you have any question regarding your activated account please feel free to contact Diane Maldonado at 909-869-2246; all other questions; please contact Nora Fernandez at 909-869-4378.

SUPPLEMENTAL INSURANCE

AFLAC OPTIONAL

Get help with expenses health insurance doesn't cover



Aflac for Cal Poly Pomona Foundation

Are you — or your employees — among the 57% of Americans who've had to pay an unexpected medical bill?¹ Did you think, "But I have health insurance. I should be covered?" That's why there's Aflac. We can pay you cash directly² to help cover that bill or any other expense you may have. Aflac helps provide you with peace of mind when you need it most.

These Aflac supplemental plans are now available to you.

Accident :

Accidents happen. When a covered accident happens to you, our accident insurance policy pays you cash benefits to help with the unexpected medical and everyday expenses that begin to add up almost immediately.

Lump Sum Cancer :

If you are diagnosed with cancer, an Aflac lump sum cancer insurance policy will pay a lump sum amount directly to you unless otherwise assigned.

Short-Term Disability :

How would you pay your bills if you're disabled and can't work? An Aflac short-term disability insurance policy can help provide you with a source of income while you concentrate on getting better.

Dental :

Keep a bright, healthy smile with Aflac's dental insurance policy. Our policy provides benefits for dental care.

Aflac Plus Rider :

The Aflac Plus Rider pays a lump sum benefit amount along with additional benefits when you are diagnosed with a covered health event.

Lump Sum Critical Illness :

It's good to be prepared. Aflac lump sum critical illness insurance will pay a lump sum amount to you if you experience a covered health event.

Hospital Confinement Indemnity :

Hospital stays are expensive. An Aflac hospital confinement indemnity insurance policy can help ease the financial burden of hospital stays by providing cash benefits.

Whole or Term Life :

With Aflac's whole life or term life insurance, you can rest easy knowing that your family will have financial security when they need it most.

To learn more, contact your Aflac agent,
KASANDRA STEELY, at kasandra_steely@us.aflac.com
or 714-742-5663.



¹NORC AmeriSpeak Omnibus Survey: Surprise Medical Bills, August 16-20, 2018.

<https://www.norc.org/PDFs/Health%20Care%20Surveys/Surprise%20Bills%20Survey%20August%202018%20Topline.pdf> – accessed March 30, 2020. ²Unless otherwise assigned.

This is a brief product overview only. Coverage may not be available in all states. Benefits/premium rates may vary based on plan selected. Optional riders may be available at an additional cost. The policy/certificate has limitations and exclusions that may affect benefits payable. Refer to the specified policy/certificate for complete details, benefits, limitations, and exclusions. For availability and costs, please contact your local Aflac agent.

Individual coverage is underwritten by Aflac. Group coverage is underwritten by Continental American Insurance Company (CAIC), a wholly-owned subsidiary of Aflac Incorporated. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, coverage underwritten by Continental American Life Insurance Company. For individual coverage in New York or coverage for groups situated in New York, coverage is underwritten by Aflac New York. Continental American Insurance Company | Columbia, SC. WWHQ | 1932 Wynnton Road | Columbus, GA 31999.

Z200331

EXP 5/21

Get help with expenses health insurance doesn't cover



1

Aflac is help with expenses health insurance doesn't cover: Health insurance pays doctors and/or hospitals. Aflac pays cash directly to you, unless you tell us otherwise. You can use your benefits your way — whether it's for leftover medical bills or any other expense that affects your financial security.

2

Aflac belongs to you, not your company: When you have an Aflac policy, it's yours. You own it. Even if you change jobs or retire, you can take your Aflac policy with you.

3

Aflac is affordable: Our products flex to meet individual needs and budgets. We'll be there to help in your time of need when you're hurt or sick. And, Aflac rates don't go up even when you file a claim.

4

Aflac processes claims quickly: Aflac provides prompt service and fast payment of qualified claims to help you pay your bills. While you're focusing on your health, we focus on getting you cash as quickly as possible.

5

Aflac is accountable: Aflac has been named to Ethisphere's list of World's Most Ethical Companies¹ 14 years in a row, *FORTUNE's* list of *100 Best Companies to Work For*² for 20 consecutive years and *FORTUNE's* list of *World's Most Admired Companies*³ 19 times.

6

Aflac cares: For more than 25 years, Aflac has dedicated its heart and philanthropic mission to helping children with cancer. Since 1995, Aflac has raised and donated more than \$140 million to the Aflac Cancer and Blood Disorders Center of Children's Healthcare of Atlanta. Much of Aflac's support comes from its independent sales agents who contribute donations from their monthly commission checks, as well as Aflac employees who contribute each month through payroll deduction.

To learn more or to apply for coverage contact:

KASANDRA STEELY

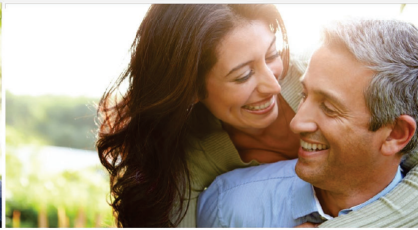
714-742-5663 | kassandra_steely@us.aflac.com



¹Ethisphere Magazine, Quarter 1, 2018; ²FORTUNE 100 Best Companies to Work For and ³World's Most Admired Companies are registered trademarks of Time Inc. and are used under License. FORTUNE and Time Inc. are not affiliated with, and do not endorse products or services of Aflac coverage is underwritten by Aflac. In New York, coverage is underwritten by Aflac New York. WWHQ | 1932 Wynnton Road | Columbus, GA 31999. Z181172

CHUBB

LifeTime Benefit Term



Cal Poly Pomona Foundation Plan Features

- Affordable permanent Life & Long Term Care insurance that lasts a lifetime – Guaranteed
- Guarantee Issue for New Employees of up to \$75,000 for Life Insurance & \$225,000 for Long Term Care Insurance
- Modified Guarantee Issue for Spouse & Guarantee Issue for Dependents
- Life Insurance premiums guaranteed for life
- Long Term Care benefits equal to 3x your death benefit amount. That's up to 75 months of care for nursing home, assisted living and home care!
- Earns Paid-Up Insurance
- Death Benefit and LTC Benefit is fully paid-up prior to age 100
- Plan is portable with locked in life insurance rates Guaranteed
- Accelerated Death Benefit for terminal illness included
- Enroll today for minimum coverage & Guarantee your future insurability for years to come

How LifeTime Benefit Term with Long Term Care Works

A 45-year old non-smoker can purchase \$50,000 of coverage including the Accelerated Death Benefit for Long Term Care, Death Benefit Restoration, and Terminal Illness for \$15.09 per week.

\$50,000

Long Term Care benefit of \$2,000 (4% of 50,000) per month would be available for up to 75 months. That's \$150,000 in available benefits for Long Term Care.

\$150,000 (75 mo.)

At retirement you can continue paying premiums to keep the full \$50,000 death benefit and \$150,000 Long Term Care benefit, OR at any time you may choose to take the paid-up benefits and stop paying premiums. This example shows paid-up benefits available at age 65.

\$13,919 Paid-up Death Benefit

\$41,757 Paid-up LTC Benefit

SUPPLEMENTAL INSURANCE

UNUM

OPTIONAL LIFE INSURANCE

CAL POLY POMONA
FOUNDATION

Valuable insurance available from your employer

Call (800) 219-2396 to enroll!
October 26 through November 06, 2020

Your customer number is **0326710**
Available 5am to 5pm PST; Monday through Friday

It can be difficult
to budget for life's
unexpected emergencies.

That's why CAL POLY POMONA FOUNDATION is giving you the opportunity to purchase this important coverage from Unum. It can help protect your finances from a variety of common situations — and can give you the assurance that you've made a smart decision for yourself and your family.



Group Term Life Insurance - Provided by Cal Poly Pomona Foundation

Your employer is providing the following benefits at no cost to you! This benefit provides financial protection for your loved ones when you die by providing a death benefit of 1 times your annual salary up to \$250,000.



Group Term Life Insurance with Accidental Death and Dismemberment (AD&D) - Voluntary Coverage

Term Life Insurance provides money to your family if you die within a certain time period, or "term." It can help them with final arrangements, living expenses, tuition and more. It could also include an Accidental Death & Dismemberment benefit — which provides an additional amount if you die in an accident, or if you survive but have severe injuries like the loss of a limb

You can purchase up to 5 times your annual earnings to a maximum of \$500,000. You can also purchase coverage for your spouse and children. If you already have coverage under this plan, you can purchase up to \$110,000 for yourself and \$25,000 for your spouse without answering health questions. If you are a newly eligible employee, you can purchase the minimum \$10,000 for yourself and \$5,000 for your spouse and you and your spouse will be eligible to increase your benefit at future enrollments up to the guarantee issue amounts of \$110,000 and \$25,000 respectively without answering health questions.

Group products are underwritten by: Unum Life Insurance Company of America, Portland, Maine and Unum Insurance Company, Portland, Maine
These policies or their provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

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unum.com

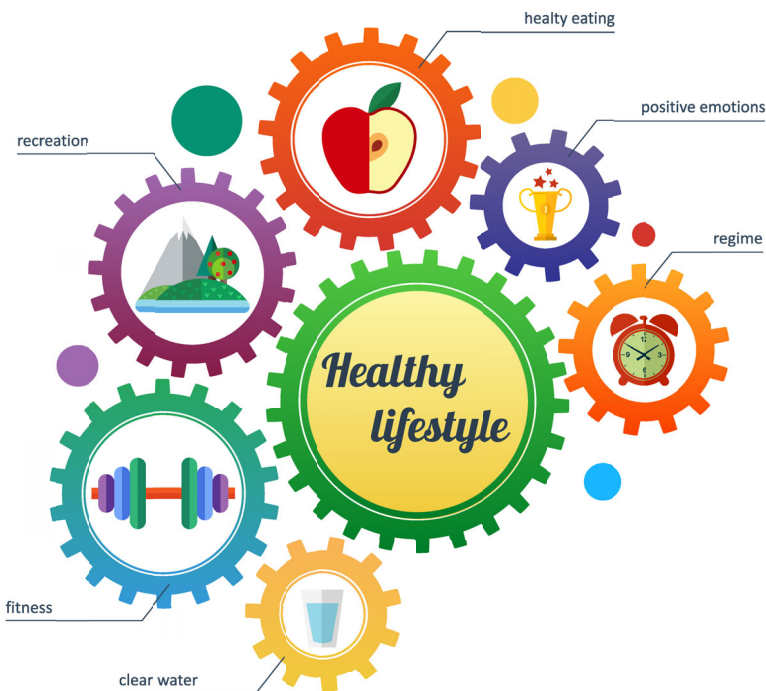


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FOR EMPLOYEES

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HEALTHY LIFESTYLE



DRINK PLENTY OF WATER!

(Drinking 2 cups before a meal can cut calorie intake by 15% and keep skin looking healthy);

SLEEP!

(It keeps you well because chemicals important to your immune system are secreted during sleep);

MOVE THAT BODY!

(30 minutes of walking can burn 200-250 calories);

EAT I LESS BITE!

(Cut 250 a calories from food and burn 250 calories with exercise each day and you can lose 3500 calories, or 1 pound, a week);

WEAR SUNSCREEN!

(With at least SPF 20, 2 to 3 times a day);

GIVE A HUG, GET A HUG

(Hugs can lower blood pressure and ease stress)

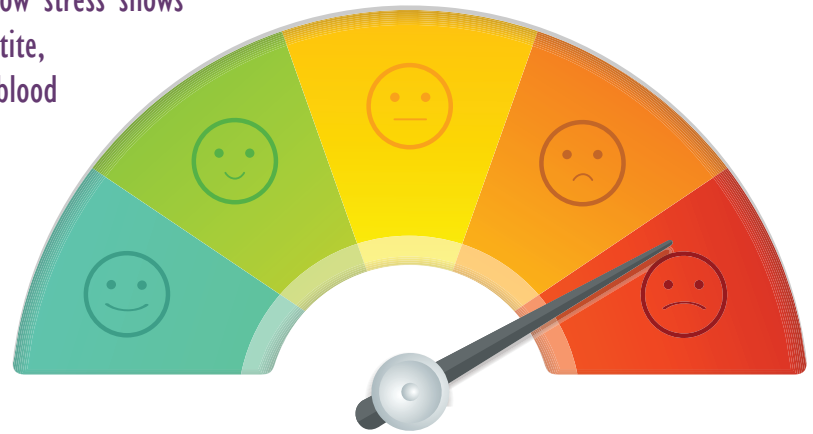
STRESS

HOW IS STRESS SHOWING UP IN OUR OWN BODY

First, we must all check-in with ourselves and recognize how stress shows up in our bodies. Changes to your sleep patterns or appetite, headaches or bowel changes, spikes in blood pressure or blood sugar are all signs of an overactive stress response.

If you have a chronic illness or existing condition, you need to pay particular attention to your condition and ensure you are tracking any significant changes. Stress management is of utmost importance to help manage your condition.

Stress can impact our health quite intensely. For example, if you have asthma you may find yourself reaching for the albuterol more often, if you're diabetic your blood sugars may be running high, if you're managing blood pressure fluctuations, they may be running high right now.



STRESS

HIGH LEVEL

THE SIX STRESS-BUSTING STRATEGIES

Safe, stable, and nurturing relationships can protect our brains and bodies from the harmful effects of stress and adversity. Healthy nutrition, regular exercise, restful sleep, practicing mindfulness, staying connected to our social supports, and getting mental health care can help decrease stress hormones and improve health.

1. SUPPORTIVE RELATIONSHIPS:

- **Maintain your supportive relationships virtually or with those you are at home with. Turn off media and devices for high-quality time together making art, dancing, cooking or reading with loved ones. Remain in touch with mentors, friends, and family by phone or video chat, including schools and community- or faith-based organizations.**

2. EXERCISE DAILY:

- **Engage in 60 minutes of physical activity every day. It doesn't have to be all at one time. Dance party in your bedroom, 35 jumping jacks here and there, 20 minute hula hooping contest, film a TikTok and share it out, power walk around the block twice, running, bedtime yoga, 10 pushups, do some double dutch jump rope, the list can go on and on. Bottom line – get your body moving and your heart rate up to burn off stress.**
- **Ask friends what resources they have been using or get online and search for at home work-out routines and see what comes up and what can work for you.**

STRESS

HOW IS STRESS SHOWING UP IN OUR OWN BODY -CONT-

3. HEALTHY SLEEP:

- Get sufficient, high-quality sleep. This may be particularly hard right now, but things that help are going to sleep and waking up at the same time each day. Turn off electronics at least a half hour before bed. Drink some warm water or hot tea and read a book after you climb into bed. Avoid caffeine in the afternoon and evening. Ensure your place of sleep is cool, quiet and free of distractions and devices.

4. NUTRITION:

- This is not about losing weight. This is about ensuring you are getting proper nutrition to help combat stress. Keep regular mealtimes, so you aren't just snacking all day. Minimize refined carbohydrates, high fat, high sugar foods and reduce your alcohol intake.
- General rule of thumb includes 5-9 servings of fruits and vegetables per day and foods rich in omega-3-fatty acids, including fish, nuts and fiber.

5. MENTAL AND BEHAVIORAL HEALTH SUPPORT:

- Engage in mental health care. Schedule video or phone sessions for psychotherapy, psychiatric care and substance use disorder treatment when possible.
- Minimize consumption of news or other media content that feels upsetting.
- If you do not have a regular appointment or have not been in contact with a mental health professional previously, here are some resources to help you get started.

6. MINDFULNESS, MEDITATION, PRAYER:

- Practice mindfulness, such as meditation, yoga, or prayer for 20 minutes, two times a day. Apps like Headspace and Calm are easy, accessible ways to get started. Meditations can be found online, as well.
- Mindfulness can help strengthen the brain pathways that actively buffer the stress response, helping you regulate your stress response more easily.

REFERENCE:

<https://covid19.ca.gov/manage-stress-for-health/>



**Cal Poly Pomona
Foundation**

CONTACT US

**Nora Fernandez
Sr. Generalist III
Employment Services**

**Phone: 909-869-4378
Fax: 909-869-3716
Email: nfernandez@cpp.edu**

**Cal Poly Pomona Foundation, Inc.
3801 W. Temple Ave. , Bldg 55
Pomona - CA 91768**