

Hello, and thank you for joining us for an overview of your Hagerstown Community College benefit program. A copy of your benefits guide can be accessed by clicking in the attachments section of this presentation.



Hagerstown Community College offers a broad range of benefits to its eligible employees. During this presentation we will discuss enrollment and eligibility requirements, as well as what's considered a qualifying event and how you request changes outside of the Open Enrollment period.

We will also provide an overview of your benefits program, and we will briefly cover the enrollment process and how you can complete your elections online.



Eligibility

- All full-time employees working 30 hours per week for at least nine months each year may enroll
 - Legal Spouse
 - A person of the same or opposite sex to who you are legally married by ceremony
 - Legal Dependent Child
 - Up to age 26 regardless of student, financial and marital status

To be eligible for coverage under the Hagerstown Community College benefits program, you must be a full-time employee working 30 hours or more per week for at least nine months each year.

In addition to yourself, you can enroll a legal spouse of the same or opposite sex to whom you are legally married by ceremony. Legal dependent children through the age of 26 regardless of student status or marital status are also eligible.



Open Enrollment is an important time to review your current benefits, assess your coverage needs, and make benefit plan elections for both you and your dependents. The benefit elections you choose will be effective July 1, 2022 and will remain in effect through June 30, 2023 unless you experience a qualifying change-in-status event that impacts your eligibility. This will be a passive Open Enrollment for most benefits, meaning that your current coverage will carryover to July 1, 2022 unless you actively make a change to your elections.

Please note it will be an **ACTIVE enrollment** for the FSA plans. Your current FSA coverage will end on June 30, 2022. If you wish to have FSA coverage in the new plan year, you must re-elect. Information on how to enroll in the FSA plans will be shared shortly, along with information about the AFLAC benefits.

Any changes you make during Open Enrollment are effective July 1, 2022.



What's Happening in 2022

- · There will be NO changes in employee payroll contributions!
- Medical/Prescription Drug The existing CVS Caremark prescription drug coverage will be administered through RxBenefits (administration change only!)
- NEW Specialty Drug Medication Program The new PrudentRx program allows members taking specialty medications to receive medication at NO COST!
- NEW ID Cards for Medical/Prescription Drug ALL enrolled members will receive two ID cards for 7/1/2022; one for medical coverage and one for prescription drug coverage. Bee on the lookout!
- Flexible Spending Account (FSA)— HealthEquity will become the new FSA plan administrator. All participants must re-enroll and will receive a new Welcome Packet and debit card.

*Reminder - All Open Elections will be made using the Kronos system!

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Qualifying Events

No changes outside of Open Enrollment

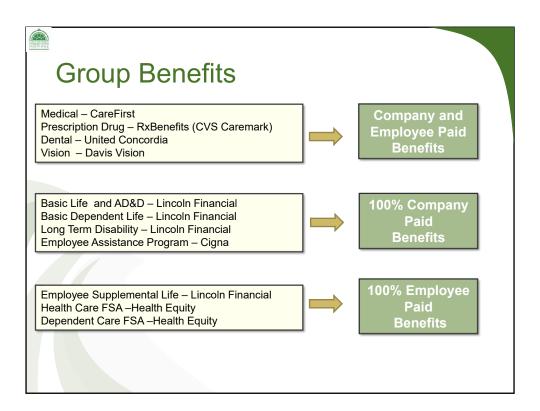
...unless you have a qualified change in status event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document, such as:

- Legal marital status-marriage, divorce, legal separation
- Change number of dependents-birth, death, adoption
- Change in employment-results in loss/gain of other coverage
- Eligibility status of dependents due to attainment in age

You must report status event changes to HR within 30 days of the event and provide documentation!

The elections you make during the annual open enrollment period cannot be changed until the next annual open enrollment, unless you or one your dependents experience a qualified change in status event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document, such as a change in marital status, change in number of dependents, or a change in employment or eligibility status that results in a loss or gain of other coverage. For example, if you or your spouse loses their job, experiences a change in hours that results in loss or gain of other benefits, including your spouse's open enrollment period, you can adjust your elections. In addition, if your legal dependent child loses their eligibility due to attainment of the maximum age under the benefits, you can adjust your benefit elections to accommodate the change in dependent coverage.

In order to make a change to your elections due to a qualifying change in status event, you must submit documentation to Human Resources within 30 days of the qualifying event.



Hagerstown Community College provides medical, prescription, vision, and dental group benefits at a shared cost with eligible employees.

Hagerstown provides Basic Life and Accidental Death and Dismemberment, Basic Dependent Life, Long Term Disability, and the Employee Assistance Program at no cost to eligible employees.

In addition, employees have the option to purchase supplemental life insurance benefits, as well as participate in the Health Care and/or Dependent Care Flexible Spending Accounts.



Medical Plan-CareFirst

- No Primary Care Physicians (PCP) or Specialist referrals required
- In-network
 - Covered services rendered by providers in the CareFirst BlueChoice Advantage Network
- Out-of-network
 - If you choose to see a non-participating provider
 - · Balance billing does apply



Hagerstown Community College currently offers a Medical plan that utilizes the CareFirst BlueChoice Advantage network of providers.

You are not required to select a Primary Care Physician and no referrals are needed to see a specialist. While the plan allows you the freedom to choose whatever provider you wish, using a provider that is considered "in-network" will result in less out-of-pocket expenses for you.



Staying In-Network Can Save You Money

Receiving care inside the CareFirst service area (MD, DC, and Northern VA)

- BlueChoice network
- LabCorp or Meritus for lab services

Receiving care outside the CareFirst service area

 Receive in-network benefits by using a national BlueCard PPO provider or lab

Need to locate a participating provider?

Visit <u>www.carefirst.com</u>. Click search for care under **Find a Doctor**. When searching for a provider, choose BlueChoice Advantage under Network.

You have flexibility to use any provider you choose, but you will spend less out of pocket if you stay in-network.

When care is received in MD, DC or Northern Virginia, also known as the CareFirst service area, by a provider in the CareFirst BlueChoice network, this is considered innetwork. Any provider not participating in the BlueChoice network will be considered out-of-network. If you need to receive lab services, you must go to a LabCorp or Meritus facility.

If you are receiving care outside of the CareFirst service area, you will pay lower costs by using a national BlueCard PPO provider, and care will be considered in-network. Any provider not participating in the BlueCard PPO network will be considered out-of-network. If you require lab work outside of MD, DC or Northern VA, you may use any participating BlueCard PPO lab to receive in-network benefits.

COMMITTEE STATE	Medical Plan-Care	eFirst
	Annual Deductible (Per Plan Year) Amount you must pay per plan year before the plan begins to pay benefits	\$550 Individual \$900 Family
	Annual Out-of-Pocket Maximum (Per Plan Year) Maximum amount you pay toward deductible, coinsurance, copays (medical and prescription) and covered expenses for the plan year cost containment penalties and amounts in excess of usual and customary charges do not apply	\$3,500 Individual \$6,500 Family

Most services, other than preventive care, require that you meet a deductible prior to your services being covered. Once you meet your deductible, the plan will pay a percentage of the expenses for each covered service, which is called coinsurance. Coinsurance for services within the CareFirst Network is 80%, meaning CareFirst covers 80% of the benefit and the member only pays 20%. If you access care outside of the network, those claims are paid at 60% by CareFirst and 40% by the member. The maximum amount that you pay toward your deductible, coinsurance, and copays is called the out-of-pocket maximum. Once you meet the out-of-pocket maximum, the plan will pay 100% of covered services for the rest of the plan year.

If you are enrolled as an individual in the plan, you will be subject to the individual deductible. Once you have met your individual out-of-pocket maximum for the plan year, the plan will pay 100% for covered services for the rest of the plan year.

If you are enrolled with a spouse and/or dependent children, each family member meets only the individual deductible. If several different family members have each paid enough in individual deductibles that, when added together, the family deductible has been met, the health plan begins paying the health care expenses for the entire family, even for the family members that haven't paid anything at all toward their individual deductible. Once you have met the individual out-of-pocket maximum, the plan will pay 100% for covered services. If several different family members have each paid enough in individual amounts that, when added together, the family out-of-pocket maximum has been met, the health plan will pay 100% for covered services for the entire family, even for the family members that haven't paid anything at all toward their individual amount.

Medical Plan-CareFirst					
In Network	Out of Network				
Plan pays 100% - no deductible	Plan pays 60% after deductible				
Plan pays 80% after deductible	Plan pays 60% after deductible				
No charge	N/A				
Plan pays 90% after deductible	Plan pays 60% after deductible				
Plan pays 80% after deductible	Plan pays 60% after deductible				
Plan pays 80% after deductible	Plan pays 60% after deductible				
Plan pays 80% after deductible					
Plan pays 80% after deductible	Plan pays 60% after deductible				
Plan pays 80% after deductible	Plan pays 60% after deductible				
	In Network Plan pays 100% - no deductible Plan pays 80% after deductible No charge Plan pays 90% after deductible Plan pays 80% after deductible				

Here is a summary of your benefits under CareFirst.

Hagerstown Community College recognizes the importance of your health, so preventive care services that help you avoid, intercept, or minimize serious health conditions are covered at 100% in-network. Preventive services include an annual physical, well woman exam, routine well child care, and immunizations. Also included in the free preventive care are screenings such as a routine mammogram, colorectal screening, and prostate exam.

Please refer to your Benefits Summary for more detailed information.



RxBenefits (CVS Caremark) - Mail Order Prescription Program (90-day supply)

None

\$25

\$75

\$125

\$75

\$125

- Ideal for those who take prescription medications regularly
- Convenient home delivery (standard delivery at no additional cost)

Prescription drug coverage is included in your medical plan at no additional cost. Prescription drugs are not subject to the deductible, and you will pay a copay when you fill your prescriptions; the amount will depend on the type of drug you receive.

Please keep in mind that Effective July 1, 2022, the prescription drug vendor will continue to be CVS Caremark, but now managed through an administrator called RxBenefits. This change is for administrative purposes only and does not impact your current providers or disrupt your network access. Because of this administrative change, all enrolled members will receive two ID cards as part of the 7/1/2022 renewal; one for medical coverage and one for prescription drug coverage.



New Specialty Drug Coverage Program - PrudentRx

- Are you currently taking a Specialty Medication?
- · Are you currently enrolled in one of the CareFirst medical plans?
- Do you want to reduce your out-of-pocket costs?

The college has partnered with PrudentRx to implement a new program that will reduce your out-of-pocket cost to \$0 on select specialty medications. PrudentRx is integrated with CVS Specialty Pharmacy Operations as a third party to insure a seamless, premium member experience.

How Do I Enroll in the PrudentRx Program?

You are automatically enrolled in the PrudentRx program to ensure you don't lose the opportunity to save money on your specialty medications. However, it is extremely important to call the PrudentRx member advocates to ensure you are properly registered to receive available copay cards. They can be reached at 1-800-578-4403 Monday through Friday 8 a.m. to 8 p.m. EST.

What Happens If I Fail to Contact the PrudentRx Member Advocate Team?

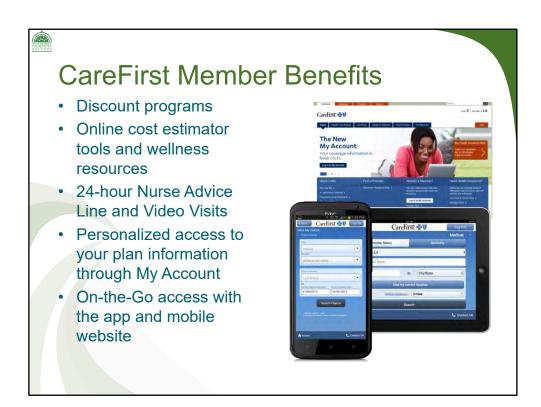
If you do not contact the PrudentRx member advocate team, they will reach out to you via telephone. If you do not answer or return the call, and you enroll in any copay card assistance program as required by manufacturer, you will be responsible for 30% of the cost of your specialty medications.

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Hagerstown Community College has partnered with PrudentRx to implement an new program that will reduce your out-of-pocket cost to \$0 on select specialty medications. PrudentRx is integrated with CVS Specialty Pharmacy Operations as a third party to insure a seamless, premium member experience. PrudentRx will work with you and the drug manufacturer to get copay card assistance when available and will assist you when copay cards need renewal. Even if your specialty medication has no copay card, your out-of-pocket cost will be \$0 as long as you are enrolled in the PrudentRx program.

You are automatically enrolled in the PrudentRx program to ensure you don't lose the opportunity to save money on your specialty medications. However, it is extremely important to call the PrudentRx member advocates to ensure you are properly registered to receive available copay cards.

If you do not contact the PrudentRx member advocate team, they will reach out to you via telephone. If you do not answer or return the call, and you enroll in any copay card assistance program as required by manufacturer, you will be responsible for 30% of the cost of your specialty medications.



As a member of CareFirst, you have access to a variety of services and resources including: discount programs for alternative therapies, gym memberships, weight loss and hearing care; personalized online account access through My Account; and Case Management for support when dealing with serious illnesses. You also have access to online cost estimator tools and wellness resources, as well as a 24-hour Nurse Advice Line and Video Visits with a physician. CareFirst also offers personalized access to your plan information through My Account, as well as a mobile app, which makes it easier to manage your plan on the go!



With CareFirst Video Visit, you and your family members have the ability to connect with a board-certified doctor whenever and wherever you want – without an appointment! Video Visit is perfect when your primary care provider isn't available, if you're traveling, or if you don't have a primary doctor, and there is NO CHARGE!

Members can utilize Video Visit from their computer, tablet, or smartphone for health concerns including: bronchitis, cough/sore throat, sinus infection, urinary tract infection, vomiting, diarrhea, fever, pink eye, sprains/strains, cold/flu, respiratory infection, and headaches. Before the first visit, members need to register for an account. Upon successful registration, members will receive a welcome email with instructions on how to schedule a visit.

Visit www.carefirstvideovisit.com for more information.

Key Plan Features	In Network	Out of Network		
Network	Elite Plus PPO			
Annual Deductible (Per Calendar Year)	\$25 Individual \$50 Family	\$50 Individual 100 Family		
Annual Benefit Maximum (Per Calendar Year)	\$1,500 per person	\$1,000 per person		
Preventive/Diagnostic Services	Plan pays 100% - no deductible	Plan pays 100% after deductible Plan pays 60% after deductible Plan pays 40% after deductible		
Basic Services	Plan pays 80% after deductible			
Major Services	Plan pays 50% after deductible			
Orthodontia Diagnostic, active, retention treatment (dependent children up to age 19)	50% up to a maximum benefit of \$1,000 per per person per lifetime			
Pregnancy Benefits	Covers one additional cleaning during pregnancy Covers one additional periodontal maintenance Scaling and root planing Four periodontal surgery procedures			

United Concordia. You can visit any licensed dentist, but your costs are usually lowest with a dentist that participates in the Elite Plus PPO network. The in-network dentists accept reduced fees for covered services; out-of-network dentists may balance bill you the difference between the benefit allowance and their fee.

Members needing routine Preventive and Diagnostic services such as cleanings, x-rays, and exams are covered at 100% by a participating dentist. In-network preventive care services are not subject to the deductible.

Basic services such as fillings and simple extractions are covered at 80% in-network and 60% out-of-network after the deductible. Major services such as crowns or dentures are covered at 50% in-network and 40% out-of-network after the deductible is met.

Orthodontia is available for dependent children up to age 19, also there are benefits available if you are pregnant.

In order to maximize savings, it is best to use in-network providers. If you choose to receive care from an Out-of-Network provider, you may be balanced billed for the difference.

BlueVision Plan-Davis Vision				
Key Plan Features	In Network	Out of Network		
Vision Exam	\$10 copay	Play pays up to \$45, you pay balance		
Lenses Single Bifocal Trifocal Lenticular	No copay No copay No copay No copay	Plan pays up to \$52, you pay balance Plan pays up to \$82, you pay balance Plan pays up to \$101, you pay balance Plan pays up to \$181, you pay balance		
Frames Exclusive Tower Collect	tion No copay for 270 frames	Plan pays up to \$45, you pay balance		
Non-Tower Frame	Plan pays up to \$100, towards wholesale prices or equivalent allowance at a retailer (you pay balance)	Play pays up to \$45, you pay balance		
Contact Lenses (in lieu of eyeglasses)				
Elective Contact Lense	Plan pays up to \$97, you pay	Plan pays up to \$97, you pay balance		
Bifocal Contact Lenses	24.4.100	Plan pays up to \$127, you pay balance		
Medically Necessary	No copay with prior approval	Plan pays up to \$285, you pay balance		
To fir	nd a participating provider, visit <u>w</u>	ww.carefirst.com		

Hagerstown Community College offers eligible employees the opportunity to enroll in a BlueVision plan through Davis Vision at minimal cost.

Members receive an eye exam once per year with a \$10 copay. Under this vision plan, you can either get glasses OR contacts, once every 12 months. Buying a pair of glasses requires no copay for 270 Exclusive Tower Collection Frames. A \$100 allowance is given for Non-Tower Frames. If you elect to get contacts instead, the plan covers them up to \$97 allowance with no copay.

If services are rendered outside the Davis Vision network of providers, you will be subject to a reimbursement schedule noted on the out-of-network section of your BlueVision schedule of benefits.

Monthly Payroll Deductions							
Medical	Employee	Employee + Children	Employee + Spouse	Family			
Employees paid over 12 months	\$49.66	\$108.97	\$127.13	\$203.91			
Employees paid over 11 months	\$54.17	\$118.88	\$138.69	\$222.45			
Employees paid over 10 months	\$59.59	\$130.76	\$152.56	\$244.69			
Vision	Employee	Employee + Children	Employee + Spouse	Family			
Employees paid over 12 months	\$0.55	\$1.20	\$1.50	\$1.52			
Employees paid over 11 months	\$0.60	\$1.31	\$1.63	\$1.66			
Employees paid over 10 months	\$0.66	\$1.44	\$1.80	\$1.82			
Dental	Employee	Employee + Children	Employee + Spouse	Family			
Employees paid over 12 months	\$2.73	\$7.36	\$8.59	\$12.27			
Employees paid over 11 months	\$2.98	\$8.03	\$9.37	\$13.39			
Employees paid over 10 months	\$3.28	\$8.83	\$10.31	\$14.72			

Shown here are the monthly payroll deductions for medical, dental, and vision. Payroll deductions are taken on a pre-tax basis.



Flexible Spending Accounts (FSA) HealthEquity

- Health Care FSA
 - Elect up to \$2,850 pre-tax
 - Use for health care expenses for you and your eligible dependents
 - Rollover up to \$570 to next plan year
 - Eligible expenses include deductibles, medical and prescription copays, dental expenses, and vision expenses
- Dependent Care FSA
 - Elect up to \$5,000 pre-tax
 - Eligible expenses include child daycare, before and after school care, and adult daycare (Children must be under the age of 13 to be eligible)

Flexible Spending Accounts, also known as FSAs, help you save money by allowing you to pay for eligible health care and/or dependent care expenses with tax-free dollars. The plans are administered through HealthEquity.

A Health Care FSA Account allows employees to set aside pre-tax dollars to pay for eligible out-of-pocket health care expenses for you, your spouse and your eligible dependents. Employees do not have be enrolled in Hagerstown Community College's group benefit plans to participate in the FSA.

A Dependent Care FSA allows employees to set aside pre-tax dollars to cover expenses for their dependents for daycare or adult care services.

When you choose how much to contribute to an FSA, be sure to estimate your expenses carefully. The Health Care FSA has a \$570 carryover feature, which allows any amount of \$570 or less remaining in your account at the end of the plan year to roll over into the new plan year. Any remaining funds over \$570 in a Health Care FSA and any remaining funds in a Dependent Care FSA at the end of the plan year will be forfeited. You will have 90 days after the end of the plan year to submit claims incurred during that plan year.

While your expenses are approved at point of sale, it important that you keep your receipts in case you are asked to substantiate your purchase.



Group Life and AD&D Benefits Lincoln Financial

- 100% company paid benefit
- Benefit is a flat \$50,000
- Benefit reduces by 50% at age 70

Make sure your beneficiary designation is up to date!



Full-time employees are automatically covered for \$50,000 of Group Life and \$50,000 of Accidental Death and Dismemberment coverage at no additional cost. Your benefit reduces by 50% at age 70.

Beneficiaries can be changed online through Kronos during Open Enrollment, or throughout the year for any reason. Simply complete a new Beneficiary designation form and return it to your Human Resources Department.



Basic Dependent Life Lincoln Financial

- Spouse: \$5,000 benefit
- Children 6 months up to age 26: \$2,000 benefit
- Children 14 days to under 6 months: \$500
- Children under 14 days: not eligible

If this benefit is not elected on your initial eligibility date, future enrollment will be subject to evidence of insurability.

Full-time employees are provided Basic Dependent Life coverage at no cost to them.

Employees can elect \$5,000 for their spouse and \$2,000 for dependent children up to age 26 regardless of full-time student status.

If you do not elect this coverage when you are first eligible, any election after the initial enrollment, even during open enrollment, may be subject to evidence of insurability.



Employee Supplemental Life Lincoln Financial

- Voluntary benefit for all active employees for one or two times Basic Annual Earnings, up to \$250,000
- The guaranteed issue amount is the lesser of two times your Basic Annual Earnings or \$150,000
- Rates for the Supplemental Life are age-banded
- Changes to elections of coverage after your initial enrollment period will require evidence of insurability
- Benefit reduces by 50% at age 70

Lincoln Financial requires you to show that you are in good health before they agree to provide certain levels of coverage. This is called **Evidence of Insurability**.

- If you are enrolling for the first time after your initial eligibility period, any amount elected will be subject to EOI.
- EOI is required if you elect a benefit over \$150,000 or two times your basic annual earnings, whichever is less.

Supplemental life and AD&D coverage is an optional benefit offered to all eligible employees as a financial resource to protect you and your family.

Employees can purchase supplemental life and accidental death and dismemberment (or AD&D) coverage for themselves only. The rates are based on your age and coverage amount elected.

If this benefit is not elected when you are first eligible, future enrollment will be subject to Evidence of Insurability.



Long Term Disability Lincoln Financial

- Company provided benefit for all full-time employees
- 60% of your basic monthly earnings up to a maximum benefit of \$12,500 per month
- 90 day elimination period

Pre-existing condition limitations

A pre-existing condition is a sickness or an injury for which you received medical treatment, advice or consultation, care or services including diagnostic measures, or took prescribed drugs or medications prior to your effective date of coverage. If you suffer from a disability caused by, contributed to, or resulting from a pre-existing condition, your disability may not be covered.

Hagerstown Community College provides company-paid Long Term Disability coverage for employees. All full-time employees are automatically enrolled and do not need to enroll during the online enrollment process.

Employees will receive 60% of their base monthly earnings up to a maximum benefit of \$12,500 per month.

The coverage is subject to a 90 day elimination period.



Employee Assistance Program

- All employees and their household family members are automatically enrolled in the EAP at no cost.
- Free 24/7 unlimited telephone consultation
 - 1-888-371-1125
- Online <u>www.mycigna.com</u>
 - Employer ID for initial registration = Hagerstown
- Confidential Counseling
 - 10 face-to-face counseling session
 - Stress Management
 - Grief and Loss
 - Marital Issues
- Child and Elder Care Referrals
- Financial and Legal Consultation



We all work hard and sometimes it is difficult to balance work and life. To help all of us, and our family members, cope with our day to day life events Hagerstown Community College offers a 24hour a day/7days a week/365 days per year no-cost solution in the Employee Assistance Program.

Benefits are extended not only to you, but to every family member in the household. Employees and their family members can use both unlimited confidential telephonic consultation with a licensed provider and up to 10 face-to-face counseling sessions per issue per year.

Employees can also take advantage of the many discounted referral services built into the program i.e. financial and legal, or child and elder care facility referrals.



Enrollment Instructions

Before you enroll:

- Familiarize yourself with your options by reading the benefits described in your Summary of Benefits
- Have the following information handy:
 - Social Security Numbers for you and your eligible dependents
 - Dates of Birth for you and your eligible dependents
 - Information on any other medical coverage that you or your dependents have

Before you enroll, familiarize yourself with your options by reading the benefits described in your Summary of Benefits. Have you social security numbers and dates of birth handy for you and your eligible dependents, as well as Information on any other medical coverage that you or your dependents have.



How to Enroll-Via Kronos

When you're ready to enroll, simply follow these steps:

- · Go to psaclient.com/HGCC.
- In the menu on the left side of the screen, navigate to My Info → My Benefits → Enrollment.
- · Locate the plans you wish to update, and select "Start".
- · Read the instructions, then select "Continue".
- Select the correct coverage level from the drop-down menu.
- Review all information on this page for accuracy, then select "Submit" (bottom or top right of page).
- · Sign with your Kronos password and select "Accept".

When you're ready to enroll, simply follow these steps.

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In the menu on the left side of the screen, navigate to My Info → My Benefits → Enrollment. Locate the plans you wish to update, and select "Start". Read the instructions, then select "Continue". Select the correct coverage level from the dropdown menu. Review all information on this page for accuracy, then select "Submit" (bottom or top right of page). Sign with your Kronos password and select "Accept".



There are several resources that are available to assist you with any questions or concerns that you may have. The resources page in your benefits brochure highlights your insurance company websites and customer service numbers. Hagerstown Community College also has a benefits hotline and email provided through PSA at 1-877-716-6618, and as always, your Hagerstown Human Resources department is available to assist. Please provide your Member ID and date of birth when submitting an email and/or have that information handy when calling the Benefits Hotline. You may be required to complete a HIPAA Authorization Form.

We appreciate the time you've taken to review your benefits package. Thank you.