

# 2026 BENEFITS

## Your Benefits, your way!





## GETTING STARTED

### **2026 BENEFITS**

January 1st, 2026  
through  
December 31st, 2026

Whether you're enrolling in benefits for the first time, nearing retirement, or somewhere in between, the CSULB Research Foundation supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, life, disability, retirement benefits, and more.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Review the coverage and tools available to you to make the most of your benefits package.



# Who is Eligible?

**You are eligible if you are a part-time/full-time employee working 30 or more hours per week.**

**The following dependents are eligible for benefits:**

- Legally married spouse.
- Registered Domestic Partner (RDP), where applicable by state law, is eligible for coverage if you have completed a Domestic Partner Affidavit. Review the Affidavit carefully because it will include important information regarding the guidelines for adding, ending or changing your domestic partner.
- Natural, adopted or stepchildren, or children of a domestic partner up to age 26.
- Children over age 26 who are disabled and depend on you for support.
- Children named in a Qualified Medical Child Support Order (QMCSO).

**Members who are NOT eligible for coverage include (but are not limited to):**

- Parents, grandparents, and siblings.
- Employees who work less than 30 hours per week, temporary employees not on the CSULB Research Foundation payroll, contract employees, or employees residing outside the United States.



## When you can enroll

<b>New Hire Enrollment</b>	New hire coverage begins on the first of the month following 30 days. You must enroll prior to becoming eligible.
<b>Open Enrollment</b>	The one time each year that you can make changes to your benefits for any reason. Open enrollment is generally held in October every year for a January 1st effective date.
<b>Qualifying Life Event</b>	A qualifying life event is a significant change in your life that allows you to make changes to your benefits outside of open enrollment. See the next page for more information.

# OPEN ENROLLMENT

Open Enrollment is a once-a-year opportunity to review your benefit choices, change plans, add or drop dependents, and enroll or re-enroll in Flexible Spending Accounts. After Open Enrollment ends, you cannot change your benefit elections until the next Open Enrollment in 2026, unless you experience an eligible life event.

**Open Enrollment begins October 1, 2025, through October 31, 2025**

Any changes made during OE will be effective on January 1, 2026.

## Do I need to enroll?

If you do not have any changes to make to your 2026 benefits and you do not want to enroll in a 2026 Flexible Spending Account, **no action is required**.

See Enrolling for Benefits page for enrollment steps.

## What's new or changing

At the CSULB Research Foundation, we are committed to continuously reevaluating our benefits program to offer you and your family comprehensive and affordable option. This year we would like you to be aware of changes in costs for your benefits and new benefit offerings:

- NEW! CHUBB Life & Long-Term Care
- Navitus-Replaces ESI for all Anthem members pharmacy benefit
- Digbi Replaces Livongo for all Anthem members.
- Premium Changes



# CHANGING YOUR BENEFITS

Click to play video



## LIFE HAPPENS

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

## THREE RULES APPLY TO MAKING CHANGES TO YOUR BENEFITS DURING THE YEAR:

1. Any change you make must be consistent with the change in status.
2. You must make the change within 31 days of the date the event occurs.
3. All proper documentation is required to cover dependents (marriage certificates, birth certificates, etc.).

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit your change within 31 days after the event.

## Dependent Verification

Making changes to dependents is subject to eligibility verification to ensure only eligible individuals are participating in our plans. You will be required to provide proof of one or more of the following within 31 days of their eligibility:

- Marriage Certification or License
- Domestic Partners Affidavit
- Birth Certificate
- Final decree of divorce
- Court documents showing legal responsibility for adopted children, foster children or children under legal guardianship
- Physician's written certification of disabling condition (for dependent children over age 26 incapable of self-support)

If you do not supply the proper documentation to make changes to dependents within the 31-day period, you will not be able to add the dependent(s) until the next open enrollment period.

# ENROLLING FOR BENEFITS



## MID YEAR CHANGES

- You have year-round access to a summary of your benefits through BenXcel.
- Mid year changes should be initiated through BenXcel - HR may reach out for additional verification.

## BenXcel

BenXcel is an online system that enables you to make all your benefit decisions in one place. If you don't have access to a computer, you can access the enrollment portal from a tablet or smartphone or Contact the HR Department for assistance.

## Before you enroll

- Know the date of birth, social security number, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.

## Getting started

- LOG IN to BenXcel at **Benxcel.net**

**Username:** Your last saved username and password or, if this is your first-time logging in, the first two letters of your first name, the first two letters of your last name, the last four of your SSN

(ex: Mary Smith's SSN of 123AB1234 = masm1234).

**Password:** Your last saved password or, if this is your first-time logging in, Enter your initial password: the first four numbers of your SSN and your full date of birth in MMDDYYYY format

(ex: SSN of 123AB1234 and full DOB of 12/13/1950 = 123A12131950).

Enter the Company Name: CSURMA

- ADD your personal and dependent information.
- SELECT your benefit plans for the coming year.
- REVIEW your choices and costs before finalizing.





## MEDICAL

### WORDS TO KNOW

Can you beat the Health Lingo game? Learn the words that will help you understand how your plan works.

*Click to play video*



- **DEDUCTIBLE:** The amount of healthcare costs you have to pay for with your own money before your plan will start to pay anything.
- **OUT-OF-POCKET MAXIMUM:** Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most eligible expenses for the rest of the plan year.
- **COINSURANCE:** After the deductible (if applicable), you and the plan share the cost. For example, if the plan pays 80%, your coinsurance share of the cost is 20%. You are billed for your coinsurance after your visit.
- **COPAY:** A set fee you pay instead of coinsurance for some healthcare services, for example, a doctor's office visit. You pay the copay at the time you receive care.
- **IN-NETWORK / OUT-OF-NETWORK:** In-network services will always be the lowest cost option. Out-of-network services will cost more or may not be covered. Check your plan's website to find doctors, hospitals, labs, and pharmacies that belong to the network.

# UNDERSTANDING PLAN TYPES

CSULB Research Foundation offers 2 medical plan types so that you can pick the plan that best fits your budget and healthcare needs.

Some plans (like HMOs) restrict you to in-network doctors. Other plans (like PPOs) allow you to see any doctor, but you will pay a higher coinsurance percentage if the doctor is out-of-network.

	<b>HMO</b> Health Maintenance Organization	<b>PPO</b> Preferred Provider Organization
<b>Deductible</b>		✓
<b>Out-of-Network Care Covered</b>		✓
<b>Referral Needed to see Specialist</b>	✓	
<b>Must select Primary Care Physician</b>	Kaiser: ✓ Anthem: ✓	
<b>Pros</b>	<ul style="list-style-type: none"><li>• More predictable costs</li></ul>	<ul style="list-style-type: none"><li>• You can go anywhere, whether in-network or out-of-network</li></ul>
<b>Cons</b>	<ul style="list-style-type: none"><li>• Less flexibility</li><li>• No out-of-network coverage</li><li>• May have to select Primary Care Physician</li></ul>	<ul style="list-style-type: none"><li>• You pay more for out-of-network providers</li></ul>

*Click to play video*



## All About Medical Plans

Medical plans can seem hard to understand, but once you understand the building blocks you will be able to choose the best plan for you and your dependents.



# Kaiser HMO \$15

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible.

Kaiser HMO \$15	
In-Network	
<b>Plan Year Deductible<sup>1</sup></b> Individual Family Embedded/Aggregate <sup>2</sup>	None None Embedded
<b>Plan Year Out-of-Pocket Maximum<sup>1</sup></b> Individual Family Embedded/Aggregate <sup>3</sup>	\$1,500 \$3,000 Embedded
<b>Office Visit</b> Primary Care Specialist	\$15 \$15
<b>Online Visit</b>	No Charge
<b>Preventive Services</b>	No Charge
<b>Chiropractic</b> (up to 30 visits/year)	\$10
<b>Lab and X-ray</b>	No Charge
<b>Urgent Care</b>	\$15
<b>Emergency Room</b>	\$100 (waived if admitted)
<b>Inpatient Hospitalization</b>	No Charge
<b>Outpatient Surgery</b>	\$15 / procedure
<b>PRESCRIPTION DRUGS (Navitus)</b>	
<b>Plan Year Deductible</b>	None
<b>Out-of-Pocket Maximum</b>	Combined with Medical
<b>Retail- 30 Day Supply</b> Generic Brand Specialty	\$10 \$30 20% up to \$150
<b>Mail Order- 100 Day Supply</b> Generic Brand Specialty	\$20 \$60 N/A

<sup>1</sup>Deductibles and out-of-pocket maximums accumulate on a plan year January 1<sup>st</sup> through December 31<sup>st</sup>.

<sup>2</sup> An embedded family deductible means the plan begins to make payments for a member when they reach their individual deductible.

<sup>3</sup>An embedded family maximum means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

All covered expenses including your medical deductibles and prescription copays accumulate towards the out-of-pocket maximum.

<sup>4</sup> 30 day supply only

# Kaiser Resources

## One Pass Select Affinity by Optum

Through One Pass Select Affinity from Optum members can choose a fitness plan and get unlimited access to all locations available within that plan, plus extensive digital resources. Members can choose the plan that fits their needs, with competitive plans starting at \$10 per month. Members that sign up can also access the Optum Additional service include healthy meal delivery and 20% discounts on chiropractors, acupuncturists and massage therapists. Learn more at [healthy.kaiserpermanente.org/health-wellness/fitness-offerings](https://healthy.kaiserpermanente.org/health-wellness/fitness-offerings).

## 24/7 care advice

Get medical advice and care guidance in the moment from a Kaiser Permanente provider at (833) 574-2273 (SoCal) or (866) 454-8855 (NorCal).

## Kaiser Away From Home

Kaiser Members are covered for emergency and urgent care anywhere in the world. Visit [healthy.kaiserpermanente.org/get-care/traveling](https://healthy.kaiserpermanente.org/get-care/traveling) to learn about what to do if you need emergency or urgent care during your trip.

## Finding a Kaiser Provider

To find a Kaiser Permanente provider near you, please visit [kp.org](https://kp.org) or call (800) 464-4000.

## My Health Manager

Stay engaged with your health and simplify your busy life by using the [Kaiser Website](https://kp.org) or download the Kaiser Permanente app from the App Store<sup>SM</sup> or Google Play<sup>®</sup>.

## Calm App

The Calm app uses meditation and mindfulness to help lower stress, reduce, anxiety, and improve sleep quality. Adult members can get Calm at [kp.org/selfcareapps](https://kp.org/selfcareapps).

## Headspace Care App

The Headspace Care app offers immediate 1-on-1 support for coping with many common challenges — from stress and low mood to issues with work and relationships, and more. Headspace Care’s highly trained emotional support coaches are ready to help 24/7, and adult Kaiser Permanente members can use Headspace Care for 90 consecutive days at no cost. Get started today at [kp.org/selfcareapps](https://kp.org/selfcareapps).

## Target Retail Clinics (SoCal only)

Target Clinics offer care provided by Kaiser Permanente for more than 85 different services, including treatments for common health conditions and minor injuries. The clinics are open 7 days a week for appointments and walk in care. Find a clinic near you using [kptargetclinic.org](https://kptargetclinic.org).



# Kaiser Resources, Cont.

## Online wellness tools

Visit [healthy.kaiserpermanente.org/health-wellness](https://healthy.kaiserpermanente.org/health-wellness) for wellness information, health calculators, fitness videos, podcasts, and recipes from world class chefs. Connect to better health with programs to help you lose weight, quit smoking, and more – all at no cost.

## Health classes

Sign up for health classes and support groups at many of our facilities. See what's available near you at [healthy.kaiserpermanente.org/health-wellness/classes-programs](https://healthy.kaiserpermanente.org/health-wellness/classes-programs) – some may require a fee.

## Personal wellness coaching

Get help reaching your health goals. Work one on one with a wellness coach by phone at no cost. Find out more at [healthy.kaiserpermanente.org/health-wellness/wellness-coaching](https://healthy.kaiserpermanente.org/health-wellness/wellness-coaching) or call (866) 862-4295.





# Anthem Premier PPO 80

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible.

	Anthem Premier PPO 80	
	In-Network	Out-of-Network
<b>Plan Year Deductible<sup>1</sup></b> Individual Family Embedded/Aggregate <sup>2</sup>	\$500 \$1,000 Embedded	\$500 \$1,000 Embedded
<b>Plan Year Out-of-Pocket Maximum<sup>1</sup></b> Individual Family Embedded/Aggregate <sup>3</sup>	\$3,500 \$7,000 Embedded	\$3,500 \$7,000 Embedded
<b>Office Visit</b> Primary Care Specialist	\$20 \$20	40% <sup>4</sup> 40% <sup>4</sup>
<b>Online Visit</b>	\$10 (primary care) \$20 (specialist care)	40% <sup>4</sup>
<b>Preventive Services</b>	No Charge	40% <sup>4</sup>
<b>Chiropractic</b> (up to 30 visits/year)	\$20	40% <sup>4</sup>
<b>Lab and X-ray</b>	20% <sup>4</sup>	40% <sup>4</sup> (\$350 max / day)
<b>Urgent Care</b>	\$20	40% <sup>4</sup>
<b>Emergency Room</b>	\$50 copay then 20% (waived if admitted) <sup>4</sup>	\$50 copay then 20% (waived if admitted) <sup>4</sup>
<b>Inpatient Hospitalization</b>	20% <sup>4</sup>	40% <sup>456</sup>
<b>Outpatient Surgery</b>	20% <sup>4</sup>	40% <sup>4</sup> (\$350 max / day)
<b>PRESCRIPTION DRUGS (Navitus)</b>		
<b>Plan Year Deductible</b>	Combined with Medical	Combined with Medical
<b>Out-of-Pocket Maximum</b>	\$2,350 / \$4,700	Unlimited
<b>Retail- 30 Day Supply</b> Tier 1 Tier 2 Tier 3 Specialty	\$5 \$20 \$60 20% up to \$150	\$5 \$20 \$60 20% up to \$150
<b>Mail Order- 90 Day Supply</b> Tier 1 Tier 2 Tier 3 Specialty	\$5 \$40 \$120 20% up to \$300	Not Covered

<sup>1</sup>Deductibles and out-of-pocket maximums accumulate on a plan year from January 1<sup>st</sup> through December 31<sup>st</sup>.

<sup>2</sup> An embedded family deductible means the plan begins to make payments for a member when they reach their individual deductible.

<sup>3</sup>An embedded family maximum means the plan will cover 100% for an individual member as soon as they reach their individual maximum. All covered expenses including your medical deductibles and prescription copays accumulate towards the out-of-pocket maximum.

<sup>4</sup>After deductible.

<sup>5</sup>Member is responsible for an additional \$500 copay if prior authorization is not obtained from Anthem

<sup>6</sup>Coverage for Out-of-Network Provider is limited to \$600 maximum per day for non-emergency admission

# Anthem HMO Full \$20

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible.

Anthem HMO Full \$20	
In-Network	
<b>Plan Year Deductible<sup>1</sup></b> Individual Family Embedded/Aggregate <sup>2</sup>	None None Embedded
<b>Plan Year Out-of-Pocket Maximum<sup>1</sup></b> Individual Family Embedded/Aggregate <sup>3</sup>	\$1,500 \$3,000 Embedded
<b>Office Visit</b> Primary Care Specialist	\$20 \$20
<b>Online Visit</b>	\$20
<b>Preventive Services</b>	No Charge
<b>Chiropractic</b> (up to 60 visits/year) <sup>4</sup>	\$20
<b>Lab and X-ray</b>	No Charge
<b>Urgent Care</b>	\$20 (waived if admitted)
<b>Emergency Room</b>	\$100 (waived if admitted)
<b>Inpatient Hospitalization</b>	\$200 / Admit
<b>Outpatient Surgery</b>	\$100 / Surgery
<b>PRESCRIPTION DRUGS (Navitus)</b>	
<b>Plan Year Deductible</b>	None
<b>Out-of-Pocket Maximum</b>	Combined with Medical
<b>Retail- 30 Day Supply</b> Tier 1 Tier 2 Tier 3 Specialty	\$5 \$20 \$60 20% up to \$150
<b>Mail Order- 90 Day Supply</b> Tier 1 Tier 2 Tier 3 Specialty	\$5 \$40 \$120 20% up to \$300

<sup>1</sup>Deductibles and out-of-pocket maximums accumulate on a plan year January 1<sup>st</sup> through December 31<sup>st</sup>.

<sup>2</sup> An embedded family deductible means the plan begins to make payments for a member when they reach their individual deductible.

<sup>3</sup>An embedded family maximum means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

All covered expenses including your medical deductibles and prescription copays accumulate towards the out-of-pocket maximum.

<sup>4</sup> Combined with outpatient rehab limit

# Anthem Value Added Services

Take advantage of these value added services available to Anthem plan members to help you get and stay healthy.

## Benefit Highlights

## Availability & How To Get Started

### Physical Therapy for Back or Joint Pain

#### Hinge Health

Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy. Available for preventative, acute, and chronic needs at no cost.

*PPO & HMO (non-Kaiser) members*

**Call:** (855) 902-2777

**Visit**

[hingehealth.com/prism/](https://hingehealth.com/prism/)



### Hip, Knee & Spine Surgical Benefit & Breast Cancer Treatment Benefit

#### Carrum Health

Consult top-quality surgeons on hip and knee replacements and certain spine surgeries. Benefit covers all related travel for patient and companion, and medical bills. Oncology benefit also available; guidance for all cancers; treatment for Breast Cancers.

*PPO members*

**Visit** [carrumhealth.com](https://carrumhealth.com)



### Medicine to treat Diabetes, Obesity & GI

#### Digbi Health

Access personalized digital care programs that utilize genetic and gut microbiome analysis to address obesity, diabetes, digestive disorders, and related conditions. Services include at-home DNA and gut biome testing, continuous glucose monitoring, personalized nutrition and lifestyle recommendations, access to health coaches, plus medically managed weight loss programs.

*PPO & HMO (non-Kaiser) members*

**Call:** (866) 344-2189

**Visit**

[digbihealth.com/prism](https://digbihealth.com/prism)



### Free Generic Maintenance Medications

#### Rx 'N Go

As part of your benefits, you have the option to receive up to a 90-day supply of generic maintenance medication by mail at no cost to you (\$0 copay, \$0 shipping) through a convenient program called, Rx 'n Go.

*PPO & HMO (non-Kaiser) members*

**Call:** (888) 697-9646

**Visit** [rxngo.com](https://rxngo.com)



### Discount Medications

#### GoodRx

Discounts on medications for non-benefit eligible employees. GoodRx allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications.

*All non-benefit eligible employees*

**Members Call:**

(888) 799-2553

**Pharmacies Call:**

(844) 857-4351

**Visit** [gold.goodrx.com](https://gold.goodrx.com)





# Anthem Resources

## Sydney Mobile App

Use Sydney™ Health to keep track of your health and benefits- all in one place. Access your plan details, Member Services, virtual care, and wellness resources. You can also set up an account at [anthem.com/ca/register](https://anthem.com/ca/register) to access most of the same features from your computer.

## Building Healthy Families

Building Healthy Families offers personalized, digital support through the Sydney<sup>SM</sup> Health mobile app or on [anthem.com/ca](https://anthem.com/ca). This all-in-one program, at no extra cost to you, can help your family grow strong whether you're trying to conceive, expecting a child, or in the thick of raising young children.

## Virtual Primary Care

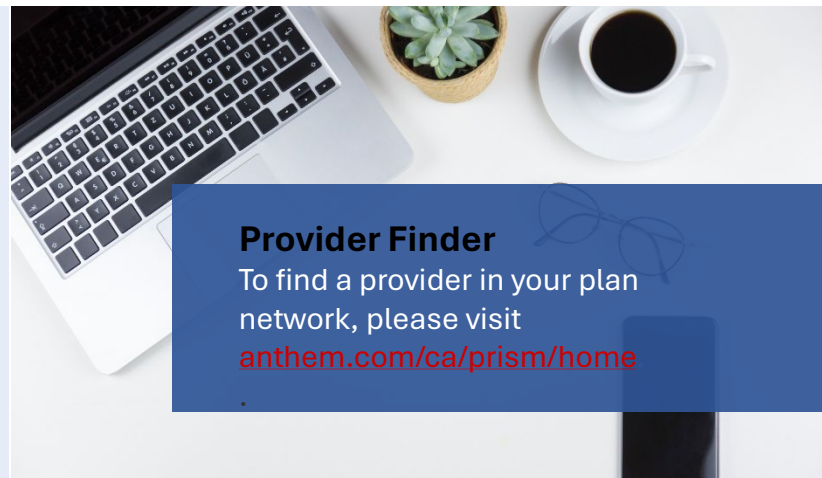
Through Anthem's LiveHealth Online Virtual Primary Care (LHO VPC), members can choose from board-certified, in-network PCPs, and have that same doctor take care of them overtime for treatments including chronic conditions, preventative care, and acute care, at no extra cost to the member. Copay will still apply.

## 24/7 Nurse Line

24/7 NurseLine serves as your first line of defense for unexpected health issues. You can call a trained, registered nurse to decide what to do about a fever, give you allergy relief tips, or advise you where to go for care. For help, call the number on the back of your ID card.

## Anthem ID Cards

For PPO plans, one ID card will be issued to subscriber and one to spouse/DP. Two cards will be issued in the subscriber's name for subscriber plus child(ren) contracts. ID cards with child dependent names can be requested by calling the member service number on the ID card. For HMO plans all members will receive an ID card. All Anthem Members will also be issued a Navitus ID card to access pharmacy benefits.



### Provider Finder

To find a provider in your plan network, please visit [anthem.com/ca/prism/home](https://anthem.com/ca/prism/home)

# NEW! Anthem Total Health Connections

## Helping you and your family feel confident and protected

Employees enrolled in an Anthem medical plan have access to Total Health Connections which provides you and your family with a dedicated Family Advocate — a personal health champion who offers proactive, compassionate, and no-cost support for everyday and emergency health needs. They can help you:

- Find and schedule care with top doctors and facilities in your plan
- Manage preventive care and chronic conditions
- Understand and use your health plan benefits
- Get quick preapprovals for urgent treatments
- Access in-house clinical experts who collaborate with your doctor to create a personal care plan

## Focus on your whole health

Whole health also includes your mental health, along with social and community needs. Your dedicated Family Advocate can also connect you with community resources to help with food, childcare, transportation, and other social, financial, or mental health concerns.

## A connected health record

You and your Family Advocate, doctors, and pharmacist all have access to the most up-to-date information on your health in a single record. These real-time insights can help improve your care and may lower your healthcare costs over time.

## Sydney<sup>SM</sup> Health App

Chat with your Family Advocate on our Sydney<sup>SM</sup> Health mobile app. The Sydney<sup>SM</sup> Health app also gives you a quick way to:

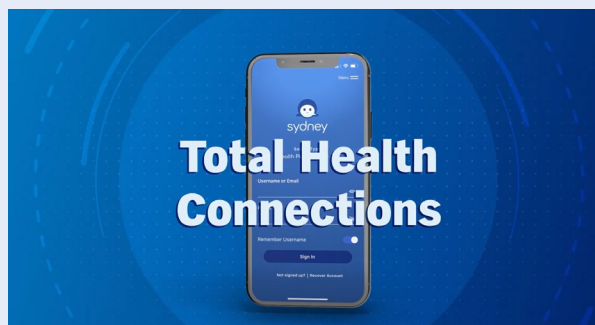
- Use your digital ID card
- Track your health goals and activities
- Check costs and view health plan details
- Access virtual care through video visits or chat

## Get Started Today

Download or log in to the Sydney<sup>SM</sup> Health mobile app or visit [sydneyhealth.com](https://sydneyhealth.com) to get started.

Watch the video to learn more about how to get connected with your Family Advocate and access the resources available via the Sydney<sup>SM</sup> Health app.

*Click to play video*



# NEW! Digbi Health - Diabetes, Obesity & GI Care for Anthem Members



## Your Digbi Health Journey

The Digbi Health program is a personalized 52-week journey designed to transform your health and wellness. Whether you're managing your weight, Type 2 Diabetes, digestive health, or taking GLP-1s for weight management, Digbi is here to support you with care tailored to your biology. Digbi Health is available at no cost for eligible members covered by Anthem through your employer.

### This program includes:

- Gut & Gene Testing Kits
- Glucose Monitoring Device
- Tailored Meals
- Health Coach
- GLP-1s for weight management

Contact Digbi at [prism@digbihealth.com](mailto:prism@digbihealth.com) or at (866) 344-2189 if you have any questions.

## GLP-1 Eligibility

Eligibility requirements for accessing GLP-1s for weight management:

- 18 years or older and enrolled in Anthem (Mandatory).
- BMI 40 or higher without any comorbidity (OR)
- BMI 35 - 39 with at least one related comorbidity (OR)
- Mandatory: If you're on a GLP-1 for weight management, you should have lost 5% weight within 90 days of starting them.
- Digbi to be the sole prescriber for all weight loss medications.

## Get Started

1. Check your eligibility and sign up for the program at [digbihealth.com/prism](https://digbihealth.com/prism).
2. If you are eligible, download mobile app - [onelink.to/digbi](https://onelink.to/digbi).
3. On the app, please confirm shipping address and answer onboarding questions - your kits will be ordered to your address, automatically.
4. Starting January 1, 2026, you will have 90 days to go through Digbi Health's Reauthorization for weight management GLP-1 medication based on the new eligibility criteria.

## Digbi Health App

- **Get at-home Test Kits** - Within a week, you'll receive a comprehensive testing kit including a Genetic Test, a Gut Microbiome Test, and an Abbott Libre Continuous Glucose Monitor. Please follow instructions to collect samples and return kits using pre-labeled shipping.
- **Sync your Health Apps** - Connect Apple or Google Health Apps with the Digbi App. Navigate to settings, choose "Health", then connect by tapping "Refresh" under "Apple Health".
- **Say hi to your Coach!** - Tap the 'Coach' button at the bottom to start engaging with your health coach on the app and upload meal pictures for scoring while you await test results.



# Prescription Drugs – Navitus – Anthem Members

## Filling Your Prescriptions

Anthem members have access to prescription drug coverage through Navitus.

- **Network Pharmacy** – Most independent and all major chain pharmacies, are part of your benefit network.
- **Costco Mail Order** – A 90-day supply of maintenance medications can be mailed right to your door. You don't need to be a Costco member to use their pharmacies. Just register online at [pharmacy.costco.com](https://pharmacy.costco.com) or call (800) 607-6861 to get started.
- **Specialty Pharmacy** - Lumicera Health Services, our specialty pharmacy partner, provides a high level of personalized care for members with complex conditions. Their clinical team will help you manage side effects and reduce complications, so you can focus on the things that matter most. Visit [lumicera.com/patients/](https://lumicera.com/patients/) or call (855) 847-3553 for more information.

## Member Portal & App

Go to [navitus.com/members](https://navitus.com/members) to access the member portal or download the Navitus mobile app. Register for your account, if you haven't already done so. Log into the Navitus member portal and app with the same username and password. Once registered, click Sign In, then enter your login details and password. From here you can:

- View or print your member ID card
- Perform a Drug Search for coverage details
- Find drug prices and pharmacy locations
- Easily track your medication history

## Simplifying Prior Authorization, Step Therapy & Exception to Coverage

There are certain conditions and medications which require extra steps to gain approval to fill the prescription, but Navitus tries to make it as easy as possible.

- **Prior Authorization (PA)** – Some prescriptions require prior authorization to be filled, which your health care provider will need to help facilitate. Drugs that need prior authorization are listed on your formulary with a PA. Most prior authorization requests are reviewed within two business days and urgent requests within one business day.
- **Step Therapy** – When there's an effective alternative available that's less expensive for you, you may be asked to try that before a more expensive prescription is authorized.
- **Exception to Coverage (ETC)** – If a drug isn't approved, you and your doctor can submit an ETC request showing alternative medications aren't effective or suitable for your personal situation.
- **Coverage Details** - If there are any limits or requirements on your medications like the ones listed above, a Coverage Details button will appear on the medicine's description page in the portal. Clicking on that button will outline what's needed to get the prescription filled.

## Navitus Customer Care

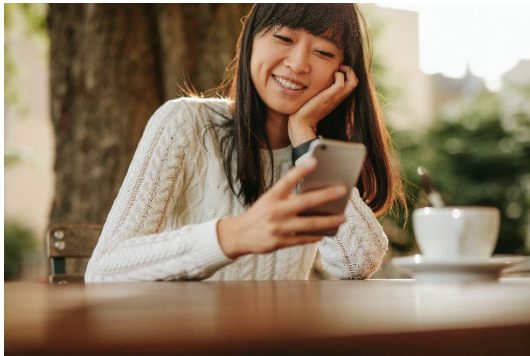
**Carrier ID:** NVPSM

**Phone:** 855-847-1035

**Website:** <https://benefitplans.Navitus.com/NVPSM>

Available 24 hours a day, 7 days a week; Closed Thanksgiving & Christmas

# FIND A PROVIDER MEDICAL



## Medical - Anthem

1. Log in or register at [anthem.com/ca](https://anthem.com/ca)
2. Navigate to and select “Find Care”
3. Click on Basic Search as a guest
4. Under Select the type of plan or network – Medical Plan or Network
5. Under Select State, Enter California (HMO and Prudent Buyer Only) or the state where you reside (National PPO Only)
6. Enter what type of plan you want to search with (Medical - Employer-Sponsored)
7. Select your plan
  - A. California Members
    - 1) Full HMO \$20 – Blue Cross HMO (CA Care) Large Group Network
    - 2) Premier PPO 80 – Prudent Buyer PPO
  - B. Non-California PPO Members
    - 1) Non-California Premier PPO 80– National PPO (Blue Card PPO)
8. Click Continue
9. Next, Enter the City, County, or Zip
10. Next, choose who you like to see. You can search for a doctor by specialty or by name
11. Next, select a provider for more details

## Medical - Kaiser

1. Go to <https://healthy.kaiserpermanente.org/doctors-locations>
2. Select your state
3. Select Search for and choose either doctors or locations
4. Type in ZIP code
5. Click on Search

# HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

Click to play video



## ARE YOU ELIGIBLE?

You don't have to enroll in one of our medical plans to participate in the healthcare FSA. However, if you or your spouse are enrolled in a high deductible health plan you can only participate in the **Limited Purpose FSA** for dental and vision expenses.

### Find out more

- [FSA website](#)
- [FSA Presentation/Easy Guide](#)
- [Eligible Expenses](#) – now include more over-the-counter items!
- [Ineligible Expenses](#)

## DO YOU PAY FOR DEPENDENT CARE?

Look in the Financial Wellness section for information on tax savings through the Dependent Care FSA.

## Set aside healthcare dollars for the coming year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year. This program is administered through BCC/SmartCare.

## How the FSA Plan works

- You estimate what you and your family's out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, even eligible drugstore items.
- You can contribute up to \$3,300, the 2026 annual limit set by the IRS. Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.
- Expenses must be incurred between 01/01/2026 and 03/15/2027 (2 ½ month "grace period" after the end of the plan year) and claims must be submitted for reimbursement no later than 03/15/2027. If you don't spend all the money in your account, you forfeit the leftover balance.
- Elections cannot be changed during the plan year, unless you experience a qualifying event.
- You must re-enroll in this program each year.

## Limited Purpose FSA

- If you/your spouse are enrolled in a high deductible health plan, you can only participate in the Limited Purpose FSA for dental and vision expenses.
- All other considerations listed above also apply to the Limited Purpose FSA.

### FSA TAX SAVINGS EXAMPLE

#### \$60,000 Annual Pay, with \$1,500 FSA Contribution

<b>\$330</b>	<b>\$115</b>	<b>\$445</b>
22% Federal income tax	7.65% FICA tax	Annual FSA tax savings

#### \$120,000 Annual Pay, with \$2,750 FSA Contribution

<b>\$660</b>	<b>\$210</b>	<b>\$870</b>
24% Federal income tax	7.65% FICA tax	Annual FSA tax savings

*Your tax savings may vary depending on tax filing status and other variables*



# PAYING FOR DAYCARE? MAKE IT TAX-FREE!



## EVERY OPPORTUNITY TO SAVE

The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars?

## Dependent Care FSA—up to \$5,000 per year tax-free

A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by BCC/SmartCare.

## Here's how the Dependent Care FSA works

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only childcare, but also before and after school care programs, preschool, and summer day camp for children under age 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to \$7,500 per household per year. If you are married but filing separately, federal regulations limit the use of Dependent Care FSA to \$3,750 each year. You can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.



**Estimate carefully!** You can't change your FSA election amount mid-year unless you experience a qualifying event. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.

# Turning 65? Understand Your Medicare Options

Alliant Medicare Solutions is a no-cost service available to you, your family members, and friends nearing age 65.



Whether you retire or continue to work, choosing the right healthcare option is an important decision when you reach age 65

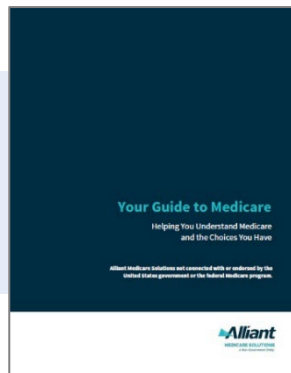
Most people become eligible for Medicare at age 65. When that happens, you'll probably have some time-sensitive decisions to make, based on your individual situation.

## Introducing Alliant Medicare Solutions

Medicare can be complicated. Figuring out the rules—not to mention how Medicare works with or compares to your employer-provided medical coverage—can be a headache. That's why we are offering Alliant Medicare Solutions. The licensed insurance agents at AMS can help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

### How does it work?

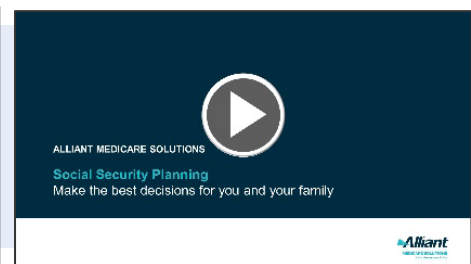
1. Call Alliant Medicare Solutions at **(877) 888-0165** to speak to a licensed insurance agent. Have your current medical coverage information available when you call.
2. Discuss with Alliant Medicare Solutions your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.
3. If Medicare is the best option, Alliant Medicare Solutions helps you enroll immediately or emails policy materials for you to review and enroll at a later date.



[Your Guide to Medicare](#)



[Medicare 101 Video](#)



[Social Security Planning Video](#)

**[alliantmedicareolutions.com](http://alliantmedicareolutions.com)**

Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.

# Potential Insurance Cost Savings

**With Alliant Individual Health Solutions (AIHS), affordable health insurance is within reach.**



## Could your family get health insurance subsidies?

As part of our commitment to providing benefit options that meet your specific needs, we have partnered with Alliant Individual Health Solutions (AIHS). AIHS does not replace the company-sponsored group health insurance plans—rather, it expands options available to you and your dependents, with the opportunity for significant savings.

## New rules make insurance more affordable for many

Changes in recent legislation could mean your dependents may now qualify for subsidies in the Affordable Care Act Marketplace (also called the Exchange), possibly lowering your family's healthcare premiums. The federal government has changed who may be eligible for Marketplace subsidies. If your family members previously were ineligible for Marketplace subsidies, they may now qualify.

## How does it work?

The AIHS team can help you:

- Explore whether your dependents are eligible for subsidies.
- Learn whether an individual health plan could be a more affordable option than the company-sponsored group plans.
- Secure health coverage if you or your dependents are leaving a company plan.

## AIHS may be able to help you find affordable coverage if:

- Your dependent child is turning 26 (making them no longer eligible for coverage under a company plan).
- You are retiring early (before Medicare benefits start at 65).
- Your spouse is younger than 65 (and not eligible for Medicare yet).
- You're leaving the company and want to explore options that may be more affordable than COBRA.

## Contact AIHS

Schedule an appointment at [alliantindividualhealthsolutions.com](https://alliantindividualhealthsolutions.com) or call (877) 328-1195 to speak with a licensed insurance agent.



## Did you know?

Your extended family and friends can also use Alliant Individual Health Solutions (AIHS) at no charge!



## DENTAL

### OUR PLAN:

## Delta Dental DPPO B

### DID YOU KNOW?

Keeping your teeth and gums healthy isn't the only reason you should practice preventive dental care. With good dental hygiene, you can greatly reduce your risk of getting cavities, gingivitis, periodontitis, and other dental problems.

You can also reduce your risk of secondary problems caused by poor oral health such as diabetes, heart disease, osteoporosis, respiratory disease and even cancer.

We offer 1 dental plan through Delta Dental.

### Why Sign Up For Dental Coverage?

It's important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

That's where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental insurance covers four types of treatments:

- **Preventive** care includes exams, cleanings and x-rays
- **Basic** care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment
- **Major** care goes further than basic and includes bridges, crowns and dentures
- **Orthodontia** treatment to properly align teeth within the mouth.



# Delta Dental DPPO B

You always pay the deductible and copayment (\$). The coinsurance (%) shows what the plan pays after the deductible.

	DPPO B	
	In-Network	Out-of-Network
<b>Annual Deductible</b>	\$50 per person	\$50 per person
<b>Annual Plan Maximum</b>	\$1,500 per person	\$1,500 per person
<b>Waiting Period</b>	None	None
<b>Diagnostic &amp; Preventive</b>	100% (deductible waived)	80% (deductible waived)
<b>Basic Services</b> Fillings Root Canals Periodontics	80%	80%
<b>Major Services</b>	50% - 80%	50% - 80%
<b>Orthodontia</b> Adults & Children	50%	50%
<b>Ortho Lifetime Max</b>	\$1,500	\$1,500

## What you need to know about this plan



### Features:

ALT DPPO: See any provider, but you'll pay more out of network

### Am I restricted to in-network providers?

No

### Do I have to select a primary dentist?

No

### Can I use my FSA?

If you participate in a healthcare FSA or limited purpose FSA you can use your account to pay for dental expenses.

### Where can I get more details?

Use the Delta Dental website (deltadentalins.com) or app.

# DELTA DENTAL RESOURCES



## FINDING A DELTA PROVIDER

To find a Delta Dental provider near you, please visit [deltadentalins.com](https://www.deltadentalins.com) and click "Find a Dentist". For PPO plans choose "Delta Dental PPO" .

## SmileWay® Wellness Benefits

If you or a covered family member has been diagnosed with a chronic medical condition like diabetes, cancer or rheumatoid arthritis, you may benefit from additional teeth and gum cleanings. your membership card. Opt in by visiting [www.deltadentalins.com/smileway](https://www.deltadentalins.com/smileway) or by calling Customer Service Monday through Friday.

## Delta Dental Mobile App

Anyone can use Delta Dental Mobile without logging in to access our Find a Dentist and Toothbrush Timer tools, conveniently located on the home screen. You also have the option to save your ID card to the home screen for easy access without logging in. Log into the app to view your personal benefits.

## Toothpic

Toothpic is a photo-based tele-dentistry app for PPO & premier plan members. Although Toothpic is not available for dental emergencies, members can set up a virtual dental screening or even send in photos for dental issues. A Delta Dental dentist that is part of the PPO Network, can highlight issues from the photos, such as cavities, gum disease, oral hygiene, or other dental concerns. The dentist can then assist with next steps or possible treatments or a home care regimen.

## Cost Estimator

Members can plan visits and compare costs before they receive their treatments. Estimates for each member are personalized based on benefits. Members can compare procedure costs at nearby dentists should members need to plan in terms of costs. Members can also receive a detailed explanation of their costs based on upcoming treatment.

## Amplifon & Qualsight Discounts

With the Amplifon discount, Delta Dental members get savings on the latest retail hearing aid price. PPO members may even be able to use their plan benefits in coordination with Amplifon discounts. There is also a QualSight discount for Delta Dental members. Members receive a discount off the national average price of traditional LASIK eye surgery when you use an experienced QualSight LASIK surgeon.

## LifePerks

Wellness is more than just oral health, that's why Delta Dental members have access to a wide variety of local and national offers and discounts to help you care for your whole body and maintain a healthy life.

# VISION

## OUR PLANS

### VSP Vision Plan C with Tints and CVC

*Click to play video*



We offer 1 vision plan through VSP.

#### Why Sign Up For Vision Coverage?

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

You'll even find discounts on services like laser vision correction, additional glasses and sunglasses, and other related services. Visit the plan's website to check out these extra savings.

## VSP Vision Choice Plan C with Tints and CVC

Your vision checkup is fully covered after your Exam copay. After any Materials copay, the plan covers frames, lenses, and contacts as described below.

	VSP Vision Choice Plan C with Tints and CVC	
	In-Network	Out-of-Network
<b>Exams</b> Benefit Materials Frequency	\$20 copay N/A Once every 12 months	Plan Pays up to \$45 N/A Once every 12 months
<b>Eyeglass Lenses</b> Single Vision Lens Bifocal Lens Trifocal Lens Tinted/Photochromic Frequency	Covered in full Covered in full Covered in full Covered in full Once every 12 months	Plan Pays up to \$30 Plan Pays up to \$50 Plan Pays up to \$65 Plan Pays up to \$5 Once every 12 months
<b>Frames</b> Benefit Computer VisionCare Frequency	\$140 Allowance \$90 Allowance Once every 12 months	Plan Pays up to \$70 Not Covered Once every 12 months
<b>Contacts (Elective)</b> Conventional  Medically Necessary Frequency	\$130 Allowance (up to \$60 copayment for fitting and evaluation) Covered in full Once every 12 months	Plan Pays up to \$105  Plan Pays up to \$210 Once every 12 months

### What you need to know about this plan



#### Features:

#### What other services are covered?

#### Eyeglasses are expensive. Will I still be able to afford them, even with insurance?

#### Where can I get more details?

See any provider, but you'll pay more out of network

The plan can also help you save money on laser vision correction, additional glasses and sunglasses, and lens enhancements






Look for moderately priced frames and remember that your benefit is higher in-network. If you participate in a healthcare FSA or limited purpose FSA you can use your account to pay for vision care and eyewear with tax-free dollars.

Contact 800-877-7195 or use the VSP website (VSP.com) or app.







# KNOW WHERE TO GO

Where you get medical care can have a significant impact on the cost. Here's a quick guide to help you know where to go, based on your condition, budget, and time.

Type	Appropriate for	Examples	Access	Cost
<b>Nurseline</b> 	Quick answers from a trained nurse	<ul style="list-style-type: none"> <li>Identifying symptoms</li> <li>Decide if immediate care is needed</li> <li>Home treatment options and advice</li> </ul>	24/7	\$0
<b>Online visit</b> 	Many non-emergency health conditions	<ul style="list-style-type: none"> <li>Cold, flu, allergies</li> <li>Headache, migraine</li> <li>Skin conditions, rashes</li> <li>Minor injuries</li> <li>Mental health concerns</li> </ul>	24/7	\$
<b>Office visit</b> 	Routine medical care and overall health management	<ul style="list-style-type: none"> <li>Preventive care</li> <li>Illnesses, injuries</li> <li>Managing existing conditions</li> </ul>	Office Hours	\$\$
<b>Urgent care, walk-in clinic</b> 	Non-life-threatening conditions requiring prompt attention	<ul style="list-style-type: none"> <li>Stitches</li> <li>Sprains</li> <li>Animal bites</li> <li>Ear-nose-throat infections</li> </ul>	Office Hours, or up to 24/7	\$\$\$
<b>Emergency room</b> 	Life-threatening conditions requiring immediate medical expertise	<ul style="list-style-type: none"> <li>Suspected heart attack or stroke</li> <li>Major bone breaks</li> <li>Excessive bleeding</li> <li>Severe pain</li> <li>Difficulty breathing</li> </ul>	24/7	\$\$\$\$\$

# ALTERNATIVE FACILITIES

If you have time to evaluate your options for non-emergency health treatments, these alternative facilities can provide the same results as a hospital at a fraction of the cost.

Need	Alternative	Features	Savings
<b>Surgery</b> 	Ambulatory Surgery Center (ASC)	<ul style="list-style-type: none"> <li>Specializes in same-day surgeries</li> <li>Cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery and more</li> <li>Held to same safety standards as hospitals</li> </ul>	Up to 50% over hospital stay*
<b>Physical therapy</b> 	Free-standing physical therapy center	<ul style="list-style-type: none"> <li>Important part of the recovery process after an injury or surgery</li> </ul>	40 to 60% over a hospital setting*
<b>Sleep study</b> 	Home testing	<ul style="list-style-type: none"> <li>Diagnoses sleep apnea and other conditions</li> <li>Cost is often covered by insurance if considered medically necessary</li> </ul>	Approx. \$4,500*
<b>Infusion therapy</b> 	Home or outpatient infusion therapy	<ul style="list-style-type: none"> <li>For drugs that must be delivered by intravenous injections, or epidurals</li> <li>Delivered by licensed infusion therapy provider</li> <li>Maintain normal lifestyle and comfort of home or outpatient center</li> </ul>	Up to 90% over hospital stay*

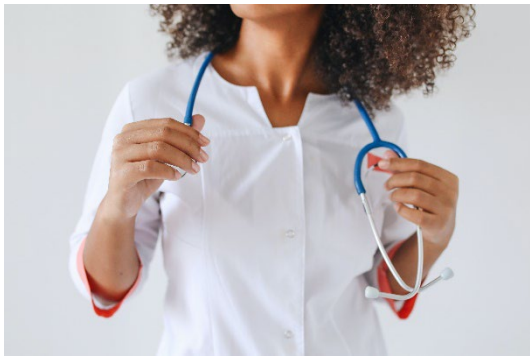
*\*in-network*

## How to find an alternative treatment facility

Ask your doctor if your treatment must be delivered in the hospital. You can also search for surgical centers, physical therapy, etc. on your plan's website; or call member services for assistance.

Online tools such as [healthcarebluebook.com](https://www.healthcarebluebook.com) and [healthgrades.com](https://www.healthgrades.com) help you compare costs and doctor ratings. Some alternative services include a facility fee to cover overhead costs. To avoid a surprise on your bill, ask about facility fees before you schedule your appointment.

# PREVENTIVE CARE SCREENING BENEFITS



## TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer screening
- Depression
- Mammograms
- OB/GYN screenings
- Prostate cancer screening
- Testicular exam

You take your car in for maintenance. Why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

## What is Preventive Care?

The Affordable Care Act (ACA) requires health insurers to cover a set of preventive services at no cost to you, even if you haven't met your yearly deductible. The preventive care services you'll need to stay healthy vary by age, sex, and medical history.

Visit [cdc.gov/prevention](https://www.cdc.gov/prevention) for recommended guidelines.

**Preventive care is covered in full  
only when obtained from an  
IN-NETWORK provider.**

## Not all exams and tests are considered preventive

Exams performed by specialists are generally not considered preventive and may not be covered at 100 percent.

Additionally, certain screenings may be considered diagnostic, not preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services.

If you have a question about whether a service will be covered as preventive care, contact your medical plan.

# PRESCRIPTIONS BREAKING YOUR BUDGET?

*Click to play video*



## THE FORMULARY DRUG TIERS DETERMINE YOUR COST

---

\$ Generic Drug

---

\$\$ Brand Name Drug

---

\$\$\$ Specialty Drug

---

## Understanding the formulary can save you money

If your doctor prescribes medicine, especially for an ongoing condition, don't forget to check your health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

## What is a formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or "tiers." These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

## Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to perform the same as brand-name drug equivalents.

**To find out if a drug is on your plan's formulary, visit the plan's website or call the customer service number on your ID card.**





## LIFE & AD&D

### **YOUR BENEFICIARY = WHO GETS PAID**

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

### **Is your family protected?**

Life, AD&D insurance can fill a number of financial gaps due to a temporary or permanent reduction of income. Consider what your family would need to cover day-to-day living expenses and medical bills during a pregnancy or illness-related disability leave, or how you would manage large expenses (rent or mortgage, children's education, student loans, consumer debt, etc.) after the death of a spouse or partner.

We provide a base amount of life and AD&D insurance to help you recover from financial loss.

## COMPANY- PROVIDED LIFE AND AD&D INSURANCE



### A NOTE ABOUT TAXES

Company-provided life insurance coverage over \$50,000 is considered a taxable benefit. The premium value of the benefit over \$50,000 will be reported as taxable income on your annual W-2 form.

### Basic Life and AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. Coverage is provided by The Hartford and premiums are paid in full by the CSULB Research Foundation.

### The Hartford Basic Life and AD&D

\$50,000 group life insurance coverage or;

2 x base annual earnings up to a maximum of \$257,000.

*The benefit amounts above will be reduced if you are age 65 or older. Refer to the plan document for details.*

# GROUP LONG-TERM DISABILITY INSURANCE (LTD)



## 3 THINGS TO KNOW ABOUT LTD INSURANCE

- 1. It can protect you from having to tap into your retirement savings.
- 2. You can use LTD benefits however you need, for housing, food, medical bills, etc.
- 3. Benefits can last a long time—from weeks to even years—if you remain eligible.

## LTD benefits cushion the financial impact of a disability

Long-Term Disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders.

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. The CSULB Research Foundation pays the cost of this coverage. Coverage is provided by The Hartford.

## The Hartford LTD Plan

Monthly benefit amount	60% up to a maximum of \$5,000
Benefits begin	After 90 days of disability
Maximum payment period	The greater of your Social Security Normal Retirement Age or 4 years



## Travel Assistance Services with ID Theft Protection with Hartford



Even the best planned trips can be full of surprises.

Travel Assistance Services with ID Theft Protection and Assistance includes pre-trip information to help you feel more secure while traveling. It can also help you access medical professionals across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less when unexpected detours arise.

The ID theft services are available to you and your family at home or when you travel.

### **Contact**

1-800-243-6108

[assist@imglobal.com](mailto:assist@imglobal.com)

ID: GLD-09012

Employer Name: Auxiliary Organization Association

Company Policy: 402909



# CHUBB Life With Long Term Care

## LifeTime Benefit Term Insurance

LifeTime Benefit Term helps protect you and your family if you were no longer able to provide for them. Your family can receive cash benefits paid directly to them upon your death that they can use to help cover expenses anyway they choose such as mortgage payments, credit card debt, childcare, college tuition, or other household expenses.

## Long-Term Care (LTC) Insurance

If you become chronically ill, LifeTime Benefit Term will pay you the greater of 4% of your death benefit each month or \$50 per pay while you are living for up to 25 months. You can use this money any way you choose. Long Term Care benefit is triggered by (1) impairment in two out of six activities of daily living: eating, bathing, dressing, transferring, toileting, or continence; or (2) cognitive impairment. The CSULB Research Foundation provides an option to elect LifeTime Benefit Term Insurance with Long-Term Care through CHUBB to all Full-Time benefit eligible employees.

### LifeTime Benefit Coverage

Issue Type	Maximum Benefit Amount
<b>Employee Guaranteed Issue</b> Age 19 through 70	\$100,000
<b>Employee Simplified Issue*</b> Age 19 through 70	\$225,000
<b>Spouse/DP Guaranteed Issue</b> Age 19 through 70	\$62,500
<b>Spouse Simplified Issue*</b> Age 19 through 70	\$112,000
<b>Child(ren) Term Rider</b> Age 15 days through 25 years	\$25,000

\*Eligible employees and spouse are eligible for Simplified Issue amount if they are actively at work as of their enrollment date and answer all questions.

## Accelerated Death Benefit for Terminal Illness

After coverage has been in force for two years, employees can receive 50% of their death benefit immediately upon terminal diagnosis.

## Accelerated Death Benefit for Long Term Care

When employees need LTC, death benefits can be paid as early for home health care, assisted living, adult day care and nursing home care. Benefit is equal to the greater of 4% of your death benefit per month or \$50 per day while you are living for up to 25 months.

## How to Enroll

Visit: [Benefitsconcierge.schedapple.com](https://benefitsconcierge.schedapple.com) and enter code CSU

Call: 800-229-3642



## Extension of Benefits (EOB)

Once the full death benefit has been paid in advance for LTC, payments can be extended. Extension of Benefit may extend the same monthly LTC benefit for up to an additional 25 months, doubling the value.



## WELLBEING & BALANCE

### **THE KEY TO KEEPING YOUR BALANCE IS KNOWING WHEN YOU'VE LOST IT**

The challenges of daily life can be hard to balance. Whether it's work, school or family obligations, it's no wonder that many of us sometimes have trouble managing the ups and downs of our day-to-day lives.

### **A Happier, Healthier You**

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

We offer programs to help you:

- Manage stress, chemical dependency, mental health and family issues
- Take time to spend with family and friends, take care of personal business, or just have a little extra "me time".

Taking care of yourself will help you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.

# Anthem - Employee Assistance Program (EAP)

## Help for you and your household members

There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through Anthem can help you handle a wide variety of personal issues such as emotional health and substance abuse; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

## No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to **5 or 8 visits per issue per year**
- Unlimited web access to helpful articles, resources, and self-assessment tools

## Available Resources

### Counseling Benefits

- Difficulty with relationships
- Emotional distress
- Job stress
- Communication/ conflict issues
- Alcohol or drug problems
- Loss and death

### Parenting & Childcare

- Referrals to quality providers
- Family day care homes
- Infant centers and preschools
- Before/after school care
- 24-hour care

### Financial Coaching

- Money management
- Debt management
- Identity theft resolution
- Tax issues

### Legal Consultation

- Referral to a local attorney
- Family issues (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

### Eldercare Resources

- Help with finding appropriate resources to care for an elderly or disabled relative

### Online Resources

- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics
- Talkspace

## Contact the EAP

### Phone

**833-954-1067**

### Website

**AnthemEAP.com**

**Company Code:PRISM**



# THE HARTFORD EMPLOYEE ASSISTANCE PROGRAM (EAP)



## CONTACT THE EAP

### Phone

1-800-964-3577

### Website

[guidanceresources.com](http://guidanceresources.com)

### To register follow the following steps:

1. In the Company/Organization field use: HLF902
2. In the Company Name field use: ABILI
3. Select Username and Password

## Help for you and your household members

There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through **Ability Assist, Hartford EAP**, can help you handle a wide variety of personal issue such as emotional health and substance abuse; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

## No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 3 visits per issue per year
- Unlimited web access to helpful articles, resources, and self-assessment tools

### COUNSELING BENEFITS

- Difficulty with relationship
- Emotional distress
- Job stress
- Substance abuse
- Stress, anxiety, and depression

### FINANCIAL COACHING

- Money management
- Debt management
- Retirement
- Tax issues

### LEGAL CONSULTATION

- Debt and bankruptcy
- Guardianship
- Buying a home
- Power of attorney
- Divorce

### HEALTHCARE NAVIGATION SERVICES

- One-on-one review of your health concerns
- Preparation for upcoming doctor's visits
- Answers regarding diagnosis and treatment options
- Coordination with appropriate health care plan provider(s)
- Explanation on what's covered and what's not
- Cost estimation
- Guidance on claims and billing issues
- Fee/payment plan negotiation



# TIME AWAY FROM WORK



**\*Note:** The Friday following Thanksgiving Day is an unpaid campus closure day. Employees must use their accrued vacation or OPA time for this day or, if no accrued time is available, the day must be taken without pay.

## Paid time off policies

There is no perfect, one-size-fits-all balance between work and home. We provide time off so you can take some "me time" to relax, recover from illness, and take care of personal and family business. Our time off benefits include:

- Flexible work schedules
- Paid time off for vacation and illness
- Time off for jury duty and voting
- Bereavement leave
- Maternity, paternity and adoption leave.

Refer to your employee handbook for information on eligibility and specific leave policies.

## 2026 Paid Holidays

The CSULB Research Foundation provides 15 paid holidays per year for all full-time regular and part-time regular benefit eligible employees. Additional holidays may be designated at the company's discretion.

New Year's Day	Thursday, January 1, 2026
MLK Day	Monday, January 19, 2026
Cesar Chavez Day	Tuesday, March 31, 2026
Memorial Day	Monday, May 25, 2026
Juneteenth	Friday, June 19, 2026
Independence Day	Saturday, July 4, 2026 (Observed Friday, July 3, 2026)
Labor Day	Monday, September 7, 2026
Veterans' Day	Wednesday, November 11, 2026
Thanksgiving	Thursday, November 26, 2026
Friday Following Thanksgiving Day	Friday, November 27, 2026 * See Note to the Left.
Winter Break (total of 6 days)	Friday, December 25, 2026, through Friday, January 1, 2027 (Return to work Monday, January 4, 2027)





## IMPORTANT PLAN INFORMATION

In this section, you'll find important plan information, including:

- Your benefit contributions
- Contact information for our benefit carriers and vendors
- A summary of the health plan notices you are entitled to receive annually, and where to find them
- A Benefits Glossary to help you understand important insurance terms.

*Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify CLIENT NAME if your domestic partner is your tax dependent.*

# YOUR **PAY PERIOD** BENEFIT COSTS

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and for medical coverage, how much you earn. Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — so you pay less in taxes.

## MEDICAL

	<b>Anthem Blue Cross HMO</b>	<b>Kaiser HMO</b>	<b>Anthem Blue Cross PPO</b>
Employee Only	\$0	\$0	\$57.25
Employee + 1	\$0	\$0	\$158.25
Employee + Family	\$25.75	\$0	\$360.25

## DENTAL

	<b>Delta Dental PPO</b>
Employee Only	\$0
Employee + 1	\$10.70
Employee + Family	\$22.47

## VISION

	<b>VSP</b>
Employee Only	\$0
Employee + 1	\$0.90
Employee + Family	\$3.22

# PLAN CONTACTS

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website	Policy No.
FSA	BCC	800-685-6100	<a href="http://www.benxcel.net">www.benxcel.net</a>	N/A
Medical	Kaiser	800-464-4000	<a href="http://www.kp.org">www.kp.org</a>	SoCal – 233977 NorCal - 605957
Medical	Anthem	800-967-3015	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>	175075
Dental	Delta Dental	800-765-6003	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	DPPO – 19589
Vision	VSP	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>	30105867
Life	The Hartford	800-523-223	<a href="http://www.thehartfordwork.com">www.thehartfordwork.com</a>	OGL 402900
Long Term Disability	The Hartford	800-523-223	<a href="http://www.thehartfordwork.com">www.thehartfordwork.com</a>	OGL 402900
Rx	Navitus	855-847-1035	<a href="https://benefitplans.Navitus.com/NVPSM">https://benefitplans.Navitus.com/NVPSM</a>	NVPSM
Life & Long-Term Care	CHUBB	855-241-9891	<a href="mailto:www.claims@gotoservice.chubb.com">www.claims@gotoservice.chubb.com</a>	CSU

# GLOSSARY

## -A-

### **AD&D Insurance**

An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

### **Allowed Amount**

The maximum amount your plan will pay for a covered healthcare service.

### **Ambulatory Surgery Center (ASC)**

A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

### **Annual Limit**

A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

## -B-

### **Balance Billing**

In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill YOU for the \$30 difference (the balance).

### **Beneficiary**

The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

### **Brand Name Drug**

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

## -C-

### **COBRA**

A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

### **Claim**

A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

### **Coinsurance**

Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

### **Copayment**

A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

## -D-

### **Deductible**

The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Family coverage may have an **aggregate** or **embedded** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

### **Dental Basic Services**

Services such as fillings, routine extractions and some oral surgery procedures.

**Dental Diagnostic & Preventive** Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

### **Dental Major Services**

Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

### **Dependent Care Flexible Spending Account (FSA)**

An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for children under age

13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

## -E-

### **Eligible Expense**

A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

### **Excluded Service**

A service that your health plan doesn't pay for or cover.

## -F-

### **Formulary**

A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

## -G-

### **Generic Drug**

A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

### **Grandfathered**

A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

## -H-

**Health Reimbursement Account (HRA)** An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

### **Healthcare Flexible Spending Account (FSA)**

A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

**High Deductible Health Plan (HDHP)** A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.



# GLOSSARY

## -I-

### **In-Network**

In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will cost more or may not be covered.

## -L-

### **Life Insurance**

An insurance plan that pays your beneficiary a lump sum if you die.

### **Long Term Disability Insurance**

Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

## -M-

### **Mail Order**

A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

## -O-

### **Open Enrollment**

The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

### **Out-of-Network**

Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of-network services at all.

### **Out-of-Pocket Cost**

A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

### **Out-of-Pocket Maximum**

Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Family coverage may have an *aggregate* or *embedded* maximum. Aggregate means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. Embedded means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

### **Outpatient Care**

Care from a hospital that doesn't require you to stay overnight.

## -P-

### **Participating Pharmacy**

A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

### **Plan Year**

A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

### **Preferred Drug**

Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

### **Preventive Care Services**

Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

### **Primary Care Provider (PCP)**

The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP and require care and referrals to be directed or approved by that provider.

## -S-

### **Short Term Disability Insurance**

Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

## -T-

### **Telehealth / Telemedicine / Teledoc**

A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

## -U-

### **UCR (Usual, Customary, and Reasonable)**

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

### **Urgent Care**

Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

## -V-

### **Vaccinations**

Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

### **Voluntary Benefit**

An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.



# IMPORTANT PLAN INFORMATION

## HEALTH PLAN NOTICES

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located on the Research Foundation website under 2026 Open Enrollment

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.
- **Notice of Choice of Providers:** Notifies you that your plan requires you to name a Primary Care Physician (PCP) or provides for you to select one

## COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

