



Sept 2019
THROUGH
Aug 2020

Downtown College Prep Benefits Guide

Welcome to your 2019-20 Benefits Program

At Downtown College Prep (DCP), one of our highest priorities is addressing the health and welfare needs of our employees and their family members. To help you protect yourself and your family physically and financially, we are pleased to offer the Downtown College Prep 2019-20 Benefits Program.

Many of these benefits are paid for in whole or in part by Downtown College Prep. Other benefits are offered as voluntary options to be paid by you through the convenience of payroll deductions.

This user-friendly guide provides a summary of your benefits program to assist you in making the best decision about your benefits, whether you're making annual enrollment elections, enrolling for the first time or changing your benefits due to a qualifying event. Please take time to review this material carefully and keep this guide as a handy reference tool.

What's Changing for 2019-20?

- Kaiser DHMO \$500 & \$1500 plans: Changes to Complex Lab/X-Ray (CT, PET, MRI, etc.)
- Slight increase to Employee Contributions

Employee Eligibility

Any active, regular employees working a minimum of 30 hours per week will be eligible.

Dependent Eligibility

- Your legal spouse or same/opposite sex domestic partner; or
- Your dependent children (including your step-child and legally adopted child) up to age 26; or
- Any dependent child who reaches the age limit and is incapable of self-support because of a mental or physical disability.

When and How Can you Enroll

New hires can enroll at any time within 30 days of their hire date. Benefits become effective on the first of the month coinciding with or next following date of hire. Current employees can make enrollment decisions only during the annual Open Enrollment period. All enrollments are completed on the ADP portal.

Changes in Benefit Elections

You may not change your benefit elections during the year unless you have a qualified family status change (ex. Marriage/divorce, new baby). If you have one of the above-qualified family status changes during the year, **please contact Human Resources at HR@dcp.org** within thirty (30) days of the family status change.

Access Your DCP Benefits Portal Here!



MEDICAL - KAISER

	\$500 DHMO	\$1500 DHMO	HSA*
Annual deductible (ind/family)	\$500 / \$500** / \$1,000	\$1,500 / \$1,500** / \$3,000	\$2,000 / \$2,700** / \$4,000 (DCP Contributes up to \$1,000)
Out-of-pocket maximum (individual / family)	\$3,000 / \$3,000** / \$6,000	\$4,000 / \$4,000** / \$8,000	\$3,000 / \$3,000** / \$6,000
Office visits	\$10 copay	\$20 copay	\$30 copay***
Preventive care (Annual physical, well baby care, well women exams)	\$0 copay	\$0 copay	\$0 copay***
Outpatient surgery	10%***	20%***	\$150/procedure***
Inpatient hospital	10%***	20%***	\$250/admit***
Emergency room (waived if admitted)	10%***	20%***	\$100/visit***
Prescriptions****	\$10 / \$30 / \$30	\$10 / \$30 / 20% (not to exceed \$150)	\$10 / \$30 / \$30***
Mail order prescriptions*** (Up to 100 day supply)	\$20 / \$60	\$20 / \$60	\$20 / \$60***

DENTAL - CIGNA

	Base Plan*		Buy Up*	
	PPO Advantage	PPO	PPO Advantage	PPO
Deductible (ind/family)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Preventive	100%	100%	100%	100%
Basic	90%	80%	90%	80%
Major	60%	50%	60%	50%
Annual maximum	\$1,000	\$1,000	\$1,500	\$1,500
Orthodontia (adult & child)	Not covered		50%	50%
Ortho lifetime maximum	N/A		\$1,500	\$1,500

SUPERIOR VISION

	Base Plan*	Buy Up*
Exam copay	\$20	\$10
Exam frequency	every 12 months	every 12 months
Materials copay	\$20	\$0
Frames allowance	\$150	\$200
Frame frequency	every 12 months	every 12 months
Lenses allowance	covered in full	covered in full
Lenses frequency	every 12 months	every 12 months
Elective Contacts	\$150	\$200

Life and AD&D

1x annual basic salary, rounded to nearest \$1,000 (maximum of \$200,000)

Short Term Disability

Elimination period: 7 days

Max benefit duration: 25 weeks

Benefit percentage 60%

Max benefit: \$1,154/week

Long Term Disability

Elimination period: 180 days

Max benefit duration: until age 65

Benefit percentage 60%

Max benefit: \$5,000/month

Flexible Saving Accounts (FSA)

Health Care FSA: \$2,700

Dependent Care FSA: \$5,000

Transit: \$265

Parking: \$265

Employee Assistant Program (EAP)

The EAP is a resource & referral service designed to help you/your family with personal, job or family situations. It's free, voluntary and strictly confidential. EAP is available 24/7 and offers 5 face-to-face sessions, telephonic or web-video consultations per incident, per calendar year. Go to members.mhn.com and register with the company code: dcpeap

*Non Network benefits are available. Please refer to carrier specific benefit summary for details.

**Annual deductible/OOP Max for each member in a family of two or more members

***Copay/Coinsurance per event after plan deductible has been met

****Generic / formulary brand name / specialty items (up to 30-day supply)

Please keep in mind that this summary describes only the highlights of the benefits plans and policies available to you. The details of these plans and policies are contained in the official plan and policy documents. If there is a question about one of these plans or policies, or a conflict between this summary and the official plan and policy documents, the official documents will govern.

Live Help

ABDAnswers puts you in touch with supportive benefits professionals trained to help with a wide range of needs. They're familiar with your specific benefits program and offer the highest level of customer service.

Office Hours: M-F, 5 am to 8 pm PT
 Customer Service: (855) 730-8676
 Email: dcpbenefits@abdanswers.com

- Benefit enrollment & eligibility
- Plan level and coverage
- Online benefits enrollment
- Open enrollment support
- Unresolved claims or billing issues
- Qualified Family Status Changes
- Flexible Spending Account

Benefit Plans & Contact Information

PLAN	GROUP #	TELEPHONE #	WEBSITE
Kaiser Medical	625582	(800) 464-4000	kp.org
Cigna Dental	3340168	(800) 244-6224	mycigna.com
Superior Vision	31987	(800) 507-3800	superiorvision.com/member
Hartford Life/AD&D/Disability	GRH/GLT/GL-874930	(800) 523-2233	thehartford.com
Navia FSA/Commuter/HSA Bank	201501	(800) 669-3539	naviabenefits.com
MHN EAP	2450	(800) 227-1060 (dial 711)	members.mhn.com
ABDAnswers Call Center	N/A	(855) 730-8676	N/A
HR Assistance	N/A	HR@dcp.org	N/A

Employee Per Pay Period Cost (Semi-monthly; based on 12-month pay schedule)

	EE*	ES*	EC*	EF*
Kaiser HSA	\$0	\$36.32	\$30.27	\$60.54
Kaiser \$500 DHMO	\$60.86	\$221.51	\$194.74	\$328.62
Kaiser \$1,500 DHMO	\$33.97	\$156.25	\$135.87	\$237.77
Cigna Core Dental	\$0	\$18.50	\$19.80	\$34.48
Cigna Buy Up Dental	\$9.22	\$36.52	\$38.42	\$59.78
Superior Vision Core	\$0	\$2.46	\$3.31	\$6.39
Superior Vision Buy Up	\$2.16	\$6.59	\$8.12	\$13.65

*EE = Employee only, ES = Employee + Spouse, EC = Employee + Child(ren), EF = Employee + Family

Important Notices

Medicare Part D

DCP has determined that the prescription drug coverage offered by our medical plan is, on average for all plan participants, expected to pay out as much as the standard Medicare Prescription drug coverage will pay. Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare coverage.

Women's Health and Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and patient, for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications for all stages of a mastectomy, including Lymphedemas (swelling associated with the removal of lymph nodes).

These benefits may be subject to annual deductibles and coinsurance provisions that are appropriate and consistent with other benefits under your plan or coverage. If you would like more information on WHCRA benefits, contact the HR Department.

Notice of HIPAA Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the HR Department.

Patient Protections Notice

If a qualifying benefit option under a group health plan maintained by the employer generally requires or allows the designation of a primary care provider, the covered individual has the right to designate any primary care provider who participates in the Plan's network and who is available to accept the covered individual. Until the covered individual makes this designation, the Plan may designate a primary care provider for him or her. For children, the covered employee or spouse may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the HR Department.

For any qualifying benefit option, covered individuals do not need prior authorization from the group health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the Plan's network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the HR Department.

