City of Hope®

2027 Employee Benefits Guidebook

City of Hope® Trainee and Affiliate Benefit Program

thrive365



WELCOME TO YOUR

2027 Benefits Guide

Benefits are an important part of your total rewards package at City of Hope. Our plans are designed to support the physical, emotional and financial health and well-being of our diverse workforce and provide comprehensive, cost-effective options.

We have provided side-by-side comparison charts for your health and welfare plans to help you decide which plans are best for you and your family. We encourage you to review this information before making your plan selections. Please keep this guide as a reference during the year to help you understand your benefits.

Trainee and Affiliate Benefit Program
CONTACT US



Call: 800-261-7109
8:30 a.m. to 5 p.m. PT



Email: UniversityServices.GBS.cohbp@ajg.com



QUICK HELP
Visit the Gallagher Benefits enrollment website:
clients.garnett-powers.com/pd/coh



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ADDITIONAL COMPLIANCE INFORMATION

For additional compliance information, please refer to the health and welfare notices available at clients.garnett-powers.com/pd/coh. Please refer to your certificate, summary plan description or evidence of coverage for a complete explanation of benefits provided, exclusions and limitations, and additional plan information.

Contact Information

City of Hope's Benefits Team in partnership with Gallagher is available to help answer your questions about the benefits offered and can help you elect or change your benefits. You may also contact the providers directly with specific benefits coverage questions.

Trainee and Affiliate Benefit Program



Call:
800-261-7109



Email:
UniversityServices.GBS.cohbp@ajg.com



Gallagher Benefits enrollment website:
clients.garnett-powers.com/pd/coh

AccessHope™ Cancer Support Services
877-882-7890
coh.myaccesshope.org

Aetna DMO/DPPO Dental Plans
Member Services:
877-238-6200
aetna.com
Group No. 806041

Aetna HMO, Aetna POS Plans
Member Services: 855-565-8529
aetna.com
Group No. 806041

Bright Horizons
Back-Up Child and Adult/Elder Care
877-BH-CARES (242-2737)
clients.brighthorizons.com/coh
User Name: COH
Password: backup4u

Kaiser HMO Plan
Member Services: 800-464-4000
kp.org
Group No. 230241

Lyra Mental Health and Work-Life Services (Employee Assistance Program)
Member Services: 877-672-1266
coh.lyrahealth.com

Ridelinks
Rideshare and Alternative Commute Program
Van Pool and Public Transit
CityofHope.commuterportal.com

Voya Critical Illness, Accident and Hospital Indemnity Insurance
Group Number: 747769
Customer Service at 877-236-7564

The Standard
Life/AD&D Insurance
Member Services: 800-628-8600

Disability or to report a Leave of Absence
Member Services: 855-839-9884
portal.standard.com/insurance/employee/claim-intake/
Policy No. 646143

Personify Health
Member Services: 833-724-4673
join.personifyhealth.com/cityofhope
(existing members select "Sign In")

EyeMed
Member Services: 866-723-0513
eyemed.com
Group No. 9743998
(EyeMed ID number is employee Social Security number.)

Enrolling in Benefits



If you are newly eligible for benefits, you will enroll via the Gallagher Benefits enrollment website. You have 31 days beginning on your hire/eligibility date to enroll. You will receive an email at your City of Hope email address on your hire date (or the first date you meet the eligibility requirements for benefits.)

1. Click the link in the email, or go to **clients.garnett-powers.com/pd/coh**.
2. Review your plan details.
3. When you are ready to enroll, select "Begin Enrollment."
4. Register as a new user.
5. Once you have completed enrollment, remember to download a copy of your final confirmation statement and save it for your records.

If you do not enroll within 31 days, you will not be able to participate in the medical, dental, vision, voluntary life for the remainder of the calendar year unless you have a qualifying life event. Your next opportunity to enroll will be during the next Annual Enrollment period. You will continue to have company-paid basic life, AD&D, Short- and Long-Term Disability coverage and the Employee Assistance Program.

MAKING CHANGES FOR ANNUAL ENROLLMENT

1. Visit the Gallagher Benefits enrollment website, and click the "LOGIN" link in the top right corner.
2. Log in as a "RETURNING USER." Utilize the "Forgot User ID" or "Password" link if necessary.
3. Select "Open Enrollment" from the drop down menu. You will be permitted to make the following changes:
   - Waive any plans you do not wish to continue for 2026.
   - Change medical and/or dental plan(s).
   - Enroll yourself and/or your eligible dependents in plans you previously waived.

Once the enrollment form is complete, please confirm that you have read and understand the COBRA Initial Notification, Health Insurance Marketplace Notice, and Insurance Carrier Privacy Notice, then click "Submit" and "Create Printable Enrollment Form." Remember to print a copy for your records.

Benefits Eligibility

Your benefits become effective on your hire date. The following trainee or affiliate job titles scheduled to work at least 20 hours per week are eligible to enroll in this benefit program:

- GME Clinical Resident/Fellow
- Graduate Student I
- Graduate Student II
- Postdoc
- Postdoctoral Fellow
- Postdoctoral Scholar
- Radiation Therapy Students (This group is automatically enrolled in the Aetna Medical and Dental HMO plans.)

YOUR ELIGIBLE DEPENDENTS INCLUDE:

SPOUSE OR DOMESTIC PARTNER

Your lawful or legally married spouse, or your domestic partner who meets the requirements set forth in the Affidavit of Spousal Equivalency

CHILDREN

Your children who are your natural, step or legally adopted children, or children of your enrolled eligible domestic partner, provided they are under the age of 26 (For life insurance only, children must be under age 26, unmarried and dependent upon you for support.)

Important note: Newborns are NOT automatically added to your coverage under City of Hope's benefit plans. You must enroll your newborn within 31 days of the birth.

CHILDREN OVER AGE 26

Children over age 26 who are disabled and incapable of self-support and who were covered under the plan at the time they reached age 26. Proof of disability must be approved by the carrier within 30 days of the child's 26th birthday.

Changing or Canceling Your Benefits

Once your elections take effect, you are not able to make changes until the next Annual Enrollment period or when you experience a qualified life event. If you experience a qualified life event, **you may change your coverage within 31 days of the event**. Necessary documentation will be required. Contact Gallagher for more information about what qualifies as a life event.

EXAMPLES OF QUALIFYING LIFE EVENTS THAT ALLOW YOU TO CHANGE YOUR BENEFITS DURING THE YEAR INCLUDE:

- Marriage
- Divorce or legal separation
- Birth, adoption or change in the legal custody of your child
- Change in your spouse's or domestic partner's employment status that results in a loss or gain of other coverage for you or your dependents
- Change in your employment status that affects your benefits eligibility
- Death of a spouse, domestic partner or dependent child
- Change in your dependent's eligibility status due to age or loss of dependent status according to federal tax guidelines

Health Plans

MEDICAL PLANS	DENTAL PLANS
City of Hope offers three medical plans for you to choose from:	City of Hope offers two dental plans for you to choose from:
• Aetna HMO • Kaiser HMO • Aetna POS	• Aetna DMO Dental • Aetna PPO Dental

The following pages include side-by-side comparison charts for the medical and dental plan options. A few key terms to understand before you review your options are:

DEDUCTIBLE. The fixed dollar amount that you pay out of pocket each calendar year before the Plan will begin reimbursing for nonpreventive services. Services that note a copay amount do not apply to the deductible.

COPAY. The flat dollar amount that you pay the provider for certain covered services. After you pay the copay, the Plan will pay the remainder of all eligible charges made by an in-network provider.

COINSURANCE. The percentage of covered services you and the Plan each pay. Your share is normally payable only after the deductible has been met.

OUT-OF-POCKET MAXIMUM. This is the most you could pay during the calendar year for your share of the costs of covered services, including copays and coinsurance.

TO RECEIVE CARE AT CITY OF HOPE

The Aetna POS plan is the ONLY plan choice that provides direct access to City of Hope National Medical Center, City of Hope physicians and City of Hope clinical network locations. Under the Kaiser and Aetna HMO plans, care can ***only*** be received at City of Hope if a formal authorization is granted by your HMO or medical group, and there is no guarantee or requirement for an authorization to be issued for care at City of Hope.



HMO Medical Plans Comparison Chart

When you enroll in the Aetna HMO (health maintenance organization) plan, you (and each enrolled dependent) will be asked to select a primary care provider (PCP) from the network. Your PCP will manage your health care. You must receive all non-emergency care from the doctors and hospitals in the Aetna network (if you enroll in the Aetna HMO) or at a Kaiser facility (if you enroll in the Kaiser HMO). Care received from an out-of-network provider (except for emergency care) will not be covered. More information on the plans can be found in the Plan Summaries and Explanation of Coverage available at clients.garnett-powers.com/pd/coh.

	AETNA HMO (Available to California residents only)	KAISER HMO (Available to Southern California residents only)
	In-Network	In-Network
Medical Services		
Physician Office Visit	$20	$20
Specialty Office Visit	$20	$30
Emergency Room	$150 Copay/Visit	$150 Copay/Visit
Urgent Care	$35 Copay/Visit	$20 Copay/Visit
Routine Physical Exams	No Charge	No Charge
Mental Health		
Outpatient	No Charge	$20 Individual Visit – No charge for other outpatient services.
Inpatient	$100 Copay/Stay	$100 Copay/Stay
Hospitalization		
Inpatient	$100 Copay/Stay	$100 Copay/Stay
Outpatient	No Charge	No Charge
Maternity	$100 copay/stay	$100 Copay/Stay
Prescription Drugs:		
Generic	$10	$10
Brand Name	$30	$35
Non Formulary	$45	$35
Out of Pocket Maximum		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Deductible		
Individual	N/A	N/A
Family	N/A	N/A
Lifetime Maximum	Unlimited	Unlimited

**Emergency room copay is waived if admitted.*

POS Medical Plan

A Point of Service (POS) plan gives you the flexibility to choose any provider or facility. However, if you use a network provider, you'll pay less because the network providers have agreed to charge lower, negotiated rates.

	AETNA Open access managed choice	
	In-Network	**Out-of-Network**
Medical Services		
Physician Office Visit	$20 Copay (deductible waived)	40% (deductible applies)
Specialty Office Visit	$20 Copay (deductible waived)	40% (deductible applies)
Emergency Room	$150 Copay/Visit	$150 Copay/Visit
Urgent Care	20% after $35 Copay/Visit	20% after $35 Copay/Visit
Routine Physical Exams	100%	40% (deductible applies)
Hospitalization		
Inpatient	20% Copay (deductible applies)	40% (deductible applies)
Outpatient	20% Copay (deductible applies)	40% (deductible applies)
Maternity	20% Copay (deductible applies)	40% (deductible applies)
Mental Health		
Outpatient	$20 Copay	40% (deductible applies)
Inpatient	20% coinsurance after satisfaction of the deductible	40% coinsurance after $100 copay/stay
Prescription Drugs:		
Generic	$10 Copay	Not Covered
Brand Name	$30 Copay	Not Covered
Non Formulary	$45 Copay	Not Covered
Out of Pocket Maximum		
Individual	$2,000 Individual	$4,000 Individual
Family	$4,000 Family	$8,000 Family
Deductible		
Individual	$500 Individual	$1,000 Individual
Family	$1,500 Family	$3,000 Family
Lifetime Maximum	Unlimited	Unlimited

Dental Plans

	AETNA PPO DENTAL		AETNA DHMO DENTAL
	IN-NETWORK	OUT-OF-NETWORK	
Annual Deductible (Individual/Family)	$50/$150	$75/$225	N/A
Annual Benefit Maximum*	$1,500 Per Person*		N/A
Preventive Services: Exams, cleanings, X-rays	0%	20%	No Charge
Basic Services: Fillings, most extractions, etc.	20% Deductible Applies	60% Deductible Applies	$0-$225 Copay
Major Services: Crowns, bridges, dentures, etc.	50% Deductible Applies	70% Deductible Applies	$150-$200
Orthodontia services	50% to $1,500 Lifetime Combined		$2,300

**Preventive and diagnostic services do not count toward annual benefits maximum.*



EyeMed



	IN-NETWORK	OUT-OF-NETWORK
Eye Exam: Once every 12 months	$15 Copay	Up to $35 Allowance
Single Vision Lenses	$10 Copay	Up to $35 Allowance
Bifocal Lenses	$10 Copay	Up to $49 Allowance
Trifocal Lenses	$10 Copay	Up to $74 Allowance
Frames | 12	$150 Allowance (20% off balance over $150)	$105 Allowance
Contact Lenses | 12	$150 Allowance (15% off balance over $150)	$120 Allowance

**Add-ons, such as coatings and certain special types of lenses, are at additional costs. Discounts apply.*
If you use an EyeMed provider, no ID card or claim form is necessary.

Your EyeMed ID number is your Social Security number.

Finding a Provider

HOW TO FIND AN AETNA MEDICAL OR DENTAL PROVIDER

REGISTERED MEMBERS OF AETNA MEMBER WEBSITE

1. Go to aetna.com/docfind.
2. Log in to your Aetna account, then select "Find Care and Pricing."
3. To find a provider, enter the name/category in the search bar OR select a category listed.

NEW USER REGISTRATION

1. Go to aetna.com.
2. Select "Login."
3. First time users, select "Register" to register for an account.
4. Enter Aetna Member ID or Social Security number, and personal information.
5. Select "Continue" to complete registration.

If you're having trouble signing in, select "**Contact Member Services**" or call **855-565-8529.**

Download the new Aetna Health app to make it easier to manage your benefits on the go!

Download on the App Store | GET IT ON Google Play

Enrolling in Aetna HMO or Aetna DMO plan for the first time?

If you enroll in the Aetna HMO Medical Plan or the Aetna DMO Dental Plan for the first time, you must choose an Aetna primary care provider. If you do not enter an Aetna provider when enrolling, Aetna will assign you to a provider. Locate the six-digit Provider ID from the list of participating providers and enter the ID in the enrollment system.

Cancer Support Services

When you or someone in your family is facing a cancer diagnosis, there is nothing more important than finding the very best expertise. That's why City of Hope is now offering employees access to the resources they need through the AccessHope™ Cancer Support Services. This program supports our employees and their immediate families free of charge and regardless of benefits. It provides access to a cancer support team phone line and a remote expert advisory review.

HOW IT WORKS

1 CANCER SUPPORT TEAM

Connect over the phone with experienced oncology nurses to discuss appointment details, treatment information or emotional concerns — wherever you are in your cancer journey.

This service helps you:

- Understand your specific type of cancer
- Understand the types of treatments typically provided for your type of cancer
- Prepare for your first appointment with an oncologist
- Learn more about the availability and importance of clinical trials
- Access educational resources on cancer screening, prevention and treatment

2 REMOTE EXPERT ADVISORY REVIEW

Request that an AccessHope medical expert remotely reviews your case.

A cancer subspecialist with City of Hope will provide recommendations to your local oncologist regarding your treatment plan so you can stay close to home. Recommendations are based on groundbreaking insights and leading discoveries for your specific cancer.

To use this service, simply request your review from AccessHope. After a subspecialist with City of Hope reviews your medical records and treatment plan, they'll send their recommendations in a comprehensive clinical report to your local oncologist. Your doctor will then apply them as appr opriate to provide you with optimal, coordinated care.

To find out more about these programs, call **877-882-7890**, 6 a.m. to 6 p.m. PT, Monday through Friday (except holidays) or visit **coh.myaccesshope.org**.

Life and Accident Death & Dismemberment Insurance (AD&D)

BENEFIT PLAN	COVERAGE
Basic Life Insurance*	$50,000
Accident, Death and Dismemberment Insurance*	$50,000

**Benefits paid by City of Hope*

WHAT IS LIFE AND AD&D INSURANCE?

Basic Life insurance helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death & Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

ADDITIONAL FEATURES

AD&D Seat Belt Benefit: Up to $10,000 is payable for death as a result of a car accident while wearing a seat belt.

AD&D Airbag Benefit: Provides further protection in the event of a covered automobile accident for which an AD&D Seat Belt Benefit is Payable

AD&D Family Benefits: Includes benefits for career adjustment, child care and higher education for eligible surviving family members

DESIGNATING YOUR BENEFICIARY(IES)

A beneficiary is the person or people you would like your life insurance benefit to be paid to in the event of your passing. A contingent beneficiary is the person or people who you would like the benefit to be paid to in the event that all of your primary beneficiaries have predeceased the insured. Your beneficiary(ies) can and should be designated on your TABP enrollment form.

PLEASE NOTE: International participants holding a J-1 Visa (and their J2 dependents) DO NOT need to purchase supplemental medical evacuation and repatriation coverage to meet J1 and J2 Visa requirements. The Life and AD&D Insurance satisfies these requirements, even if the participant waives the medical, dental and vision coverage.

Disability Income Insurance

WHAT IS SHORT- AND LONG-TERM DISABILITY INSURANCE?

These plans, offered to you through The Standard, provide you a way of protecting your income should you become disabled. Though many of us feel that we will never be disabled, almost 3 in 10 workers entering the work force today will become disabled before retiring (Social Security Administration Fact Sheet, January 31, 2007). It is important to have a vehicle to offer protection to your income, to allow you to meet your financial obligations when you are unable to work. Disability insurance does just that.

	Short-Term Disability* (+ Salary Continuation)	Long-Term Disability*	Paid Parental and Family Leave (Salary Continuation)
Benefit Amount	100% of pay, up to eight weeks, then 60% of pay (up to $1,500) for up to 18 additional weeks. Coordinated and reduced by State Disability Insurance (SDI), when applicable.**	60% of your predisability earnings ($5,000 per month maximum)	Benefit equals 70% of base weekly earnings.* Available to care for a qualified ill family member or parents welcoming a new child through birth, adoption or foster care placement within the past 12 months
Benefit Waiting Period	No waiting period	Payable after 180 days of continued disability	No waiting period
Maximum Benefit Period	26 weeks	Age 65	Eight weeks
Pre-existing Conditions		Ailments diagnosed/treated during the three months prior to enrollment will not be covered until the plan has been active for 12 months.	

**Benefits paid by City of Hope*

***Employees who are not eligible: Radiation Oncology students. Salary continuation provisions apply only to trainees who are paid through City of Hope's payroll. Waiting period may vary based on your Trainee and Affiliate Benefit provision.*

Voluntary Benefit Plans

CRITICAL ILLNESS PLAN

provided by Voya

Critical Illness Insurance provides a lump-sum payment if there is diagnosis of an unexpected covered medical condition for you or an eligible family member. Claims and documentation of the medical condition that meet the policy and certificate requirements are provided directly to Voya.

Critical Illness insurance will complement, not replace your medical coverage, and will be paid directly to you in addition to City of Hope's medical and disability benefits (if eligible and enrolled). You select a coverage amount from $ 5,000 up to $30,000, in increments of $5,000.

Dependent coverage is available at 50% of the selected employee benefit. Additionally, covered plan participants receive an annual wellness benefit of $50 for completing an eligible health screening test.

Critical Illness Monthly rates — rate listed is per $1,000 elected.

	UNI-TOBACCO
Under age 25	$0.29
25 to 29	$0.35
30 to 34	$0.45
35 to 39	$0.59
40 to 44	$0.80
45 to 49	$1.02
50 to 54	$1.26
55 to 59	$1.75
60 to 64	$1.82
65 to 69	$2.64
70+	$3.75

ACCIDENT INSURANCE PLAN

provided by Voya

Accident Insurance pays benefits for specific, covered accidents and injuries that happen on or after your coverage effective date. The benefit amount depends on the type of injury you have and the treatment you receive. Accident insurance is a limited benefit policy. This is not intended to replace your health insurance, instead, it complements it.

	PAID BY PARTICIPANT THROUGH PAYROLL	PAID BY PARTICIPANTS THROUGH GALLAGHER DIRECT BILL
Participant	$2.76	$5.99
Participant + Spouse	$4.56	$9.88
Participant + Child	$5.49	$11.89
Family	$7.28	$15.78

HOSPITAL INDEMNITY PLAN

provided by Voya

Hospital Indemnity Insurance provides a fixed daily benefit if you or an eligible family member have a covered stay in a hospital, intensive care unit or rehabilitation facility that occurs after your coverage effective date. You have the option to enroll eligible dependents. Benefit amounts are dependent on the type of facility and number of days of confinement. Claims and documentation that meet the policy and certificate requirements are provided directly to Voya. No medical questions or tests are required for coverage.

Hospital Indemnity insurance is not health insurance and doesn't replace your medical coverage; instead, it complements it. The benefit payments go directly to you to help you with out-of-pocket expenses, such as transportation, family meals, help with child care or time away from work. Choose this supplemental health insurance for added protection and to get yourself back on track financially should a covered hospitalization occur.

	PAID BY PARTICIPANT THROUGH PAYROLL	PAID BY PARTICIPANTS THROUGH GALLAGHER DIRECT BILL
Participant	$9.42	$20.40
Participant + Spouse	$16.10	$34.89
Participant + Child	$13.23	$28.67
Family	$19.92	$43.16

Rideshare and Alternative Commute Program

Sharing the ride to work helps achieve a more sustainable future. Register for the Rideshare and Alternative Commute Program to participate in subsidized options and to access commuter tools and benefits. Visit Ridelinks at **cityofhope.commuterportal.com**.



PUBLIC TRANSIT

City of Hope subsidizes the cost of public transit passes for eligible City of Hope employees up to $340 per month. The employer subsidy is applied to the Metro EZ Transit Pass or the Metrolink Train pass ordered through the Ridelinks Pass Purchasing Program. Reimbursement for eligible public transit parking expenses is available. You can ride the City of Hope shuttle to and from the Covina and Baldwin Park Metrolink Station

VAN POOL

Commute With Enterprise offers an alternative to driving your personal vehicle. Participants privately lease seven or 10-seat vehicles and commute together from common pickup locations.

BIKING

Riding your bike to work is a sustainable, economical and healthy alternative to driving alone. Bicycle commuters can utilize covered bike lockers and open bike racks on the Duarte campus.

WALKING

When you walk to work or across campus for a meeting, you are doing something worthwhile for yourself and making a valuable contribution to cleaner air.

CAR POOL

To help you find a car pool partner within City of Hope's community, visit cityofhope.commuterportal.com to access convenient ride matching services.

DUARTE CAMPUS PARKING

Parking on the Duarte campus is assigned by permit type for staff. You are encouraged to use alternative transportation options, however, we understand it is not a viable option for everyone. City of Hope utilizes the Frog Parking system to provide real-time space availability to promote efficient campus parking.

OTHER PARTICIPATION BENEFITS

- EV Charging is available on campus. Currently $1 per hour with a $4 daily maximum fee.
- Sign up for the Rideshare Program and use the daily commute log to record each alternative commute mode. Enter at least 12 alternative commute modes per month for 12 consecutive months and you will be eligible for a $300 annual incentive.

ALTERNATIVE COMMUTE INCENTIVES

Public Transit or Van Pool Subsidy	Public Transit Subsidy - Up to $340 per month
Van Pool Subsidy	Up to $600 per month for eligible groups commuting to a Los Angeles County destination using an approved vendor vehicle.
Eligible Public Transit Parking	Can be submitted for reimbursement.
Expense Reimbursement	Temporary employees, vendors, NES or contractors are not eligible for subsidy.
Earn a Cash Incentive for Continuous Ridership	Register for the Rideshare Program and use the daily commute log to record each alternative commute mode. Enter at least 12 alternative commute modes per month for 12 consecutive months to be eligible for a $300 annual incentive.

For questions related to parking or the Rideshare and Alternative Commute Program for City of Hope, contact transportation@coh.org for the NMC campus. For the OC campus, contact parkingtransportationservicesoc@coh.org.

City of Hope Wellness Program

We are committed to providing programs that support your health and well-being and help you thrive. Your benefits include access to Personify Health — a well-being platform that provides tools and resources to help you build healthy habits, participate in wellness challenges and receive personalized recommendations. If your spouse or domestic partner is enrolled in your medical coverage, they are also eligible to participate.

STEP CHALLENGES

Connect a step-tracking device to your Personify Health account to participate in step challenges with your peers, and win prizes. To help you reach your activity and sleep goals, City of Hope® covers the cost of a Max GO step-tracking device one time — you just pay for shipping. To receive your device, an automatic discount is applied when you add it to your cart in the Personify Health Store.

HEALTHY LIFESYTLE DISCOUNTS

Complete a biometric screening with tobacco testing to lower your medical plan payroll deduction or monthly bill, as applicable. This discount is applied automatically to your medical plan contributions. A covered spouse/domestic partner can also complete a screening to earn a separate discount.

YOUR DISCOUNT INCLUDES

- A Healthy Lifestyle Discount for completing a biometric screening
- An additional tobacco-free discount if your screening results indicate no tobacco use
- When you complete a biometric screening and test negative for tobacco (cotinine), you qualify for a discount to your medical plan biweekly payroll deduction or monthly direct bill, as applicable. Earn up to $300 discount per year ($25 per month). Enrolled spouses/domestic partners can earn up to an additional $300 discount per year ($25 per month) by completing a biometric screening.

IMPORTANT DETAILS

- Complete your biometric screening by November 30 to qualify for the following year's discount, beginning with your first paycheck or monthly bill in January.
- New discounts take effect with the next available payroll or monthly bill, as applicable, after the screening is completed and reported.
- City of Hope covers the cost of one biometric screening each year for eligible trainees and their covered spouse or domestic partner.



A biometric screening measures important health indicators such as cholesterol, blood glucose, blood pressure and tobacco use. **Visit the Benefits page in Personify Health to see savings, review FAQs and learn about the reasonable alternative available for the tobacco-free discount.**

GET STARTED

Create your account at **join.personifyhealth.com/cityofhope** and download the Personify Health mobile app. Next:

1. **Complete a biometric screening with tobacco testing:** Schedule at My.QuestforHealth.com. New user registration key: **COHWellness**. Complete by Nov. 30 each year to qualify for next year's plan discount. New discounts start the next pay period or monthly bill, as applicable, after your screening is reported as complete. **Screenings are not available in December.**
2. **Visit your Rewards in your Personify Health account** for activities and completion status.



Personify Health
833-724-4673
Monday to Friday,
5 a.m. to 6 p.m. PT

Employee Assistance Program

Provided by Lyra Health

Enhance your wellness and find confidential care for your mental health how, when and where you need it. Whether you're feeling stressed, burnt out or grieving a loss, Lyra makes it easy to find and receive confidential, personalized, short-term mental health care. Their online platform allows you to sign up in just a few clicks, find the right coach or therapist for your needs and quickly book an appointment in person or via live video. You and your spouse or domestic partner, dependents under age 26 and household members are each eligible for up to to 12 sessions per year with a Lyra therapist or coach, covered at no cost to you.

GUIDED SELF-CARE WITH A COACH

Get a care plan crafted by your Lyra coach, and learn new mental health strategies at your own pace.

IN-PERSON AND VIDEO THERAPY

Meet with a therapist for diagnosis and treatment of mental health conditionslike depression, PTSD, etc.

MENTAL HEALTH COACHING

Get to the root of your challenges with effective care from a mental health coach via video or live messaging.

ESSENTIALS

Tap in to self-led wellness tools anytime, anywhere.

No matter what you're going through, Lyra provides a range of support options for everyone:
Work-life services are also available to resolve emergencies, guide you through challenges and help you stay on top of your busy life. Services available to support you include legal and financial consultations, identity theft support, and child, elder and pet care resources and referrals. To access work-life services, use access code: Lyra-Coh

Getting started is fast and easy: Answer a few questions to receive care recommendations.

The best coaches and therapists are available nationwide, via video and in person, and are ready to provide evidence-based care.

lyra

Learn more at coh.lyrahealth.com,
care@lyrahealth.com or 877-672-1266,
and download the Lyra Health mobile app.

Download on the App Store | GET IT ON Google Play

Back-Up Child and Adult/Elder Care

Provided by Bright Horizons

The Back-Up Care Advantage Program is your safety net when disruptions to your regular dependent care arrangements (for children or adult/elders) happen and you need to get to work. The program helps you to find high-quality, center-based and in-home child care from credentialed in-home care agencies and trained caregivers provided through Bright Horizons. Access Enhanced Family Supports to find resources, discounts and other benefits for primary child care solutions, academic support and tutoring, and enrichment programs.

Benefit Overview:

- High-quality, low-copay, back-up care for your child in your home or in a center, and in-home care for adult/elder loved ones throughout the U.S. any time you need an extra hand
- This program is subsidized by City of Hope.
- Support your family with up to 15 annual days.
- Virtual tutoring is available to help in reading, math, science, social studies and 300+ other subjects. Each back-up care use can be exchanged for four hours of virtual tutoring.

Register at no cost today before you have an urgent need tomorrow.

COPAY	TO REGISTER:	
Center-based care: $15/child or $25/family In-home care: $6/hour	clients.brighthorizons.com/coh User Name: COH Password: backup4u	877-242-2737



Reporting a Leave of Absence

Absence management services are provided by The Standard.

If you are or expect to be absent from work due to family and/or medical leave, accidental injury or pregnancy, you must report your absence.

Advise your manager that you will be absent.

Call the Standard's Member Services at 855-839-9884.

Your absence may qualify under the Family Medical Leave Act (FMLA), as well as applicable state laws. The Standard's leave coordinator will assist you in determining the type of leave for which you qualify based on City of Hope's absence policy, and consistent with federal and state law.

When you call The Standard, you will be asked to provide the following information in addition to other questions about your request for leave:

- Reason for the leave of absence
- Last day you were (will be) at work and anticipated return to work date
- Physician information (including name, address, phone number and fax number) — if applicable
- Please identify yourself as part of the Trainee and Affiliate program when you call.

After initiating a leave of absence under FMLA and/or filing a claim for Short-Term Disability, The Standard will send you a letter confirming receipt of your claim.

They will also send you an Attending Physician's Statement form for you or your family member's physician to complete. These forms should be returned to The Standard by the due date provided in your letter.

Employees in California may be required to apply for State Disability Insurance and Paid Family Leave.

Employees in cities or states with mandatory paid parental leave are required to apply for these benefits in order to receive paid parental leave. Short-Term Disability pay benefits are reduced by any city or state benefits amount.

To begin your claim for California State Disability Insurance: Access the Employment Development Department website at **edd.ca.gov/disability**, or call the EDD at 800-480-3287 (English) or 866-658-8846 (Spanish).



The Standard
Member Services
to report a leave of absence:
855-839-9884

Medical Plan Contributions

	Total Premium (Monthly)	Paid by City of Hope (Monthly)	Paid by Participant by Direct Bill* (Monthly)	Paid by Participant through Payroll (Biweekly)**
Aetna Medical HMO				
Participant	$709.69	$603.24	$106.45	$49.13
Participant + Spouse	$1,561.27	$1,249.02	$312.25	$144.12
Participant + Children	$1,277.39	$1,021.91	$255.48	$117.91
Family	$2,199.96	$1,759.97	$439.99	$203.07
Aetna Medical POS				
Participant	$1,007.59	$856.45	$151.14	$69.76
Participant + Spouse	$1,783.36	$1,426.69	$356.67	$164.62
Participant + Children	$1,692.68	$1,354.14	$338.54	$156.25
Family	$2,387.93	$1,910.34	$477.59	$220.43
Kaiser Medical Plan				
Participant	$770.20	$654.67	$115.53	$53.32
Participant + Spouse	$1,463.38	$1,170.70	$292.68	$135.08
Participant + Children	$1,386.36	$1,109.09	$277.27	$127.97
Family	$2,002.52	$1,602.02	$400.50	$184.85

** Participants who are not paid through payroll remit their premiums monthly via direct billing administered by Gallagher.*

HEALTHY LIFESTYLE MEDICAL PLAN DISCOUNT

When you complete a biometric screening and test negative for tobacco (cotinine), you qualify for a discount to your medical plan biweekly payroll deduction or monthly direct bill, as applicable. Earn up to $300 discount per year ($25 per month). If your spouse/domestic partner is enrolled in your medical plan, they can also complete a biometric screening to earn up to an additional $300 discount per year ($25 per month).

Dental and Vision Plan Contributions

	Total Premium (Monthly)	Paid by City of Hope (Monthly)	Paid by Participant by Direct Bill* (Monthly)	Paid by Participant through Payroll (Biweekly)
Aetna Dental HMO				
Participant	$21.73	$17.38	$4.35	$2.01
Participant + Spouse	$49.54	$22.29	$27.25	$12.58
Participant + Children	$49.66	$22.35	$27.31	$12.61
Family	$65.40	$29.43	$35.97	$16.60
Aetna Dental PPO				
Participant	$70.90	$56.72	$14.18	$6.54
Participant + Spouse	$151.05	$67.97	$83.08	$38.34
Participant + Children	$157.44	$70.85	$86.59	$39.97
Family	$242.53	$109.14	$133.39	$61.57
EyeMed Voluntary Vision				
Participant	$10.22	$0	$10.22	$4.72
Participant + Spouse	$19.42	$0	$19.42	$8.96
Participant + Children	$20.44	$0	$20.44	$9.43
Family	$30.05	$0	$30.05	$13.87

** Participants who are not paid through payroll remit their premiums monthly via direct billing administered by Gallagher.*

This is not a legal document. In case of a discrepancy between this guide and the plan document/evidence of coverage, the plan document/evidence of coverage always governs. Please refer to your certificate, summary plan description or evidence of coverage for a complete explanation of benefits provided, exclusions and limitations, and additional plan information. Receipt of this booklet is not a promise of future employment.

City of Hope®

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