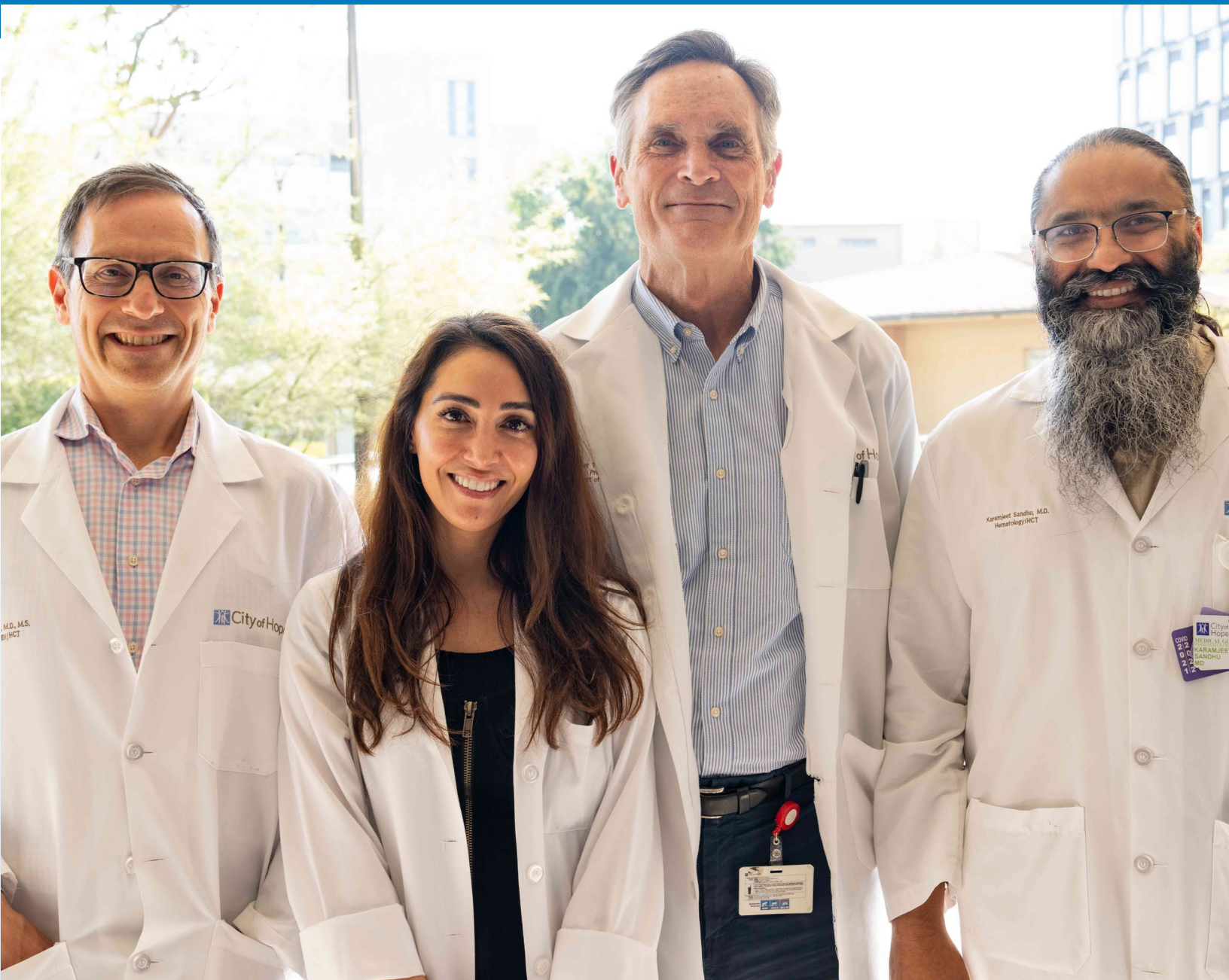




Thrive with Benefits, Live Well

2026 Benefits Guide

Trainee and Affiliate Benefit Program



WELCOME TO YOUR

2026 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

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

Virgin Pulse

Employee Wellness Program
Member Services: 833-724-4673
member.virginpulse.com

EyeMed

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

Enrolling in Benefits



NEWLY BENEFIT ELIGIBLE

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 Open 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 OPEN 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 Open 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
<u>Medical Services</u>		
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
<u>Mental Health</u>		
Outpatient	No Charge	\$20 Individual Visit – No charge for other outpatient services.
Inpatient	\$100 Copay/Stay	\$100 Copay/Stay
<u>Hospitalization</u>		
Inpatient	\$100 Copay/Stay	\$100 Copay/Stay
Outpatient	No Charge	No Charge
Maternity	\$100 copay/stay	\$100 Copay/Stay
<u>Prescription Drugs:</u>		
Generic	\$10	\$10
Brand Name	\$30	\$35
Non Formulary	\$45	\$35
	\$150 Copay/Stay	\$150 Copay/Visit
<u>Out of Pocket Maximum</u>		
Individual	\$1,500	\$1,500
Family	\$3,000	\$3,000
<u>Deductible</u>		
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
<u>Medical Services</u> Physician Office Visit Specialty Office Visit Emergency Room Urgent Care Routine Physical Exams	\$20 Copay (deductible waived) \$20 Copay (deductible waived) \$150 Copay/Visit 20% after \$35 Copay/Visit 100%	40% (deductible applies) 40% (deductible applies) \$150 Copay/Visit 20% after \$35 Copay/Visit 40% (deductible applies)
<u>Hospitalization</u> Inpatient Outpatient Maternity	20% Copay (deductible applies) 20% Copay (deductible applies) 20% Copay (deductible applies)	40% (deductible applies) 40% (deductible applies) 40% (deductible applies)
<u>Mental Health</u> Outpatient Inpatient	\$20 Copay \$100 Copay/Visit	40% (deductible applies) 40% (deductible applies)
<u>Prescription Drugs:</u> Generic Brand Name Non Formulary	\$10 Copay \$30 Copay \$45 Copay	Not Covered Not Covered Not Covered
<u>Out of Pocket Maximum</u> Individual Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family
<u>Deductible</u> Individual Family Lifetime Maximum	\$500 Individual \$1,500 Family Unlimited	\$1,000 Individual \$3,000 Family 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.*





	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)	\$120 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!



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, a virtual expert advisory review and a multidisciplinary on-site expert evaluation.

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

VIRTUAL EXPERT ADVISORY REVIEW

Request that an AccessHope medical expert 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 appropriate 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**.

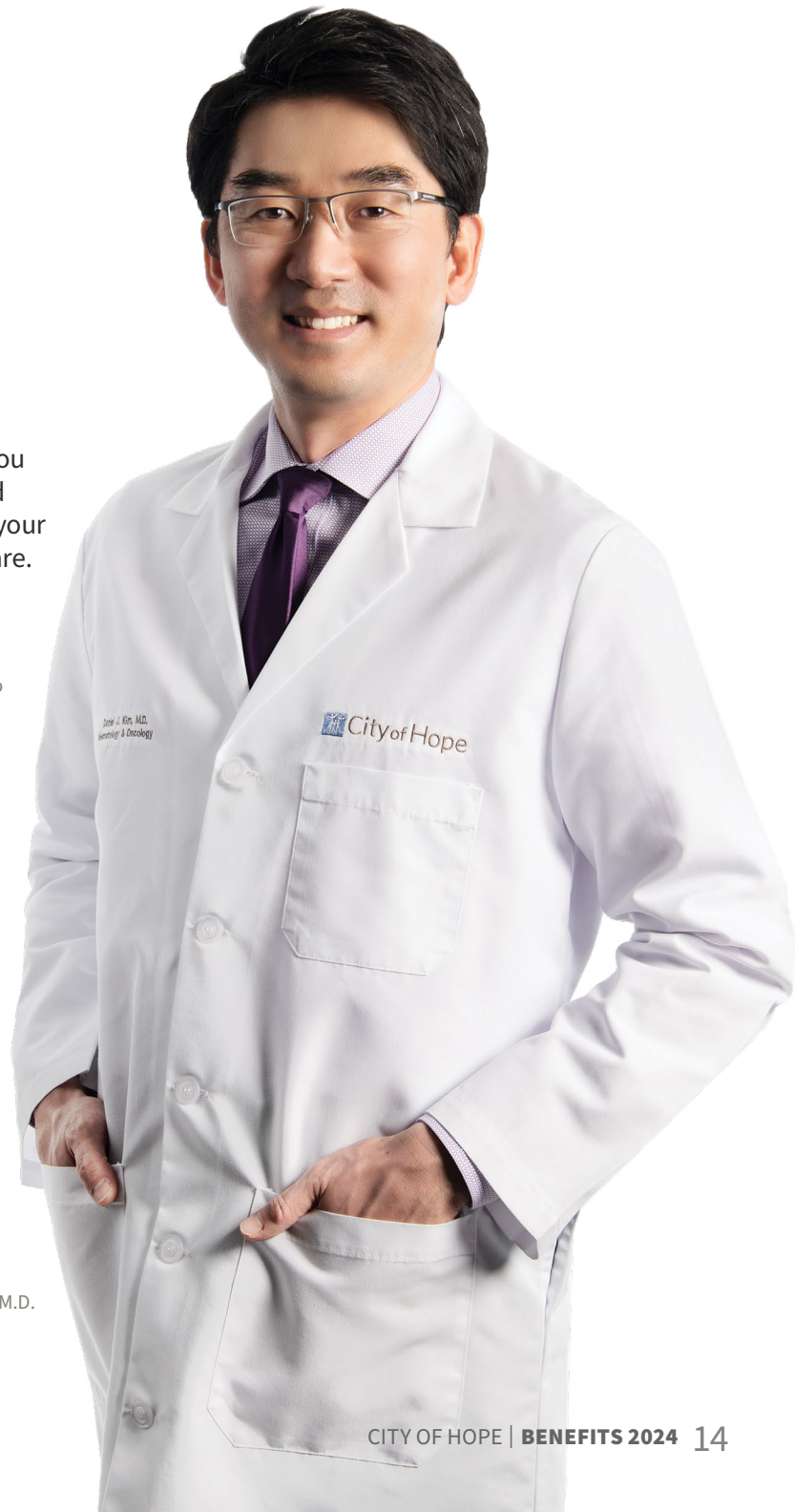
3

MULTIDISCIPLINARY ON-SITE EXPERT EVALUATION*

Request an in-person
review of your case.

You can request an in-person review of your case with a leading oncologist from City of Hope. The oncologist will advise you on the most effective tests, therapies and treatments for your type of cancer while your local doctor continues to manage your care.

*Expert Evaluation is intended as an opportunity to receive a first or second medical opinion from a City of Hope oncologist. Ongoing care is not available as part of this program, nor is this program intended to provide employees with an offer of medical plan coverage.



Daniel J. Kim, M.D.

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 \$325 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 Eligible Public Transit Parking Expense Reimbursement	Up to \$325 per month for Public Transit and \$600 per month for Van Pool Eligible public parking expenses can be submitted for reimbursement The employer subsidy is applied to the Metro EZ Transit Pass or the Metrolink Train pass ordered through the Ridelinks Pass Purchasing Program. Temporary employees, vendors, NES or contractors are not eligible for subsidy.
Earn a Cash Incentive for Continuous Ridership	Earn \$300 after 12 months of continuous* and active ridership. <i>*Commuter must submit a commuter log in Ridelinks every month with 12 or more commutes per month. Payment is taxable at a supplemental tax rate in the year in which it is paid.</i>

For questions related to parking or the Rideshare and Alternative Commute program for City of Hope, contact transportation@coh.org.

Employee Wellness Program

We are committed to providing programs that support your health and well-being and help you feel your best. Earn Wellness Perks with the Employee Wellness Program for understanding your health status, managing health risks and taking an active role in your personal wellness.

GET STARTED

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

- ☒ Complete your Health Check survey in your Personify Health account.
- ☒ Review your activities and completion status on your Rewards Page in your Personify Health account.

WELLNESS PERKS*

Earn up to \$350 in the form of Rewards Cash (redeemable for gift cards). Complete wellness activities, such as tracking physical activity, receiving your annual flu shot and attending wellness webinars. For a full list of ways to earn, go to Rewards > How to Earn in your Personify Health account.

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
Points Earned	5,000	15,000	30,000	50,000	75,000
Rewards Cash Earned	\$25	\$50	\$75	\$75	\$125

Points for wellness activities completed in the Personify Health platform are credited to your account automatically. Points for wellness activities that you complete outside of the Virgin Pulse platform (such as receiving your annual flu shot and attending wellness webinars) will be credited on a monthly basis. Points are rewarded by the end of the following month after the activity is reported as completed. For example, if an activity is reported as completed on March 15, the Wellness Perks points for that activity will be credited by April 30.

**Per federal guidelines, incentives are taxable and are subject to employment taxes in the year in which they are redeemed. In-app Wellness Perks are credited to your account automatically.*

To get started, create your account at join.personifyhealth.com/cityofhope and download the Personify Health app.



Already a member? Click “Sign In” or log into the mobile app.

Questions? Contact Personify Health Member Services.

833-724-4673

support@personifyhealth.com

Monday through 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 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 conditions like 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.



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



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
Center-based care:
\$15/child or \$25/family
In-home care: \$6/hour

TO REGISTER:
clients.brighthorizons.com/coh
User Name: COH
Password: backup4u


877-242-2737



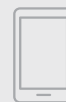
Reporting a Leave of Absence

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	\$672.70	\$571.80	\$100.91	\$46.57
Participant + Spouse	\$1,479.89	\$1,183.91	\$295.98	\$136.61
Participant + Children	\$1,210.81	\$968.65	\$242.16	\$111.77
Family	\$2,085.29	\$1,668.23	\$417.06	\$192.49
Aetna Medical POS				
Participant	\$955.07	\$811.81	\$143.26	\$66.12
Participant + Spouse	\$1,690.41	\$1,352.33	\$338.08	\$156.04
Participant + Children	\$1,604.45	\$1,283.56	\$320.89	\$148.10
Family	\$2,263.46	\$1,810.77	\$452.69	\$208.93
Kaiser Medical Plan				
Participant	\$715.22	\$607.94	\$107.28	\$49.52
Participant + Spouse	\$1,358.92	\$1,087.14	\$271.78	\$125.44
Participant + Children	\$1,287.39	\$1,029.91	\$257.48	\$118.84
Family	\$1,859.57	\$1,487.66	\$371.91	\$171.65

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

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.

