



2021 Medical Groups Benefits Catalog



My Scripps Benefits Easy Online Enrollment

When you're ready to enroll in **My Scripps Benefits**, see page 7 for enrollment information. You will follow different steps depending on the benefit, as shown below.



Enroll for the following benefits at <https://benefits.scripps.org>:

- Medical
- Vision
- Dental
- Flexible Spending Accounts (FSAs)
- Supplemental Employee Life and AD&D* Insurance
- Dependent Life and AD&D* Insurance

*Accidental Death & Dismemberment

Enroll for the following voluntary benefits through Benefit Communications, Inc. (BCI) at www.electbenefits.com/scripps:

- Individual Short-term Disability
- Whole Life Insurance
- Group Critical Illness Insurance
- Group Hospital Indemnity Insurance
- Group Accident Insurance
- Group Legal Plan
- Identity Protection

Enroll for the following voluntary benefits by calling the carrier shown below:

- Pet Insurance - Nationwide 877-738-7874
- Auto and Home Insurance - MetLife 800-438-6388

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This catalog summarizes some of the benefits under the My Scripps Benefits Program, but it is not a contract. It does not include all plan rules and details and is not considered a certificate of coverage. The terms of your benefits are governed by legal plan documents, including insurance contracts. If there are any differences between this catalog and the legal plan documents and insurance contracts, the legal plan documents and insurance contracts are the final authority. Scripps Clinic Medical Group, Scripps Coastal Medical Group, Scripps Cardiovascular and Thoracic Surgery Group and Scripps Health Inpatient Providers Medical Group reserve the right to change, discontinue or terminate the benefit plans at any time.

My Scripps BENEFITS

My life.

Everyone has different needs. Whether you are just out of school or established in your career, single or married, with children or without — no two people are exactly the same. A dynamic benefits program should reflect that. As a career destination employer, Scripps recognizes your individuality and provides a flexible benefits program with choices to fit your lifestyle.

My benefits.

Scripps offers a comprehensive benefits package that includes health, financial wellness, and work-life resources, all designed to help you accomplish your individual goals at work and at home.

My choice.

What kind of medical coverage is right for you? Do you pay for daycare for your children or have out-of-pocket health care expenses? Because everyone's situation is different, Scripps provides the basics that you need with a range of choices for the extras that you want.



My Scripps Benefits At-a-Glance

Our benefits program encourages your growth, advancement and personal well-being. Benefits include traditional health and welfare plans as well as programs focused on delivering financial, legal and family security.

Health

- Medical
- Doctor On Demand
- Vision
- Dental
- Retiree Health Insurance Options

Work-Life

- Passport Discount Program

Financial Wellness

- Flexible Spending Accounts (FSAs)
- Disability Coverage
- Life and Accidental Death & Dismemberment (AD&D)
- Whole Life
- Group Critical Illness
- Group Hospital Indemnity Insurance
- Group Accident Insurance
- Group Legal Plan
- Pet Insurance
- Auto and Home Insurance
- Identity Theft Protection
- SoFi Student Loan Refinancing







About Your Benefits

Eligibility

Enrollment

Your Cost for Coverage

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Identification Cards

Eligibility

The more you know, the more you can maximize your benefits to your advantage

Eligible Employees

You are eligible for benefits if you are in an eligible job classification and are a:

- Regular full-time employee classified as a 0.75 FTE and above, or
- Regular part-time employee classified as a 0.50 through 0.74 FTE
- You are a qualified employee under Affordable Care Act (ACA) regulations. Per ACA regulations, any Scripps employee that worked an average of 30 hours per week between October 27, 2019 and October 24, 2020 will qualify for full-time medical insurance in the next calendar year. Employees hired after October 27, 2019 will be assessed based on hire date.

Eligible Dependents

If you are eligible for coverage as an employee, you may also elect coverage for eligible dependents. **Verification of dependent eligibility is required by your benefit effective date or 15 days after making your elections, whichever is later. If your verification documents are not received by the deadline, your dependents will not have coverage and you will have to wait until the next annual open enrollment to add your dependents.** Eligible dependents include your:

- **Spouse:** Husband or wife as defined by California state law.
- **Children:** A child under age 26; or a disabled, dependent child incapable of self-support due to mental or physical disability, if the child becomes disabled prior to reaching age 26. Social Security documentation is required for disability verification.
- **Registered Domestic Partner:** A same sex partner or opposite sex partner, as declared on a Declaration of Domestic Partnership filed with the California Secretary of State.

Eligible Children

Your eligible children under age 26 include:

1. Natural born child
2. Stepchild, legally adopted child or child for whom you have been appointed legal guardianship by a court of law
3. Child for whom the Plan has received a Qualified Medical Child Support Order
4. Child of a covered spouse or covered registered domestic partner (as defined in 1-3 above).

Only you, your dependent children, and one other adult dependent (either your spouse or a registered domestic partner) can be covered under the Plan.



Allowable Documents to Verify Dependent Eligibility	
Spouse	<ul style="list-style-type: none"> • Copy of your marriage certificate
Child	<ul style="list-style-type: none"> • Copy of the birth certificate that shows the names of both the parent and the child • Final adoption papers • Legal documentation (e.g. court order) substantiating placement for adoption or legal guardianship with financial dependency • Copy of Qualified Medical Child Support Order requiring employee to provide support and health coverage, signed by the child support officer or judge
Registered Domestic Partner	<ul style="list-style-type: none"> • Copy of your State of California Certificate of Domestic Partnership

Pre-tax and After-tax Deductions

If the adult you cover is not your legal spouse, the cost per pay period for all dependents is taxable (or after-tax). For example, if you cover a registered domestic partner and your legal children, the portion of the premium attributable to the adult and the children will be taxable. In this example, the portion related to your coverage will be deducted before taxes are calculated (or “pre-tax”). Your paycheck stub will show two deductions — a pre-tax deduction for your coverage and an after-tax deduction for your dependent coverage.



If You and an Eligible Dependent Both Work for Scripps

If both you and your spouse, registered domestic partner or child(ren) are employees of any Scripps business unit, you may not be covered as both a dependent and an employee under the Scripps Medical, Vision, Dental and Life Insurance plans. Employees may cover one qualifying adult and dependent children, but no dependent(s) may be covered by more than one employee under the Plans.

Spousal/Registered Domestic Partner (RDP) Surcharge

Scripps believes that all employers have a responsibility for providing medical coverage for their employees, just as we do. Employees with a spouse or registered domestic partner who is eligible for medical coverage with his or her own employer and is covered on the Scripps Medical Plans will pay a \$15 per pay period surcharge. If both you and your spouse or registered domestic partner are employees of any Scripps business unit, the spousal/RDP surcharge will not apply.

Enrollment

Take action... online and on time

2021 Enrollment Steps

With the benefits web enrollment system, enrolling for Medical, Vision, Dental, Flexible Spending Accounts (FSAs), Supplemental Employee Life and AD&D* Insurance and Dependent Life and AD&D* Insurance is fast, easy and convenient. You will be able to make decisions, enroll online and get immediate confirmation of your selections. To enroll in these benefits:

1. **READ** through this catalog.
2. **COMPLETE** the Benefits Orientation eCourse on [InsideScripps.org](https://insidescripps.org).
3. **THINK** about what your needs are in relation to benefits.
4. **DECIDE** which benefits and options are right for you and your family.
5. **GO** to <https://benefits.scripps.org> (see page 9 for details)
6. **SUBMIT** your elections before your enrollment deadline.

*Accidental Death & Dismemberment



Who Needs to Enroll?

Newly Hired Employees

If you are a new employee, you are eligible for benefits from your date of hire, provided you enroll within 31 days of your date of hire.



IMPORTANT REMINDER

If you are adding dependents to your coverage, you must provide proper verification before coverage for your dependents becomes effective. See pages 5 and 6 for a list of requirements and allowable documents.

To Enroll in Voluntary Benefits

To enroll in voluntary benefits, go to www.electbenefits.com/scripps. Enter your employee ID number and your passcode, which is the month and day of your date of birth (MMDD format). If you have questions about the voluntary benefits or need assistance accessing the enrollment website, contact Benefit Communications, Inc. (BCI) at 888-659-2573 M-F 6 am to 3 pm PST.

Current Employees During Open Enrollment

Open enrollment is your annual opportunity to enroll or make changes to your benefits unless you have a qualified status change during the year. These benefits include: medical, vision, dental, health care spending account, dependent care spending account, employee and dependent life and accidental death and dismemberment (AD&D).

Employees currently enrolled in these benefits who do not make changes during open enrollment will default to their current plan elections, with the following exception: if you wish to participate in flexible spending accounts, you must enroll each year per IRS rules.

You only need to enroll if you:

- Wish to change an existing plan election
- Wish to add, drop or change information about your eligible dependents whom you cover under one or more plans
- Have an adult on your medical plan and have not completed or updated the adult surcharge questionnaire. If you do not complete the adult surcharge questionnaire, you will be automatically charged the \$15 per pay period surcharge for the adult covered on your medical plan
- Want to participate in flexible spending accounts for the upcoming calendar year. According to IRS rules, you must enroll each year in the health care spending account and/or dependent care spending account.

My Scripps Benefits Default Coverage

If you don't enroll, the chart below shows the default benefits you will receive.

Benefit	Default Coverage That Applies	
	NEWLY HIRED ELIGIBLE EMPLOYEES	CURRENT ELIGIBLE EMPLOYEES
Medical	HMO Employee Only	Current plan election*
Vision	No coverage	Current plan election*
Dental	No coverage	Current plan election*
Flexible Spending Accounts	No contributions	No contributions*
Long-term Disability	Covered	Covered
Basic Employee Life and AD&D	One times annual base pay	One times annual base pay*
Supplemental Employee Life and AD&D	No coverage	Current plan election*
Spouse & Child Life and AD&D	No coverage	Current plan election*

*Following open enrollment.

All other benefits and options that you have will continue throughout the next calendar year if you do not make changes before the open enrollment deadline.

Newly Eligible Employees

If you are newly eligible for coverage due to a qualified status change (such as non-benefited position to benefit-eligible), you must enroll within 31 days from the date of the status change. Benefits are effective the first day of the month following the status change. Call the HR Service Center at 858-678-MyHR (6947) or email hr@scrippshealth.org to report your status change and obtain access to the benefits web enrollment system.

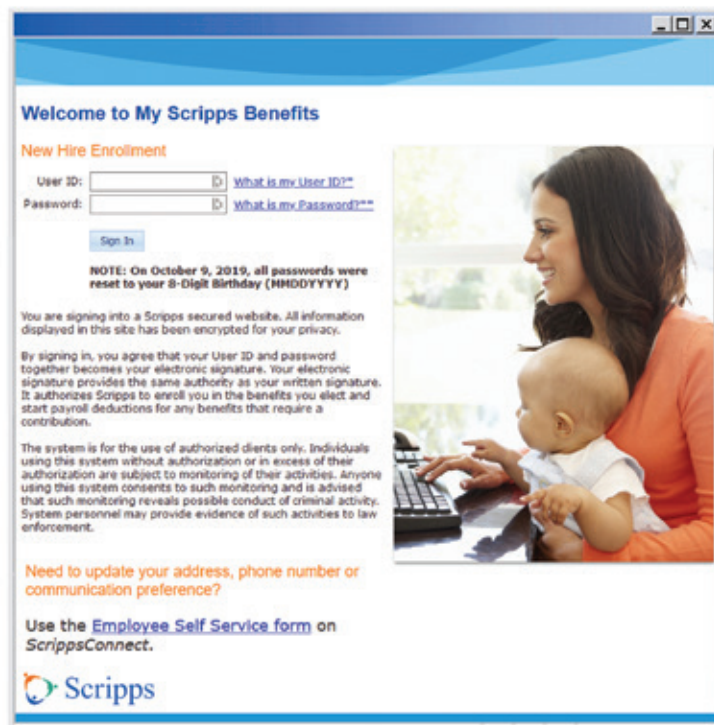
If You Don't Enroll

If you don't actively enroll, you may not get the benefits you want or need. Certain default benefits apply if you do not enroll by your deadline. Your default coverage will vary depending on whether you're a current eligible employee or a newly hired eligible employee. You will not have the option to make changes until the next open enrollment period, or within 31 days of a qualified status change. See the chart below for details.



Enrolling Online Step-by-Step

- 1 Go to <https://benefits.scripps.org>
- 2 Click on **New Hire Enrollment**, **Qualifying Events**, or **View Benefits**.
- 3 Enter your **user ID** which is your six-digit Scripps Corporate/Employee ID.
- 4 Enter your eight-digit **password**. Your default password is set to your eight-digit birth date when you first log in. For example, if your birthday is June 10, 1965, your password is 06101965.
- 5 Click on the **Sign In** button. You will be asked to create a personal password to use for accessing the system.



Change Your Mind?

If you are a **new hire**, you can log in to the benefits web enrollment system and adjust your elections as often as you need as long as your elections are finalized and submitted prior to your coverage effective date.

During **open enrollment** you can log in to the benefits web enrollment system and adjust your elections as often as you need as long as your elections are submitted by midnight of the last day of the open enrollment period.

Voluntary Benefits Enrollment

Enroll for most voluntary benefits through Benefit Communications, Inc. (BCI); see page 7 for details).

IMPORTANT

If you are enrolling or making benefit changes, you must return to the Benefits Summary page and click **SUBMIT** for your elections to be processed.

Your Cost for Coverage

Your benefit options and cost for coverage are displayed when you log in to enroll or make changes to your benefits. After reviewing your options and making your elections, your total per pay period contribution will be displayed.

The total per pay period employee contribution for your benefits will be deducted from each paycheck over 24 pay periods.

Pre-tax or After-tax Contributions

Pre-tax means that your share of the benefit cost is deducted from your paycheck before taxes are applied and deducted. When you pay for benefits on a pre-tax basis you pay less federal income and Social Security taxes, so you save money.

Pre-tax benefits include contributions for medical, vision, dental, health care and dependent care spending accounts.

After-tax benefits include contributions for employee life

and accidental death & dismemberment (AD&D) in excess of one times pay, spouse, registered domestic partner and child life and AD&D, and other benefit coverages.

Contributions for a Registered Domestic Partner

If you cover a registered domestic partner, the cost per pay period for medical, vision, and dental coverage for **ALL** dependents is taxable. Your paycheck will show two deductions. One will be pre-tax, equal to the cost for 'employee only' coverage; the other will be after-tax, equal to the additional cost of the adult plus any child coverage.

To qualify for pre-tax contributions for medical, vision, and dental coverage for your registered domestic partner, you must notify the HR Service Center in writing that your registered domestic partner qualifies as a "dependent" under Section 152 of the Internal Revenue Code. Please provide a copy of the notice and other appropriate forms to the HR Service Center. For questions, call 858-678-MyHR (6947) or email hr@scrippshealth.org.



Who Pays

Plan	Cost of Coverage
HEALTH	
Medical, Vision, Dental	You and the medical group share the cost. Your contribution is paid with pre-tax dollars. If you elect coverage for a registered domestic partner, your contribution for the registered domestic partner and all other covered dependents is paid with after-tax dollars.
FINANCIAL WELLNESS	
Flexible Spending Accounts	You contribute pre-tax dollars.
Individual Voluntary Short-term Disability	You pay the full cost with after-tax dollars.
Long-term Disability	The medical group pays the full cost.
Basic Employee Life and Accidental Death & Dismemberment (AD&D)	The medical group pays the full cost.
Supplemental Life and AD&D	You pay the full cost with after-tax dollars.
Dependent Life and AD&D	You pay the full cost with after-tax dollars.
Whole Life	You pay the full cost with after-tax dollars.
Group Critical Illness	You pay the full cost with after-tax dollars.
Group Hospital Indemnity Insurance	You pay the full cost with after-tax dollars.
Group Accident Insurance	You pay the full cost with after-tax dollars.
Group Legal Plan	You pay the full cost with after-tax dollars.
Identity Theft Protection	You pay the full cost with after-tax dollars.
Pet Insurance	You pay the full cost with after-tax dollars.
Auto & Home Insurance	You pay the full cost with after-tax dollars.



Qualified Status Changes

The one thing you can always count on in life is change. You get married or have a baby. Your spouse gets a new job. Whatever the events in your life, certain changes can affect your benefits. This section and the charts on pages 13, 14, and 15 provide information on qualified status changes and the associated benefit changes allowed.

After your initial enrollment, you may not make changes or add/remove dependents until the next open enrollment or qualified status change. Documentation of a qualified status change will be required in order for you to make allowable changes to your benefits. Qualified status changes include:

- Marriage or divorce
- Termination of a registered domestic partnership
- Birth, adoption, or legal custody change of a child
- Death of a spouse, registered domestic partner, or dependent
- Change in your eligibility status; i.e., full-time to part-time status or non-benefited to benefit-eligible
- Change in your spouse's employment status that affects benefit coverage
- Involuntary loss of other group health coverage
- Move primary residence outside of the service area
- Qualified Medical Child Support Order (QMCSO)

Any coverage changes must be made within 31 days of the qualified status change. To report your qualified status change and obtain access to the benefits web enrollment system to make benefit changes, call the HR Service Center at 858-678-MyHR (6947) or email hr@scrippshealth.org. Changes will be made effective the first day of the month following your qualified status change except for medical coverage for newborns or newly adopted children which begins on the date of birth or adoption.

Deadline for Reporting Changes

Call the Scripps HR Service Center at 858-678-MyHR (6947) or email hr@scrippshealth.org to report all qualified status changes (including newborns) which affect your benefit elections within 31 days of the status change. If you miss the 31 day deadline, you must wait until the next open enrollment period to make any changes to your coverage.



Life Events and Qualified Status Changes

During the year, you may have an opportunity to elect, reduce or increase coverage on certain plans as a result of qualified status changes. Qualified status changes and the allowable changes are listed below.

For information on termination and rehire, please call the Scripps HR Service Center at 858-678-MyHR (6947) or email hr@scrippshealth.org.

Gain of spouse (Marriage)

Benefit Plan	Description
Medical, Vision, and/or Dental	May add new or existing dependents. May revoke or decrease only when spouse's benefit becomes effective or increased under spouse's plan.
Long-term Disability	See your Disability Plan Summary Plan Description or Insurance Certificate.
Employee Life & AD&D*	Employee may increase or decrease coverage. Must maintain a minimum of 1x pay.
Spouse Life Insurance	Eligible to apply for coverage for new spouse if spouse meets evidence of insurability.
Child Life Insurance	Eligible to add for new dependents.
Health Care Spending Account (HCSA)	Employee may increase election for newly eligible spouse or dependents or decrease election if employee or dependents become eligible under new spouse's health plan.
Dependent Care Spending Account (DCSA)	Employee may enroll or increase to accommodate newly acquired dependents or decrease or stop coverage if new spouse is not employed or makes DCSA election.

Loss of spouse (Divorce, Legal Separation, Annulment, Death)

Benefit Plan	Description
Medical, Vision, and/or Dental	May stop coverage for spouse only. May elect coverage for self or dependents who lose coverage under spouse plan if result of divorce, legal separation, annulment, or death.
Long-term Disability	See your Disability Plan Summary Plan Description or Insurance Certificate.
Employee Life & AD&D*	Employee may increase, decrease, or stop coverage even when eligibility is not impacted. Scripps provides 1x pay at no cost to employee.
Spouse Life Insurance	Must stop spouse coverage.
Health Care Spending Account (HCSA)	May decrease for former spouse who loses eligibility.
Dependent Care Spending Account (DCSA)	May enroll, increase, decrease, or cancel consistent with the change in status.

Gain dependent (Birth, Placement or Adoption, Legal Guardianship)

Benefit Plan	Description
Medical, Vision, and/or Dental	May elect or add coverage for dependents not previously covered.
Child Life Insurance	Eligible to add coverage.
Health Care Spending Account (HCSA)	May elect or increase election.
Dependent Care Spending Account (DCSA)	May elect or increase election.

*Accidental Death & Dismemberment

Life Events and Qualified Status Changes (continued)

Loss of dependent (Death, Loss of Eligibility Due to Divorce or Legal Separation)

Benefit Plan	Description
Medical, Vision, and/or Dental	Employee must stop coverage only for the dependent who loses eligibility.
Child Life Insurance	Must drop coverage for lost dependent.
Health Care Spending Account (HCSA)	Employee may decrease or stop election.
Dependent Care Spending Account (DCSA)	Employee may decrease or stop election.

Gain or change in employment status of employee (Non-benefited, Casual to PT or FT)

Benefit Plan	Description
Medical, Vision, and/or Dental	Employee may add coverage for employee, spouse, or dependents.
Long-term Disability	See your Disability Plan Summary Plan Description or Insurance Certificate.
Employee Life & AD&D*	Employee may add or increase coverage for employee.
Spouse Life Insurance	Employee may add or increase coverage for spouse.
Child Life Insurance	Employee may add or increase coverage for dependents.
Health Care Spending Account (HCSA)	Employee may add or increase coverage for employee, spouse, and/or dependents.
Dependent Care Spending Account (DCSA)	Employee may add or increase coverage for employee, spouse, and/or dependents.

Gain or change in employment status of employee (FT to PT)

Benefit Plan	Description
Medical, Vision, and/or Dental	Employee may decrease or stop coverage.
Dependent Care Spending Account (DCSA)	Employee may decrease or stop election.

Spouse/dependent gain in employment or other change in employment that affects benefit status

Benefit Plan	Description
Medical, Vision, and/or Dental	May cancel or decrease election for employee, spouse, or dependent coverage if added to dependent's coverage.
Employee Life & AD&D*	May increase or decrease coverage.
Spouse Life Insurance	Eligible to elect or drop coverage.
Child Life Insurance	Eligible to elect or drop coverage.
Health Care Spending Account (HCSA)	May cancel or decrease election for employee, spouse, or dependent coverage if added to dependent's coverage.
Dependent Care Spending Account (DCSA)	May elect or increase election if spouse did not previously work. May cancel election if spouse or dependent is added to new spouse or dependent coverage.

Gain or loss of a registered domestic partnership

Benefit Plan	Description
Medical, Vision, and/or Dental	Eligible to add during open enrollment only. Benefits stop when registered domestic partnership ends.

*Accidental Death & Dismemberment

Life Events and Qualified Status Changes (continued)

Termination of employment for employee

Benefit Plan	Description
Medical, Vision, and/or Dental	Coverage continues through the end of the month. Eligible for COBRA continuation.
Long-term Disability	See your Disability Plan Summary Plan Description or Insurance Certificate.
Employee Life & AD&D*	Coverage continues through the end of the month. May be able to convert policy.
Spouse Life Insurance	Coverage continues through the end of the month. May be able to convert policy.
Child Life Insurance	Coverage continues through the end of the month. May be able to convert policy.
Health Care Spending Account (HCSA)	Coverage continues through the end of the month. Eligible for COBRA continuation.
Dependent Care Spending Account (DCSA)	Coverage continues through the end of the month.

Termination of employment for spouse/dependent

Benefit Plan	Description
Medical, Vision, and/or Dental	May enroll any eligible dependent not previously covered.
Employee Life & AD&D*	May increase or decrease coverage.
Spouse Life Insurance	Eligible to elect or drop coverage.
Child Life Insurance	Eligible to elect or drop coverage.
Health Care Spending Account (HCSA)	May enroll or increase contributions if health coverage is lost for affected dependent.
Dependent Care Spending Account (DCSA)	May enroll or increase if spouse or dependent loses eligibility for DCSA. May stop participation if spouse's loss of employment leaves dependents ineligible.

Dependent gains eligibility under employer's plan

Benefit Plan	Description
Medical, Vision, and/or Dental	May enroll any eligible dependent not previously covered.
Child Life Insurance	Eligible to add for new dependent.
Health Care Spending Account (HCSA)	May enroll or increase contributions to take into account expenses of affected dependent.
Dependent Care Spending Account (DCSA) Care	May enroll or increase contributions to take into account expenses of affected dependent.

Dependent no longer meets eligibility requirements (attains specified age)

Benefit Plan	Description
Medical, Vision, and/or Dental	Employee must stop coverage only for the affected dependent.
Child Life Insurance	Must cancel coverage for affected dependent.
Health Care Spending Account (HCSA)	May decrease contributions to take into account expenses of affected dependent.
Dependent Care Spending Account (DCSA)	May decrease contributions to take into account expenses of affected dependent.

*Accidental Death & Dismemberment

When Coverage Ends

If you terminate employment or retire, all **My Scripps Benefits** coverage will end on the last day of the month of your departure from Scripps. See the chart below for COBRA continuation options. All other benefits will end on the last day of the month of your status change.

Coverage for your dependent children that turn age 26 will end the last day of the month in which they were 25 years of age.

The opportunity to continue or convert coverage varies by plan. See chart below. If applicable, you have 60 days from the date on your COBRA* election notice or from the loss of coverage date, whichever is later, to select coverage through COBRA.

For continuation or conversion options, you have 31 days from termination, status change or retirement to complete conversion forms.

For more information about conversion options for employee, spouse and child life, accidental death & dismemberment (AD&D) and long-term disability contact the HR Service Center at 858-678-MyHR (6947). For more information about direct-bill options for universal life, whole life, individual short-term disability, hospital indemnity, accident insurances, critical illness, group legal plan, auto and home insurance, identity theft protection, and pet insurance, contact the appropriate insurance carrier directly. Contact information is provided on the back cover of this catalog.



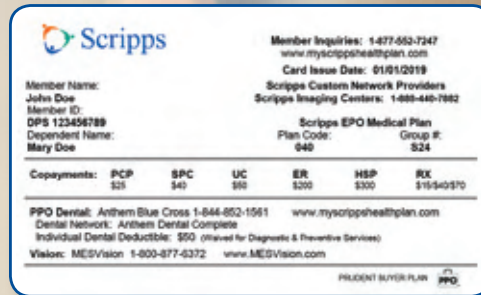
Coverage	COBRA* Continuation	Other Continuation or Conversion Options
Medical/Pharmacy	18 to 36 months	No
Vision	18 to 36 months	No
Dental	18 to 36 months	No
Health Care Spending Account	to the end of current plan year	No
Dependent Care Spending Account	No	No
Employee, Spouse & Child Life and AD&D	No	Yes
Long-term Disability	No	Yes

*COBRA stands for Consolidated Omnibus Budget Reconciliation Act. The length of COBRA continuation depends on the reason for loss of coverage.

ID Cards

You will receive identification cards when you enroll for the benefits listed below.

Plan	ID Cards
Medical, Vision, Dental	<p>If you enroll in the HMO Medical Plan, you will receive one identification card for you and each covered dependent. If you also enroll in the Vision Plan or the Dental Plan, you will receive separate ID cards for vision and/or dental for you and each covered dependent.</p> <p>If you enroll in the EPO Medical Plan and also enroll in the Vision Plan and Dental Plan, your ID card will include EPO, Vision and Dental information.</p> <p>If you enroll in the Vision Plan and the Dental Plan but not the Medical Plan, you will receive one identification card for yourself and each covered dependent with only Vision and Dental Plan information.</p> <p>If you enroll in only the Vision Plan or the Dental Plan you will receive one identification card for yourself and each covered dependent with information on the Plan in which you have enrolled.</p> <p>You can request additional cards. EPO members must call Member Services at 877-552-7247 or by accessing MyScrippsHealthPlan.com, Member Services, visit HCOOnline. HMO members must call Scripps Health Plan Customer Service at 844-337-3700.</p>
Health Care Spending Account	<p>If you enroll in the health care spending account, you may elect to receive a payment card that can be used to pay for qualified expenses.</p>







My Scripps BENEFITS



Health

Medical

Scripps Video Visits

Doctor On Demand

Vision

Dental

Retiree Health Insurance Options

Health Benefits

Choice, flexibility and room to grow

My Scripps Benefits offers medical, vision and dental coverage to protect you and your family from the expenses of illness or injury.

Women's Health and Cancer Rights Act

All of Scripps medical options provide benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). The same deductibles, copayments and coinsurance amounts apply to these procedures as any other covered illnesses. If you have questions, please call:

- 844-337-3700 (HMO option)
- 877-552-7247 (EPO option)

My benefits.

Who Pays for Coverage?

As an eligible employee, you and the medical group share the cost of health coverage. Scripps EPO medical, vision and dental plans are self-funded which means that you and the medical group (not an insurance company) pay the cost of claims and administrative expenses.

The medical group contracts with HealthComp to provide plan administration, customer service, and claims processing for the EPO medical option.

The medical group contracts with Scripps Health Plan Services to provide plan administration, customer service, and claims processing for the fully insured HMO medical option.

The medical group contracts with MESVision to provide administration, customer services, and claims processing for the vision plan.

The medical group contracts with Anthem to provide administration, customer service, and claims processing for the dental plan.



Scripps Medical Plans

With **My Scripps Benefits** you can choose between two medical plans.

Quick Facts	
ELIGIBILITY/ENROLLMENT	
<ul style="list-style-type: none"> Full-time and part-time benefit-eligible employees are eligible from date of hire; must enroll within 31 days of hire 	
OPTIONS	
<ul style="list-style-type: none"> HMO EPO 	
COVERAGE TIERS	
<ul style="list-style-type: none"> Employee only Employee plus child(ren) 	<ul style="list-style-type: none"> Employee plus adult Employee plus adult & child(ren)
OPEN ENROLLMENT/MID-YEAR CHANGES	
<ul style="list-style-type: none"> Current employees can make changes during the open enrollment period or within 31 days of a qualified status change Enroll or make changes online using the benefits web enrollment system 	
RESOURCES	
<ul style="list-style-type: none"> HMO Customer Service – 844-337-3700: eligibility, claims, and pre-authorization EPO Member Services – 877-552-7247: eligibility, claims, and pre-authorization MyScrippsHealthPlan.com: plan documents, provider network information HR Service Center – 858-678-MyHR (6947): to report a qualified status change during the year, general questions 	

Scripps offers two medical plan options: HMO and EPO.

The differences between the medical plan options are:

- Your payroll contribution
- What you pay when you receive medical services
- Provider networks
- Out-of-pocket maximums
- Referral requirements

Refer to the table on page 25 for a side-by-side summary of your options.

Health Maintenance Organization (HMO) Option

The Scripps Health Plan HMO provides a wide range of quality health care services through a network of Scripps providers within San Diego County. All routine care (office visits and annual screenings) must be provided by your elected PCP. Your PCP is responsible for coordinating referrals to specialists within the same medical group. If you are outside of your medical group's service area or San Diego county, only services that are urgent or emergent will be covered.

Primary Care Physicians (PCPs) and their medical groups coordinate and assume responsibility for your care. **You must designate a PCP for yourself and each covered family member when you enroll.** Your PCP coordinates your health care, maintains your medical records, provides routine care, and refers you to specialists and other services when medically necessary. You can select your PCP from the following plan medical groups (PMGs) that participate in the HMO plan option:

- Mercy Physicians Medical Group (MPMG)
- Primary Care Associates Medical Group (PCAMG)
- Rady Children's Health Network (RCHN)
- Scripps Clinic Medical Group (SCMG)
- Scripps Coastal Medical Center (SCMC)
- Scripps Physicians Medical Group (SPMG)



You can choose a different PCP and/or PMG for each covered family member. You can change your PCP at any time by calling Scripps Health Plan Customer Service at 844-337-3700. Your PCP change will be effective the first of the month following your call or sooner depending on certain criteria.

Your PCP will provide the appropriate services or referrals to other plan providers within your PMG. If you need to see a specialist, you will need a referral from your PCP for the services to be covered. You will have direct access to certain services such as annual mammogram screenings, OBGYN care within your PMG, and other routine services that may not require a referral from your PCP. In the rare circumstance where you require specialty care that is unavailable through your PMG, authorization would be required for services to be provided outside of the PMG.

You have access to hospitals, specialty care, and urgent care centers from the providers affiliated with your PMG. Visit [MyScrippsHealthPlan.com](https://myscrippshealthplan.com) to find the affiliated hospitals and urgent care facilities for each PMG.

With the HMO option you have no calendar year deductible, no claims to file, and pay a fixed copay for most covered services.

Exclusive Provider Organization (EPO) Option

The EPO option provides quality care through the Scripps Custom Network. All medical care must be provided by a Scripps Custom Network provider except in the case of an emergency. **You must designate a primary care physician (PCP) for yourself and each covered family member when you enroll to ensure the lowest office visit copay (\$25 copay vs. \$35 copay).** You may change your PCP at any time at <https://benefits.scripps.org>. Care can be coordinated by your PCP or you may self-refer to any provider within the Scripps Custom Network. Visit [MyScrippsHealthPlan.com](https://myscrippshealthplan.com) to find a PCP and other network providers.

Eligible members who live outside of San Diego County may be eligible to enroll in the Out-of-Area Plan. Care must be provided by the contracted national provider network to receive benefits under the EPO option. Eligibility for each covered member will be determined at time of enrollment based on the address submitted online at <https://benefits.scripps.org>. If any of your covered members move during the year, it is your responsibility to submit the updated address in the benefits web enrollment system for placement on the Out-of-Area Plan. If an address is not provided, claims for providers outside of the Scripps Custom Network will not be covered.



Urgently Needed Care and Emergency Care Under Both Medical Options

Urgently needed care is medical treatment for conditions that require prompt medical attention, but are not life threatening emergencies. Examples include but are not limited to minor sprains, fractures, pain, heat exhaustion, and breathing difficulties.

Even if it's after office hours, always contact your physician to schedule an appointment each time you need to be treated by a medical professional. If your doctor feels you need to be seen immediately, your doctor will refer you to the appropriate medical facility. Make sure you verify network status.

See the chart on page 25 for additional information.

Emergency care is a covered service due to the sudden and unexpected onset of a condition or injury that you believe endangers your life or could result in serious injury or disability and that requires immediate medical or surgical care.

If you believe your condition is an emergency, dial 911 for immediate medical assistance or go to the nearest Emergency Center. After the medical emergency has been resolved, contact your physician for appropriate follow-up.

Scripps Medical Plans pay benefits according to how your medical need is classified. Benefits for "emergency care" are different from those provided for "urgently needed care."



My benefits.

Prior Authorization Required for Both Medical Plan Options

Both medical plan options have prior authorization requirements for certain services. Prior authorization procedures are managed by your plan medical group for the HMO option and by HealthComp for the EPO option. **If you do not receive prior authorization when required, benefits may be denied, reduced, and/or a penalty applied.** Please refer to the appropriate plan document online at MyScrippsHealthPlan.com for a detailed explanation of prior authorization and when it is required.

HMO and EPO Medical Options At-a-Glance

The table below highlights the key benefits available under the HMO and EPO medical options. Please refer to the plan documents online at [MyScrippsHealthPlan.com](https://www.myscrippshealthplan.com) for a complete description of benefits, exclusions, limitations, and more.

Plan Feature	Scripps HMO Option	Scripps EPO Option
Who Directs and Provides Care	Scripps HMO Network	Scripps Custom Network
Employee Cost	\$	\$\$
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$1,500 per person; \$3,000 per family	\$3,000 per person; \$6,000 per family
Physician Services		
Doctor On Demand Telemedicine	\$15 copay for board-certified physicians and licensed psychologists through video visits on your smartphone, tablet or computer. Register online at doctorondemand.com/scripps	
Primary Care Physician Visit	\$15 copay	\$25 copay (\$35 copay if no PCP designated)
Specialist Visit	\$25 copay	\$40 copay
Preventive Care Such as routine physicals, immunizations, well-child care, well-woman exams, mammograms	100% (age & frequency schedules apply)	100% (age & frequency schedules apply)
Surgery & Hospitalization		
Outpatient Surgery	\$100 copay	\$200 copay
Hospitalization • Inpatient Semi-Private Room • Inpatient Physician	Scripps HMO Network Hospitals only \$250 copay per admission 100%	Scripps Custom Network Hospitals only \$300 copay per admission 100%
Urgent & Emergency Care		
Urgent Care	\$35 copay	\$50 copay
Emergency Room	\$150 copay (waived if admitted)	\$200 copay (waived if admitted)
Ambulance	\$150 copay	\$150 copay
Other Services		
Diagnostic Lab/X-ray • Lab & X-ray • Outpatient Advanced Imaging*	100% \$100 copay	100% \$150 copay (\$450 copay max/yr)
Physical & Occupational Therapy** Pre-service review required after 24 combined PT/OT visits	\$25 copay	\$30 copay
Chiropractic & Acupuncture Care	Care provided by American Specialty Health \$15 copay (20 combined visits per year)	Care provided by Anthem Blue Cross \$25 copay (20 combined visits per year)
Allergy Serum • Testing • Injections/Serum	\$15 copay \$10 copay/visit	\$25 copay \$10 copay/visit
Durable Medical Equipment	100% after \$250 deductible	100% after \$300 deductible
Mental Health/Chemical Dependency**		
• Who Directs and Provides Care • Outpatient Visit • Inpatient	Cigna behavioral health providers \$15 copay (Network only) \$250 copay per admission	Anthem Blue Cross behavioral health providers \$25 copay (Network only) \$300 copay per admission

Some family planning services are excluded under the medical plans for employees who work for Scripps Mercy Hospital San Diego or Scripps Mercy Hospital Chula Vista. Refer to the Plan Document for more information.

*Outpatient advanced imaging includes CT Scan or CAT Scan, MRI and PET Scan.

**Refer to Scripps Medical Plan Summary Plan Document at [MyScrippsHealthPlan.com](https://www.myscrippshealthplan.com) for information on pre-service review requirements.

Prescription Drug Program

When you enroll in either Scripps Medical Plan option, you are automatically covered under the Prescription Drug Program.

Prescription Drug Copays and Annual Out-of-Pocket Maximum

Prescription Drugs	Scripps HMO Option	Scripps EPO Option
Annual Out-of-Pocket Prescription Drugs Maximum	\$2,500 per person; \$5,000 per family	\$4,150 per person; \$8,300 per family
Retail <ul style="list-style-type: none"> • Generic • High Cost Generic • Preferred/Formulary • Non-Preferred/Non-Formulary • Specialty Medications 	30-day supply \$10 copay \$35 copay \$35 copay \$55 copay 25% coinsurance (\$75 min, \$150 max)	30-day supply \$15 copay \$40 copay \$40 copay \$70 copay 30% coinsurance (\$100 min; \$200 max) if you live and work outside San Diego County or, 30% coinsurance (\$100 min; \$300 max) if you live or work in San Diego County
Mail Service <ul style="list-style-type: none"> • Generic • High Cost Generic • Preferred/Formulary • Non-Preferred/Non-Formulary 	90-day supply \$20 copay \$87.50 copay \$87.50 copay \$165 copay	90-day supply \$30 copay \$100 copay \$100 copay \$210 copay

Generic Drugs: These drugs are sold under the drug's chemical name and contain the same active ingredients and equivalent strength and dosage to the brand-name equivalent.

High Cost Generic Drugs: Generic drugs costing over \$50 that have a relevant alternative.

Preferred/Formulary Drugs: You pay a lower copay for preferred brand drugs on the drug formulary compared to non-preferred drugs that are not on the drug formulary.

Non-Preferred/Non-Formulary Drugs: You pay the highest copay for non-preferred brand drugs that are not on the drug formulary.

Specialty Medications: Specialty medications provide highly sophisticated treatment for certain rare or chronic conditions. All specialty medications, including compound drugs costing more than \$400, require a prior authorization; have your physician contact MedImpact at 844-282-5343 (HMO option) or 800-788-2949 (EPO option).



My choice.

Save Money With Generic Drugs

A generic drug can have the lowest copay. If you elect a brand medication when a generic medication is available, you will pay the price difference between the brand medication and the generic medication, **plus** the brand copay.

Options When Filling Your Prescription

Retail Pharmacy: For short-term medications (up to a 30-day supply), take your medical ID card to a participating retail pharmacy.

Choice90 Retail Pharmacy: For certain long-term maintenance medications (up to a 90-day supply), take your medical ID card to a participating Choice90 retail pharmacy. Go to [MyScrippsHealthPlan.com](https://www.myscrippshealthplan.com) to find a Choice90 retail pharmacy.

Mail Service Pharmacy: For long-term maintenance medications (up to a 90-day supply) delivered to your home, go to [MyScrippsHealthPlan.com](https://www.myscrippshealthplan.com) and register for mail delivery service associated with your medical plan.

Specialty Pharmacy: For specialty prescriptions, go to [MyScrippsHealthPlan.com](https://www.myscrippshealthplan.com) to determine the specialty pharmacy associated with your medical plan.

Scripps Ambulatory (Retail) Pharmacy: Employees and dependents covered under a Scripps Medical Plan may fill their new or refill prescriptions at the following retail pharmacy locations.

- **Scripps Encinitas Ambulatory Pharmacy**
Located in the 310 Medical office building, Suite 109 at Encinitas Memorial Hospital
- **Scripps Green Ambulatory Pharmacy**
Located inside the main entrance on the 2nd floor of the Anderson Outpatient Pavilion at 10666 N. Torrey Pines Road
- **Scripps Mercy Ambulatory Pharmacy**
Located directly across from the main hospital entrance at 4060 Fourth Ave Suite 110

You can receive up to a 90-day supply of prescription drugs that you take on an ongoing or "maintenance" basis (drugs that your physician prescribes for use on a regular basis for chronic conditions), mailed to your home through Scripps Ambulatory Pharmacy convenient mail order service. Prescriptions can also be delivered to your home which is a faster alternative to mail order. For pick-up, delivery or mail order prescriptions, call Scripps Ambulatory Pharmacy at 858-964-1013.

Other Pharmacy Management Programs

In addition to our pharmacy copay, there are other pharmacy management programs to help improve the safety and cost-effectiveness of your prescription drug coverage. For more information on either of the programs described below, contact MedImpact at 844-282-5343 (HMO option) or 800-788-2949 (EPO option).

Step Therapy Program

Step Therapy is designed to find the safest and most cost-effective drug therapy for certain conditions that require medication regularly. Step Therapy requires the use of first line drugs before alternative second line drugs are prescribed for the same condition. If immediate access to a second line drug is required for a medical reason, your doctor can submit a prior authorization request. Participants may benefit from this program by finding an effective first line medication at the lowest copay.

Some of the therapeutic categories covered by Step Therapy include allergy/nasal antihistamines, contraceptives, osteoporosis, anti-inflammatory/COX-2 inhibitors, hypertension, and diabetes. To find out if your medication is part of the step therapy program, use the formulary look up tool on the pharmacy page of [MyScrippsHealthPlan.com](https://www.myscrippshealthplan.com) or call MedImpact member services at 844-282-5343 (HMO option) or 800-788-2949 (EPO option).

How It Works

When filling your prescription, the pharmacist runs the prescription through the system and is alerted of the step therapy program requirement. If your six month history shows that the first line drug was previously dispensed, then the second line or higher cost medication can be dispensed. However, if there is no record of a first line drug being dispensed previously, then you must try the first line drug first or go through the prior authorization process. Prior authorization is a process where the doctor submits a medication request form stating the reason why the patient must have the second line drug filled at the pharmacy without going through the step therapy process.

Prescription Drug Tools and Resources

Visit the pharmacy page of MyScrippsHealthPlan.com for information about your pharmacy benefits, including access to the formulary/preferred drug listing, pharmacy locator, and mail service registration. You can also call MedImpact with questions about your pharmacy benefits at 844-282-5343 (HMO option) or 800-788-2949 (EPO option).

Save Money on Prescriptions Not Covered by Your Medical Plan

As part of your prescription drug benefit, you automatically participate in the **iRx Program™** which allows you to save money on prescription drugs not covered under Scripps Medical Plan. On average, you can save 45 percent (with potential savings as high as 80 percent)* when you use a participating pharmacy for a drug that qualifies for a discount. More than 60,000 participating pharmacies accept the **iRx Program**, including most participating MedImpact pharmacies.

*On average, Scripps members saved 28.6% or \$15.74 per iRx prescription. Based on actual 2017 Scripps membership utilization.

How It Works

- Present your prescription and your Scripps Medical Plan ID card at a participating pharmacy.
- Savings are automatically applied when the medication prescribed is not covered under Scripps Medical Plan and qualifies for a discount.
- Prescriptions that qualify for a discount through the **iRx Program** are automatically cross-referenced with your other prescriptions to check for safety issues, such as drug interactions.
- There are no limits on the number of times the program can be used.
- You are automatically enrolled as part of your Scripps Medical Plan coverage, and you pay no separate enrollment or maintenance fees.

Visit the pharmacy page of MyScrippsHealthPlan.com for more information about the **iRx Program**, including how to find participating pharmacies.

DISCOUNT ONLY—NOT INSURANCE.

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the pharmacy chosen and type of medication. This program does not make payments directly to pharmacies. Members are required to pay for all healthcare services. You may file a complaint by contacting Customer Care at 1-800-700-3957. This program is administered by Medical Security Card Company, LLC (MSC) of Tucson, AZ (a subsidiary of MedImpact Healthcare Systems, Inc.).

What is Care Partner?

Care Partner is an innovative prescription drug program available to eligible medical group employees and family members covered under a Scripps Medical Plan.

Scripps Mercy Hospital qualifies as a federal Disproportionate Share Hospital and is able to access significant discounts on prescription medications through the federal 340B Drug Pricing Program. Through Care Partner, eligible Scripps Medical Plan members can see their regular physician while accessing care at Scripps Mercy Hospital to qualify for discounted medications. Scripps shares in the savings with you by **eliminating** your copays on eligible medications when written by a prescriber eligible for the Care Partner Program.

What are the Benefits of the Program?

The Care Partner program has two primary benefits:

Medication Savings: Through Care Partner, Scripps has teamed with Scripps Ambulatory Pharmacy allowing Scripps Medical Plan members who qualify for the program to obtain their medications with no copays through Scripps Ambulatory Pharmacy convenient mail order service.

Medication Therapy Management (MTM): The Clinical pharmacist will review with you, your current medications and work with your physician to ensure the greatest therapeutic benefits and avoid any medication related problems.

How Can I Participate?

You or your family member must follow these steps:

1. Attend an initial enrollment appointment with the MTM pharmacist.
2. All prescriptions through the program must be written by a prescriber who is an eligible prescriber for this program. Want to know if your prescriber is eligible? Please contact the Care Partner Program at the email below.
3. Eligible prescriptions will be filled and mailed to your home or location of choice.

Want to Know More?

Contact a Care Partner coordinator by phone at 619-849-4397 or email MercyCarePartnerProgram@scrippshealth.org.

Confidentiality

Care Partner is committed to patient privacy — you can expect your personal and medical information to be kept completely confidential.

Mental Health/Chemical Dependency Benefits

If you are enrolled in the **HMO option**, mental health and chemical dependency benefits are administered through the Cigna network of behavioral health providers. All treatment must be provided by a Cigna behavioral health provider (except in case of emergency or if a specialty you require is not available in the network). A referral from your primary care physician is not required.

If you are enrolled in the **EPO option**, mental health and chemical dependency benefits are administered through the Anthem Blue Cross network of behavioral health providers. All treatment must be provided by an Anthem

Blue Cross behavioral health provider (except in case of emergency or if a specialty you require is not available in the network).

If you need care and are enrolled in the **HMO option**, contact Scripps Health Plan Customer Service at 844-337-3700, or call 800-866-6534 to speak to a Cigna behavioral health representative.

If you need care and are enrolled in the **EPO option**, contact HealthComp Member Services at 877-552-7247. You will talk to a representative who will refer you for the appropriate care and notify you if pre-authorization is required. The type and/or extent of treatment will be determined based on clinical assessment.

Tools and Resources

A variety of tools and resources are available allowing you to obtain personalized benefits and health information online or by calling member services.

MyScrippsHealthPlan.com

Access MyScrippsHealthPlan.com for information about:

- Health care providers in the medical HMO and EPO networks, Vision plan, and the Anthem Dental Complete network
- Medical, vision, and dental plan benefits
- Prior authorization requirements for the HMO and EPO options
- Prescription drug benefits
- Electronic copies of EPO medical and dental explanation of benefits (EOBs) with HCOOnline
- Flexible Spending Accounts



Find network medical, vision, and dental providers on the go. Scan this QR Code with your web-enabled mobile phone or other PDA to view the mobile version of MyScrippsHealthPlan.com.



HMO Medical Plan

Scripps Health Plan Customer Service

Contact Customer Service by calling 844-337-3700.

- Available 8 a.m. to 5 p.m. PST
- Request eligibility and plan information

EPO Medical Plan

HealthComp Member Services

Contact Member Services by calling 877-552-7247.

- Available 6 a.m. to 4:30 p.m. PST
- Request personal claims, eligibility and plan information
- Verify status of prior authorization

Scripps Video Visits

Health plan members can use Scripps Video Visits to talk about your health concerns without leaving your home.

Scripps Video Visits is an online appointment with video. It gives you the trusted medical advice you need in real-time—during office hours for primary care or specialty care and seven days a week for minor illnesses and injuries through HealthExpress.

Video Visits are available to patients with a MyScripps account and cost the same as a regular PCP visit or specialist visit under your medical plan option. Three types of video visits are available through the MyScripps health portal:

- Primary/specialty care with Scripps Clinic or Scripps Coastal Medical Center providers
- Same-day care on-demand with HealthExpress providers
- Same-day care with an appointment time with HealthExpress providers

For more information go to www.Scripps.org/VideoVisitInfo.

Doctor On Demand

High-quality healthcare at your fingertips—for only \$15

Doctor On Demand is one of the easiest choices to make. A few minutes is all it takes to gain on-demand, video access to U.S.-based board certified physicians, and licensed psychiatrists, and therapists, right from your mobile device or computer. Enjoy the peace of mind that comes with having access to high-quality, affordable medical care at your fingertips, whenever you or your dependents need it.

Why Doctor On Demand?

- **Affordable** — Medical Care and Therapy Visits are a \$15 copay per consultation
- **Fast & Easy** — Connect to a doctor within minutes
- **Great Physicians, Psychologists, Psychiatrists** — U.S.-trained, board-certified and licensed in your state
- **Treat Nearly Anything** — Resolve hundreds of issues, including 18 of the top 20 reasons people visit the urgent care or ER

- **Get a Prescription** (if clinically appropriate) — Quick and paperless fulfillment to your local pharmacy

Doctor On Demand gives you the peace of mind of seeing U.S.-based board certified physicians, and licensed psychiatrists, and therapists right away. A live, face-to-face video visit with a doctor is just like an in-office visit—without the hassle. Physicians can look, listen and engage with you to diagnose your issues and provide an effective treatment plan.

Easy to Get Started

It's fast and easy to register — do it today, so your account is ready when you need it!

- Just download the app from the App Store or Google Play, or visit doctorondemand.com/scripps
- When prompted enter Scripps as your employer, and then enter your health plan member ID

That's it — you can now skip the waiting room and see a doctor without leaving home.

Questions?

Customer Support: 800-997-6196 or support@doctorondemand.com.

Top Issues Treated

- Coughs, colds, and sore throats
- Pediatric issues
- Prescription refills
- Nausea & diarrhea
- Rashes & skin issues
- UTIs & yeast infections
- Sports injuries
- Travel medicine
- Eye issues
- Stress & anxiety
- Depression
- Relationship issues
- Changes in mood
- Obsessions and compulsions

 on demand

My choice.

Doctor On Demand — immediate face-to-face video visits with board-certified physicians.

Vision

To help keep your life in focus, you may choose to enroll in vision benefits through Scripps Vision Plan utilizing MESVision (Medical Eye Services). You may choose to enroll in the Scripps Vision Plan or Vision Buy-up option. The Vision Buy-up option includes enhanced coverage as shown in the table below.

Quick Facts	
ELIGIBILITY/ENROLLMENT	
<ul style="list-style-type: none"> Full-time and part-time benefit-eligible employees are eligible from date of hire; must enroll within 31 days of hire 	
OPTIONS	
<ul style="list-style-type: none"> Scripps Vision Plan 	<ul style="list-style-type: none"> Vision Buy-up Option
COVERAGE TIERS	
<ul style="list-style-type: none"> Employee only Employee plus child(ren) 	<ul style="list-style-type: none"> Employee plus adult Employee plus adult & child(ren)
OPEN ENROLLMENT/MID-YEAR CHANGES	
<ul style="list-style-type: none"> Current employees can make changes during the open enrollment period or within 31 days of a qualified status change Enroll or make changes online using the benefits web enrollment system 	
RESOURCES	
<ul style="list-style-type: none"> Member Services – 800-877-6372: eligibility, claims, and pre-authorization MyScrippsHealthPlan.com: Summary Plan Document (SPD), provider network information HR Service Center – 858-678-MyHR (6947): to report a qualified status change during the year, general questions 	

Using Vision Benefits

Participating Vision Care Providers

Visit the vision page at [MyScrippsHealthPlan.com](#) to find participating vision care providers. Obtaining services from a participating provider will maximize your benefits.

All Other Vision Providers

If covered services are received from a non-participating provider, you are responsible for paying the provider in full and submitting a claim to MESVision within 12 months of the date of service. More information and an MESVision claim form are available on [MyScrippsHealthPlan.com](#). You do not need to be enrolled in a medical plan in order to select vision benefits. Your coverage category for vision may be different from the choice you made for medical.

My choice.

Choose an MESVision network provider to pay less out-of-pocket for covered vision services.

Feature	Scripps Vision Plan	Vision Buy-Up Option
Vision Providers	Benefits shown below assumes use of MESVision providers	Benefits shown below assumes use of MESVision providers
Eye Exam (every 12 months)	\$10 copay	\$10 copay
Frames (every 24 months)	\$100 retail allowance**	\$125 retail allowance**
Standard Lenses (every 12 months) <ul style="list-style-type: none"> Single vision, bifocal, trifocal Lenticular Pink or rose tint 	Plan pays 100% Plan pays 100% Plan pays 100%	Plan pays 100% Plan pays 100% Plan pays 100%
Lens Options <ul style="list-style-type: none"> Other tints U/V Anti-reflective coating Photochromatic Scratch coating Edge coating Polycarbonate Progressive Lenses 	20% discount* 20% discount* 20% discount* 20% discount* 20% discount* 20% discount* 20% discount* 20% discount for overages*	\$20 retail allowance, 20% discount for overages* \$30 retail allowance, 20% discount for overages* \$50 retail allowance, 20% discount for overages* \$60 retail allowance, 20% discount for overages* \$35 retail allowance, 20% discount for overages* \$20 retail allowance, 20% discount for overages* \$40 retail allowance, 20% discount for overages* \$89.50 retail allowance, 20% discount for overages*
Contact Lenses*** <ul style="list-style-type: none"> Cosmetic or convenience Medically necessary (every 12 months)	Plan pays 100% (covered up to \$105) Plan pays 100% (covered up to \$300) (In lieu of spectacle lenses, lens options and frame)	Plan pays 100% (covered up to \$105) Plan pays 100% (In lieu of spectacle lenses, lens options and frame)

*You must choose a provider that accepts the discount plan. Refer to the MESVision website [MESVision.com](#) for a list of discount providers.

**Retail eyewear benefits will be converted to wholesale-equivalent prices at certain provider locations. Go to [MESVision.com](#) for details.

***Contact lenses are in addition to the comprehensive vision exam, but in lieu of lenses and frames. If contact lenses are for cosmetic or convenience purposes, the Plan will pay up to \$105 towards the contact lens evaluation, fitting costs and materials. One pair of contact lenses is covered. Any balance is your responsibility.

Dental

For the many things in life worth smiling about

Quick Facts

ELIGIBILITY/ENROLLMENT

- Full-time and part-time benefit-eligible employees are eligible from date of hire; must enroll within 31 days of hire

OPTIONS

- Scripps Dental Plan
- Dental Buy-up Option

COVERAGE TIERS

- Employee only
- Employee plus adult
- Employee plus child(ren)
- Employee plus adult & child(ren)

OPEN ENROLLMENT/MID-YEAR CHANGES

- Current employees can make changes during the open enrollment period or within 31 days of a qualified status change
- Enroll or make changes online using the benefits web enrollment system

RESOURCES

- [Member Services – 844-852-1561](tel:844-852-1561): eligibility and claims, find dental network providers
- MyScrippsHealthPlan.com: Summary Plan Document (SPD), dental provider finder
- [HR Service Center – 858-678-MyHR \(6947\)](tel:858-678-MyHR(6947)): to report a qualified status change during the year, general questions

For your dental health, you may choose to enroll in the Scripps Dental Plan or the Dental Buy-up option. The Dental Buy-up option includes enhanced coverage for in-network major services, coverage for implants, a higher annual benefit maximum and a higher orthodontia lifetime maximum.

You have the flexibility to visit any dentist. However, for most covered services you will pay less out-of-pocket if you use an Anthem Dental Complete network dentist.

You do not need to be enrolled in a medical plan in order to select dental benefits. Your coverage category for dental may be different from the choice you made for medical.

My choice.

You can reduce your out-of-pocket dental costs by choosing Anthem Dental Complete network dentists.

Using Dental Benefits

Anthem Dental Complete Network Dentists

Anthem Dental Complete network dentists have agreed to provide services at discounted or negotiated fees. This means savings for you by getting the most out of your annual benefit at the lowest out-of-pocket costs. You are not responsible for any charges that exceed the negotiated fee. To find a network provider, visit the dental page at MyScrippsHealthPlan.com.

All Other Dentists

Benefits for services from out-of-network providers are based on usual, customary, and reasonable charges. You may be charged for any amount which exceeds usual, customary, and reasonable charges in your geographic area. Any amounts which exceed usual, customary, and reasonable charges are in addition to your deductible and coinsurance amounts for eligible dental services.



The table below highlights the key benefits under each dental option when using an Anthem Dental Complete provider or an out-of-network provider. Coverage for all dental services (except diagnostic and preventive services) begins after the annual deductible. Items in **ORANGE** are the differences between the dental options.

Scripps Dental Options				
Feature	Scripps Dental Plan		Dental Buy-up Option	
	PPO Network Provider	Out-of-Network Provider	PPO Network Provider	Out-of-Network Provider
Annual Deductible per Individual (waived for Diagnostic and Preventive Services)	\$50	\$100	\$50	\$100
Maximum Benefit per Year	\$1,800 per individual (excluding Orthodontia)		\$2,200 per individual (excluding Orthodontia)	
Diagnostic & Preventive Services • Oral exams, cleanings and bite-wing x-rays (2 exams/cleanings per 12-month period); sealants for dependents ages 6 to 14	100%*	90%**	100%*	90%**
Basic Services • Oral Surgery — Extractions • Restorative — Fillings • Endodontic/Periodontal • Repair of crowns, bridges, dentures	80%* 80%* 80%* 80%*	70%** 70%** 70%** 70%**	80%* 80%* 80%* 80%*	70%** 70%** 70%** 70%**
Major Services • Crowns, jackets & cast restorations	50%*	40%**	60%*	50%**
Cosmetic Dentistry • Dental implants	N/A	N/A	60%*	50%**
Orthodontic Services (no age limit)	50%*	50%**	50%*	50%**
	\$1,800 lifetime maximum per individual		\$2,000 lifetime maximum per individual	

*Percentage applies to negotiated fees.

**Percentage applies to usual, customary and reasonable charges.

Tools and Resources

Anthem maintains eligibility and processes dental claims. Contact member services at 844-852-1561 for questions.

Access [MyScrippsHealthPlan.com](https://www.myscrippshealthplan.com) for information about the Anthem Dental Complete network providers and dental plan benefits.

Retiree Health Insurance Options

Helps you make the most of your golden years

Quick Facts
OPTIONS <ul style="list-style-type: none"> • Early retirement • Medicare eligible retirement
FOR QUESTIONS REGARDING ENROLLMENT <ul style="list-style-type: none"> • Contact your site Human Resources representative
RESOURCES <ul style="list-style-type: none"> • HR Service Center – 858-678-MyHR (6947): general questions



If you are age 55 or older with 10 or more years of service with Scripps, you have two options available to maintain your health insurance coverage:

- Early Retirement
- Medicare Eligible Retirement

Call the HR Service Center at 858-678-MyHR (6947) for additional information and to find out if you qualify.

Early Retirement

Health Insurance	Benefit Eligibility	Enrollment
Retire early and maintain the same health insurance coverage as active employees at the monthly COBRA premium rate until Medicare eligible.	<ul style="list-style-type: none"> • Benefit-eligible employees or staged retirement employees • At least 10 years of service • Ages 55 to 64 (not eligible for Medicare) • Participated in a Scripps Medical Plan for at least one year immediately preceding retirement 	<ul style="list-style-type: none"> • Eligible employees and dependents will be sent an election notice explaining their rights and the cost of coverage. • Must complete the election form within the period of time specified and pay premiums as required. • Premiums are eligible for reimbursement from 401(h) account. • Contact the HR Service Center at 858-678-MyHR (6947) or email hr@scrippshealth.org

Medicare Eligible Retirement

Health Insurance	Benefit Eligibility	Enrollment
Upon retirement, you can participate in a retiree health plan to supplement Medicare benefits at age 65.	<ul style="list-style-type: none"> • Benefit-eligible employees, staged retirement employees, and early retirement participants • At least 10 years of service • Medicare eligible • Participated in a Scripps Medical Plan for at least one year immediately preceding retirement 	<ul style="list-style-type: none"> • Eligible for Medicare. • Eligible employees and dependents will be sent an election notice explaining their rights and the cost of coverage. • Must complete the election form within the period of time specified and pay premiums as required by carrier. • Premiums are eligible for reimbursement from 401(h) account. • Contact the HR Service Center at 858-678-MyHR (6947) or email hr@scrippshealth.org

Scripps has partnered with UnitedHealthcare® Insurance Company to offer an enhanced UnitedHealthcare Group Medicare Advantage plan which is a health plan designed especially for people with both Medicare parts A & B. It provides medical care through well-known, experienced medical groups and physicians. You choose a participating facility where you wish to receive care and then select a primary care physician.

The UnitedHealthcare® Group Medicare Advantage plan is offered individually or through employer programs. Since Scripps is offering this program on a group basis, retirees receive enhanced benefits that are not available on an individual basis.

For additional information, please call 760-473-7721 to schedule a one-on-one consultation with a UnitedHealthcare representative.

My Scripps BENEFITS



Financial Wellness

Flexible Spending Accounts (FSAs)

Disability Coverage

Life and Accidental Death &
Dismemberment (AD&D)

Whole Life

Group Critical Illness

Group Hospital Indemnity Insurance

Group Accident Insurance

Group Legal Plan

Pet Insurance

Auto & Home Insurance

Identity Theft Protection

SoFi Student Loan Refinancing

Financial Wellness Benefits

My Scripps Benefits offers a range of programs that can provide financial protection and savings:

- Flexible spending accounts allow you to use tax-free dollars for eligible health care and dependent care expenses
- Disability coverage that provides income if you cannot work
- Life insurance in the event of death or serious injury
- Whole life insurance that combines permanent life insurance with a cash value
- Group critical illness coverage that pays benefits in the event of a covered illness or procedure
- Group hospital indemnity coverage that pays benefits in the event of a covered hospitalization
- Group accident coverage that pays benefits in the event of a covered accident
- Group legal plan providing coverage for a wide range of personal legal matters
- Pet insurance to protect the health of your pet
- Auto and home insurance is designed to help you save money on your auto, home, and other personal insurance
- Identity theft protection works to stop identity theft before it happens with protection up to \$5,000,000 to help repair your credit if your identity is stolen

Flexible Spending Accounts (FSA)

A tax-effective way to pay for eligible health care and dependent daycare expenses

Quick Facts

ELIGIBILITY/ENROLLMENT

- Full-time and part-time benefit-eligible employees are eligible from date of hire; must enroll within 31 days of hire

OPTIONS

- Health care spending account
- Dependent care spending account

OPEN ENROLLMENT/MID-YEAR CHANGES

- Current employees can make changes during the open enrollment period or within 31 days of a qualified status change
- Enroll or make changes online using the benefits web enrollment system

RESOURCES

- [Member Services – 877-552-7247](tel:877-552-7247): for questions on your account(s), claims
- MyScrippsHealthPlan.com: information on FSAs and tracking your account(s) and claims
- [HR Service Center – 858-678-MyHR \(6947\)](tel:858-678-MyHR(6947)): to report a qualified status change during the year, general questions

Flexible spending accounts (FSA) let you set aside pre-tax dollars to pay for eligible health care and dependent care expenses. There are two separate accounts you may choose to participate in—one for health care and one for dependent care expenses.

Your spending account deductions are pre-tax so you can save 25 to 50 percent of your out-of-pocket health care or dependent care expenses. Your money goes further because you never have to pay tax on the money set aside in these accounts.

How the Accounts Work

You decide how much you want to set aside for eligible health care and/or dependent care expenses incurred during the calendar year. You make a separate annual election for each account. Regular amounts are deducted each payday from your gross wages and deposited to your spending account(s). Reimbursements are issued to you from your spending account when you submit a documented claim to HealthComp.



You can only claim reimbursement for expenses that you and your eligible dependents incur while you are a participant in the flexible spending accounts. If you are hired during the year or begin participating due to a qualified status change, only those services incurred after the date you start contributing to your flexible spending accounts are eligible for reimbursement. Remaining contributions cannot be used in the following calendar year.

Health Care Spending Account

A health care spending account (HCSA) gives you a tax break on many health care expenses that are not covered by other plans. By anticipating your expenses and arranging for deductions to be made from your paycheck each pay period, you lower your tax bill. You must enroll each year, as contribution amounts are not carried forward from one year to the next. You can set aside from \$120 to \$2,750 each calendar year on a pre-tax basis to cover eligible health care expenses not reimbursed by any other health plan.

When you incur an eligible expense during the year, you submit a claim with a copy of the receipt for reimbursement. The receipt must include the name of the individual for whom the expense was incurred, provider name, date of service, description of service, and amount. Canceled checks and credit card slips

My benefits.

OTC Product Reimbursement

Over-the-counter (OTC) drugs are reimbursable through your health care spending account if they are prescribed by a physician. For a list of eligible expenses, go to MyScrippsHealthPlan.com.

cannot be used in place of receipts. See page 39 for information on how to enroll in Auto Import for claims processed by HealthComp.

You will be reimbursed with pre-tax dollars from your account. The minimum claim amount is \$10 or your account balance, whichever is less. Claim forms are available at MyScrippsHealthPlan.com. Use the HealthComp Flex Payment Card (see page 39) or direct deposit for faster reimbursement.

Coverage ends on the last day of the month in which you terminate. In the event of a change of status, you may be eligible to reduce or cancel your HCSA election, provided that the change is made within 31 days of the status change.

Flexible Spending Accounts At-a-Glance

ACCOUNT FEATURE	HEALTH CARE SPENDING ACCOUNT	DEPENDENT CARE SPENDING ACCOUNT
Your Pre-Tax Contributions	Minimum: \$120 per year Maximum: \$2,750 per year	Minimum: \$120 per year Maximum: \$5,000 per year (\$2,500 if married and filing separately)
Eligible Expenses A summary list of eligible expenses is available at MyScrippsHealthPlan.com .	Expenses for you, your spouse, and any dependent you list on your tax return, as well as children up to age 26, provided they have not been reimbursed by other coverage. Examples include: • Health plan deductibles, prescription, and other copays • Certain charges not covered by any plan	Expenses to care for eligible dependents that allow you to work such as summer day camp, child care, before and after-school care. Eligible dependents include: • Your qualifying child(ren)* – age 12 and under • Your spouse or a qualifying child or relative* – who is physically or mentally incapable of self-care * See page 40 for additional information about a qualifying child or relative.
Special Notes The expense must be incurred (not paid) during the plan year. You have until March 31, 2021 to file claims for 2020 services. Also, you cannot be reimbursed or seek reimbursement for the same expense from any other source.	You cannot deduct reimbursed expenses on your federal income tax return or be reimbursed from any other source.	You cannot use reimbursed expenses on the Earned Income Credit, which may be more advantageous if your family income is below \$25,000.

Flex Payment Card and Auto Import of Health Care Claims

Not all of your eligible expenses will require you to pay out-of-pocket. You have the option to use a Flex Payment Card or Auto Import of your health care claims.

Flex Payment Card

If you enroll in a health care spending account, you can request a Flex Payment Card from HealthComp. The card works similar to a debit card; however, it is limited to qualified expenses at physicians' offices, dental, and vision care offices and some hospitals and other medical care providers. You can also use the card at pharmacies and other multi-use stores that have an IRS-qualified system that allows the use of the card only for eligible items.

When you use your card for qualified purchases, the money is instantly deducted from your health care spending account; you must still submit your receipts within 60 days from date of transaction. If your provider does not accept the Flex Payment Card, you can pay your provider directly, and submit a receipt with a claim form for reimbursement.

Auto Import for Health Care Claims for EPO Members

HealthComp's claims paying system for the EPO plan and vision and dental plans are integrated with the flexible benefits system. This means when a medical, dental, or vision claim is fully or partially unpaid, you can request HealthComp to automatically check your health care spending account, and if the medical, dental, or vision claim is eligible for reimbursement, process it under the account. Once a claim is processed through your health care spending account, you'll be issued a reimbursement.

Dependent Care Spending Account

The dependent care spending account (DCSA) is a tax-effective way to pay child care or other dependent care services to enable:

- you, your spouse, or registered domestic partner to work outside the home (this is also true if your spouse or registered domestic partner is actively looking for work);
- you to work outside the home and your spouse or registered domestic partner is a full-time student at least five months of the year;
- you to work outside the home and your spouse or registered domestic partner is incapable of self-care.

You must enroll each plan year, as contribution amounts are not carried forward from one plan year to the next. You can set aside from \$120 to \$5,000 each year on a pre-tax basis to cover the cost of dependent care expenses. The amount you contribute to this account cannot be greater than your income or your spouse or registered domestic partner's income, whichever is less. If your spouse or registered domestic partner contributes to a DCSA through his or her employer, your combined contributions may not exceed \$5,000. If you are married and file separate tax returns, you can contribute up to \$2,500 per year per household.

To receive reimbursement from your DCSA you will need to file a claim form. You are required to complete the provider's name and address on the claim form. You will be reimbursed for the amount of your claim provided the balance of your account is equal to or more than the amount of your claim and the services have already been provided. If you don't have enough in your account to cover the expense, you'll receive the additional reimbursement when enough money has been deducted from your paycheck. For faster reimbursement of eligible dependent care expenses, sign up for direct deposit at [MyScrippsHealthPlan.com](https://www.myscrippshealthplan.com).

Coverage ends on the last day of the month in which you terminate. In the event of a change of status, you may be eligible to reduce or cancel your DCSA election, provided that the change is made within 31 days of the status change.



Qualifying Children and Relatives

You can use the DCSA for a qualifying child or relative. Eligible daycare expenses may be reimbursed for:

- Your “qualifying child” (including a stepchild, foster child, child placed for adoption, or younger brother or sister) age 12 and under who has the same principal residence as you for more than half the year and does not provide more than half of his or her own support during the calendar year; or
- Your qualifying child (as defined above) of any age, spouse, or other dependent who receives over half of his or her support from you (e.g., your disabled elderly parent), who is physically or mentally incapable of caring for himself or herself and has the same principal place of residence as you for more than half of the year. To reimburse daycare received outside of your home, your disabled dependent must spend at least 8 hours per day in your home. Special rules apply for divorced or separated parents with dependent children. Generally, your child must be your dependent for whom you can claim an income tax exemption. In other words, you must have legal custody of your child for over half of the year for your daycare expenses to be reimbursed through the DCSA.

Note: You should consult with your tax advisor if you have questions whether someone qualifies as your income tax dependent.

Manage Your Funds on the Run

It's now easier than ever to manage your health care or dependent care flexible spending account through HealthComp with On the Go mobile app.

Get started in two easy steps:

1. Visit m.healthcomp.com on your smartphone to download the mobile app.
2. Enter your login information to access your account.

With the HealthComp On the Go mobile app, you can:

- Submit claims by entering claims details.
- Upload documentation using your phone's camera.
- View accounts and alerts (see balances, review alert or claim history, view payments).

Visit MyScrippsHealthPlan.com for additional information.



Eligible Dependent Care Expenses

You can use the dependent care spending account to be reimbursed for:

- Dependent care at nursery schools, day camps, and licensed daycare centers. The daycare center must comply with state and local laws and receive a fee for its services. The portion of schooling expenses that is strictly care-related may be eligible; tuition expenses for education are not.
- Services from individuals who provide daycare in or outside your home, except when the provider is the parent of the child, your dependent or your child under age 19.
- Daycare centers that provide nonresidential daycare for dependent adults.
- Household services related to the care of an eligible dependent.
- FICA and other taxes you pay on behalf of the daycare provider.
- Generally, any other expense that qualifies as dependent care under IRS regulations. Go to [MyScrippsHealthPlan.com](https://www.myscrippshealthplan.com) for a list of eligible dependent care expenses.

Careful Planning Required

You should plan your flexible spending account contributions carefully. Here's why:

- Money set aside for health care expenses cannot be used to reimburse dependent care expenses and vice-versa.
- Any health care or dependent care expenses that are paid from the flexible spending accounts may not be claimed as a deduction or credit when filing your income tax return.
- You cannot stop or change contributions during the year unless you have a qualified status change.
- Once you terminate employment, only expenses incurred before you terminated are eligible for reimbursement from your FSA, unless you elect to continue your health care spending account through COBRA. Dependent care FSA is not eligible for continuation through COBRA per IRS guidelines.
- You will be reimbursed for dependent care expenses only up to the amount of your dependent care spending account balance and only after the care has been provided.
- **USE IT OR LOSE IT! IRS guidelines require that any money left in your flexible spending account at the end of the year must be forfeited. You have until Mar. 31, 2022 to file claims for 2021 services.**



Save Money with a Flexible Spending Account (FSA)

Here's an example which shows how much you can save in taxes using a health care spending account.

	With HCSA	Without HCSA
Annual Base Pay	\$55,000	\$55,000
Total Annual Contribution to Health Care Spending Account	\$2,550	\$0
Taxable Income	\$52,450	\$55,000
Federal Income Tax	\$9,082	\$9,931
Social Security (FICA) Tax	\$4,003	\$4,208
Total Tax	\$13,085	\$14,139
After-tax Eligible Health Care Expenses	\$0	\$2,550
Take Home Pay	\$39,365	\$38,311
Annual Tax Savings	\$1,054	\$0

Individual Short-term Disability

Individual short-term disability insurance, offered through Unum, provides income replacement when you are unable to work due to a short term, non-occupational injury. Benefits are paid monthly and are based on a percentage of earnings. Benefits are in addition to state disability and other payments for which you may be eligible.

Rates are shown on the enrollment website.

Quick Facts

ELIGIBILITY

- Full-time and part-time benefit-eligible employees are eligible on date of hire or when approved by carrier

OPTIONS

- Choose between three benefit options: 20%, 30%, or 40% of basic monthly earnings after a 30-day elimination period

ENROLLMENT/CHANGE

- You may enroll at any time through Benefit Communications, Inc. (BCI) online at www.electbenefits.com/scripps
- You may make coverage changes at any time by calling Unum at 800-635-5597

RESOURCES

- [Benefit Communications, Inc. \(BCI\) – 888-659-2573](http://www.electbenefits.com/scripps): for questions about coverage or assistance accessing the enrollment website
- [Unum – 800-635-5597](http://www.unum.com): for coverage questions or to submit a claim

Note: The medical group is not a plan sponsor or fiduciary for individual short-term disability insurance, and it is not covered under ERISA. The medical group does not endorse, recommend, or guarantee this coverage or the accuracy of any of the statements made in the carrier's printed materials or website.

How It Works

When you enroll, you choose a benefit of 20%, 30%, or 40% of your basic monthly earnings. If you become disabled and your claim for disability is approved, the plan pays the monthly benefit you selected at the time of your enrollment. Benefits begin after a 30-day waiting period (known as the elimination period) and continue for as long as you are disabled, up to six months.

Please note, coverage increases are not automatic with increases in your salary. If you want to increase your monthly benefit due to an increase in your salary, you must contact BCI by calling 888-659-2573 or by visiting www.electbenefits.com/scripps.

Coverage Options

- Option 1: 20% of earnings
- Option 2: 30% of earnings
- Option 3: 40% of earnings

Coverage is rounded to the next higher \$100. The minimum monthly benefit is \$400, and the maximum monthly benefit is \$5,000.

Key Plan Features

- No pre-existing conditions limitations
- Your individual short-term disability is not integrated with income from other sources
- Coverage for mental illness is included at 50% of the benefit amount (100% for CA and VT)

Covered Conditions and Injuries

This insurance covers a variety of conditions and injuries. Here are some common reasons people use Individual Short-term Disability Insurance:

- Normal pregnancy
- Injuries
- Joint disorders
- Back disorders
- Digestive disorders

Evidence of Insurability (EOI) Rules

Evidence of insurability and completion of a medical questionnaire is not required when first eligible but is required for late enrollees. Late enrollees are new hires who do not enroll within 31 days of their initial eligibility date. Late enrollees can enroll in Option 1 without having to complete a medical questionnaire.

Underwritten by Unum Life Insurance Company of America, Portland, Maine. The policy has exclusions or limitations which may affect any benefits payable. See the actual policy for specific provisions and details of availability.

Long-term Disability

Income for living expenses when you are unable to work

The disability plans offered by your medical group provide a source of income should you experience an illness or injury that prevents you from working. Benefits under the plans replace a percentage of your pay up to \$300,000. The medical group pays the full cost of basic coverage. See the Disability Plan Summary Plan Description or Insurance Certificate for plan details.

Quick Facts

ELIGIBILITY/ENROLLMENT

- **Benefit-eligible New Hires:** You are eligible on your date of hire

RESOURCES

- **HR Service Center at 858-678-MyHR (6947):** to report a qualified status change during the year, submit a claim, or general questions

How It Works

For details about your disability benefits, see your Summary Plan Description or call the HR Service Center at 858-678-MyHR (6947).

Definition of Disability

You are disabled when the insurance carrier determines that you are limited from performing or unable to perform the material and substantial duties of your regular occupation due to your sickness or injury, and you have a 20 percent or more loss in your indexed monthly earnings due to the same sickness or injury. After 24 months of payments, you are considered to be continuously disabled when the insurance carrier determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training, or experience.



Life and Accidental Death & Dismemberment (AD&D)

Peace of mind for you and for those who depend on you

Employee Life and AD&D

Scripps recognizes the importance of life insurance for employees at all ages and stages in life. **My Scripps Benefits** offers you five levels of employee life and AD&D Insurance, up to a maximum coverage amount of \$1,000,000 (basic and supplemental combined). You must select at least the basic level of coverage (1x annual base pay) which is paid for by the medical group.

Quick Facts

ELIGIBILITY/ENROLLMENT

- Full-time and part-time benefit-eligible employees are eligible from date of hire; must enroll within 31 days of hire

OPTIONS

- 1x to 5x annual base pay up to \$1 million
- Evidence of Insurability may be required

OPEN ENROLLMENT/MID-YEAR CHANGES

- Current employees can make changes during the open enrollment period or within 31 days of a qualified status change
- Enroll or make changes online using the benefits web enrollment system

RESOURCES

- [HR Service Center](#) at 858-678-MyHR (6947): to report a qualified status change during the year, submit a claim, or general questions

Annual base pay is calculated as of September 4, 2020 for 2020 benefits and excludes commissions, bonuses, and overtime. The cost of supplemental coverage is determined using your age as of January 1, or your benefit eligibility date (whichever is later) and annual base pay.

How It Works

The amount of coverage you need is a personal decision. It depends on many factors such as your age, whether or not you have dependents, your other financial resources, and your financial commitments.

The medical group pays for basic coverage of 1x your annual base pay. Any supplemental coverage you elect is paid by you with after-tax contributions.

AD&D coverage pays a benefit to your beneficiary in case of your accidental death. It also pays a reduced benefit to you in the event of a serious accident involving the loss of a limb or your eyesight. AD&D benefits are paid in addition to your employee life insurance amount.

Important Notes

- If you leave the medical group, you may be eligible to convert your basic and supplemental coverage by submitting an application and paying premiums directly to the insurance carrier, provided you contact the life insurance carrier within 31 days of termination. Rates may be different from employee contributions under **My Scripps Benefits**.
- To assign or update a beneficiary, use the benefits web enrollment system.

My **benefits.**

Evidence of Insurability (EOI)

Evidence of insurability is required before coverage is approved if:

- You are enrolling for the first time and selecting an option greater than 2x annual base pay; or
- You are currently enrolled and increasing your coverage option two or more levels above your current option (i.e., going from 1x annual base pay to 3x annual base pay).

If evidence of insurability is required, you will have the option to print the form with instructions during your enrollment. The form must be completed and mailed to UnitedHealthcare. UnitedHealthcare will notify you if your request for coverage is approved after you submit your EOI application.

- The IRS allows employees to receive employer-paid life insurance up to \$50,000 tax-free. If your basic life insurance amount is greater than \$50,000, IRS regulations require a tax on “imputed income” for the premium cost of the coverage amount above \$50,000. It is important to note that you are not taxed on the additional amount of insurance above \$50,000. You are only taxed on the cost of providing that amount of coverage. Imputed income is usually a relatively small amount.
- If you and your spouse are both employed by Scripps, you may cover yourself under employee life and AD&D or your spouse may cover you under spouse life and AD&D. Employees may not be covered as both an employee and a spouse.

Basic and supplemental life and AD&D insurance will decrease to a 65 percent benefit at age 65. Your basic life insurance will decrease to 50 percent at age 70 and will terminate upon retirement. Any supplemental coverage terminates at age 70.

Dependent Life and AD&D

For Your Spouse or Registered Domestic Partner

Spouse life and AD&D insurance offers you financial protection in the event of your spouse or registered domestic partner’s death. The plan works the same as the employee life and AD&D insurance, except you are the beneficiary.

Quick Facts

ELIGIBILITY/ENROLLMENT

- Full-time and part-time benefit-eligible employees are eligible from date of hire; must enroll within 31 days of hire

OPTIONS

- 0.5x to 2.5x your annual base pay up to \$200,000
- Evidence of Insurability may be required

OPEN ENROLLMENT/MID-YEAR CHANGES

- Current employees can make changes during the open enrollment period or within 31 days of a qualified status change
- Enroll or make changes online using the benefits web enrollment system

RESOURCES

- [InsideScripps.org](#): Life and AD&D Summary Plan Description
- [HR Service Center – 858-678-MyHR \(6947\)](#): to report a qualified status change during the year, submit a claim, or general questions

How It Works

If your spouse (husband, wife, or registered domestic partner as defined by California law) should die, or suffer the loss of life or limb due to an accident, a lump sum benefit would be paid. You are automatically considered the beneficiary for spouse life and AD&D.

AD&D coverage pays a benefit to you in case of your spouse’s or registered domestic partner’s accidental death. It also pays a reduced benefit in the event of a serious accident involving the loss of a limb or eyesight. AD&D benefits are paid in addition to any spouse life insurance amount.

You may elect coverage for your spouse from 0.5x to 2.5x your frozen salary amount* in 0.5x increments, to a maximum of \$200,000. Evidence of insurability is required the first time you request coverage for your spouse or registered domestic partner or increase 2 or more levels.

*Frozen salary amount is determined by your hourly rate on September 4, 2020 or your hire date, whichever is later.



You pay the full cost of coverage with after-tax contributions, which is determined using your spouse or registered domestic partner's age as of January 1, or his/her benefit eligibility date, whichever is later.

Once your spouse or registered domestic partner is covered, any coverage increase by more than one level during open enrollment, will be capped at one level until evidence of insurability has been processed and coverage approved.

Important Notes to Remember

- If you want to add a newly eligible spouse, you must do so within 31 days of the qualifying event.
- Spouse life and AD&D insurance may be portable. If you leave the medical group, you may continue coverage by paying the premium directly to the insurance company. You must contact the insurance carrier within 31 days of termination. Rates may be different from spouse contributions under **My Scripps Benefits**.

Spouse life and AD&D insurance will decrease to a 65 percent benefit at age 65 and will terminate at age 70.

My benefits.

Evidence of Insurability (EOI)

Evidence of insurability for your spouse or registered domestic partner is required before coverage is approved if:

- You are covering your spouse or registered domestic partner for the first time; or
- Your spouse or registered domestic partner is currently enrolled and increasing his or her coverage option two or more levels above the current option (i.e., going from .5x your annual base pay to 1.5x your annual base pay).

If evidence of insurability is required, you will have the option to print the form with instructions during your enrollment.

For Your Dependent Child(ren)

You may also elect child life insurance for your dependent child(ren), which pays benefits to you in case of their death. You pay the full cost of coverage with after-tax contributions. The premium is the same regardless of the number of eligible children covered. You may choose \$5,000 or \$10,000 of coverage per child.

Quick Facts

ELIGIBILITY/ENROLLMENT

- Full-time and part-time benefit-eligible employees are eligible from date of hire; must enroll within 31 days of hire

OPTIONS

- \$5,000 or \$10,000 per child

OPEN ENROLLMENT/MID-YEAR CHANGES

- Current employees can make changes during the open enrollment period or within 31 days of a qualified status change
- Enroll or make changes online using the benefits web enrollment system

RESOURCES

- [InsideScripps.org](https://www.insidescripps.org): Life and AD&D Summary Plan Description
- [HR Service Center – 858-678-MyHR \(6947\)](tel:858-678-MyHR(6947)): to report a qualified status change during the year, submit a claim, general questions

How It Works

If your child should suffer the loss of life, you would receive the benefit payment in a lump sum. You are automatically considered the beneficiary for child life insurance.

Important Notes to Remember

- Only your dependent children under age 26 may be covered under the plan. Once your enrolled child is no longer eligible, you must call 858-678-MyHR (6947) within 31 days of the event.
- Evidence of Insurability (EOI) is not required for children's coverage, including if you buy-up from \$5,000 to \$10,000.
- If you want to add a newly eligible child (i.e., newborn), you must do so within 31 days of the qualifying event.
- Child life insurance coverage may be portable. If you leave Scripps, you may continue coverage by paying the premium directly to the insurance company. You must contact the insurance carrier within 31 days of termination. Rates may be different from your group child contributions under **My Scripps Benefits**.

Whole Life

Whole life insurance, offered through Unum, extends protection beyond your working years — potentially for your lifetime. With a guaranteed death benefit that will never decrease, level premiums that will never increase, cash value accumulation, living benefits and other options, Whole Life goes beyond typical term life insurance.

Rates are shown on the enrollment website.

Quick Facts	
ELIGIBILITY	<ul style="list-style-type: none"> Full-time and part-time benefit-eligible employees are eligible on date of hire or when approved by carrier
OPTIONS	<ul style="list-style-type: none"> \$5,000 to \$300,000 for employee coverage, \$5,000 to \$75,000 for spouse/registered domestic partner coverage and \$5,000 to \$50,000 for child(ren)/grandchild(ren) coverage
COVERAGE TIERS	<ul style="list-style-type: none"> Employee • Spouse /registered domestic partner • Child(ren)
ENROLLMENT/CHANGES	<ul style="list-style-type: none"> You may enroll at any time through Benefit Communications, Inc. (BCI) online at www.electbenefits.com/scripps You may make coverage changes at any time by calling Unum at 800-635-5597 Evidence of insurability may be required in certain situations
RESOURCES	<ul style="list-style-type: none"> Benefit Communications, Inc. (BCI) – 888-659-2573: for questions about coverage or assistance accessing the enrollment website Unum – 800-635-5597: for coverage questions or to submit a claim

Note: The medical group is not a plan sponsor or fiduciary for whole life insurance, and it is not covered under ERISA. The medical group does not endorse, recommend, or guarantee this coverage or the accuracy of any of the statements made in the carrier's printed materials or website.

Plan Highlights

- Provides guaranteed death benefits that never decrease along with premiums that never increase.
- Your policy earns interest, or "cash value," at a guaranteed rate of 4.5%. You can borrow from that cash value, or buy a smaller, paid-up policy with no more premiums due.
- Employee and spouse/registered domestic partner premiums are based on age and tobacco use status.
- Your options are flexible, so you can select the insurance protection and cash value components that meet your needs and make changes as necessary.
- Once you have been approved for coverage, your premiums and coverage remain the same unless you choose to adjust them.

- If you leave the medical group, you can continue coverage on a direct home billing basis.
- A living benefit feature allows you to request an early payout of your policy's death benefit if you're expected to live 12 months or less (24 months in Massachusetts).

Eligibility

To be eligible for coverage, employees and spouse/domestic partners must be between the ages of 15 and 80. Your spouse/domestic partner and/or children and grandchildren can have individual coverage, even if you don't elect coverage for yourself.

Evidence of Insurability

Evidence of insurability (medical questionnaire) is required for coverage amounts in excess of the following guaranteed issue amounts: Employee: \$150,000, Spouse/registered domestic partner: \$25,000, Child: \$25,000.

If you elect at least \$5,000 of coverage for yourself, you can increase your coverage at any time in the future up to the full guaranteed issue amount without you having to complete a medical questionnaire.



Underwritten by Unum Life Insurance Company of America, Portland, Maine. The policy has exclusions or limitations which may affect any benefits payable. See the actual policy for specific provisions and details of availability.

Group Critical Illness

Group critical illness insurance, offered through Unum, helps offset the financial impact of a catastrophic illness by paying a lump sum benefit when you, or a covered family member, is diagnosed with a covered illness. The benefit is based on the amount of coverage and the diagnosis.

Rates are shown on the enrollment website.

Quick Facts

ELIGIBILITY

- Full-time and part-time benefit-eligible employees are eligible on date of hire or when approved by carrier

OPTION

- Group Critical Illness

COVERAGE TIERS

- Employee/Child(ren)
- Spouse /registered domestic partner

ENROLLMENT/CHANGES

- You may enroll at any time through Benefit Communications, Inc. (BCI) online at www.electbenefits.com/scripps
- You may make coverage changes at any time by calling Unum at 800-635-5597

RESOURCES

- [Benefit Communications, Inc. \(BCI\) – 888-659-2573](http://www.electbenefits.com/scripps): for questions about coverage or assistance accessing the enrollment website
- [Unum – 800-635-5597](http://www.unum.com): for coverage questions or to submit a claim

Note: The medical group is not a plan sponsor or fiduciary for group critical illness insurance, and it is not covered under ERISA. The medical group does not endorse, recommend, or guarantee this coverage or the accuracy of any of the statements made in the carrier's printed materials or website.

Coverage Options

Employee coverage: \$5,000 to \$50,000 in increments of \$5,000

Spouse/registered domestic partner age 17+ coverage: \$5,000 to \$30,000 in increments of \$5,000

Children to age 26: 50% of employee coverage at no additional premium

You choose how to use the benefit amount.

Evidence of insurability (medical questionnaire) is not required if you enroll when first eligible. If you enroll more than 31 days after you are first eligible, you can enroll in a \$5,000 benefit without having to complete a medical questionnaire.



How It Works

A lump sum benefit will be paid directly to you upon diagnosis of any of the following specified critical illnesses:

- Heart attack
- Blindness
- Major organ failure
- End-stage kidney failure
- Benign brain tumor
- Coronary artery bypass surgery (25% of coverage amount)
- Coma that lasts at least 14 consecutive days
- Stroke whose effects are confirmed at least 30 days after the event
- Permanent paralysis of at least two limbs due to a covered accident
- Cancer
- Carcinoma in situ, which is cancer that involves only cells in the tissue in which it began and has not spread (25% of coverage amount)

Children are covered for all the same illnesses, plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome, and spina bifida. The diagnosis must occur after the child's coverage effective date.

Important Note

If you leave the medical group, you may be eligible to continue your policy through direct bill, provided you contact Unum within 31 days of termination of employment.

Underwritten by Unum Life Insurance Company of America, Portland, Maine. The policy has exclusions or limitations which may affect any benefits payable. See the actual policy for specific provisions and details of availability.

Group Hospital Indemnity Insurance

Group hospital indemnity insurance, offered through Unum, can help pay for out-of-pocket costs associated with being hospitalized and can give you more of a financial safety net for unplanned expenses brought on by a hospital stay. These benefits are in addition to any medical plan benefits.

Rates are shown on the enrollment website.

Quick Facts

ELIGIBILITY

- Full-time and part-time benefit-eligible employees are eligible on date of hire or when approved by carrier

OPTION

- Group Hospital Indemnity Insurance

COVERAGE TIERS

- Employee
- Employee and Spouse/registered domestic partner
- Employee and Child(ren)
- Family

ENROLLMENT/CHANGES

- You may enroll at any time through Benefit Communications, Inc. (BCI) online at www.electbenefits.com/scripps
- You may make coverage changes at any time by calling Unum at 800-635-5597

RESOURCES

- **Benefit Communications, Inc. (BCI) – 888-659-2573:** for questions about coverage or assistance accessing the enrollment website
- **Unum – 800-635-5597:** for coverage questions or to submit a claim

Note: The medical group is not a plan sponsor or fiduciary for group hospital indemnity insurance, and it is not covered under ERISA. The medical group does not endorse, recommend, or guarantee this coverage or the accuracy of any of the statements made in the carrier's printed materials or website.

Eligibility

Employees must purchase coverage for themselves in order to purchase spouse/registered domestic partner or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

Spouses/registered domestic partners and dependent children must reside in the United States to receive coverage.

No health questions are required. There is no pre-existing condition limitation.

Lump Sum Benefits Paid Directly to You

Payments from group hospital indemnity insurance are made directly to you if you are admitted to a hospital for a covered sickness or injury.

Payments are made even if you did not actually incur any out-of-pocket expenses. The money you receive can be used for any purpose, such as:

- Deductibles and copays
- Travel to and from the hospital for treatment
- Child care service assistance while recovering

Benefit Amounts

- Coverage for hospital admission: \$1,500 per insured per calendar year.
- Daily hospital confinement: \$100 per day up to 60 days per calendar year.

Important Note

If you leave the medical group, you may be eligible to continue your policy through direct bill, provided you contact Unum within 31 days of termination of employment.



Underwritten by Unum Life Insurance Company of America, Portland, Maine. The policy has exclusions or limitations which may affect any benefits payable. See the actual policy for specific provisions and details of availability.

Group Accident Insurance

Group accident insurance, offered through Unum, can help where medical insurance leaves off and provide cash to cover expenses. Accident insurance pays cash benefits directly to you for a covered accidental injury and related services. Payment depends on the type and severity of your injury and the related treatment.

Rates are shown on the enrollment website.

Quick Facts

ELIGIBILITY

- Full-time and part-time benefit-eligible employees are eligible on date of hire or when approved by carrier

OPTION

- Group Accident Insurance

COVERAGE TIERS

- Employee
- Employee and Spouse/registered domestic partner
- Employee and Child(ren)
- Family

ENROLLMENT/CHANGES

- You may enroll at any time through Benefit Communications, Inc. (BCI) online at www.electbenefits.com/scripps
- You may make coverage changes at any time by calling Unum at 800-635-5597

RESOURCES

- [Benefit Communications, Inc. \(BCI\) – 888-659-2573](http://Benefit Communications, Inc. (BCI) – 888-659-2573): for questions about coverage or assistance accessing the enrollment website
- Unum – 800-635-5597: for coverage questions or to submit a claim

Note: The medical group is not a plan sponsor or fiduciary for group accident insurance, and it is not covered under ERISA. The medical group does not endorse, recommend, or guarantee this coverage or the accuracy of any of the statements made in the carrier's printed materials or website.

Eligibility

- Benefit-eligible employees who are actively at work
- Spouse/registered domestic partner age 17+
- Children up to age 26

No health questions are required.

Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses/domestic partners and dependent children must reside in the United States to receive coverage.

Covered Accidents and Expenses

Group Accident insurance covers accidents that occur on and off the job. It includes a range of incidents, from common injuries to more serious events.

Examples of covered injuries:

- Broken bones
- Concussion
- Eye injuries
- Cuts repaired by stitches
- Burns
- Coma due to a covered injury
- Ruptured discs
- Torn ligaments
- Dislocation of hip, knee, ankle, collarbone, lower jaw, shoulder, elbow/wrist

Examples of covered expenses:

- Emergency room treatment
- Ambulance benefit
- Doctor office visit
- Hospitalization
- Occupational therapy
- Speech therapy
- Physical therapy
- Prosthetic devices

See the policy's schedule of benefits for a full list of covered injuries and expenses.

Important Note

If you leave the medical group, you may be eligible to continue your policy through direct bill, provided you contact Unum within 31 days of termination of employment.

Underwritten by Unum Life Insurance Company of America, Portland, Maine. The policy has exclusions or limitations which may affect any benefits payable. See the actual policy for specific provisions and details of availability.

Group Legal Plan

Hyatt Legal Plans offers you and your family value, convenience, and peace of mind by providing coverage for a wide range of personal legal matters from professional attorneys. Your cost is \$8.25 per pay period.

Quick Facts

ELIGIBILITY/ENROLLMENT

- Full-time and part-time benefit-eligible employees are eligible the first of the month following 60 days of employment; must enroll within 60 days of hire
- Department Directors and above, Fellows and Residents are eligible the first day of employment; must enroll within 31 days of hire

OPTION

- Group Legal Plan

OPEN ENROLLMENT/MID-YEAR CHANGES

- Current employees can make changes during the open enrollment period or within 31 days of a qualified status change
- Enroll or make changes through Benefit Communications, Inc. (BCI) online at www.electbenefits.com/scrripps

RESOURCES

- [Benefit Communications, Inc. \(BCI\) – 888-659-2573](http://Benefit Communications, Inc. (BCI) – 888-659-2573): for questions about coverage or assistance accessing the enrollment website
- [Hyatt Legal Plans – 800-821-6400 or LegalPlans.com \(password 5260010\)](http://Hyatt Legal Plans – 800-821-6400 or LegalPlans.com (password 5260010)): for questions about covered services and the national network of attorneys

Note: The medical group is not a plan sponsor or fiduciary for the Group Legal Plan, and it is not covered under ERISA. The medical group does not endorse, recommend, or guarantee this coverage or the accuracy of any of the statements made in the vendor's printed materials or website.

Access to More than 15,000 Attorneys

Hyatt Legal provides access to a national network of more than 15,000 attorneys. If you prefer, you may use your own attorney and be reimbursed according to a set fee schedule.

Fully Covered Services

The attorney fees for covered personal legal services are fully paid for by the plan when you use a network attorney. There are no limits on the number of times you may use the plan, and there are no dollar limits on your use of a plan attorney for covered services. Some services provided include:

- Wills and estate planning
- Personal bankruptcy
- Identity theft defense
- Protection from domestic violence
- Juvenile court defense
- Traffic ticket defense (no DUI)
- Document review

For a complete list of services contact Hyatt Legal Plans toll-free at 800-821-6400 and request a fact sheet.

Using the Plan

Once enrolled, call Hyatt Legal Plans toll-free at 800-821-6400. A client service representative will confirm that you are eligible to use the plan and give you a case number along with a list of local network attorneys. You may contact the attorney to schedule an appointment. You may also access services through their website LegalPlans.com – simply click on **Members Log in** or learn more about the plan through the **Thinking About Enrolling** section – your password is **5260010**.

Important Note

If you leave the medical group, you may be eligible to continue your policy through direct bill, provided you contact Hyatt Legal Plans within 31 days of termination of employment.



Pet Insurance

Veterinary bills can really add up. The plans through Nationwide are designed to cover a broad range of pet care needs, as well as specialty plans for avian and exotic pets.

Quick Facts

ELIGIBILITY

- Full-time and part-time benefit-eligible employees are eligible on date of hire or when approved by carrier

OPTION

- Pet Insurance

ENROLLMENT/CHANGES

- You may enroll or drop coverage at any time by calling Nationwide at [877-738-7874](tel:877-738-7874)

RESOURCES

- [Nationwide – 877-738-7874](tel:877-738-7874): for questions about covered services

Note: The medical group is not a plan sponsor or fiduciary for pet insurance, and it is not covered under ERISA. The medical group does not endorse, recommend, or guarantee this coverage or the accuracy of any of the statements made in the vendor's printed materials or website.

Take Advantage of These Benefits

- 90% reimbursement on eligible vet bills after \$250 policy year deductible, up to \$7,500 per year, per pet policy
- Freedom to use any licensed vet worldwide
- Medical and behavioral treatments
- Wellness benefits that include spay/neuter, vaccination, and flea prevention available through *My Pet Protection with Wellness plan*
- Group and multi-coverage discounts
- 24/7 Vet Helpline Access

How It Works

1. Visit any licensed veterinarian.
2. Pay your veterinarian.
3. Get reimbursed.

Important Note

If you leave the medical group, you may be eligible to continue your policy through direct bill, provided you contact MetLife within 31 days of termination of employment.



Auto & Home Insurance

You can apply for affordable and convenient auto and home insurance through MetLife Auto & Home. As an eligible employee of the medical group, you are automatically eligible to apply for policies with employee discounts that may save you time and money.

Quick Facts		
ELIGIBILITY		
<ul style="list-style-type: none"> Full-time and part-time benefit-eligible employees are eligible on date of hire or when approved by carrier 		
OPTIONS		
<ul style="list-style-type: none"> Auto Home Mobile Home RV 	<ul style="list-style-type: none"> Renters Flood Condo Boats 	<ul style="list-style-type: none"> Landlord's rental dwelling Personal excess liability protection
ENROLLMENT/CHANGES		
<ul style="list-style-type: none"> You may request quotes, apply or cancel coverage at any time by calling MetLife at 800-438-6388 		
RESOURCES		
<ul style="list-style-type: none"> MetLife – 800-438-6388: for questions, or to submit a claim www.metlife.com/scripps: to apply for policies, or make changes to, or submit claims on an existing MetLife Auto & Home policy 		

Note: The medical group is not a plan sponsor for auto and home insurance, and it is not covered under ERISA. The medical group does not endorse, recommend, or guarantee this coverage or the accuracy of any of the statements made in the carrier's printed material or website.

Coverage Highlights

- Replacement cost coverages for homes and new vehicles help you rebuild at today's cost or repair/replace a new vehicle in case of a total loss.
- Replacement costs for special parts helps you with repair or replacement of certain parts, regardless of their wear and tear at the time of the accident.
- Multi-policy advantages offer the convenience of one common effective date and payroll deduction for both auto and home policies.

Value-Added Extras

New Car Cash Reward

Buying or leasing a car is expensive. MetLife gives you and your family members access to a little something extra from BonusDrive, when you purchase a qualifying new car.

For a complete list of participating manufacturers, visit www.bonusdrive.com.

Contractor Services

Finding trustworthy home repair or improvement contractors can be exhausting. That's why MetLife works with Crawford Contractor Connection, the largest independent national network of general and specialty contractors, to provide a total solution for you. You can feel confident with the network's 20+ years of experience, prescreened contractors, and industry leading 2-year workmanship guarantee.

Important Note

If you leave the medical group, you are eligible to continue your policy. MetLife Auto & Home offers several convenient billing options to suit your needs.



Identity Theft Protection

Identity theft can affect your finances, your credit, your medical and dental benefits, retirement savings, and more. The IDShield monitors your personal information, and when activity occurs, you're alerted by email, text, or "push alert" right to your phone.

If the activity is a threat, IDShield will help resolve the issue. If you become a victim of identity theft, IDShield helps protect you with their full-service restoration backed by a \$5 million service guarantee. IDShield will also help with pre-existing identity theft issues.

Quick Facts	
ELIGIBILITY	<ul style="list-style-type: none"> Full-time and part-time benefit-eligible employees are eligible on date of hire or when approved by carrier
OPTION	<ul style="list-style-type: none"> Identity Theft Protection
COVERAGE CATEGORIES	<ul style="list-style-type: none"> Employee Only Employee + Children Employee + Spouse/registered domestic partner Employee + Family
ENROLLMENT/CHANGES	<ul style="list-style-type: none"> You may enroll or make coverage changes at any time through Benefit Communications, Inc. (BCI) online at www.electbenefits.com/scripps
RESOURCES	<ul style="list-style-type: none"> Benefit Communications, Inc. (BCI) – 888-659-2573: for questions about coverage or assistance accessing the enrollment website ID Shield – 888-494-8519: for questions about coverage

Note: The medical group is not a plan sponsor or fiduciary for identity theft protection, and it is not covered under ERISA. The medical group does not endorse, recommend, or guarantee this coverage or the accuracy of any of the statements made in the vendor's printed materials or website.



How It Works

You choose the information you want monitored and protected. Then IDShield will provide round-the-clock monitoring and protection and alert you with any concerns.

Covered Services

Consultation	
Identity threat alerts	✓
Emergency assistance 24/7	✓
Live member support and mobile app	✓
Alerts & Assistance	
Credit inquiry alerts	✓
Lost wallet assistance	✓
Data breach notifications	✓
Sex offender search	✓
Social Security number fraud detection	✓
Password Manager	
Vault password manager	✓
Identity Restoration	
Complete identity restoration	✓
Limited power of attorney	✓
Stolen funds reimbursement	✓
Personal expense compensation	✓
Service Guarantee (lawyers & experts)	Up to \$5 million
Credit Score	
Crediting monitoring, credit score	✓
Address change verification	✓
Monitoring	
File sharing network searches	✓
Name, SSN, date of birth, and bank account	✓
Credit/debit card	✓
Medical ID number	✓
Email address and phone number	✓
Passport and driver's license number	✓
Social media	✓
Fictitious identity	✓
Court records	✓

SoFi Student Loan Refinancing

We understand that for many of our employees and their family members, going to college or graduate school may require many years to pay off student loans. SoFi, the largest provider of student loan refinancing, may be able to reduce the cost of that debt. SoFi refinances student loan debt at lower rates than federal and/or private options.

Employees, including nurses, physicians, and medical residents, can save thousands when they choose to refinance with SoFi. Whether you want to lower your monthly student loan payment or save money on your total debt, SoFi can help you reach your financial goals faster.

Quick Facts

ELIGIBILITY

- Employees and family members are eligible

OPTION

- SoFi

ENROLLMENT/CHANGES

- You may complete an online application at any time

RESOURCES

- Visit SoFi.com/Scripps or contact customer service by calling 833-277-7634 or emailing partner@sofi.com

Note: The medical group is not a plan sponsor or fiduciary for SoFi, and it is not covered under ERISA. The medical group does not endorse, recommend, or guarantee this program or the accuracy of any of the statements made in the vendor's printed materials or website.

Take Advantage of These Benefits

- **Welcome Bonus:** Scripps employees and family members receive an additional 0.125% rate discount when you refinance through SoFi.com/Scripps.
- **Savings:** Members can save thousands depending on the amount of their student loans.
- **Rates:** Low variable and fixed rates available with 5-20 year loan terms.
- **Simplicity:** Consolidate all existing student loans (federal and/or private) into a single loan with one monthly payment. Flexibility to select individual loans to include or exclude in your SoFi application.
- **Perks:** SoFi offers career counseling, financial education, member events, a referral program, and more.
- **No Fees:** No application fees, no origination fees, and no prepayment penalties.

How to Get Started

To apply for a free, no-commitment rate quote, just complete the online application at SoFi.com/Scripps.

The application will take approximately 10 minutes to complete. If you qualify for a loan with SoFi and choose to refinance, you will **receive an additional 0.125% rate discount** as an employee, friend, or family member of Scripps.





My Scripps BENEFITS



Work-Life

Passport Discount Program

Work-Life

Our Work-Life programs give you the flexibility to help balance your time at work and your personal life. Work-Life programs can also save you time and money.

Passport Discount Program

The Passport Discount Program offers employees savings on shopping, dining and all kinds of everyday services when you use the Scripps Passport discount card. Save on:

- Travel and vacations
- Theme parks
- Restaurants
- Clothes and accessories
- Movie tickets
- Electronics and computers
- Much more

Once you receive your free Passport card, visit www.passportcorporate.com to register your card and explore the discounts available through the program. Registration is quick and easy, and once done you can browse the site for a complete list of participating companies and restaurants.

There are no limits to how often you can use the card — your benefits are unlimited and unrestricted.



If you have questions, or would like to suggest a business that you'd like to see in the program, email support@passportunlimited.com or worklife@scrippshealth.org.



Passport Discounts on the Go

Looking for the nearest restaurant that will accept your Passport card? Curious which local merchants can offer you a great deal on your next coffee or dry cleaning? Install the Passport mobile app and use your phone's current location to find nearby Passport restaurants and merchants that offer discounted member pricing. Visit PassportLifestyle.com for more information. Search "Passport Mobile" in your phone's App store.

Ask the Experts

Benefit	Company	Phone Number	Web Address
HEALTH			
Medical Plan/Mental Health & Chemical Dependency <ul style="list-style-type: none"> • Scripps HMO Option • Scripps EPO Option 	Scripps Health Plan HealthComp	844-337-3700 877-552-7247	MyScrippsHealthPlan.com MyScrippsHealthPlan.com
Prescription Drugs <ul style="list-style-type: none"> • Scripps HMO Option • Scripps EPO Option 	MedImpact MedImpact	844-282-5343 800-788-2949	MyScrippsHealthPlan.com MyScrippsHealthPlan.com
Chiropractic/Acupuncture <ul style="list-style-type: none"> • Scripps HMO Option • Scripps EPO Option 	American Specialty Health HealthComp	800-678-9133 877-552-7247	www.ashlink.com/ash/ScrippsHP MyScrippsHealthPlan.com
Vision Plan	MESVision (Medical Eye Services)	800-877-6372	MESVision.com
Dental Plan <ul style="list-style-type: none"> • Scripps Dental Plan 	Anthem	844-852-1561	MyScrippsHealthPlan.com
FINANCIAL WELLNESS			
Flexible Spending Accounts (FSA) Health and Dependent Care	HealthComp	877-552-7247	MyScrippsHealthPlan.com
Short-term Disability <ul style="list-style-type: none"> • Enrollment • Claims/Policy Questions 	Benefit Communications, Inc. (BCI) Unum	888-659-2573 800-635-5597	www.electbenefits.com/scripps
Long-term Disability	HR Service Center	858-678-MyHR (6947)	ScrippsConnect.org
Life and AD&D Insurance	HR Service Center	858-678-MyHR (6947)	ScrippsConnect.org
Whole Life Insurance <ul style="list-style-type: none"> • Enrollment • Claims/Policy Questions 	Benefit Communications, Inc. (BCI) Unum	888-659-2573 800-635-5597	www.electbenefits.com/scripps
Group Critical Illness Insurance <ul style="list-style-type: none"> • Enrollment • Claims/Policy Questions 	Benefit Communications, Inc. (BCI) Unum	888-659-2573 800-635-5597	www.electbenefits.com/scripps
Group Hospital Indemnity Insurance <ul style="list-style-type: none"> • Enrollment • Claims/Policy Questions 	Benefit Communications, Inc. (BCI) Unum	888-659-2573 800-635-5597	www.electbenefits.com/scripps
Group Accident Insurance <ul style="list-style-type: none"> • Enrollment • Claims/Policy Questions 	Benefit Communications, Inc. (BCI) Unum	888-659-2573 800-635-5597	www.electbenefits.com/scripps
Group Legal Plan <ul style="list-style-type: none"> • Enrollment • Claims/Policy Questions 	Benefit Communications, Inc. (BCI) Hyatt Legal Plans	888-659-2573 800-821-6400	www.electbenefits.com/scripps LegalPlans.com Password: 5260010
Identity Theft Protection <ul style="list-style-type: none"> • Enrollment • Claims/Policy Questions 	Benefit Communications, Inc. (BCI) ID Shield	888-659-2573 888-494-8519	www.electbenefits.com/scripps
Pet Insurance <ul style="list-style-type: none"> • Enrollment/Claims/Policy Questions 	Nationwide	877-738-7874	https://benefits.petinsurance.com/scripps
Auto & Home Insurance <ul style="list-style-type: none"> • Enrollment/Claims/Policy Questions 	MetLife	800-438-6388	https://www.metlife.com/us-grpautohome/scripps-health/
Student Loan Refinancing	SoFi	833-277-7634	www.SoFi.com/Scripps
WORK-LIFE			
Passport Discount Program	Passport Unlimited	800-410-4211	PassportLifestyle.com