

New Employee Benefits Orientation



Topics to be covered

- Eligibility
- Medical & Dental Insurance
- Premium Conversion (Section 125)
- Life Insurance
- Health Savings Account (HSA)/Health Reimbursement Arrangement (HRA)
- Flexible Spending Account (FSA)
- Disability Income Protection (AFLAC)
- Federal Long Term Care Insurance Plan
- EAP Program (Employee Assistance Program)*
- Group Retirement Plan (Defined Benefit Plan)
 - Retirement Buy Back
 - Military Service Credit
- 401(k) Savings Plan (Defined Contribution Plan)
- Eligibility for Benefit Continuation at Termination of Employment

ELIGIBILITY



Employee Benefit Eligibility Criteria:

- A nonappropriated fund civilian employee who:
 - Is Scheduled to work at least 20 hrs per wk and classified as regular FT or PT or
 - A category of employee who, as determined by your employer is expected to work or has worked an average or 30 or more hours per wk during a 12 month measurement period (Lookback period)
 - Is employed on the U.S payroll
 - Has a social security number and is not subject to the Status of Forces Agreement (SOFA) provision that precludes eligibility

Dependent Eligibility Criteria:

- Spouse, including common law for states that recognize common law marriages
- Children up to age 26 (medical and dental only) Children up to age 19 or 23 if FT student (dependent life only)
- Any Child over age 26 who is determined to be incapable of self support due to disability/handicap. Proof of handicap must be provided before disability is considered for approval.
- Your children include:
 - Biological or adopted children
 - Stepchildren
 - Or any other child who is not your biological, adopted or stepchild, but who lives with you and is dependent on you for financial support
- ***No Parents – Parents are not eligible for coverage***

DOCUMENTATION REQUIRED TO VERIFY RELATIONSHIP STATUS FOR ALL DEPENDENTS ENROLLED

Required Documents for Eligible Dependents

Health Insurance

DEPENDENT	DOCUMENTATION
To Add a Spouse	Most Recent 1040 reflecting spouse as a dependent & Marriage Cert.
	If newly married and 1040 is not available a marriage certificate is required
To Add children under age 26	Birth Certificate naming parent OR
	Adoption papers naming parents OR
	Official Court documentation naming guardianship designation OR
	1040 showing reflecting child as dependent

Life Insurance

DEPENDENT	DOCUMENTATION
To Add a Spouse	Most Recent 1040 reflecting spouse as a dependent & Marriage Cert.
	If newly married and 1040 is not available a marriage certificate is required
To Add children under age 19	Birth Certificate naming parent OR
	Adoption papers naming parents OR
	Official Court documentation naming guardianship designation OR
	1040 showing reflecting child as dependent

Children 19-23 Proof of Full time status required

Health Insurance



Health plan options:

- Aetna Choice POS II
- High Deductible Health Plan (HDHP)
- Aetna International (Traditional Choice) (Available overseas only)
- Health Maintenance Organization (HMO) (Available in certain geographic areas only)

What is my Eligibility Period?

- **31 Days** from your hire date or Status change in a regular status position
- **31 Days** from your qualifying event date.
- **Failure to enroll within your eligibility period will result in not being able to enroll until the next Open Enrollment period.**



Aetna Choice POS II

- A network of physicians to choose from. You can find a provider by logging onto www.aetna.com
- 2024 Deductible amounts Employee only \$600; Family (EE + 1 dep) \$1,800
- No designation of Primary Care Physician required and no referral needed specialty care
- Able to utilize any physician in the provider network
- Preventive care services covered at 100%, no co-pay or deductible (In Network providers)
- Convenient & reasonable co-payments - \$40 co-pay for Primary Care Provider, \$60 co-pay for specialty care
- Includes vision plan – Routine eye exam (one each year) reimburses up to \$150 annually for eyeglasses /contact lenses per person
- Mail order Prescription Program & Retail prescription coverage also available
- Teledoc Health Services \$0 Copay – General Medicine; \$60: Copay – Dermatology and Behavioral Health
- Health Incentives program available



High Deductible Health Plan CONUS

- Members pay 100% of health care expenses, including prescription drugs, until the deductible is met.
- 2024 Deductible amounts Employee only \$1,600; Family (EE + 1 dep) \$4,500
- Once deductible is met members pay a percentage (coinsurance) of the covered expenses.
- You must use a preferred network provider. Find a provider near you by logging onto www.aetna.com or use any provider of your choice (out of network charges could apply)
- Authorized preventive Care services covered at 100%, no deductible
- Same covered benefits as Aetna Choice POS II
- Includes vision plan – Routine eye exam (one each year) reimburses up to \$150 annually for eyeglasses /contact lenses per person
- Teladoc Health Services: General Medicine – Plan pays 100% after deductible; Dermatology and Behavioral Health – Plan pays 75% after deductible
- Health Incentives program available
- Prescription Drug Benefits
- Mail order Prescription Program



Aetna International Traditional Choice

- There is no network of providers, treated as an indemnity plan. Plan pays a certain percentage of covered benefits after annual deductible is met.
- 2024 Deductible amounts: Employee only \$600, Family (ee + 1 dep) \$1,800
- Preventive care services covered at 100%, no deductible required
- Most services plan pays 80% after deductible
- Aetna International offers a Member portal “Health Hub” which gives members access to doctors and hospitals worldwide.
- Direct Settlement providers and also Recurring Reimbursement elections are some additional benefits to Aetna International.
- Includes vision plan – Routine eye exam (one each year) reimburses up to \$150 annually for eyeglasses /contact lenses per person
- Prescription Drug Benefits
- Mail order Prescription Program
- Health Incentives program available. Members can earn incentive monies towards their deductibles and co-insurances.



High Deductible Health Plan OCONUS

- Members pay **100%** of health care expenses, including prescription drugs, until the deductible is met.
- 2024 Deductible amounts Employee only \$1,600; Family (EE + 1 dep) \$4,500
- Authorized preventive care services covered at 100%
- After deductible is met plan pays plan pays 75% of most services
- There is no network of providers, treated as an indemnity plan.
- Same covered benefits as Aetna International Traditional Choice
- Health Incentives program available. Members can earn incentive monies towards their deductibles and co-insurances.
- Includes vision plan – Routine eye exam (one each year) reimburses up to \$150 annually for eyeglasses /contact lenses per person
- Prescription Drug Benefits
- Mail order Prescription Program



HEALTH INCENTIVE PROGRAM

DoD NAF Health Incentives Program*

Each calendar year, DoD NAF employees, retirees and covered dependents can earn health incentives as a reward for taking healthy actions. If you're enrolled in an Aetna® medical plan, you and your covered spouse can each earn up to \$300 in incentive monies for taking healthy actions. The actions you can take are listed in the chart below.

Activity	Health Incentive Amount
Employees, retirees and covered spouses can each earn:	
Complete the health assessment on Aetna.com (log in first)	\$75
Complete the biometric/metabolic syndrome screening between January 1 and November 30, 2024	\$150
Complete 3 calls with a disease management nurse to work on a health goal (not available to overseas employees)	\$75
Complete an online Journey* (average time: 32 days)	\$75 each; up to 4 Journeys
Dependent children under age 18 can each earn:	
Complete preventive exam for children under age 18	\$50

All activities must be completed between January 1 and December 31, 2024 — except the biometric screening, which must be completed by November 30, 2024.



HEALTH INCENTIVE PROGRAM

How you spend your earned incentive monies

For members enrolled in the Aetna Choice® POS II or Traditional Choice® plans (starting January 1, 2024):

- When you earn your first incentive monies, they'll be deposited onto a Health Reimbursement Account (HRA) debit card, and that card will be mailed to you.
- As you earn more incentive monies during the year, they'll automatically be added to your debit card balance.
- You can use those funds to help pay for eligible medical, dental and pharmacy expenses.
- You can also let the funds build for future expenses.
- You have until the end of your plan's claims submission period of April 30 to submit claims for eligible expenses incurred the prior plan year.
- Any funds remaining on your HRA debit card at the end of the year will carry over to the following year.

For members enrolled in the High Deductible Health Plan (HDHP) who are eligible and who have elected a Health Savings Account (HSA) or Health Reimbursement Account (HRA):

- Earned incentive monies get deposited into your HSA or HRA for you to use toward eligible health care expenses. You can use the funds for eligible health care expenses for any covered tax dependent (up to age 24 for dependent children).
- For those with an HSA (active employees and pre-65 retirees), earned incentive monies remain in your HSA until you use them.
- For those with an HRA (Aetna International and post-65 retirees), earned incentive monies are available in your account for the time that you are covered under the HDHP with an HRA.

To learn more, visit [NAFHealthPlans.com](https://www.nafhealthplans.com) > Wellness > Health Incentives Program.

* You must be enrolled in a non-Medicare Aetna medical plan through the DoD NAF Health Benefits Program to be eligible for the Health Incentives Program. Members enrolled in the Medicare Advantage with Prescription Drug (MAPD) plan are not eligible.

Aetna Choice POS II & Aetna International Rx Benefit *



	Retail Pharmacy (30 day supply)	Mail Order (90 day supply)
Tier 1 Generic	\$10	\$20
Tier 2 Formulary Brand name drugs	25% – The minimum you pay per prescription is \$45; the maximum is \$70	25% – The minimum you pay per prescription is \$90; the maximum is \$140
Tier 3 Non-Formulary brand name drugs**	35% – The minimum you pay per prescription is \$75; the maximum is \$200	35% – The minimum you pay per prescription is \$150; the maximum is \$400
Tier 4 Specialty Rx	40% – The minimum you pay per prescription is \$60; the maximum is \$125	N/A

*** Choose Generics Program – Your pharmacy (includes mail order) will automatically fill tier 3 Rx with generic, if a generic is available. If you choose the brand name rather than generic you will pay the difference between actual cost & generic equivalent, plus the tier 3 copay.**



HDHP RX Benefit*

	Retail Pharmacy (30 day supply)	Mail Order (90 day supply)
Tier 1 Generic	\$0 after deductible	\$0 after deductible
Tier 2 Formulary Brand name drugs	35% coinsurance after deductible; \$75 max	35% coinsurance after deductible; \$150 maximum
Tier 3 Non-Formulary brand name drugs**	50% coinsurance after deductible; \$125 maximum	50% coinsurance after deductible; \$250 maximum
Tier 4 Specialty Rx	50% coinsurance after deductible; \$125 maximum	N/A

*** Choose Generics Program – Your pharmacy (includes mail order) will automatically fill tier 3 Rx with generic, if a generic is available. If you choose the brand name rather than generic you will pay the difference between actual cost & generic equivalent, plus the tier 3 copay.**



HEALTH MAINTENANCE **ORGANIZATION (HMO) PLANS**

- **Kaiser California (Southern California)**
- **Kaiser (Mid-Atlantic, VA, DC, MD)**
- **Kaiser (Hawaii)**
- **HMSA (Hawaii)**
- **Criteria for HMO Coverage – Employees must use the HMO Providers and Facilities .**

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BENEFITS AT-A-GLANCE: MEDICAL

All costs are for participating providers only. Please see your Guide to Benefits for information on providers outside our network.

	Comprehensive Medical (734)
	PPO Network
	Member Cost
Annual Deductible	\$0
Annual Copayment Maximum	Single: \$2,500 Family: \$7,500
To help maintain your health	
Annual Preventive Health Exam	\$0
Annual Well-Woman Exam	\$0
Annual Well-Child Care (age 21 & younger)	\$0
Preventive Screenings <small>(Grade A & B recommendations of the U.S. Preventive Services Task Force. For a list of all covered screenings, see https://hmsa.com/preventive)</small>	\$0
Immunizations (standard & travel)	\$0
If you need immediate medical attention	
HMSA Online Care	\$0
Urgent Care	\$14 copayment
Emergency Room	20% coinsurance
Ambulance (ground or interisland air)	20% coinsurance
If you visit a doctor's office or clinic (outpatient)	
Doctor Visit	\$14 copayment
Specialist Visit	\$14 copayment
Physical Therapy	20% coinsurance
Radiology - General (e.g., X-ray)	20% coinsurance
Radiology - Other (e.g., MRI, CT scan, Ultrasound)	20% coinsurance
Lab Tests (e.g., bloodwork)	\$0
If you have a hospital stay (inpatient)	
Hospital Room & Board	20% coinsurance
Surgery	20% coinsurance (cutting) 20% coinsurance (non-cutting)
Radiology - General (e.g., X-ray)	20% coinsurance
Radiology - Other (e.g., MRI, CT scan, Ultrasound)	20% coinsurance

HMSA

	Comprehensive Medical (734)
	PPO Network
	Member Cost
Lab Tests (e.g., bloodwork)	20% coinsurance
If you're pregnant	
Routine Prenatal & Postnatal Care	20% coinsurance
Delivery	20% coinsurance
Hospital Room & Board	20% coinsurance

Visit hmsa.com to access your suite of well-being tools and to log in to your My Account profile to view in-depth information about your health plan.

Key Terms

Term	Definition
Actual Charge vs. Eligible Charge	Actual Charge: The amount that nonparticipating providers can charge for health care services and products. This amount is usually higher than the eligible charge. Eligible Charge: The maximum amount that participating providers agree to charge for covered health care services and products.
Annual Deductible	The amount you pay each calendar year for covered health care services and products before your plan starts to pay (excluding contraceptives, prescription drugs and supplies, preventive care, and well-child care). Until you meet the deductible each calendar year, you pay 100 percent of your medical expenses.
Coinsurance vs. Copayment	Coinsurance: The percentage of your out-of-pocket costs for covered health care services and products after you've met your deductible (if your plan has one). Copayment: The fixed dollar amount you pay participating providers for covered health care services and products after you've met your deductible (if your plan has one).
Guide to Benefits (GTB)	Your comprehensive guide and legal document that explains your benefits in detail including, exclusions, limitations, terms, and conditions for a specific plan.
HMSA Online Care	A service that immediately lets you connect to a board-certified doctor through video chat to diagnose conditions and prescribe medication 24/7, 365 days a year.
Annual Copayment Maximum	The maximum amount you have to pay for covered services and products (your deductibles, copayments, and coinsurance) in a calendar year before your health plan pays 100 percent of the cost of covered benefits.
Participating Provider vs. Nonparticipating Provider	Participating Provider: Providers who have a contract with HMSA are "in network" and have agreed to charge you a lower rate than nonparticipating providers. Nonparticipating Provider: Providers who don't have a contract with HMSA are considered "out-of-network." They can charge any amount for health care services and products, which can be more than what your plan will pay.
PPO vs. HMO	PPO (Preferred Provider Organization): A plan that gives you the freedom to see any provider, both in and out of network, without a referral. Our network has more than 5,000 doctors, specialists, and other health care professionals. No other health plan in Hawaii has a larger provider network. HMO (Health Maintenance Organization): A plan with a designated primary care provider (PCP) and a health center for all care. If you see providers outside your health center, you'll need a referral from your PCP.
Provider	A physician, hospital, pharmacy, or laboratory.
U.S. Preventive Services Task Force	An independent volunteer panel of national experts in prevention and evidence-based medicine that recommends certain clinical preventive services (e.g., screenings).

Understand important information about your plan: This "benefits at-a-glance"-summary provides a basic overview and comparison of a few of the benefits. Benefits and costs are based on the terms and conditions of your plan, specific exclusions and limitations, coordination of benefits, privacy, third party liability, eligibility requirements, and appeal rights, none of which are described here. For a complete description, see your Guide to Benefits, and any riders, certificates, or amendments. To dispute a decision made by HMSA related to benefits, reimbursement, or any other decision or action by HMSA, please follow the instructions at hmsa.com/appeals.

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BENEFITS AT-A-GLANCE: DRUG

All costs are for participating providers only. Please see your Guide to Benefits for information on providers outside our network.

	Drug (860)
	Member Cost
Maximum Out-of-Pocket	Single: \$3,600 Family: \$4,200
1-30-day supply from pharmacies	
Tier 1: mostly Generic drugs	\$7 copayment
Tier 2: mostly Preferred Formulary Drugs	\$30 copayment
Tier 3: mostly Non-Preferred Formulary Drugs	\$30 copayment plus \$45 Tier 3 cost share
Tier 4: mostly Preferred Formulary Specialty Drugs	\$100 copayment
Tier 5: mostly Non-Preferred Formulary Specialty Drugs	\$200 copayment
84-90-day supply from participating pharmacies or mail-order prescription drug program	
Tier 1: mostly Generic drugs	\$11 copayment
Tier 2: mostly Preferred Formulary Drugs	\$65 copayment
Tier 3: mostly Non-Preferred Formulary Drugs	\$65 copayment plus \$135 Tier 3 cost share
Tier 4: mostly Preferred Formulary Specialty Drugs	Not covered
Tier 5: mostly Non-Preferred Formulary Specialty Drugs	Not covered

To learn more about HMSA's drug tiers, please visit hmsa.com/drug-list.

Key Terms

Term	Definition
Cost Share	A portion of the total drug cost you are required to pay in addition to a copayment or coinsurance.
Drug Tiers	The way in which HMSA categorizes drug types that are covered under the plan. The common categories are generic, preferred, brand name, and specialty drugs.
Formulary	A list of drugs that are covered under your drug plan. For a detailed list, please visit hmsa.com/drug-list .
Mail-Order Prescription Drug Program	Program where you can get prescription drugs from our mail-order provider at the best prices possible and have medications delivered to your home. For more information, visit hmsa.com .
Annual Copayment Maximum	The maximum amount you have to pay for covered services (your deductibles, copayments, and coinsurance) in a calendar year before your health plan pays 100 percent of the cost of covered benefits.

Understand important information about your plan: This "benefits at-a-glance"-summary provides a basic overview and comparison of a few of the benefits. Benefits and costs are based on the terms and conditions of your plan, specific exclusions and limitations, coordination of benefits, privacy, third party liability, eligibility requirements, and appeal rights, none of which are described here. For a complete description, see your Guide to Benefits, and any riders, certificates, or amendments. To dispute a decision made by HMSA related to benefits, reimbursement, or any other decision or action by HMSA, please follow the instructions at hmsa.com/appeals.

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BENEFITS AT-A-GLANCE: VISION

All costs are for participating providers only. Please see your Guide to Benefits for information on providers outside our network.

	Vision (DU)	
	Member Cost	
	Adult	Child
Routine Eye Care		
Eye Exam (one per calendar year)	\$10 copayment	\$10 copayment
Lenses & Frames* (from participating vision care facilities)		
Eyeglass Lenses	\$10 copayment	\$10 copayment
Contact Lenses	\$25 copayment (up to \$130 allowance)	50% of charge
Polycarbonate Lenses	Not covered	\$0
One Eyeglass Frame (from select group, once per 24 months)	\$15 copayment	\$15 copayment
Additional Benefits		
Contact Lens Fitting (one per calendar year)	All charges less \$45 plan payment	50% of eligible charge

*You're eligible for either contact lenses or eyeglass frames (not both) in the same calendar year.

Key Terms

Term	Definition
Contact Lens Fitting	An eye exam to ensure that you have the correct fit and prescription for your contacts.
Lenses	Single vision or multifocal lenses for eyeglasses and non-disposable and disposable contact lenses.
Polycarbonate Lens	An impact-resistant eyeglass material that is thinner and lighter than traditional plastic eyeglass lenses. These lenses provide UV protection and are scratch resistant.

HMSA

Powerful Online Tools

- [hmsa.com](https://www.hmsa.com)
- My Account
- HMSA's Online Care[®]
- Health & Well-Being Support
- HMSA365
- Active&Fit Direct



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We're Here
For You



**Preferred Provider Plan
& CompMED**

948-6111

Health Plan Hawaii Plus

948-6372

Neighbor Islands

1 (800) 776-4672

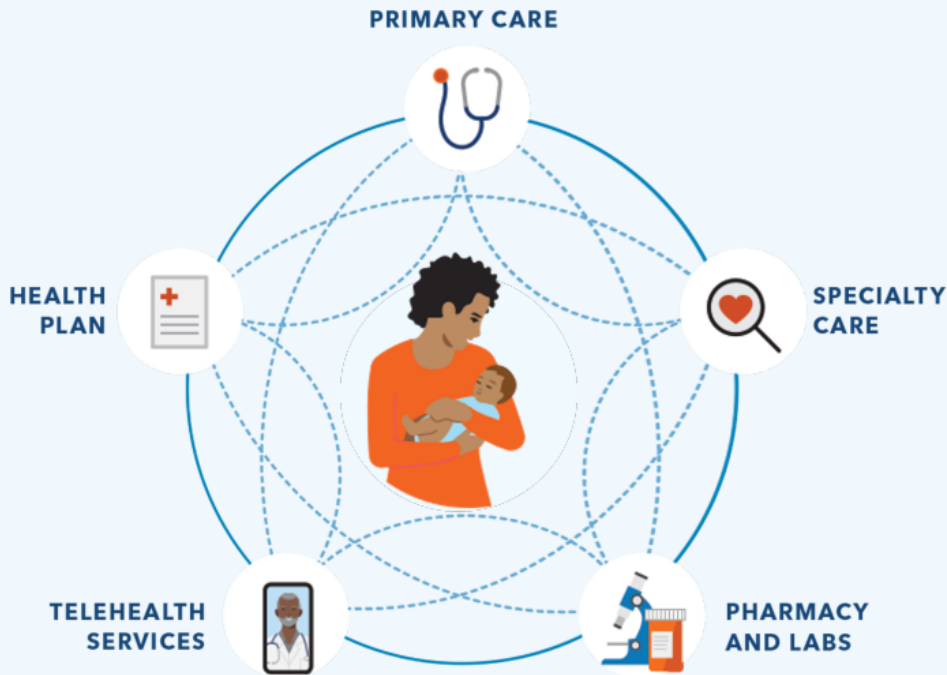
For HMSA Center and office
locations and hours, go to
[hmsa.com/contact](https://www.hmsa.com/contact).



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Care that's convenient

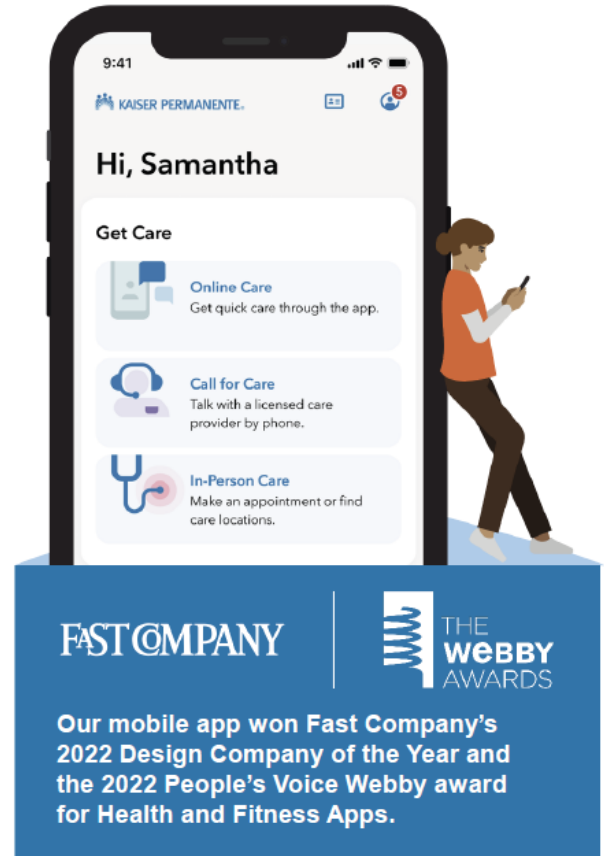
We make it easy to get high-quality care when and where you want it. No matter how you connect, you'll always talk with a medical professional who can see your health history and pick up where you left off.

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Your health at your fingertips

- Get 24/7 care by phone or video*
- Email your care team
- Schedule appointments
- View lab results and doctor's notes
- Refill prescriptions
- Check in for appointments
- Pay bills and view statements

*When appropriate and available.



9:41

KAISER PERMANENTE.

Hi, Samantha

Get Care

Online Care
Get quick care through the app.

Call for Care
Talk with a licensed care provider by phone.

In-Person Care
Make an appointment or find care locations.

FAST COMPANY

THE WEBBY AWARDS

Our mobile app won Fast Company's 2022 Design Company of the Year and the 2022 People's Voice Webby award for Health and Fitness Apps.

KAISER



High quality care for neighbor island members

- We provide a **complimentary neighbor island concierge service** for members traveling to Oahu for medically necessary specialty care.
- **Includes air and ground transportation** to and from Moanalua Medical Center on Oahu.

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Convenient care while traveling

Planning to travel? Have a child going away to college? We can help you stay on top of your health while you're away. We'll work with you before you leave to see if you need to get vaccinated, refill prescriptions, and more.

And you're covered for urgent and emergency care anywhere in the world.



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*When appropriate and available. If you travel out of state, phone appointments and video visits may not be available in select states due to licensing laws. Laws differ by state.

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Traditional HMO – Kaiser Permanente 220

January 1, 2024, to December 31, 2024

Yearly deductible	\$0
Maximum yearly out-of-pocket costs	\$2,500 individual/\$7,500 family
Covered service	You pay
Preventive care	\$0 copay*
Doctor's office visit / Specialty office visit	\$15 copay per visit, except \$0 copay for children's primary care office visits through age 17*
Lab, imaging, and testing	\$15 copay per day for basic lab tests and imaging* 20% coinsurance for specialty lab tests, imaging, and radiology*
Routine prenatal and first postpartum visit	No charge after initial \$15 copay to confirm pregnancy*
Hospitalization	20% coinsurance, except \$0 for routine labor and newborn delivery*
Emergency care	20% coinsurance in and out-of-area
Prescribed medications (30-day supply)	\$3 (generic maintenance) / \$10 (other generics) / \$45 (tier 3 brand name) / \$200 (tier 4 specialty)*
Optical	\$150 Allowance for glasses or contacts per calendar year

*This is a summary of some benefits and their copays and coinsurance. For specific information about your covered health plan benefits, limitations, and exclusions, including those not listed in this summary, please see your *Evidence of Coverage*.

KAISER

Get fit and get rewarded

- With our Fit Rewards program, you can earn a free gym membership at certain gyms or enjoy discounted rates at participating fitness centers. Earn a \$200 reward if you meet the program requirements.¹
- If you prefer working out at home, pay just \$10 per calendar year and choose one home fitness kit, including the ability to choose a wearable fitness tracker at no additional cost.
- New virtual offerings to help you move more and be healthier at home.

Learn more at kp.org/fitrewards.

You are responsible for any taxes that may be due on the amounts received. Please talk to your personal tax adviser for specific tax information about this reward.

¹Fitness centers must be qualified fitness organizations operating for the general public. Kaiser Permanente Fit Rewards is administered by American Specialty Health Fitness, Inc. through its Active&Fit® program. Earn your annual \$200 program fee back by exercising 45 days a year for at least 30 minutes per session at a participating fitness center. Learn more at kp.org/fitrewards.

KAISER

Resources for self-care

You have access to apps to help reduce stress, improve sleep, and manage overall mental wellness.^{1,2}

Visit kp.org/selfcareapps to learn more.



Calm

The number one app for sleep and meditation



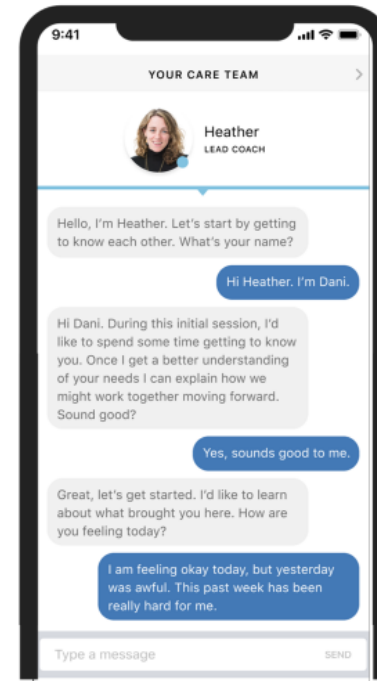
Ginger

Text one-on-one with an emotional support coach anytime, anywhere.³



myStrength

Build a personalized plan to strengthen your emotional health.



47%
of users say
Ginger helps
with anxiety⁴

1. The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. The apps and services may be discontinued at any time. 2. Calm and myStrength can be used by members 13 and over. The Ginger app and services are not available to any members under 18 years old. 3. Eligible Kaiser Permanente members can text with a coach using the Ginger app for 90 days per year. After the 90 days, members can continue to access the other services available on the Ginger app for the remainder of the year at no cost. 4. Knuckle et al., "Association Between Care Utilization and Anxiety Outcomes in an On-Demand Mental Health System: Retrospective Observational Study," *JMIR Formative Research*, 2021.

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Why choose Kaiser Permanente?



High-quality, personalized care

- From routine checkups to complex treatments
- For your health goals, whether it's building strength or reducing stress
- To help you feel your best, mentally and physically



Convenient access

- With 24/7 care by phone or video¹
- On one app that makes care easy to manage
- At facilities that offer more services in one stop



Membership extras, including²

- Popular self-care apps available at no cost
- Acupuncture, chiropractic care, and massage therapy at reduced rates
- Classes, services, and programs for total health³

1. When appropriate and available. 2. These services aren't covered under your health plan benefits and aren't subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. 3. Some classes may require a fee.

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Pacific time

NEED MORE INFORMATION?

- Talk To Alex! <https://start.myalex.com/marines/>
- Do a side by side plan comparison to help you decide which plan to select
- Alex can tell you about all medical plans. Log in and find out



Let's find your best benefits.

ALEX provides a summary of your benefits and is accurate to the best of our knowledge. But you should fully review all of your benefits documents before enrolling. ALEX may provide estimates or suggestions, but only you can elect benefits to best suit your needs. This is not an application for enrollment. By clicking "Get Started," you acknowledge that you understand this and agree to the [Terms of Service](#) and [Privacy Policy](#).

Get Started

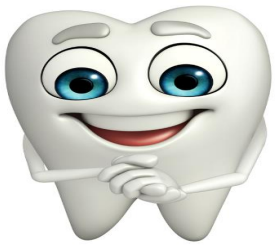
ALEX is an educational tool, please visit the Employee Self Service to enroll. ALEX works best in Google Chrome, Mozilla Firefox, and IE 11.

[Read more](#)



MEDICAL PLAN BI-WEEKLY PREMIUMS - CONUS

PLAN NAME:	EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN) & SPOUSE
MEDICAL				
Aetna CPOS II	\$113.70	\$219.44	\$262.64	\$347.92
Aetna HDHP	\$87.46	\$168.80	\$202.03	\$267.63
Kaiser Hawaii	\$92.87	\$167.17	\$185.75	\$278.62
HMSA Hawaii	\$93.62	\$168.58	\$187.43	\$280.98



Aetna Dental Insurance

- Passive Dental PPO (Aetna)
- No mandated network to follow
- Annual Deductibles
- If you do choose a Dentist in the Aetna Network, you will benefit from greater discounts and no balance billing
- No late enrollments
- Routine oral exams and cleanings – two per year 100%, no deductible
- If you have certain health conditions (ex: heart disease, pregnant) may be eligible for 3 annual cleanings
- Maximum lifetime Orthodontic benefit per person is \$2,000
- \$2,500 annual benefit

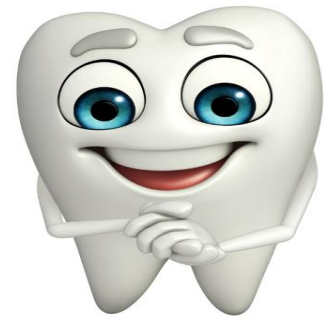


Stand Alone Dental

- Cannot be enrolled in a Marine Corps sponsored medical plan.
- Passive Dental PPO (Aetna)
- No mandated network to follow. Choosing a Dentist in the Aetna Network, you give members a greater discount and no balance billing
- Annual Deductibles
- Routine oral exams and cleanings – two per year 100%, no deductible
- Basic services plan pays 80%, after deductible
- Major services play pays, 50% after deductible
- 12 month waiting period for Orthodontia (including TMJ appliances)
- Maximum lifetime Orthodontic benefit per person is \$1,500
- \$2,000 annual benefit

HMO DENTAL PLANS*

- Kaiser Hawaii
- HMSA
- Employees electing to enroll in Kaiser Hawaii or HMSA medical plans must enroll in the coordinating dental plan.



HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

BENEFITS AT-A-GLANCE: DENTAL

All costs are for participating providers only. Please see your Guide to Benefits for information on providers outside our network.

	HMSA Group Dental PPO Plan (V03)	HMSA Group Dental HMO Plan (L50)
	PPO Network	Hawaii Family Dental Centers
	Member Cost	Member Cost
Calendar Year Maximum	\$1000	None
Rollover Amount	Up to \$350 (max accumulation \$1000)	Not applicable
Preventive Care		
Exams (two per calendar year)	\$0	\$0
Cleaning* (two per calendar year)	\$0	\$0
Topical Fluoride* (age 18 & younger, two per calendar year)	\$0	\$0
X-rays (bitewings and full-mouth)	\$0	\$0
Basic Care		
Fillings (amalgam & composite)	30% coinsurance (composite resin restorations anterior teeth and single, stand alone, facial surface of bicuspid only)	\$10 per tooth for amalgam; \$15 per tooth for composite resin restorations (anterior teeth and single, stand alone, facial surface of bicuspid only)
Sealants	30% coinsurance	\$0
Space Maintainers	30% coinsurance	\$25
Endodontics (root canal therapy)	30% coinsurance	\$20 per tooth for pulpotomy; \$50 per tooth for root canal therapy
Periodontics (gum maintenance)	30% coinsurance	\$100 for gingivectomy or gingivoplasty for 4 or more contiguous teeth; \$20 for 1 to 3 contiguous teeth
X-rays (periapical)	30% coinsurance	\$0
Major Care		
Waiting Period for New Members	12 Month Waiting Period	12 Month Waiting Period
Crowns, Bridges	50% coinsurance	\$200 high noble metal
Dentures	50% coinsurance	\$300 complete denture \$250 partial denture
Implants	50% coinsurance	Not a benefit
Orthodontics	Not a benefit	Not a benefit

*Enhanced Dental Benefits: Additional dental services and support is available to enrolled program members for eligible medical conditions. Visit hmsa.com/oralhealth for more information.

Understand important information about your plan: This benefits at-a-glance-summary provides a basic overview and comparison of a few of the benefits. Benefits and costs are based on the terms and conditions of your plan, specific exclusions and limitations, coordination of benefits, privacy, third party liability, eligibility requirements, and appeal rights, none of which are described here. For a complete description, see your Guide to Benefits and any riders, certificates, or amendments. To dispute a decision made by HMSA related to benefits, reimbursement, or any other decision or action by HMSA, please follow the instructions at hmsa.com/appeals.

HMSA

Key Terms

Term	Definition
Calendar Year Maximum	The maximum dollar amount the plan will pay toward covered services during a calendar year.
Rollover Amount	A portion of your unused calendar year maximum that may be carried over to the next calendar year when you have at least one covered dental service per year. You can rollover up to a specific amount per year with a maximum amount.
Waiting Period for New Members	The time new members may have to wait until their plan starts paying for certain dental care expenses.

DENTAL PLAN BI-WEEKLY PREMIUMS

PLAN NAME:	EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN) & SPOUSE
DENTAL				
Aetna UHP Dental	\$4.72	\$9.10	\$10.90	\$14.44
Aetna Stand Alone Dental	\$15.54	\$34.97	\$31.08	\$50.51
Kaiser Hawaii	\$5.59	\$10.06	\$11.18	\$16.77
HMSA Hawaii	\$4.68	\$9.37	\$10.54	\$15.22

Premium Conversion (Section 125)

- Medical premiums are automatically deducted on a pre-tax basis (unless you opt out of Section 125)
- Your Taxable gross income is reduced by every dollar paid into a “pre-tax” premium plan
- Section 125 places you in a tax favored status, which restricts when you can cancel coverage
- Cancellation is only authorized when an IRS approved “qualifying” event occurs or during open enrollment periods
- If you opt out of premium conversion (Section 125), and have premiums deducted after tax, you can cancel your medical insurance at any time without waiting for open enrollment or qualifying event



Standard Life Insurance

- Underwritten by Unicare
- Standard Life and Accidental Death & Dismemberment
- Term Insurance – has no cash value
- Premiums are based on your salary
- Coverage Volume = Salary rounded up to the nearest thousand, plus \$2,000
- Example: \$19,750 becomes \$20,000 + \$2,000 = \$22,000
- Cost is split 50/50 with employer – See Rate Chart
- Must enroll within 31 days of employment/eligibility



Standard Life Insurance

- Anyone can be named as your beneficiary for Life Insurance. Should you name a minor child as your beneficiary, the surviving parent or guardian will be required to submit legal guardianship papers in order for life insurance proceeds to be paid. Failure to provide the appropriate legal documentation for minor beneficiaries will result in a delay in benefit payments until the dependent reaches age of majority.
- After 31 day enrollment window, approval is required by Unicare prior to enrollment.

Accidental Death & Dismemberment (AD&D)

- Scheduled benefit paid directly to you if you lose a limb or your eyesight as a result of an accident
- **Does not cover the following:**
 - Mental or Bodily Infirmary
 - Disease or bacterial infections
 - Medical or Surgical treatment
 - Suicide
 - War or an act of war



LIFE PREMIUMS

<u>Basic Annual Salary</u>		<u>Standard Life & AD&D Coverage Amount</u>	<u>Bi-Weekly Payroll Deduction</u>	<u>Basic Annual Salary</u>		<u>Standard Life & AD&D Coverage Amount</u>	<u>Bi-Weekly Payroll Deduction</u>
<u>More Than</u>	<u>Not More Than</u>			<u>More Than</u>	<u>Not More Than</u>		
\$ under	1,999	4,000	0.29	29,000	29,999	32,000	2.29
2,000	2,999	5,000	0.36	30,000	30,999	33,000	2.36
3,000	3,999	6,000	0.43	31,000	31,999	34,000	2.43
4,000	4,999	7,000	0.50	32,000	32,999	35,000	2.50
5,000	5,999	8,000	0.57	33,000	33,999	36,000	2.58
6,000	6,999	9,000	0.64	34,000	34,999	37,000	2.65
7,000	7,999	10,000	0.72	35,000	35,999	38,000	2.72
8,000	8,999	11,000	0.79	36,000	36,999	39,000	2.79
9,000	9,999	12,000	0.86	37,000	37,999	40,000	2.86
10,000	10,999	13,000	0.93	38,000	38,999	41,000	2.93
11,000	11,999	14,000	1.00	39,000	39,999	42,000	3.00
12,000	12,999	15,000	1.07	40,000	40,999	43,000	3.08
13,000	13,999	16,000	1.14	41,000	41,999	44,000	3.15
14,000	14,999	17,000	1.22	42,000	42,999	45,000	3.22
15,000	15,999	18,000	1.29	43,000	43,999	46,000	3.29
16,000	16,999	19,000	1.36	44,000	44,999	47,000	3.36
17,000	17,999	20,000	1.43	45,000	45,999	48,000	3.43
18,000	18,999	21,000	1.50	46,000	46,999	49,000	3.51
19,000	19,999	22,000	1.57	47,000	47,999	50,000	3.58
20,000	20,999	23,000	1.65	48,000	48,999	51,000	3.65
21,000	21,999	24,000	1.72	49,000	49,999	52,000	3.72
22,000	22,999	25,000	1.79	50,000	50,999	53,000	3.79
23,000	23,999	26,000	1.86	51,000	51,999	54,000	3.86
24,000	24,999	27,000	1.93	52,000	52,999	55,000	3.93
25,000	25,999	28,000	2.00	53,000	53,999	56,000	4.01
26,000	26,999	29,000	2.07	54,000	54,999	57,000	4.08
27,000	27,999	30,000	2.15	55,000	55,999	58,000	4.15
28,000	28,999	31,000	2.22	56,000	56,999	59,000	4.22
				57,000	57,999	60,000	4.29
				58,000	58,999	61,000	4.36
				59,000	59,999	62,000	4.44

Optional Life

	Optional Life 1 (Layer #1)	Optional Life 2 (Layer #2)
Volume Amount	Volume of Standard Life Volume	Standard Life Volume + Optional Life 1
Example	Standard Volume = \$25,000 Optional Life 1=\$25,000 <i>Total Benefit= \$50,000</i>	Standard Volume = \$25,000 Optional Life 2 =\$50,000 <i>Total Benefit= \$75,000</i>

- Optional Life Premiums are based on employee's age. To calculate layer #2, multiply the rate X 2
- Enrollment in Standard Life is a pre-requisite
- Employees can only elect one optional life plan not both
- No employer share. This benefit is paid solely by employee





Optional Dependent Life

- You may cover eligible dependents in the employer sponsored dependent life plans
- Dependents include:
 - Spouse, including common law marriage if state recognized & same sex spouse
 - Children up to age 19 (or 23 for full-time student)
 - Any child over age 19 who is determined to be incapable of self support due to disability or handicap. (Proof of handicap must be provided)
- Children include:
 - Your biological or adopted children
 - Step children
 - Any other child who is not your biological, adopted or step child, but who lives with you and is dependent on you for financial support

	Spouse	Children
Dependent Life 1	\$5,000	\$2,500
Dependent Life 2	\$10,000	\$5,000
Dependent Life 3	\$15,000	\$7,500
Dependent Life 4	\$20,000	\$10,000

- ❖ Enrollment into Standard Life is a prerequisite
- ❖ Employees can only elect one dependent life plan
- ❖ No employer share. This benefit is paid solely by employee

OPTIONAL AND DEPENDENT LIFE PREMIUMS

INSURANCE TYPE	COVERAGE AMOUNT	PREMIUM AMOUNT	
Dependent Life Option 1	Spouse \$5,000 Child(ren) \$2,500	\$1.29 (per Dependent Unit)*	
Dependent Life Option 2	Spouse \$10,000 Child(ren) \$5,000	\$2.58 (per Dependent Unit)*	
Dependent Life Option 3	Spouse \$15,000 Child(ren) \$7,500	\$3.86 (per Dependent Unit)*	
Dependent Life Option 4	Spouse \$20,000 Child(ren) \$10,000	\$5.15 (per Dependent Unit)*	
Employee Optional Life	<i>per \$1,000 of coverage**</i> <i>+ Note: to calculate the cost of Optional Life #2, multiply the rate x 2.</i>	Age	Rate+
		Under 30	0.020
		30 - 34	0.028
		35 - 39	0.031
		40 - 44	0.036
		45 - 49	0.055
		50 - 54	0.091
		55 - 59	0.162
		60 - 64	0.245
		65 - 69	0.469
		70 - 74	0.762
75 - 79	0.813		
80 - 84	0.813		
85-99	0.813		



Health Savings Account(HSA)

- Only available to employees that enroll in the HDHP medical plan that live in the Continental United States (overseas employees not eligible)
- Eligibility for HSA: You must be enrolled in qualified HDHP. In addition you **cannot have**:
 - Other Health coverage that pays for out-of pocket health care expenses before you meet you plan deductible
 - A Health Care Flexible Spending Account (HCFSA) or HRA in the same year (and neither can your spouse)
 - Medicare or TRICARE
 - Veterans Affairs (VA) medical benefits that have been used in the prior 3 months
 - Someone claims you as a “dependent” on their tax return
- Funds are used reimburse eligible healthcare expenses
- If you use your HSA for ineligible expenses you’ll need to pay income taxes and a 20% penalty on the amount



Health Savings Account(HSA)

- Annual aggregate contribute maximum up \$4,150 (ind) and \$8,300 (fam)
- If you're 55 or older you can contribute up to an additional \$1,000 annually
- If you enroll in the HSA your employer will contribute to your account \$500 for ee only and \$1,000 for ee + 1 dep or more (based on HDHP enrollment)
- Contributions are loaded onto a Mastercard debit card for easy access and are available from date of enrollment. Or you can submit a paper claim for reimbursement where cards are not excepted.
- The employer contribution counts towards your annual maximum deposits
- Health Incentive Credits deposit in the HSA when you earn them
- The debit card can be used at most Healthcare points of service (i.e co-insurance, deductibles, dentist, pharmacy, etc)
- HSA members "own" their account. The account is portable if you terminate employment.
- Unused funds roll over from year to year
- You can transfer other HSA account contributions, from a former employer, into your new Payflex account
- Your money can earn interest and once you have a minimum balance of \$1,000 you can open an investment account



Health Reimbursement Account (HRA)

OCONUS

- Available to employees that enroll in the HDHP medical plan that live **OUTSIDE** the Continental United States (OCONUS employees ONLY)
- **HDHP enrollment overseas only** – MCCS will contribute \$500 for ee only and \$1,000 for ee + 1 dep or more into your HRA.

CONUS

- Available to employees enrolled in Aetna POS II or Aetna Traditional Choice who earn Healthcare Incentive (HIC) dollars.
- Earn up to \$300 HRA dollars thru the Healthcare Incentive Program

OCONUS & CONUS

- No employee contributions are allowed.
- Funds are used to pay for eligible health care expenses for you and your eligible tax dependents.
- The funds can be used for deductibles, coinsurance, pharmacy and other health related expenses.
- You can access your funds thru a debit card (where accepted) or submit claims for reimbursement.
- Any funds remaining on your HRA debit card at the end of the year will carry over to the following year
- Funds are NOT portable.



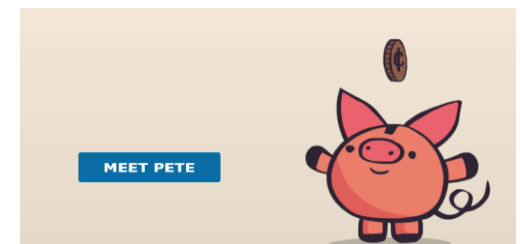
Flexible Spending Account (FSA)

- MCCS offers Healthcare FSA and Dependent care FSA
- Enrollment is voluntary for both plans, and employees are not required to be enrolled in our health plans to enroll.
- Employees can elect to enroll in one or both plans
- You **CANNOT** enroll in Healthcare FSA if you enroll in HSA.
- Annual elections are required and deductions are withheld on a pre-tax basis. Enrolling FSA deferrals reduces your taxable income
- Before you make your decision have a chat with Alex

<https://start.myalex.com/marines/>



- Or you calculate your expenses by going to www.payflex.com/individuals/calculate-savings and have Pete assist you.





Flexible Spending Account (FSA)

- **Healthcare FSA – Used on Healthcare expenses**
 - **Deferral Limits - \$200 Min - \$3,200 Max**
 - **Contributions are loaded onto a Mastercard debit card for easy access and are available from date of enrollment. Or you can submit a paper claim for reimbursement where cards are not accepted.**
 - **The debit card can be used at most Healthcare points of service (i.e co-pays, deductibles, dentist, pharmacy, etc)**
 - **\$640 of unused contributions can be rolled over into the next year and used for eligible expenses**
 - **Complete list of covered HCFSA and DCFSA expenses can found on Payflex.com**
 - **Use it or Lose it. Any unreimbursed funds left in your FSA at the end of the plan year is subject to forfeiture**
 - **You cannot enroll in HCFSA if you are enrolled in an HSA.**
 - **You CAN enroll in HCFSA if you are OCONUS and enrolled in the HRA.**
- **Find more FSA information by visiting [payflex.com](https://start.myalex.com/marines/) or with Alex at <https://start.myalex.com/marines/>**



Flexible Spending Account (FSA)

- **Dependent Care FSA – Is used to reimburse yourself for certain dependent care expenses**
 - **Deferral Limits - \$200 min - \$5,000 max (per household)**
 - **Contributions can be used towards adult or child (dependents age 13 or younger) care expenses**
 - ❖ **Daycare**
 - ❖ **Before and after school care**
 - ❖ **Preschool and nursery school**
 - ❖ **Summer Day camp**
- **Only Contributions collected can be claimed for reimbursement at the time of claim submission.**
- **Complete list of covered HCFSA and DCFSA expenses can found on Payflex.com**

Use it or Lose it. Any unreimbursed funds left in your FSA at the end of the plan year will be forfeited.

- **Find more FSA information at [payflex.com](https://start.myalex.com/marines/) or with Alex at <https://start.myalex.com/marines/>**

Disability Income Protection (AFLAC)

The AFLAC group disability income replacement plan benefits:

- Benefits are paid when you are sick or hurt and unable to work, up to 60 percent of your salary*.
- Minimum and maximum total monthly benefit of \$300 to \$6,000, based on basic salary and applicable benefit election.
- Partial disability benefit if applicable.
- Complete the health questionnaire and approval required for enrollments.
- Bi-weekly premiums are deducted based on your election.
- Most Claims are processed within 4 days
- Coverage is portable, you can take it with you if you change jobs.

* based on AFLAC approved application for benefits



LONG TERM CARE PLAN

- **Effective December 19, 2022 Federal Long Term Care Insurance Applications for coverage have been suspended for 24 months.**
- **No new enrollments are allowed at this time. Applications for new hires will be accepted at later date.**
- The Long Term Care Plan is administered by the Federal Long Term Care Insurance Program (FLTCIP)
- Long-term care insurance is designed to assist people with a chronic condition, whether it is a permanent condition or a temporary one.
- Long-term care is skilled intermediate or custodial care to assist individuals of any age who are unable to take care of themselves. This benefit helps after a prolonged illness, or a severe accident. This type of care can take place in a variety of settings:
 - **Institutional based care** – Nursing home facility, alternate care facility, hospice facility.
 - **Community based care** – Home health care, adult day care/foster care, assisted living facility
 - Home hospice care
- Employees interested can enroll directly with Federal Long Term Care Plan (FLTCIP) thru the website (www.ltcfeds.com) or by calling 800-582-3337
- Premiums are paid directly to FLTCIP
 - Auto debit is available

Employee Assistance Program

A Place to Turn
When You Need Help



- Confidential, 24 hour assistance available to all MCCS employees
- No pay out cost to the employee
- Available for your spouse & immediate family members
- Up to 3 phone or in-person sessions for the same problem are allowed
 - If the counselor or the employee feels they would benefit from seeing someone face-to-face, the employee will be referred to someone within their medical insurance network

Additional Program Features:

- Behavioral Health Services
- Legal Consultation Services
- Financial Services
- Substance Abuse Services
- Some services are provided at a discount cost (i.e. legal visits)



Magellan

800-424-5988

Member.MagellanHealthcare.com



Retirement Plans

- Defined Benefit Plan (Pension Plan)
 - Military Service Credit
 - Retirement Buy Back
 - Portability Eligibility
- Defined Contribution Plan (401k plan)
- Employer incentive for being in both plans



DEFINED BENEFIT PLAN (PENSION)

- Your contribution is 1% of your bi-weekly earnings
- 5-year vesting period required for an annuity upon retirement, provided age eligibility is met
- You can enroll at anytime, however, starting early is important
- Opportunity to buy back previous military service time – restrictions and limitations apply
- If enrolled in both the Defined Benefit Plan (Retirement plan) & Defined Contribution Plan (401k), you get an additional 1% employer contribution into your 401k account
- A married member's spouse shall be the automatic sole beneficiary unless the member's spouse consents to the naming of another individual as the member's beneficiary. If you designate someone other than your spouse, written spousal consent must be obtained and notarized.

Advantages of Defined Benefit Plan:

- Promise of monthly annuity benefit at retirement
- Retirement income security for eligible workers
- Annuity is based on HI-3 earnings and contributory service
- No investment risk to participants



Please Note: Failure to waive election will result in automatic enrollment.



BUY
NOW!

Retirement Refund Buy Back

- If you were previously enrolled in the Marine Corps NAF Pension Plan and received a refund of those contributions, you may be eligible for a buy back.
- Enroll & request within 31 days of re-hire date or benefit eligible status date/change of employment status
 - **Submit completed Retirement Service Credit Buy Back Eligibility Checklist asap if applicable.**
- Opportunity to buy back previously eligible refunded service
 - Limitations and eligibility criteria apply
 - Retro enrollment and/or Buy Back waivers not eligible
- Prior refunded credited service applied upon completion of repayment
 - Repayment limitations/criteria apply



Military Buy Back (Milbuy)

- There is limited opportunity to buy back military service credit
 - Must be enrolled in USMC NAF Retirement Plan OR
 - FERS Retirement Plan.
 - Not receiving nor expecting to receive a military retirement/ have not applied for and/or received milbuy credit under another retirement system.
 - Have not previously declined milbuy.
 - NAF Retirement Plan – employees must Apply within 90 days of enrollment
 - FERS Retirement Plan - employees may apply up to date of termination. And funds are considered Military Deposits.
 - **Submit completed Mil buy Service Credit Buy Back Eligibility Checklist, DD 214(s)** along with estimated earnings from DFAS (earnings are not required for initial application)
- Repayment Limitations/criteria apply (**DOES NOT APPLY TO FERS**)
- If interested notify HR Rep immediately

RETIREMENT PORTABILITY

- Have you ever been enrolled in **TSP, FERS or CSRS?**
- Have you ever worked for the Government?
- Have you ever worked for another NAF Instrumentality (**Air Force, Army, CNIC, Exchange (AAFES) or NEXCOM?**
 - Were you enrolled in the retirement or 401(k) plans?
- If you answered **yes** to any of these questions you may be eligible for portability. Please notify your HR representative immediately.



Defined Contribution Plan ***(401k Plan)***

- Fidelity is the Plan Administrator
- Employee's can defer 1% - 85% (may be limited to allow other reg. deductions) of their earnings on a pre-taxed basis (Subject to annual IRS Contribution limit of \$23,000 under age 50, and an additional \$7,500 age 50 and above)
- Eligible Employees can enroll at anytime
- Automatic enrollment for new hires (opt out available)
- 3 year vesting period
- Fidelity offers 16 core investment options in addition to the Fidelity Freedom Funds
- Deferral changes can be done online or by calling the Voice Response Unit
- Loan option (after one year of participation for vested account balance of at least \$1,000)
- 1% incentive bonus employer match if you are enrolled in the Defined Benefit plan also
- When you have enrolled , you will also need to name a beneficiary. The beneficiaries designated for your Pension plan or Life Insurance plan do not apply to the 401(k) plan. Designations of Beneficiaries are done directly with Fidelity.



Defined Contribution Plan ***(401k Plan)***

- If you are married, you are required to name your spouse as your sole beneficiary. If you designate someone other than your spouse, written spousal consent must be obtained and notarized. This plan policy is in compliance with IRS regulations.
- **Important:** Please note that if you do not elect a beneficiary, the beneficiary will default to your plan document guidelines & federal regulations, which state your account balance would go to your spouse, and if a spouse does not exist, the to your estate.
- **Flexible employees only are eligible for the Flexible 401k Plan (no er match for 401k flex plan)***

Advantages of Defined Contribution Plan (401k):

- Tax deferred retirement savings
- Participants choose how much they want to save
- Participants choose where to invest their money
- Is funded through payroll deductions
- Lucrative employer match
- Valuable tools / resources on www.401k.com

401(k) Employer Match*

Employee Contribution	Employer Match
1%	1%
2%	2%
3%	3%
4%	3.5%
5+%	4%

Additional 1% employer incentive contribution for 401(k) if enrolled in both the 401(k) plan & the pension plan

**There is no employer match for the Flex 401k Plan*

Please note, the maximum MCCS match is 5%



401K ENROLLMENT OPTIONS

AUTOMATIC ENROLLMENT

- Eligible new hires
- Employees with status changes (Converted from flex)
- 1% Auto Enrollment deferral
- Auto Enrolled into Freedom Fund based on age
- Notified by Fidelity the week following 1st paycheck
- Enrollment/Deductions will be effective 30 to 45 days after date of hire.

NO AUTOMATIC ENROLLMENT

- Rehires
- Transfer
- Must enroll directly with Fidelity

401K ENROLLMENT OPTIONS

All eligible employees can enroll directly with Fidelity
(Wednesday following the week after their 1st pay check)

Employees can opt out of enrollment by contacting Fidelity directly
(Wednesday following the week after their 1st pay check)

If employees do not opt out timely, the auto enrollment will occur (30 to 45 days after date of hire)

To terminate enrollment or make any changes to enrollment, employees have to contact Fidelity directly.





COMPARISON PENSION AND 401K

	Defined Benefit Plan (Pension Plan)	Defined Contribution Plan (401(k) Plan) RFT & RPT	Flex 401(k) Plan for Flexible Employees
Vesting Period (subject to change)	5 years	3 years participation	3 years participation
Employee Contributions	1%	1-85*%	1-85*%
Before or After Tax deductions	After	Before	Before
Employer Match	N/A	Maximum match is 4% or 5% only if you are participating in the Defined Benefit Plan also	N/A
Investments	No investment Risk to participant	EE select from 16 core investments, plus Fidelity Freedom Funds	EE select from 16 core investments, plus Fidelity Freedom Funds

These plans are designed to work together to provide a more valuable retirement benefit

Please Note: Vesting Period is from date of participation, not date of hire for both plans.

**May be limited to less than 85% to ensure funds for mandatory withholdings.*

LEAVE ACCRUAL

ANNUAL LEAVE

- 0 to 3 Years – 5% x Hours Worked Per Pay Period
- 3 to 15 Years – 7.5% x Hours Worked Per Pay Period
- 15+ Years – 10% x Hours Worked Per Pay Period
- MAY BE USED IMMEDIATELY
- 90 days from Date of Hire/Date of Status Change – No vacation payout if you leave your job up to 90 days from date of hire or your eligibility date.
- 240 hours – Maximum hours allowed to be carried from one year to the next

SICK LEAVE

- 5% x Hours Worked Per Pay Period
- MAY BE USED IMMEDIATELY
- CARRY ALL UNUSED HOURS TO NEXT YEAR
- FAMILY FRIENDLY LEAVE ACT (13 CALENDAR DAYS PER YEAR)
 - To take care of an ill family member
 - To attend funeral/funeral arrangements

FAMILY MEDICAL LEAVE ACT

- If you qualify, you may be granted unpaid leave of up to 12 weeks in any 12 month period. Certain restrictions apply.
- Your NAF employer will continue to pay the employer portion of your Medical, Dental & Life Insurance premiums (provided your portion is paid as required)
- You will continue to receive the same health and life insurance coverage, provided you maintain your premiums
- Upon completion of your leave, you will be given back your former position or an equivalent one
- An employee is eligible after 12 months of Federal Government Service
- Federal employees are not eligible for State Temporary Disability Insurance (TDI)

PAID PARENTAL LEAVE (PPL)

- Can provide up to 12 weeks of paid leave for the birth, adoption or foster care placement of a child after October 1, 2020
- PPL is paid leave that does not impact your personal annual or sick leave balances
- Must qualify for FMLA and be used concurrently with FMLA
- Must complete a twelve week work obligation upon return from PPL leave and any leave (annual, sick, holidays, leave without pay, time off awards, etc.) taken during the twelve week work obligation period **does not** count towards the completion of the obligation

Enrollment Deadlines

<u>Plan / Benefit</u>	<u>Deadline</u>
Medical	31 days from date of hire/eligibility
Dental	31 days from date of hire/eligibility
Life Insurance	31 days from date of hire/eligibility*
Flexible Spending Account (FSA)	31 days from date of hire/eligibility
Health Savings Account (HSA)	31 days from date of hire/eligibility
Disability Income Protection (AFLAC)	31 days from date of hire/eligibility
Defined Contribution Plan (401k)	Any time
Defined Benefit Plan	Any time
Military Service Credit application	90 days from retirement enrollment
EAP Program	No enrollment necessary
Federal Long Term Care Insurance Plan	60 days from date of hire/eligibility

- **If you go past the 31-day eligibility period for Life Insurance you can still enroll in the plan, however, a health questionnaire will be required, and your application is subject to approval by the Plan Provider*
- *Failure to enroll within 31 days for Medical & Dental will result in not being able to enroll until our next open enrollment period or if you have a qualifying life event*
- *Anyone employed in an eligible status or has an eligible status change (employment category and/or qualifying event) that occurs after September 1 will require an FSA participation election before the October 1 annual cut-off date*

ENROLLING OR WAIVING BENEFITS

- All benefit eligible employees must decide to enroll or waive coverage at time of NEO.
- If you waive today, you will have until the 31st day of your employment/eligibility to enroll into medical, dental, life, FSA or short-term disability.
- All benefit eligible employees are automatically enrolled into the Pension Plan, if you want to opt out of enrolling you must make that election on your 499 form today.
- If you do not sign up for 401k and/ or opt out of the Retirement Plan, no worries you can enroll at anytime, there is no benefit deadline.
- Before leaving the orientation today you are **required** to complete and turn in your 499 form the HR rep.
- If you need time to make your decision, you can logon to PeopleSoft self service and enroll online, before the benefit eligibility deadline.

CUJ (when filled in) MCO P12000-11A
OMB No. 0712-0007
OMB approval expires: 06/30/2025

MARINE CORPS NAF GROUP INSURANCE AND RETIREMENT AGREEMENT

Important: Please read the Privacy Act Statement and Instructions before filling in this form.

1. Employee / Retiree Information

The Employee is: (place an "X" in the appropriate box) an active employee a retiree

1a. Name (Last, First, Middle Initial) 1b. ID Number 1c. Current Employment Date

1d. Current Employer (Full name of Command) 1e. Previously insured under this plan by:

2. Medical Plan Options

Aetna Choice Point-of-Service II (Aetna CP II) Aetna Traditional Choice (Aetna TC) Aetna High Deductible Health Plan (HDP) Medicare Advantage Plan (MAP)
 Kaiser Hawaii* (KAHI) Kaiser California* (KAICA) Kaiser Mid Atlantic* (KAIMA) HMSA*

3. Dental Plan Options

Aetna Dental** Kaiser Hawaii Dental* (KAISHI) HMSA HMO Dental* (HMSAD) HMSA PPO Dental* (HMSAPPO) Stand Alone Dental** (SAD)

4. Elected Insurance Coverage

4a. Name (Last, First, Middle Initial)	4b. Date of Birth	4c. Relationship ****	4d. Social Security Number	4e. STD Life	4f. OPT Life	4g. Aetna Life 1	4h. DEP Life 1	4i. DEP Life 2	4j. DEP Life 3	4k. DEP Life 4	Add Another Row				Remove Last Row				
											4l. Aetna CP II	4m. Aetna TC	4n. MAP	4o. HMO Med	4p. Aetna Dent	4q. HMO Dent	4r. SAD		
		SELF																	

21. WHEN COMPLETING ON PAPER FORMAT ONLY: Check if any additional beneficiaries are included on continuation page NAVMC 12000/499C.

AD&D is available to Active Employees only. Standard Life Insurance is required for any Optional Life coverage and Dependent Life coverage.
 *Coverage is mandated by geographic location.
 **Medical enrollment is required for dental enrollment with Aetna Dental.
 ***Retirees are not eligible for SAD coverage.
 ****Documentation required.

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 Controlled by: USMCC
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 POC: HGBENEFITS@usmc-mccs.org

Careers 	MCCS Annual W2 and 1095C 	MCCS Time Reporting 	Benefits
Pay 	Talent Profile 	MCCS Training Ethos 	MCCS HRMS Intranet
Company Directory 	MCCS Performance Appraisal 	Personal Details 	Classic Home

Need more information regarding the Benefits?

- *Interactive Website:* Ask Alex <https://start.myalex.com/marines/> This tool provides detail on all benefits and allows you to customize your benefit selection prior to enrolling
- Virtual Benefits Fair: <https://benefitsfair.online/mccs/>
 - This tool provides detail on all benefits offered by MCCS. You can attend a virtual benefits fair to review detailed information on all benefits offered.
- *Website:* <https://benefits.usmc-mccs.org>
 - Employer website provides information on all Benefits offered at MCCS
- *Website:* www.nafhealthplans.com
 - Group NAF Health Plan website provides plan information for Aetna Medical and Dental plans
- *Website:* <http://crossroads/MRG/Pages/EmployeeBenefits.aspx>
 - Employer website open to employed employees only. Website provides detailed information for employees on all benefits and benefit updates.
- *Or Contact your local Human Resources Office*

QUESTIONS?

Should you have any questions regarding benefits,
please contact:

Kristen Shintani, HR Benefits Advisor

808-254-7627 or Kristen.Shintani@usmc-mccs.org

Websites & toll free numbers

Plan	Web	Telephone
Aetna (Medical & Dental)	www.aetna.com	800-367-6276
FSA, HSA, HRA	www.payflex.com	800-416-7053
Kaiser Permanente	www.kaiserpermanente.org	Refer Local HR rep
HMSA	www.hmsa.com	Refer Local HR rep
Fidelity Investments	www.401k.com	800-890-4015
Disability Income Protection (AFLAC)	www.aflacgroupinsurance.com	800-433-3036
Federal Long Term Care Plan	www.LTCFEDS.com	800-582-3337
EAP (Employee Assistance Program)	Member.MagellanHealthcare.com	800-424-5988



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Scan with your smart phone to visit
<https://benefits.usmc-mccs.org>