New Employee Benefits Orientation

Benefits
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
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
  - Step children
  - Or 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

No Parents – Parents are not eligible for coverage
# Required Documents for Eligible Dependents

## Health Insurance

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

## Life Insurance

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

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.
A network of physicians to choose from. You can find a provider by logging onto www.aetna.com

No designation of Primary Care Physician required and no referral needed for 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 eye glasses /contact lenses per person

Mail order Prescription Program

Retail prescription coverage also available

Teledoc 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.
- 2023 Deductible amounts Employee only $1,500; 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](http://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 eye glasses /contact lenses per person
- Teledoc 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.
- 2023 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 eye glasses /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.
HEALTH INCENTIVE PROGRAM

<table>
<thead>
<tr>
<th>Activity</th>
<th>Health Incentive Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees, retirees and covered spouses can each earn:</td>
<td></td>
</tr>
<tr>
<td>Complete the Health Assessment on aetna.com (log in first)</td>
<td>$75</td>
</tr>
<tr>
<td>Complete the biometric/metabolic syndrome screening between January 1 and November 30, 2023</td>
<td>$150</td>
</tr>
<tr>
<td>Complete 3 calls with a Disease Management nurse to work on a goal (not available to overseas employees)</td>
<td>$75</td>
</tr>
<tr>
<td>Complete an online Journey® (average time 32 days)</td>
<td>$75 each; up to 4 Journeys</td>
</tr>
<tr>
<td>Dependent children under age 18 can each earn:</td>
<td></td>
</tr>
<tr>
<td>Complete preventive exam for children under age 18</td>
<td>$50</td>
</tr>
</tbody>
</table>

For all activities, you can earn up to $300 for employee only or $600 for employees who cover a spouse, per calendar year.

All activities must be completed between January 1 and December 31, 2023 — except the biometric screening which must be completed by November 30, 2023.
<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Retail Pharmacy (30 day supply)</th>
<th>Mail Order (90 day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 2</td>
<td>$35</td>
<td>$70</td>
</tr>
<tr>
<td>Tier 3</td>
<td>35% coinsurance</td>
<td>35% coinsurance</td>
</tr>
<tr>
<td></td>
<td>$60 minimum</td>
<td>$120 minimum</td>
</tr>
<tr>
<td></td>
<td>$125 maximum</td>
<td>$250 maximum</td>
</tr>
<tr>
<td>Tier 4</td>
<td>40% coinsurance</td>
<td>N/A</td>
</tr>
<tr>
<td>Specialty Rx</td>
<td>$60 minimum</td>
<td>$125 maximum</td>
</tr>
</tbody>
</table>

* 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*

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Retail Pharmacy (30 day supply)</th>
<th>Mail Order (90 day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$0 after deductible</td>
<td>$0 after deductible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tier 2</th>
<th>Retail Pharmacy (30 day supply)</th>
<th>Mail Order (90 day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formulary Brand name drugs</td>
<td>35% coinsurance after deductible; $75 max</td>
<td>35% coinsurance after deductible; $150 maximum</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tier 3</th>
<th>Retail Pharmacy (30 day supply)</th>
<th>Mail Order (90 day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Formulary brand name drugs**</td>
<td>50% coinsurance after deductible; $125 maximum</td>
<td>50% coinsurance after deductible; $250 maximum</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tier 4</th>
<th>Retail Pharmacy (30 day supply)</th>
<th>Mail Order (90 day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty Rx</td>
<td>50% coinsurance after deductible; $125 maximum</td>
<td>N/A</td>
</tr>
</tbody>
</table>

* 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.
Health Plan Hawaii Plus (HMO)
- Choose a primary care provider (PCP)
- Select a Health Center

<table>
<thead>
<tr>
<th>Services</th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual maximum out-of-pocket limit</td>
<td>$2,500 per person, $7,500 per family</td>
</tr>
<tr>
<td>Annual deductible</td>
<td>None</td>
</tr>
<tr>
<td>Office visit/urgent care</td>
<td>$20 copayment</td>
</tr>
<tr>
<td>Annual preventive health evaluation</td>
<td>$0 copayment</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$100 copayment</td>
</tr>
<tr>
<td>Hospitalization facility fee</td>
<td>10% coinsurance</td>
</tr>
</tbody>
</table>
## Vision Care

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Preferred Provider Plan &amp; CompMED</th>
<th>Health Plan Hawaii Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual eye exam</td>
<td>$10 copayment</td>
<td>$20 copayment</td>
</tr>
<tr>
<td>Basic lenses</td>
<td>$10 copayment</td>
<td></td>
</tr>
<tr>
<td>Basic frames</td>
<td>$15 copayment/24 months</td>
<td></td>
</tr>
<tr>
<td>Contact lenses</td>
<td>$25 copayment up to $130 maximum</td>
<td></td>
</tr>
</tbody>
</table>
# Drug Benefits

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
<th>Member cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Mostly generic drugs</td>
<td>30-day supply</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Mostly preferred drugs</td>
<td>$7 copayment/prescription</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Mostly other brand-name drugs</td>
<td>$30 copayment/prescription plus $45 Tier 3 cost share</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Mostly preferred specialty drugs</td>
<td>$100 copayment/prescription</td>
</tr>
<tr>
<td>Tier 5</td>
<td>Mostly other brand-name specialty drugs</td>
<td>$200 copayment/prescription</td>
</tr>
<tr>
<td></td>
<td>Mail service – mostly generic drugs</td>
<td>$11 copayment/prescription</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Mail service – mostly preferred drugs</td>
<td>$65 copayment/prescription</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Mail service – mostly other brand-name drugs</td>
<td>$65 copayment/prescription plus $135 Tier 3 cost share</td>
</tr>
</tbody>
</table>
Powerful Online Tools

- hmsa.com
- My Account
- HMSA’s Online Care®
- Health & Well-Being Support
- HMSA365
- Active&Fit Direct
HMSA

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.
KAISER

It’s easier to find your healthy place with connected care

- Doctors
- Hospitals
- Health plan

Care feels easier and faster and is centered around all that is you.
KAISER

Choose — and change — your personal doctor anytime

Janette M. Brunken, MD
Family Medicine
Accepting new patients.

West Oahu Medical Office
401 Kamokila Blvd
Kapolei, HI 96707
Directions
808-432-2000

Brennen L. C. Owan, DO
Family Medicine
Accepting new patients.

West Oahu Medical Office
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Emily N. Sumner, MD
Family Medicine
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Jessica A. Ono, MD
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Charlie L. Raffelson, MD
Family Medicine
Accepting new patients.

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Directions
808-432-2000

Christopher T. Young, MD
Family Medicine
Accepting new patients.

West Oahu Medical Office
401 Kamokila Blvd
Kapolei, HI 96707
Directions
808-432-2000

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Quality care when you need it

Same-day and next-day appointments are available at most locations and by phone and video.¹

Visit us in person at a location near you.

Talk to a health care professional by phone or video.¹

24-hour virtual care on your schedule

If a trip to the doctor’s office doesn’t fit your schedule, it’s easy to get fast, personalized support — daytime, nighttime, anytime.

- Schedule a phone or video visit with a doctor or clinician.¹
- Get 24/7 care advice by phone.
- Use our e-visit questionnaire to get personalized care advice for certain conditions, order many tests, and get some prescriptions online.

¹ 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.

Save time and money

Telehealth is covered at no additional cost.

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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.
KAISER

Care away from home

- If you get hurt or sick while traveling outside a Kaiser Permanente area, you’re covered for urgent and emergency care anywhere in the world.

- Get urgent care at a Cigna PPO Network provider, MinuteClinic® location (in select CVS and Target stores), or Concentra urgent care center when you’re traveling outside a Kaiser Permanente area.¹

- And when you’re planning to travel, 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 a vaccination, refill prescriptions, and more. Just call us or go online:

  24/7 Away from Home Travel Line: 951-268-3900²
  or kp.org/travel

¹ The Cigna PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration. You can visit any Cigna PPO Network provider without paying upfront or filing a claim for reimbursement. The Cigna PPO Network is not available to HMO and EPO members enrolled in coverage issued by Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. If you get care at a MinuteClinic or Concentra urgent care center, you’ll be charged your standard copay or coinsurance. Medicaid members are not eligible.

² This number can be dialed inside and outside the United States. Before the phone number, dial “001” for landlines and “+1” for mobile lines if you’re outside the United States. Long-distance charges may apply, and we can’t accept collect calls. The phone line is closed on major holidays (New Year’s Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.
## KAISER

**Traditional HMO – Kaiser Permanente 220**  
**January 1, 2023, to December 31, 2023**

<table>
<thead>
<tr>
<th>Covered service</th>
<th>You pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yearly deductible</td>
<td>$0</td>
</tr>
<tr>
<td>Maximum yearly out-of-pocket costs</td>
<td>$2,500 individual/$7,500 family</td>
</tr>
<tr>
<td>Preventive care</td>
<td>$0 copay*</td>
</tr>
<tr>
<td>Doctor’s office visit / Specialty office visit</td>
<td>$15 copay per visit, except $0 copay for children’s primary care office visits through age 17*</td>
</tr>
</tbody>
</table>
| 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.*
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.

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.
Wellness apps

Digital mental health support — praised by professionals and users alike. Members can easily download the Calm & MyStrength apps at kp.org/selfcareapps and the Ginger app at kp.org/coachingapps/HI

Calm

The #1 app for meditation and sleep. Members can choose from hundreds of activities to build mental resilience, reduce stress, and experience better rest.

MyStrength

Evidence-based programs to help members set mental health goals, track progress, and get support managing depression, anxiety, and more.

Ginger

1-on-1 emotional support coaching and self-care activities for many common challenges like anxiety, stress, and relationship issues. Adult members can use text-based coaching for 90 days per year.

74% of myStrength users with depression experience less symptoms within 6 months.¹²

¹myStrength 2020. ²myStrength® is a wholly owned subsidiary of Livongo Health, Inc.
Why choose Kaiser Permanente?

**Quality care**
- Health care for all that is you
- Leading preventive care to help you stay healthy
- One of the nation’s largest multispecialty medical groups

**More digital options**
- Convenient phone and video visits around the clock
- Care advice by email, phone, or online
- Kaiser Permanente app to connect to care anytime

**Membership extras**
- Acupuncture, chiropractic care, and massage therapy at reduced rates
- ClassPass reduced rates for fitness classes
- Calm meditation app at no additional cost

---

1. When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent licensed clinicians from providing care across state lines. Laws differ by state. 2. To use the Kaiser Permanente app, you must be a member registered on kp.org. 3. 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. 4. See note 3.
KAISER

Want to learn more?

Choosing a health plan is a big decision — so we’re here to answer any of your questions.

Ask about the essentials

- Where to get care
- Specialty care services
- How our doctors, hospitals, and health plan work together to make your life easier

Or about our extra features

- Video visits* and other convenient ways to get care
- Apps, podcasts, and other self-care resources available to you at no additional cost

Call 1-800-966-5955 (TTY 711), Monday through Friday, 8 a.m. to 5 p.m. and Saturday, 8 a.m. to noon

*When appropriate and available.

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NEED MORE INFORMATION?

• Talk To Alex! [www.myalex.com/marines/2023](http://www.myalex.com/marines/2023)
• 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](http://example.com/terms) and [Privacy Policy](http://example.com/privacy).

*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

<table>
<thead>
<tr>
<th>PLAN NAME:</th>
<th>EMPLOYEE ONLY</th>
<th>EMPLOYEE + CHILD(REN)</th>
<th>EMPLOYEE + SPOUSE</th>
<th>EMPLOYEE + CHILD(REN) &amp; SPOUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna CPOS II</td>
<td>$108.28</td>
<td>$208.98</td>
<td>$250.14</td>
<td>$331.35</td>
</tr>
<tr>
<td>Aetna HDHP</td>
<td>$83.29</td>
<td>$160.76</td>
<td>$192.41</td>
<td>$254.88</td>
</tr>
<tr>
<td>Kaiser Hawaii</td>
<td>$89.23</td>
<td>$160.61</td>
<td>$178.45</td>
<td>$267.68</td>
</tr>
<tr>
<td>HMSA Hawaii</td>
<td>$83.81</td>
<td>$150.90</td>
<td>$167.75</td>
<td>$251.51</td>
</tr>
</tbody>
</table>
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 pay 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

Participating Provider Dental Program (PPO)

- 90% of Hawaii’s dentists participate with HMSA
- Choose a dentist that’s right for you

<table>
<thead>
<tr>
<th>Dental Services</th>
<th>Participating Provider Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar year maximum</td>
<td>$1,500</td>
</tr>
<tr>
<td>Preventive care</td>
<td>No cost</td>
</tr>
<tr>
<td>Routine care</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td>Major care</td>
<td>50% coinsurance</td>
</tr>
</tbody>
</table>
Dental Network Program (HMO)

Hawaii Family Dental Centers
• No annual benefit maximum
• Preventive care at no cost
• Low, fixed copayments
• Orthodontics discount available
# DENTAL PLAN BI-WEEKLY PREMIUMS

<table>
<thead>
<tr>
<th>PLAN NAME:</th>
<th>EMPLOYEE ONLY</th>
<th>EMPLOYEE + CHILD(REN)</th>
<th>EMPLOYEE + SPOUSE</th>
<th>EMPLOYEE + CHILD(REN) &amp; SPOUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna UHP Dental</td>
<td>$4.72</td>
<td>$9.10</td>
<td>$10.90</td>
<td>$14.44</td>
</tr>
<tr>
<td>Aetna Stand Alone Dental</td>
<td>$15.54</td>
<td>$34.97</td>
<td>$31.08</td>
<td>$50.51</td>
</tr>
<tr>
<td>Kaiser Hawaii</td>
<td>$5.59</td>
<td>$10.06</td>
<td>$11.18</td>
<td>$16.77</td>
</tr>
<tr>
<td>HMSA Hawaii</td>
<td>$4.68</td>
<td>$9.37</td>
<td>$10.54</td>
<td>$15.22</td>
</tr>
</tbody>
</table>
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
- 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 Infirmity
  - Disease or bacterial infections
  - Medical or Surgical treatment
  - Suicide
  - War or an act of war
## LIFE PREMIUMS

<table>
<thead>
<tr>
<th>Basic Annual Salary</th>
<th>Standard Life &amp; AD&amp;D Coverage Amount</th>
<th>Bi-Weekly Payroll Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Than $ under 2,000</td>
<td>More 1,999</td>
<td>4,000</td>
</tr>
<tr>
<td>Than 2,000</td>
<td>Not More 2,999</td>
<td>5,000</td>
</tr>
<tr>
<td>Than 3,000</td>
<td>More 3,999</td>
<td>6,000</td>
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<tr>
<td>Than 4,000</td>
<td>Not More 4,999</td>
<td>7,000</td>
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<tr>
<td>Than 5,000</td>
<td>More 5,999</td>
<td>8,000</td>
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<td>More 13,999</td>
<td>16,000</td>
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<td>Than 19,000</td>
<td>More 19,999</td>
<td>22,000</td>
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<tr>
<td>Than 20,000</td>
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<td>23,000</td>
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<td>Than 21,000</td>
<td>More 21,999</td>
<td>24,000</td>
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<td>More 23,999</td>
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<td>Than 24,000</td>
<td>Not More 24,999</td>
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<td>Than 25,000</td>
<td>More 25,999</td>
<td>28,000</td>
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<td>Than 29,000</td>
<td>More 29,999</td>
<td>32,000</td>
</tr>
<tr>
<td>Than 30,000</td>
<td>Not More 30,999</td>
<td>33,000</td>
</tr>
</tbody>
</table>
## LIFE PREMIUMS

<table>
<thead>
<tr>
<th>Basic Annual Salary</th>
<th>Standard Life &amp; AD&amp;D Coverage Amount</th>
<th>Bi-Weekly Payroll Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>More Than 31,000</td>
<td>34,000</td>
<td>2.55</td>
</tr>
<tr>
<td>More Than 32,000</td>
<td>35,000</td>
<td>2.63</td>
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<tr>
<td>More Than 33,000</td>
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<td>4.58</td>
</tr>
<tr>
<td>59,000</td>
<td>62,000</td>
<td>4.65</td>
</tr>
</tbody>
</table>

Bi-weekly contribution for Standard Life Insurance and AD&D will be determined on the same basis as above, i.e., $.07500 per $1,000 of coverage.

* The employer funds 50% of premium
# Optional Life

<table>
<thead>
<tr>
<th>Volume Amount</th>
<th>Optional Life 1 (Layer #1)</th>
<th>Optional Life 2 (Layer #2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Volume</td>
<td>$25,000</td>
<td>Standard Volume + Optional Life 1 $25,000</td>
</tr>
<tr>
<td>Optional Life 1</td>
<td>$25,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>Total Benefit</td>
<td>$50,000</td>
<td>$75,000</td>
</tr>
</tbody>
</table>

- **Example**
  - Standard Volume = $25,000
  - Optional Life 1 = $25,000
  - Total Benefit = $50,000
  - Standard Volume = $25,000
  - Optional Life 2 = $50,000
  - Total Benefit = $75,000

- 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

<table>
<thead>
<tr>
<th>Dependent Life</th>
<th>Spouse</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life 1</td>
<td>$5,000</td>
<td>$2,500</td>
</tr>
<tr>
<td>Life 2</td>
<td>$10,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Life 3</td>
<td>$15,000</td>
<td>$7,500</td>
</tr>
<tr>
<td>Life 4</td>
<td>$20,000</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

- 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

**Optional Life Insurance Coverage Bi-Weekly Deduction**

**Plan Year 2023**

**(Pay Period 1/23)**

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Coverage Amount</th>
<th>Premium Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent Life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Option 1</td>
<td>Spouse $5,000</td>
<td>$1.29 (per Dependent Unit)*</td>
</tr>
<tr>
<td></td>
<td>Child(ren) $2,500</td>
<td></td>
</tr>
<tr>
<td>Option 2</td>
<td>Spouse $10,000</td>
<td>$2.58 (per Dependent Unit)*</td>
</tr>
<tr>
<td></td>
<td>Child(ren) $5,000</td>
<td></td>
</tr>
<tr>
<td>Option 3</td>
<td>Spouse $15,000</td>
<td>$3.86 (per Dependent Unit)*</td>
</tr>
<tr>
<td></td>
<td>Child(ren) $7,500</td>
<td></td>
</tr>
<tr>
<td>Option 4</td>
<td>Spouse $20,000</td>
<td>$5.15 (per Dependent Unit)*</td>
</tr>
<tr>
<td></td>
<td>Child(ren) $10,000</td>
<td></td>
</tr>
<tr>
<td>Employee Optional Life</td>
<td>per $1,000 of coverage**</td>
<td>Age</td>
</tr>
<tr>
<td></td>
<td>+ Note: to calculate the cost of Optional Life #2, multiply the rate x 2.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Under 30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30 - 34</td>
</tr>
<tr>
<td></td>
<td></td>
<td>35 - 39</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40 - 44</td>
</tr>
<tr>
<td></td>
<td></td>
<td>45 - 49</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50 - 54</td>
</tr>
<tr>
<td></td>
<td></td>
<td>55 - 59</td>
</tr>
<tr>
<td></td>
<td></td>
<td>60 - 64</td>
</tr>
<tr>
<td></td>
<td></td>
<td>65 - 69</td>
</tr>
<tr>
<td></td>
<td></td>
<td>70 - 74</td>
</tr>
<tr>
<td></td>
<td></td>
<td>75 - 79</td>
</tr>
<tr>
<td></td>
<td></td>
<td>80 - 84</td>
</tr>
<tr>
<td></td>
<td></td>
<td>85-99</td>
</tr>
</tbody>
</table>

* Dependent Unit = Spouse + Child(ren)

**Amount of insurance is based on annual salary, rounded to next highest $1,000, plus $2,000.
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 your 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 to 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 $3,650 (ind) and $7,300 (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)

- Only available to employees that enroll in the HDHP medical plan that live OUTSIDE the Continental United States (overseas employees ONLY)
- Eligibility for HRA: You must be enrolled in qualified HDHP.
- HRA is an account funded only by your employer.
- No employee contributions are allowed.
- Your employer will contribute $500 for ee only and $1,000 for ee + 1 dep or more (based on HDHP enrollment) into your HRA.
- 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 care (where accepted) or submit claims for reimbursement.
- Any funds left in your account rollover into the next year, as long as you enroll in HDHP.
- Funds are NOT portable and will remain with the plan if you resign.
- Health Incentive Credits (HIC) are credits toward your HRA when you earn them.
Flexible Spending Account (FSA)

• MCCS offers Healthcare FSA and Dependentcare 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
  www.myalex.com/marines/2023
• 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 - $3,050 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 excepted.
  - The debit card can be used at most Healthcare points of service (i.e. co-pays, deductibles, dentist, pharmacy, etc)
  - $610 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 or with Alex at www.myalex.com/marines/2023
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 or with Alex at www.myalex.com/marinues/2023
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

• The Federal Long Term Care Insurance Plan has suspended applications for coverage effective 19 December 2022.
• During the suspension period, individuals who are not currently enrolled will be prohibited from applying for coverage and current enrollees will be prohibited from applying to increase their coverage.
• The initial suspension period will be 24 months.
• If this benefit is available to take applications, we will inform all staff.
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
www.MagellanAscend.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

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.
Retirement Refund Buy Back

• If you were previously enrolled in the Marine Corps NAF Pension Plan and received a refund of those contributions you maybe 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 401k plans?
• If you answered yes to any of these questions you may be eligible for portability. Please notify your HR representative immediately.
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 $20,500 under age 50, and an additional $6,500 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

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

<table>
<thead>
<tr>
<th>Employee Contribution</th>
<th>Employer Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>4%</td>
<td>3.5%</td>
</tr>
<tr>
<td>5+%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Additional 1% employer incentive contribution for 401(k) if enrolled in both the 401(k) plan & the pension 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 no 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

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

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

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

- *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.
Need more information regarding the Benefits?

- **Interactive Website:** Ask Alex [www.myalex.com/marines/2023](http://www.myalex.com/marines/2023)
  - 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/](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:** [http://www.usmc-mccs.org/employ/benefits/](http://www.usmc-mccs.org/employ/benefits/)
  - Employer website provides information on all Benefits offered at MCCS
- **Website:** [www.nafhealthplans.com](http://www.nafhealthplans.com)
  - Group NAF Health Plan website provides plan information for Aetna Medical and Dental plans
- **Website:** [http://crossroads/MRG/Pages/EmployeeBenefits.aspx](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

<table>
<thead>
<tr>
<th>Plan</th>
<th>Web</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna (Medical &amp; Dental)</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
<td>800-367-6276</td>
</tr>
<tr>
<td>FSA, HSA, HRA</td>
<td><a href="http://www.payflex.com">www.payflex.com</a></td>
<td>888-678-7885</td>
</tr>
<tr>
<td>Kaiser Permanente</td>
<td><a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a></td>
<td>Refer Local HR rep</td>
</tr>
<tr>
<td>HMSA</td>
<td><a href="http://www.hmsa.com">www.hmsa.com</a></td>
<td>Refer Local HR rep</td>
</tr>
<tr>
<td>Fidelity Investments</td>
<td><a href="http://www.401k.com">www.401k.com</a></td>
<td>800-890-4015</td>
</tr>
<tr>
<td>Disability Income Protection (AFLAC)</td>
<td><a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a></td>
<td>800-433-3036</td>
</tr>
<tr>
<td>Federal Long Term Care Plan</td>
<td><a href="http://www.LTCFEDS.com">www.LTCFEDS.com</a></td>
<td>800-582-3337</td>
</tr>
<tr>
<td>EAP (Employee Assistance Program)</td>
<td><a href="http://www.magellanhealth.com">www.magellanhealth.com</a></td>
<td>800-424-5988</td>
</tr>
</tbody>
</table>

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