YOUR COMPREHENSIVE EMPLOYEE BENEFITS PACKAGE

Cedars-Sinai is committed to the health and wellbeing of our employees. Our employee benefits program helps you meet your goals for a healthy lifestyle and provides superior care for you and your family when you need it. The passion for providing high-value care to our patients begins with providing high-value care for our staff.

HEALTHCARE BENEFITS

Medical Benefits
Shared expense between you and Cedars-Sinai.
Choose from three Anthem plans: Blue Cross PPO, Blue Cross HMO or Vivity HMO.
Medical premiums include pharmacy benefits.

Dental Benefits
Shared expense between you and Cedars-Sinai.
Choose either the DeltaCare USA (similar to an HMO) or Delta Dental PPO.

Vision Benefits
Employee paid through payroll deduction.
Vision exams and prescription eyewear through Vision Service Plan (VSP).

Wellbeing Program
Cedars-Sinai paid.
Numerous onsite classes and programs that cultivate multidimensional wellness.
Mobile-based support program through the Jiff app (or website).
Opportunity to earn a HealthFund contribution, if enrolled in a Cedars-Sinai medical plan.

FLEXIBLE SPENDING ACCOUNTS

Healthcare Flexible Spending Account
Contribute up to $2,650 (pretax) through payroll deduction from July 1, 2018–June 30, 2019.
Helps reduce the cost of out-of-pocket healthcare expenses.

Dependent Care Flexible Spending Account
Contribute up to $5,000 (or $1,200 if you earn more than $120,000/year) pretax through payroll deduction from July 1, 2018–June 30, 2019.
Helps reduce the cost of dependent care expenses (childcare, dependent adult care) so you can work.

FINANCIAL PROTECTION BENEFITS

Basic Life Insurance
Cedars-Sinai paid.
Cedars-Sinai provides $50,000 of life insurance for you.

Supplemental Life Insurance
Employee paid with after-tax dollars through payroll deduction.
Purchase additional life insurance for yourself, your spouse and/or children.

Basic AD&D Insurance
Cedars-Sinai paid.
Cedars-Sinai provides $50,000 of accidental death & dismemberment insurance for you.

Supplemental AD&D Insurance
Employee paid with after-tax dollars through payroll deduction.
Purchase additional accidental death & dismemberment insurance for yourself and your family.

Basic LTD Insurance
Cedars-Sinai paid.
Cedars-Sinai provides 70 percent of basic monthly pay in long term disability insurance for you.

STD Insurance
Cedars-Sinai paid.
Cedars-Sinai provides 70 percent of basic weekly earnings in short term disability insurance for you.
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<td>■ Employee paid through payroll deduction.</td>
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<td>■ Contribute up to the IRS maximum (pretax) each year ($18,500 in 2018); if 50 or older, you can contribute an additional $6,000 (pretax) each year.</td>
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**Benefit Questions?**
Ask the MBC HR Employee Benefits Help Desk

Phone: 888-302-3941
Fax: 206-299-3158
Email: MBC.cshs@milliman.com
Web: Cedars-Sinai.MyBenefitChoice.com
Hours: Open Monday–Friday 6 a.m.–5 p.m. (PT) (Closed major holidays)

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**ENROLLMENT CHECKLIST**
For new employees on page 3.

**ELIGIBILITY AND ENROLLMENT**
Starting on page 5.

**WORKPLACE PERKS**
Tuition Assistance Program, Recreation Connection, Credit Union, Work & Life Matters®, rideshare and cellular account discounts on page 39.

**PAYROLL CALENDARS**
Including holidays on page 41.

This guide presents an overview of the organization's benefits program and is not intended to be all-inclusive, nor is it to be used as a Summary Plan Description, Plan Document or Policy. In the event of any conflict between this guide and the official plan documents or policy, the official documents or policy will govern. The organization reserves the right to change or modify its benefit plans as appropriate, contingent on any required advance notice.
EMPLOYEE BENEFITS ENROLLMENT CHECKLIST

If you’re new to Cedars-Sinai, welcome! In addition to your wages, Cedars-Sinai offers valuable compensation in the form of healthcare, life insurance and disability benefits for you and your family. As a benefits-eligible employee, you will automatically be enrolled in medical coverage unless you decline. Most other benefits coverage is not automatic; you must enroll to be covered. Follow these steps to enroll:

1. Within 30 days enroll in healthcare, insurance and FSAs

You have 30 days from your date of hire or date of transfer to a benefits-eligible job to enroll for healthcare, insurance and flexible spending accounts (FSAs).

Enroll online: Cedars-Sinai.MyBenefitChoice.com
Enroll by phone: 888-302-3941

Coverage options for you and your family:

- Medical and prescription drug benefits
  - Cedars-Sinai pays most of the premium; you pay only a small portion through payroll deduction; to keep coverage affordable, your premium is based on pay rates (see page 16).
  - When enrolling in medical, if you select an HMO you may choose your Primary Care Physician at that time, or do it later (see page 13).
  - If you do not go on the enrollment site and either elect or decline Cedars-Sinai medical coverage, you will be automatically enrolled for employee-only coverage based on your home address:
    - HOME ADDRESS: Vivity HMO service area (generally L.A. and Orange counties)
    - In California, but not in the Vivity HMO service area: Blue Cross HMO
    - Outside California: Blue Cross PPO

- Supplemental employee life insurance
- Supplemental spouse life insurance for your spouse/domestic partner (DP)
  - As a newly eligible employee, this is your only opportunity to apply for supplemental life insurance without insurer approval, for coverage up to:
  - You: two x annual base pay (to $2 million maximum)
  - Spouse/DP: $25,000 (or 50 percent of your coverage, if less).

- Supplemental child life insurance
- Supplemental AD&D insurance

Designate beneficiaries for:
- Basic life insurance
- Basic AD&D insurance
- Supplemental employee life insurance
- Supplemental AD&D insurance.

2. Enroll in the 403(b) Plan

There’s no waiting period. Enroll anytime!

The 403(b) Plan is a voluntary retirement savings plan that allows you to save for retirement on a pretax basis. You decide how much to contribute (up to IRS limits) and it is transferred directly from your paychecks to your plan account.

Enroll online: Cedars-Sinai.BeReady2Retire.com
Enroll by phone: 800-584-6001
Plan Number: VFZ032
Kit Number: 246598
Location Code: 0001

Designate 403(b) beneficiaries

Voya Financial representatives can meet with you and help with investment education and retirement planning. Call for an appointment.
Phone: 310-423-0974
Location: Ray Charles Cafeteria, Suite 1631 A
Open weekdays, regular business hours.

Benefit Questions?

Visit the Benefits Portal at Cedars-Sinai.MyBenefitChoice.com
Your go-to place for employee benefits in one convenient stop:
- Access benefits information easily (no login required).
- Link to retirement plans and other benefit vendors.
- Log in to enroll (use company key CSHS).

Your benefits at your fingertips with the CS Benefits app!
- iPhone: download the app at csbenefitsapp.com (follow the instructions to authorize the app on your phone).
- Android: search “cedars-sinai benefits” on Google Play.
- Open the app, accept the pop-up message and enter the access code: csapp.

*If you have any difficulty using the website, try logging in and enrolling from your home computer or tablet, or call the MBC HR Employee Benefits Help Desk at 888-302-3941 and they can enroll you over the phone.
Apply for auto and home insurance

As part of our comprehensive benefits offerings, Cedars-Sinai makes it possible for you to purchase MetLife Auto & Home™ insurance at group rates. You may enroll anytime.

- Apply for MetLife Auto & Home™ insurance
  - Enroll online: metlife.com/mybenefits
  - Enroll by phone: 800-438-6388

Apply for pet insurance

While paying your veterinary bills, you may have wished that your pet could be on your medical plan — after all, your pet feels like a member of the family. To help you manage veterinary costs, Cedars-Sinai makes it possible to get coverage for your pet at discounted rates. You may enroll anytime.

- Apply for Nationwide® pet insurance
  - Enroll online: petinsurance.com/cedarssinai
  - Enroll by phone: 877-738-7874

Earn rewards with our Jiff wellbeing program

To support you on your path to wellbeing while making participation easy and fun, we partner with Jiff. Jiff’s mobile app and website sync with many fitness trackers, allowing you to earn points and redeem rewards for healthy activities. To get started:

- Download the Jiff app
  - (from your mobile device store) or log in to Jiff’s website: app.jiff.com

- Activate your account
  - (Jiff token: good4you); verify your identity by entering your Employee ID and select which programs you want to participate in.

Just for activating your account, you get a $50 credit in the Jiff Store. Use it on items (like a fitness tracker) to help you meet your health goals. Find out how to earn and redeem rewards on pages 23-25.

Activate your My CS-Link™ account

My CS-Link is a secure online tool that connects you to your personal health information at Cedars-Sinai.

Access your personal health information: If you are a patient at Cedars-Sinai, My CS-Link allows you to communicate with your physician, request appointments and access test results.

Access Employee Health Services information: Complete your employee health services annual clearance questionnaire in My CS-Link before visiting with the Employee Health Services nurse.

To activate your My CS-Link account go to: MyCSLink.org
- Select “New User Signup.”
- Enter your access code as it appears on your enrollment letter or email; if you don’t have one, you may request one online.
- Create your ID, password and password hint.

Get the My CS-Link app!

After you have activated your My CS-Link account, download the app from your mobile provider’s store, (search “Cedars-Sinai My CS-Link”).

Update your contact information

Don’t miss out on important notices and announcements! If you have moved or canceled your land line, let us know. Cedars-Sinai must be able to contact you and send you information about your job and benefits.

Update your information:
From the Cedars-Sinai intranet home page (web.csmc.edu):
- Administrative (at the top)
- Human Resources
- My Profile
- Select: Change of address and/or phone number.

Submit the form:
- From a work computer — electronically
- If not at a work computer, print it and mail to:
  Cedars-Sinai
  HR Records Department
  8700 Beverly Blvd, 50 N, Suite 350
  Los Angeles, CA 90048

Questions?
Call HR Records at 310-423-5526.
ELIGIBILITY AND ENROLLMENT Q&As

Who can enroll?

Healthcare, Insurance and Flexible Spending Accounts
If you are a benefits-eligible employee who is regularly scheduled to work 20 or more hours per week, or an Employment Services Agreement employee, you can enroll in the benefits described in this booklet.

The following types of employees are not eligible, or have limited eligibility for benefits:

- If you are a per diem employee, you may enroll yourself (and eligible family members) in the Blue Cross HMO on a self-pay basis but are not eligible for the HealthFund or any other healthcare, wellbeing, insurance or flexible spending account benefits. You're eligible for SICA (page 37), but no other paid time-off benefits.
- If you are part time (regularly scheduled to work fewer than 20 hours a week), a visiting guest, a temporary employee or working on a project basis, you are not eligible for the HealthFund, healthcare, wellbeing, insurance or flexible spending account benefits.

Choice Retirement Program
The following types of employees are not eligible to participate in the Choice Retirement Program:

- Per diem employees hired after June 30, 1989
- Physicians-in-training
- Executives and faculty members who participate in the grandfathered executive retirement plan

May I enroll my family?
If you are eligible for benefits and you enroll, you may cover your spouse or domestic partner and children, as defined below and on the next page.

To cover your family members for medical benefits, you must provide their Social Security Number or Federal Tax ID Number. Or, when enrolling on Cedars-Sinai.MyBenefitChoice.com, you may complete the pop-up screen indicating why you won't be providing it.

Spouse
You may cover your opposite or same-sex spouse, as long as you provide evidence of marriage. Otherwise, you are required to meet the criteria for domestic partnership and complete a domestic partner affidavit.

Domestic Partner (DP)
Under the Cedars-Sinai policy, DPs are defined as two adults (same or opposite sex) who reside together, sharing their lives in an intimate and committed relationship with a mutual obligation of support. For your DP to be eligible for benefits, you must either:

- Be publicly registered as DPs (in the state or city in which you live or work)
- Complete (and have notarized) a Cedars-Sinai DP affidavit and meet all of the following criteria; you:
  - Have been sharing a common residence* for at least six months and intend to do so indefinitely
  - Are not related by blood to a degree of closeness that would prohibit marriage
  - Have assumed mutual responsibility for basic living expenses*
  - Are at least age 18 and capable of consenting to the domestic partnership
  - Are not married to anyone else or in a declared domestic partnership with anyone else.

* Although you don’t have to show proof of common residence or evidence of joint responsibility for basic financial obligations to enroll, the insurance company may require it before paying claims.

You can get a Cedars-Sinai DP affidavit from the MBC HR Employee Benefits Help Desk or online at Cedars-Sinai.MyBenefitChoice.com.

Documentation due date: 45 days
Be sure your family members are eligible before you enroll them. When you enroll a family member, you must provide documentation showing they are eligible (such as a birth certificate, marriage certificate, etc.). For the enrollment to become effective, you must submit the required documentation 45 days from your benefit start date; see When does coverage start? on page 9.

Contact the MBC HR Employee Benefits Help Desk if you have questions:

- Phone: 888-302-3941
- Email: MBC.cshs@milliman.com
If you’re in a new domestic partnership, your DP (and children) become eligible for benefits on the date you:

- Have lived together for six months
- Received your state-issued domestic partnership certificate

Within 30 days from the date your DP becomes eligible, you must:

- Enroll online at Cedars-Sinai.MyBenefitChoice.com
  (from the Benefits Portal home page:
  > Benefits Enrollment Site
  > View Your Benefits
  > Make Changes
  > Create Life Event
  > Select “Domestic Partner — New”)

- Enroll by calling the MBC HR Employee Benefits Help Desk at 888-302-3941

For your DP’s coverage to become effective, you must submit your state-issued domestic partnership certificate or completed (and notarized) Cedars-Sinai DP affidavit to the MBC HR Employee Benefits Help Desk by the documentation due date (see previous page).

The Cedars-Sinai DP affidavit is posted on the Benefits Portal (About Our Benefits > Eligibility + Enrollment > Affidavit of Domestic Partnership).

**Children**

You may cover your own or your current spouse’s/DP’s biological children, stepchildren, adopted children, children placed with you for adoption, children for whom you are legal guardian and children a court has ordered you to cover under your healthcare plan, until age 26.

**Children age 26 and older can be covered if,** in addition to meeting the above requirements for children under age 26, **all of the following apply:**

- A doctor certifies in writing that they are incapable of getting a self-supporting job because of a physical or mental condition (and the certification is approved by the insurance company).
- They are unmarried and chiefly dependent on you or your spouse/DP for support and maintenance.
- They have six months of creditable coverage or were already covered under Cedars-Sinai benefits when they turned age 26.

You must submit the doctor’s certification to the insurer/benefit provider within 30 days of request (or a later deadline, if accepted by the insurer/benefit provider). To continue coverage, you may have to supply the doctor’s certification once a year.

**Family or Dependents Not Eligible**

You cannot enroll the following family members, even if they otherwise meet the eligibility requirements:

- Other family members (like parents, aunts, etc.), even if they are legal dependents
- Stepchildren from a previous marriage *
- Grandchildren *
- Foster children *
- Family members in active service of the armed forces of any country or subdivision of any country
- Family members living outside the United States (the 50 states, District of Columbia, Commonwealth of Puerto Rico, U.S. Virgin Islands, Northern Mariana Islands, Guam and American Samoa)

*Unless you or your (current) spouse/DP is their legal guardian or a court-ordered Qualified Medical Child Support Order (QMCSO) requires you to cover them.
When can I enroll in or change healthcare, insurance and flexible spending account benefits?

- Within 30 days of being hired, rehired or reinstated as a benefits-eligible employee or first becoming eligible for benefits
- During open enrollment (held in May)
- Within 30 days of having a qualified life event that changes your eligibility for benefits

If you miss the enrollment deadline(s), you will have to wait until next year’s open enrollment to enroll or change benefits.

What’s a qualified life event?

It’s a situation that allows you to change some or all of your healthcare, insurance or flexible spending account (FSA) benefits outside of the normal enrollment periods.

Healthcare, insurance and FSA benefit elections run from July 1 (or, for new employees, from the first day of the month following your hire date) to the next June 30. Generally, you cannot change benefits during the July 1–June 30 period, unless you have a qualified life event or special enrollment rights. Qualified life events are listed in the next column.

If your family or job status changes, resulting in a change in your or your family’s eligibility for benefits, it’s your responsibility to make the change online at Cedars-Sinai.MyBenefitChoice.com (Benefits Enrollment Site > View Your Benefits > Make Changes) or to notify the MBC HR Employee Benefits Help Desk at 888-302-3941.

Benefit Changes — Action Required!

You have 30 days following any of these qualified life events to change your coverage.

If you don’t enroll or make changes within 30 days, your eligible family members won’t be covered.

- Childbirth, adoption or placement for adoption (see Will my newborn baby be automatically covered by the plan? on the next page)
- New spouse or child (in this situation, you may enroll yourself and family members if you have never enrolled)
- Domestic partner (DP) becoming eligible for benefits
- Family members becoming eligible
- Child losing eligibility (turning 26)
- Death of spouse/DP or child
- Divorce, legal separation, annulment or end of domestic partnership*
- Involuntary loss of other healthcare coverage (for reasons other than failure to pay the premiums or termination of coverage for cause)
- Gaining healthcare coverage under another employer’s plan (including enrolling in your spouse’s/DP’s employer plan during their annual/open enrollment)
- Regular work schedule reduced to fewer than 30 hours per week and you are enrolling in another health plan with minimum essential coverage
- Going on or returning from an unpaid leave of absence
- Enrolling in a state/federal marketplace plan during its open enrollment or special enrollment period
- Enrolling in Medicare
- Significant increase in healthcare premiums or decrease in healthcare benefits
- Changes in employment status that affect eligibility status
- Change in residence so that you are no longer in the HMO provider area (California)
- Judgment, decree or order requiring coverage for dependent(s) (including Qualified Medical Child Support Orders)

*You cannot cover your ex-spouse under Cedars-Sinai plans. If your divorce decree requires you to cover your ex-spouse, you’ll have to purchase a policy for your ex-spouse elsewhere. COBRA will be offered if your ex-spouse had coverage under your benefits and the MBC HR Employee Benefits Help Desk is notified within 60 days of the divorce.

You have 60 days following these events to change your coverage:

- Gaining premium assistance through Medicaid or a state Children’s Health Insurance Program (CHIP)
- Losing Medicaid or CHIP coverage

Life or job changes = benefit changes

Make sure you change your benefits to match your new situation in time. You have 30 days after the qualified life event to change your benefits through the MBC HR Employee Benefits Help Desk:

Web: Cedars-Sinai.MyBenefitChoice.com
(Benefits Enrollment Site > View Your Benefits > Make Changes)
Phone: 888-302-3941
Email: MBC.cshs@milliman.com
How do I change my benefits if I have a qualified life event?

Within 30 days of the life event you may either:

- **Make the change online at Cedars-Sinai.MyBenefitChoice.com:**
  - From the Benefits Portal home page. Log in to the benefits enrollment site. Go to: > Make Changes > Create Life Event.
  - Select the life event that matches your situation; you'll be permitted to change only the benefits that apply to your situation.
  - You will be asked to upload documentation supporting the change (for example a birth certificate, divorce decree or marriage certificate).

- **Contact the MBC HR Employee Benefits Help Desk**
  (at 888-302-3941 or email MBC.cshs@milliman.com) to report the change and have them enter the change into the enrollment system for you.

**Documentation deadline**

**You have 45 days to submit required documents.**

- Upload them to the benefits enrollment site.
- Fax or mail them to the MBC HR Employee Benefits Help Desk:
  - Fax: 206-299-3158
  - Mail: Cedars-Sinai HR Employee Benefits Help Desk
    P.O. Box 91109
    Seattle, WA 98111

If the documents are not received within 45 days from the date benefits start, coverage will not become effective.

**Why can't I change my benefits any time?**

Because the IRS considers healthcare and flexible spending account benefits tax-free compensation, it sets the rules about when employees can enroll and change benefits. Cedars-Sinai must follow these rules so employees can receive the tax breaks. Otherwise, the IRS could take away the plans’ tax-free status and all employees would owe income tax, employment taxes and penalties on the cost of healthcare benefits. We're strict about following these enrollment rules to protect your tax advantages.

For benefit plan summaries and everything you need to know about your benefits


**Will my newborn baby be automatically covered by the plan?**

No! You have 30 days from the date of birth to enroll your child. You must enroll your newborn, even if you're covered by the medical plan. Note: If the mother is enrolled in the medical plan, only childbirth is covered under the medical plan.

See How do I change my benefits if I have a qualified life event? (at left) for enrollment instructions.

**What if I don’t enroll my new child (or make the qualified life event change) in 30 days?**

Your next opportunity to enroll your child or make the election changes will be during open enrollment in May for coverage starting the next July 1.

To avoid a lapse in coverage in the interim, you might be able to enroll your child in a state marketplace health plan; these plans allow changes up to 60 days after a qualifying life event. Visit coveredca.com (or healthcare.gov) for more information.

**Can I be enrolled in two medical plans?**

No double Cedars-Sinai coverage — If you, your spouse/domestic partner (DP) or child works at Cedars Sinai and enrolls as an employee, you cannot be enrolled as a dependent under your spouse/DP and your children cannot be covered under your plan as dependents at the same time. If you and your spouse/DP are enrolled as employees, your children can be enrolled only under one parent’s coverage. If double covered, Cedars Sinai will cancel one of the coverages.

**Coordination of benefits** — People often mistakenly think that with dual coverage, the secondary plan will pay everything the primary plan does not cover, but that’s not how it works.

If covered by more than one medical or dental plan (such as both yours and your spouse/DP’s employer plan), usually the plans work together so the total payment (from both plans) equals the total benefits from the plan with the higher benefits.

The plan that covers you as an employee will be primary and the other plan pays only if it covers a higher benefit. For example, if the employer plan covers 80 percent and the other plan covers 90 percent of the allowed amount (maximum the insurer pays), the employer’s plan pays 80 percent and the other plan pays 10 percent. If both plans cover 80 percent, the other plan pays 0 percent.

Neither plan pays more than the allowed amount. Rules are different for Medicare and some other situations. For details about your plan, see your medical or dental Summary Plan Description booklet posted on the Benefits Portal (About Our Benefits > Select Summary Plan Descriptions).
What happens if I don’t enroll?

Healthcare, Insurance and Flexible Spending Accounts (FSAs)

You’ll be automatically enrolled for employee-only medical coverage based on your home address:

HOME ADDRESS: DEFAULT MEDICAL PLAN:

- Vivity HMO service area (generally L.A. and Orange counties) → Vivity HMO
- In California, but not in the Vivity HMO service area → Blue Cross HMO
- Outside California → Blue Cross PPO

If you have other medical coverage and do not need it through Cedars-Sinai, you must log into the enrollment site and decline coverage.

You’ll automatically be provided with employer-paid:

- Basic life insurance
- Basic accidental death & dismemberment (AD&D) insurance
- Basic short term disability insurance (STD)
- Basic long term disability (LTD) insurance

You won’t be covered under these Cedars-Sinai-sponsored benefits:

- Dental
- Vision
- Healthcare FSA
- Dependent care FSA
- Supplemental life insurance
- Supplemental AD&D insurance
- Legal plan
- Auto and home insurance
- Pet insurance

Retirement

- You can enroll in the 403(b) Plan anytime. Unless you enroll you will not participate.

When does coverage start?

- **Open enrollment** for healthcare, insurance and FSA benefits is held each May. Your enrollment choices and changes will be effective the following July 1–June 30 period*. You must re-enroll in the flexible spending accounts each open enrollment to continue to participate.

- **New employee/newly benefits-eligible enrollment** — Medical benefits start your date of hire (if you enroll). The rest of your benefits start the first day of the month following your date of hire.

- **Qualified life events or changing to a benefits-eligible status** — If you change your healthcare, insurance or flexible spending account elections because of a qualified life event or new job status, your new benefits start the first day of the month after the life event.*

*Exceptions for birth, adoption or placement of a child for adoption in your home — In these situations, if you enroll your new child (and yourself and eligible family members if not already covered) within 30 days of birth/placement, medical, dental and vision coverage will be retroactive to the birth or placement date; if you enroll in other benefits, coverage starts the first day of the next month.

*Exceptions for life and disability insurance:

- **Insurers require employees to be actively at work** (and family members must not be disabled or hospitalized) for coverage to start. If not actively at work when coverage is scheduled to start, your life and AD&D insurance coverage may be delayed until you return to work. See the insurance company booklets for more information.

- **If you apply for supplemental life insurance** for yourself or your spouse/DP, amounts requiring insurer approval start the first day of the month after receiving insurer approval and payment of premiums (or July 1 for open enrollment changes).

- **Pending supplemental life insurance evidence of insurability (EOI):** If you (or your spouse/DP) applied for new or additional supplemental life insurance, you may need to complete an EOI form and receive approval from our life insurance carrier, Voya Life. Voya Life will mail this form to your home address at the end of your enrollment period. You’ll have 35 days to submit a completed form to Voya Life; otherwise, the application for this new or additional amount will be closed.

- **During your first 12 months of coverage**, STD and LTD does not cover conditions you’ve had for three months before your coverage started, but it will cover new conditions. See the insurance company booklet for more information.
When do I receive benefit ID cards?
Our healthcare insurers will mail you an ID card a few weeks after your enrollment deadline, when you enroll as a new employee or you enroll or switch plans during open enrollment. (Otherwise, you should continue to use your current card.)

- Medical — Vivity HMO and pharmacy benefits: You’ll receive one card to use for both (medical and pharmacy).
- Medical — Blue Cross HMO, Blue Cross PPO and pharmacy benefits: You’ll receive two new cards:
  - Medical: from Anthem Blue Cross
  - Prescription drugs: from MedImpact

For the Vivity and Blue Cross HMOs, review your benefit card to ensure the correct medical group or Primary Care Physician (PCP) is listed; if not, contact Anthem Blue Cross to change your PCP. To find out how, see pages 13 and 14.

- Dental: You’ll receive either a Delta Dental PPO or DeltaCare USA card. If you enrolled in DeltaCare USA, you either selected or were assigned a primary dentist. If you want to change the assigned dentist, search for a DeltaCare USA primary dentist online at deltadentalins.com and call DeltaCare USA at 800-422-4234 to make the change.

- Healthcare FSA or HealthFund: If you enrolled in the healthcare FSA, you’ll receive a debit card from TRI-AD. If you didn’t enroll, a TRI-AD debit card will be mailed to your home upon earning the annual HealthFund contribution (assuming you enrolled in Jiff, the wellbeing program). (Both accounts use the same card; see page 28 for details.)

- No vision cards: VSP does not issue ID cards. When you make your appointment, your VSP network doctor’s office will contact VSP to verify your coverage.

Do I need to take action during open enrollment if I’m not making any changes?
Yes! Open enrollment is a perfect opportunity to:

- Make sure Cedars-Sinai has your current address and phone number. Update your contact information on the Cedars-Sinai intranet (from the home page > Administrative > Human Resources > My Profile).

- Consider if you have the right healthcare benefits for your current needs. Open enrollment is your once-a-year opportunity to add, drop or switch plans, or enroll or drop eligible family members from:
  - Medical
  - Dental
  - Vision

- Do you want to reduce your out-of-pocket healthcare and/or dependent care expenses? Enroll in the:
  - Healthcare FSA
  - Dependent care FSA

- Do you have the right life and disability insurance for your current life and family situation? You can purchase (or drop):
  - Supplemental employee life insurance
  - Supplemental spouse life insurance
  - Supplemental child life insurance

New or increases in life insurance coverage require you to complete an evidence of insurability form and receive insurer approval.

- Supplemental AD&D insurance for yourself and family

- Do you need help drafting a will? Or want peace of mind knowing you have legal help if you need it? Consider enrolling in the legal plan.

- Make sure your life and AD&D insurance beneficiaries are up to date. You can check your coverages and beneficiaries and make benefit changes online at Cedars-Sinai.MyBenefitChoice.com.

If you don’t have a computer or have difficulty using the website, call the MBC HR Employee Benefits Help Desk at 888-302-3941 and they can make your changes over the phone.

Do I pay income taxes on my healthcare benefits?
Usually, no. Although your employee benefits are part of your total compensation from Cedars-Sinai, what Cedars-Sinai pays for your healthcare (that is medical, dental and vision) benefits coverage is not treated as income and isn’t taxed (except as noted below).

Also, the amounts deducted from your paycheck for your share of healthcare premiums are paid on a pretax basis. You don’t usually owe income taxes on the part of your salary used to pay healthcare premiums.

If you cover your domestic partner (and his or her children who are not legally your children), you may owe federal and state income taxes on the cost of their healthcare coverage. The amount you and Cedars-Sinai pay for their coverage will be added to your paycheck as “imputed income.” Social Security and Medicare taxes (but not federal or state income taxes) will be withheld on this imputed income. You may want to withhold additional amounts to cover the federal or state income taxes you would owe on the imputed income.

If you have questions, please contact the MBC HR Employee Benefits Help Desk at 888-302-3941 or email MBC.cshs@milliman.com.
## WHEN YOU CAN ENROLL IN OR CHANGE BENEFITS

<table>
<thead>
<tr>
<th>ENROLLMENT TYPE</th>
<th>BENEFIT PLANS COVERED</th>
<th>ENROLLMENT PERIOD</th>
<th>BENEFITS START</th>
<th>COVERAGE PERIOD</th>
</tr>
</thead>
</table>
| Open enrollment | ■ Healthcare plans: medical/Rx, dental, vision  
■ HealthFund  
■ Supplemental insurance plans: life and/or accidental death & dismemberment (AD&D) insurance  
■ Flexible spending accounts (FSAs): healthcare and dependent care  
■ Legal plan | Friday, May 4 – Friday, May 25, 2018 | July 1, 2018 | ■ July 1–June 30  
■ FSAs: yearly re-enrollment required |
| New employee or newly benefits-eligible enrollment | ■ Healthcare plans  
■ HealthFund  
■ Insurance plans  
■ FSAs  
■ Legal plan | Within 30 days after hire or job change date | First day of the next month (if you enroll) | Through the next June 30 |
| Enroll anytime | ■ 403(b) Plan  
■ Auto and home insurance  
■ Pet insurance | Enroll anytime | Varies by plan | Stop anytime |
| Qualified life events | Changes that must be made within 30 days of the event:  
■ Childbirth, adoption or placement for adoption  
■ Family member becomes eligible  
■ Child no longer eligible (reaches age 26)  
■ Death of spouse/domestic partner or child  
■ Divorce, legal separation, annulment or termination of domestic partnership  
■ Gaining or involuntarily losing other group healthcare coverage  
■ Medicare enrollment  
■ Regular work schedule reduced to fewer than 30 hours/week and you are enrolling in another health plan with minimum essential coverage  
■ Enrolling in a state/federal marketplace plan during its open enrollment or special enrollment period  
■ Significant increase in healthcare premiums or decrease in healthcare benefits  
■ Marriage/domestic partnership (meeting criteria on page 5)  
■ Moving into or out of HMO service area  
■ Going on or returning from an unpaid leave of absence  
■ Judgment, decree or court order requiring coverage | Within 30 days after the life event | First day of the month after the event | Through the next June 30 |
| Action required! | To be covered you must take action and enroll yourself and/or your eligible family members within 30 days of becoming eligible or experiencing a qualified life event. |
| Coverage is not automatic. | | | | |
HEALTHCARE BENEFITS

Cedars-Sinai is committed to the health and well-being of our patients and employees. Our healthcare benefits are designed to help you meet your goals for a healthy lifestyle, provide superior medical care for you and your family and protect you from catastrophic medical expenses.

MEDICAL BENEFITS

Our medical plans offer two ways to receive coverage: a Preferred Provider Organization (PPO) or Health Maintenance Organization (HMO). Both offer comprehensive medical coverage. So what’s the difference?

An HMO is designed to:
- Keep your out-of-pocket costs low and predictable.
- Keep you healthy by having your Primary Care Physician (PCP) coordinate your care. Your PCP focuses on your whole health. This includes preventive care, guiding you through the healthcare system when you need a specialist or hospital care and working with you to make decisions about your health.

A PPO offers greater flexibility when it comes to choosing doctors and other healthcare providers; however, you will usually pay more out of pocket.

HOW PPOs WORK

- You can see any licensed provider for covered medical services.
- You and the plan share costs. The graphic at left shows what you pay out of pocket (in addition to your monthly premiums), and what the plan pays.
- You pay less when you receive care from Prudent Buyer (in California) or BlueCard (outside California) network doctors and providers.
- Even though you’re not required to have a PCP (like the HMOs), it’s a good idea to have a primary care doctor for regular check-ups and to help you manage your care.

Find out more about the medical plans


- Look under About Your Benefits for benefit plan summaries and insurance company booklets.
- See short videos and articles about how the medical plans work (posted under Videos).

---

1 Preventive care: Plan pays 100%

Certain preventive care services are covered 100% without paying the deductible first.

2 Calendar-year deductible: You pay 100%

Each calendar year you must pay the deductible before the plan starts covering your medical bills.

You may use your HealthFund or healthcare FSA to help pay your deductible.

3 Coinsurance: You and the plan pay

- In-network — You pay 25% and the plan pays 75%
- Out-of-network — You pay 40% and the plan pays 60%

Once the deductible is paid, the plan usually pays a percentage of the charges for medical services and you pay the remainder. The plan pays a higher percentage if you use a doctor or healthcare provider in the PPO network.

You may use your HealthFund or healthcare FSA to help pay your coinsurance.

4 Reach out-of-pocket maximum: Plan pays 100%

If you meet the out-of-pocket maximum limit for the calendar year, the plan pays 100% of your covered medical expenses for the rest of that calendar year.

---

Benefits Portal at Cedars-Sinai.MyBenefitChoice.com — bookmark it for easy access!
HOW HMOs WORK

- For most office visits and medical services, your only charge is a small fee (a copay), usually paid at the time of the appointment.
- You pay no deductibles or coinsurance.
- Everyone in an HMO must have a Primary Care Physician (PCP).
- Your PCP provides general medical care such as annual check-ups and authorizes referrals to other doctors, specialists and facilities for services your PCP does not provide.

HMOs: PCP Selection Is Key

Upon enrolling in an HMO, you’ll choose a PCP; you may select any PCP in the HMO network who is taking new patients; for children, you can designate a pediatrician as their PCP.

PCP selection determines which specialists, services, facilities and hospital you may use. Every PCP is part of a group practice that is either:

- A medical group staffed by a team of doctors, nurses and other healthcare providers. Usually you can see other PCPs in the medical group without a referral. (This can be helpful in urgent care situations when your doctor has no openings.)
- An independent practice association (IPA), which is a group of doctors in private offices who usually have ties to the same hospital. In an IPA, you can see only your PCP; you’ll need a referral to see other doctors in the IPA.

Your PCP will refer you only to specialists and facilities who contract with your PCP’s group practice.

Referrals from your PCP required

If you need services your PCP doesn’t provide, your PCP authorizes referrals to the appropriate healthcare provider (for instance, imaging centers, labs, hospitals or specialists).

If you get care without a referral from your PCP (or your PCP’s medical group) you will likely have to pay for those expenses yourself. However, you don’t need a referral from your PCP or the HMO:

- To get mental health or substance abuse services from another provider within your HMO’s network
- For OB-GYN specialist care within your medical group (the OB-GYN may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan or procedures for making referrals)

Direct Access

Under the Vivity HMO and Blue Cross HMO, many medical groups allow you to see dermatologists, ear, nose and throat doctors, OB-GYNs and allergists in your medical group without a referral from your doctor.

Vivity HMO referrals

Multisystem Super Medical Group

With Vivity’s Physician Directed Access, you may be able to see a specialist at another Vivity health system.

- Cedars-Sinai
- UCLA Health
- PIH Health
- Good Samaritan Hospital
- Torrance Memorial Medical Center
- Huntington Memorial Hospital
- Memorial Care Health System
- Marina Del Rey Hospital

Care is best maintained when you see physicians in your own medical group. However, cross-system referrals are permitted for second opinions or when another health system has a special expertise. To see a Vivity specialist who is outside of your medical group, first discuss it with your PCP and then request the referral.

PCP Selection Q&As

Must everyone in my family have the same PCP?

No. Each family member may have a different PCP. For instance, you can select a Cedars-Sinai Medical Group™ (CSMG) or Cedars-Sinai Health Associates™ (CSHA) PCP for yourself and a PCP/medical group that is close to home for your family.

How do I find a PCP?

Use the Find a Doctor search tool at anthem.com/ca. (Both the Blue Cross HMO and Vivity HMO are Anthem medical plans.)

When selecting the criteria in the Find a Doctor search tool, you’ll be asked to select a plan/network. Choose either:

- Blue Cross HMO (CACare) — Large Group
- Vivity

Be sure to check the box that says “Able to Serve as Primary Care Physician” when selecting the criteria for your search.

When you find a doctor you want to be your PCP, click on the name to see that doctor’s group practice and hospital affiliation(s). Remember, if you need medical services your PCP does not provide, your PCP will refer you to doctors and specialists in that same medical group or facilities that contract with that medical group. You will receive hospital services only from the hospital affiliations listed there (except for emergencies).

To receive Cedars-Sinai hospital services, you must select a PCP with CSMG or CSHA.

If you want help selecting a CSMG or CSHA PCP, or for questions about doctors and medical services, call Cedars-Sinai Medical Network™ Patient Services at 800-700-6424. (Tell the rep you’re a Cedars-Sinai employee.)
Can any type of doctor be my Primary Care Physician?

Your PCP must be an internist, family practitioner or pediatrician who practices as a PCP. Specialists such as cardiologists, orthopedic specialists or urologists cannot be your PCP under an HMO.

What if I don’t select a PCP when I enroll?

If you do not select a PCP when you first enroll, Anthem will assign you to a PCP close to your home. You may change your PCP through Anthem. See below for details.

Can I change my PCP?

You may change your PCP anytime, as long as you are not in the course of treatment with your current PCP or medical group. Changes will take effect on the first of the following month if requested by the fifteenth. Otherwise the effective date will be the first of the month after.

Contact your medical plan to change your PCP.

Blue Cross HMO     Vivity HMO
Phone: 800-227-3641   Phone: 844-659-6878
Web: anthem.com/ca       Web: anthem.com/ca

When you find the PCP you want at anthem.com/ca:

- Write down the numbers for the following fields (you’ll need them to select or change your PCP):
  - PCP ID/Enrollment ID (paper/online)
  - PCP ID/Enrollment ID (phone)
- Doctors may be affiliated with more than one HMO network. Be sure the PCP numbers are for the medical group/IPA you want.

What’s the difference between Vivity and Blue Cross HMOs?

The Vivity HMO and Blue Cross HMO share some similar features:

- You can get care from Cedars-Sinai, as long as you select a Cedars-Sinai Medical Group (CSMG) or Cedars-Sinai Health Associates (CSHA) PCP.
- Your copays will be waived for care provided by a Cedars-Sinai Medical Center-billed facility (except the Emergency Department, if not admitted).

The plans also have some important differences, shown in this table. For more details, see page 15.

<table>
<thead>
<tr>
<th></th>
<th>Vivity HMO</th>
<th>Blue Cross HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee premiums</td>
<td>Lower</td>
<td>Higher</td>
</tr>
<tr>
<td>Medical network</td>
<td>Vivity</td>
<td>CalCare</td>
</tr>
<tr>
<td>Service area</td>
<td>L.A. and Orange counties</td>
<td>California</td>
</tr>
<tr>
<td>Pharmacy network</td>
<td>Anthem (Express Scripts)</td>
<td>MedImpact</td>
</tr>
<tr>
<td>and formulary (covered medications)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
<td>Medical + Rx combined</td>
<td>Medical + Rx combined</td>
</tr>
<tr>
<td></td>
<td>$500/person</td>
<td>$6,100</td>
</tr>
<tr>
<td></td>
<td>$1,500/family</td>
<td>$11,700</td>
</tr>
<tr>
<td></td>
<td>= Total</td>
<td>$6,600/person</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$13,200/family</td>
</tr>
</tbody>
</table>
### Comparing Your Medical Plan Options

Below is a high-level summary of plan features and coverage.

For details, see each plan’s Summary of Benefits and Coverage or the Summary Plan Description. You can find these documents, and the Uniform Glossary (of health insurance terms), posted on the Benefits Portal at Cedars-Sinai.MyBenefitChoice.com. For a paper copy, contact the MBC HR Employee Benefits Help Desk at 888-302-3941 or MBC.cshs@milliman.com.

The following acronyms are used in the table below:
- **CSMG** — Cedars-Sinai Medical Group
- **CSHA** — Cedars-Sinai Health Associates
- **CSED** — Cedars-Sinai Emergency Department
- **PCP** — Primary Care Physician

### Questions about what’s covered?

Visit the website (all plans)
- anthem.com/ca

Call Vivity HMO
- 844-659-6878

Call Blue Cross HMO or Blue Cross PPO
- 800-227-3641 (in California)
- 877-800-7339 (outside California)

### PLAN

<table>
<thead>
<tr>
<th>PLAN</th>
<th>ANTHEM VIVITY HMO</th>
<th>BLUE CROSS HMO</th>
<th>BLUE CROSS PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of plan</td>
<td>Health Maintenance Organization</td>
<td>Health Maintenance Organization</td>
<td>Preferred Provider Organization</td>
</tr>
<tr>
<td>Where available</td>
<td>L.A. and Orange Counties only</td>
<td>California only</td>
<td>Anywhere in the U.S. and its territories</td>
</tr>
<tr>
<td>PCP required?</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Referral required?</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Covered Providers In-Network</td>
<td>Vivity HMO Network</td>
<td>CSMG or CSHA PCP</td>
<td>Any Other CaliforniaCare HMO Network PCP</td>
</tr>
<tr>
<td>Access to Cedars-Sinai care?</td>
<td>CSMG or CSHA PCP: Yes Other PCPs: No CSMC access</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Deductible Per calendar year</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Out-of-pocket limit Per calendar year</td>
<td>$500/person $1,500/family (medical and Rx combined)</td>
<td>$500/person $1,500/family (medical only)</td>
<td>$500/person $1,500/family (medical only)</td>
</tr>
<tr>
<td>Covered Services</td>
<td>All PCPs</td>
<td>CSMG or CSHA Copay</td>
<td>Other PCPs Copay</td>
</tr>
<tr>
<td>Office visit MD/professional</td>
<td>PCP: $20/visit* Specialist: $35/visit*</td>
<td>PCP: $20/visit* Specialist: $35/visit*</td>
<td>PCP: $30/visit Specialist: $45/visit</td>
</tr>
<tr>
<td>Preventive care</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Urgent care center</td>
<td>$20/visit*</td>
<td>$20/visit* $30/visit</td>
<td>25%* 40%</td>
</tr>
<tr>
<td>Emergency room Copay/charges waived only if admitted</td>
<td>CSED: $50/visit Copay not waived (unless admitted)</td>
<td>CSED: $50/visit Copay not waived (unless admitted)</td>
<td>CSED: $50/visit Copay not waived (unless admitted)</td>
</tr>
<tr>
<td>Diagnostic lab/X-ray</td>
<td>$0</td>
<td>$10/test* $10/test</td>
<td>25%* 40%</td>
</tr>
<tr>
<td>Advanced imaging</td>
<td>$100/test*</td>
<td>$10/test* $10/test</td>
<td>25%* 40%</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>$100/procedure*</td>
<td>$0</td>
<td>25%* 40%</td>
</tr>
<tr>
<td>Hospital Facility</td>
<td>$150/day ($450/admit max)*</td>
<td>$150/day ($450/admit max)*</td>
<td>$150/day ($450/admit max)*</td>
</tr>
<tr>
<td>Hospital visit MD/professional</td>
<td>$0</td>
<td>$0</td>
<td>25% 40%</td>
</tr>
</tbody>
</table>

*Cedars-Sinai charges waived, including deductibles; provider charges may apply. **Plus allowed amount is reduced by 25 percent at noncontracting hospitals.
Medical and Pharmacy Premiums

Cedars-Sinai is keenly aware of the cost pressures in medicine — for hospitals, clinics, doctors and for patients. Rising premiums can place a burden on household budgets, especially for those who can least afford it. As a healthcare organization, it’s important to us that medical coverage remains accessible to all of our employees.

The cost of medical benefits is shared between you and Cedars-Sinai; your share is based on your pay rate, the plan you enroll in and which family members you cover. The monthly amount under You Pay is divided in half and taken from 24 of your 26 annual paychecks (or the remaining paychecks until June 30, 2019).

### MONTHLY MEDICAL BENEFIT PREMIUMS: JULY 1, 2018–JUNE 30, 2019

<table>
<thead>
<tr>
<th>Pay rate under $20.00</th>
<th>Employee</th>
<th>Employee and Spouse/Domestic Partner</th>
<th>Employee and Children</th>
<th>Employee and Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Pay</td>
<td>Cedars-Sinai Pays</td>
<td>You Pay</td>
<td>Cedars-Sinai Pays</td>
<td>You Pay</td>
</tr>
<tr>
<td>Vivity HMO</td>
<td>$0.00</td>
<td>$486.92</td>
<td>$0.00</td>
<td>$1,071.24</td>
</tr>
<tr>
<td>Blue Cross HMO</td>
<td>$45.00</td>
<td>$460.85</td>
<td>$84.00</td>
<td>$1,028.85</td>
</tr>
<tr>
<td>Blue Cross PPO</td>
<td>$128.00</td>
<td>$669.28</td>
<td>$397.00</td>
<td>$1,357.02</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pay rate $20.00–$34.99</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Pay</td>
</tr>
<tr>
<td>Vivity HMO</td>
</tr>
<tr>
<td>Blue Cross HMO</td>
</tr>
<tr>
<td>Blue Cross PPO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pay rate $35.00–$59.99</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Pay</td>
</tr>
<tr>
<td>Vivity HMO</td>
</tr>
<tr>
<td>Blue Cross HMO</td>
</tr>
<tr>
<td>Blue Cross PPO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pay rate $60.00 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Pay</td>
</tr>
<tr>
<td>Vivity HMO</td>
</tr>
<tr>
<td>Blue Cross HMO</td>
</tr>
<tr>
<td>Blue Cross PPO</td>
</tr>
</tbody>
</table>

For medical benefit purposes, your pay rate is your hourly rate of pay in the Cedars-Sinai payroll system on April 1 each year, excluding shift differentials. For 12-hour shift employees, your rate is your eight-hour equivalent rate of pay. If you are full-time salaried, it’s your annual salary divided by 2,080 (hours). Your hourly pay rate or eight-hour equivalent rate is shown on your Personalized Current Benefit Summary or Personalized Benefit Enrollment Checklist. Your pay rate in effect on April 1 each year (or hire date, if later) determines your monthly premium amount for the next benefit year starting July 1. Your monthly premium amount will not change during the year because of any increase or decrease in your pay rate.
PRIMAR Y CARE? URGENT CARE? EMERGENCY DEPARTMENT?

Choosing the right place to get care for you and your family.

To save you money, time and unnecessary delays, know these options to receive the right care in the right place.

EMPLOYEE HEALTH SERVICES

<table>
<thead>
<tr>
<th>Type of care</th>
<th>When to use</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you feel your illness or injury is job related, or if you think you might be infectious to co-workers or patients.</td>
<td></td>
</tr>
<tr>
<td>New hire/volunteer and annual screenings and vaccinations</td>
<td>Medical evaluations of work-related injuries and subsequent follow-up visits</td>
</tr>
<tr>
<td>Medical evaluations of any condition that may be infectious</td>
<td>Medical evaluations of any condition that may be infectious</td>
</tr>
<tr>
<td>Fitness for duty evaluations</td>
<td></td>
</tr>
</tbody>
</table>

Copay None

Contact
Steven Spielberg Building
8723 Alden Drive, SSB-200
Los Angeles, CA 90048
310-423-3322
Monday–Friday, 6 a.m.–5 p.m.

YOUR PRIMARY CARE PHYSICIAN (PCP)

<table>
<thead>
<tr>
<th>Type of care</th>
<th>Your healthcare partner in managing your healthcare. They may treat you online or over the phone, schedule an appointment to see you in person, coordinate care with a specialist, direct you to urgent care or suggest you go to the nearest emergency room. Your PCP’s care team is available 24/7.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive care and wellness</td>
<td>First line of support for illness or injury</td>
</tr>
<tr>
<td>First line of support for illness or injury</td>
<td>Disease management</td>
</tr>
<tr>
<td>Disease management</td>
<td>Access to specialized care</td>
</tr>
</tbody>
</table>

Copay

Vivity HMO and Blue Cross HMO

- PCP with Cedars-Sinai Medical Group (CSMG) - Will be waived
- PCP with Cedars-Sinai Health Associates (CSHA) - $20/visit (may be waived)
- PCP with other medical group - $30/visit
- PPO - 25 percent in-network (waived at CSMG) - 40 percent out-of-network

Coinsurance
Blue Cross PPO

Contact
Your PCP or pediatrician’s name and phone number are on your medical ID card. We suggest you enter this vital information into your contacts for easy reference.

My CS-Link — Your secure connection to your personal health information at Cedars-Sinai

You can access your Employee Health Services information:
Complete your annual clearance questionnaire on My CS-Link before visiting with the Employee Health Services nurse.

If you are a Cedars-Sinai patient, My CS-Link allows you to:
- Communicate with your physician
- Request appointments
- Access test results
- Request prescription renewals
- View information on your care

To activate your My CS-Link account go to MyCSLink.org:
- Select “New User Signup.”
- Enter your access code as it appears on your enrollment letter or email; if you don’t have one, you may request one online.
- Create your ID, password and password hint.

Get the My CS-Link app!
After you have activated your My CS-Link account from the website, download the app from your mobile provider’s store (search “Cedars-Sinai My CS-Link”).
### URGENT CARE

<table>
<thead>
<tr>
<th>Type of care</th>
<th>When to use</th>
</tr>
</thead>
</table>
| To get immediate medical care for a condition that is not life-threatening. | Cold or flu  
Cuts/lacerations with contained bleeding  
Dehydration  
Diarrhea  
Ear infections  
Fever or chills  
Muscle pain  
Nausea and vomiting  
Respiratory infections  
Sore throat or cough  
Sprains  
Urinary tract infections |

**Copay**
- Cedars-Sinai Medical Group Urgent Care: Will be waived
- Other urgent care facilities:
  - $30/visit (Vivity HMO and Blue Cross HMO)
  - 25% coinsurance (Blue Cross PPO in-network)
  - 40% coinsurance (Blue Cross PPO out-of-network)

**Contact**
Cedars-Sinai Medical Group Locations
- Beverly Hills  
  8501 Wilshire Blvd., Suite 150  
  Beverly Hills, CA 90211  
  310-248-7000
- Culver City  
  10100 Culver Blvd.  
  Culver City, CA 90232  
  310-423-3333
- Playa Vista  
  12746 West Jefferson Blvd.  
  Playa Vista, CA 90094  
  424-315-2240
  Monday–Friday, noon–9 p.m.  
  Saturday–Sunday, 9 a.m.–6 p.m.

### ANTHEM LIVEHEALTH ONLINE

<table>
<thead>
<tr>
<th>Type of care</th>
<th>When to use</th>
</tr>
</thead>
</table>
| To see an Anthem physician by video using your computer or mobile device; available 24/7. | Any illness or injury (non-life-threatening)  
Sick kids after hours  
While traveling  
If you would prefer to use remote technology  
Spanish-speaking doctors are available by appointment using Cuidado Médico on LiveHealth Online from 7 a.m.–11 p.m. seven days a week |

**Copay**
- None

**Contact**
Web: livehealthonline.com  
App: Search for “LiveHealth Online” in your mobile device store

### HOSPITAL EMERGENCY DEPARTMENT

<table>
<thead>
<tr>
<th>Type of care</th>
<th>When to use</th>
</tr>
</thead>
</table>
| For emergency treatment if you have a severe or life-threatening condition. | Bleeding that will not stop  
Bone breaks  
Chest pain or stroke  
Fever in babies (under eight weeks)  
Major cuts  
Ongoing vaginal bleeding if pregnant  
Seizure without existing condition  
Serious burns  
Serious injury to head, neck, spine or back  
Snake bite  
Sudden loss or change of vision  
Suicidal thoughts  
Vomiting or coughing up blood |

**Copay**
- Cedars-Sinai Emergency Department:
  - Vivity HMO and Blue Cross HMO: $50/visit
  - Blue Cross PPO: $100/visit + 25% coinsurance
- Anywhere else:
  - Vivity HMO and Blue Cross HMO: $100/visit
  - Blue Cross PPO: $100/visit + 25% coinsurance
  Charges will be waived if admitted (at Cedars-Sinai or anywhere).

**Contact**
Cedars-Sinai Emergency Department  
North Tower, Street Level  
8700 Beverly Blvd.  
Los Angeles, CA 90048  
310-423-3277 or call 911
PHARMACY BENEFITS

Vivity HMO Rx Benefit Through Anthem

The Vivity HMO plan pharmacy benefit is administered by Anthem. You will use your Vivity HMO ID card at the pharmacy.

<table>
<thead>
<tr>
<th>Rx COPAYS</th>
<th>VIVITY HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem Rx</td>
<td>In-Network Retail*</td>
</tr>
<tr>
<td>Tier 1</td>
<td>$10</td>
</tr>
<tr>
<td>Typically generic; includes diabetic supplies</td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>$20</td>
</tr>
<tr>
<td>Typically brand formulary</td>
<td></td>
</tr>
<tr>
<td>Tier 3</td>
<td>$40</td>
</tr>
<tr>
<td>Typically nonbrand formulary; includes compound drugs (retail only)</td>
<td></td>
</tr>
<tr>
<td>Tier 4</td>
<td>20% maximum $150</td>
</tr>
<tr>
<td>Typically specialty medications; includes self-injectable (except insulin)</td>
<td></td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
<td>$500/person $1,500/family (medical and Rx combined)</td>
</tr>
</tbody>
</table>

** Out-of-network purchases — Vivity/Anthem Rx covers medications purchased from out-of-network pharmacies; you pay the retail pharmacy copays plus 50 percent of the remaining prescription drug maximum allowed amount plus costs in excess of the prescription drug maximum allowed amount.

Specialty, compound and self-injectable medications are covered only through the specialty pharmacy and may not be available through home delivery. Call the phone number on your Anthem ID card for details.

Blue Cross PPO and Blue Cross HMO Rx Benefit Through MedImpact

The Blue Cross PPO and Blue Cross HMO pharmacy benefit is administered by Medimpact. When you are filling prescriptions, you'll need to use your MedImpact ID card and member numbers.

Blue Cross PPO and HMO Rx benefit questions?

Contact MedImpact
Phone: 800-788-2949
Web: medimpact.com/members
Pharmacy Finder: medimpact.com

Keep in mind! Under the Blue Cross PPO and HMO, prescription medications are covered only at in-network pharmacies; specialty medications are covered only at Walgreens specialty pharmacies; see the next page for details.

Vivity HMO Rx benefit questions?

Contact MedImpact (Vivity)
Phone: 844-659-6878
Web: anthem.com/ca
Pharmacy Finder: (Find a Doctor: Vivity > Pharmacy)

* At in-network retail pharmacies, 90-day supply for three x 30-day supply copays.
Blue Cross PPO and Blue Cross HMO Rx Benefit (continued)

Maintenance Medications

Maintenance medications for the following conditions are covered under the Blue Cross PPO and Blue Cross HMO for $0 copay:

<table>
<thead>
<tr>
<th>TYPES OF MAINTENANCE MEDICATIONS</th>
<th>Generic or Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angina</td>
<td>Aspirin</td>
</tr>
<tr>
<td>Anticoagulants</td>
<td>Bowel Preparations</td>
</tr>
<tr>
<td>Anticonvulsants</td>
<td>Breast Cancer Prevention</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>Fluoride</td>
</tr>
<tr>
<td>Antipsychotics</td>
<td>Folic Acid</td>
</tr>
<tr>
<td>Arrhythmias</td>
<td>Immunizations</td>
</tr>
<tr>
<td>Asthma</td>
<td>Prenatal Vitamins</td>
</tr>
<tr>
<td>Chemical Dependency</td>
<td>Smoking Deterrents</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Women’s Contraceptives</td>
</tr>
<tr>
<td></td>
<td>High Cholesterol</td>
</tr>
<tr>
<td></td>
<td>Hypertension</td>
</tr>
<tr>
<td></td>
<td>Immunosuppressives</td>
</tr>
<tr>
<td></td>
<td>Influenza</td>
</tr>
<tr>
<td></td>
<td>Malaria</td>
</tr>
<tr>
<td></td>
<td>Obesity</td>
</tr>
<tr>
<td></td>
<td>Osteoporosis</td>
</tr>
<tr>
<td></td>
<td>Stroke Prevention</td>
</tr>
</tbody>
</table>

Automatic Generic Substitution

- To help contain the high cost of prescription drugs, the pharmacy automatically substitutes a generic drug for the prescribed brand drug if a generic is available and can be safely and effectively substituted.
- If there is no generic equivalent, you’ll receive the brand drug and pay the brand formulary or brand nonformulary copay.
- If you tell the pharmacist you want the brand drug rather than the generic, you’ll pay the brand formulary or brand nonformulary copay plus the difference between the brand drug cost and the generic drug cost.
- If your doctor writes the prescription for the brand medication and specifies “Do Not Substitute” on the Rx, you’ll pay only the brand formulary or brand nonformulary copay.

Quantity, Age or Gender Restrictions and Step Therapy

Under pharmacy best practices, some types of medications have:
- Quantity limits: To comply with FDA product label indications.
- Age restrictions: Some drugs are approved for adults only.
- Gender restrictions: Some drugs are approved for males only/females only.

If your prescription is not consistent with FDA quantity, age or gender guidelines, MedImpact will not approve filling the prescription without their prior authorization.

Another best practice we use is step therapy — A pharmacy program that requires you to try a generic or preferred medication first (Step 1). If that medication is found to be ineffective or if your Rx history shows that the generic drug was previously dispensed, then the brand or higher-cost medication can be dispensed (Step 2). Not all nonpreferred or brand medications require step therapy. If your medication is covered under the step therapy program and there is no record of a generic drug previously being dispensed, then you must try the generic first or get prior authorization from MedImpact.

For prior authorization, your physician submits a medication request form stating how your prescription complies with FDA quantity, age or gender clinical guidelines or why you must have the brand drug without trying the generic first. For a medication request form, your physician’s office should call MedImpact at 800-788-2949.

Walgreens Mail Service

You can obtain a 90-day supply of a maintenance medication through a Medimpact network pharmacy or the Walgreens mail service. Remember to ask your doctor to write the prescription for a 90-day supply.

Walgreens Specialty Pharmacies

You can pick up your specialty medication at a Walgreens specialty pharmacy or you can receive your medications by delivery to your home, workplace, physician’s office or any other designated location. For additional information, contact Walgreens specialty pharmacy at 866-202-4014.

Walgreens Customer Care

Walgreens Mail Service
866-304-2846 (English) 800-778-5427 (en español)
800-573-1833 (TTY English) 877-220-6173 (TTY en español)

You can get a mail order form by calling Walgreens customer care or online from walgreens.com/mailservice.
(When ordering online, be sure to choose the Tempe, AZ facility.)

Walgreens Specialty Pharmacy
866-202-4014
**DENTAL BENEFITS**

Your dental plan options are similar to your medical plan options: the DeltaCare USA plan, which is an HMO-type plan, or the Delta Dental PPO plan. The table below shows your out-of-pocket charges for covered dental care.

**DeltaCare USA:**
- When you enroll, you select a primary dentist from the DeltaCare USA network.
- You must see your primary dentist for all basic dental care. If you need specialty dental care, you must get a referral from your primary dentist. Otherwise, the dental care is not covered by the plan.
- There is no annual deductible or annual plan limit (except for orthodontia). This plan pays 100 percent of preventive care and for most other services, you pay a copay.

**Delta Dental PPO:**
- You can see any licensed dentist or dental specialist.
- You pay less out of pocket if you see a Delta Dental PPO dentist.
- You must pay the annual (calendar-year) deductible and a percentage of the charge for covered dental services. The plan has an annual maximum amount it will pay.

### DENTAL PLAN OPTIONS

<table>
<thead>
<tr>
<th>Type of plan</th>
<th>DeltaCare USA</th>
<th>Delta Dental PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where available</td>
<td>Only if you live in California</td>
<td>Anywhere in the U.S.</td>
</tr>
<tr>
<td>Primary dentist required?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Calendar-year benefit limit</td>
<td>None</td>
<td>$2,000/person</td>
</tr>
<tr>
<td>Calendar-year deductible</td>
<td>None</td>
<td>$50/person $150/family</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No deductible for preventive, diagnostic or orthodontia</td>
</tr>
<tr>
<td>Preventive and diagnostic</td>
<td>No copay</td>
<td>Delta Dental PPO dentist: 0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Delta Dental PPO dentist: 0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other dentist: 0%*</td>
</tr>
<tr>
<td>Basic services</td>
<td>No copay for most services</td>
<td>Delta Dental PPO dentist: 10%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Delta Dental PPO dentist: 20%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other dentist: 20%*</td>
</tr>
<tr>
<td>Major services</td>
<td>Copay for most major services</td>
<td>Delta Dental PPO dentist: 40%</td>
</tr>
<tr>
<td></td>
<td>See benefit booklet for details</td>
<td>Delta Dental PPO dentist: 50%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other dentist: 50%*</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>$1,600 to $1,800 copay, plus</td>
<td>Delta Dental PPO dentist: 50%</td>
</tr>
<tr>
<td></td>
<td>$350 start-up fee</td>
<td>Delta Dental PPO dentist: 50%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other dentist: 50%*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>to $1,800 lifetime maximum</td>
</tr>
</tbody>
</table>

* Delta Dental PPO and Delta Dental dentists won't charge more than the percentage shown above for covered dental services. If you see a non-Delta Dental dentist, you'll have to pay the difference between the amount Delta Dental pays and the amount the non-Delta Dental dentist charges.

### MONTHLY DENTAL BENEFIT PREMIUMS: JULY 1, 2018–JUNE 30, 2019

<table>
<thead>
<tr>
<th></th>
<th>Employee Only</th>
<th>Employee and Spouse/ Domestic Partner</th>
<th>Employee and Child(ren)</th>
<th>Employee and Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You Pay</td>
<td>You Pay</td>
<td>You Pay</td>
<td>You Pay</td>
</tr>
<tr>
<td>DeltaCare USA (HMO)</td>
<td>$5.00</td>
<td>$10.41</td>
<td>$10.00</td>
<td>$16.45</td>
</tr>
<tr>
<td></td>
<td>$7.00</td>
<td>$19.64</td>
<td>$12.00</td>
<td>$26.39</td>
</tr>
<tr>
<td>Delta Dental PPO</td>
<td>$21.00</td>
<td>$44.04</td>
<td>$28.00</td>
<td>$101.05</td>
</tr>
<tr>
<td></td>
<td>$28.00</td>
<td>$59.00</td>
<td>$59.00</td>
<td>$123.84</td>
</tr>
</tbody>
</table>
# VISION BENEFITS

You can purchase vision coverage for yourself and your eligible family members from VSP. You’ll receive a higher benefit if you use VSP providers. Your VSP vision care copays and reimbursement amounts are listed below.

## MONTHLY VISION PREMIUMS

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>VSP DOCTOR</th>
<th>OUT-OF-NETWORK REIMBURSEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye exams</td>
<td>Plan Pays 100% of charge after the copay</td>
<td>Plan Pays Up to $50 reimbursement</td>
</tr>
<tr>
<td>Covered once every 12 months</td>
<td>You Pay $10 copay*</td>
<td>You Pay $10 copay plus any charge over $50</td>
</tr>
<tr>
<td>Prescription Glasses or Contacts for Vision Correction</td>
<td>Plan Pays 100% of charge after the copay (single vision, lined bifocal, lined trifocal, lenticular, progressive and anti-reflective)</td>
<td>Plan Pays Reimbursement up to:</td>
</tr>
<tr>
<td>Lenses</td>
<td>You Pay $10 copay** (single vision, lined bifocal, lined trifocal and lenticular)</td>
<td>Plan Pays $50 for single vision lenses</td>
</tr>
<tr>
<td>Covered once every 12 months</td>
<td>Additional $50 copay (progressive)</td>
<td>Plan Pays $75 for lined bifocal lenses</td>
</tr>
<tr>
<td>(instead of contacts)</td>
<td>Additional $40 copay (anti-reflective)</td>
<td>Plan Pays $100 for lined trifocal lenses</td>
</tr>
<tr>
<td></td>
<td>If you select lens options and frames that exceed the VSP allowance, you pay the difference</td>
<td>Plan Pays $125 for lenticular lenses</td>
</tr>
<tr>
<td>Frames</td>
<td>Plan Pays Frames of your choice (including prescription sunglasses)</td>
<td>Plan Pays Up to $70 reimbursement</td>
</tr>
<tr>
<td>Covered once every 24 months</td>
<td>covered up to $150 (plus you receive 20% off any out-of-pocket costs)</td>
<td>You Pay Any charge over $70</td>
</tr>
<tr>
<td></td>
<td>You Pay If you select lens options and frames that exceed the VSP allowance, you pay the difference</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td>Plan Pays Up to $150 allowance</td>
<td>Plan Pays Up to $105 reimbursement</td>
</tr>
<tr>
<td>Contact lenses</td>
<td>You Pay Any charge over $150</td>
<td>You Pay Any charge over $105</td>
</tr>
<tr>
<td>Covered once every 12 months</td>
<td>Plan Pays Any charge over $60</td>
<td>Plan Pays $0 (included in $105 above)</td>
</tr>
<tr>
<td>(instead of lenses and frames)</td>
<td>You Pay Up to $60 copay</td>
<td>You Pay Any charge over $105</td>
</tr>
<tr>
<td>Fitting and evaluation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*$10 copay waived for employees at the Beverly Hills Vision Center. **$10 copay includes both lenses and frames. ***You are eligible for frames 12 months from the date contacts were obtained.

### Using your VSP vision plan:
- No ID cards necessary.
- Find a VSP doctor at vsp.com.
- Make an appointment with a VSP provider and tell them you’re covered by VSP.
- Get your copay reimbursed using the healthcare flexible spending account (see page 27).

### Questions about what’s covered?
- 800-877-7195
- vsp.com

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**MONTHLY VISION PREMIUMS**

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>You Pay</th>
<th>Cedars-Sinai Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$10.12</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee and Spouse/ Domestic Partner</td>
<td>$20.27</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee and Children</td>
<td>$21.67</td>
<td>$0.00</td>
</tr>
<tr>
<td>Family</td>
<td>$34.64</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

---

Benefits Portal at Cedars-Sinai.MyBenefitChoice.com — bookmark it for easy access!

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PIT vP1—7/1/2018 22
Many people think about “wellness” in terms of physical health only. The word evokes thoughts of nutrition, exercise, blood pressure and sleep. But wellness is much more than just physical health. It’s a complex integration of factors that, when balanced, lead to higher quality of life.

Our employee wellness program is here to help you cultivate broad-based wellbeing that springs from health across seven dimensions:

- **Emotional wellbeing** is the ability to freely feel and express the full range of human emotions, to love and be loved and to achieve a sense of fulfillment in life. Onsite programs: mindful meditation, transforming stress, tai-chi, Headspace app®, Work & Life Matters.

- **Spiritual wellbeing** is the commitment to a set of guiding values that give direction to your life and provide a sense of purpose — whether through nature, art, music, religion, meditation, good deeds or something else that’s meaningful to you. Onsite programs: Volunteer Services Program, Employee Giving Program, Spiritual Care Department, clinical trials subject.

- **Environmental wellbeing** means to protect the environments in which we live and work collectively, including the Earth and our worksite. Onsite programs: rideshare, safety net, sit-stand work stations.

- **Physical wellbeing** involves a commitment to healthy behaviors like being active, eating right and managing stress. Onsite programs: On-campus fitness classes, Bike to Work Program, community gym/fitness discounts, weight management classes, Smoking Cessation Program, healthy nutrition options at work, Take 5 & Thrive Program.

- **Social wellbeing** is the ability to successfully interact with others by learning good communication skills, developing intimacy and creating a support network of friends and family. Onsite programs: Trend Setters, wellness champions, Recreation Connection, Healthy Pregnancy & Parenting.

- **Intellectual wellbeing** includes an openness to new ideas, motivation to master new skills and a sense of humor, creativity and curiosity. Onsite programs: Toastmasters Cedars-Sinai Club, Organization Development & Learning (ODL) classes, monthly grand rounds.

- **Occupational wellbeing** means contributing your unique talents and skills to work that is meaningful and rewarding, as well as thriving financially. Onsite programs: Cedars-Sinai Career Center, Career Development/Coaching, Cedars-Sinai retirement program and planning, preretirement coaching financial counseling, Tuition Assistance Program.

To encourage you on the path to wellbeing, Cedars-Sinai supports healthy behavior all year long and offers generous incentives. To make participation easy and fun, we’re partnering with Jiff.

Jiff’s mobile-based program helps you work toward health goals while earning HealthFund dollars and/or other great rewards.

**Jiff is...**

- **Mobile.** Access Jiff anywhere, from your mobile device (or a computer if you don’t have a smartphone).
- **Integrated.** Jiff syncs with Fitbit®, MyFitnessPal and a variety of other fitness and wellbeing apps.
- **Social.** Challenge and encourage your co-workers.

The Jiff mobile app puts wellbeing at your fingertips. Tracking health activities through Jiff is easy and convenient.

---

**Wellbeing on the Cedars-Sinai intranet**

For details and more: Cedars-Sinai intranet: Administrative > Employee Wellness Program

Contact the Employee Wellness Program:
Email: wellness@cshs.org
## 1 GET STARTED

**DOWNLOAD Jiff**
Download the Jiff — Health Benefits app from the Google Play Store or Apple App Store.
If you don’t have access to a smartphone, you can go to [app.jiff.com](http://app.jiff.com).

**Activate an account using the Jiff token:**
Then verify your identity by entering your Employee ID.

**Customize your Jiff experience and select your programs.**

**$50 credit**
Get your first reward!
Just for activating your account, you get $50 credit in the Jiff Store. Use it on items (like a fitness tracker) to help you meet your health goals. This credit is not available for re-enrollment.

---

## 2 EARN POINTS

Earn points for taking healthy actions and tracking them through the Jiff app or website.

### PLEDGE FOR GOOD HEALTH...
Available to employees with Cedars-Sinai medical coverage

**PARTNER WITH YOUR PCP**
Earn 400 points for linking out to the CS Benefits app, which makes it easy to access Anthem and My CS-Link — your first step to getting in touch with your PCP.

1. From the Jiff app, select the “Partner with Your PCP” program, and then follow the “Learn More” and “CS Benefits” links to get to the CS Benefits app.
2. Download the CS Benefits app onto your mobile device:
   - iPhone: Download the app at csbenefitsapp.com (follow the instructions to authorize the app on your phone).
   - Android: Search “cedars-sinai benefits” on Google Play.
   - Open the app, accept the pop-up message and enter the access code: csapp.

**BIOMETRICS**
Earn 800 points for completing your biometrics. Get started with the program in Jiff, then follow the instructions in BioIQ to get your results at a local lab or from your physician.

- **Lab:** Get your screening through a wide array of labs, including LabCorp. BioIQ will recommend a lab near your home or work location or you can select your own preferred location. Results will automatically be sent to Jiff.
- **Physician:** When you select the “Physician” screening option, you’ll receive an email from BioIQ. Simply take the BioIQ physician form to your appointment and follow the instructions on the form. Either your doctor’s office or you will need to send the results to BioIQ.

Points will show when Jiff receives your results from the lab or from your physician.

### AND PLAY!
Available to all benefits-eligible employees, with or without Cedars-Sinai medical coverage

**GET ACTIVE**
Track your steps by linking and syncing an activity tracker (Fitbit, Garmin®, etc.) with Jiff. Earn points every day for taking steps:
- 5,000 steps/day = 3 points
- 7,000 steps/day = 4 points
- 10,000 steps/day = 5 points
Sync steps within seven days for credit.

**SLEEP SOUNDLY**
Earn 2 points for every night you track your sleep.
Sync sleep within three days for credit.

**TRACK YOUR FOOD**
Earn 5 points for every day you track what you eat on the mobile app/website MyFitnessPal.
Sync food within three days for credit.
If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the MBC HR Employee Benefits Help Desk at 888-302-3941 and we will work with you (and, if you wish, with your doctor) to find a reasonable alternative that is right for you in light of your health status.

If you’re enrolled in a Cedars-Sinai medical plan...

Redeem your first 1,200 points for a HealthFund contribution, based on your pay rate:
- Under $35/hour = $300
- $35 or more/hour = $150

You must redeem the HealthFund first before having access to other rewards.

Once you’ve redeemed your HealthFund contribution, you can redeem up to 300 more points.
- 150 points — $25 ecard (Starbucks®, Amazon® or Visa®)
- 150 points — $25 Jiff Store credit

Additional points may be redeemed for other rewards.

For help with...

Jiff app/website technical or downloading issues
Phone: 855-224-2777
Web: helpcenter.jiff.com
Email: support@jiff.com

Other questions or issues
MBC HR Employee Benefits Help Desk
Phone: 888-302-3941
Email: MBC.cshs@milliman.com

Benefits Portal: See the FAQs under “Get started with Jiff today” on the home page carousel
Web: Cedars-Sinai.MyBenefitChoice.com

If you’re not enrolled in a Cedars-Sinai medical plan, you can still participate!

As long as you’re benefits-eligible, you can:
- Register with Jiff and track wellness goals.
- Get a $50 credit to use at the Jiff Store on a fitness tracker or another item to help you meet your wellbeing goals.
- Earn points in the Get Active, Sleep Soundly and Track Your Food programs.
HEALTHFUND

To encourage you on the path to wellbeing, Cedars-Sinai offers generous incentives. If you are enrolled in a medical plan with Cedars-Sinai, you can earn a HealthFund contribution.

How to Earn the HealthFund

1. Be enrolled in a Cedars-Sinai medical plan.
2. Earn 1,200 points from any combination of the healthy activities outlined on page 24 (#2 Earn Points).
3. Redeem your HealthFund in the Jiff Rewards Center.

Here’s how to redeem the HealthFund:

1. Select “Rewards” from the bottom menu.
2. Select “Buy” from the top menu, then select “Buy” on the HealthFund icon.
3. To check that you redeemed it correctly, go to your “Order History” to make sure HealthFund appears there.

Your HealthFund money will be available around the middle of the month following the month you redeem your points in the Jiff Rewards Center. For example, if you redeem your HealthFund on Jan. 20, your HealthFund money would be available around mid-February.

HealthFund Contribution

The total HealthFund contribution you can earn each year is determined by your pay rate.

<table>
<thead>
<tr>
<th>Hourly Pay Rate</th>
<th>Cedars-Sinai Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $34.99</td>
<td>$300</td>
</tr>
<tr>
<td>$35.00 or more</td>
<td>$150</td>
</tr>
</tbody>
</table>

HealthFund accounts are limited to $1,000. If your account reaches the limit, no new contributions will be made.

Your account is with TRI-AD, our HealthFund administrator. (They also administer the FSAs.) You can access your account information by going to their website at tri-ad.com/fsa or by using the TRI-AD Benefits on the Go mobile app.

Spending Your HealthFund

There are hundreds of eligible expenses paid from your HealthFund, including doctor or dentist copays. (See page 29 for a short list of common expenses.)

To help you spend the funds, TRI-AD will send you a debit card. Use your TRI-AD debit card at doctors’ offices, pharmacies, hospitals, labs or outpatient facilities and approved merchants (such as grocery store pharmacies).

Find out more about the debit card on page 28.

No TRI-AD debit card? No problem!

If you don’t have it with you when you need it or it hasn’t yet arrived, no problem. The card’s not required to spend the money in your account.

You can pay with a personal credit card or another form of payment, then submit a claim to TRI-AD:

- On their website at tri-ad.com/fsa
- Using the TRI-AD Benefits on the Go mobile app

You’ll be reimbursed from your HealthFund.

Providing Proof for an Eligible Healthcare Expense

Because income taxes are waived on HealthFund contributions, TRI-AD must verify that every expense is eligible.

- Sometimes when you use your debit card, the expense can be automatically verified.
- Sometimes you will need to submit proof that the expense was eligible — even when using the debit card.

How do you know you need to submit proof?

- You will receive an email notice or a letter from TRI-AD.
- Or you can check your account at tri-ad.com/fsa.

The main benefit of the debit card is convenience: It allows you to pay the provider directly from your HealthFund instead of paying out of pocket, filing a claim and then waiting for reimbursement.

Whether you pay with your own money or use your debit card, always keep the itemized receipt in case additional documentation is requested later.

The itemized receipt must show:

- Merchant or provider name and address
- Name of person receiving the service
- Item purchased or service received
- Date of purchase or service
- Amount of purchase or service

For over-the-counter medications you must also provide a copy of the prescription from your doctor.

You must submit any documentation that has all of the items listed above, for instance an Explanation of Benefits from the insurance company. Credit card receipts are not an accepted form of documentation.
FLEXIBLE SPENDING ACCOUNTS

Two types of flexible spending accounts (FSAs) allow you to spend untaxed income on eligible healthcare and dependent care expenses.

**Healthcare FSA**
This FSA offers a way to potentially save up to 30 percent on eligible out-of-pocket healthcare expenses for you and your dependents, such as medical, dental and vision coinsurance and copays, prescription drugs, glasses/contacts/LASIK and orthodontia. Many over-the-counter medications and supplies are reimbursable, but some OTC medications require a prescription from a doctor.

For more on eligible expenses, go to tri-ad.com/fsa. (TRI-AD is our FSA administrator.)

**Dependent Care FSA**
This FSA offers a way to reduce your eligible dependent care expenses (childcare, adult daycare, elder care) on a pretax basis. You can participate if you pay someone to care for these dependents so you can work:
- Child(ren) under age 13
- Elder parent or disabled dependent incapable of self-care

Use funds for daycare, in-home childcare and after-school care, or for nonmedical nursing or nurse’s aide services and/or home care.

<table>
<thead>
<tr>
<th>BENEFIT YEAR</th>
<th>ANNUAL CONTRIBUTIONS</th>
<th>CLAIMS RUN-OUT PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare FSA</td>
<td>Dependent care FSA</td>
<td></td>
</tr>
<tr>
<td>July 1, 2018–June 30, 2019</td>
<td>Minimum: $120/year</td>
<td>Sept. 28, 2019</td>
</tr>
<tr>
<td></td>
<td>Maximum: $2,650/year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minimum: $120/year</td>
<td>You have 90 days following the end of the benefit year to submit claims for reimbursement to TRI-AD.</td>
</tr>
<tr>
<td></td>
<td>Maximum: $5,000/year*</td>
<td></td>
</tr>
</tbody>
</table>

* $1,200 if you earn more than $120,000 per year.

**When Can You Enroll?**
- Within 30 days of being hired or becoming eligible for benefits.
- Within 30 days of a qualified life event that makes you eligible for the FSAs.
- During open enrollment each May, for participation from the next July 1 to the following June 30.

**FSA Rules to Note**
- **FSA participation ends every June 30** — FSA participation does not carry over from year to year (fiscal). You must re-enroll each May during open enrollment to participate the next (fiscal) year.
- **Use-it-or-lose-it** — Estimate conservatively; you must incur expenses during the benefit year and submit claims by the claims run-out deadline: 90 days after the end of the benefit year. You can carry over up to $500 in healthcare FSA funds to the next year, but funds over $500 are forfeited. There is no carryover for the dependent care FSA; any unspent money at the end of the benefit year is forfeited.
- **Dependent Care FSA or federal tax credit** — The IRS also provides a tax credit for deductible dependent care expenses. You need to determine which program saves you more money. See IRS Publication 503 for details about the federal tax credit.

**Annual contribution limits** — The maximum amount you are allowed to contribute is set by law. Limits for the current year are shown in the table above.

The IRS requires an annual nondiscrimination test to make sure higher-paid participants (those earning $120,000 or more a year) do not disproportionately benefit from the FSAs. If the plan fails that test, Cedars-Sinai must take corrective action, such as reduce the maximum annual contribution mid-benefit year and stop your contributions when they reach the limit.
TRI-AD Debit Card for HealthFund and Healthcare FSA Expenses

If you receive a HealthFund contribution or enroll in the healthcare FSA, you'll be issued a prepaid TRI-AD debit card.

When you have qualified eligible expenses at a physician’s office, healthcare provider or merchant that accepts HealthFund/healthcare FSA debit cards, simply use your card. The amount of your qualified purchases will be deducted — automatically — from your account and electronically transferred to the provider/merchant for immediate payment.

Because both accounts use the same card, if you have both the healthcare FSA and HealthFund accounts, the funds will be taken from the healthcare FSA first. Once your healthcare FSA balance is depleted, funds will be withdrawn from your HealthFund.

The TRI-AD debit card eliminates having to pay out of pocket and waiting for reimbursement. Instead, you use the money in your account directly. If you don’t have your TRI-AD debit card with you, you can still pay with your own money (or personal credit card) and submit the receipts to TRI-AD for reimbursement.

Always save itemized receipts. Even when you use your TRI-AD debit card, you may be asked to submit receipts to verify that your expenses comply with IRS guidelines. (If documentation is requested by TRI-AD and you aren’t able to provide it, you may have to repay your account and your account may be suspended.)

Keep Your TRI-AD Debit Card
When you use it up, don’t throw it away. TRI-AD debit cards are reloaded each year.

Where Can You Use Your TRI-AD Debit Card?

Physicians’ offices • Dental offices • Medical facilities
• Hospitals • Opticians/optometrists

If your provider accepts HealthFund/healthcare FSA debit cards (not all providers do), you can use your TRI-AD debit card for their copays, coinsurance and invoices.

Merchants • Pharmacies • Stores
You can use your TRI-AD debit card at doctors’ offices, vision care centers, pharmacies, merchandise stores and grocery stores that can identify eligible expenses at the checkout.

Claims questions — FSAs and HealthFund
Ask TRI-AD 888-844-1372 tri-ad.com/fsa
Managing your HealthFund and FSAs
Manage your accounts online at tri-ad.com/fsa or on your mobile device. Search for “TRI-AD Benefits on the Go” at your mobile app store.

HEALTHFUND AND HEALTHCARE FSA COMPARISON
You may have noticed that the HealthFund is similar to the healthcare FSA — and you’re right, they are. Both accounts allow you to use untaxed funds to pay for eligible healthcare expenses for you and your eligible dependents. But there are also some important differences. Here is a comparison:

<table>
<thead>
<tr>
<th>Feature</th>
<th>HealthFund</th>
<th>Healthcare FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who funds the account</td>
<td>Cedars-Sinai</td>
<td>Employee</td>
</tr>
<tr>
<td>Purpose</td>
<td>Incentive for participating in the wellness program</td>
<td>Reduce the cost of out-of-pocket healthcare expenses (by paying with untaxed earnings from your healthcare FSA )</td>
</tr>
<tr>
<td>Eligible expenses</td>
<td>Both plans cover nearly the same expenses:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Healthcare deductibles and copays/coinsurance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Prescription drugs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Dental care and orthodontia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Vision (glasses, contact lenses, vision correction surgery)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Acupuncture and chiropractic care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>■ Public transportation to and from a healthcare facility to receive healthcare services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>For a complete list, visit tri-ad.com/fsa.</td>
<td></td>
</tr>
<tr>
<td>Use it or lose it</td>
<td>No — Your balance (up to the $1,000 account limit) will carry over each year as long as you remain employed with Cedars-Sinai.</td>
<td>Yes — You must spend most of the money in your account by June 30 each year. You can carry over up to $500 to the next year, but unspent healthcare FSA funds over $500 will be forfeited.</td>
</tr>
<tr>
<td>Claims due date</td>
<td>Sept. 28 — You have 90 days after the end of the benefit year (June 30) to submit expenses for healthcare services you received between the previous July 1 and June 30.</td>
<td>Sept. 28 — You have 90 days after the end of the benefit year (June 30) to submit expenses for healthcare services you received between the previous July 1 and June 30.</td>
</tr>
<tr>
<td>Cedars-Sinai medical plan enrollment</td>
<td>Yes — You must be enrolled in the Cedars-Sinai-sponsored Blue Cross PPO, Blue Cross HMO or Vivity HMO medical plan (in addition to completing the healthy actions) to receive the HealthFund contribution.</td>
<td>No — You do not have to be enrolled in a Cedars-Sinai medical plan to make healthcare FSA contributions.</td>
</tr>
</tbody>
</table>

Opt in for TRI-AD mobile alerts
Do you need to submit a receipt? Receive text messages immediately after any benefit card swipe that will require receipts to verify the expense is eligible.

Log in to tri-ad.com/fsa and update your mobile alert settings to opt in.
FINANCIAL PROTECTION BENEFITS

Working for a healthcare organization, you see first-hand when people’s lives are devastated because they didn’t plan for the unexpected — not only the loss or disability of their loved one, but the loss of income. That’s why Cedars-Sinai provides you with financial protection benefits: a basic level of life insurance and disability insurance, plus the opportunity to purchase additional coverage.

BASIC LIFE INSURANCE

Cedars-Sinai-paid life insurance provides payment to your beneficiary if you die for any reason.

| Employee coverage amount | $50,000* |

Basic life insurance special features:
- Accelerated death benefit
- Emergency travel assistance
- Funeral planning

SUPPLEMENTAL LIFE INSURANCE

You can purchase additional life insurance for you and your family.

| Employee coverage amount | Increments of your annual base pay 1 x annual base pay to 7 x annual base pay up to $3 million maximum* |
| Spouse/DP coverage amount | Increments of $5,000 not to exceed 50 percent of employee’s supplemental life insurance or $200,000* |
| Child(ren) coverage amount | Increments of $2,500 up to $10,000 One premium covers all eligible children |

Supplemental life insurance special features:
- Accelerated death benefit for you and your spouse/DP

Basic (Cedars-Sinai-Paid) and Supplemental Life Insurance Q&As

What is an accelerated death benefit?
A one-time payment of up to 80 percent of your Cedars-Sinai-paid or supplemental life insurance coverage (to $1 million) if you are diagnosed with a sickness or injury expected to result in death within 12 months; upon death the remainder would be paid to your beneficiary.

What is Emergency Travel Assistance (ETA)?
Included with your Cedars-Sinai-paid life insurance, ETA can be a lifesaver if you run into trouble while traveling — helping replace lost prescriptions or passports, providing referrals to English-speaking medical providers and more. (Call the MBC HR Employee Benefits Help Desk for details.)

Can my spouse/DP and children designate beneficiaries?
No. Spouse/DP and child life insurance benefits are paid to the employee.

Is life insurance coverage taxed?
Employer-paid coverage up to $50,000 is tax-free.

Are life insurance benefits taxed?
No. The lump-sum payment your beneficiary would receive is not taxable income.

Protect your loved ones — designate beneficiaries!

Your Cedars-Sinai life insurance and retirement benefits provide valuable financial support to your loved ones if you die, giving them a temporary or partial source of income while adjusting to their loss.

But if your beneficiaries are not up to date, you risk having this money go to an unintended person or tied up in legal or estate complications. Take just a few minutes to designate or update your beneficiaries online at Cedars-Sinai.MyBenefitChoice.com or by calling 888-302-3941.

*Under basic and supplemental life insurance (and AD&D), coverage amounts and premiums are reduced starting the July 1 after turning age 70: at age 70 by 65 percent; at age 75 by 45 percent; at age 80 by 30 percent. (The reduction is on the original amount of coverage.)
Applying for Supplemental Life Insurance

- You must purchase employee coverage to purchase spouse/DP coverage; if your employee coverage is denied, your spouse/DP cannot be covered.
- You don’t have to purchase employee coverage to purchase child coverage.
- You (and your spouse/DP) are required to complete an evidence of insurability (EOI) form and receive insurer approval to purchase or to increase your coverage (see Q&As below for exceptions).
- Child coverage does not require an EOI form.
- Coverage starts the first day of the month after the insurance company approves your coverage.
- You must be actively at work (and dependents must not be disabled or hospitalized) for coverage to start.
- Suicide is not covered the first 24 months from:
  - July 1, 2017 (if you were covered by the previous insurer) or the date your coverage starts
  - The date you increase your coverage

Do I have to fill out an evidence of insurability (EOI) form for supplemental life insurance?

Usually, but not always.
If you apply the first time you’re eligible for benefits, you can get up to the guaranteed issue amount of coverage (see below) without completing an EOI form or receiving insurer approval.
During open enrollment you may increase your coverage from one x pay to two x pay (not to exceed $2 million).

### GUARANTEED ISSUE

<table>
<thead>
<tr>
<th>Employee</th>
<th>2 x annual base pay* up to $2 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse/DP</td>
<td>$25,000</td>
</tr>
<tr>
<td>Children</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

*Including shift differential

Must my spouse/DP complete an EOI form?

Again, it depends. When you’re first eligible for benefits, you can purchase up to $25,000 in coverage for your spouse/DP without completing an EOI form. In all other cases, you must complete the form.

Can the insurer ask for a health exam or lab results?

Yes. A health exam or tests may be required in some cases. The insurance company will cover all costs of any required tests.

How much does more insurance cost?

Your premiums for different levels of coverage are calculated for you on Cedars-Sinai.MyBenefitChoice.com.
Log on to see how much coverage will cost.

### SUPPLEMENTAL LIFE INSURANCE PREMIUMS

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Cost/$1,000 Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 30</td>
<td>$0.026</td>
</tr>
<tr>
<td>30–34</td>
<td>$0.037</td>
</tr>
<tr>
<td>35–39</td>
<td>$0.051</td>
</tr>
<tr>
<td>40–44</td>
<td>$0.066</td>
</tr>
<tr>
<td>45–49</td>
<td>$0.100</td>
</tr>
<tr>
<td>50–54</td>
<td>$0.152</td>
</tr>
<tr>
<td>55–59</td>
<td>$0.274</td>
</tr>
<tr>
<td>60–64</td>
<td>$0.380</td>
</tr>
<tr>
<td>65–69</td>
<td>$0.693</td>
</tr>
<tr>
<td>70–74</td>
<td>$1.123</td>
</tr>
<tr>
<td>75–79</td>
<td>$1.819</td>
</tr>
<tr>
<td>80–84</td>
<td>$2.947</td>
</tr>
<tr>
<td>85 +</td>
<td>$4.772</td>
</tr>
<tr>
<td>Children</td>
<td>$0.124</td>
</tr>
</tbody>
</table>

When my pay changes, does my coverage change?

- Basic life insurance — No. This plan has a $50,000 benefit, no matter your pay (if you are under age 70)*.
- Supplemental life insurance coverage and premiums are set each July 1 (based on your May 1 annual base pay and age on July 1) and remain the same through the next June 30*.

If I leave Cedars-Sinai, can I keep my life insurance?

Coverage ends the day you leave Cedars-Sinai. You will have the option to continue your basic and supplemental life insurance coverage on a self-pay basis. For details, see the What To Do When Leaving Cedars-Sinai brochure posted on Cedars-Sinai.MyBenefitChoice.com (Get Answers).

How do I report a death?

To report a death claim, call Verity Point at 844-893-2115.
BASIC AD&D INSURANCE

Cedars-Sinai-paid accidental death & dismemberment (AD&D) insurance provides a payment to your beneficiary if you die as the result of an accident or partial payment to you if you lose a limb, sight, hearing, speech or become paralyzed due to an accident.

| Employee coverage amount | $50,000* |

SUPPLEMENTAL AD&D INSURANCE

You can purchase additional AD&D insurance for you only or for you and your family. Your family’s coverage is a percentage of your coverage.

| Employee only | Increments of your annual base pay 1 x annual base pay to 7 x annual base pay up to $3 million maximum |
| Employee and family | Family coverage amounts are a percentage of employee coverage:  Spouse/DP coverage = 60 percent of employee coverage  Spouse/DP coverage = 50 percent of employee coverage  Child coverage = 10 percent of employee coverage  Child coverage = 20 percent of employee coverage |

Purchasing Supplemental AD&D

<table>
<thead>
<tr>
<th>SUPPLEMENTAL AD&amp;D INSURANCE PREMIUMS</th>
<th>Employee only</th>
<th>Employee and family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.016/$1,000 of coverage</td>
<td>$0.029/$1,000 of coverage</td>
<td></td>
</tr>
</tbody>
</table>

- You don’t have to complete a health statement or get insurance company approval for supplemental AD&D insurance coverage.
- You will need to designate beneficiaries for your AD&D death benefits.
- If you enroll in family coverage, your family members are automatically covered. If your spouse/DP or a child dies, the insurance company will require proof of their relationship to you at that time. Your spouse/DP and children cannot name beneficiaries; their AD&D proceeds would be paid to you.
- You must be actively at work (and enrolled family members cannot be disabled or hospitalized) for coverage to start.

AD&D Insurance Q&As

What is dismemberment?

If an accident causes you to lose a limb, sight, hearing, speech or become paralyzed, the policy pays a percentage of the coverage amount to you; the amount depends on the type of injury.

AD&D does not cover self-inflicted injury or death, even if accidental. For details, see the insurer booklets posted on the Benefits Portal at Cedars-Sinai.MyBenefitChoice.com (About Your Benefits).

When my pay changes, does my coverage change?

Basic AD&D insurance — No. This plan has a $50,000 benefit, no matter your pay (if you are under age 70)*.

Supplemental AD&D insurance coverage and premiums are set each July 1 (based on your May 1 annual base pay and age on July 1) and remain the same through the next June 30.

Are AD&D insurance benefits taxed?

Employer-paid AD&D coverage is tax-free.

Are AD&D insurance proceeds taxed?

No. The lump-sum payment your beneficiary would receive is not taxable income. If the AD&D proceeds are paid out over a period of time and include interest, the interest is taxable.

If I leave Cedars-Sinai, can I keep my AD&D insurance coverage?

No. AD&D insurance cannot be continued if you leave Cedars-Sinai.

Why does supplemental AD&D cost so much less than supplemental life insurance?

Life insurance pays if you die for any reason; AD&D pays only if your death is due to an accident (or if you are dismembered). Death from disease is far more likely than death from an accident. AD&D insurance is not a substitute for life insurance. If your loved ones depend on you for support, consider purchasing supplemental life insurance.

*Does coverage reduce when I get older?

Yes. Under the basic and supplemental life and AD&D insurance, coverage amounts and premiums are reduced starting the July 1 after turning age 70: at age 70 by 65 percent; at age 75 by 45 percent; and at age 80 by 30 percent. (The reduction is on the original amount of coverage.)
STD INSURANCE

After 30 days of disability, Cedars-Sinai paid short term disability (STD) insurance can provide partial income replacement if you cannot work due to an illness or injury.

| Employee coverage amount | 70 percent of basic weekly pay up to maximum of $1,500/week |

BASIC LTD INSURANCE

After six months of disability (or the end of STD benefits, if later), Cedars-Sinai paid long term disability (LTD) insurance can provide partial income replacement if you’re disabled and cannot work due to an illness or injury.

| Employee coverage amount | 70 percent of basic monthly pay up to maximum of $2,000/month |

You must be actively at work for STD and LTD coverage to start.

STD and LTD Insurance Q&As

How is disability defined?

You are considered disabled and eligible for benefits when the insurance company determines that, because of injury or sickness you are unable to perform the material duties of your occupation.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

In addition, under the LTD policy “regular occupation” for physicians means your specialty in the practice of medicine which you are routinely performing when your disability begins.

See the STD/LTD booklet for how the insurance company defines these terms and for more details; some disabilities may not be covered or have limited coverage under this plan. The STD/LTD booklet is posted on the Benefits Portal at Cedars-Sinai.MyBenefitChoice.com (About Your Benefits).

Are pre-existing conditions covered?

During your first 12 months of coverage, the LTD plan does not cover conditions you’ve had for three months before your coverage started, but it will cover new conditions. See the STD/LTD booklet for more information.

How long are disability benefits paid?

LTD benefits are paid as long as you meet the definition of disability, and:
- STD. Up to a maximum of 25 weeks
- LTD. Up to your normal Social Security retirement age.

How disability benefits work

- If you become disabled, STD and LTD income payments do not start automatically; you must apply for benefits. Only if the insurance company determines you meet the definition of disability will benefits begin.
- You must apply within 12 months of the date of disability.
- STD and LTD benefits are integrated with other sources of disability income, for instance state disability insurance or Social Security disability benefits. This means that combined, the STD/ LTD benefits plus any other disability income will equal 70 percent of your basic weekly or monthly pay at the time of disability.

Are my STD/LTD income payments taxed?

Yes. They are taxed like ordinary income.

What is the return to work incentive?

Usually monthly LTD payments plus other sources of income equal 70 percent of your pre-disability basic monthly pay. If you are working during your first 12 months of receiving LTD payments, the LTD payment will equal the difference between your pre-disability basic monthly pay and the pay you are earning, so that you have 100 percent (or close to 100 percent) of your pre-disability basic monthly pay. If you are working after 12 months of LTD, benefits will be reduced by 50 percent of the partial wages.

If I leave Cedars-Sinai, can I keep my LTD coverage?

LTD coverage ends on your last day of Cedars-Sinai employment. You may not continue or convert LTD insurance.

If you leave Cedars-Sinai because of your disability, but before the six-month (180-day) LTD waiting period is over, you are still eligible to apply for LTD benefits. It takes several months for the insurance company to decide if you qualify for benefits — consequently you should apply for LTD right away. (Do not wait six months.)

To find out how to apply for LTD benefits, see Reporting Your Disability Claim, posted on the Benefits Portal at Cedars-Sinai.MyBenefitChoice.com (About Your Benefits).

For more information about LTD insurance, contact Reliance Standard:
- reliancestandard.com
- 800-351-7500
RETIREMENT BENEFITS
As a Cedars-Sinai employee, you have the opportunity to participate in a 403(b) Plan — a voluntary retirement savings plan.

403(b) PLAN
Funded by your pretax contributions + investment returns (from investments you choose through Voya Financial).

403(b) Plan
Your pretax contributions are transferred from your paycheck to your account with Voya Financial.
When you leave, you can take your account balance with you.

PLUS

SOCIAL SECURITY AND MEDICARE
These government programs are funded by FICA taxes you and your employer pay (which fund current retirees’ benefits in general, not a personal retirement account for you). You’ll also pay premiums for Medicare.

Social Security
You receive monthly payments starting at retirement (between ages 62–70) and lasting for your lifetime.

Medicare
Provides medical and Rx coverage during retirement, starting as early as age 65 and lasting for your lifetime. (Monthly premiums required.)
403(b) PLAN

Benefit
- Lump-sum payment.

How the plan works
- When you sign up for the 403(b) Plan, you choose to have a portion of your pay deposited, pretax, into your 403(b) Plan account; your contributions and investment earnings accumulate, tax deferred, until you take the money from the plan.

Your contributions
- Each year, you can contribute as little or as much as you want up to the IRS maximum: $18,500/year in 2018.
- Starting the year you turn 50, you can make additional catch-up contributions: up to $6,000 in 2018.

Investments
- You invest your contributions in a core set of mutual funds, a fixed-rate account or other mutual funds through a brokerage window.
- Your account balance will increase or decrease based on investment results.

Changing your contributions or investments
- You can change how much is taken from your paycheck (contribution changes) or change your investments online at Cedars-Sinai.BeReady2Retire.com or by calling 800-584-6001.
- Contribution changes take effect within one to two paychecks after you elect to change your contribution.
- Investment changes usually take effect the next day, after the close of the New York Stock Exchange; exceptions are described in the investment prospectus.

Enroll today!
You can enroll in the 403(b) Plan anytime; there is no waiting period. Why wait?
- Enroll online: Cedars-Sinai.BeReady2Retire.com
- Enroll by phone: 800-584-6001
- Plan number: VFZ032 Kit Number: 246598 Location Code: 0001

For assistance or if you have questions contact Voya Financial’s on-campus office:
Ray Charles Cafeteria, Suite 1631A
Open weekdays, during regular office hours
Phone: 310-423-0974
403(b) PLAN (continued)

**Loans and withdrawals**
- You can take a loan from your 403(b) Plan account and pay yourself back through after-tax payroll deductions, subject to loan fees and interest; if you’re considering a loan, keep in mind the purpose of the 403(b) Plan is to help you save for retirement and provide a source of income when you are no longer working.
- Under limited situations a hardship withdrawal may be available.
- Contact Voya Financial at 800-584-6001 for more information.

**If you leave Cedars-Sinai before retirement**
You may leave your account balance in the 403(b) Plan:**
- And apply to have it distributed later (you will be penalized if you don’t take a minimum required distribution by age 70-1/2).
- Until you request a distribution, you’ll continue receiving investment earnings (or losses) and quarterly statements.

You may take your account balance with you and either:
- Roll it over to an IRA or your new employer’s eligible retirement plan, if available; this allows you to continue saving for retirement and deferring income taxes on this money.
- Have it paid to you in a lump sum (less 20 percent federal tax withholding).

**If 403(b) Plan account balance is less than $1,000, the plan may pay it out.

**When benefits can be paid**
After you leave Cedars-Sinai:**
- You may roll over your account to an IRA or your new employer’s retirement savings plan (if permitted by the other employer’s plan) and continue to defer taxes on the money.
- You may have your account balance paid directly to you (it’s taxable; if you are under 59-1/2, you’ll likely owe an additional 10 percent per year).

If you are 59-1/2 or older, you can have your 403(b) Plan account balance paid to you while still working at Cedars-Sinai.

***If you are eligible to receive matching contributions, it is recommended that you wait four to six months after your termination of employment before requesting a distribution of your account to avoid leaving a residual balance in your account.

**How benefits are paid**
- You may have your account paid in a lump sum (paid directly to you or rolled over to an IRA or new employer’s plan).
- You may have your account paid to you as an annuity that can last for just a few years, for life or for life with a continuing benefit to your beneficiary.

Manage your 403(b) Plan account online and on the go at:
Cedars-Sinai.BeReady2Retire.com
or
Download the app:
Search “Voya Retire” at your mobile device store.
TIME-OFF BENEFITS

Time away from work is one of our most valued benefits. We all need a break for rest and relaxation, family time or illness.

VACATION

As a physician in training, you have 20 days of paid time off per academic year.

SICK PAY (SICA)

SICA is paid time off for one of the following reasons:
- Illness
- Diagnosis, care or treatment of a health condition (including injury)
- Medical appointments (including preventive care)
- Reasons associated with being the victim of violence.

You may take SICA for yourself or to care for your:
- Spouse/domestic partner
- Child
- Parent
- Grandparent
- Grandchild
- Sibling.
- Any individual related by blood or affinity whose close association with you is the equivalent of a family relationship.

Using SICA

SICA may be taken incrementally as follows:
- Nonexempt employees (eligible for overtime) in 30-minute increments
- Exempt employees (not eligible for overtime) in full-day increments.

You are entitled to 48 hours per calendar year of job-protected absence for reasons covered by the sick leave policy. You may take a combination of paid and unpaid time without being subject to Cedars-Sinai’s attendance standards.

Annual SICA Allotment

You receive your entire SICA allotment during the first pay period of each year, or if newly hired, during your first complete pay period worked. Your allotment is based on your work status and FTE (see below).

<table>
<thead>
<tr>
<th>Work Status</th>
<th>Hours Per Pay Period</th>
<th>FTE</th>
<th>Annual SICA Allotment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time</td>
<td>70+</td>
<td>0.875+</td>
<td>40</td>
</tr>
<tr>
<td>Part time</td>
<td>40 up to 70</td>
<td>0.5-0.875</td>
<td>36</td>
</tr>
<tr>
<td>Part time</td>
<td>Less than 40</td>
<td>&lt;0.5</td>
<td>24, 30 or 36 based on daily schedule</td>
</tr>
</tbody>
</table>

If you are rehired within 12 months of leaving or transfer to a per diem, staff or management job, SICA allotments and rules may differ. See the Sick Pay Policy found in the PPM on the Cedars-Sinai intranet for details.

SICA is not paid out upon leaving Cedars-Sinai employment.
**HOME LIFE BENEFITS**

As an employer of choice, Cedars-Sinai provides access to insurance programs so you can build a benefits package that meets your needs: auto and home insurance, pet insurance and the legal plan. These are voluntary programs; if you enroll, your premiums can be deducted from your paycheck on an after-tax basis.

**AUTO AND HOME INSURANCE**

MetLife Auto & Home™ provides you with access to coverage for your personal insurance needs.

**AUTO AND HOME INSURANCE**

**Apply**
- Apply anytime (no set application period) directly with MetLife at 800-438-6388 or metlife.com/mybenefits.
- Have your current policies with you when you call.

**Types of insurance offered**
- Auto
- Home (house/condo/mobile home)
- Landlord’s rental dwelling
- Renter’s
- Recreational vehicle
- Boat
- Personal excess liability (“umbrella”)

**Premiums**
These are personal insurance policies; MetLife determines the rates; auto and home coverages are not guaranteed*. You can choose to pay through payroll deduction or another payment method.

*If you live in certain areas (high brush fire risk areas, for instance) or have a poor driving record, MetLife may decline to insure you.

**PET INSURANCE**

Receive an automatic 5 percent discount when you enroll through Cedars-Sinai benefits. Save up to 15 percent when you enroll multiple pets. You’ll have peace of mind knowing you can care for your pets no matter the cost.

**PET INSURANCE**

**Apply**
- Apply anytime (no set application period) directly with Nationwide Pet Insurance at 877-738-7874 or petinsurance.com/cedarsinai.
- Must cover dogs and cats before age 10.

**Types of covered services**
- Veterinary pet coverage helps you pay for the cost of veterinary care. You can use any licensed veterinarian. The plan covers a percentage of the cost for:
  - Office visits
  - Diagnostic tests, X-rays and lab fees
  - Emergencies
  - Hospitalizations and surgeries

**Premiums**
These are personal insurance policies; Nationwide determines the rates; you can choose to pay through payroll deduction or another payment method.

**LEGAL PLAN**

The Hyatt Legal Plan offers convenience by giving you direct, low-cost access to an attorney network for a wide variety of covered legal services. There are more than 10,000 network attorneys nationwide. You can also use a non-network attorney, but you will be responsible for fees above the amount the plan covers.

**LEGAL PLAN**

**Enroll**
- Enroll during:
  - New employee or upon becoming benefits-eligible (due to a job transfer) enrollment period
  - Open enrollment.
- If you have questions call Hyatt Legal at 800-821-6400.

**Types of covered services**
- Telephone and personal consultation with attorney.
- Document preparation and review: mortgages, small claims, immigration.
- Debt collection defense: identity theft, negotiation with creditors, tax audits.
- Wills, powers of attorney, trusts.
- Family matters: premarital agreements, adoptions, domestic violence protection.
- Real estate matters: sale of primary residence, eviction (if you’re the tenant).
- Court appearances: civil litigation, administrative hearings.

This plan doesn’t cover legal issues that are already in progress or for which you’ve already hired an attorney and some other matters. Please read the Hyatt Legal brochure or call Hyatt Legal before enrolling.

**Premiums**
$8.25/pay period (or $16.50/month), paid through after-tax payroll deductions.
WORKPLACE PERKS

TUITION ASSISTANCE PROGRAM

Helps pay for job-related seminars, workshops and college classes

TUITION ASSISTANCE PROGRAM

<table>
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<tr>
<th>Eligibility</th>
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<tr>
<td>■ One year (or more) of Cedars-Sinai employment.</td>
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<td>■ A meets expectations rating on your latest performance appraisal.</td>
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<td>■ Work 20 hours (or more)/pay period.</td>
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<thead>
<tr>
<th>Reimbursement</th>
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<tr>
<td>■ Up to $600 each calendar year.</td>
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<td>■ Reimburses seminar or workshop fees.</td>
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<tr>
<th>Tuition loan</th>
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<tr>
<td>■ Up to $2,000 each calendar year (may be combined with reimbursement for total of up to $2,600).</td>
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<td>■ For formal certificate or degree programs and prerequisites for approved degree programs.</td>
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<th>Critical pipeline loan</th>
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<tr>
<td>■ Up to $ 5,250 each calendar year.</td>
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<tr>
<td>■ Tuition loan for specific degree programs in high-demand careers at approved schools.</td>
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<tr>
<th>Verify before applying</th>
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<tbody>
<tr>
<td>■ Confirm the certificate or degree program and institution is eligible for tuition assistance.</td>
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<tr>
<td>■ Speak with your manager about your education goals. Managers are responsible for assessing if the organizational need matches the skill the employee wants to develop.</td>
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<th>Apply</th>
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<td>■ Tuition assistance website: tuition.csmc.edu.</td>
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<th>Deadlines</th>
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<tr>
<td>■ Reimbursement applications must be submitted and approved within 60 days after course completion.</td>
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<tr>
<td>■ Loan applications must be received within 30 days after the course start date.</td>
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<tr>
<th>Contact</th>
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<tbody>
<tr>
<td>■ Tuition Assistance Program Line:</td>
<td></td>
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<tr>
<td>■ 855-395-8740</td>
<td></td>
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<tr>
<td>■ tuition.csmc.edu</td>
<td></td>
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<tr>
<td>■ Weekdays 5 a.m.–5 p.m.</td>
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Recreation Connection

Enjoy entertainment at discount prices

Movies, theme parks, concerts, plays, resorts and other activities.

Contact Recreation Connection:

■ recreationconnection.com
■ 310-423-5508
■ Room 1604 South Tower
■ Monday–Thursday 9 a.m.–4 p.m.; Friday 7 a.m.–4 p.m.

CREDIT UNION

Easy ways to save | Low-interest loans | And more!

A credit union is similar to a bank, but instead of earning profits for shareholders, any profits are used to pay higher dividends, lower fees and loan rates, etc.

CEDARS-SINAI FEDERAL CREDIT UNION

Services

■ Savings accounts — Save through payroll deductions (limited withdrawals).
■ Certificates of deposit — Higher interest rates than savings accounts.
■ Low-interest loans — New and used cars, RVs, home improvement, boats, jet skis, debt consolidation, vacations, etc.
■ Holiday club account.
■ Vacation club account.
■ Car-buying service.
■ Sallie Mae Smart Option Loans (limits and qualifications apply).

Insured

■ Deposits up to $250,000 are insured by the National Credit Union Administration.

Online

■ Check balances.
■ Request checks.
■ Apply for loans.

Contact

■ Cedars-Sinai Federal Credit Union:
  ■ cedars-sinaifcu.org
  ■ 310-423-5549
  ■ Cedars-Sinai Medical Center™
  Ray Charles Cafeteria, Suite 1631 D
  Monday, Tuesday, Thursday, Friday
  7:30 a.m.–3:30 p.m.
  Wednesday 7:30 a.m.–2 p.m.
  Closed holidays and the last business day of the month.

Contact

■ Cedars-Sinai Federal Credit Union:
  ■ cedars-sinaifcu.org
  ■ 310-423-5549
  ■ Cedars-Sinai Medical Center™
  Ray Charles Cafeteria, Suite 1631 D
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  Wednesday 7:30 a.m.–2 p.m.
  Closed holidays and the last business day of the month.
WORK & LIFE MATTERS®

Strictly confidential | Voluntary | No cost (to you)

To help you be your best at work and at home, Cedars-Sinai offers Work & Life Matters, an employee assistance program. It’s available to you, your spouse/DP and children.

Types of Services

- Work concerns
- Career development
- Legal/financial concerns
- Parenting guidance
- Family leave planning
- Relationships — personal, family, work
- Childcare, school and camp referrals
- Preretirement planning
- Psychological issues
- Addictions
- Eldercare needs
- Back-up childcare planning
- Relocation referrals
- Psychological issues
- Addictions
- Eldercare needs
- Back-up childcare planning
- Relocation referrals

Staffed by licensed mental health professionals

Experienced counselors provide support, insight and guidance when you’re facing a difficult situation. They can also help you explore your options and connect with the right resources.

Contact Work & Life Matters

- cedars-sinai.edu or the Cedars-Sinai intranet (search “Work and Life Matters”)
- 310-423-6447
- Email: workandlifematters@cshs.org
- In-person and virtual appointments available

RIDESHARE

Cut back on your commuting expenses and “go green”

- **Carpooling** — Drive to work and back home with two to six others and receive monthly parking fee refund.
- **Ride-matching** — Cedars-Sinai matches you with others who seek ride-matching, live in the same area and work the same hours.
- **Vanpooling** — Travel to and from the same work site with five to 11 people.
- **Metro Transit Pass and MTA EZ Pass** — Purchase discounted monthly passes.
- **Ride$ to Riche$** — Bicycle, carpool or walk to work and earn 75 daily award points (enrollment required); redeem gift certificates of your choice.

Contact Rideshare Office

- 310-423-5789
- Room 1603 South Tower
- Weekdays 7 a.m.–3:30 p.m.

Contact Parking Office

- 310-423-5535
- Employee Parking Lot 8
- Room 100
- Weekdays 6:30 a.m.–4 p.m.

Cellular Account Discounts

AT&T, Sprint and Verizon — services and purchases

- Cedars-Sinai employee badge and Cedars-Sinai email address (ending in cshs.org, csmns.org or csmc.edu) may be required.
- Details are posted on the Cedars-Sinai intranet (Search “EIS cellular phone employee discounts”).

Benefits Portal at Cedars-Sinai.MyBenefitChoice.com — bookmark it for easy access!
## PAYROLL CALENDARS

Normally each year there are 26 pay periods of 14 days each. Each pay period begins Sunday at 12:01 a.m. and ends Saturday at midnight, two weeks later. Employees receive a paycheck on the Friday following each pay period during which they have worked. Check distribution may begin at 3:00 p.m. on Thursday as a convenience to night-shift employees. When three pay periods end in the same month, no monthly benefit premiums or parking expenses are deducted from the paychecks shown in red type below.

### 2018 PAYROLL CALENDAR

<table>
<thead>
<tr>
<th>Pay Period</th>
<th>National Holidays</th>
<th>Pay Period Begins Sunday</th>
<th>Ends Saturday</th>
<th>Payday Friday</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Christmas Day</td>
<td>12/24/17</td>
<td>1/6/18</td>
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<tr>
<td>2</td>
<td>New Year’s Day</td>
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### 2019 PAYROLL CALENDAR

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</table>

### 2020 PAYROLL CALENDAR

<table>
<thead>
<tr>
<th>Pay Period</th>
<th>National Holidays</th>
<th>Pay Period Begins Sunday</th>
<th>Ends Saturday</th>
<th>Payday Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Christmas Day</td>
<td>12/22/19</td>
<td>1/4/20</td>
<td>1/10/20</td>
</tr>
<tr>
<td>2</td>
<td>New Year’s Day</td>
<td>1/5/20</td>
<td>1/18/20</td>
<td>1/24/20</td>
</tr>
</tbody>
</table>
BENEFIT RESOURCES

BENEFIT QUESTIONS

MBC HR EMPLOYEE BENEFITS HELP DESK

Start here for answers:

Phone: 888-302-3941
  Monday–Friday 6 a.m.–5 p.m. (PT)
  (Closed major holidays)

Email: MBC.cshs@milliman.com

Fax: 206-299-3158

Web: Cedars-Sinai.MyBenefitChoice.com

Mailing MBC Service Center
Address: PO Box 91109
        Seattle, WA 98111

BENEFITS PORTAL

At Cedars-Sinai.MyBenefitChoice.com

- Access benefits information easily.
- Link to retirement plans from home page.
- View online total compensation and benefits statement.
- Enroll in benefits.
  (Registration required on your first visit; use company key CSHS.)

Make sure you receive important announcements

Update your address today!

Change of contact information. Forms are posted on the
Cedars-Sinai Intranet: Home > Administrative > Human Resources >
My Profile.

For questions call HR Records at 310-423-5526.

RETIREMENT PLANS

403(b) PLAN

Voya Financial National Customer Service

Phone: 800-584-6001
  Web: Cedars-Sinai.BeReady2Retire.com
  App: Search “Voya Retire”

Voya Financial CSMC Campus Office

Phone: 310-423-0974
  Monday–Friday 8:30 a.m.–5 p.m. (PT)
  Location: Cedars-Sinai Medical Center
            Ray Charles Cafeteria, Suite 1631 A
This booklet summarizes your benefits through June 30, 2019. Please keep it handy to refer to when you have benefit questions throughout the year.

BENEFIT QUESTIONS?

Find answers on the Benefits Portal at Cedars-Sinai.MyBenefitCHOICE.com

Your go-to place for everything benefits in one, convenient stop:
- Access benefits information (no login required)
- Link to retirement plans and other benefit vendors
- Log in to enroll (use company key: CSHS)

Get personal assistance from the MBC HR Employee Benefits Help Desk
- For help using the enrollment website
- If you don’t have access to a computer
- To get answers to general benefit questions

Phone: 888-302-3941
Fax: 206-299-3158
Email: MBC.cshs@milliman.com
Web: Cedars-Sinai.MyBenefitChoice.com
Open: Monday-Friday 6 a.m.-5 p.m. (PT) (Closed major holidays)

Get answers on the go with the CS Benefits app!
- Link to benefit apps and vendor websites
- Touch call phone numbers
- Watch and learn benefit videos
- Snap and save photo of benefit ID cards

Download it from:
- iPhone: download the app at csbenefitsapp.com (follow the instructions to authorize the app on your phone)
- Android: search "cedars-sinai benefits" on Google Play
- Open the app, accept the pop-up message and enter the access code: csapp