



BLACKSTONE
CONSULTING, INC

2024 Benefits Guide

January 1, 2024 - December 31, 2024





WELCOME TO YOUR 2024 BENEFITS!

This year will be an **active** Open Enrollment. You must take action by logging into www.myadp.com to review and/or select your plan(s) between **Monday, November 13th and Thursday, November 30th**. **Your benefits are not guaranteed if you do not login to ADP.**

Your health and well-being are important to us. Benefit-eligible employees are offered a variety of plans to help address their health needs, as well as the needs of their families. All of the benefit plans have been carefully selected so you can choose the options that fit your needs,

Please take a moment to review the benefits available to you and your dependents. If you have any questions regarding your benefits, please contact us in Human Resources.

IMPORTANT CONTACTS

Blackstone Consulting

Benefits Department
(310) 826-4389 Option #6 - Please leave a voicemail for a return call
HRemployeeservices@blackstone-consulting.com

OneDigital Health & Benefits

Employee Advocates:
Marion Luminarias | (800) 264-9918 x53455
Marion.Luminarias@onedigital.com

Karina Villalpando | (800) 264-9918 ext. 50459
Kvillalpando@onedigital.com

Medical Plans

United Healthcare
SignatureValue HMO Group # 365299
Harmony HMO Group # 365302
PPO Group # 922625
HMO: (800) 624-8822 | PPO: (800) 357-0978
www.myuhc.com

You also have plans available to you through Kaiser. Please log into ADP or contact your BCI Benefits Department for additional details.

Accident, Critical Illness, Hospital Indemnity Plans

Guardian | Group # 579678
(800) 541-7846 | www.guardianlife.com

Dental Plan

Guardian | Group # 579678
(800) 541-7846 | www.guardianlife.com

Vision Plan

Guardian VSP | Group # 579678
(877) 814-8970 | www.guardianlife.com

Life Plans

Guardian | Group # 579678
(800) 525-4542 | www.guardianlife.com

Whole Life Plan

Unum | Group #TBD
(866) 679-3054 | www.unum.com

Disability Plans

Guardian | Group # 579678
STD: (800) 268-2525 | LTD: (800) 538-4583
www.guardianlife.com

HSA Plan

Optum Bank
(866) 234-8913 | www.optumbank.com

Pet Insurance

Nationwide
(877) 738-7874
www.petinsurance.com/blackstone-consulting

EAP Plan

Guardian
(800) 386-7055 | worklife.uprisehealth.com
Access Code: worklife



DEPENDENT AGE LIMITATIONS

Your dependent children will no longer be eligible to be enrolled on your plan beyond these age limits:

MEDICAL:
under age 26

DENTAL:
under age 26

VISION:
under age 26

CHILD VOLUNTARY LIFE:
under age 26

SBC & UNIFORM GLOSSARY

Your employer is required to provide you with an easy-to-understand summary about the health plan benefits available to you, aka Summary of Benefits and Coverage (SBC) and a Uniform Glossary that outlines insurance definitions.

SUMMARY OF BENEFITS & COVERAGE (SBCs) are available for download within the ADP. Please log into ADP for copies of any or all of the medical plans that are offered to you during your plan year.

The UNIFORM GLOSSARY is a glossary of insurance definitions in standard, consumer-friendly terms. You may find this helpful as you are evaluating your options. To access the glossary visit: www.healthcare.gov/glossary

WHO CAN ENROLL IN BENEFITS?

You can enroll on the plans included in this guide if you are full-time status, working at least **30 hours/week**. As a new hire, your medical benefits will be effective **after 90 days of full-time employment** and all other benefits will be effective **1st of the month following 30 days of full-time employment**. For management positions, all benefits will be effective **1st of the month following 30 days of full-time employment**.

Your Dependents can be enrolled on the plan with you if they meet one of the following:

- Legal spouse or qualified domestic partner
- Dependent children
- Children of your spouse or qualified domestic partner
- Dependent children of any age who are incapable of self-sustaining employment because of mental or physical handicap, and who receive from you or your spouse all of their support and maintenance, and who were continuously enrolled on the current medical plan before the age of 26

WHEN CAN I MAKE CHANGES?

Mid-year, you can make changes if one of these occur: Marriage, Birth of a child, Adoption, Involuntary loss of coverage from a qualified group plan, Divorce, Legal separation, Death of spouse or dependent child.

Open Enrollment happens once a year and allows you to **freely make changes to your plans and who is enrolled**. For your company, this happens during the month of **November** each year.

HOW MUCH WILL IT COST?

You will pay for your portion of the benefit cost through payroll deductions. The cost of each plan is included in a separate rates sheet which will show your monthly cost, as well as how to calculate your payroll deductions.

If changes are needed you will be notified in writing with no less than 30 days notice.



YOUR MEDICAL PLAN OPTIONS

These plans are available to you and your dependents. Your deductions are available to view in ADP.

	Kaiser CA HMO <i>SoCal (233462) & NorCal (605175)</i>	Kaiser WA HMO <i>Washington (26662)</i>	Kaiser CO HMO <i>Colorado (35563)</i>	Kaiser GA HMO <i>Georgia (10244)</i>	Kaiser HI HMO <i>Hawaii (9141)</i>	Kaiser MAS HMO <i>Mid-Atlantic States (23834)</i>
IN-NETWORK BENEFITS						
Network Name	Kaiser HMO	Kaiser HMO	Kaiser HMO	Kaiser HMO	Kaiser HMO	Kaiser HMO
Annual Deductible	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Calendar Year Max Out-Of-Pocket (Single/Family)	\$1,500/ \$3,000 Embedded	\$2,000/ \$4,000 Embedded	\$2,000/ \$4,500 Embedded	\$6,350/ \$12,700 Embedded	\$1,500/ \$4,500 Embedded	\$3,500/ \$9,400 Embedded
Primary Care / Specialist Office Visit	\$10 Copay, \$10 Copay	\$15 Copay, \$15 Copay	\$10 Copay, \$10 Copay	\$10 Copay, \$10 Copay	\$10 Copay, \$10 Copay	\$10 Copay, \$10 Copay
Virtual Visit	0%	0%	0%	0%	0%	0%
Urgent Care / Emergency Room	\$50 Per visit	\$50 Per visit	\$50 Per visit/\$100 per visit	\$50 Per visit	\$50 Per visit	\$50 Per visit
Lab / X-Ray	X-ray No Charge	X-ray No Charge	X-ray No Charge	X-ray No Charge	X-ray No Charge	X-ray No Charge
Routine prenatal Care / Preventive Care visits	No Charge	No Charge	No Charge/\$10 per visit	No Charge	No Charge	No Charge
Outpatient Surgery	\$10 per procedure	\$15 per procedure	\$100 per procedure	\$50 per procedure	\$10 per procedure	\$50 per procedure
RX Deductible	No drug deductible	No drug deductible	No drug deductible	No drug deductible	No drug deductible	No drug deductible
RX: Generic	\$10 Copay	\$10 Copay	\$7 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Brand	\$10 Copay	\$15 Copay	\$7 Copay	\$20 Copay	\$10 Copay	\$20 Copay
Non-Formulary	\$10 Copay	\$15 Copay	\$7 Copay	\$20 Copay	\$10 Copay	\$35 Copay

The co-insurance percentages listed are the amounts that you must pay for the service. This page shows the most commonly used benefits of each plan, but these plans cover **much more!** For a more complete listing of what is covered **please consult the detailed benefit summary. This can be found in "Forms & Plan Documents" under "Benefit Section" in ADP.**

HOW TO FIND AN IN-NETWORK PROVIDER

- Go to www.kp.org
- Click on "Doctors & Locations" on the homepage
- On the next page, you will be required to select your region
- Enter your location and search criteria, and click "Search" when you are finished
- On the next page you will be provided a list of doctors; you will be able to click on the doctor's name to obtain more information about that provider
- You can filter your search further by clicking "View all filters" and selecting your desired options; once finished, click "Update filters"



YOUR MEDICAL PLAN OPTIONS

These plans are available to you and your dependents. Your deductions are available to view in ADP.

IN-NETWORK BENEFITS	UHC Harmony HMO Narrow Network <i>California Only</i>	UHC SignatureValue HMO Wide Network <i>California Only</i>	UHC Select Plus PPO <i>All Employees</i>	UHC Select Plus PPO HDHP <i>All Employees</i>
	Harmony HMO	SignatureValue HMO	PPO	PPO
Calendar Year Deductible (Single/Family)	\$1,000/\$2,000 Embedded	\$1,000/\$2,000 Embedded	\$2,000/\$4,000 Embedded	\$5,500/\$11,000 Embedded
Calendar Year Max Out-Of-Pocket (Single/Family)	\$3,500/\$7,000 Embedded	\$3,500/\$7,000 Embedded	\$5,000/\$10,000 Embedded	\$6,500/\$13,000 Embedded
Primary Care / Specialist Office Visit	\$25 Copay, \$50 Copay	\$25 Copay, \$50 Copay	\$30 Copay, \$60 Copay	30%*, 30%*
Virtual Visit	\$25 Copay	\$25 Copay	\$30 Copay	30%*
Urgent Care / Emergency Room	\$25 Copay/ \$300 Copay	\$25 Copay/ \$300 Copay	\$50 Copay/20%*	30%*/30%*
Lab/X-Ray	\$25 Copay	\$25 Copay	20%	30%*
Inpatient Care (Includes Maternity)	30%*	30%*	20%*	30%*
Outpatient Surgery	30%*	30%*	20%*	30%*
RX Deductible	None	None	None	Combined w/Medical
RX: Generic	\$5 Copay	\$5 Copay	\$10 Copay	\$10 Copay*
Brand	\$30 Copay	\$30 Copay	\$35 Copay	\$35 Copay*
Non-Formulary	\$65 Copay	\$65 Copay	\$70 Copay	\$70 Copay*
Specialty	\$5/\$150/\$250 Copay	\$5/\$150/\$250 Copay	\$10/\$150/\$250 Copay	\$10/\$150/\$250 Copay*

**Deductible Applies*

The co-insurance percentages listed are the amounts that you must pay for the service. This page shows the most commonly used benefits of each plan, but these plans cover **much more!** For a more complete listing of what is covered **please consult the detailed benefit summary. This can be found in "Forms & Plan Documents" under "Benefit Section" in ADP.**

HOW TO FIND AN IN-NETWORK PROVIDER

UNITED HEALTHCARE

- Go to: www.myuhc.com
- Scroll down and select "Find a Provider". From the next screen, select "Medical Directory" and then select "Employer and Individual Plans"
- If enrolling on the **Harmony HMO plan**:
 - Select "SignatureValue Plans" and then choose "California" as your state
 - Select "SignatureValue Harmony HMO" as your network
- If enrolling on the **SignatureValue HMO plan**:
 - Select "SignatureValue Plans" and then choose "California" as your state
 - Select "SignatureValue HMO" as your network
- If enrolling on either of the **Select Plus PPO plans**:
 - Select "Select Plus"
- If prompted, enter your location, and click "Continue"
- Type in a provider/service or choose a category of care to search in
- If searching for a Primary Care Physician (PCP), select "People", "Primary Care" and then "All Primary Care Physicians".
- A list of in-network providers will display, and you can refine your search on the left-hand side
- **Note for HMO plans:** To select a doctor, you will need the ID # that displays when you click on their name and view their information. **Please be sure to record the ID number when enrolling. If you do not select a PCP during your initial enrollment, you will be auto-assigned one.**



MEDICAL SUPPLEMENTAL PLAN OPTIONS

These plans compliment your medical plan. They help cover some of the gaps where you may experience out-of-pocket costs that aren't covered under your medical plan. The following plans are available to you and your dependents.

ACCIDENT PLAN

Accident insurance can help you pay for the out-of-pocket costs you may experience after an accident and pay regardless of any other insurance you have.

- A limited benefit policy (not health insurance)
- Spend benefits on what you need – medical expenses, groceries, utilities
- Benefits for common injuries like fractures, dislocations, and concussions
- Benefits for emergency room visits, ambulance, hospital care, surgery and physical therapy

Guardian Group Critical Illness Insurance

BENEFIT AMOUNTS	EMPLOYEE	FAMILY
Maximum	\$30,000	Spouse: 100%
Increments	\$10,000	of Employee
Guarantee Issue	\$10,000, \$20,000, or \$30,000	Child: 50% of Employee
COVERED ILLNESS (% of face amount)		
Cancer (Invasive)	100%	
Heart Attack	100%	
Major Organ Transplant	100%	
End Stage Renal Failure	100%	
Stroke	100%	
Cancer in Situ	30%	
Coronary Bypass Surgery	30%	
WELLNESS BENEFIT		
Employee, Spouse, Dependent(s)	\$50 per enrolled per calendar year	

Guardian Group Accident Insurance

(Off-Job Plan)

	Silver Plan	Gold Plan
HOSPITALIZATION		
General Admission	\$1,000 \$250 per Day	\$1,500 \$300 per Day
Confinement	Max 365 days per covered accident	Max 365 days per covered accident
Intensive Care Unit Confinement	\$500 per Day Max 15 days per covered accident	\$600 per Day Max 15 days per covered accident
MEDICAL FEES		
Physician, Urgent Care/Hospital	\$100	\$125
Emergency Room	\$200	\$250
Ambulance Benefits	\$200-\$1,000	\$300-\$1,500
WELLNESS BENEFIT		
Employee / Spouse / Child(ren)	\$50 per Calendar Year	\$50 per Calendar Year

CRITICAL ILLNESS PLAN

Being diagnosed with a critical illness can be devastating, both personally and financially. Breathe easier knowing critical illness insurance can help you pay your out-of-pocket expenses and allow you to focus on your health.

Please refer to ADP for your individual Critical Illness rates.

Guardian Hospital Indemnity Insurance

HOSPITALIZATION	PLAN 1	PLAN 2
Hospital Admission	\$1,500 per admission Max 2 admissions per year, per insured	\$2,000 per admission Max 2 admissions per year, per insured
Critical Care Confinement	\$3,000 per admission Max 2 admissions per year, per insured <i>(Not payable same day as Hospital Admission payout)</i>	\$4,000 per admission Max 2 admissions per year, per insured <i>(Not payable same day as Hospital Admission payout)</i>
WELLNESS BENEFIT		
Employee, Spouse, Dependent(s)	\$75 per enrolled per year	\$75 per enrolled per year

NEW! HOSPITAL INDEMNITY PLAN

Hospital indemnity insurance pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehab facility. The benefit amount is determined by the type of facility and the number of days you stay. A few examples of how this coverage could be used are:

- Medical expenses, like deductibles and copays
- Travel, food and lodging expenses for family
- Childcare
- Everyday expenses like utilities and groceries

*To enroll in this plan, please contact a VBA counselor. Enrollment will not be available through ADP



YOUR DENTAL PLAN OPTIONS

These plans are available to you and your dependents.
Your deductions are available to view in ADP.

Guardian Dental HMO

Available in: CA, NY, NJ, IL, FL, CO, OH, TX

Guardian Dental PPO NAP

Available in all states to all employees

Guardian DHPO

Available in states that don't have an HMO option: Non-CA, NY, NJ, IL, FL, CO, OH, TX

IN-NETWORK BENEFITS			
Network Name	Managed Dental Care (CA)	DentalGuard Preferred	DentalGuard Preferred
Calendar Year Deductible (Single/Family)	\$5 Office Visit	\$50/\$150	\$50/\$150
Maximum Calendar Benefit	Unlimited	\$1,500	\$1,000
PREVENTIVE SERVICES			
Oral Exam	0%	0%	0%
X-Rays	0%	0%	0%
BASIC SERVICES			
Amalgam & Resin-Based Fillings	\$8-\$60	20%*	20%*
Root Canal	\$120-\$180	20%*	20%*
Deep Cleaning	\$50 per Quadrant	20%*	20%*
Single Extraction	\$12-\$15	20%*	20%*
Impaction	\$35-\$140	20%*	20%*
MAJOR SERVICES			
Complete Denture	\$452	50%*	50%*
Partial Denture	\$500	50%*	50%*
Crowns	\$375	50%*	50%*
Implants	Not Covered	Not Covered	Not Covered
ORTHODONTICS			
Child/Adult	\$1,895/\$2,195	50% \$1,500 Lifetime Max Benefit	Not Covered
OUT-OF-NETWORK FEE SCHEDULE (IF APPLICABLE)	N/A	UCR 90th	Fee Schedule

**Deductible Applies*

The co-insurance percentages listed are the amounts that you must pay for the service. This page shows the most commonly used benefits of each plan, but these plans cover **much more!** For a more complete listing of what is covered **please consult the detailed benefit summary.** This can be found in "Forms & Plan Documents" under "Benefit Section" in ADP.

HOW TO FIND AN IN-NETWORK PROVIDER

GUARDIAN

- Go to: www.guardianlife.com
- Click "Find a dentist" at the top of the homepage
- Click "Find a dentist" underneath the "Dental benefits bought through your workplace" section
- For the **HMO plan**, select "Managed Dental Care (DHMO/Prepaid)"
- For the **PPO plans**, select "PPO DentalGuard Preferred"
- Enter your location and dentist name (optional)
- Click "Search"
- Search results will display on the next screen
- **Note:** If enrolling in the HMO plan, once you find your desired primary care dentist, look for their "PCD ID#" number and record this number when you're making your dental enrollment



YOUR VISION PLAN OPTION

This plan is available to you and your dependents.
Your deductions are available to view in ADP.

Guardian VSP Vision Plan

IN-NETWORK BENEFITS

Network Name	Choice Network
Exam Frequency	12 Months
Lenses Frequency	12 Months
Frames Frequency	12 Months
Vision Exam	\$10 Copay
Single Vision Lenses	\$20 Copay
Bifocal Lenses	\$20 Copay
Trifocal Lenses	\$20 Copay
Frames	Up to \$150*
Elective Contacts	Up to \$150*
Benefit Frequency Resets	Calendar Year

**Insurance provider reimburses up to this amount*

This page shows the most commonly used benefits of each plan, but these plans cover **much more!** For a more complete listing of what is covered **please consult the detailed benefit summary. This can be found in "Forms & Plan Documents" under "Benefit Section" in ADP.**

HOW TO FIND AN IN-NETWORK PROVIDER

GUARDIAN

- Go to: www.guardianlife.com
- Click "Find a vision provider" at the top of the homepage
- Under "Select your vision network" select "VSP"
- You may search by Location, Office, or Doctor Name
- Click "Search"
- A list of in-network providers will populate the screen



YOUR LIFE PLAN OPTIONS

These plans are available to you and your dependents.

GROUP LIFE PLAN

Your employer provides you with Group Life insurance coverage, **free to you!**

Guardian

BENEFIT AMOUNT	
Coverage Amount	\$25,000
Guarantee Issue Amount	\$25,000
AGE REDUCTIONS	
Reduction at 65	35%
Reduction at 70	50%

Guardian

BENEFIT AMOUNT	
Employee Coverage	\$10,000 to \$500,000 in increments of \$10,000
Spouse Coverage	\$5,000 to \$250,000 in \$5,000 increments, not to exceed 50% of Employee's amount
Dependent Coverage	Dependent child(ren) are eligible for \$10,000 in increments of \$1,000
GUARANTEE ISSUE	
	NEW HIRES ONLY
Employee Coverage	\$150,000
Spouse Coverage	\$30,000
Dependent Coverage	\$10,000
AGE REDUCTIONS	
Reduction at 65	35%
Reduction at 70	50%
PORTABLE or CONVERTIBLE?	
	Both

VOLUNTARY LIFE PLAN

You can purchase additional life insurance for you and your dependents. This plan is optional and paid 100% by you through payroll deductions if you choose to sign up.

You must submit an Evidence of Insurability (EOI) form to the insurance carrier if you select an amount of insurance over the "Guarantee Issue Amount (GI)". Any coverage amount over the GI is subject to the carrier's approval. If approved, you will receive a letter in the mail notifying you of the approval.

2024 Open Enrollment (Employee Coverage): If you are already enrolled in the Voluntary Life Plan, you are able to increase your coverage by up to \$50,000 (not to exceed the GI) without an EOI.

A basic summary of Voluntary Life benefits are included here. Benefits are based on the employee's age. Please view the carrier's full plan summary document for a detailed description of what is or is not covered, along with rates.

Please refer to ADP for your individual Voluntary Life rates.

*You can complete your EOI at GuardianAnytime.com

WHOLE LIFE PLAN

Your employer also provides you with Whole Life insurance coverage, through UNUM. This plan locks in a rate for life. Refer to VBA or reach out to Human Resources for more plan details and pricing.



YOUR DISABILITY PLAN OPTIONS

Your income is often your most important financial asset. Disability insurance will help to replace a portion of your income if you experience a covered illness or injury. These plans are available to you.

VOLUNTARY SHORT-TERM DISABILITY

This voluntary plan benefit amount is *integrated with any State Disability Insurance (if applicable in your state)*. Please view the carrier's full plan summary document for a detailed description of what is or is not covered, along with rates.

Please refer to ADP for your individual STD rates.

Guardian	
MONTHLY BENEFIT	
Percentage of Salary	Up to 60%
Maximum Monthly Benefit	\$10,000
PLAN DETAILS	
Definition of Disability	2 Years
Maximum Benefit Period	SSNRA 3/12
Pre-Existing Limitations	Disabilities that occur during the first 12 months of coverage due to pre-existing condition during the 3 months prior to coverage are excluded.
Elimination Period	90 Days

Guardian	
WEEKLY BENEFIT	
Percentage of Salary	Up to 60% (state integrated) (20% for CA residents - non-integrated)
Maximum Weekly	\$1,000
PLAN DETAILS	
Waiting Period (# Days after Accident/Sickness)	8/8
Maximum Benefit Duration	12 Weeks
Pre-Existing Limitations	3/12 Disabilities that occur during the first 12 months of coverage due to pre-existing condition during the 3 months prior to coverage are excluded.

VOLUNTARY LONG-TERM DISABILITY

Long term disability insurance will start paying out at the end of the short-term disability coverage period.

Please refer to ADP for your individual LTD rates.



ADDITIONAL BENEFITS FOR YOU

PET INSURANCE

You care about your pets and consider them a member of your family. As an important part of the family, you want to make sure they are well taken care of. We are pleased to provide you with a pet coverage benefit option through Nationwide. A complete list of what is covered is included in the carrier benefit summary.



Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRIs and CT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Vaccinations	✓	
Spay/neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

Just like all other pet insurers, we don't cover **pre-existing conditions**.^{*} However, we go above and beyond with extra features such as **emergency boarding, lost pet advertising and more**. Plus, both plans have a low \$250 annual deductible and a generous \$7,500 maximum annual benefit.

^{*}Any illness or injury that your pet had prior to the start of your policy will be considered a pre-existing condition.

Easy enrollment

1 Select the species (dog or cat)**

2 Provide your zip code

3 Pick your plan

^{**}To enroll your bird, rabbit, reptile or other exotic pet, please call 888-899-4874.



Available to all pet insurance members. Unlimited, 24/7 access to a veterinary professional (\$150 value). Only from Nationwide[®].



Get your pet insurance reimbursements deposited directly to your bank.

Submit claims right from your smartphone with the free VitusVet app.



Download from the App Store



Download from Google Play

Email, fax and snail mail claim submissions also available.

Learn more today. Call 1 (877) 738-7874 or go online to www.petinsurance.com/blackstone-consulting



EMPLOYEE ASSISTANCE PROGRAM

Sometimes life is stressful. When situations seem too tough to get through on your own, you have a lifeline for help. You and your household members can access confidential, professional assistance from an Employee Assistance (EAP) Program.

Through the EAP plan, you have access to personal resources and practical solutions to help make your life work better. Whether you need help managing stress or managing relationships, preparing for a new baby or caring for a loved one, EAP offers a wealth of information and support. It's confidential and available 24/7 at no cost to you.

**Guardian
Uprise Health**

FACE TO FACE VISITS	
# Visits Covered	3
Visit Frequency Limitation	N/A
PHONE COUNSELING	
# of Calls Covered	Unlimited
ACCESSING MY EAP PLAN	
Phone Number	800-386-7055
Web Access	worklife.uprisehealth.com Access Code: worklife

VOLUNTARY BENEFITS ADVISORS (VBA) EMPLOYEE ENROLLMENT HELP

OPEN ENROLLMENT HELP

Blackstone Consulting- <https://BlackstoneConsulting2023.as.me>

RJB Properties- <https://rjbproperties2023.as.me>

NEW HIRE HELP

Blackstone Consulting and RJB Properties- <https://newhireenrollment.as.me>

ONEDIGITAL EMPLOYEE ADVOCACY

Your dedicated Advocates are **Marion Luminarias & Karina Villalpando**

(800) 264-9918 ext. 53455 | Marion.Luminarias@onedigital.com

(800) 264-9918 ext. 50459 | Kvillalpando@onedigital.com

Insurance is confusing. We love to help. You have someone dedicated to assist you with the following:

YOUR ENROLLMENT

As a new hire, during open enrollment and if you have a mid-year qualifying event

ACCESSING CARE

Locating in-network medical, dental and vision providers, hospitals and urgent care facilities near you and how to receive treatment by a specialist through the referral and authorization process

UNDERSTANDING YOUR BENEFITS

Helping you understand the benefits available to you and how to use your insurance plans

DETERMINING YOUR COSTS

Explain the cost of service for in-network providers

CLAIMS RESOLUTION

Effectively resolving claims disputes and confirming your claims were processed correctly by your carrier





ACCESSING YOUR DIGITAL ID CARDS

United Healthcare & Kaiser - Medical

United Healthcare Online Registration

1. Go to www.myuhc.com.
2. Click the "Register" button.
3. Follow the steps listed and fill out your personal and medical insurance information. (**Note:** Your member ID is on your ID card that will be mailed to your home, but you can also request your Member ID from your Employee Advocate).
4. Once finished, click "Continue".
5. After you have registered, you can login and access your ID card digitally.

UHC Mobile App Registration

1. Download the **myuhc** mobile app to your mobile device and open the app.
2. Click "Create Account".
3. Choose the option that includes "Employer Plans" from the list of medical plans.
4. Select "Register Manually" at the bottom of the screen and follow online registration steps 3-5.

Kaiser Permanente Online Registration

1. Go to www.kp.org/newmember
2. Click the "Register" button then "Create my account".
3. Follow the steps listed and fill out your personal and medical insurance information. (**Note:** Your member ID is on your ID card that will be mailed to your home, but you can also request your Member ID from your Employee Advocate).
4. Once finished, click "Continue".
5. After you have registered, you can login and access your ID card digitally.

Kaiser Mobile App Registration

1. Download the **Kaiser Permanente** app to your mobile device and open the app.
2. Click "Register" in the bottom left.
3. Follow online registration steps 3-6.

Guardian - Dental & Vision

Guardian Online Registration

1. Go to www.guardianlife.com.
2. Click "Log in" then "Register".
3. Select "Guardian Anytime: Benefits through my employer..."
4. Under "Who are you?", click "An employee of a company or member of a Guardian group benefit plan" and then click "Start registration"
5. Agree to the Disclosure Statement.
6. Follow the steps listed and fill out your personal and dental insurance information.
7. Once finished, click "Continue".
8. After you have registered, you can login and access your ID card digitally.

Guardian Mobile App Registration

1. Download the **Guardian Providers & ID Card** app to your mobile device and open the app.
2. Click "ID Card" then click "Register Now" and follow online registration steps 3-8.

Optum Bank – HSA & FSA

Online Registration

1. Go to www.optumbank.com.
2. Click "Account holder" under "Sign in"
3. Click "Register now"
4. Follow the steps listed and fill out your personal and medical insurance information. Once finished, click "Continue".

Optum Bank App Registration

1. Download the **Optum Bank** app to your mobile device and open the app.
2. Click "Register here" and enter in your personal and insurance information.
3. Click "Continue" to register.



HOW TO MAKE YOUR SELECTIONS ONLINE

ADP

Online enrollment will now take place in **ADP**, our new online enrollment portal. No paper enrollments will be accepted, and all enrollments must take place online. This section includes step by step directions on how to complete your online enrollment.

1 Logging into your benefits portal

Access the ADP Associate Self Service Web site at:

www.workforcenow.adp.com

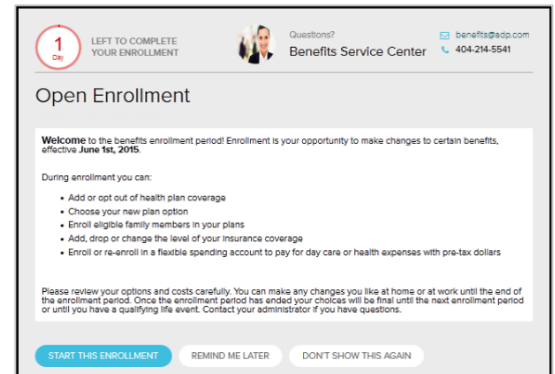
- Click User Login
- Enter your User ID and Password
- If this is your first time logging in, or you need help getting started, click on the “Register Here” link for instructions and assistance. (Please reach out to Human Resources for the Company Code if first time user.)
- Click Log In



2 Completing your enrollment

After you log in, if you are in an eligible enrollment period, like a New Hire Enrollment or Open Enrollment period, a pop-up will appear when you first log in. To make your elections, click Start This Enrollment.

- Once you start the enrollment process, read the welcome letter and answer any questions if applicable. Click Continue when done.
- The left side of the screen will indicate the different plan types that are available to enroll in. When you are viewing the selected plan type, all enrollment options will be displayed on the screen.
- You may choose to click Select Plan for the desired enrollment or Waive This Benefit. If you chose to waive a benefit, you may be required to select a waive reason.
- When you choose to enroll in a plan, you may review your costs on a Per Pay Period, Monthly or Annual basis by selecting the desired view in the calculator drop-down.
- While enrolling, please be sure to indicate which dependents should be covered in the plan, if applicable. If you need to update or add a dependent, you may click the Manage Dependents link.
- MAKE SURE TO INDICATE BENEFICIARY DESIGNATIONS for all applicable plans.
- Click Continue to Preview. Review your enrollment, costs and covered individuals. Then click Save and Continue to Next Benefit to continue making your desired selections.



3 Confirming & submitting your selections

- Continue through each step until all elections are complete and the Continue to Summary button is activated
- Review all selections. When you are ready to confirm you selections, click Submit Enrollment. Please note that your benefit elections will not be processed until you click Submit Enrollment. If Save for Later is selected, these enrollments will not be submitted to Human Resources.
- You should receive a confirmation note indicating your elections have been submitted.
- PLEASE PRINT THE BENEFIT STATEMENT FOR YOUR REVIEW AND REFERENCE.

