



Physicians Network Medical Group, Inc.



## **2022** BENEFITS GUIDE

Medical Insurance • Dental And Vision • Disability Insurance  
Life Insurance • Retirement Plan • Well-Being Programs



Physicians Network Medical Group, Inc.

Physicians Network Medical Group strives to be the employer of choice for California providers and to that end, has put together a thoughtful total rewards package. Part of this package includes a strong portfolio of healthcare options to meet the needs of you and your family. One way we distinguish ourselves is by offering free medical insurance to our benefit eligible providers and their children. We also cover the costs of Dental, Vision, Short Term and Long Term Disability and Life benefits. Additionally, we offer other programs with resources to help you through personal matters and promote wellness in your life. On an annual basis we review our benefits to enhance the current package and add new options based on your feedback. We invite you to review this brochure and speak to our Human Performance professionals with any questions you have. Thank you for being a valuable member of our team.

**Health Insurance**

- Medical Insurance
- Health Savings Account (HSA)
- Flexible Spending Account (FSA)
- Dental Insurance
- Vision Insurance

**Injury/Disability**

- Short Term Disability (STD)
- Long Term Disability (LTD)

**Insurance For Your Future**

- Life Insurance
- Accidental Death & Dismemberment

**Well-Being Programs**

- Resilience and Emotional Support
- Discount Program

**Retirement Plan**

- 401(k) Plan

Legal Disclaimer: This guide is designed to provide an overview of PNMG's benefits. In all cases only the official plan documents control the administration and operation of the plans. This guide does not constitute a contract of employment. PNMG reserves the right to modify or eliminate these or any other benefits at any time and for any reason. Medicare Part D Notice is located in the Important Plan Notices and Documents. The benefits in this guide are effective January 1, 2022 through December 31, 2022.

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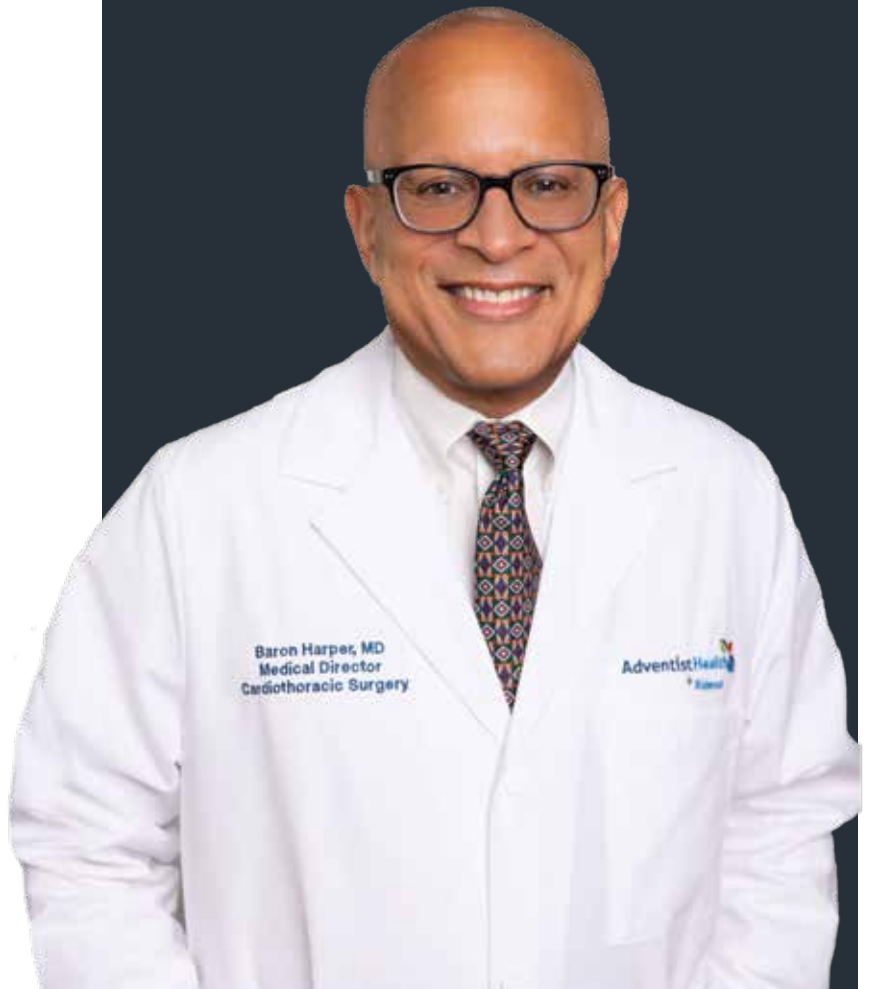
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## Who is Eligible?

All regular full-time and part-time professionals (working a minimum of 30 hours/week) and their dependents, including their spouse/domestic partner and children, are eligible to participate in PNMG's health benefit plans. An eligible dependent child must be under 26 years of age or permanently disabled.

## When Does Coverage Become Effective?

The effective date of coverage for PNMG's health benefit plan is the first of the month following the professional's hire date (or if hired on the 1st, effective immediately).

## When Does Coverage End?

Coverage continues through the end of the month following separation of employment, status change (e.g. employment status drops below 30 hours per week), non-payment of premiums. Life and disability insurance coverage ends on the day employment ends or eligibility changes.

## Life Event Changes

Professionals may not change benefit elections during the Plan Year (January 1, 2022 through December 31, 2022) unless there is a qualifying status event. The occurrences below are considered qualifying status events:

- Marriage, divorce, legal separation
- Birth, adoption, placement of a child for adoption or change in custody of a child
- Death of a dependent
- Change in your or your spouse/domestic partner's employment status that affects your benefit eligibility
- A dependent satisfies or ceases to satisfy the eligibility requirements
- Change in spouse/domestic partner's coverage during other employer's open enrollment period or increase or decrease in other employer's plan coverage
- Medicare eligible person who enrolls in Medicare
- Medicare is handled by the Centers for Medicare and Medicaid Services (CMS). Please contact your local social security office to determine your Medicare eligibility.

Qualifying status event changes must be made within 60 days of the occurrence by completing the appropriate paperwork – please contact Human Performance for the paperwork and/or additional information (see back cover for Contact Information). Benefit changes as a result of a qualifying status event are effective the first of the month following the change (except for changes due to birth or adoption, which become effective as of the date of event). Absent a qualifying status event benefits can only be changed/adjusted/added during PNMG's open enrollment.

## Opt Out Credit

If you have benefits coverage from another source (spouse, domestic partner, etc.), you can opt out of PNMG's benefits coverage and receive a \$250 credit per month on your paycheck. Proof of other coverage is required (copy of card, confirmation letter, etc.) and must be sent to the HP contacts on the back of this brochure. Please note, the opt out credit applies to medical coverage only. Professionals are still eligible for all other benefits.

Please note: Opt out credit will not apply for individual or market exchange policies.

### Online Enrollment

PNMG offers simple electronic enrollment available through HRIS system, please contact PNMG's Contact Center. 844-383-5688.

- Annual enrollments must be complete by November 15, 2021.
- New Hire enrollments must be completed within 30 days from hire date.



# MEDICAL BENEFITS Administered by Benefits Administration (Adventist Health)

PNMG offers you a choice between two PNMG Provider Health Plans:

- A High Deductible Health Plan (HDHP) with a Health Savings Account (HSA)
- A Traditional PPO Plan

When the HDHP medical plan is elected, PNMG will fund a companion HSA up to \$1,750 for an individual or \$3,500 for family coverage. If hired after January 1, PNMG's contribution to the HSA account will be prorated accordingly. See page 6 for additional details around the HSA account that accompanies the High Deductible Plan.




<b>PNMG PROVIDER HEALTH PLAN</b> High Deductible Health Plan (HDHP) w/ HSA			
	TIER 1	TIER 2	TIER 3
<b>Calendar Year Deductible</b>	<b>Individual \$2,250</b> <b>Family: \$2,800 per individual / \$4,500 Family maximum</b>		
<b>PNMG HSA Contribution</b> <small>(Prorated each month for new hires hired after January 1. Contribution is one time lump sum and is subject to CA state tax.)</small>	<b>\$1,750 Individual / \$3,500 Family</b> <b>2022 IRS Max: \$3,650 Individual / \$7,300 Family</b>		
<b>Annual Out-of-Pocket Limit - Calendar Year</b> (includes deductible)	\$3,500 Individual / \$7,000 Family		\$6,000 Individual \$12,000 Family
<b>Deductible applies to all services EXCEPT Preventive Care</b>			
<b>Physician Office Visit</b>	\$20 copay	\$30 copay	\$30 copay
<b>Specialist Office Visit</b>	\$20 copay	\$30 copay	\$30 copay
<b>Preventive Care</b> (deductible waived)	No Charge	No Charge	0% Provider, 20% Hospital
<b>Hospitalization (Inpatient/Outpatient)</b>			
<b>Facility Charges</b>	No Charge	20%	20%
<b>Professional Charges</b>	10%	20%	40%
<b>Emergency Room</b> (Not Admitted to Hospital)	\$100 Copay	\$100 Copay	\$100 Copay
<b>Lab/X-ray &amp; Complex Imaging</b> (MRI, CT, PET)			
<b>Facility Charges</b>	No Charge	20%	20%
<b>Professional Charges</b>	10%	20%	40%
<b>Urgent Care Services</b>	\$20 Copay	\$30 Copay	\$30 Copay
<b>Prescription Drug Coverage (after Calendar Year Medical Deductible is Met*)</b>			
<small>*Deductible waived for all IRS Approved Preventive Care Medications.</small>			
	Generic Drugs	Brand Name Drugs	Non-formulary Brand Name Drugs
<b>Retail</b> (up to a 30-day supply)	\$10 per prescription	\$25 per prescription	\$40 per prescription
<b>OptumRx® Home Delivery</b> (up to a 90-day supply)	\$20 per prescription	\$50 per prescription	\$80 per prescription
<b>Specialty Drugs</b> (up to a 30-day supply)	30% up to \$250 maximum copay maximum per prescription		
		<b>High Deductible Per Pay Period Premium</b>	
<b>Employee Only</b>		\$0.00	
<b>Employee + Spouse</b>		\$175.00	
<b>Employee + Child(ren)</b>		\$0.00	
<b>Employee + Family</b>		\$175.00	

# PNMG PROVIDER HEALTH PLAN

## PPO Plan

	TIER 1	TIER 2	TIER 3
Calendar Year Deductible	\$0	\$500 per Individual / No Family Max	
Annual Out-of-Pocket Limit - Calendar Year (includes deductible)	<b>\$1,700 Medical + \$3,700 Rx = \$5,400 Individual</b> <b>\$5,100 Medical + \$4,500 Rx = \$9,600 Family</b>		
Physician Office Visit	\$20 copay	\$30 copay	\$30 copay
Specialist Office Visit	\$20 copay	\$30 copay	\$30 copay
Preventive Care (deductible waived)	No Charge	No Charge	0% Provider, 20% Hospital
Hospitalization (Inpatient/Outpatient)			
Facility Charges	No Charge	20%	20%
Professional Charges	10%	20%	40%
Emergency Room (Not Admitted to Hospital)	\$100 Copay	\$100 Copay	\$100 Copay
Lab/ X-ray & Complex Imaging (MRI, CT, PET)			
Facility Charges	No Charge	20%	20%
Professional Charges	10%	20%	40%
Urgent Care Services	\$20 Copay	\$30 Copay	\$30 Copay
Prescription Drug Coverage			
	Generic Drugs	Brand Name Drugs	Non-formulary Brand Name Drugs
Retail (up to a 30-day supply)	\$10 per prescription	\$30 per prescription	\$50 per prescription
OptumRx® Home Delivery (up to a 90-day supply)	\$20 per prescription	\$60 per prescription	\$100 per prescription
Specialty Drugs (up to a 30-day supply)	30% up to \$250 copay maximum per prescription		
		PPO Per Pay Period Premium	
Employee Only	\$0.00		
Employee + Spouse	\$450.00		
Employee + Child(ren)	\$0.00		
Employee + Family	\$450.00		

## AVAILABLE MEDICAL TIERS

<b>TIER 1</b> Your Lowest Cost Option <b>\$</b>	<b>Incentive Health</b> (Adventist Health, Loma Linda University Medical Center) <b>UC Davis Health</b>		<b>CONTACTS</b>  <b>Health Plan Customer Service</b> 800-441-2524 RSVLClaimsCustomerService@ah.org <a href="http://www.adventisthealth.org/ProviderHealthPlan">www.adventisthealth.org/ProviderHealthPlan</a>  <b>HST's Patient Advocacy Center</b> 888-837-2237 949-891-0420 fax patientadvocacy@hstechnology.com <a href="http://www.hstechnology.com">www.hstechnology.com</a>  <b>OptumRx - Prescriptions/Home Delivery</b> 866-534-7205 <a href="http://www.OptumRx.com">www.OptumRx.com</a>
<b>TIER 2</b> You will pay slightly more in this tier <b>\$\$</b>	<b>California Foundation for Medical Care</b> (a large & comprehensive statewide network)  <b>Outside of California:</b> Utilize the First Health network		
<b>TIER 3</b> <b>YOUR HIGHEST COST OPTION.</b> You may receive a bill in addition to your health plan cost share <b>\$\$\$</b>	<b>Out-of-Network</b> You may receive a balance bill for any services received out-of-network.  <b>Before scheduling services out-of-network, the Plan member must submit a Prior Authorization form to the Plan for review.</b> <i>Prior authorization is not required for any emergency room or urgent care visit, but co-pay and deductible apply.</i>		

If you find that your current provider is not part of the new network, you have the opportunity to nominate them. See FAQ'S on page 13 for additional details on the Network and Prior Authorization process.

# HEALTH SAVINGS ACCOUNT (HSA) Administered by Health Equity

## PNMG HSA PRORATED CONTRIBUTIONS (PLAN YEAR)

EFFECTIVE DATE		INDIVIDUAL	FAMILY
January	1/1/2022	\$1,750	\$3,500
February	2/1/2022	\$1,605	\$3,208
March	3/1/2022	\$1,460	\$2,916
April	4/1/2022	\$1,315	\$2,624
May	5/1/2022	\$1,170	\$2,332
June	6/1/2022	\$1,025	\$2,040
July	7/1/2022	\$880	\$1,748
August	8/1/2022	\$735	\$1,456
September	9/1/2022	\$590	\$1,164
October	10/1/2022	\$445	\$872
November	11/1/2022	\$300	\$580
December	12/1/2022	\$155	\$288

Contribution is a one time lump sum and is subject to CA state tax.

### What is a Health Savings Account?

An HSA is a tax-advantaged savings account that belongs to you. It is always paired with a qualified High Deductible Health Plan (HDHP).

### Maximize Your Tax-Free Earning Potential

Make your HSA an effective component of your retirement strategy. Once your account meets certain threshold, you can invest in mutual funds to maximize your HSA earning potential. There is no minimum balance to participate in Health Equity's federally insured account, or to enroll in Yield Plus, but in order to invest in mutual funds, your HSA cash balance must meet a minimum threshold.

### HSA Debit Card

When you set up an HSA, you will receive a debit card from Health Equity to pay your out-of-pocket health care expenses. There is no need to file for reimbursement when you use the card, but you need to keep your receipts as required by IRS regulation.

Visit [www.healthequity.com](http://www.healthequity.com) or call (866) 346-5800 for additional assistance.

### How much to put in an HSA?

IRS limits the amount you can contribute to a HSA each calendar year (this also includes the PNMG contribution). The 2022 contribution limits are:

- \$3,650 if you have single coverage
- \$7,300 if you have family coverage (employee + one or more dependents enrolled)
- An additional \$1,000 in catch-up contributions if you are at least 55 years old

You are responsible to manage your HSA account and ensure all contributions do not exceed the IRS maximums.

### Other things to know about HSAs:

- **If currently enrolled in Medicare you are not eligible to enroll in a Health Savings Account (HSA) or receive contributions into a HSA from PNMG.**
- There is no "use it or lose it" rule.
- You can save the money in your account to pay for future expenses like COBRA, Medicare, long term care insurance, qualified medical, dental, vision expenses, etc.
- You (or your employer, on your behalf) cannot contribute to a HSA in the same year you are enrolled in another company's Non HDHP medical plan, like an HMO or traditional PPO medical plan, Medicare or any other government sponsored medical plan (such as TRICARE or VA benefits).
- A Limited Purpose FSA (LPFSA) is ONLY available to those that are enrolled in a High Deductible Health Plan with a HSA.



# FLEXIBLE SPENDING ACCOUNTS (FSA) Administered by Health Equity



## HealthEquity

### What is a Flexible Spending Account?

An FSA is an account that allows you to set aside money annually before taxes, to use on eligible health care and dependent care expenses.

You elect how much you want to contribute, and PNMG deducts the amounts from your paycheck throughout the plan year. Since you use pre-tax dollars, you lower your taxable income, and use your tax-free money for expenses.

\*not available if enrolled in the High Deductible plan

## HEALTH CARE FSA AND ELIGIBLE EXPENSES

Calendar year maximum allowed \$2,750 • \$550 Rollover allowed each calendar year

For eligible health care services and items for you, your spouse and dependents.

- Prescriptions
- Over-the-counter items and medications
- Copayments
- Dental care, orthodontia
- Vision care, eye surgery
- Therapies

### Limited Purpose FSA (LPFSA)

ONLY available to those that are enrolled in a High Deductible Plan with Health Savings Account.

**Calendar year maximum allowed \$2,750**  
**\$550 Rollover allowed each calendar year.**

### What is a Limited Purpose Flexible Spending Account?

The LPFSA enables an employee to pay for eligible dental and vision care with pre-tax dollars. Medical expenses are not allowed (until the deductible has been met on your High Deductible Plan). The Limited Purpose FSA works in almost the same way a standard Healthcare FSA does. The difference is that it limits what expenses are eligible for reimbursement.

**For additional FSA information visit**  
**[www.healthequity.com](http://www.healthequity.com)**  
**or contact Health Equity at 866-346-5800.**



### FSA DEADLINE

PLAN YEAR	1/1/2022 - 12/31/2022
Run Out Period	60 Days (Claims incurred between 1/1/2022-12/31/2022 must be submitted by 02/28/2023) Same runout date for separations throughout the year.

# DENTAL BENEFITS Administered by MetLife



**PNMG offers a comprehensive dental insurance program through MetLife. The Preferred Provider Option (PPO) allows you to seek care from any licensed dental provider.**

This plan is contracted with a network of participating dentists. When you visit a participating dentist, you can maximize your benefit plan with access to lower out-of-pocket expenses. If you visit an out-of-network dentist, you may be responsible for additional costs if the provider's charges exceed the plan's usual & customary levels.

### Using your MetLife benefits

- How to find a dentist: To find a MetLife dentist, visit [www.MetLife.com](http://www.MetLife.com) and click on "Find a Dentist Link" on the home page. To find an in-network dentist, search under PDP Plus Network.
- At your appointment, no ID card is required and your ID number is the main subscriber's Social Security Number.



METLIFE: DENTAL PPO		
	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible - Calendar Year	\$50 Individual / \$150 Family	
Annual Dental Benefits Maximum	\$1,500 per individual	\$1,500 per individual
<b>Diagnostic and Preventive</b> Cleanings, X-rays, Sealants	Plan pays 100% (deductible waived)	Plan pays 100% (deductible waived)
<b>Basic Services</b> Fillings (including composites), Endodontics, Periodontics	You pay 10% after deductible	You pay 20% after deductible
<b>Major Services</b> Crowns, Bridges, Dentures	You pay 40% after deductible	You pay 50% after deductible
<b>Orthodontia</b> Dependent Children Adults Lifetime Orthodontia Plan Maximum	You pay 50% You pay 50% \$1,500	You pay 50% You pay 50% \$1,500
Per Pay Period Employee Contribution		
Employee Only	\$0.00	
Employee + Family	\$0.00	



# VISION BENEFITS Administered by VSP

## PNMG offers vision benefits through Vision Service Plan (VSP).

The plan includes coverage for vision hardware; either eyeglasses or contact lenses. Please note that the vision hardware plan may not cover all costs including lens coatings, contact lens fitting and taxes. If you choose to use an out-of-network provider, you will have to pay your provider at the time of service and you may be required to submit your own claim to the insurance company.



## Using your VSP benefits

- **How to find an eye care provider:**  
To find a VSP provider, visit [www.vsp.com](http://www.vsp.com) (Choice network) or call (800) 877-7195.
- **At your appointment, no ID card is required and your ID number is the main subscriber's Social Security Number.**

## Enhancement

### PRIMARY EYECARE BENEFIT

- \$20 Exam Copay; no limit
- Use your VSP benefits for medical related services such as:
  - Diabetes
  - Glaucoma / Cataracts
  - Pink eye

### EXTRA SAVINGS

- 20% savings on additional glasses and sunglasses
- Retinal Screenings – no more than a \$39 copay



BENEFIT FREQUENCY	VSP: VISION PLAN	
Eye Exam	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	
PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Copayment	\$20 copay for exam • \$20 copay for prescription glasses	
Examination	Plan pays 100% after copay	Up to \$45
Frames	\$150 allowance	Up to \$70
Lenses (per pair) Single Vision Bifocal Trifocal	Plan pays 100% after copay Plan pays 100% after copay Plan pays 100% after copay	Up to \$30 Up to \$50 Up to \$65
Contacts (in lieu of glasses)	\$150 allowance	Up to \$105
Per Pay Period Employee Contribution		
Employee Only	\$0.00	
Employee + Family	\$0.00	



**Benefit Amount**

2 times basic annual salary up to a maximum of \$500,000



**Don't forget to designate your beneficiary(ies) for your Life and Accidental Death & Dismemberment insurance plan.**

**PNMG offers professionals Life and AD&D protection.**

Life insurance pays your beneficiary a benefit in the event of your death and AD&D insurance pays a benefit should your death result from an accident OR if you are severely injured in an accident.

**Age reductions do apply the year following the applicable birth date:**

	YOUR AGE	YOUR % REDUCTION
Percentage by which current amount of coverage (after all previous reductions) will be reduced.	65	35%
	70	35%
	75	35%
	80	25%
	85	25%
	90	25%
	95	25%

**You are automatically enrolled in the Life and Disability benefit at no charge.**

**DISABILITY INCOME** Short Term and Long Term Disability Insurance | Administered by The Hartford

**What is a Disability?**

A disability means you are prevented from performing one or more of the essential duties of your occupation and as a result, your current monthly earnings are less than 80% of your weekly pre-disability earnings. Important contract limitations apply. Note: The age at which you become disabled may affect the duration of your benefits.



**SHORT TERM DISABILITY PROTECTION**

The Short Term Disability coverage pays you a benefit if you temporarily can't work because of an injury, illness, or maternity leave. Benefits may be reduced by income from other income sources such as paid time off. Your doctor and The Hartford will work together to determine how long benefits are payable, based on your condition. Coverage is provided by The Hartford.

**Waiting Period:** 7 days

**Benefit Period**

Up to 12 weeks, then carries into LTD as applicable

**Benefit Amount**

Plan pays 60% of your weekly income up to \$3,000 per week.

\*Maximum payment period is based on the first day you are disabled, not when benefits begin.

**LONG TERM DISABILITY PROTECTION**

The Long Term Disability plan pays you a portion of your salary for each month you are unable to work due to a medical reason or a disabling condition. Hartford policy includes Own Specialty and Sub-Specialty definition of disability for Physicians. Benefits begin after 90 days of disability and may continue until your normal retirement age if you are unable to return to work. Please see policy for details.

**Waiting Period:** 90 days

**Benefit Period**

AGE WHEN DISABLED	BENEFITS PAYABLE
Prior to Age 63	To Normal Retirement Age or 48 months, if greater
Age 63	To Normal Retirement Age or 42 months, if greater
Age 64	36 months
Age 65	30 months
Age 66	27 months
Age 67	24 months
Age 68	21 months
Age 69 and over	18 months

Normal Retirement Age means the Social Security Normal Retirement Age as stated in the 1983 revision of the United States Social Security Act. It is determined by Your date of birth as follows:

**Benefit Amount**

Plan pays 60% of your weekly earnings up to a monthly maximum of \$10,000.

**Enrollment is automatic and PNMG pays the full cost for your coverage.**

## PNMG offers a matching 401(k) retirement benefit that gives you an easy way to save money, and often reduce taxes, while providing you with greater opportunity and flexibility to reach your financial goals.

PNMG will match your salary deferrals at the following rate – dollar for dollar on the first 3% you contribute to the Plan, plus \$0.50 on the dollar for the next 2% you contribute. So if you contribute 5% or more to the Plan, you will receive a matching contribution of 4%. You can defer up to 85% of your eligible compensation for the year, up to the applicable IRS limit. Eligible salary is gross minus reimbursements or other expense allowances, fringe benefits, moving expenses, deferred compensation and welfare benefits. Employee's pre-tax health insurance contributions are not deducted from gross salary.

The 2021 participant IRS deferral limit is \$19,500, with an additional \$6,500 allowed as a "catch-up" provision for those 50 and older. Deferral changes can be made at any time in the year via the Principal website, and you are encouraged to review periodically to ensure it meets your current financial goals.

### The Annual Limits Are:

- **Annual Salary Deferral Limit\*** - \$19,500, plus \$6,500 if the employee is age 50 or older
- **Annual Compensation Limit for Employer Match\*** - \$290,000

Please consult your financial professional for the most up to date information. 2022 IRS 401k limits pending official IRS announcement.

Example: Dr. Smith is over 50 and wants to maximize his 401k for the year. He knows the max he can contribute is \$19,500 + \$6,500 catchup (for a total of \$26,000). To accomplish this, he visits [www.Principal.com](http://www.Principal.com) and enters \$1,083 in his elective deferral (this is the amount that will pull for 18 pay periods), and \$1,083 in the catchup deferral (this will pull for the remaining 6 pay periods). For anyone under the age of 50 wanting to maximize their contribution, they would enter \$812.50 into Principal. Assuming that this \$26,000 represents 5% or more of Dr. Smith's eligible income, he qualifies for the maximum 4% PNMG match which is deposited in Q1 of the following year.

\*example assumes contributions are updated Jan 1 with 26 pay periods



**HOW TO SET UP YOUR 401K**  
Please contact Veronica Taylor at Pensionmark  
Financial Group for enrollment assistance.

**925-354-2615**



# WELL-BEING PROGRAMS



## SyncTALK

SyncTALK, connects individual to certified, masters-level counselors who can help build skills in coping with the stress, anxiety and uncertainties that are increasingly common in today's unprecedented environment. Between sessions, Karla, the platform's virtual coach, offers interactive support, advice and reminders to keep patients on track with goals set with their counselor. Participation is 100% voluntary and confidential.



**SERVICE:** Individual Psychotherapy Sessions by a Licensed Mental Health Provider

- Biopsychosocial intake assessment
- Individual Psychotherapy Session
- Family Psychotherapy
- Group Psychotherapy

**INCLUDED:** Up to 8 hours of counseling per participant in any combination of services.

To sign up, visit: [ah.SyncTalk.us](http://ah.SyncTalk.us)  
or call 916-249-9356



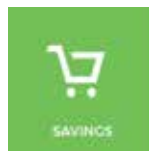
We are excited to introduce Perks At Work - a new savings program FREE to all providers and their family. Enjoy employee pricing on your favorite brands, personal travel, everyday items, dining and more from over 30,000 vendors.

Perks at Work is here to help you save more on everyday purchases, both big and small. Whether you're planning your next vacation, trying to find that perfect gift, or wanting to take exercise classes at home, Perks at work gives you access to the discounts you need.

Simply log on to:

[www.perksatwork.com](http://www.perksatwork.com)

Click "Sign Up for Free" and follow the instructions to start saving.



## PNMG Provider Health Plan

### 1. What network does our new PNMG Provider Health Plan utilize?

Our new health plan partner is with Incentive Health to offer an expansive network that combines Adventist Health facilities and providers with those already in the Incentive Health network. Additionally, our Tier 2 network (California Foundation for Medical Care) is one of California's largest networks and will be replacing our current Blue Shield network for professional services.

### 2. What if my provider isn't in the Tier Two network?

If your non-Adventist Health provider is not currently in the Tier 2 CFMC network, you will be able to nominate their inclusion in the network at <http://search.incentivehealth.org/>.

### 3. What happens after I nominate a provider to be included in Tier 2?

Nomination of a provider does not guarantee that provider will be included in Tier 2. Once a provider is nominated, that provider will undergo an approval process to review member utilization. If approved, the provider must agree to contract with CFMC. This process can take up to 90 days or more.

### 4. What is a balance bill?

You may receive a balance bill for any services received out of network. A balance bill is a bill for the difference between what the provider or facility charged and what the plan paid.

### 5. How can I avoid paying a balance bill?

Should you receive a balance bill the Plan will pay your balance bill **ONLY IF** the criteria below are met. If you do not meet the criteria outlined below, you will be responsible for paying the balance bill.

- Before scheduling services out of network, the Plan member must submit a **Prior Authorization** form to the Plan for review. *Prior authorization is not required for any emergency room or urgent care visit, but co-pay and deductible apply.*
- If a balance bill is received, the Plan member must first utilize the Patient Advocacy Center (see below) to reprice the bill before the Plan will pay it.

### 6. Where do I find a Prior Authorization form?

Prior Authorization forms may be found by visiting [AdventistHealth.org/ProviderHealthPlan](http://AdventistHealth.org/ProviderHealthPlan) or on the Provider Health Plan's Connect site.

## Health Savings Accounts/ Flexible Spending Accounts

### 7. How can I see my HSA or FSA account balance?

If you haven't already, you can setup an account with Health Equity at [www.HealthEquity.com](http://www.HealthEquity.com) to view your account balance and contributions.

### 8. Can I change my HSA or FSA elections at any time?

HSA can be changed, however, FSA cannot, only if you have a qualifying life event or during the annual open enrollment period.

### 9. Where can I find information regarding qualifying expenses for HSA or FSA?

Please visit Health Equity for a list of qualifying and non-qualified expenses at <http://healthequity.com/learn/qualified-medical-expenses>

### 10. Does my Health Saving Account annual max include PNMG's contribution?

- Yes, your annual maximum includes any contributions you make through payroll deductions, PNMG's contribution and any contributions you make directly through Health Equity.
- It is your responsibility to monitor your contributions and not exceed the maximum amount allowed by the IRS.

### 11. I used my HSA debit card and the expense was declined, what do I do?

Contact Health Equity at (866) 346-5800 to explore why this occurred. PNMG is unable to view or investigate these matters as they are considered private medical information.

### 12. What is the optimal way to use my HSA/FSA debit card?

It is best to use the debit card directly for prescriptions, however, office visit payments should be made after the claim has been adjudicated through Blue Shield. This prevents later adjustments needing to be made. You can either pay the provider online or submit for reimbursement using the form on [www.HealthEquity.com](http://www.HealthEquity.com).

**13. If myself and my spouse are employees of PNMG, can we set up 2 separate HSA, FSA and LPFSA accounts?**

The IRS will allow 2 separate accounts, however, both account amounts may not exceed the IRS family maximum limits.

### Vision/Dental

**14. I didn't receive a card for vision or dental in the mail, what do I use?**

The subscriber's social security number is used as the member ID for vision and dental. No cards will be required.

### Mid-Year Benefit Changes

**15. Can I make changes to my benefits during the year?**

Changes can only be made if you have a qualifying life event. Otherwise, you will have to wait until the next open enrollment period.

**16. What is a qualifying life event?**

Qualifying life events include:

- Marriage, divorce, legal separation
- Birth, adoption, placement of a child for adoption or change in custody of a child
- Death of a dependent
- Change in you or your spouse/domestic partner's employment status that affects your benefit eligibility
- A dependent satisfying or ceasing to satisfy the eligibility requirements
- Change in spouse/domestic partner's coverage during other employer's open enrollment period or loss of other group coverage.
- Medicare eligible person who enrolls in Medicare.
- Qualifying life event changes must be made within 30 days of the event.

### Retirement

**17. How can I see my 401(k)?**

If you haven't already, you can setup an account with one of the Pensionmark financial advisors listed on the back of the brochure. They will help you get started with an account on [www.principal.com](http://www.principal.com).

**18. Can I change my 401(k) contributions at any time?**

Yes, as long as your contributions remain within the IRS guidelines, you can adjust your contribution as often as you want.

### Enrolling

**19. Who do I contact for assistance with enrolling?**

Please contact PNMG Contact Center at 844-383-5688.



## Medicare Part D Notice:

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the 2022 Annual Notices located on the PNMG Knowledgebase site for more details.

## CURRENT HEALTH PLAN NOTICES

Notices must be provided to plan participants on an annual basis and are contained in the 2022 Annual Notices which can be located on the PNMG Knowledgebase site.

- **Medicare Part D Notice**  
Describes options to access prescription drug coverage for Medicare eligible individuals.
- **Women's Health and Cancer Rights Act**  
Describes benefits available to those that will or have undergone a mastectomy.
- **Newborns' and Mothers' Health Protection Act**  
Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.
- **HIPAA Notice of Special Enrollment Rights**  
Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.
- **HIPAA Notice of Privacy Practices**  
Describes how health information about you may be used and disclosed.

## COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this Notice carefully to make sure you understand your rights and obligations.

## Summary Plan Descriptions

A Summary Plan Description (SPD) is the legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries. The following Summary Plan descriptions are available:

- PNMG High Deductible Health Plan
- PNMG PPO Plan
- MetLife Dental Plan
- Vision Service Plan (VSP) Plan
- The Hartford Group Life and AD&D, STD and LTD plans

## Summary of Benefits and Coverage

A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. The following SBCs are available on PNMG's Knowledgebase site.

- PNMG Medical Plans (HDHP/PPO)

Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact Kim Drizen

## Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the PNMG's Health Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.



Physicians Network Medical Group, Inc.

# Benefit Administration



**Kim Drizen, PHR**  
Human Performance  
Director



**Christy Schreiber**  
Senior Human  
Performance Advisor



**Brooke Lewis**  
Senior Human  
Performance Advisor



**Veronica Taylor**  
Retirement Advisor  
(Pensionmark Financial Group, LLC)



**Tiffany Behrnes**  
Benefit Broker  
(Alliant)



**Laura Ortiz**  
Benefit Broker  
(Alliant)



**Dayle Buchman**  
Benefit Broker  
(Alliant)



**Jani Walker**  
Retirement Advisor  
(Pensionmark Financial Group, LLC)

Should you have a benefit question or need help enrolling online,  
please call the Contact Center at:

**844-383-5688**

## Or You May Contact The Carrier/Vendors Directly:

BENEFIT	PROVIDER	TELEPHONE	WEBSITE / EMAIL
Medical Plan/Network	Health Plan Customer Service Team	800-441-2524	Email For Assistance: RSVLCustomerService@ah.org Website: <a href="http://www.AdventistHealth.org/ProviderHealthPlan">www.AdventistHealth.org/ProviderHealthPlan</a>
Patient Advocacy Center	HST	888-837-2237 949-891-0420 fax	Email For Assistance: patientadvocacy@hstechnology.com Website: <a href="http://www.hstechnology.com">www.hstechnology.com</a>
Pharmacy/Prescription	OptumRx	(866) 534-7205	<a href="http://www.OptumRx.com">www.OptumRx.com</a>
Health Savings Account (HSA) Flexible Spending Accounts (FSA)	Health Equity	(866) 346-5800	<a href="http://www.healthequity.com">www.healthequity.com</a>
Dental	MetLife	(800) 275-4638	<a href="http://www.metlife.com">www.metlife.com</a>
Vision	VSP	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Life/AD&D	The Hartford	(888) 563-1124	<a href="http://www.thehartford.com">www.thehartford.com</a>
Short Term/Long Term Disability	The Hartford	(800) 549-6514	<a href="http://www.thehartford.com">www.thehartford.com</a>
Well-Being Programs	SyncTalk	(916) 249-9356	<a href="http://ah.SyncTalk.us">ah.SyncTalk.us</a>
	Perks At Work	-	<a href="http://www.perksatwork.com">www.perksatwork.com</a>
Retirement Account	Principal Financial Group	(800) 986-3343	<a href="http://www.principal.com">www.principal.com</a>
Retirement Financial Advisor	Veronica Taylor, Pensionmark	(415) 599-2096	veronica.taylor@pensionmark.com
Retirement Financial Advisor	Jani Walker, Pensionmark	(415) 233-6112	jani.walker@pensionmark.com