



DINÉ DEVELOPMENT CORPORATION

**Employee
Benefits Guide**

2022

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The information in this Benefits Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Benefits Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately summarize and simplify your benefits, discrepancies and/or errors are always possible. In the case of a discrepancy between the Benefits Guide and the actual plan documents, the actual plan documents will prevail. Diné Development Corporation reserves the right to alter, amend or terminate any of the benefits described in this guide at any time. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this Benefit Guide, contact the Benefits Administrator.



Welcome

As your employer, we value your contribution to our organization.

This guide describes your benefits choices and coverages provided to you as an employee of Diné Development Corporation. It will help you and your families learn more about the benefits and make an informed decision about your benefits package.

Our efforts will continue to include an employee benefits program that is affordable and comprehensive.

Open Enrollment Checklist:

- Review this Benefits Guide
- Attend the Open Enrollment Webinar or watch the recorded presentation
- Webinar Date: Monday, October 25th, 2021 at 11:00AM EST and at 2:00PM EST
- Process Open Enrollment changes by Friday, November 5th in Jamis' portal

Action Required!

You must complete your 2022 Open Enrollment changes in Jamis' Employee Self-Service portal between Monday, October 25th, 2021 and Friday, November 5th, 2021. This year is a passive Open Enrollment. If you are not changing your elections, you do not have to do anything during Open Enrollment. Keep in mind that FSA and HSA require re-election.

What is changing for 2022?

- You can now cover your Domestic Partner in medical, dental, and vision coverage.
- Benefits eligibility will now be 1st of the month following DOH.

Eligibility and Enrollment

When Coverage Begins

You are eligible to enroll in benefits if you are a full-time employee scheduled to work at least 30 hours or more per week. Benefits are available to you and your eligible dependents first of the month following date of hire.

When Coverage Ends

Medical, dental and vision benefits end on the last day of the month in which your employment with DDC ends. Life, AD&D and (Short Term and Long Term) Disability will end on your last date of employment.

Covered Dependents

If you elect coverage, your dependents are also eligible and they include:

- Your legal spouse
- Domestic partner
- Your children up to age 26, regardless of student, marital, or tax-dependent status (including stepchildren, foster children, legally adopted children, children placed with you for adoption or children for whom you are the legal guardian.)
- Your dependent children of any age who are legally disabled

You may be required to provide proof of eligibility for your dependents such as a copy of a birth certificate, marriage certificate, court order, or any other qualifying legal document.

When to Enroll

You can enroll for benefits or change your benefit elections during the following times:

- Within 10 days of your initial eligibility date (as a newly-hired employee)
- During the annual benefit open enrollment period
- Within 30 days of experiencing a Qualifying Event

Eligibility and Enrollment

Open Enrollment refers you the Opportunity to:

- Change plans
- Enroll in benefits
- Cancel benefits
- Add or remove dependents to your benefits

(Eligible dependents are your legal spouse/domestic partner and dependent children)

Any changes that you make during Open Enrollment will go into effect on January 1, 2022.

Mid-Year Benefits Changes

Outside of your annual Open Enrollment period, you may be eligible to make certain benefit changes during the middle of the year. Please refer to your Summary Plan Description (SPD) for specifics, but examples of when you might be able to make mid-year changes are:

- Marriage or Divorce
- Birth, Death or Adoption
- Changes in Eligibility Status
- Birth of a child, adoption, placement for adoption or legal guardianship
- You, your spouse/domestic partner or your dependents experience a change in employment status that affects benefits eligibility; including termination or new employment.
- Judgments or Orders: resulting from a divorce, legal separation or change in legal custody such as a Qualified Medical Child Support Order (QMCSO)
 - (60 days) The loss of coverage or determination of eligibility for a premium assistance subsidy under a Medicaid plan or a state Child Health Insurance Program (CHIP)

Medical Plans and Programs



Diné Development Corporation partners with Blue Cross Blue Shield of Arizona to offer employees the choice of two medical plans:

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

You can only select one of these options when you select medical coverage. It is important to understand the differences between them because coverage can only be changed during annual open enrollment or as the result of a qualifying event.

Blue Cross Blue Shield of Arizona PPO Plan

- Convenient copays for physician office visits and prescriptions. Pay these amounts for each visit without requiring deductible first. These copays apply to your Out of Pocket Maximum for the calendar year.
- Other services require you to pay the negotiated amount until the deductible is met for the calendar year. After the deductible is met, you pay coinsurance until you reach the Out of Pocket Maximum.
- Preventive Care is covered at no charge.

Blue Cross Blue Shield of Arizona PPO HDHP with HSA Plan

- There are no copays on this plan. Instead, you pay the negotiated amount of each service until the deductible is met for the calendar year. After the deductible is met, you pay coinsurance until you reach your Out of Pocket Maximum.
- Preventive Care is covered at no charge. Preventive Generic Prescriptions are covered at 100% no deductible.
- Employees enrolled in this plan may open a Health Savings Account (HSA) with AdminAmerica.
- You may contribute pre-tax contributions and use the savings to pay for qualified medical expenses as defined by **IRS Section 213 (d)** (i.e. office visits, prescriptions, dental care, vision, etc.) for you and your dependents.

If you enroll in the HDHP plan, Diné Development Corporation will contribute \$45.83 per pay period towards your HSA Account.

**IRS 2022 Annual
Maximum Contribution**
\$3,650 Individual
\$7,300 Family
+\$1,000 Catch-up for ages 55+

To be eligible to contribute to a health savings account (HSA), you must meet the following criteria:

- You must be covered by a high deductible health plan
- You can't be claimed as a dependent
- You or your spouse/domestic partner cannot be participating in a full purpose flexible spending account
- You cannot be covered under another plan
- You cannot be covered under TRICARE

Visit <https://adminamerica.com/services/hsa> for more information



Medical Plans and Programs (Continued)



Both plans are considered a PPO because you can choose a provider within the contracted network or outside of the network. We suggest you visit and retain services from providers contracted In-Network to receive the negotiated discount rate for covered services. Making sure your provider is In-Network can save you money.

www.azblue.com | 1(800) 232-2345 or 1(602) 864-4400



Find Providers

Click on Find a Doctor or Plans through your Employer | Search the PPO Network



Track Your Benefits and Coverage

Your personalized dashboard is the place to review claims, see your deductible and more.



Sharecare

Blue Cross Blue Shield of Arizona has partnered with Sharecare to provide you simple tools to manage all your health and wellness needs in one place. You'll start by taking the RealAge health assessment to get a measure of the true age of your body in terms of health and vitality, versus your calendar age. Sharecare features the Real Age Test, Challenges, RealAge Programs, Lifestyle Coaching, Personalized communication, and AskMD Symptoms Checker. It's time to meet the healthier YOU. To get started, visit azblue.sharecare.com.



Go Mobile

Search "myblue AZ" in your app store and download it for a quick, simple access to your personalized Benefit information and ID Card. You can also search providers, check your symptoms and call a nurse on call at the tap of a button. Available at Google Play and the App Store.

Blue 365 Discounts: Exclusive to members with deals designed to help live a healthier life. Provides access to discounts on a broad range of products and services such as; fitness, nutrition, vision, hearing, alternative medicine, Jenny Craig and more.

Treatment Cost Estimator: Life has enough surprises. Why should medical bills be one of them? Blue Cross Blue Shield of Arizona online Treatment Cost Estimator can help you avoid those types of surprises. Use this tool before getting care to help you make an informed decision about many common medical tests and procedures. Login to your MyBlue account to utilize the tool.

[viahealth](http://viahealth.com)

Ovia Health

Through your Sharecare App enroll in the fertility, pregnancy, or parenting program, then download the Ovia app that's right for you. You'll have access to expert content, health insights tailored to your unique needs, and unlimited one-on-one health coaching with a dedicated well-being team of experts.



Medical Plans and Programs (Continued)



Blue Cross Blue Shield of Arizona's 24-Hour Health Information Line 1-866-422-2729

Using one toll-free number, you and your family can speak with Registered Nurses on health-related adult and pediatric issues and get help making informed healthcare decisions. Nurses can also assist callers with choosing appropriate medical care and preparing questions to discuss with your physician about treatment plans. When appropriate, the nurses will suggest care either through self-care techniques, a provider appointment or, if needed, a visit to the urgent care or emergency room.



BlueCare Anywhere:

See a doctor now, anywhere you are. DDC offers Telehealth to all employees who are enrolled in one of DDC medical plans. Through telehealth, BCBS of AZ provides consultations with board-certified, currently practicing medical providers for common illnesses, assessments, evaluations and treatment, including prescription support. Employees can use this web-based service from home, from the office, or while traveling. Employees can visit with a doctor, counselor or psychiatrist any day, anytime from their smartphone, computer, or tablet. Medical and counseling services are available through telehealth. Visit www.Bluecareanywhereaz.com

GoodRX-www.goodRx.com

Search the estimated cost of prescriptions at nearby pharmacies. The site also provides available discounts, coupons and rebates for prescriptions, which you can use directly from your smart phone. Great to use with the HDHP Health plan.

SUPPORT LINC

Employee Assistance Program (EAP)

An Employee Assistance Program (EAP) is a free, confidential counseling and referral service designed to help team members and their household members resolve personal problems – problems that may be interfering with their work or home life.

As an EAP member, you have access to Support Linc, 24 hours a day, 365 days a year. In addition, your EAP provides up to six (6) face-to-face sessions per incident with a trained professional. The plan is provided by DDC at no cost to you and members of your household regardless of medical enrollment.

To access your EAP services, please call: 1-888-881-5462 or visit www.supportlinc.com
Username: Diné

Medical Plans and Programs (Continued)



Preventive Care

Our Medical plans cover In-Network preventive care at 100% (no deductible applies). This includes routine health care services to maintain your health and prevent disease such as annual physical exams, well-woman exams, certain immunizations, and more. Services received at Out-of-Network providers are subject to the Out-of-Network deductible. To ensure the visit remains covered at 100%, please confirm all treatments are preventive only as defined by your plan. For more information on covered Preventive Care services, login to your member profile at www.azblue.com.

What isn't Preventive: If abnormal test results or a diagnosis is determined during a preventive care service, the visit could be considered diagnostic, not preventive. An example of diagnostic care would be having a polyp removed during a colonoscopy.

Choosing the Right Health Setting

The cost of medical care can vary widely depending on where and how you receive care. Know the facts to get the best value for your health care and use your money wisely. If you are not sure where to go, call the number on the back of your ID card to speak with Member Services; they can help you determine the next steps in your medical care and verify providers are In-Network.

Convenience Care Clinics	Urgent Care Centers	Emergency Rooms
These centers are often located inside of retail stores such as CVS or Walgreens and are designed to provide you with fast, appointment-free health care for minor illness and injuries when you can't get to your primary care provider.	Urgent Care centers are equipped to handle the same ailments that convenient care centers can handle plus more (some have X-rays and imaging, etc.)	Emergency rooms are designed for people with serious health events.
The cost is usually the same as the doctor's office visit.	The cost is usually more than an office visit but less than an Emergency Room.	The cost is deductible and coinsurance, which applies to the Out of Pocket Maximum.
Convenient Care centers can help you with: <ul style="list-style-type: none"> • Fever • Sore throat • Earache • Cough/congestion • Sinus infection • Minor injuries (scrape/abrasion/rash) 	Urgent Care Center can help you with: <ul style="list-style-type: none"> • Sprains • Strains • Minor broken bones • Minor infections • Small cuts that need stitches • Minor burns 	Go to the emergency room for: <ul style="list-style-type: none"> • Large open wounds • Severe injuries • Major broken bones/ burns • Sudden change in vision • Chest pain • Sudden weakness or trouble talking • Difficulty breathing

Medical Benefits



We will continue to partner with Blue Cross Blue Shield of Arizona for our medical plans. A summary of each of the medical plans is included here for your review.

	HDHP / HSA		PPO	
Network Name	PPO		PPO	
Benefit	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	Embedded	Embedded	Embedded	Embedded
Individual	\$2,800	\$5,600	\$1,000	\$6,000
Family	\$5,600	\$11,200	\$3,000	\$12,000
Calendar Year Out of Pocket Maximum <i>(includes deductible)</i>				
Individual	\$6,550	\$13,100	\$6,000	\$13,700
Family	\$13,100	\$26,200	\$12,000	\$27,400
Coinsurance	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Preventive Care	100% Covered	40% after deductible	100% Covered	40% after deductible
Office Visits				
Primary Care	20% after deductible	40% after deductible	\$30 Copay	40% after deductible
Specialist	20% after deductible	40% after deductible	\$60 Copay	40% after deductible
Urgent Care	20% after deductible	40% after deductible	\$75 Copay	40% after deductible
Emergency Room	20% after deductible		\$500 Copay	
Lab and X-Ray Provider's office	20% after deductible	40% after deductible	No Charge	40% after deductible
Advanced Radiology Imaging (CT/PET/MRI) Provider's office	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Inpatient Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Lifetime Max Benefits	Unlimited	Unlimited	Unlimited	Unlimited
Prescriptions				
Retail (up to 30 days)				
Tier 1	<i>applies to all tiers: 20% after deductible</i>	40% after deductible	\$15 Copay	\$15 Copay
Tier 2			\$35 Copay	\$35 Copay
Tier 3			\$60 Copay	\$60 Copay
Mail Order (90 days)				
Tier 1	Not Covered	Not Covered	\$38 Copay	Not Covered
Tier 2			\$88 Copay	
Tier 3			\$150 Copay	



Dental



Diné Development Corporation partners with MetLife to provide Dental coverage. You can still receive care from any licensed dentist but your benefits may differ and your out-of-pocket costs could be higher with a non-network dentist. When you utilize the PPO network of providers, you will experience significant savings with no balance billing. At your appointment, just tell them you have MetLife.

Register online at www.metlife.com/mybenefits under “Diné Development Corporation” and sign up for the My Dental Benefits to:

- Find a dentist
- View your benefits
- Check average dental costs in your area

You can also update your delivery preference for dental benefit statements (EOBs) and go paperless!

Here is a brief summary of the MetLife Dental Plan. The coinsurance amounts listed reflect what the plan will pay. Please refer to the official plan document for additional information on coverage and exclusions.

Do you need a service that may cost more than \$250?

Ask your dentist to submit a predetermination of benefits to MetLife so both you and the dentist can know exactly what will be covered and how much it will cost.

Dental Plan	In/Out-of-Network
Deductible	\$50 Individual \$150 Family
Calendar Year Maximum Benefit	\$2,000 In-Network \$1,500 Out-Of-Network <i>per individual</i>
Type I – Diagnostic/ Preventive Services <i>Routine Cleanings and Exams, Bitewing X-Rays, Space Maintainers and Sealants</i>	100%
Type II - Basic Services <i>Fillings, Extractions, Endodontics, Periodontics, Anesthesia</i>	80% after deductible
Type III - Major Services <i>Onlays, Crowns, Implants, Prosthetics (Bridges, Dentures)</i>	50% after deductible
Orthodontia Child to age 19	50% up to \$1,500 Lifetime Maximum

International Dental Travel Assistance

When you and your covered dependents enroll in the MetLife dental plan, you are automatically enrolled in the International Dental Travel Assistance program. This program can assist with immediate dental care while traveling internationally until you can see your regular dentist. With just one phone call, you will be connected to a multilingual assistance coordinator that will gather all the necessary information to ensure you receive the care you need from a dental provider who has been carefully selected based upon strict criteria. Coverage will be considered under your Out-of-Network benefits so please remember to hold on to all receipts to submit a dental claim when you return. If you are in the U.S. and planning an international trip: Call (888) 558-2704. If you are traveling internationally: Call collect +1(312) 356-5970



Vision



Diné Development Corporation partners with MetLife (utilizing VSP's Choice Network) to offer employees a vision plan. This plan provides coverage through thousands of provider locations across the U.S. participating in the VSP Choice network. It is your choice to use a provider contracted with the VSP Choice network. However, your out-of-pocket expenses will be significantly lower if you use an Insight Network provider.

If you are enrolled in the MetLife vision plan, create an account on www.metlife.com/mybenefits (register under "Diné Development Corporation") to view your In-Network coverage, find the VSP Choice network doctor who is right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have MetLife.

Find a Vision Provider
 Visit www.metlife.com/mybenefits and choose
 "PPO Network" or call 855-638-3931

Benefit	Choice In-Network Providers	Out-of-Network Reimbursement
Eye Exams Once every 12 months	\$20 Copay	Up to \$45
Standard Lenses Once every 12 months Single, Bifocal, Trifocal, Lenticular	\$20 Copay	Up to \$30-\$100
Frames Once every 12 months	\$130 allowance after \$20 copay	Up to \$70
Contact Lenses Once every 12 months	Fitting and evaluation: Covered in full Elective lenses: \$130 allowance Necessary lenses: Covered in full after eyewear copay.	Up to \$105-\$210
Laser Vision Correction Procedures	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	
Retinal Screening	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam	
Glasses & Sunglasses	Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.	



Flexible Spending Accounts

Diné Development Corporation offers a Flexible Spending Account (FSA) through AdminAmerica. This helps you pay for a variety of out-of-pocket health care and/or dependent care expenses with pre-tax dollars. These accounts are 100% funded by you through payroll deductions. Please note these plans are regulated by IRS Guidelines and receipts are required. These are “use it or lose it” plans, so plan accordingly for yearly expenses. You may choose to participate in one or all FSA options. Below are the 2022 maximum contribution limits:

Health Care (Full Purpose FSA / Limited Purpose FSA)

Annual Maximum: \$2,750

- You do not need to be enrolled in a Diné Development Corporation medical plan to participate; in the Full Purpose FSA. If you are enrolled in the HDHP HSA Medical Plan you can enroll in the Limited Purpose FSA. The Limited Purpose FSA can be used for IRS qualified dental or vision expenses.
- Pay for **qualified medical expenses** as defined by **IRS Publication 502**
- Can be used for you and/or an eligible dependent; even if they are not covered on your medical plan.
- Your annual contribution is available on day one of the plan.
- Active participants can carry over up to \$550 in unused money at the end of the plan year to be used to reimburse expenses incurred in the following plan year. The carry-over does not count toward the Annual Maximum Limit.

FSA Store

FSAstore.com is an e-commerce store completely focused on serving customers with FSAs. They sell a large selection of FSA eligible items that can be purchased online using an FSA card or major credit card, provide an FSA Learning Center, a comprehensive FSA Eligibility List, and an FSA Blog updated daily.

Dependent Care (DCA)

Annual Maximum: \$5,000 (Single or Married/Joint tax return) | \$2,500 (Married/ separate returns)

- Pay for qualified childcare or elder care expenses; [click here](#) for more information.
- Covers eligible dependents up to age 13; disabled individuals at any age; and/or elderly parents.
- Unlike Health Care FSA, your annual DCRA funds are not available upfront. Funds are only accessible as they are deposited with each payroll deduction. You must have a balance in the account to use the funds.
- This account is use it or lose it; unused funds will be forfeited at the end of the year or upon separation from Diné Development Corporation.

Commuter Benefit

Parking Reimbursement \$270 per Month

Transit Reimbursement Account \$270 per Month

Please visit AdminAmerica.com for more information.

Life Insurance



Life and AD&D insurance and Disability are an important element of your income protection planning. For your peace of mind, Diné Development Corporation provides Basic Term Life and AD&D, Short Term Disability and Long Term Disability insurance to all benefit-eligible employees at no cost. You may also purchase additional coverage with Voluntary Life and AD&D. Please refer to the official plan documents for additional information on coverage and exclusions.

Basic Term Life and AD&D | 100% Employer Paid

As an active, benefits-eligible employee of Diné Development Corporation, you have access to a \$50,000 life insurance policy from MetLife. In addition, you have Accidental Death and Dismemberment (AD&D), which pays your beneficiary an additional benefit equal to your life coverage if your death is the result of an accident.

Employees are not required to enroll in this benefit but are encouraged to review and update their beneficiary designation as needed during the year. Please see HR for details.

- Employees must be actively at work on the effective date of your Life and AD&D insurance coverage, or coverage will be postponed until you return to work.
- Benefits will not be paid if you die as a result of certain limits and exclusions. Please refer to your policy for a complete list.
- **Age Reduction:** Beginning at age 65, your Basic Term Life and AD&D coverage reduces to a percentage of the original amount: to 65% at age 65, to 40% at age 70, and to 25% at age 75.

Voluntary Life Insurance and AD&D | 100% Employee Paid

For additional protection, voluntary life and AD&D insurance is also available. This benefit is 100% paid by the employee and provided through MetLife. Coverage amounts are available as follows:

Employee

\$10,000 increments up to (lesser of) 5x your annual earnings or \$500,000 | Guarantee Issue: (lesser of) 3x your annual earnings or \$100,000.

Spouse

\$5,000 increments up to (lesser of) 50% of employee amount or \$100,000 | Guarantee Issue: \$50,000
Spouse coverage terminates when the employee reaches age 70.

Child(ren)

Flat Amount: \$10,000.

If you and/or your eligible dependents do not enroll during your new hire enrollment period, you will waive your right to the guarantee issue amount. You can apply for coverage next year during the annual open enrollment period, however you will be required to provide evidence of insurability by completing a medical questionnaire and your coverage may or may not be approved for the entire amount you apply for.

Additional Benefits for MetLife Basic Life Members

Register at [metlife.com/mybenefits](https://www.metlife.com/mybenefits)

Grief Counseling

Diné Development Corporation employees and their beneficiaries may obtain 24/7 grief counseling services from a licensed counselor to help cope with a loss or a major life change. This service is provided by Harris, Rothenberg International (HRI).

Visit: [metlifegc.lifeworks.com](https://www.metlifegc.lifeworks.com)

Username: metlifeassist

Password: support

Call: 1-888-319-7819

- Death of a loved one
- Divorce
- Receiving a serious medical diagnosis
- Loss of a job
- Funeral assistance services
- Finding local support groups
- Adult care for surviving elders
- Single parenting
- Notifying Social Security
- Administration, banks, and utilities

Funeral Discount and Planning Services

Funeral Discount and Planning Services are provided by Dignity Memorial and give you and your family access to compassionate counselors as well as discounts on funeral services through the largest network of funeral homes and cemetery providers in North America. Services include 24/7 expert assistance, online/over-the-phone service planning, and bereavement travel services to assist with time-sensitive arrangements.

Call: 1-866-853-0954 Visit: [metlife.thedignityplanner.com](https://www.metlife.thedignityplanner.com)

Travel Assistance

Travel Assistance is provided through AXA Assistance USA, Inc. and offers you and your dependents medical, travel, legal, financial and concierge services, 24/7 while traveling more than 100 miles from your home (domestically or internationally). With one simple phone call, you and your dependents will have access to trained multilingual personnel who can advise and assist you quickly and professionally in an emergency or non-emergency travel situation such as:

- Obtaining general travel information (visa, passport, customs, currency)
- Requesting concierge services (flight, hotel, dining, guides, etc.)
- Needing medical assistance or medical evacuation
- Losing documents, credit cards, or luggage while traveling
- Becoming a victim of identity theft and needing personal assistance

Call 1-800-454-3679 or 312-935-3783 (collect)

Visit: www.traveleremergencyservices.com/metlifeaxa

All users are required to set up their unique profile via the registration process for first time access.

Additional Benefits for MetLife Voluntary Life Members

Will Preparation Service¹

Will Preparation Service is provided by MetLife Legal Plans and includes the preparation of a will, living wills, and power of attorney. You will have access to MetLife Legal Plans' network of participating attorneys for preparing or updating these documents at no additional cost to you if you use a Hyatt Legal Plans participating attorney.

Once your Voluntary Life coverage becomes effective, you will receive information that will allow you to access the Will Preparation Service.

Call 1-800-821-6400 and reference
the group number
Visit www.willscenter.com and
register as a new user

Estate Resolution Service¹

Estate Resolution Service (ERS) is provided by Hyatt Legal Plans and includes a network of participating attorneys for face-to-face or telephone consultation at no additional cost. ERS can be used for your estate as well as your spouse's estate. Estate representatives and beneficiaries can receive legal support for a variety of estate needs including (but not limited to): preparation and representation at court proceedings; correspondence and tax filings; and coverage for participating attorney fees.

Company name: Diné Development Corporation I Group number and the last 4 digits of the insured employee's Social Security number

Call: 1-800-821-6400

¹You must be enrolled in MetLife Voluntary Life coverage to receive these benefits

Disability



Diné Development Corporation partners with MetLife to provide active, eligible employees Short Term and Long Term Disability at no cost.

Short Term Disability

Short Term Disability coverage is designed to replace a portion of your base weekly earnings if you are unable to work due to a non-work related short-term illness or injury and are under physician care.

Short Term Disability insurance provides weekly payments to you if you are disabled, under approved physician care, and unable to perform one or more of the material duties of your regular job. Benefits can begin paying after the **14-day** elimination period.

The benefit pays **60%** of your **base pre-disability weekly earnings** up to a maximum of **\$1,500** per week. This benefit could be reduced by other sources of income; please review the policy and ask HR for details.

Weekly benefits may continue if you remain disabled for **up to 11 weeks**.

Long Term Disability

Long Term Disability is designed to pick up where Short Term Disability left off if you continue to be unable to work and under physician care.

Long Term Disability insurance provides monthly payments to you if you are disabled, under approved physician care, and unable to perform one or more of the material duties of your regular job. Benefits can begin paying after the **90-day** elimination period.

The benefit pays **60%** of your **base pre-disability monthly earnings** up to a maximum of **\$10,000** per month.

If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age (SSNRA) or 24 months, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.

Pre-Existing Conditions

The Long Term Disability plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.

Disability Provisions

- You must be actively at work on the effective date of your disability coverage, or coverage will be postponed until you return to work.
- This plan does not cover disabilities that are the result of self-inflicted injury, war or the act of war, commission of a crime or participation in a riot.
- Maternity is covered as any other illness. **(Examples: 6 weeks for normal delivery, 8 weeks for C-section)**
- If you leave the company for any reason, your coverage will terminate on the same day in which your employment ends.

Premiums

Diné Development Corporation participates in a Section 125 plan allowing for your medical, dental and vision payroll contributions to be deducted on a pre-tax basis. This actually lowers your taxable income therefore you pay less in taxes.

These costs are based on a per pay period deduction (24 pay periods).

	Medical Open Access Plus HDHP with HSA		Medical Open Access Plus PPO		Dental MetLife Plan		Vision VSP (through MetLife)	
	Employee	Employer	Employee	Employer	Employee	Employer	Employee	Employer
Employee Only	\$54.27	\$247.24	\$127.48	\$247.46	\$5.27	\$7.91	\$0.88	\$2.06
Employee + Spouse/DP	\$122.11	\$556.30	\$286.83	\$556.78	\$14.85	\$22.27	\$1.87	\$4.03
Employee + Child(ren)	\$113.97	\$519.21	\$267.71	\$519.66	\$14.85	\$22.27	\$1.58	\$3.41
Employee + Family	\$157.39	\$717.01	\$369.69	\$717.63	\$14.85	\$22.27	\$2.61	\$5.63

Contact Information

Contact your Benefits Consultants at Hays Companies with any plan design questions or claim issues. They are there to assist you with any plan issues.



Julie Hickey
 (602) 977-3824
 jhickey@hayscompanies.com



Patrick Clelland
 (602) 977-3846
 pclelland@hayscompanies.com

Benefit	Carrier Name	Phone Number	Website
Medical	BCBS	1-602-864-4400	www.azblue.com
Dental	MetLife	1-800-275-4638	www.metlife.com/mybenefits
Vision	MetLife (with the VSP Choice Network)	1-800-275-4638	www.metlife.com/mybenefits
Life Insurance and Disability	MetLife	1-800-275-4638	www.mymetlife.com/mybenefits
HSA, FSA & Transportation	Admin America	1-800-366-2961	www.adminamerica.com
Employee Assistance Program (EAP)	Curalinc (SupportLinc)	1-888-881-5462	www.supportlinc.com
Travel Assistance	AXA	1-800-454-3679	www.traveleremergencyservices.com/metlifeaxa



Required Notices

Federal regulations require Diné Development Corporation

Private Health Information

A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all health benefit plans. In short, the idea is to make sure that confidential health information that identifies (or could be used to identify) you is kept completely confidential. This individually identifiable health information is known as "protected health information" (PHI), and it will not be used or disclosed without your written authorization, except as described in the Plan's HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws. A copy of the Plan's Notice of Privacy Practices that describes the Plan's policies, practices and your rights with respect to your PHI under HIPAA is available from your medical plan provider. For more information regarding this Notice, please contact Human Resources or the medical plan directly.

Women's Health And Cancer Rights Act

Diné Development Corporation medical plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. These services include:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce symmetrical appearance
- Prostheses and treatment of physical complications resulting from mastectomy (including lymphedema)

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. For more information, contact your medical plan provider.

Individual Coverage Mandate

Effective January 1, 2014, Federal law requires that you have Health Care coverage or you may be subject to an income tax penalty. You can enroll in **Diné Development Corporation** health plan, or you may want to consider visiting www.healthcare.gov for information on health plans available through the Healthcare Marketplace

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on www.insurekidsnow.gov, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Required Notices (Continued)

Federal regulations require Diné Development Corporation

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

The information in this Benefits Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Benefits Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately summarize and simplify your benefits, discrepancies and/or errors are always possible. In case of a discrepancy between the Benefits Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this Benefit Guide, contact the Benefits Administrator.

