



Welcome VEBA Members!

Welcome to your 2022 Open Enrollment Guide. This guide was designed to give you quick access to all of the resources you may need to make your new plan section for next year.

Not sure where to start? Here are some helpful links:

Page 1

Available plans are listed to the right.

Page 2

Read more about these plans and learn what is new for next year.

Page 3

Is making all of these decisions stressing you out? Take a moment for yourself at our Virtual VRC.

Page 4-5

Get a breakdown on the medical groups available, finding a doctor and carrier contacts.

Page 6-8

See a side-by-side comparision of all plans offered to you for 2022.

Your Available Plans:

- 1. UHC Journey Harmony HMO
- 2. UHC Harmony HMO
- 3. UHC Alliance HMO with \$1200 HRA
- 4. UHC Alliance HMO
- 5. UHC Performance HMO
 - Network 1
 - Network 2
- 6. Kaiser HMO
- 7. SIMNSA HMO
- 8. UMR NexusACO PPO

New for 2022:

9. UHC Performance HMO, Network 3

Questions?

- » Go to myveba.org
- » Call VEBA Advocacy at 888-276-0250 or email Advocacy@mcgregorinc.com
- » Contact your HR department



2022 Highlights

Free UHC Virtual Care

Effective January 1, 2022, virtual appointments are available to UHC Journey, Harmony, and PHMO Network 3 members for \$0 copay/no cost share. Various cost share applies for all other VEBA plans.

You will also have an additional vendor to choose. Optum will be added as a 4th vendor alongside Doctor on Demand, AmWell and Teladoc for all phone and video virtual appointments.

To learn more or get started, visit UHC's site.

New Carrum Health Covered Benefit

Carrum Health is a premium surgery benefit for PPO members that makes it easier and less expensive to get world class care.

Your surgery costs are covered when using a surgeon within Carrum Health's program, as well as travel expenses. Covered surgeries include musculoskeletal procedures and cardiac surgeries. Beginning January 1, 2022, bariatric surgery will also be covered.

Learn more at Carrum.me/CSVEBA or call 888-855-7806.

2022 Open Enrollment Fallbrook Union Elementary School District



New Performance HMO Network 3 Plan

New to you for 2022 is the UnitedHealthcare Performance HMO Network 3 plan. Performance HMO gives you more information and flexibility in how you spend your health care dollars. The plan provides the same level of coverage as the traditional UnitedHealthcare HMO plans; the difference is in the distinct networks.

Our Performance HMO Network 3 plan is VEBA's most affordable way to access Scripps Health and allows VEBA members to get great care through Scripps Clinic, Scripps Coastal Medical Center primary care physicians and medical specialists, and Rady Children's Primary Care Physicians, specialists and hospitals.

With Performance HMO Network 3 you get access to:

- Great Value Low premium cost to access Scripps Clinic and Scripps Coastal Medical Center providers
- Your choice of quality doctors convenient access to 1,400 physicians through 28 clinics, 5 hospital campuses, and Scripps telemedicine services.
- Nationally Recognized Care Access to Scripps MD Anderson Cancer Center, a leader in cancer care and Prebys Cardiovascular Institute for advanced heart care.

To find a provider near you, visit UHC's site.





Introducing the Virtual VEBA Resource Center

The VEBA Resource Center is here to support you as you define your path to well-being. We understand everyone has unique needs and we are here to help you every step of your journey. As a VEBA member, you have free access to personalized resources designed to help you achieve your well-being goals.

Accessing the VRC has never been easier! All of our programs and classes are offered online from the comfort of your own home so all you need to do is log in!

Group Classes

The VRC offers more than 60 live group classes each week. Whether you are wanting to relax with yoga or mindfulness, reduce stress by learning about your finances, or step up your cardio through one of our movement class, we have you covered!

Our entire calendar of online offerings can be found here.

Personalized Care

If you are looking for a place to start or if you have a specific health condition or concern, we offer personalized one-on-one visits with a Care Navigator. The Care Navigator will help you explore your challenges and develop a personalized plan for your mind, body, and spirit.

Individual health coaching is also available for VEBA members and covered dependents. To register, members can email VRC@mcgregorinc.com or call 619-398-4220.

Don't have time to take an online class? No problem! Check out our social media channels for videos and the latest well-being content.





Choosing a Provider Group that Meets Your Needs

SHARP.

Sharp HealthCare is San Diego's health care leader, with more than 2,700 doctors. Sharp is available in the following plans:

- Journey Harmony HMO
- UHC Harmony HMO
- UHC Performance HMO Network 1
- UMR PPO

Click here to find a doctor near you or learn more about Sharp.

Or email choosesharp@sharp.com or call the Sharp Open Enrollment concierge for VEBA members at 858-499-2666, Monday to Friday, 7 a.m. to 7 p.m.



Rady Children's Hospital provides state-of-the-art care to children in San Diego. Rady Children's is the only hospital in San Diego dedicated to pediatric health care and is the largest children's hospital in California.

Looking for a plan with Rady Children's? Explore one of the these available plans:

- UHC Alliance 1200 HMO
- UHC Alliance HMO
- UHC Performance HMO Network 1
- UHC Performance HMO Network 2
- UHC Performance HMO Network 3

Click here to search for a provider or read more about Rady Children's. You can also call Customer Service at 800-788-9029.



The Scripps network consists of thousands of physicians and nationally recognized specialty care at Scripps Clinic.

Choose one of these plans if you are looking for a Scripps provider:

- UHC Alliance HMO
- UHC Allinace 1200 HMO
- UHC Performance HMO Network 2
- UHC Performance HMO Network 3

Click here to find a doctor near you or learn more about Scripps. You can also call 800-SCRIPPS, Monday through Friday, 7 a.m. to 7 p.m.

UC San Diego Health

UC San Diego Health offers an expanded network of primary care, the area's leading hospitals and nationally ranked specialty care.

UC San Diego Health is available to you in the following plans:

- Journey Harmony HMO
- UHC Harmony HMO
- UHC Alliance 1200 HMO
- UHC Alliance HMO

Click here to find a doctor near you or learn more about UC San Diego Health. Or you can call 858-657-7000.





Need help looking for a provider?

How to Choose Your UHC HMO PCP

Fora full listing of Participating Medical Groups, or to find a PCP, follow the directions below:

- 1. Go to csveba.welcometouhc.com.
- 2. Under "Wondering if your doctor is in our network?" Select "Find a "Network Doctor or Hospital"
- 3. Scroll down and choose from the plan options.
- 4. Select Continue.
- 5. Select Change Location and enter your ZIP code, then select Update Location.
- 6. Now you can search by People, Places, Service and Treatments, or Care by Condition

How to Choose Your UMR PCP

For the new NexusACO PPO plan, you will need to select a PCP. Follow the directions below to find a provider or facility:

- 1. Go to umr.com.
- 2. Click on "Find a Provider."
- In the search box, type "NexusACO" to bring up the UnitedHealthcare NexusACO Network. Or scroll down to the "U" menu and choose the UnitedHealthcare NexusACO Network.
- 4. Click "View Providers" to be taken to the search menu.
- 5. Search by Name, Specialty, Facility or Zip code.
- 6. Choose a Tier 1 PCP for the highest level of coverage.



Benefit Contacts

Benefit	Website	Phone
Carrum Health	carrum.me/csveba	888-855-7806
Express Scripts (UHC members)	express-scripts.com	800-918-8011
HealthInvest HRA (HRA for Journey Plan)	healthinvesthra.com	844-342-5505
Inside Rx Pets	insiderxpets.com	800-722-8979
Journey Plan	journeyplan.org	888-586-6365
Kaiser	my.kp.org/veba	800-464-4000
Optum Employee Assistance Program	liveandworkwell.com access code: VEBA	888-625-4809
Optum Health (Chiro/Acu for UHC and Kaiser)	myoptumhealthphysicalhealthofca.com	800-428-6337
OptumHealth Financial (HRA for Alliance plan)	optumbank.com	800-243-5543
SIMNSA	SIMNSA.com	800-424-4652
Teladoc Medical Experts (formerly Best Doctors)	teladoc.com/medical-experts/	800-835-2362
UMR	umr.com	800-826-9781
UnitedHealthcare (UHC)	csveba.welcometouhc.com	888-586-6365
VEBA Advocacy	email: Advocacy@mcgregorinc.com	888-276-0250

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Fallbrook Union Elementary School District

Effective Period: January 1, 2022 - December 31, 2022 No plan design changes for 2022

Benefit Summary	NEWI UHC Performance HMO \$10, Network 3	UHC Performance HMO Plan A, Network 1	UHC Performance HMO Plan A, Network 2	
	What You Pay	What You Pay	What You Pay	
Medical Deductible (individual/family)	None	None	None	
Medical Out-of-Pocket Maximum (individual/family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,000 / \$6,000	
Health Account	None	None	None	
PCP Office Visit	\$10 copay	\$10 copay	\$20 copay	
Specialist Office Visit	\$10 copay	\$10 copay	\$20 copay	
Preventive Care	No charge	No charge	No charge	
Inpatient Hospital Care	No charge	No charge	No charge	
Mental Health Services	\$10 copay /	\$10 copay /	\$20 copay /	
(outpatient/inpatient)	No charge	No charge	No charge	
Substance Abuse Services	No charge	No charge	No charge	
(outpatient/inpatient) Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge	
Complex Radiology (PET & MRI)	No charge	No charge	No charge	
Outpatient Surgery	No charge	No charge	No charge	
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$10 copay	\$10 copay	\$20 copay	
Chiropractic and Acupuncture Services*	\$10 copay	\$10 copay	\$20 copay	
Urgent Care (your medical group/other medical group)	\$10 copay / \$50 copay	\$10 copay / \$50 copay	\$20 copay / \$50 copay	
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	\$100 copay	
Rx Deductible (individual/family)	None	None	None	
Rx Out-of-Pocket Maximum (individual/family)	\$1,600 / \$3,200	\$3,000 / \$6,000	\$3,000 / \$6,000	
Rx Formulary List	Performance	Performance	Performance	
Rx Pharmacy Network	Express Advantage Network**	Express Advantage Network**	Express Advantage Network**	
Short-Term Prescription Drugs*** (up to 30-day supply)	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	\$5 Generic \$25 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	
Long-Term Prescription Drugs*** (up to 90-day supply)	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	\$10 Generic \$50 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	
Available Medical Groups	Scripps Clinic, Scripps Coastal Medical Center, Rady Children's	Sharp Rees-Stealy, Sharp Community, Primary Care Associates, Arch Health Partners, Rady Children's	Mercy Physicians, Greater Tri-Cities, Mid-County Physicians, Arch Health Partners, Scripps Physicians Medical, Rady Children's	

Infertility services are excluded/not covered under non-Kaiser HMO plans and are included/covered under Kaiser HMO (excluding Kaiser Bronze) plans, please see your policies for details.

*Chiropractic services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth. This also applies to Acupuncture services if elected by your employer, as

it is optional. **Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Rite Aid, Costco, Ralphs, Kmart, Vons, Haggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit www.Express-scripts.com for a complete list of EAN pharmacies.

**Pay standard copays plus \$5/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, and certain independent pharmacies).

**You will pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill long-term prescriptions at a network pharmacy other than Smart90.

**Copays waived for preferred generic hypertension and hypoglycemic purchased at mail or Smart 90. This does not include normal retail use or brand drugs.

***G = Generic, P = Preferred, B = Brand, PB = Preferred Brand, NPB = Non-preferred Brand, S = Specialty

Disclaimer: Prepared by Gallagher Benefit Services, Inc. on behalf of VEBA.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.



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			UHC SignatureValue		
Benefit Summary	UHC Journey Harmony HMO	UHC SignatureValue Harmony HMO \$20	Alliance HMO \$1,200 HRA	UHC SignatureValue Alliance HMO \$20/\$30 What You Pay	
	What You Pay	What You Pay	What You Pay		
/ledical Deductible individual/family)	\$2,000 / \$4,000	None	\$2,000 / \$2,000	None	
/ledical Out-of-Pocket /laximum (individual/family)	\$3,500 / \$7,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$3,000 / \$6,000	
lealth Account	HealthInvest HRA \$1,000 / \$1,600 / \$2,200	None	OptumBank HRA \$1,200	None	
PCP Office Visit	\$25 copay	\$20 copay	\$35 copay	\$20 copay	
pecialist Office Visit	\$40 copay	\$20 copay	\$50 copay	\$30 copay	
Preventive Care	No charge	No charge	No charge	No charge	
npatient Hospital Care	20% coinsurance (after deductible)	\$250 admit copay	20% coinsurance (after deductible)	\$500 admit copay	
Mental Health Services (outpatient/inpatient)	\$25 copay / 20% coinsurance (after deductible)	\$20 copay / \$250 admit copay	\$40 copay / 20% coinsurance (after deductible)	\$20 copay / \$500 admit copay	
Substance Abuse Services outpatient/inpatient)	No charge	No charge	No charge	No charge	
Dutpatient Diagnostic aboratory and Radiology standard procedures)	No charge	No charge	No charge	No charge	
Complex Radiology PET & MRI)	\$100 copay	\$100 copay	20% coinsurance (after deductible)	\$200 copay	
Outpatient Surgery	20% coinsurance (after deductible)	No charge	20% coinsurance (after deductible)	\$250 copay	
Dutpatient Physical/Rehabilitation Therapy Office Visit)	\$25 copay	\$20 copay	\$35 copay	\$20 copay	
Chiropractic and Acupuncture Services*	\$30 copay	\$20 copay	\$30 copay	\$20 copay	
Jrgent Care your medical group/other nedical group)	\$25 copay / \$50 copay	\$20 copay / \$75 copay	\$35 copay / 20% coinsurance (after deductible)	\$20 copay / \$75 copay	
Emergency Room Copay waived if admitted)	20% coinsurance (after deductible)	\$150 copay	\$300 copay (after deductible)	\$150 copay	
x Deductible individual/family)	None	None	None	None	
Rx Out-of-Pocket Maximum individual/family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$1,600 / \$3,200	\$1,600 / \$3,200	
Rx Formulary List	Performance	Performance	Performance	Performance	
tx Pharmacy Network	Express Advantage Network**	Express Advantage Network**	Express Advantage Network**	Express Advantage Network*	
hort-Term Prescription Drugs*** up to 30-day supply)	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	\$10 Generic \$25 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	
ong-Term Prescription Drugs***	\$20 Generic \$60 PB	\$20 Generic \$50 PB	\$20 Generic \$60 PB	\$20 Generic \$60 PB	
up to 90-day supply)	50% \$80 min \$350 max NPB	50% \$80 min \$350 max NPB	50% \$80 min \$350 max NPB	50% \$80 min \$350 max NPB	
Available Medical Groups	Sharp Rees-Stealy, Sharp Community, UCSD	Sharp Rees-Stealy, Sharp Community, UCSD	Mercy Physicians, Primary Care Associates, Rady Children's Health Network, Scripps Clinic, Scripps Coastal Medical Center, Scripps Physicians Medical, UCSD Medical	Mercy Physicians, Primary Car Associates, Rady Children's Hea Network, Scripps Clinic, Scripp Coastal Medical Center, Scripp Physicians Medical, UCSD Medi	

Infertility services are excluded/not covered under non-Kaiser HMO plans and are included/covered under Kaiser HMO (excluding Kaiser Bronze) plans, please see your policies for details.

*Chiropractic services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth. This also applies to Acupuncture services if elected by your employer, as it is

optional.
**Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Rite Aid, Costco, Ralphs, Kmart, Vons, Haggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit www.Express-scripts.com for a complete list of EAN pharmacies.

**Pay standard copays plus \$5/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, and certain independent pharmacies).

**You will pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill long-term prescriptions at a network pharmacy other than Smart90.

**Copays waived for preferred generic hypertension and hypoglycemic purchased at mail or Smart 90. This does not include normal retail use or brand drugs.

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Benefit Summary	UMR NexusACO I		Kaiser HMO \$10, Rx: \$10 / \$10 100-day	SIMNSA HMO \$5; Rx: \$5 30-day
,	In Network What You Pay	Out of Network What You Pay	What You Pay	What You Pay
Medical Deductible (individual/family)	\$2,000 / \$4,000	\$2,000 / \$4,000	None	None
Medical Out-of-Pocket Maximum (individual/family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$1,500 / \$3,000	\$6,350 / \$12,700
Health Account	Non	e	None	None
PCP Office Visit	Tier 1 Physician: \$30 copay Tier 2 Physician: 20% coinsurance (after deductible)	50% coinsurance (after deductible)	\$10 copay	\$5 copay
Specialist Office Visit	Tier 1 Physician: \$50 copay Tier 2 Physician: 20% coinsurance (after deductible)	50% coinsurance (after deductible)	\$10 copay	\$5 copay
Preventive Care	No charge	No coverage for non-network services	No charge	No charge
Inpatient Hospital Care	20% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)	No charge	No charge
Mental Health Services (outpatient/inpatient)	\$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)	\$10 copay / No charge	\$5 copay / No charge
Substance Abuse Services (outpatient/inpatient)	\$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)	\$10 copay / No charge	\$5 copay / No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedures) Freestanding Facility or Physician Office OR	No charge	50% coinsurance	No charge	No charge
Hopital-based Lab or Radiology	20% coinsurance (deductible does not apply)	(after deductible)	No charge	No charge
Complex Radiology (PET & MRI) Freestanding Facility or Physician Office OR	20% coinsurance (after deductible)	50% coinsurance	No charge	No charge
Hopital-based Complex Radiology	20% coinsurance (after deductible)	(after deductible)	No charge	No charge
Outpatient Surgery Ambulatory Surgery Center or Physician's Office	20% coinsurance (after deductible)	50% coinsurance with	\$10 copay	No charge
Outpatient Hospital-based Surgical Center	20% coinsurance (after deductible) and \$100 copayment	Prior Authorization (after deductible)	\$10 copay	No charge
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$30 copay	50% coinsurance (after deductible)	\$10 copay	\$10 copay
Chiropractic and Acupuncture Services*	\$30 copay	50% coinsurance (after deductible)	\$10 copay	Not covered
Urgent Care (office visit only)	\$50 copay	50% coinsurance (after deductible)	\$10 copay	\$25 copay / \$50 copay
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	\$50 copay	\$250 copay (U.S. or out of plan area)
Rx Deductible (individual/family)	None		None	None
Rx Out-of-Pocket Maximum (individual/family)	\$1,600/\$	N/A	N/A	
Rx Formulary List	Performance		Kaiser	SIMNSA
Rx Pharmacy Network	Express Advantage Network**		Kaiser	SIMNSA
Short-Term Prescription Drugs*** (up to 30-day supply)	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	Retail: with submission of a paper claim, member will be reimbursed at the rate the Plan would have paid had the member used an in-network pharmacy less the member's copay.	G / B: \$10 copay (up to a 30-day supply)	\$5 copay
Long-Term Prescription Drugs*** (up to 90-day supply)	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	No coverage for non-network pharmacy	G / B: \$10 copay (up to a 100-day supply)	Not available
Available Medical Groups	Check umr.com to locate a Tier 1 physician near you	All others	Kaiser	SIMNSA

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**Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Rite Aid, Costco, Ralphs, Kmart, Vons, Haggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit

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**Pay standard copays plus \$5/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, and certain independent pharmacies).

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