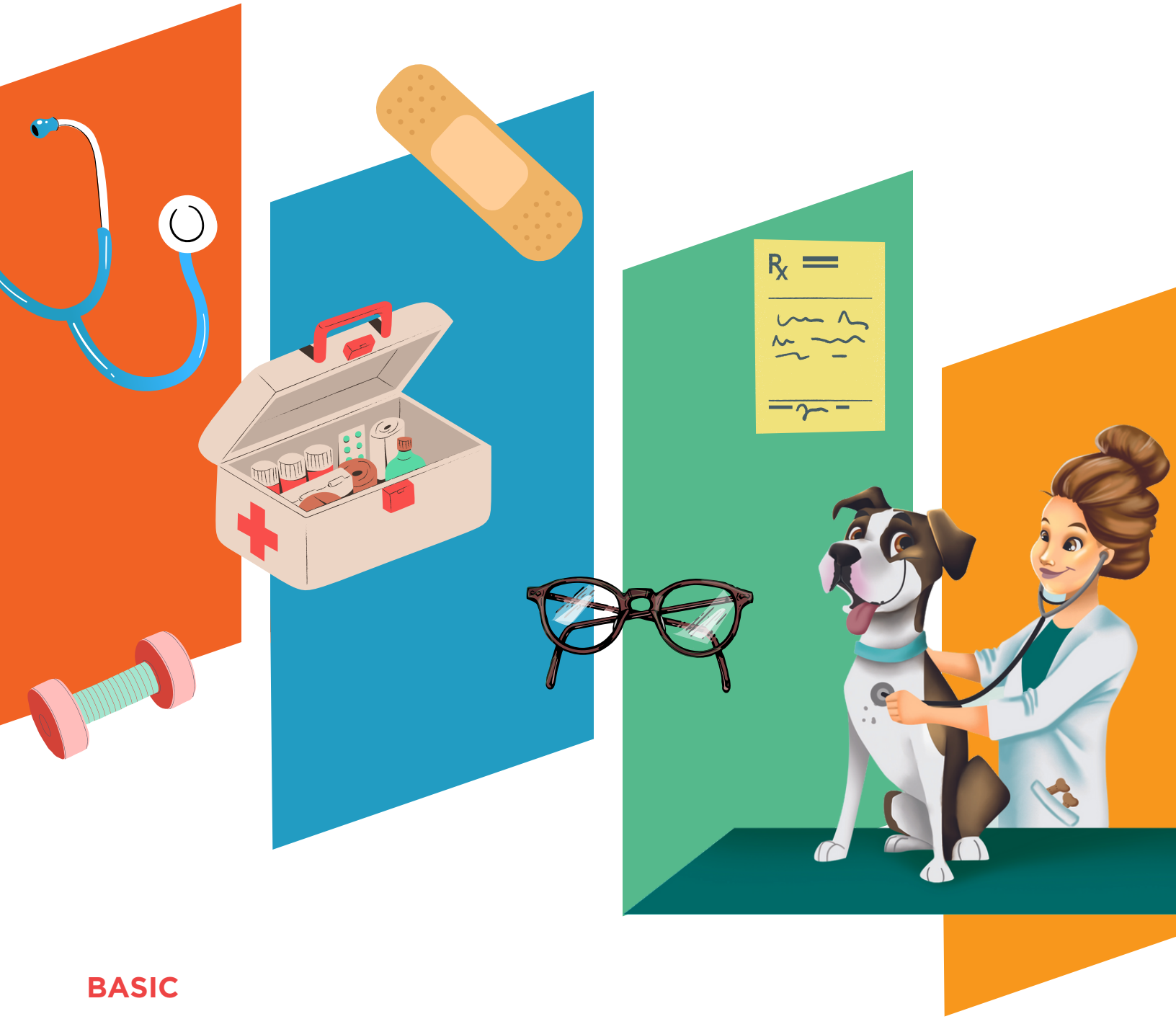
2023

TCWGlobal®

Guide to Your Benefits



BASIC

Welcome to your Benefits Enrollment Guide

At TCWGlobal we value happy and healthy employees. We also believe that our employees and culture have played the biggest roles in our success, which is why we strive to provide a comprehensive benefits package.

This guide will be your quick reference for all the great coverage you're eligible for as an employee. Before enrolling, please review this guide to learn more about your benefits to help determine which level of coverage is best for you and your family.

Important Notice
TCWGlobal has made every attempt to ensure the accuracy of the information described in this guide. Any discrepancy between this guide and the insurance contracts or other legal documents that govern the plans of benefits described in this guide will be resolved according to the insurance contracts and legal documents. TCWGlobal reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and TCWGlobal share plan costs at any time. This guide creates neither an employment agreement of any kind nor a guarantee of continued employment with TCWGlobal.

Medicare Notice of Creditable Coverage
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 page 18 for more details.

Eligibility

Full-time employees scheduled to work at least 30 hours per week are eligible to enroll in coverage. New full-time employees will be able to begin enrolling in coverage on the 7th of the month prior to their benefits effective date. Coverage is effective the first of the month following at least 30 days of employment.

Please refer to the chart below for your enrollment window and benefits effective date.

Start Date	Enrollment Window	Benefits Effective Date
11/2/22 – 12/2/22	Dec. 7–21	1/1/2023
12/3/22 – 1/2/23	Jan. 7–21	2/1/2023
1/3/23 – 1/30/23	Feb. 7–21	3/1/2023
1/31/23 – 3/2/23	Mar. 7–21	4/1/2023
3/3/23 – 4/1/23	Apr. 7–21	5/1/2023
4/2/23 – 5/2/23	May 7–21	6/1/2023
5/3/23 – 6/1/23	Jun. 7–21	7/1/2023
6/2/23 – 7/2/23	Jul. 7–21	8/1/2023
7/3/23 – 8/2/23	Aug. 7–21	9/1/2023
8/3/23 – 9/1/23	Sept. 7–21	10/1/2023
9/2/23 – 10/2/23	Oct. 7–21	11/1/2023
10/3/23 – 11/1/23	Nov. 7–21	12/1/2023
	TBD	1/1/2024

Your Eligible dependents include:

- Your spouse
- Your registered domestic partner
- Your children up to age 26. Children include:
  - Biological and adopted children (including those placed in your home for adoption)
  - Stepchildren and domestic partner children;
  - Children for whom you are responsible to provide health coverage under a qualified medical child support order
  - Your child of any age if chiefly dependent upon you for support and maintenance because of physical or mental disability

TCWGlobal performs periodic reviews to verify family members' eligibility for enrollment in the benefit plans. TCWGlobal and the insurance carriers reserve the right to request documentation (for example, marriage and/or birth certificates) to verify eligibility.

Employment Status and ACA 12-Month Look-Back Measurement	
Variable Employees	Work a different number of hours from week to week (includes on-call workers). Hours are tracked for the first year. If the employee averages 130 hours per month their first year, coverage will be offered at that time. Once an employee enrolls, they will be in a stability period until hours are evaluated for the next year's open enrollment eligibility. The stability period allows the employee to retain coverage if they are consistently receiving paychecks and paying premiums.

*If you will be working in the city of San Francisco, this benefits guide is NOT applicable to you. Please contact **benefits@tcwglobal.com** for your appropriate benefits guide.

HEALTH CARE SECURITY ORDINANCE (SFHCSO)

In accordance with the SFHCSO, TCWGlobal covers the cost of the Allied PPO only for eligible employees. You will be automatically enrolled in this plan, unless you opt to buy-up to another. You will be responsible for the cost difference for any additional benefits and eligible dependents. For more detailed information about the SFHCSO, visit https://sfgov.org/olse/health-care-security-ordinance-hcso.

This plan information is only applicable to employees working in San Francisco, CA. If your work site changes, you will no longer be covered under this ordinance. At that time, you will have the opportunity to enroll in one of our other plans.

Under the ACA guidelines, a returning employee with a break of service less than 13 weeks will be considered active. Therefore, if the employee was previously enrolled in coverage, the waiting period will be waived and all previous benefits will be reinstated the 1st of the month following the date of return. Returning employees will need to email **benefits@tcwglobal.com** prior to the benefits effective date to have their coverage(s) reinstated.

Enrollment

You can enroll in or make changes to your benefits during your new hire enrollment period or each year during open enrollment. You won't be able to make changes to your coverage during the year unless you have a qualifying life event* (in accordance with Internal Revenue Code rules).

Examples of qualified status change events include (but not limited to):

- **A change in marital status**: including marriage, death of a spouse, divorce, annulment or legal separation.
- **A change in your domestic partnership status**: including establishment or termination of the partnership.
- **A change in the number of eligible children**: including by birth, adoption, placement for adoption or death.
- **A change in eligibility status** (e.g., due to age).

For a complete description of the company's election change rules or to make a life event change, please contact **benefits@tcwglobal.com**.

*New elections and supporting documentation must be completed and submitted within 30 days from the date of your qualifying life event.

Important Note for Registered Domestic Partners

Due to federal and state tax regulations, benefits provided to registered domestic partners are generally taxable and therefore deducted from your pay on an after-tax basis. Additionally, any premium contributions made by TCWGlobal on behalf of your registered domestic partner are generally considered taxable income to you. Contact TCWGlobal Benefits at **benefits@tcwglobal.com** if you believe your registered domestic partner is exempt from federal or state taxes.

Important Payroll Note

If you are no longer an active TCWGlobal employee due to voluntary or involuntary termination, employee coverage terminates on the last day of the month in which the termination occurs. Any owed insurance premiums from prior or current month(s) will be deducted from your final paycheck. Insurance coverage is subject to termination for failure to timely pay premiums via payroll.

IMPORTANT IRS INFORMATION

Your cost of coverage will vary depending on the plan option and tier you choose. Medical, dental and vision contributions are deducted pre-tax from each paycheck, saving you tax dollars. As a result, the IRS requires that your elections remain in effect for the entire year if you are active. Once benefits are effective, you cannot drop or change coverage outside of open enrollment unless you experience a qualifying life event.

HOW TO ENROLL

On the first day of your enrollment window, you will receive an enrollment email containing log in instructions and benefit details.

Please refer to the Eligibility Chart on page 3.

Go to the **Benefits Enrollment Portal** below and follow through the steps.

tcwglobal.com/benefitsenrollment

Username: The first initial of your first name, the first six characters of your last name and the last four digits of your Social Security number.

Password: Date of Birth (YYYYMMDD)

Medical Plan Options

This year, you and your family can choose between three high-quality medical plans through Allied Benefit Systems that use the Aetna provider network and include prescription drug coverage through CVS Caremark. Allied Benefit Systems is our Third-Party Administrator (TPA). Health benefits are often complex and can be difficult to understand, as our TPA, Allied Benefit Systems will process claims, answer questions and other important management functions related to our health plans.

We suggest all employees review the plan options, including the Aetna and CVS Caremark networks to see if your current providers, pharmacies and medications are still in-network. See the Medical Plan Resources page for instructions on locating an in-network provider.

Plan Types

To help you make the right decision for your needs, it's important to understand the key differences.

Exclusive Provider Organization (EPO)	Preferred Provider Organization (PPO)
• Provides in-network coverage only • You pay copays for office visits • You can pair this plan with an FSA to help pay for out-of-pocket expenses with pre-tax funds	• Provides in- and out-of-network coverage, but you will get a greater level of coverage and it will typically cost you less to stay in-network • You pay copays for in-network office visits • You can pair this plan with an FSA to help pay for out-of-pocket expenses with pre-tax funds

CVS Caremark

All the TCWGlobal medical plans include a Pharmacy Benefits Manager (PBM) to manage all your prescription drug needs. The new pharmacy benefits cover generic, brand-name formulary, non-formulary brand and specialty drugs. The best way to save on prescriptions is to use generic or over the counter medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay. **Click here** for a full list of covered medications and tier level.

To locate a participating pharmacy in your area or to price out the cost of prescription medications, call **800-237-2767** or visit **www.caremark.com**.

Allied Care Pre-Certification

All medical plans include a Pre-Certification Program. Certain services and procedures may require you and your doctor to contact Allied Care. Please refer to your Summary Plan Description for the pre-certification requirements.

Call Allied Care at **800-892-1893** for more information.

VIEW PLAN SUMMARIES

- **Click here** to view the Select EPO
- **Click here** to view the Preferred PPO
- **Click here** to view the Choice PPO

PRE-ENROLLMENT INFORMATION

If you have questions about the plans, reach out to **Benefitshelpdesk@epicbrokers.com** or **877-373-6535** (5am–5pm Monday through Friday PT) to help you navigate the health care system and make the most of your health benefits and program.

Medical Plan Options

ALLIED

Medical Weekly Costs			
Tier	**Select EPO**	**Preferred PPO**	**Choice PPO**
Employee Only	$57.86	$89.01	$65.34
Employee + Spouse	$173.40	$235.72	$188.37
Employee + Child(ren)	$167.63	$228.38	$178.76
Employee + Family	$303.98	$401.50	$327.40

IMPORTANT: Coverage may be terminated for failure to timely pay premiums via payroll.

	Select EPO	**Preferred PPO**		**Choice PPO**	
	In-Network	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Calendar Year Deductible					
Individual	$1,500	$1,500	$3,000	$5,900	$11,800
Family	$3,000	$3,000	$6,000	$11,800	$23,600
Calendar Year Out-of-Pocket Maximum (Out-of-Pocket Maximum Includes Deductible)					
Individual	$5,000	$4,000	$8,000	$6,350	$12,700
Family	$10,000	$8,000	$16,000	$12,700	$25,400
Coinsurance/Copays (What you will pay)					
Preventive Care	No charge	No charge	Plan pays 50% after deductible	No charge	Plan pays 50% after deductible
Primary Care Physician	$25 copay	$30 copay	Plan pays 50% after deductible	$35 copay	Plan pays 50% after deductible
Specialist	$40 copay	$30 copay	Plan pays 50% after deductible	$35 copay	Plan pays 50% after deductible
Mental Health Outpatient Office	$25 copay	$30 copay	Plan pays 50% after deductible	No charge	Plan pays 50% after deductible
Laboratory and Radiology (Benefits are covered based on where service is provided)	No charge	No charge	Plan pays 50% after deductible	No charge	Plan pays 50% after deductible
Advanced Imaging (CAT, PET, MRI, etc.) (Benefits are covered based on where service is provided)	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible

This summary of benefits is provided for general information only. The Summary Plan Description and Aetna booklets guide the terms of the plans.

Medical Plan Options

ALLIED

	Select EPO	Preferred PPO		Choice PPO	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Coinsurance/Copays (What you will pay)					
Urgent Care Facility	$25 copay	$125 copay	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
Emergency Room	$150 copay (waived if admitted)	$250 copay (waived if admitted)		No charge after deductible	
Inpatient Hospital Care	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
Outpatient Surgery Facility	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
Pharmacy					
Retail RX (up to 30-days supply)					
Generic	$20 copay	$10 copay	Plan pays 80%	$10 copay	Plan pays 80%
Preferred Brand	$35 copay	$30 copay		$30 copay	
Non-Preferred Brand	$50 copay	$50 copay		$50 copay	
Mail Order RX (up to 90-days supply)					
Generic	$40 copay	$25 copay	Not covered	$25 copay	Not covered
Preferred Brand	$70 copay	$75 copay		$75 copay	
Non-Preferred Brand	$100 copay	$125 copay		$125 copay	

This summary of benefits is provided for general information only. The Summary Plan Description and Aetna booklets guide the terms of the plans.

Medical Plan Resources

Eden Health

As part of your employee benefits package, you have access to a dedicated Care Team that works together to look after you total health - primary care, mental health support*, and insurance navigation services through one single app. The Eden Health app is here 24/7 to answer questions, diagnose conditions, assist with prescriptions and claims and more. As needed, we can refer you to other in-network providers.

24/7 Primary Care

Message experts day or night, or book a same-day virtual or in-person appointment.

- Diagnoses, treatments, and prescriptions addressed from the comfort of your home for acute or chronic care
- Preventive care with a virtual annual wellness exams to reach your health goals
- 7 minute or less response time
- $0 virtual primary care copay
- You can also take advantage of health coaching and specialist referral services

Insurance Navigation & Care Coordination

Lean on us to answer questions about your benefits plan.

- Explanation of covered services, providers, and facilities
- Help with complex bills, Rx savings, reimbursements, and prior authorizations
- Concierge support and management for specialists, prescriptions, labs, and imaging

Mental Health Support

Whatever's on your mind, we can help get you the care you need

- Talk therapy*
- Medication management
- Health coaching and stress management support

COVID-19 Care

Our clinicians are ready to help you navigate the pandemic.

- Testing, screenings, and vaccinations
- Medical guidance and support

DOWNLOAD THE EDEN HEALTH MOBILE APP TO GET STARTED

Download on the App Store | GET IT ON Google Play

DEPENDENTS

Add dependents to your Eden membership at no additional cost, and they'll receive the same access to all our healthcare services.

- Adult dependent children ages 18-26
- Spouses or domestic partners
- Care recipients over the age of 18 (i.e. parents or other adult family members for whom you are the principal caregiver.)

*Availability of talk-therapy visits is dependent on licensure by state. Contact us to learn which services are available in your area.

Medical Plan Resources

Virtual Healthcare with Eden Health

When you don't feel well, the last thing you want to do is leave the comfort of your home to go sit in a waiting room. If you are enrolled in a TCWGlobal medical plan, Eden Health is here for you. A virtual visit is a convenient way to talk with a board-certified doctor—anywhere, anytime.

You can speak to a licensed doctor through the Eden Health mobile app. These virtual medical visits are a convenient option when you or your family have a minor medical issue (such as pink eye, rash, sore throat or allergies). Doctors can even issue prescriptions, if needed.

The Eden Health virtual health copay is $0. You can save time and money at home, and still get the help you need!

DOWNLOAD THE EDEN HEALTH MOBILE APP TO GET STARTED

Download on the App Store

GET IT ON Google Play

1. Talk to a doctor anytime, anywhere you happen to be
2. Receive quality care on the Eden Health mobile app
3. Prompt treatment for anyone covered by a TCWGlobal medical plan
4. Prescription sent to pharmacy of choice, if necessary
5. It's free, cheaper than visiting the ER or Urgent Care

How to Get Started with Allied Benefit Systems

As an Allied plan member, the Allied Benefit Systems website allows you to track your health care benefits online and access timely information and tools. Register online today to access your Benefit Information, ID cards, check your deductible and out-of-pocket limits and to find a provider.

- Go to **www.alliedbenefit.com**, and click on **Register** (in the top right hand corner)
- Fill out the **Website Account Request** to create your account, the **Group Number** is: **A21113**

How to Find a Provider

- Go to **www.alliedbenefit.com**, navigate to the **Network Partners** tab and select **Aetna**
- Select the **Connect** button in the **PPO** box (including the EPO plan, but please note the EPO plan only covers in-network services and providers)
- You will be routed to an Aetna site to finish the search
- Enter your **home zip, city, county or state** into the search bar and adjust the **search radius**
- Enter a **doctor's name** or select a **specialty** to search, following the prompts until you get to the results

Mental Health Resources

Behavioral and Mental Health Support with Eden Health

Whatever's on your mind, get the help you need.

- Talk therapy*
- Medication management
- Health coaching and stress management support
- Evidence-based assessment & triaging
- Medication management
- Health coaching and stress management support
- Collaborative care plans that address both physical and mental health goals

*Availability of talk-therapy visits is dependent on licensure by state. Contact us to learn which services are available in your area. As needed, we can refer you to other in-network providers.

DOWNLOAD THE EDEN HEALTH MOBILE APP TO GET STARTED

Download on the App Store | GET IT ON Google Play

Mental Health Benefit with Meru Health

We have partnered with Meru Health to offer TCWGlobal medical plan participants and their adult dependents* a 12-week educational therapy program focusing on building life-long mental health skills. This 100% confidential program can be accessed from your smartphone — anywhere, anytime.

You'll have access to:

- A dedicated licensed therapist
- Biofeedback (heart rate viability) monitor
- Weekly themed lessons and practices
- An anonymous peer support group
- Psychiatrist support
- Primary care physician collaboration

*Participants must be in California, Arizona, Colorado, Georgia, Idaho, Illinois, Minnesota, Nevada, Oregon, Texas, Utah, Virginia, Washington or Wisconsin.

MERU PROGRAM COSTS

You'll have to pay one copay during the initial intake call and a copay for each month you're active in the program (a maximum of 4 copays). Your copay is equivalent to your in-network care visit for mental health ($25, $30 or $35 depending on your plan).

LEARN MORE ABOUT MERU HEALTH

meru.health/targetcw-oe

833-940-1385

Download on the App Store | GET IT ON Google Play

Employee Assistance Plan (EAP) with UNUM

All employees have access to our EAP at no cost to you. The EAP offers support for a wide range of work and personal issues to promote a healthy work/life balance. You typically have three free, confidential sessions per issue. Counselors are also available for referrals for additional care or to help with child/elder care services, finances, personal and legal issues.

Get help 24/7 by visiting **www.unum.com/employees/services/life-balance** or calling **800-854-1446**.

Dental

You can choose between two Cigna dental plans to keep you and your family smiling bright. With the PPO you have the freedom to choose any provider, but will typically save money in-network. With the HMO Plan, you only have in-network coverage and must choose a primary care dentist to coordinate all your dental care. The information below is a summary of coverage only.

Weekly Dental Cost		
Tier	**Cigna Dental HMO (CA only)**	**Cigna Dental PPO**
Employee Only	$2.58	$9.23
Employee + Spouse	$4.90	$18.50
Employee + Child(ren)	$5.42	$22.59
Employee + Family	$7.22	$33.20

IMPORTANT: Coverage may be terminated for failure to timely pay premiums via payroll.

	Cigna Dental HMO California Residents Only	**Cigna Dental PPO**	
	In-Network	**In-Network**	**Out-of-Network**
Annual Deductible			
Individual	n/a	$25	
Family	n/a	$75	
Annual Benefit Maximum	n/a	$1,500	
Preventive Care (Cleanings, Oral Examinations, Fluoride Treatments, etc.)	No charge	No charge	Plan pays 90% after deductible
Basic Care (Fillings, Simply Extractions, Root Canals, etc.)	See copay schedule	Plan pays 80% after deductible	Plan pays 80% after deductible
Major Care (Crowns, Inlays, Bridges, etc.)	See copay schedule	Plan pays 50% after deductible	Plan pays 50% after deductible
Orthodontia			
Coverage	Certain procedures are covered	Child only to age 19	
Benefit	See copay schedule	Plan pays 50% after deductible	Plan pays 50% after deductible
Lifetime Maximum	See copay schedule	$1,000	

HOW TO FIND A CIGNA PROVIDER

- Go to **www.cigna.com** and click on the **Find a Doctor, Dentist or Facility** (blue button)
- Select the button covered by **Employer or School**
- Enter **address, city or zip** into the search bar, and choose **Doctor by Type** or **Doctor by Name**
- Select by type, click **Dentist** or **Child's Dentist** or enter your current Dentist's name to search **Doctor by Name**
- You will then be prompted to **login** or **search as a guest**
- Select **Cigna Dental Care Access** for the HMO plan or **Total Cigna DPPO** for the PPO plan.

VIEW PLAN SUMMARIES

- **Click here** to view the Cigna Dental HMO
- **Click here** to view the Cigna Dental PPO

Vision

Make sure you and your dependents keep seeing clearly with our vision coverage through VSP. The information below is a summary of coverage only.

Weekly Vision Costs	
Tier	**VSP Vision Plan**
Employee Only	$1.71
Employee + Spouse	$2.92
Employee + Child(ren)	$2.98
Employee + Family	$4.80

IMPORTANT: Coverage may be terminated for failure to timely pay premiums via payroll.

	VSP Vision Plan — VSP Choice Network	
	In-Network	**Out-of-Network**
Cost		
Exam	$10 copay	Up to $45 reimbursement
Materials	$10 copay	Materials up to $200
Benefit Frequency		
Exams	Once per 12 months	
Lenses	Once per 12 months	
Frames	Once per 12 months	
Contacts	Once per 12 months	
Covered Services - Lenses		
Single Lenses	No charge after copay	Up to $30 reimbursement
Lined Bifocals	No charge after copay	Up to $50 reimbursement
Lined Trifocals	No charge after copay	Up to $65 reimbursement
Frames	$130 retail frame allowance after copay	Up to $70 reimbursement
Covered Services - Contacts (Contacts in lieu of Frames/Lenses)		
Contacts - Elective	Up to $130 allowance	Up to $105 reimbursement

HOW TO FIND A VSP PROVIDER

Go to **www.vsp.com**, click **Find a Doctor** and follow the prompts to search by **Location**, **Office** or **Doctor**.

VIEW PLAN SUMMARY

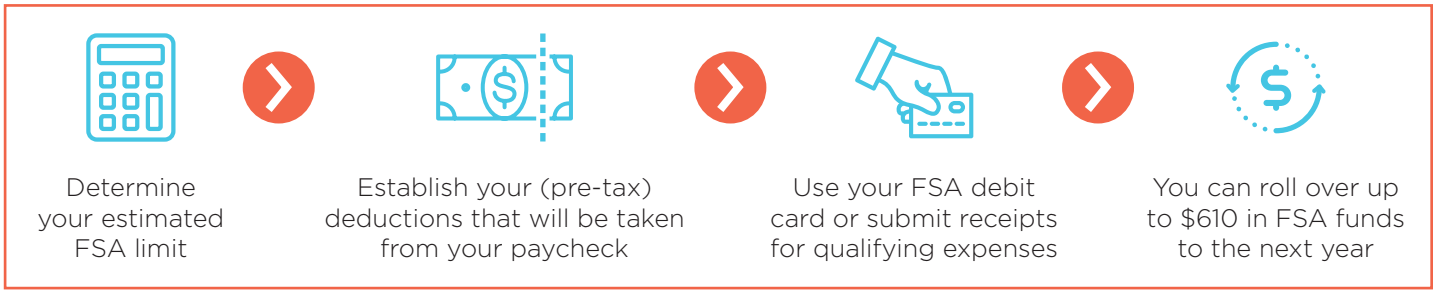
- **Click here** to view the VSP Plan Summary

Flexible Spending Accounts

One of the best ways to maximize your paycheck is to save pre-tax money for qualified expenses with an FSA. FSAs help you save money on healthcare, dependent care and commuter expenses by paying for eligible expenses with tax-free dollars.

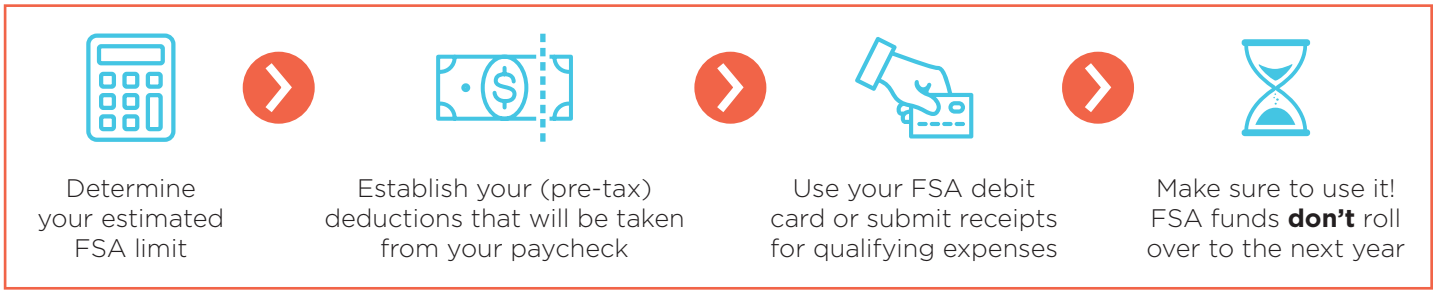
Healthcare FSA

The Healthcare FSA lets you set aside pre-tax funds via payroll deductions. You can use the money to reimburse yourself for eligible medical, dental and vision expenses. In 2023, you can contribute up to $1,500. Any funds left in the Healthcare FSA on December 31st of each plan year will be forfeited, except for balances up to $610 that can be carried over into the next plan year. To see all eligible expenses, visit: **www.fsastore.com/FSA-Eligibility-List.aspx**



Dependent Care FSA

A Dependent Care FSA can be used to pay for eligible expenses you incur for childcare, or for the care of a disabled dependent, while you work. Employees may defer up to $5,000 pre-tax per year. Funds do not roll-over to the next year.



Commuter FSA

TCWGlobal's Commuter FSA benefit is a great way to save on your daily commute to work! With a Commuter FSA you can put aside up to $280 per month pre-tax for mass transit and up to $280 per month for parking.

A Few FSA Rules

- If you or one of your dependents are enrolled in a high deductible health plan and/or have an HSA, you may not be eligible for Health Care FSA.
- Health and/or Dependent Care FSA claims may be submitted up to 60 days following your termination date; however, the dates of service on all claims must be prior to your date of termination.
- It's important to carefully estimate your annual contributions, the IRS requires that you forfeit any unclaimed funds in your account(s) above the $610 rollover (the "use it or lose it" rule).
- Save a copy of your receipt until the claim is approved.

Retirement Planning

Whether you are just starting your career or retirement is on the horizon, you can invest in your future with the TCWGlobal retirement plan through Empower Retirement. Our 401(k) plan allows you to invest pre-tax deductions from your paycheck in one or more of the 27 investment funds, ranging from conservative to aggressive growth.

401k Highlights

- Eligible to enroll after 60 days of employment
- No minimum hours per week required
- Pre-tax deductions begin the first of the quarter after the application is received.
- Pre-tax deductions lower your taxable income

QUARTER BEGINS	ENROLLMENT PERIOD
January 1	10/1–12/28
April 1	12/29–3/27
July 1	3/28–6/26
October 1	6/27–9/25

- No match offered, but you may be eligible for a $500 bonus! **Click here** for more details.
- You can defer up to 90% (after applicable taxes) of your salary up to the 2023 maximum of $22,500 per year or $30,000 for employees over the age of 50* (deferral amounts change annually).

**Participants earning $130,000 or more annually may not be eligible for the full deferral due to IRS restrictions. Contact your benefits administrator for information.*

HUB International Financial Guidance

TCWGlobal has teamed up with HUB International to give you access to a team of financial professionals who can walk you through your investment options.

For more details or to schedule a one-on-one consultation reach out HUB International at **530-343-4015** or **info@kornerstoneinc.com**.

READY TO ENROLL

Visit **www.empowermyretirement.com**

- Select **Register**.
- Select **I do not have a PIN** tab.
- Follow the prompts to create your username and password.

QUESTIONS?

Contact Empower at **800-338-4015**, Monday–Friday 6am–8pm MT and Saturday 7am–3:30pm MT

RESOURCES

- **Participant Fee Disclosure**

Additional Benefits

Pet Insurance

We offer one month of FREE* Healthy Paws pet insurance to our employees for their four-legged family members. **Click here** to enroll.

*TCWGlobal will reimburse up to 1 month of your pet insurance premium up to $50 after 60 days of employment.

Fitness Center Reimbursement

We believe it's important to live and maintain a healthy lifestyle. All employees are eligible for an annual gym reimbursement up to $50 (this is a taxable benefit). After you've been an employee for 60 days, simply complete the **online claim form** and upload the receipt to get reimbursed.

Charitable Match Program

We support your efforts to make charitable donations and want to help by matching up to $5,000 per year to all certified 501(c)(3) nonprofit organizations. All you must do is fill out the **Giving Together Form**, upload receipt of your donation and TCWGlobal will match your contribution. Employees must be employed for at least 30 days to be eligible.

For more detailed information, please visit **www.tcwglobal.com/knowledge/worker-help-center**.

Other Employee Discounts

TCWGlobal teamed up with the following to offer our employees even more perks and discounts:

- **24 Hour Fitness**: With our corporate discount employees can get 10% off a gym membership.
- **Farmers Select Home and Auto Discounts**: Just for being a TCWGlobal employee you have access to our special group rates, call **800-438-6381** or visit **www.myautohome.farmers.com/index.html#/home** to get a quote!
- **Adopt a Pet Discount**: TCWGlobal has partnered with **adoptapet.com** to pay up to $100 of your pet adoption fee! To get reimbursed, just fill out this **form**.

  Employees must be employed for at least 30 days to be eligible.
- **Classroom Rewards**: We want to encourage and reward employees for their hard work in the classroom. If you took at least 9 credits of college in a year with at least a 3.0 GPA, you are eligible for an annual gift. **Apply here**.
- **Fun Express Discounts**: Enjoy discounts to Disneyland, Sea World, Knott's Berry Farm, Universal Studios and AMC Theaters. Visit **www.funex.com** to register and see all the discounts provided on tickets*. Tickets are shipped directly from the website when purchased with our Employee Activity Code (EAC): **14-42014**.

  *Employees outside of the Southern California area can use the TCWGlobal corporate address to get discounts. If the service requires paper tickets to be mailed, we will gladly forward any tickets that arrive at our office.
- **Working Advantage Discounts**: This is your exclusive one-stop shop for discounts to movies, shopping, entertainment and special venues. Go to **www.workingadvantage.com**, click **Register**, click **Employee** and then key in Member ID# **913607477**.

Key Benefit Contacts

For Questions About...	Carrier	Members Services	Group Number	Website/Email
Medical and Prescription Drug	Allied Benefit Systems *(TPA)*	800-288-2078	A21113	**www.alliedbenefit.com**
	Allied Care *(Precertification)*	800-892-1893		n/a
	Aetna *(Provider Network)*	866-455-8727		**www.alliedbenefit.com**
	CVS Caremark *(PBM)*	800-237-2767		**www.caremark.com**
	Eden Health *(Primary Care, Mental Health and other support)*	n/a		**Download the mobile app**
	Meru Health *(Mental Health)*	833-940-1385		**meru.health/targetcw-oe**
Virtual Healthcare	Eden Health	n/a	n/a	**Download the mobile app** **support@edenhealth.com**
Dental	Cigna	800-244-6234	3341344	**www.cigna.com**
Vision	VSP	800-877-7195	30070666	**www.vsp.com**
Employee Assistance Program (EAP)	UNUM	800-854-1446	lifebalance	**www.lifebalance.net**
Flexible Spending Accounts (FSAs)	PlanSource	888-266-1732	n/a	**www.plansource.wealthcareportal.com/Page/Home**
401(k)	Empower Retirement	800-338-4015	n/a	**www.empowermyretirement.com**
Financial Advice	HUB International	530-343-4015	n/a	**info@kornerstoneinc.com**
Pre-Enrollment/ Benefit Information	TCWGlobal's Benefits Dept.	858-810-3000	n/a	**benefits@tcwglobal.com**

Insurance Terms

KEY TERMS	WHO PAYS FOR YOUR HEALTHCARE
COPAY A predetermined dollar amount you pay for visits to the doctor, prescriptions and other health care services (as specified by your plan).	You pay
COINSURANCE The percentage you pay for the cost of covered health care services after you've met your deductible.	You and your plan each pay a % after your deductible has been met
DEDUCTIBLE The amount of money you need to pay out of pocket before your insurance begins contributing money to your health care costs.	You pay
OUT-OF-POCKET MAXIMUM The cap on your out-of-pocket costs for the plan year. Once you've reached this amount, your plan will cover 100% of your qualified medical expenses for the plan year.	Your deductible and copays are all added to your out-of-pocket maximum
PREMIUM The amount of money that's paid for your health insurance every month. TCWGlobal pays a portion of this amount and you pay the rest via payroll contributions.	You pay
ALL OTHER COVERED EXPENSES	Once you have reached your OOP max, your plan will pay for any covered services
PREVENTIVE CARE Routine healthcare services like check-ups, immunizations, and screenings for adults, women, and children.	Your plan pays

Important Notices

MEDICARE NOTICE OF CREDITABLE COVERAGE

Important Notice About
Your Prescription Drug Coverage and Medicare

Notice of Creditable Coverage

This Notice applies only if you and/or your dependent(s) are enrolled in a TCWGlobal medical plan and you are eligible for Medicare. If this does not apply to you, you may ignore this notice.

Please read this notice carefully and keep it where you can find it. This notice has information about your prescription drug coverage with TCWGlobal for the upcoming calendar year and your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan for the upcoming calendar year. If you are considering joining, you should compare your employer coverage for the upcoming calendar year, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your employer coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. TCWGlobal has determined that the prescription drug coverage offered under the TCWGlobal plan(s) in the next calendar year is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your creditable prescription drug coverage during the upcoming calendar year through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Employer Coverage If You Decide to Join A Medicare Drug Plan?

Your health plan coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents may not be eligible to receive all of your current health and prescription drug benefits. If you do decide to join a Medicare drug plan and drop your employer coverage for the upcoming calendar year, be aware that you and your dependents may not be eligible to receive health and prescription drug benefits in the future.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your employer coverage and don't join a Medicare drug plan within 63 continuous days after the coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Employer Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE**: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage changes. You also may request a copy of this notice at any time.

Important Notices

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4237). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at 1-800-772-1223 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

October 1, 2022
TCWGlobal
Human Resources Department
3545 Aero Court, San Diego, CA 92123
858-810-3000

Notice of Special Enrollment Rights

If an eligible employee declines enrollment in a group health plan for the employee or the employee's spouse or dependents because of other health insurance or group health plan coverage, the eligible employee may be able to enroll him/herself and eligible dependents in this plan if eligibility is lost for the other coverage (or because the employer stops contributing toward this other coverage). However, the eligible employee must request enrollment within 30 days after the other coverage ends (or after the employer ceases contributions for the coverage).

In addition, if an eligible employee acquires a new dependent as a result of marriage, birth, adoption or placement for adoption, the eligible employee may be able to enroll him/herself and any eligible dependents, provided that the eligible employee requests enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If the eligible employee otherwise declines to enroll, he/she may be required to wait until the group's next open enrollment to do so. The eligible employee also may be subject to additional limitations on the coverage available at that time.

Furthermore, eligible employees and their eligible dependents who are eligible for coverage but not enrolled, shall be eligible to enroll for coverage within 60 days after becoming ineligible for coverage under a Medicaid or Children's Health Insurance Plan (CHIP) plan or being determined to be eligible for financial assistance under a Medicaid, CHIP, or state plan with respect to coverage under the plan.

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, contact your health plan.

Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your health plan.

Important Notices

Notice of HIPAA Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the "Notice") describes the legal obligations of the TCWGlobal Health Plan (the "Plan") sponsored by TCWGlobal ("Plan Sponsor") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH Act) and subsequent amending regulations ("HIPAA Privacy Rule"). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. We are required to provide this HIPAA Privacy Notice to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

- Your past, present, or future physical or mental health or condition;
- The provision of health care to you; or
- The past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact the individual listed at the end of this notice.

Our Responsibilities

TCWGlobal is required by law to:

- Maintain the privacy of your protected health information;
- Provide you with certain rights with respect to your protected health information;
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your Protected health information; and
- Follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised HIPAA Privacy Notice electronically or by first class mail to the last known address on file.

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

For Payment. We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. We may share or discuss your PHI with your family members or others involved in your care or payment for your care, unless you object in writing and provide the objection to the Plan's HIPAA contact listed at the end of this Notice. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments. In any of these cases, we will disclose only the information necessary to resolve the issue at hand.

For Health Care Operations. We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business

management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

As Required by Law. We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health

information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

Law Enforcement. We may disclose your protected health information if asked to do so by a law-enforcement official:

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct; and
- about criminal conduct.

Coroners, Medical Examiners, and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, we may disclose your protected health information to the correctional institution or law-enforcement official if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. We may disclose your protected health information to researchers when:

- the individual identifiers have been removed; or
- when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Other Disclosures

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
- treating such person as your personal representative could endanger you; and
- in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health

information, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your protected health information, you must submit your request in writing to the individual listed at the end of this Notice. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the individual listed at the end of this Notice.

Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the individual listed at the end of this Notice. You must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit it in writing to the individual listed at the end of this Notice. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person. To request restrictions, you must send your request in writing the individual listed at the end of this notice.

Important Notices

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply-for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing the individual listed at the end of this notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact to the individual listed below. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

HIPAA Contact

Angie Sandoval
HR Manager
3545 Aero Court
San Diego, CA 92123
858-810-3000

TCWGlobal®