

# P A C S U N

## BENEFIT INFORMATION UPON SEPARATION OF SERVICE

For benefit plan year 2022-2023

Benefit Plan	Continuation of Coverage Availability	Contact Information
<b>COBRA</b>	COBRA offers the continuation of medical, dental, and/or vision coverage for you and your covered dependents. A COBRA packet will be mailed to you from TRI-AD within 30 days from the date of your separation.	<b>TRI-AD</b> 1-888-844-1372 <a href="mailto:cobmail@tri-ad.com">cobmail@tri-ad.com</a>
<b>Medical, Dental, &amp; Vision</b>	<p>If enrolled, Medical, Dental, and Vision benefits will continue for yourself and any enrolled dependents through the end of the month in which you separate.</p> <p>Medical, Dental, and Vision benefits are each eligible for continuation of coverage through COBRA. Please refer to the COBRA section of this document for plan rates.</p> <p>If you need assistance with an existing claim, please contact the benefit provider.</p>	<b>Aetna Member Services</b> 1-877-204-9186 <a href="http://www.aetna.com">www.aetna.com</a>  <b>Kaiser Member Services</b> 1-800-464-4000 <a href="http://www.kp.org">www.kp.org</a>  <b>Hawaii HMAA Member Services</b> 1-800-621-6998 <a href="http://www.hmaa.com">www.hmaa.com</a>  <b>Puerto Rico SSS Member Services</b> 1-800-981-3241 <a href="http://www.ssspr.com">www.ssspr.com</a>  <b>VSP Vision Member Services</b> 1-800-877-7195 <a href="http://www.vsp.com">www.vsp.com</a>
<b>Flexible Spending Accounts</b>	<p>Effective the date of your separation, contributions are no longer made to the FSA through payroll deductions. Any unused contributions are forfeited.</p> <p>Health Care FSA claims can no longer be incurred after your date of separation. All claims must be submitted to TRI-AD within 90 days of your separation date. Your Health Care FSA may be eligible for continuation of coverage through COBRA until the end of the current Plan Year. Certain conditions apply.</p> <p>Dependent Care FSA claims are reimbursable through the remainder of the Plan Year from the balance remaining in your account. You must submit claims within 90 days after the end of the current Plan Year.</p>	<b>TRI-AD</b> 1-888-844-1372 <a href="mailto:flexmail@tri-ad.com">flexmail@tri-ad.com</a>
<b>Retirement Savings</b>	Effective the date of your separation, contributions are no longer made to the 401(k) retirement savings account through payroll deduction. The account balance is still accessible and may be eligible for rollover to another account or for distribution. If you have an outstanding loan, please contact your provider to discuss repayment or disbursement options.	<b>Empower Retirement (US)</b> 1-888-411-4015 <a href="http://www.empowermyretirement.com">www.empowermyretirement.com</a>  <b>Banco Popular (PR)</b> 1-888-724-3657 <a href="http://www.popular.com/401k">www.popular.com/401k</a>
<b>Life &amp; AD&amp;D Insurance</b>	<p>Effective the date of your separation, company-paid basic life, AD&amp;D, and any supplemental life insurance is discontinued.</p> <p>If enrolled in supplemental life insurance, the coverage is portable. You must contact New York Life within 30 days from your date of separation for your portability options.</p>	<b>New York Life</b> 1-800-362-4462 <a href="http://www.NewYorkLife.com">www.NewYorkLife.com</a>

If you have any questions, please contact the Benefits Department at 1-866-989-6958 #2.

Benefit Plan	Continuation of Coverage Availability	Contact Information
<b>Short-term &amp; Long-term Disability</b>	Effective the date of your separation, company-paid Short-term and Long-term Disability coverage is discontinued.  If you need assistance with an existing claim, please contact New York Life.	<b>New York Life</b> 1-800-362-4462 <a href="http://www.NewYorkLife.com">www.NewYorkLife.com</a>
<b>Accident Hospital Indemnity Critical Illness</b>	If enrolled in the Accident, Hospital Indemnity and/or Critical Illness Plans, the coverage is portable. You must contact Aetna Voluntary Benefits within 30 days from your date of separation for your portability options.	<b>Aetna Voluntary Benefits</b> 1-800-607-3366 <a href="http://www.aetna.com">www.aetna.com</a>
<b>Legal</b>	If enrolled in the Legal Plan, the coverage is portable. You must contact MetLife Legal within 30 days from your date of separation for your portability options.	<b>MetLife Legal</b> 1-800-821-6400 <a href="http://www.legalplans.com">www.legalplans.com</a>
<b>Identity Theft Protection</b>	If enrolled in the Identity Theft Protection Plan, the coverage is portable. You must contact MetLife Legal within 30 days from your date of separation for your portability options.	<b>Allstate Identity Theft Protection</b> 1-800-789-2720 <a href="http://www.myaip.com">www.myaip.com</a>
<b>Vacation, Sick &amp; Personal Time</b>	If you reside in a state that requires payment of unused vacation and personal hours, the balance will be paid to you in your final paycheck. Sick and holiday time is not paid upon your separation.  For continued access to pay statements and tax documents, log in to UKG Pro.	<b>UKG Pro</b> <a href="https://n33.ultipro.com">https://n33.ultipro.com</a>
<b>Verification of Employment</b>	Verification of employment requests must go through InVerify, an automated employment and income verification tool. To Login: <ul style="list-style-type: none"> <li>• Get Started</li> <li>• Employee Registration &gt; Register</li> <li>• Verify email address</li> <li>• Enter Employer Code: 119800</li> <li>• Your Social Security Number (SSN) is your Log in ID</li> <li>• First Time Log in Code- is the last 4 digits of your SSN + the first 3 letters of your last name. For example, John Smith would be: 0000SMI</li> </ul>	<b>InVerify</b> 1-866-295-7363 #1 <b>Company Code:</b> 119800 <a href="http://www.InVerify.net">www.InVerify.net</a>

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## COBRA Plans and Rates

Aetna HRA Medical Plan	
Employee Only	\$555.94
Employee + Spouse	\$1,111.55
Employee+ Child (ren)	\$1,056.15
Employee + Family	\$1,528.45
Aetna PPO Medical Plan	
Employee Only	\$700.27
Employee + Spouse	\$1,400.12
Employee+ Child (ren)	\$1,330.34
Employee + Family	\$1,925.27
Kaiser HMO Plan - Southern CA	
Employee Only	\$489.56
Employee + Spouse	\$979.11
Employee+ Child (ren)	\$930.16
Employee + Family	\$1,346.27
HMAA PPO Medical Plan - Hawaii	
Employee Only	\$340.17
Employee + Spouse	\$748.32
Employee+ Child (ren)	\$816.30
Employee + Family	\$1,054.53
Triple-S Salud Medical - Puerto Rico	
Employee Only	\$297.38
Employee + Spouse	\$593.49
Employee + Child(ren)	\$519.49
Employee + Family	\$767.04
Aetna Dental Basic PPO	
Employee Only	\$24.55
Employee + Spouse	\$49.12
Employee + Child(ren)	\$44.21
Employee + Family	\$73.67
Aetna Dental Enhanced PPO	
Employee Only	\$44.23
Employee + Spouse	\$88.50
Employee + Child(ren)	\$79.65
Employee + Family	\$132.75
VSP Vision Service Plan	
Employee Only	\$9.97
Employee + Spouse	\$16.32
Employee + Child(ren)	\$14.69
Employee + Family	\$32.56

If you have any questions concerning COBRA coverage or rates, please contact TRI-AD at 1-888-844-1372.