

Exclusive Member Benefits

MetLife DHMO and DPPO Dental Plans

- DHMO member cost-share are set copays and members must visit an in-network dentist
- DPPO plans allow members the freedom to see any dentist they choose
 - Scheduled Reimbursement DPPO plan covers a set amount regardless of what the dentist bills
 - Coinsurance DPPO plan covers a set percentage based on the category of the covered service and includes orthodontia

MetLife PPO Vision Plan

- Coverage for exams, lenses, contact lenses & frames
- Frame allowance
- LASIK discount
- Large provider network

MetLife Accident Plan

- Lump-sum benefit for injuries resulting from covered accident
- Includes AD&D benefit
- Covered accidents include, but not limited to, fractures, hospital admissions, and ER visits

MetLife Legal Plan

- Unlimited consultations
- No deductibles or copays
- Offers access to an attorney for a variety of legal needs: Immigration consultation, landlord/tenant negotiations, assistance with Medicare and Medi-Cal documents, and much more

Anthem Life/Accidental Death and Dismemberment (AD&D) Plan

- All members approved for \$40,000
- No medical questions or exam required
- Double payout if death caused by an accident
- Benefit payable in the event of dismemberment

MetLife DHMO Dental Monthly Rates	
Member Only	\$19.54
Member Plus One	\$37.12
Family Coverage	\$51.79

MetLife Scheduled Reimbursement DPPO Dental Monthly Rates	
Member Only	\$35.86
Member Plus One	\$68.12
Family Coverage	\$95.02

MetLife Coinsurance DPPO Dental Monthly Rates	
Member Only	\$53.28
Member Plus One	\$101.66
Family Coverage	\$142.00

MetLife PPO Vision Monthly Rates	
Member Only	\$6.13
Member Plus One	\$11.67
Family Coverage	\$18.42

MetLife Accident Monthly Rates*	
Member Only	\$9.47
Member Plus Spouse	\$17.22
Member Plus Child(ren)	\$20.18
Family Coverage	\$23.45

*Member and spouse must be under the age of 65 to enroll

MetLife Legal Monthly Rate	
Member and Eligible Dependents	\$17.75

Anthem Member Life/AD&D Monthly Rates (No Medical Exam Required!!!)	
\$5,000	\$3.80
\$10,000	\$5.30
\$20,000	\$9.00
\$25,000	\$10.90
\$30,000	\$11.75
\$40,000	\$15.40

Anthem Dependent Life/AD&D Monthly Rates (No Medical Exam Required!!!)	
Spouse \$5,000	\$3.75
Spouse \$10,000	\$6.75
Child(ren) \$1,000	\$1.25
Child(ren) \$2,000	\$2.25

*Member must be enrolled in Life/AD&D coverage in order to enroll your Spouse and/or Child(ren).

Visit www.SEIU2015benefits.org or call the SEIU Local 2015 Benefits Center at 1.877.421.0177

SEIU Local 2015 Benefits

Who is Eligible?

Only dues paying members are eligible for these benefits. Should you cancel your membership or not have dues deducted in a month, you will no longer be eligible.

How do I Enroll for Coverage?

- Visit the SEIU Local 2015 benefits website www.SEIU2015benefits.org and register to enroll online.
- Request enrollment information by calling the SEIU Local 2015 Benefits Center at 1.877.421.0177

When is My Coverage Effective?

- Coverage will be effective 1st of the following month if enrollment is processed by the 15th of the current month.
- For example, if your enrollment form is processed by June 15, your benefits will be effective July 1.

What is the Difference Between DHMO and DPPO Dental?

- DHMO Dental: You must choose a dentist that you are assigned to and is the gatekeeper for all of your care. Each covered service requires a set copay which can be found on the plan's benefit summary.
- DPPO Dental: You are able to receive care from any dentist you choose. You will receive greater discounts if receiving care from a MetLife in-network dentist however, you have the freedom to receive care from a non-contracted or out-of-network dentist. Under the Scheduled Reimbursement PPO plan, your coverage for services is based on a set dollar amount, regardless of what the dentist bills. For the Coinsurance PPO plan, the plan covers a set percentage based on the type of service and also includes orthodontia coverage. Both PPO plans include a calendar year annual maximum which means that MetLife will only cover benefits up to the calendar year annual maximum amount.

FAQs

Q: How do I pay for my benefits?

A: Most members will pay for their elected benefits via payroll deduction. Benefit premiums are deducted once a month from the first check received each month. For example, premiums for October coverage will be taken from the first check members receive in October. For members who do not have a payroll deduction, the Benefits Center will send the member a direct bill to submit premium payments with a personal check, money order, or cashier's check.

Q: Can I add my dependents to my coverage?

A: Members can add eligible dependents to all benefits. You must be enrolled in the benefits that you elect for your dependents. Eligible dependents include Spouse/Domestic Partner and children up to age 26, unless they are disabled.

Q: How and when can I cancel my benefits?

A: Dental, vision, life/AD&D, and accident benefits can be cancelled after you are enrolled for a minimum of six (6) months. Legal benefits can be cancelled after you are enrolled for a minimum of twelve (12) months. You must log on to the benefit website or submit a Change Form to the Benefits Center.

Q: Will I receive ID cards for my benefits?

A: You will receive an ID card for the HMO dental benefit that includes the dental facility you are assigned to. If you'd like a card for the PPO dental and vision benefits, you can submit a request through the Benefits Center or from the MetLife My Benefits website. You do not need a card to obtain care through the PPO dental and vision plans. The doctors can identify you with your social security number and date of birth.

Q: Do I need to choose a dentist or vision provider to use my benefit?

A: For the HMO dental plan, you must choose an in-network dental provider. If you do not choose one, you will not be able to use your benefit until you are assigned to a dentist. You do not need to choose a doctor for the PPO dental and vision benefits.

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