

# BENEFITS BROCHURE



**seiu** 2015  
California's Long Term Caregivers

# BENEFITS OVERVIEW

## SEIU LOCAL 2015 REGULAR MEMBERS HAVE ACCESS TO A WIDE VARIETY OF BENEFITS OPTIONS WHICH INCLUDE:

- MetLife Dental HMO
- MetLife Dental PPO Scheduled Reimbursement
- MetLife Dental PPO Coinsurance
- MetLife Vision
- MetLife Accident
- MetLife Legal Plans
- Anthem Basic Life – All Regular Members are auto-enrolled in coverage at no cost
- Anthem Voluntary Life/AD&D for Regular Members and eligible dependents!

### **Who is eligible for SEIU Local 2015 benefits?**

SEIU Local 2015 dues-paying Regular Members with a signed union card on file and in good standing.

*Should you cancel your membership or not have dues deducted, you will no longer be eligible.*

### **Can I enroll my dependents?**

Dental, Vision, Accident, Legal, and Voluntary Life/AD&D plans include the option to cover eligible dependents.

Eligible dependents include your Spouse/Domestic Partner and your Children, under the age of 26, unless permanently disabled.

### **When can I enroll in benefits?**

Benefit enrollment is available all year round!

Coverage will be effective the 1st of the following month if enrollment is processed by the 15th of the current month.

*(For example, if your enrollment request is processed by October 15th, your benefits will be effective November 1st.)*

## How can I enroll in benefits?

Regular Members can contact the SEIU Local 2015 Benefits Center at 877.421.0177, Monday through Friday, 8:30am to 5:30pm PST to request benefit information and enrollment options.

Regular Members can also access the SEIU Local 2015 benefits website at [www.SEIU2015benefits.org](http://www.SEIU2015benefits.org) to register and complete their enrollment online.

# IMPORTANT INFORMATION

## Beneficiary Designations

As a reminder, all Regular Members are auto-enrolled in the Anthem \$500 Basic Life plan so please be sure to update your beneficiary designations.

Additionally, if you are enrolled in the Anthem Voluntary Life/AD&D or MetLife Accident plans, you must update your beneficiary designation.

In the event of your death, if you do not designate a beneficiary, your death benefit will be paid in accordance with the Anthem and MetLife contracts.

Please visit [www.seiu2015benefits.org](http://www.seiu2015benefits.org) or call the SEIU Local 2015 Benefits Center at (877) 421-0177 to update your beneficiary information.

## COBRA Eligibility

You and your dependents may be eligible to continue your group health coverage through the SEIU Local 2015 Long Term Care Workers Health Trust Fund following the occurrence of certain qualifying events under COBRA. For more information on your COBRA rights, please contact the SEIU Local 2015 Benefits Center at (877) 421-0177 to request a copy.

Scan the QR code to access a copy of your Summary Plan Description (SPD) and Summary of Material Modifications (SMM).



# **MetLife DENTAL PLANS**

SEIU Local 2015 has partnered with MetLife to offer members the option to enroll in the MetLife Dental HMO, Dental PPO Scheduled Reimbursement or Dental PPO Coinsurance plans.

## **METLIFE DENTAL HMO BENEFITS AND MONTHLY COSTS**

Highlights of the SEIU Local 2015 Dental HMO plan include, but are not limited to:

- No annual benefit maximum
- Over 460 services covered, including implants and orthodontia
- One of the largest dental provider networks in California, with over 10,700 dentists
- To access benefits, members **MUST** select a preferred in-network primary care dentist from the MetLife network by visiting [www.metlife.com](http://www.metlife.com) and clicking on "Find a Dentist" (All care must be coordinated through that dentist; out-of-network dental care will not be covered under the MetLife DHMO plan.)

### **SEIU Local 2015 MetLife Dental HMO (MET185A) Example of In-Network Copayments**

<b>Benefit</b>	<b>Service Code</b>	<b>Member Copayment</b>
Office Visit		\$5
Periodic Evaluation	D0120	\$0
Cleaning (2 available per year)	D1110	\$0
Extraction	D7140	\$0
Porcelain Crown	D2740	\$225
Surgical Implant	D6010	\$1,005
Comprehensive Orthodontia (Coverage for Adults and Children; includes 24 months of usual and customary Orthodontic treatment and an additional 24 months of retention)	D8070	\$1,695
<b>MetLife Dental HMO Member Monthly Costs</b>		
Member Only		\$19.54
Member plus 1 dependent		\$37.12
Member plus 2 or more dependents		\$51.79

*Please note, this is a summary only. Please refer to the actual policies and certificates for complete details. All plan information is available at [www.seiu2015benefits.org](http://www.seiu2015benefits.org).*



## DENTAL PPO SCHEDULED REIMBURSEMENT BENEFITS AND MONTHLY COSTS

Highlights of the SEIU Local 2015 Dental PPO Scheduled Reimbursement plan include, but are not limited to:

- Freedom to obtain care in-and-out-of-network
- \$1,500 Calendar Year Maximum
- \$25 per individual/\$75 per Family Calendar Year Deductible
- Coverage based on a Fee Schedule
  - The Fee Schedule includes a set maximum that MetLife will pay for each covered service
  - Member will be responsible for the remaining balance after the MetLife coverage amount has been applied
- No orthodontia coverage

### SEIU Local 2015 MetLife Dental PPO Schedule Reimbursement (PDP Network) Example of In-Network MetLife Coverage Amounts

In-Network Benefits Summary		
Calendar Year Deductible	<b>\$25 Individual</b>	
	<b>\$75 Family</b>	
Calendar Year Maximum	<b>\$1,500</b>	
Benefit	Service Code	MetLife Pays (After Deductible)
Periodic Evaluation	D0120	\$25
Cleaning (2 available per year)	D1110	\$52
Extraction	D7140	\$29
Porcelain Crown	D2740	\$269
Surgical Implant	D6010	\$512
Comprehensive Orthodontia	D8070	Not Covered
MetLife Dental PPO Scheduled Reimbursement Member Monthly Costs		
Member Only	\$35.86	
Member plus 1 dependent	\$68.12	
Member plus 2 or more dependents	\$95.02	

*Please note, this is a summary only. Please refer to the actual policies and certificates for complete details. All plan information is available at [www.seiu2015benefits.org](http://www.seiu2015benefits.org).*

## PPO COINSURANCE BENEFITS AND MONTHLY COSTS

Highlights of the SEIU Local 2015 Dental PPO Coinsurance plan include, but are not limited to:

- Freedom to obtain care in-and-out-of-network
- \$2,000 Calendar Year Maximum
- \$50 per Individual/\$150 per Family Calendar Year Deductible
- Costs based on the coinsurance categories per the schedule of benefits. Limitations and exclusions apply.
- Orthodontia coverage included
- Out-of-Network Reimbursement Schedule: Maximum Allowed Charge (MAC)

### SEIU Local 2015 MetLife Dental PPO Coinsurance (PDP Network)

#### In-Network/Out-of-Network Benefits Summary

Calendar Year Deductible	<b>\$50 Individual \$150 Family</b>	
Calendar Year Maximum	<b>\$2,000</b>	
Benefit	In-Network/ Out-of-Network Coverage	Member Coinsurance Out of Pocket %
Type A – Preventive	100%	0%
Type B – Basic	80%	20%
Type C – Major	50%	50%
Orthodontia (Adult & Child)	50%	50%
Orthodontia Lifetime Maximum	\$1,000	-

#### MetLife Dental PPO Coinsurance Member Monthly Costs

Member Only	\$53.28
Member plus 1 dependent	\$101.66
Member plus 2 or more dependents	\$142.00

*Please note, this is a summary only. Please refer to the actual policies and certificates for complete details. All plan information is available at [www.seiu2015benefits.org](http://www.seiu2015benefits.org).*

## DENTAL HMO AND PPO BENEFITS COMPARISON

	MetLife Dental HMO Plan	MetLife Dental PPO Scheduled Reimbursement Plan	MetLife Dental PPO Coinsurance Plan
Dentist Access:	Enrollees must designate a MetLife in-network DHMO dental provider	Enrollees can access both in and out-of-network dental providers. In-network Dental providers will offer greater discounts for services rendered.	
Dental Network & Plan Name:	Dental HMO/ Managed Care, MET185A	PDP	
Member Cost-Share:	Your costs are based on the set copays on the schedule of benefits for each ADA service code you receive. Dentists cannot charge more than the copays listed on the schedule of benefits for each specific ADA code. Limitations and exclusions apply.	Your costs are based on the scheduled reimbursements provided by MetLife per the schedule of benefits for each ADA service code you receive. You are responsible for the difference between what your dental provider bills and the scheduled reimbursement amount for each covered service. For example, if you receive a service and the scheduled reimbursement amount from MetLife is \$50 but your dental provider bills \$125, you are responsible for \$75. Limitations and exclusions apply.	Your costs are based on the coinsurance categories per the schedule of benefits. Limitations and exclusions apply. <ul style="list-style-type: none"> <li>• Type A Preventive: 100% (in and out-of-network)</li> <li>• Type B Basic: 80% (in and out-of-network)</li> <li>• Type C Major: 50% (in and out-of-network)</li> </ul>
Calendar Year Deductible:	Not applicable	\$25 per Individual \$75 per Family	\$50 per Individual \$150 per Family
Orthodontics:	Coverage based on schedule of benefits	Not Covered	Covered (Lifetime benefit of 50% up to \$1,000)
Out-of-Network Coverage:	Not covered	Yes	
Calendar Year Annual Maximum:	None	\$1,500 (The maximum amount MetLife will pay/reimburse on your behalf is \$1,500 per Calendar Year)	\$2,000 (The maximum amount MetLife will cover on your behalf is \$2,000 per Calendar Year)

**SEIU Local 2015 offers Regular Members the option to enroll in the MetLife PPO Vision plan. Highlights of benefits include, but are not limited to:**

- Freedom to see any vision provider you choose
- Coverage for eye exams, frames, lenses, and contact lenses
- LASIK discount
- Access to a large provider network

## SEIU Local 2015 MetLife PPO Vision

### In-Network Benefits Summary

Service	Frequency	Copayment
Eye Exam	Once every 12 months	\$15
Frame	Once every 24 months	\$25
\$160 Frame Allowance	Once every 24 months	-
Standard Corrective Lenses	Once every 12 months	\$25
Contact Lenses	Once every 12 months	\$25
\$160 Elective Contact Lenses Allowance	Once every 12 months (in lieu of Frames)	-
Diabetic EyeCare Plus Exam	Once every 12 months	\$0

### MetLife PPO Vision Member Monthly Costs

Member Only	\$6.13
Member plus 1 dependent	\$11.67
Member plus 2 or more dependents	\$18.42

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2015





# MetLife LEGAL PLAN

**SEIU Local 2015 offers Regular Members the MetLife Legal plan which offers access to a team of top attorneys ready to assist with personal legal matters.**

Highlights of the MetLife Legal plan include, but are not limited to:

- Unlimited consultations
- No deductibles or copays
- Access to attorneys for a variety of legal needs
- No waiting periods or claim forms

**For more information, call 800-421-6400 or visit [info.legalplans.com](http://info.legalplans.com)**

## SEIU Local 2015 MetLife Legal Plan

### Examples of Covered Legal Issues

Common Financial Legal Issues	Common Personal Legal Issues	Additional Services
<ul style="list-style-type: none"> <li>• Credit card debt</li> <li>• Debt collection defense</li> <li>• Foreclosure</li> <li>• Estate planning</li> <li>• Tax audits</li> <li>• Identity theft</li> <li>• Leases</li> </ul>	<ul style="list-style-type: none"> <li>• Traffic tickets</li> <li>• Landlord negotiations</li> <li>• Adoption</li> <li>• School hearing</li> <li>• Will preparation</li> <li>• Trusts</li> <li>• Living Wills</li> <li>• Medicare/Medi-Cal questions</li> <li>• Powers of attorney</li> </ul>	<ul style="list-style-type: none"> <li>• Immigration assistance</li> <li>• Real estate matters</li> <li>• Elder law matters</li> <li>• Estate planning documents</li> <li>• Document review</li> </ul>
MetLife Legal Plan Member Monthly Cost		
Member (Includes eligible dependents)		\$17.75

*Please note, this is a summary only. Please refer to the actual policies and certificates for complete details. All plan information is available at [www.seiu2015benefits.org](http://www.seiu2015benefits.org).*

*Once enrolled you must stay enrolled for a minimum of 12 months before cancellation.*



# MetLife ACCIDENT PLAN

**SEIU Local 2015 offers members the MetLife Accident plan which offers benefits for covered services due to an accident.**

Highlights of the MetLife Accident plan include, but are not limited to:

- Lump-sum benefit for injuries resulting from a covered accident
- Coverage includes an AD&D benefit (Please be sure to update your beneficiary designation)
- Unlimited benefits for covered accidents which include, but are not limited to, fractures, hospital admissions, ER visits, and more!

## SEIU Local 2015 MetLife Accident Plan

### Examples of Covered Injuries/Services

Injury/Service	Benefit Payable to YOU
Fracture	\$100 - \$6,000
Dislocation	\$200 - \$8,000
Concussions	\$400
Ambulance	\$300 or \$1,000
Emergency Care	\$50 - \$200
Inpatient Surgery	\$200 - \$2,000
Hospital Admission	\$1,000 (non-ICU) - \$2,000 (ICU) per accident
Member Accidental Death	\$50,000

### MetLife Accident Plan Monthly Member Costs

Member	\$9.47
Member plus Spouse	\$17.22
Member plus Child(ren)	\$20.18
Family	\$23.45

*Please note, this is a summary only. Please refer to the actual policies and certificates for complete details. All plan information is available at [www.seiu2015benefits.org](http://www.seiu2015benefits.org).*



# MetLife ACCIDENT PLAN

## ACCIDENT PLAN: BENEFIT PAYMENT EXAMPLE

Kathy's daughter, Molly, plays soccer on the varsity high school team. During a recent game, she collided with an opposing player, was knocked unconscious and taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for two follow-up treatments, and her dentist repaired her broken tooth with a crown.

Covered Event	Benefit Amount
Ambulance (ground)	\$300
Emergency Care	\$200
Physician Follow-Up (\$100 x 2)	\$200
Medical Testing	\$200
Concussion	\$400
Broken Tooth (repaired by crown)	\$300
<b>Lump Sum Benefit paid by MetLife Accident Plan</b>	<b>\$1,600</b>



# Anthem LIFE AND AD&D PLAN

All SEIU Local 2015 Regular Members are auto-enrolled in \$500 of Basic Life at no cost to you!

- For an additional monthly cost, all Regular Members can enroll in additional Life and AD&D coverage **WITHOUT** answering any medical questions.

Voluntary Member Life/AD&D	
Coverage Option	Monthly Member Cost
\$5,000	\$3.80
\$10,000	\$5.30
\$20,000	\$9.00
\$25,000	\$10.90
\$30,000	\$11.75
\$40,000	\$15.40
Voluntary Spouse Life/AD&D	
\$5,000	\$3.75
\$10,000	\$6.75
Voluntary Child Life/AD&D	
\$1,000	\$1.25
\$2,000	\$2.25

Highlights of the Voluntary Life/AD&D plan include, but are not limited to:

- Multiple coverage options with **NO** medical questions or exam required
- Regular Members can elect up to \$40,000 of Life/AD&D coverage
- Regular Members can elect up to \$10,000 of Spouse Life/AD&D and \$2,000 of Child Life/AD&D
- Double payout if death is caused by an accident

**IMPORTANT INFORMATION:** Please be sure to update your beneficiary designation. In the event of your death, if there is no beneficiary on record, Anthem will pay out your death benefit in accordance with the plan contract.

*Please note, this is a summary only. Please refer to the actual policies and certificates for complete details. All plan information is available at [www.seiu2015benefits.org](http://www.seiu2015benefits.org).*

# BENEFIT ENROLLMENT

SEIU Local 2015's online enrollment platform provides our members with the power to access their benefits when and where they need them.

[WWW.SEIU2015BENEFITS.ORG](http://www.seiu2015benefits.org)

- Review and update your personal information
- Review your current benefit elections
- Make benefit changes all year-round
- Add/Remove your dependents
- Update your beneficiary information
- Access benefit summaries and claim forms

Welcome

User Name \*

case sensitive

Password \*

case sensitive

Login >

Not a SEIU Local 2015 Member?

Call the Member Action Center at (855) 810-2015 or click here.

For SEIU Local 2015 existing members please register below or call the SEIU Local 2015 Benefit Center at (877) 421-0177.

Register to create your user name and password.

Register

Benefits Information and Forms

SEIU Benefits Enrollment Form  
SEIU Exclusive Member Benefits  
SEIU MetLife Dental HMO Benefit Summary  
SEIU MetLife Dental PPO Benefit Summary  
SEIU MetLife Vision Plan Benefit Summary  
SEIU Change Form  
SEIU MetLife Legal Benefit Definitions & Reimbursements  
SEIU MetLife Legal Enrollment Form  
SEIU MetLife Accident Benefit Summary  
SEIU WellCard  
SEIU Anthem Voluntary Life\_ADD Certificate of Coverage

## Get started

Visit [www.seiu2015benefits.org](http://www.seiu2015benefits.org) and login by entering your username and password. If you are a first time user, click on 'Register' to set up your username and password. If you experience any issues with set up, please contact the SEIU Local 2015 Benefits Center for assistance at 877.421.0177.

# BENEFIT ENROLLMENT

## Begin Enrollment

Click “Start Here” or “Enroll or Change My Benefits” to begin your enrollment.

**Benefit Solver**

Profile | Benefit Summary | Enroll or Change My Benefits

**UPDATE:**

As of September 1, 2024, **Associate Members** are no longer eligible for any benefits from the SEIU Local 2015 Long-Term Care Workers Health Fund (the “Plan”). As described in more detail in the Summary of Material Modifications (SMM), this change is occurring because you are an **Associate Member** of SEIU Local 2015. Any Plan benefits in which you are currently enrolled are terminated with respect to you and any beneficiaries as of September 1, 2024. The terminated benefits include any of the following:

- Anthem Life \$500 Trust-Funded Life Insurance
- Anthem Life Optional Life and Accidental Death and Dismemberment (AD&D) Insurance
- MetLife Dental HMO
- MetLife Dental Scheduled Reimbursement PPO
- MetLife Dental Coinsurance PPO
- MetLife Vision PPO
- MetLife Legal Plans
- MetLife Optional Accident Insurance

If you elect to pay premiums and your **Associate Member** status was in effect through August 31, 2024, you may be eligible for portability and conversion privileges if you meet the insurance contract terms.

**If you are a Regular or Displaced member, the above changes do not apply to you.**

*If you have any questions, please contact the SEIU Local 2015 Benefits Center at (877) 421-0177, Monday through Friday, 8:30 am to 5:30 pm PST.*

**Enroll as Easy as 1-2-3**

**Benefit** Welcome to your one-stop for all your benefits-related needs!

Enrolling in your benefits is simple and valuable time spent.

1. **Explore** your options.
2. **Select** the benefits that fit your needs.
3. **Confirm** your choices.

**Start Here**  
Enroll or Change My Benefits

**As of September 1, 2024, Associate Members will no longer be able to enroll or make changes.**

**Reference Center**

- [SEIU Local 2015 LTCWHF Summary of Material Modifications \(SMM\)](#)
- [SEIU MetLife Vision Plan Benefit Summary](#)
- [SEIU Life and AD&D Certificate](#)
- [SEIU MetLife Legal Benefit Definitions & Reimbursements](#)
- [SEIU MetLife HMO Dental Plan Benefit Summary](#)

## Want to review your current enrollment?

You have year-round access to your benefit summary and specific benefit elections. From your homepage, simply click “Benefit Summary” to view your current elections and monthly costs.

## Want more information on SEIU Local 2015 benefit plans?

View the plan benefit summaries and other important documents in the Reference Center

## Personal Information and Beneficiary Updates:

Want to make changes to your Personal Information or Beneficiaries?

At anytime, you can log into your benefits account and make changes to your personal and beneficiary information.

The screenshot shows the 'Reason for Change' page on the seiu 2015 website. At the top, there is a search bar for 'Search Reasons for Change'. Below it, a prompt asks to 'Select the reason for change that applies and enter the date of the event.' There are two main sections: 'BASIC INFO' and 'BENEFIT CHANGES'. The 'BASIC INFO' section lists examples like 'Change of Address' and 'Change of Beneficiary', and includes options for 'Benefit Summary', 'Change of Beneficiary', 'Update or Add Dependent', and 'Update Personal Information'. The 'BENEFIT CHANGES' section has a single option: 'Enroll or Cancel Coverage'. A green arrow points from the top left towards the 'BASIC INFO' section, and another green arrow points from the bottom center towards the 'Enroll or Cancel Coverage' option.

## Benefits Changes:

Continue Enrollment Process by selecting Enroll or Cancel Coverage.

The screenshot shows the 'Enroll or Cancel Coverage' dialog box overlaid on the 'Reason for Change' page. The dialog box has a title bar with 'Enroll or Cancel Coverage' and a close button (X). It contains the instruction: 'Please use "Today's Date" as your effective date below.\*'. Below this is a date input field with '01/02/2025' entered and a calendar icon. Underneath the date field, it says '(MM/DD/YYYY)'. There is a section titled 'Based on the date entered' with two bullet points: 'Any add or change in coverage will be effective on: 02/01/2025' and 'Any coverage dropped or no longer continued will be terminated on: 01/31/2025'. There is also a link for 'Show Plan Exceptions'. At the bottom of the dialog box are 'Cancel' and 'Continue' buttons.

Be sure to enter the date you are processing your request. Example if today is 1/2/2025, you will input 1/2/2025 and click on continue.

**\*Please note, inputting the incorrect date will delay the processing of your online request.**

# BENEFIT ENROLLMENT

Fields marked with an asterisk (\*) are required

Email Address  
user@mydomain.com

Confirm Email Address

Home Phone: \* 123-456-7891  
555-555-1234

Work Phone: 555-555-1234

Ethnic Identification  
Please Select One

Back Next

**Review and update your personal information**  
Be sure to review and update your personal information

**Make Your Elections**  
Review your options as you walk through the enrollment process. Select the plan(s) you'd like to enroll in. Track your choices along the enrollment bar and view your updated monthly cost.

Dental

Who would you like to cover with Dental coverage?

Monica zzTest (Required)

Lennox Test

Select All

+ Add a New Dependent

Back Next

Dental

Covered Members  
Monica Edit

MetLife DHMO  
Monthly Premium  
\$19.54  
Member Only  
Plan Details Selected

MetLife DPPO  
Monthly Premium  
\$35.86  
Member Only  
Plan Details Select

Waive Dental Coverage

If you have any questions while you go through online enrollment, please call the SEIU Local 2015 Benefits Center at 877.421.0177.



### Please review your enrollment information.

After you have verified that all your information is correct, click the "Approve" button. By clicking the "Approve" button, you are authorizing SEIU Local 2015 to deduct from your pay the amounts for the coverage requested in this enrollment.

You are also authorizing SEIU Local 2015 to deduct increases, if any, in the cost in future years. If you do not have a payroll deduction or enough payroll to cover the premium amount, you will be sent a direct bill for your premium payment.

Reminder: Once enrolled in Dental, Vision, Life, and Accident plans, you must stay on the plan for a minimum of six months. If you enroll in the MetLife Legal plan, you must stay enrolled for a minimum of twelve months.

#### UPDATE:

As of September 1, 2024, **Associate Members** are no longer eligible for any benefits from the SEIU Local 2015 Long-Term Care Workers Health Fund (the "Plan"). As described in more detail in the Summary of Material Modifications (**SMM**), this change is occurring because you are an **Associate Member** of SEIU Local 2015. Any Plan benefits in which you are currently enrolled are terminated with respect to you and any

## Review Enrollment



You're almost done! Please review your enrollment below.

You must click the **Approve** button before you will be enrolled in any plans.

▸ About You

▸ Dependents - 1

▸ Beneficiary Information

### Your Elections

#### My Health

Plan	Coverage	Member Cost Monthly	
Dental MetLife DHMO <a href="#">View Details</a>	Monica	\$19.54	Ed

## Review your elections

Review, edit, and approve your personal information, elections, dependents, and monthly total cost.

## Confirmation

### SEIU Local 2015 Union Benefits Website

By clicking the "I Agree" button, you are authorizing SEIU Local 2015 to deduct from your pay the amounts for the coverage requested in this enrollment. You are also authorizing SEIU Local 2015 to deduct increases, if any, in the cost in future years.

If you do not have a payroll deduction for any reason, you will be sent a direct bill for your premium payment.

**ONCE ENROLLED, YOU MUST STAY ENROLLED FOR A MINIMUM OF SIX MONTHS FOR THE DENTAL, VISION, ACCIDENT, AND LIFE PLANS BEFORE CANCELING.**

**YOU MUST STAY ENROLLED IN THE LEGAL PLAN FOR A MINIMUM OF TWELVE MONTHS BEFORE CANCELING.**

#### UPDATE:

As of September 1, 2024, **Associate Members** are no longer eligible for any benefits from the SEIU Local 2015 Long-Term Care Workers Health Fund (the "Plan"). As described in more detail in the Summary of

\*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

I Disagree

Total Member Cost: \$42.59  
Monthly

I Agree

Download  
the MyChoice  
mobile app for  
easier access  
to your benefits  
information!

Confirm your choices  
Your enrollment isn't  
complete until you confirm  
your benefit elections by  
clicking on 'I Agree'

## Thank You!

### Transaction Complete

Benefit Summary PDF

#### SEIU Local 2015 Union Website:

Your information has been submitted. All enrollments and changes made by the 15<sup>th</sup> of the month will be effective the next month. All enrollments and changes made after the 15<sup>th</sup> of the month will be delayed one month.

If you have enrolled in the Dental HMO you will receive a Welcome Letter and dental ID card before your coverage effective date from MetLife.

**You will not receive an ID card if you enroll in the Dental PPO or Vision plan. To access your dental or vision benefits, please provide your SSN and Date of Birth to your dental or vision provider to confirm coverage.**

For any questions about your benefits please call the SEIU Local 2015 Benefit Center at (877) 421-0177.

Confirmation Number

0...



### MyChoice Mobile App

- Quick access to benefit details
- Store your ID Cards

Get Access Code

## Print

Be sure to print your election information and confirmation number for future reference

# ENROLLMENT MOBILE APP

SEIU Local 2015's online enrollment platform also includes the MyChoice mobile app which allows Regular Members easy access to view benefit elections, beneficiary designations, benefit summaries, and much more!

Get the MyChoice Mobile App

**Step 1. Install The App**

Phone Operating System \*

iOS  Android

Mobile Number \*

**Step 2. Enter Access Code**

Access Code

Expires in 19:59

**Step 1:** Log into your benefits portal account at [www.seiu2015benefits.org](http://www.seiu2015benefits.org) and click on the MyChoice Mobile App icon from your member homepage. You will enter your cell phone number and the link for the app will be sent to you via text. Enter your unique access code when prompted.

**MyChoice Mobile App**

- Quick access to benefit details
- Store your ID Cards

**Step 2:** Download the MyChoice mobile app to your Apple or Android mobile device which can also be found in the App store or Google Play.

**Step 3:** Launch the app on your device and input your Access Code from Step 1. When you initially enter the app, you will be prompted to create a 4-digit PIN number for your security. If you ever forget your PIN, you can simply request a new access code as in Step 1.

# CONTACT US

If you have any questions regarding benefits or enrollment, please contact the SEIU Local 2015 Benefits Center.

**HOURS:** Monday – Thursday: 8:30am – 5:30pm  
Friday: 8:30am – 5:30pm (Closed 12:00pm – 1:00pm)

**PHONE:** 877.421.0177

**EMAIL:** [help@seiu2015benefits.org](mailto:help@seiu2015benefits.org)

**WEB:** [www.seiu2015benefits.org](http://www.seiu2015benefits.org)

Para solicitar esta información en español, por favor llame al (877) 421-0177

要以中文索取此資訊，請致電 (877) 421-0177

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