



# UNIVERSITY OF CALIFORNIA


2024 Plan Year  
Benefit Guide

Postdoctoral Scholar Benefit Plan

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Gallagher Benefit Services (GBS) is pleased to administer the University of California Postdoctoral Scholar Benefit Plan. The program is designed to provide a competitive, affordable, and comprehensive benefits package for University of California postdoctoral scholars and their eligible family members.

# BENEFITS & ELIGIBILITY



**Medical Insurance:**  
Health Net HMO & PPO



**Dental Insurance:**  
Health Net HMO  
Principal POS



**Vision Insurance:**  
Health Net PPO (EyeMed Network)



**Life | AD&D Insurance:**  
The Standard



**Short-Term | Voluntary Long-Term Disability:**  
The Standard



**Caregiver Locating Service:**  
Bright Horizons



**Flexible Spending Account**  
WEX Health

## Medical Evacuation & Repatriation of Mortal Remains Coverage

International Postdocs holding a J-1 Visa (**and their dependents**) are not required to purchase supplemental coverage for their J1 and J2 Visa requirements. The Postdoctoral Scholar Benefit Plan (PSBP) Short-Term Disability plan satisfies these requirements, even if the postdoc waives the medical, dental and/or vision coverage.

## Benefit Program Eligibility

### **Eligible Postdoc Title Codes (Note: title code is determined by the requirements of the funding agencies.)**

- Title Code 3252 (Postdoctoral Scholar-Employee) – Paid through the UC payroll system.
- Title Code 3253 (Postdoctoral Scholar-Fellow) – Paid a stipend.
- Title Code 3254 (Postdoctoral Scholar-Paid Direct) – Paid directly from an extramural agency.
- Title Code 3255 (Postdoctoral Scholar-Employee NEX) – Part-time, non-Exempt Postdocs.
- Title Code 3256 (Interim Postdoctoral Scholar-Employee) – UC graduate students who recently obtained their PhD degree, or equivalent, and need a short-term appointment to complete an existing project.

### **Family Member Eligibility**

Family member eligibility requirements for the postdoctoral scholar benefit plans are the same as those for the UC faculty and staff plans. The major family member categories are the following:

- Spouse
- Biological or adopted child, step-child, grandchild, step-grandchild up to age 26 (unless eligible to continue coverage due to disability status), or legal ward up to age 18.
- Domestic partner, as long as the domestic partnership is registered with a governmental agency—OR—If the domestic partnership is unregistered, it meets the University of California’s definition of a domestic partnership. Visit <https://c2mb.ajg.com/uc/home/> for more information on these criteria.

# WHAT'S NEW FOR 2024—BENEFIT CHANGES

UC is adding new benefits to the portfolio this year, including enhanced infertility coverage, acupuncture, and a higher allowance for vision materials.

The Contraceptive Equity Act of 2022 (SB 523) requires all FDA-approved over-the-counter (OTC) contraception and sterilization to be covered at \$0 copay in-network in both medical plans.

Behavioral Health services through MHN will transition to Health Net Behavioral Health. There will be no change to the current providers, the provider network, or the coverage and services available. The system migration will continue into Q2 2024 and will provide enhancements to the member experience.

LeapFrog, Cal Hospital Compare, and Sapphire will replace the WebMD Hospital Advisor Tool.

## Medical HMO

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### Infertility Coverage

- IVF/GIFT/ZIFT covered at a 50% coinsurance (2 cycles per lifetime)
- Infertility drugs are covered at a 50% coinsurance with no dollar maximum
- All infertility benefits are excluded from the out-of-pocket maximum

### Acupuncture Coverage

- Up to 20 medically necessary visits per year at \$5 copay for office visits and exams per calendar year

### Emergency Room

- ER Copay increased to \$75

### Male Condoms and Sterilization

- Prescription no longer required to obtain OTC male condoms at \$0 copay
- Male sterilization in an in-network provider's office or outpatient hospital setting covered at \$0 copay

## Medical PPO

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### Behavioral Health

- Out-of-network mental health benefits will reflect 2022 plan levels

### Infertility Coverage

- Covers services that diagnose, evaluate, or treat infertility. Services include orally administered infertility drugs, artificial insemination, IUI, and GIFT covered at a 50% coinsurance.
- IVF/GIFT/ZIFT covered at a 50% coinsurance (2 cycles per lifetime).
- Infertility drugs are covered at a 50% coinsurance with no dollar maximum.
- All infertility benefits are excluded from the out-of-pocket maximum.

### Acupuncture Coverage

- Up to 15 medically necessary visits per year at 20% coinsurance in-network, 40% coinsurance out-of-network (\$200 combined chiro/acupuncture deductible)


### Male Condoms and Sterilization

- Prescription no longer required to obtain OTC male condoms at \$0 copay

## Vision

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- Contact lens allowance increased to \$160
- Frames allowance increased to \$160

 These benefit changes will take effect on 1/1/2024.

# MEDICAL PLAN INFORMATION

## Summary of Benefits and Coverage (SBC)

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Understanding your health plan is important. The Summary of Benefits and Coverage (SBC) summarizes important information about your medical insurance plan in a straight-forward format to help familiarize you with your benefits. This document is accessible through the **Plan Documents Library** on the website.

## Medical Plan Options Overview

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### Health Net HMO

- Under the Health Maintenance Organization (HMO) model, you must choose a Primary Care Physician (PCP) within the network. You can change your PCP up to once a month.
- The Primary Care Physician (PCP) will be your first point of contact when accessing care, acting as your “healthcare gatekeeper.”
- If you need to see a specialist, a referral from your PCP is required.
- The network is smaller than that of the PPO plan and there is no Out-of-Network benefit, except in the case of an emergency.
- HMO premiums, as well as the out of pocket expenses (i.e. deductible, co-payments, etc.) tend to be lower than the PPO plan option.

### Health Net PPO

- The PPO plan offers much more flexibility and choice than the HMO plan because there is an ‘In-Network’ and ‘Out-of-Network’ choice at the time you seek service from a provider.
- The In-Network benefits (coinsurance, copayments, etc.) will be richer than the Out-of-Network benefits.
- At the time of service, the member has the ability to seek care from a specialist, without having to obtain a referral from a PCP.

## HMO Primary Care Physician (PCP) Information

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If you choose the Health Net Medical HMO plan through the UCPATH web site, you have the option to choose a PCP through the [Find a Provider](#) link on the GBS website. Otherwise, Health Net automatically assigns you and your enrolling dependent (s) to a primary care physician (PCP). If you wish to change this selection for yourself or a family member, you may do so simply by calling Health Net at 888-893-1572. Be sure to make note of the effective date of your PCP change. If you access care through the new PCP before the effective date, those services will not be covered.





## WEBSITE RESOURCES

### Provider Directories

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For your convenience, you may begin accessing a list of providers directly from the GBS website via the [Find a Provider](#) link found within either the medical, dental or vision sections. While you are automatically assigned a PCP under the Health Net HMO plan, you can use the directory to locate a new PCP if you wish to change. You do not need to choose a PCP for the Health Net PPO plan. To find a new HMO PCP, or a PPO provider when you wish to access service, simply follow the applicable instructions via the [Find a Provider](#) link. Instructions for locating in-network dental and vision providers are also located within this link.

### Benefit Summaries

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This booklet contains benefit “snapshots” of the plans offered through the program, listing the core benefits that are most commonly utilized. There are however more comprehensive plan documents, including full benefit summaries, available on the website. Visit any of the plan-specific tiles on the homepage of the website to access these documents and view detailed plan information.

### 2024 Monthly Rates & Contributions

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This information can be found by clicking [Plan Rates](#) within any of the plan-specific tiles on the homepage of the website.

# RATES & CONTRIBUTIONS

	Total Monthly Premium	UC Contribution for Postdoc	Postdoc Contribution
<b>Medical HMO - Health Net, Group Number 66700A</b>			
Postdoc only	\$664.87	\$651.57	<b>\$13.30</b>
Postdoc + child(ren)	\$1,163.63	\$1,140.36	<b>\$23.27</b>
Postdoc + partner	\$1,595.82	\$1,563.90	<b>\$31.92</b>
Postdoc + partner + child(ren)	\$2,027.99	\$1,987.43	<b>\$40.56</b>
<b>Medical PPO - Health Net, Group Number N2982A</b>			
Postdoc only	\$709.44	\$681.06	<b>\$28.38</b>
Postdoc + child(ren)	\$1,241.55	\$1,191.89	<b>\$49.66</b>
Postdoc + partner	\$1,702.64	\$1,634.53	<b>\$68.11</b>
Postdoc + partner + child(ren)	\$2,163.81	\$2,077.26	<b>\$86.55</b>
<b>Dental POS - Principal, Group Number H12843</b>			
Postdoc only	\$24.58	\$24.58	<b>\$0</b>
Postdoc + child(ren)	\$57.20	\$57.20	<b>\$0</b>
Postdoc + partner	\$51.26	\$51.26	<b>\$0</b>
Postdoc + partner + child(ren)	\$92.05	\$92.05	<b>\$0</b>
<b>Dental DHMO - Health Net, Group Number Z0059A</b>			
Postdoc only	\$7.00	\$7.00	<b>\$0</b>
Postdoc + child(ren)	\$13.29	\$13.29	<b>\$0</b>
Postdoc + partner	\$12.58	\$12.58	<b>\$0</b>
Postdoc + partner + child(ren)	\$19.58	\$19.58	<b>\$0</b>
<b>Vision PPO - Health Net, Group Number Z0074A</b>			
Postdoc only	\$4.04	\$4.04	<b>\$0</b>
Postdoc + child(ren)	\$7.53	\$7.53	<b>\$0</b>
Postdoc + partner	\$6.74	\$6.74	<b>\$0</b>
Postdoc + partner + child(ren)	\$11.51	\$11.51	<b>\$0</b>
<b>Life Insurance and AD&amp;D \$50,000—Standard Insurance, Group Number 643383</b>			
All Participants	\$2.55	\$2.55	<b>\$0</b>
<b>Short-Term Disability—Standard Insurance, Group Number 643383</b>			
All Participants	\$9.20	\$9.20	<b>\$0</b>
<b>Long-Term Disability—Standard Insurance, Group Number 643383</b>			
All Participants	\$10.93	\$0.00	<b>\$10.93</b>
<b>Workers Compensation Assessment</b>			
Employees	% of salary depending on campus & fund source		<b>\$0</b>
Fellows and Paid Directs	\$50.65	\$50.65	<b>\$0</b>

# MEDICAL PLAN OPTIONS



	HMO	PPO	
	In - Network	In - Network	Out - of - Network
Core Benefits	Postdoc Pays	Postdoc Pays	Postdoc Pays
Deductible Single/Family	None	None	\$200 / \$600
Out of Pocket Max Single/Family	\$1,500 / \$4,500	\$1,500 / \$4,500	
Office Visit	\$10 Copay	\$20 Copay	40%*
Wellness Visit	No Charge	No Charge	40%*
Inpatient Hospital	No Charge	\$250 Copay + 20%*	\$250 Copay + 40%*
Outpatient Surgery	No Charge	No Charge	40%*
Emergency Room	\$75 Copay (waived if admitted)	20%	
Rx	\$10 Tier 1 \$20 Tier 2 \$35 Tier 3	\$10 Tier 1 \$25 Tier 2 \$35 Tier 3	50% + \$10 Tier 1 50% + \$25 Tier 2 50% + \$35 Tier 3

\*After deductible

## Health Net Online Member Portal

Using Health Net's online member portal, you may perform a variety of functions such as changing your PCP, printing ID cards, or checking the status of a claim.

1. Visit [www.healthnet.com](http://www.healthnet.com) and click on **Members > Log In**.
2. Select the plan you have by clicking on the Member Registration.
3. Follow the easy steps to complete your registration.
4. You can download the Health Net Registration Flyer [here](#) or for further assistance 888 893 1572.



# DENTAL PLAN OPTIONS



	HMO	POS		
	In-Network	EPO Network	PPO Network	Out-of-Network
Core Benefits	Postdoc Pays	Postdoc Pays		
Annual Deductible	None	None		\$50 / \$150*
Annual Benefit Maximums (Per Person)	Unlimited	\$1,700	\$1,700	\$1,500
<u>PREVENTIVE/DIAGNOSTIC</u>				
Routine Exam	\$0	0%	0%	0% of UCR
Teeth Cleanings (Prophylaxis)	\$0	0%	0%	0% of UCR
X-rays	\$0	0%	0%	0% of UCR
<u>BASIC PROCEDURES</u>				
Fillings	Varies up to \$80 Copay	10%	10%	20% of UCR
Endodontics	Varies up to \$200 Copay	10%	10%	20% of UCR
Periodontics	Varies up to \$300 Copay	10%	10%	20% of UCR
Oral Surgery	Varies up to \$175 Copay	10%	10%	20% of UCR
<u>MAJOR PROCEDURES</u>				
Crowns	Varies up to \$200 Copay	40%	50%	50% of UCR
Dentures	Varies up to \$425 Copay	40%	50%	50% of UCR
<u>ORTHODONTIA</u>				
Child	\$1,950 Copay*	50% (\$1,000 Lifetime Maximum)		
Adult	\$2,250 Copay*	50% (\$1,000 Lifetime Maximum)		

\*Does not include start-up and retention fees

\*Deductible waived for Preventive care

## Accessing Care Out-of-Network Under a PPO Plan

When you seek services *in-network*, meaning, from providers listed in the PPO network, you are paying less for services since these providers have agreed to provide services per the provider network discounts outlined in their contracts with the insurance carriers. When you pay 50% for major services in-network when seeking services from a PPO dentist, you are paying 50% of a contracted, discounted rate. This is not the case with out-of-network providers.

**Out-of-Network Example:** The out-of-network dentist decides to charge \$1,000 for a porcelain crown on a molar. This dentist is not prohibited from charging what he/she feels can be charged for this service. Your percentage of cost out-of-network is 50% after the \$50 deductible, and Usual, Customary and Reasonable (UCR) is considered \$800 for this service: You pay \$425. **IN ADDITION**, you owe the difference between the UCR amount and what the out-of-network dentist decided to charge you (\$1,000 - \$800), which is an additional \$200.

**Total estimated cost out-of-network for the porcelain crown on a molar: \$625**

# VISION PLAN



	In-Network	Out-of-Network
Core Benefits	Postdoc Pays	
Vision Examinations	\$0 Copay	\$40 Allowance
	Every 12 Months	
Corrective Lenses	\$10 Copay	\$40—\$80 Allowance
Conventional Contact Lenses*	\$160 Allowance + 15% off remaining balance	Up to \$105 Allowance
	Every 12 Months	
Frames	\$160 Allowance + 20% off remaining balance	\$45 Allowance
	Every 24 Months	

\*In lieu of corrective glasses (lenses & frames)

Lens Upgrade Option	Postdoc Pays
UV Coating	\$15
Tint (Solid & Gradient)	\$15
Standard Scratch Resistance	\$15
Standard Polycarbonate	\$40
Standard Anti-Reflective	\$45
Other Add-Ons & Services	20% Discount

## Laser Vision Correction

Save 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures. Offer valid through U.S. Laser Network only, call 877-5LASER6 to use the benefit.



Core Benefits	Life and AD&D
Basic Life	\$50,000*
Accidental Death & Dismemberment	\$50,000*

\*All eligible 3252, 3253, 3254, 3255 and 3256 postdocs are automatically enrolled

## What is Life and AD&D Insurance?

Basic Life insurance helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

## Additional Features

**AD&D Seat Belt Benefit:** Up to \$10,000 is payable for death as a result of a car accident while wearing a seat belt.

**AD&D Airbag Benefit:** Provides further protection in the event of a covered automobile accident for which an AD&D Seat Belt Benefit is Payable.

**AD&D Family Benefits:** Includes benefits for career adjustment, childcare, and higher education for eligible surviving family members.

## Designating Your Beneficiary(ies)

A beneficiary is the person or people you would like your life insurance benefit to be paid to in the event of your passing. A contingent beneficiary is the person or people who you would like the benefit to be paid to in the event that all of your primary beneficiaries have predeceased the insured. The Beneficiary form can be found on the GBS website [here](#).



# DISABILITY PLANS

## What are Short and Long-Term Disability Insurance?

These plans, offered to you through The Standard, provide you a way of protecting your income should you become disabled. Though many of us feel that we will never be disabled, studies show that a 20-year-old worker has a one-in-four chance of developing a disability before reaching full retirement age (Social Security Administration Fact Sheet, August 2022). It is important to have a vehicle to offer protection to your income, to allow you to meet your financial obligations when you are unable to work; Disability insurance does just that.



Core Benefits	Short-Term Disability (STD)
Benefit Amount	70% of your <i>pre-disability</i> earnings (\$1,000 per week maximum)
Benefit Waiting Period	0 days for an accidental injury   7 days for sickness or pregnancy
Maximum Benefit Period	180 days

**! Please Note:** Eligible international postdocs (title codes 3252, 3253, 3254, 3255, 3256) holding a J -1 Visa (and their J2 dependents) DO NOT need to purchase supplemental medical evacuation and repatriation coverage to meet J1 and J2 Visa requirements. The STD plan satisfies these requirements, even if the participant waives the medical, dental and vision coverage.



Core Benefits	Voluntary Long-Term Disability (LTD)*
Benefit Amount	60% of your <i>pre-disability</i> earnings (\$4,500 per month maximum)
Benefit Waiting Period	Payable after 180 days of continued disability
Maximum Benefit Period	Age 65
Pre-existing Conditions	Ailments diagnosed/treated during the 90 days prior to enrollment will not be covered until the plan has been active for 12 months.

\*Plan is 100% paid by postdoc (\$10.93 per month), must enroll during your period of initial eligibility.

## Your Benefits Make Your Full Plate **More Manageable**



Your Bright Horizons® benefits can help with all your family needs.

- Find full-time child care that fits the way you work — plus, get waitlist priority
- Make your sitter search easier with your free Sittercity membership
- Ensure your family's care needs are met with a personalized nanny placement service
- Stop the morning rush & afternoon scramble with before- and after-school programs
- Take academic support off your plate with professional tutors
- Make your child's spare time fun and educational with discounted enrichment programs
- Check 'walk the dog' and 'clean the kitchen' off your to-do list with pet care and housekeepers through your free Sittercity membership

**Start Making Your Life Easier**

Learn More at

<https://clients.brighthouse.com/universityofcalifornia>

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## Health FSA

### Why should I choose a medical flexible spending account?

A medical FSA is a benefit that allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for healthcare expenses. This saves you money by reducing your taxable income.



#### Funds on Day 1

Schedule that surgery, buy those eyeglasses or finally get those braces. All of your FSA funds are available to spend right away. Use your benefits debit card at the point of purchase.



#### Discount

Think of it like a discount on healthcare expenses at stores such as Amazon, Target, CVS, Walmart, Walgreens and more. Dollars you contribute are taken out of your paycheck before tax which means a \$100 purchase would actually cost you over \$130 without a medical FSA.\*



#### Plan ahead

Think about the money you spent on healthcare expenses last year. Plan ahead and set those funds aside in a medical FSA and save 30%.\*

\*Based on a 30% tax bracket.

## What does it cover?

There are thousands of eligible items, including:

- Copays and coinsurance
- Birthing and lamaze classes
- Doctor visits and surgeries
- Dental and orthodontia
- Over-the-counter medications (first aid, allergy, asthma, cold/flu, heartburn, etc.)
- Frames, contacts, prescription sunglasses, etc.
- Prescription drugs

View our interactive eligible expense list at [www.wexinc.com/insights/benefits-toolkit/eligible-expenses/](http://www.wexinc.com/insights/benefits-toolkit/eligible-expenses/)

## Can I enroll?

Yes, as long as you or your spouse aren't actively enrolled and contributing to a health savings account (HSA).



### Fast fact

Don't know how much to elect? Determine how much you spent on healthcare expenses last year and estimate the amount you'll spend this year using our eligible expense list. Any funds you contribute to the medical FSA must be spent by the end of the plan year.

## Dependent Care FSA

### Why should I choose a dependent care FSA?

A dependent care FSA allows you to put aside a portion of your paycheck before taxes for eligible dependent care expenses each year.



#### Save money

The dependent care FSA lets you pay for eligible dependent care expenses while you reap the benefits of additional tax savings. You're spending the money either way. This way, eligible childcare and other dependent care costs are a little less.



#### Save strategically

Submit all of your dependent care expenses at the end of the plan year for one lump sum reimbursement to give yourself a hard-earned "bonus".



#### Fast Fact

For recurring costs, submit our Recurring Dependent Care Form. It makes claim filing simple because you only need to submit one form once in order to get reimbursed each pay period. You can find the form on the back of this handout.

### What does it cover?

The list includes, but is not limited to, eligible:

- Childcare center, babysitter, nanny (birth through age 12)
- Before- or after-school care
- Summer day camp
- Disabled dependent and/or spouse care
- Elder care

View our interactive eligible expense list at [www.wexinc.com/insights/benefits-toolkit/eligible-expenses/](http://www.wexinc.com/insights/benefits-toolkit/eligible-expenses/)

### Can I enroll?

You are eligible if you and/or your spouse (if applicable) are gainfully employed, looking for work, or are attending school on a full-time basis.

# FLEXIBLE SPENDING ACCOUNTS (Dependent Care FSA)



[www.wexinc.com](http://www.wexinc.com)  
866-451-3399 • 866-451-3245  
PO Box 2926 • Fargo, ND 58108-2926

[forms@wexinc.com](mailto:forms@wexinc.com)

## Recurring Dependent Care Request Form

This form is to be completed each plan year and as changes occur when you want to receive recurring reimbursement of dependent care expenses. Documentation must be retained for your records and provided to WEX when requested to do so (if a receipt is unavailable, a signature from the provider is sufficient). If any information on this request form changes during the plan year, you must submit an updated Recurring Dependent Care Request Form.

\* = Required Fields

### Step 1: Participant Information

\*Participant Name (First, MI, Last)

\*Social Security Number

\*Employer Name (Do not abbreviate)

Employee ID

Updates or changes to your information can be made by logging into your account at [www.wexinc.com](http://www.wexinc.com).

### Step 2: Recurring Dependent Care FSA Information

\*Please select only one:

- Start Recurring Dependent Care FSA: Please start my recurring reimbursement with the information provided in Step 3.
- Change Recurring Dependent Care FSA Information: Please update my recurring reimbursement with the information provided in Step 3 as of the Effective Date listed on the right.
- Stop Recurring Dependent Care FSA: Please stop my recurring reimbursement for the information provided in Step 3 as of the Effective Date listed on the right.

Effective Date (mm/dd/yyyy)

### Step 3: Dependent Care Provider Information and Signature (to be completed by the provider)

I certify the information provided below is accurate. I understand the purpose of my signature on this form is to substantiate the name of the dependent care provider, the dates of service care is being provided and the dollar amount of the services. I agree to provide the necessary receipts for documenting the participant's incurred dependent care expenses.

*Dependent(s) Name	*Start Date of Service Must be within current plan year (mm/dd/yyyy)	*End Date of Service Must be within current plan year (mm/dd/yyyy)	*Provider's Signature	*Cost Per Week	*Total Cost

### Step 4: Participant Certification

To the best of my knowledge, the provided information is complete and accurate. By submitting this, I acknowledge my child is under the age of 13, the services are eligible dependent care expenses as defined by the IRS, that I have not been previously reimbursed for these expenses and that I will not seek reimbursement from any other source. I understand that WEX, including its agents and employees, will not be held liable if I submit ineligible expenses for reimbursement. I have obtained or made reasonable efforts to obtain the provider's Tax ID (TIN) and I will include the TIN on IRS Form 2441, which I must attach to my federal income tax return. If there are any changes in the provided information, I understand it is my responsibility to notify WEX. I understand that WEX may require me to submit any additional documentation, receipts and an updated request form at any time. I should retain a copy of all submitted documentation in the event of an IRS audit. I confirm my payroll deductions are less than my daycare costs per week so recurring reimbursements will occur when payroll deductions post to my Dependent Care FSA. By submitting this form I certify the above.



\* F O O 1 \*



\* K 1 0 1 \*



# INFORMATION SOURCES

## Insurance Carrier Member Services

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Health Net Medical.....	888-893-1572
Health Net Dental (DHMO).....	866-249-2382
Health Net Vision .....	866-392-6058
Principal (Dental POS).....	800-247-4695
The Standard.....	800-319-9557
WEX Health (FSA).....	844-561-1338

## Gallagher Benefits Services (GBS)

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Phone.....	800-254-1758
Email.....	<a href="mailto:UniversityServices.GBS.psbp@ajg.com">UniversityServices.GBS.psbp@ajg.com</a>
Dedicated PSBP Website.....	<a href="https://c2mb.ajg.com/uc/home/">https://c2mb.ajg.com/uc/home/</a>







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The benefits outlined on this guide are for comparative purposes only. In the event of a discrepancy between this guide and the actual plan documents, the provisions of the master policy will prevail.