



YOUR VCA BENEFITS

Effective January 1 – December 31, 2017



This guide provides an overview of your new VCA benefits and how to enroll, as well as helpful tips to support your decision making.

VCA's benefits program gives you the opportunity to choose a wide variety of plans that offer quality coverage at a range of different costs, including medical, dental, vision, life, disability, and more. We encourage you to take the time to understand all of your options and then make the best decisions for your needs.

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For information about the 401(k) go to www.prudential.com/online/retirement.

For information about other benefits, such as paid time off, please refer to the Employee Handbook available on the intranet.

At VCA, we recognize our ultimate success depends on our talented and dedicated workforce. Our accomplishments are made possible by the contribution of each and every employee — so our goal is to provide a comprehensive program of competitive benefits that meets your needs.

We know that each VCA client is an individual, with unique needs and priorities — and we take pride in offering an array of services to meet those diverse needs. Similarly, each VCA employee has benefit needs specific to his or her personal situation, so when it comes to electing coverage, one size doesn't fit all. With this in mind, we're proud of the VCA benefits program that's available in 2017.

This guide describes the variety of benefits we offer. Use it to help you choose the type of plan and coverage level that's right for you and your family.

OUR BENEFITS PARTNER: Mercer Marketplace

Mercer Marketplace is our partner to provide you with comprehensive benefits.

Through Mercer Marketplace — your online benefits store — you'll be able to shop for your benefits and choose the plans that make sense for you and your family. Go to www.mercermarketplace.com/VCAInc or call **844-801-WOOF (9663)** to enroll. You can combine traditional benefits, like medical, dental, vision, and life insurance, with additional benefits, like accident and critical illness coverage, to create a personalized benefits package.

Meet Your “Personal Shopper”

Just like at the department store, Mercer Marketplace offers helpful shopping assistance, with key information displayed for each plan, including coverage details and cost. You'll also find a variety of tools, educational videos, and reference documents to help you understand your benefit options even better.

There are features to help make your shopping experience even easier:

- › A **mobile app** that lets you view your benefits on the Mercer Marketplace anytime you need from your smartphone or tablet
- › An **online chat tool** that connects you with benefits counselors online when you have questions about using the Mercer Marketplace and your benefits choices.

ELIGIBILITY

Eligibility for health, disability, and insurance benefits varies. Use the chart below to determine when you become eligible for these VCA benefits.

If you...	Your eligibility date is...
Are hired as a full-time employee — this is the most common situation for employees	Your eligibility date is the first of the month following or coinciding with 30 days after your date of hire. For example, if you're hired on June 12, your eligibility date is August 1 — you must enroll no later than July 31 to have benefits starting on August 1.
Are hired as a full time employee at a hospital or organization as the result of an acquisition by VCA	Generally the first of the month following the closing date of the acquisition <i>NOTE: Each acquisition is different — your eligibility date may vary based on acquisition-specific circumstances.</i>
Are a part-time or on-call employee, and your status is changes to full time during the year	The first of the month following or coinciding with 30 days after the date you become a full-time employee
Are hired as a part-time employee and you've worked an average of 30 hours or more per week after one year of service	The first day of the month following or coinciding with 30 days of your anniversary date <i>NOTE: Your eligibility date may be one month later depending on how the dates fall in the calendar.</i>
Were eligible for and enrolled in benefits, but your employment status changed to part-time or on-call during the year	Not applicable — you remain eligible for benefits for the remainder of the plan year, <i>even if you work less than 30 hours during the year</i> When your employment status changes to part-time, your benefits coverage continues Benefits will automatically continue and you'll be responsible for the cost of your benefits unless you cancel coverage within 30 days of the day you became a part-time or on-call employee. (This is a requirement of the Affordable Care Act.)

Important!

Your dependents can only be enrolled in the same plans that you choose for yourself.

You're immediately eligible for the VCA 401(k) plan. You can enroll at any time at www.prudential.com/online/retirement.

Dependents

When you enroll for benefits, you can also enroll your eligible dependents. Eligible dependents include your:

- › Legal spouse
- › Registered same-sex or opposite-sex domestic partner
- › Dependent children* up to age 27 (coverage ends on the last day of the month that includes the 27th birthday).

Domestic partners must be registered in states where registration is required. If registration is not available, you must provide a signed, notarized Affidavit of Domestic Partnership.

* If your child is mentally or physically disabled, coverage may continue beyond age 27 once proof of the ongoing disability is provided. Children may include natural, adopted, step-children and children obtained through court-appointed legal guardianship, as well as children of registered domestic partners. Children over age 26 and domestic partners must be paid for with after-tax dollars, as required by the IRS

WHEN TO ENROLL

You can enroll for benefits:

- › When you first become eligible (before your eligibility date.) If you become a VCA employee as part of an acquisition, you'll be notified when you can enroll.
- › During Open Enrollment
- › During the plan year, if you experience an IRS-approved qualified life event, you provide the necessary documents, and you enroll within 31 days of the event.

It's your responsibility to enroll in a timely manner — you won't receive an official letter or email from VCA inviting you to enroll.

When First Eligible

You **must** enroll before your eligibility date. (See page 2 for more information about eligibility dates.)

Per IRS rules, if you don't enroll before your eligibility date, you won't be able to enroll for benefits until the next Open Enrollment period (unless you experience a qualifying event as defined by the IRS. (See the list to the right).

The choices you make when you first become eligible will remain in effect through the plan year, which ends on December 31. Coverage and contributions will start on your eligibility date — regardless of when you enroll.

During Open Enrollment

Open Enrollment is your once-a-year chance to enroll for benefits or make changes to your existing benefit elections. Open Enrollment typically happens in late fall — VCA will communicate the dates in advance of Open Enrollment.

The benefits you elect during Open Enrollment will be effective January 1 through December 31 of the following year.

Changes During the Year — Qualifying Life Events

If you experience an IRS-approved qualifying event during the year, you **must** enroll for coverage and make changes within 31 days of the event. Your benefit elections or changes must be consistent with the event. Documentation of the event may be required. Generally, this applies to all benefits.

Action Required!

You must enroll before your eligibility date. If you don't, you won't have coverage through VCA.

What's a Qualifying Event?

Examples of qualifying events include, but are not limited to:

- › Marriage
- › Divorce
- › Birth or adoption of a child
- › Death of a dependent
- › Loss of dependent coverage
- › Reduction of hours.

You have **31 days** to make changes to your benefits coverage following a qualifying event.



HOW TO ENROLL

To enroll for benefits, go to Mercer Marketplace at www.mercermarketplace.com/VCAInc or call the Benefits Resource Center at **844-801-WOOF (9663)**. This is where you'll find your share of the premiums for each plan option.

The first time you visit Mercer Marketplace, select "Create an account." Next, enter your Social Security number, last name, and date of birth to identify yourself. Then, you'll be prompted to select a unique user name and password that you'll use going forward.

Enrolling in Your Benefits



Online:

Visit Mercer Marketplace at www.mercermarketplace.com/VCAInc. When you first log on, select the "Create An Account" button at the bottom of the page. You'll need to provide:

- › Social Security number
- › Last name
- › Date of birth

Then, you'll be prompted to select a unique username and password that you will use going forward.

Once you've logged in to the Mercer Marketplace, click the "Get started" button and follow these simple steps:

- 1. Profile:** Review your personal information and enter any for dependents you wish to cover.
- 2. Optional Survey:** If you're unsure which medical plan is best for you, you can take the optional survey to help you make your decision. If you don't want to take the survey, select the "Skip" button at the bottom left corner of the page.
- 3. Enrollment:** Answer some questions to help identify the best coverage for you and compare plan costs and features. Select the benefits you want to enroll in.
- 4. Confirmation:** Review the summary of your enrollment selections. Print a copy of your enrollment confirmation for future reference.



By Phone:

Call the Mercer Marketplace at 844-801-WOOF(9663)

NEED ASSISTANCE?

Benefit counselors are available Monday – Friday from 7 a.m. – 9 p.m. Eastern time.

MEDICAL PLAN OPTIONS

You have options when it comes to VCA medical coverage. Eligible employees are offered medical plan options through Anthem Blue Cross (Anthem) and Kaiser Permanente (Kaiser). Information about the Hawaii HMSA plans is provided elsewhere.

Anthem PPO Plans	Kaiser HMO Plans
<ul style="list-style-type: none"> › \$1,850 Deductible Plan › \$2,500 Deductible Plan › \$4,500 Deductible Plan <p>Anthem plans are Preferred Provider Organizations or PPOs that allow you to use providers of your choice. However, Anthem pays a higher level of benefits when you visit PPO network providers.</p> <p>Find a provider: www.anthem.com</p> <p>If you don't already have an Anthem online account, select the National PPO (Bluecard PPO) or call 855-874-6844.</p>	<ul style="list-style-type: none"> › \$800 Deductible Plan › \$1,500 Deductible Plan › \$2,500 Deductible Plan <p>Kaiser plans are available only in select locations (parts of CA, CO, DC, GA, MD, OR, VA and WA). Kaiser offers a network of providers that plan participants must use to receive covered care (except in an emergency). Some specialist referrals must be coordinated through your primary care physician.</p> <p>Find a provider: www.my.kp.org or call your local Kaiser facility.</p>

Before choosing a plan, refer to the *Medical Benefits at a Glance* charts on pages 8 and 9 for a comparison of major plan provisions under all of the plans.

\$800 Deductible Plan — Kaiser

With this Kaiser plan, you're responsible for paying a portion of the covered expenses before the plan pays certain benefits; this amount is called the deductible. After the deductible is paid, you'll pay a percentage of your covered medical expenses; this amount is called your coinsurance. If your share of the medical expenses reaches an amount called the out-of-pocket maximum, you won't have to pay any more coinsurance for the rest of the calendar year.

If you enroll in the \$800 Deductible Plan, you should consider participating in a Health Care Flexible Spending Account (FSA). See page 10 for details.



Take Advantage of Your Benefits With the 365 HUB!

If you enroll in a VCA medical plan, you have access to personalized support through the 365 HUB, the Mercer Marketplace's health advocacy service to help you navigate the complex health care system. Personal health advocates can help you:

- › Find doctors and specialists
- › Help schedule appointments
- › Resolve claims issues
- › Save money on care
- › And much more!

Call 866-385-8032.

A Great Resource!

When you enroll in medical plans through VCA you have access to **Health Advocate**, a leading health advocacy service to help you navigate the complex health care system. Personal health advocates can help you:

- › Find doctors and specialists
- › Help schedule appointments
- › Address medication issues
- › Explain Medicare
- › Resolve claims issues
- › And much more!

Call 866-695-8622.

MEDICAL PLAN OPTIONS (CONTINUED)

Health Savings Account (HSA) Qualifying Plans

Anthem — \$1,850/\$2,500/\$4,500 Deductible Plans

Kaiser — \$1,500/\$2,500 Deductible Plans

These high-deductible plans help you take charge of your health and financial savings by empowering you as the health care consumer.

The plans include two parts that work together to provide your comprehensive coverage:



The plans have four basic parts:

- 1. Free in-network preventive medical care.** To emphasize the importance of health maintenance, your preventive care and some preventive prescription drugs are fully covered with no deductible and no coinsurance, as long as you receive this care from in-network providers.
- 2. Annual deductible.** You pay for your initial medical and prescription drug costs until you meet your annual deductible. You can contribute to your HSA to help pay for out-of-pocket expenses on a before-tax basis.
The annual deductible applies to all services, including office visits, hospitalization, emergency room services, and non-preventive prescription drugs.
- 3. Coinsurance.** Once the deductible is met, you and the plan share any further health expenses until you meet your out-of-pocket maximum. When you access an in-network provider, you and the plan will each pay a percentage of the cost for care.
- 4. Out-of-pocket maximum.** The plan protects you financially by limiting the total amount you'll pay each year for medical care. Once you meet your out-of-pocket maximum, the plan pays 100% of your eligible expenses for the remainder of the year.

How the Family Deductibles Work

Here is how the family deductibles work for the high-deductible plans:

True Family Deductible	Not True Family Deductible
The full family deductible amount must be met before the plan begins to pay coinsurance.	If one person meets the individual deductible amount, then plan will begin to pay coinsurance for that person.
Applies to: <ul style="list-style-type: none"> › \$1,500 Deductible Plan* › \$1,850 Deductible Plan › \$2,500 Deductible Plan* 	Applies to: <ul style="list-style-type: none"> › \$800 Deductible Plan › \$4,500 Deductible Plan

* This doesn't apply to individuals within a family for the Kaiser \$1,500 or \$2,500 Deductible Plans in California.

The Health Savings Account (HSA)

A Health Savings Account (HSA) is a unique savings account that lets you set aside before-tax money to pay for medical expenses now or in the future.

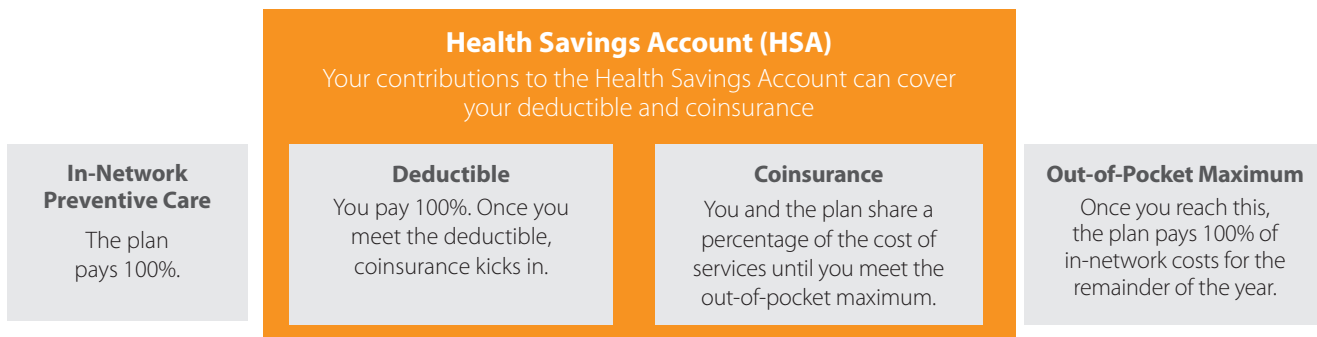
You're eligible to open and contribute money to an Health Savings Account (HSA) through Discovery Benefits, if you enroll in the \$1,500/\$1,850/\$2,500/\$4,500 Deductible Plans. Contributions to an HSA are before-tax, and the primary advantage of using an HSA is to avoid ever paying taxes on your contributions.

When you enroll in an HSA, an account will be opened for you when you pass the verification process required by the government.

How the HSA Works with Qualifying Medical Plans

- › You're the owner of the account even after your leave VCA.
- › You can use the funds in the account to pay for current and future health care expenses.
- › You can make tax-free* contributions
- › Your account may earn interest.
- › You can choose to invest your funds after your account exceeds a balance of \$1,000.

**Note: Certain state tax exceptions apply.*



2017 HSA Contribution Limits

The table below shows the maximum amount that can be contributed to your HSA in 2017. All the money in your account is yours to spend on health care or save for future health care expenses.

Coverage Level	2017 Contributions	2017 Contributions if You're Over 55
Employee	\$3,400	\$4,400
Family	\$6,750	\$7,750

Paying for Eligible Expenses

There are two ways you can pay for eligible expenses if you have an HSA:

- › Use the money in your HSA to pay for covered health care using your HSA debit card.
- › Pay for services directly and save the money in your HSA for future medical needs.

Be sure to save your receipts — you don't need them for reimbursement, but you need them for tax purposes.

Expenses you can pay through your HSA

You can use your HSA for out-of-pocket expenses that would generally qualify for the medical, dental, and vision expense income tax deduction:

- › Deductibles
- › Speech/occupational/physical therapy
- › Office visits
- › Dental care
- › Prescription drugs
- › Vision care
- › Hospital stays and lab work

For a complete list of eligible expenses, go to www.irs.gov/publications/p502/index.html.

MEDICAL BENEFITS AT A GLANCE

Anthem PPO Plans

Benefits	\$1,850 Deductible Plan		\$2,500 Deductible Plan		\$4,500 Deductible Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Features						
Calendar year deductible (Individual/Family¹)	\$1,850/\$3,700	\$3,700/\$7,400	\$2,500/\$5,000	\$4,500/\$9,000	\$4,500/\$9,000	\$9,000/\$18,000
Calendar year out-of-pocket maximum (Individual/Family)	\$3,500/\$6,500	\$7,000/\$13,000	\$4,500/\$6,850	\$9,000/\$13,700	\$6,550/\$13,100	\$13,100/\$26,200
Preventive Care						
Routine preventive care	No charge	You pay 40% after deductible	No charge	You pay 50% after deductible	No charge	You pay 50% after deductible
Office Visits						
Primary Care Physician	You pay 20% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 30% after deductible	You pay 50% after deductible
Specialist	You pay 20% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 30% after deductible	You pay 50% after deductible
Hospital Facility						
Inpatient	You pay 20% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 30% after deductible	You pay 50% after deductible
Outpatient	You pay 20% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 30% after deductible	You pay 50% after deductible
Emergency Room (waived if admitted)	You pay 20% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 50% after deductible
Retail prescriptions						
Preventive and Maintenance Drugs²	No charge		No charge		No charge	
Generic	20% after deductible up to a maximum of \$25		30% after deductible up to a maximum of \$25		30% after deductible up to a maximum of \$25	
Brand Formulary	20% after deductible up to a maximum of \$50		30% after deductible up to a maximum of \$50		30% after deductible up to a maximum of \$50	
Brand Non-Formulary	20% after deductible up to a maximum of \$100		30% after deductible up to a maximum of \$100		30% after deductible up to a maximum of \$100	
Mail Order prescriptions						
Preventive and Maintenance Drugs²	No charge		No charge		No charge	
Generic	20% after deductible up to maximum of \$62.50		30% after deductible up to maximum of \$62.50		30% after deductible up to maximum of \$62.50	
Brand Formulary	20% after deductible up to maximum of \$125		30% after deductible up to maximum of \$125		30% after deductible up to maximum of \$125	
Brand Non-Formulary	20% after deductible up to maximum of \$250		30% after deductible up to maximum of \$250		30% after deductible up to maximum of \$250	

¹ For the Anthem \$1,850 and \$2,500 Deductible Plans, the full family deductible amount must be met before the plan begins to pay coinsurance. For the \$4,500 Deductible Plan, if one person meets the individual deductible amount, then plan will begin to pay coinsurance for that person.

² Some preventive and maintenance prescriptions are covered at no charge. For a full list of covered preventive and maintenance drugs go to www.anthem.com or call 844-874-6844. You can also visit www.myvcabenefits.com (password: vca).

MEDICAL BENEFITS AT A GLANCE

Kaiser HMO Plans

Benefits	\$800 Deductible Plan	\$1,500 Deductible Plan	\$2,500 Deductible Plan
	In-Network only	In-Network only	In-Network only
Plan Features			
Calendar year deductible (Individual/Family¹)	\$800/\$1,600	\$1,500/\$3,000 ²	\$2,500/\$5,000 ²
Calendar year out-of-pocket maximum (Individual/Family)	\$3,800/\$6,850	\$5,200/\$6,850 ³	\$6,200/\$6,850 ³
Preventive Care			
Routine preventive care	No charge	No charge	No charge
Office Visits			
Primary Care Physician	You pay 20% after deductible	You pay 20% after deductible	You pay 30% after deductible
Specialist	You pay 20% after deductible	You pay 20% after deductible	You pay 30% after deductible
Hospital Facility			
Inpatient	You pay 20% after deductible	You pay 20% after deductible	You pay 30% after deductible
Outpatient	You pay 20% after deductible	You pay 20% after deductible	You pay 30% after deductible
Emergency Room (waived if admitted)	You pay 20% after deductible	You pay 20% after deductible	You pay 30% after deductible
Retail prescriptions			
Preventive and Maintenance Drugs^{4,5}	No charge	No charge	No charge
Generic	30% after deductible up to a maximum of \$20	20% after deductible up to a maximum of \$50	30% after deductible up to a maximum of \$50
Brand Formulary	30% after deductible up to a maximum of \$75	20% after deductible up to a maximum of \$100	30% after deductible up to a maximum of \$100
Brand Non-Formulary	30% after deductible up to a maximum of \$75	20% after deductible up to a maximum of \$100	30% after deductible up to a maximum of \$100
Mail Order prescriptions			
Preventive and Maintenance Drugs^{4,5}	No charge	No charge	No charge
Generic	30% after deductible up to a maximum of \$50	20% after deductible up to a maximum of \$50	30% after deductible up to a maximum of \$50
Brand Formulary	30% after deductible up to a maximum of \$100	20% after deductible up to a maximum of \$100	30% after deductible up to a maximum of \$100
Brand Non-Formulary	30% after deductible up to a maximum of \$100	20% after deductible up to a maximum of \$100	30% after deductible up to a maximum of \$100

Enrolled in the Kaiser \$1,500 or \$2,500 Deductible Plan in California?

Due to state regulations, there are special rules related to deductible and out-of-pocket amounts for those who **live in California and are enrolled for family coverage** in the \$1,500 or \$2,500 Deductible Plan through Kaiser. These state regulations limit the amount that individuals within a family will pay to:

- › Calendar-year deductible: \$2,600
- › Calendar-year out-of-pocket maximum:
 - \$3,000 for the \$1,500 Deductible Plan
 - \$6,200 for the \$2,500 Deductible Plan

¹ For the Kaiser high deductible plans, the full family deductible amount must be met before the plan begins to pay coinsurance. For the \$800 Deductible Plan, if one person meets the individual deductible amount, then plan will begin to pay coinsurance for that person.

² For California participants, the calendar-year deductible amount for individuals within a family won't exceed \$2,600 for 2017.

³ For California participants, the calendar-year out-of-pocket maximum amount for individuals within a family won't exceed \$5,200 for the \$1,500 Deductible Plan and \$6,200 for the \$2,500 Deductible Plan for 2017.

⁴ Some preventive and maintenance prescriptions are covered at no charge. For a full list of covered preventive and maintenance drugs go to www.my.kp.org or www.myvcabenefits.com (password: vca).

⁵ Prescription drug copay maximums may vary by region. For more details, go to www.my.kp.org.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

You can save money on your health care and dependent care costs through the use of tax-advantaged accounts that allow you to use before-tax dollars to pay for eligible expenses. Once you make an election for an FSA, it's **permanent** for the year.

Two FSAs are available through Discovery Benefits:

- › Health Care FSA — for medical or dental expenses.
- › Dependent Care FSA — for day care or elder care expenses.

When you participate in an FSA, you decide how much you want to contribute each plan year. The FSA plan year is January 1 through December 31. The money you contribute is then taken from your pay before taxes are taken out — this lowers your taxable income, which may mean lower taxes for you!

To qualify for reimbursement, all eligible expenses must take place during the calendar year. You must file all reimbursement requests no later than 90 days following the end of the plan year.

Important! Any money left in your account at the end of the year will be forfeited — it's "use or it or lose it," so funds can't be carried over to the next year.

Health Care FSA

You can contribute up to \$2,600 to your Health Care FSA each year, and you can use the money in the account to cover many medical expenses that aren't covered by any of the plans, including:

- › Deductibles, copays, and coinsurance
- › Dental and vision care not covered by your plan, including orthodontia, contact lens solution, and LASIK surgery.

Use a debit card to pay for eligible expenses. Your entire annual contribution is available to you from the beginning of the plan year.

*Keep in mind, you cannot contribute to a Health Care FSA if you're enrolled in the \$1,500/\$1,850/\$2,500/\$4,500 Deductible Plans **and** you participate in an HSA (or if you contribute to an HSA outside of VCA).*

Dependent Care FSA

You generally can contribute up to \$5,000 per married couple to the Dependent Care FSA each year. This FSA can be used to cover expenses for the cost of nursery care, day care, or home care of an eligible dependent (a child generally up to age 13, or a dependent adult), such as nursery or day care costs, so you and your spouse (if you're married) can work.

Important! Any money left in your account at the end of the year will be forfeited — it's "use or it or lose it," so funds can't be carried over to the next year.

Take a Look: FSAs Versus HSA

	Health Savings Account (HSA)	Health Care FSA	Dependent Care FSA
Compatible with:	\$1,500 Deductible Plan \$1,850 Deductible Plan \$2,500 Deductible Plan \$4,500 Deductible Plan	\$800 Deductible Plan	Any plan
Annual maximum contribution:	Employee Only: \$3,400 Family: \$6,750	\$2,600	\$5,000 (per married couple)
Use it or lose it:	No; the money in your account is always yours to keep	Yes; funds cannot be carried over to the next year	Yes; funds cannot be carried over to the next year

For additional details about FSAs, log in to www.mercermarketplace.com/VCAInc.

Important!

The Dependent Care FSA is used to cover day care of your dependents while you work or look for work. It CANNOT be used to pay for your dependent's health care expenses.

SUPPLEMENTAL MEDICAL INSURANCE

Supplemental medical insurance can help protect you from significant or unexpected out-of-pocket expenses. Keep in mind that these plans are intended to supplement a medical plan and participation is completely voluntary. On their own, they don't provide the minimum level of medical coverage needed to meet the health care reform requirements.

Consider your anticipated medical needs for 2017, along with the cost of the insurance plans available to you. Adding a supplemental plan to a lower cost medical plan may help you save money while providing important coverage.

The supplemental medical plan options are offered through Allstate. Complete details about coverage and cost can be found on www.mercermarketplace.com/VCAInc.

Accident Insurance

Accident insurance supplements your medical plan by providing cash benefits in cases of accidental injuries. You can use this money to help pay for medical expenses that are not covered, such as your deductible or coinsurance, or for ongoing living expenses, such as your mortgage or rent. Benefits vary depending on the type of accident — coverage can be as high as \$20,000.

Critical Illness Insurance

Critical illness insurance helps protect against the financial impact of certain illnesses, such as heart attack, cancer, and more. You receive a lump-sum benefit that you can use however you see fit. Please refer to your policy for specific covered conditions. You have two options to choose from: a low plan that covers up to \$15,000 option and a high plan that covers up to \$30,000. You must submit Evidence of Insurability when you elect coverage.

Hospital Indemnity Insurance

A hospital indemnity plan provides supplemental payments that you can use to cover expenses that your medical plan may not cover for hospital stays. In general, this benefit will pay up to \$2,000 for the first day of confinement and up to \$100 for each day thereafter.

Access Care When You Need It with Telemedicine

When you enroll in one of VCA's medical plans you have access to a great service that gives you access to care whenever you need it. Telemedicine lets you access care 24 / 7 via the video chat function on your smart phone, tablet, or computer. You can set up a virtual consultation with a doctor who can diagnose and even write prescriptions for your issue. Use telemedicine for non-emergency situations like colds, sinus infections, and bronchitis. It's convenient and usually less expensive.

Contact your telemedicine provider today!

For Anthem participants:

- › Online: www.livehealthonline.com
- › Phone: (855) 603-7985

For Kaiser participants:

- › Online: www.kp.org

DENTAL OPTIONS

Healthy teeth and gums are important to your overall health. Choose from three Cigna dental plan options.

Provider Search

To search for providers in the Cigna dental network, go to:

www.mycigna.com.

You can also call Cigna at **800-244-6224**.

Cigna DPO Plans — Premier and Standard

Like medical PPO plans, you have the freedom to visit any in-network or out-of-network dentist of your choice. Generally, the plans pay higher benefits when you visit an in-network dentist, which means you pay less out of your pocket. Plus, if you go to a dentist who is a member of the Cigna DPO network, you can take advantage of the DPO's discounted rates and reduce your out-of-pocket costs.

Cigna DHMO

Similar to a medical HMO plan, the Cigna DHMO is a network of dental providers that manages dental care for its members. You must designate a Primary Care Dentist who will coordinate your coverage and refer you to specialists when needed. Cigna will assign you one if you don't select one. There are no deductibles under the Dental Care DHMO, and you pay a flat fee for services.

Please note: The Cigna DHMO is not available in all areas. Service area is determined by ZIP code.

Dental Benefits at a Glance

Below is a snapshot of some of the benefits covered under each dental plan option and your out-of-pocket costs.

Benefits	Cigna Premier DPO Plan		Cigna Standard DPO Plan		Dental Care DHMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Calendar year deductible (Individual/Family)	\$25/\$75	\$25/\$75	\$50/\$150	\$50/\$150	None
Calendar-year maximum	\$2,500	\$2,500	\$1,500	\$1,500	N/A
Preventive services	No charge	No charge	No charge	No charge	No charge
Basic services	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	Fillings: No charge to \$115 copay Oral surgery: \$12 to \$330 copay Root canal: \$14 to \$430 copay Gum disease: \$45 to \$430 copay
Major services	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	Bridges, crowns: \$23 to \$520 copay Inlays, dentures: \$43 to \$680 copay
Orthodontia					
Services	You pay 50% after deductible	You pay 50% after deductible	N/A	N/A	Dependent children: \$2,040 copay Adults: \$2,376 copay
Lifetime maximum	\$2,500	\$2,500	N/A	N/A	N/A
Eligibility	Adult and child	Adult and child	N/A	N/A	N/A

VISION OPTIONS

Get focused with vision insurance. You have the option to enroll for standard vision coverage through VSP. This plan includes coverage for eye exams and eyeglasses or contact lenses. VSP uses a network of nationwide providers, and you receive a higher level of coverage when you use in-network providers.

	Standard Plan		Exam Only	
	Preferred Provider		Preferred Provider	
	Benefit	Frequency	Benefit	Frequency
Exam	\$10 copay	12 months	Covered in full after \$10 copay	Once every 12 months
Lenses	\$25 copay	12 months	N/A	N/A
Lens options	\$10 copay	12 months	N/A	N/A
Frames	Retail up to \$130 20% off any amount over	24 months	N/A	N/A
Contact lenses	Covered up to \$130 Fitting covered in full with a copay not to exceed \$60	12 months in lieu of frame and lenses	N/A	N/A

Provider Search

Find the right VSP provider for you and your family at www.vsp.com or by calling 800-877-7195.

LIFE ASSISTANCE PROGRAM (LAP)

Everyone can use a helping hand — and the Life Assistance Program (LAP) is just that. LAP offers **free, confidential** counseling and referrals for VCA employees and their family members. Speak one-on-one with a trained professional about your daily stresses. They can help with just about anything ...

- › Marriage or family counseling
- › Parental guidance
- › Child and senior care
- › Legal consultation
- › Financial counseling
- › Emotional or mental health assistance
- › Alcohol or drug abuse
- › Work/life balance

Call as many times as you need or have three face-to-face sessions with a specialist.

Contact the LAP Today!

Phone: 800-538-3543

Online: www.Cignabehavioral.com/CGI
(username: rewards; password: savings)

All calls into the LAP are 100% confidential and won't be reported to VCA.



DISABILITY INSURANCE

When you need to miss work due to an illness or accident, disability insurance can replace a percentage of your lost income (up to a maximum benefit). You can purchase short-term and/or long-term disability coverage when you first become eligible. After that, you can only enroll for disability coverage or cancel coverage during Open Enrollment.

Short-Term Disability

Short-term disability provides a weekly benefit amount of 60% of your salary, up to a \$1,000 per week for a maximum duration of 26 weeks. (If you live in California, you're eligible for a benefit of up to \$1,500 per week.) Short-term disability coverage begins after two weeks of disability. There is a one-year pre-existing condition clause. (Note: In the event of an acquisition, this clause may be offset by your previous company's short-term disability plan.)

Benefits are integrated with state disability programs. If you live in a state that offers state-sponsored disability, such as California, you may only be entitled to the minimum weekly benefit the state pays, up to a certain percentage of your income.

Long-Term Disability

After you have been disabled for 180 days, long-term disability coverage pays 50% of your salary, up to a maximum monthly benefit of \$3,000. There is a one-year pre-existing condition clause.

**VCA provides long-term disability to doctors and executives free of charge. This plan pays 60% of your paycheck, up to a monthly maximum of \$10,000.*

LIFE AND AD&D INSURANCE

In addition to basic life and basic accidental death and dismemberment (AD&D) insurance, you also have the option to purchase supplemental coverage for yourself and your eligible dependents.

Basic Life and AD&D Insurance

Accidents happen, and when they do, it's good to know you're covered. That's why VCA provides basic life and AD&D insurance for full-time employees. These benefits are fully paid for by VCA — meaning nothing comes out of your wallet. Be sure to name a beneficiary through Mercer Marketplace, even if you enroll in no other benefits.

Basic life and AD&D insurance are offered through Cigna to assist you and your family in the event of a loss. Staff benefits for both basic life and AD&D insurance are equal to \$20,000.**

***Basic life and AD&D insurance benefits for doctors and executives are equal to \$50,000.*



Supplemental Life and AD&D Insurance

You pay the full cost of any supplemental life insurance and/or supplemental AD&D insurance coverage. You have the option to purchase supplemental coverage for yourself and your eligible dependents. You must purchase coverage for yourself in order to purchase coverage for your dependents.

Your cost for supplemental insurance coverage is based on your age and the amount of coverage you have elected. Coverage is purchased on an after-tax basis.

Coverage Type	Life Coverage Amounts
Employee	<ul style="list-style-type: none"> › Available at a \$10,000 buy-in with increments of \$25,000 (i.e., \$10,000; \$25,000; \$50,000, etc.) › Maximum amount of coverage: The lesser of 4x your base annual salary or \$500,000 › Guarantee issue amount*: The lesser of 4x your annual salary or \$100,000
Spouse/Domestic partner	<ul style="list-style-type: none"> › Available in \$5,000 increments (i.e., \$5,000; \$10,000; \$15,000, etc.) › Maximum amount of coverage: The lesser of \$250,000 or 100% of the employee coverage amount › Guarantee issue amount*: \$30,000
Child(ren) up to age 26	<ul style="list-style-type: none"> › Age 14 days up to 6 months: Available in \$1,000 increments › Age 6 months and over: Available in \$5,000 increments › Maximum amount of coverage: \$20,000

**Applies to individuals who enroll by their initial eligibility. You can be issued this amount regardless of your medical history.*

Evidence of Insurability (EOI)

If you elect supplemental life insurance coverage for you and your spouse or domestic partner when you're first eligible, you'll need to provide EOI for amounts above the guarantee issue amounts listed above. Any enrollment or increase in coverage after your initial eligibility date will also require EOI.

If you (and/or your dependents) don't elect life or disability coverage when first eligible, but elect at a later date, you'll be required to provide EOI for any amount.

Coverage won't be effective until the insurance company agrees in writing to cover you.



STILL MORE BENEFITS!

VCA offers you the option of enrolling for additional benefits through Mercer Marketplace. These benefits are offered at competitive group rates, which could save you money compared to purchasing them on your own.

Allstate Permanent Life Insurance

Life Insurance, from Allstate, provides important financial protection for you and your family. You can choose from different levels of life insurance coverage to meet your needs

Identity Theft Protection (InfoArmor®)

Identity theft protection services from InfoArmor help assess your risk, deter theft attempts, detect fraud, and manage the restoration process in the event of an identity theft. Your identity will be monitored to uncover fraud at its inception. You'll be offered an annual credit report, monthly credit scores, and monitoring of your TransUnion credit file.

InfoArmor offers privacy advocates that are certified and trained in identity restoration. If they detect suspicious activity, a privacy advocate can act as a dedicated case manager on your behalf and resolve the issue.

Legal Benefits (MetLife)

The MetLife® Hyatt Legal Assistance Plan offers you economical access to attorneys for common legal services, such as will preparation, estate planning, family law, and more. You, your spouse, and dependents will have access to a nationwide network of 13,000 experienced attorneys. You also have the flexibility to use a non-plan attorney and get reimbursed for covered services according to a set fee schedule.

Legal advice will be just a phone call away. A knowledgeable client service representative can help you locate a plan attorney in your area. You'll also have convenient online access to resources that will assist with court appearances, document review and preparation, or real estate matters.

Auto & Home Insurance

Purchasing auto and home insurance through Mercer Marketplace could provide you with savings of up to 15%. MetLife gives you access to a variety of personal insurance policies, including home, landlord's rental dwelling, condo, mobile home, renters, recreational vehicle, boat, and personal excess liability.

There is a quote phone line that you can use to get a no-obligation comparison from MetLife Auto & Home®, one of the nation's leading auto insurance companies.

Transportation Benefits

A Transportation Reimbursement Incentive Program (TRIP) allows you to lower your commuting costs by using before-tax dollars to pay for qualified transportation expenses, such as transit passes and parking. For additional details about the following accounts, log in to

www.mercermarketplace.com/VCAInc

PerkSpot Online Discount Mall

This benefit offers you 24/7 access to exclusive prices, discounts, and offers from hundreds of local and national merchants. Choose from health clubs, movie theaters, restaurants, retailers, and all major cellphone providers. Offers are updated frequently.

You pay nothing to use the service. Once you enroll with an email address, you can sign up to receive email alerts for discounts you may be interested in. You'll be connected to exclusive discounts and savings of up to 40%.

IMPORTANT NOTICES

Federal laws require that VCA provide you with certain notices that inform you about your rights regarding eligibility, enrollment and coverage of health care plans. The following sections explain these rules; please read them carefully and keep them where you can find them.

Newborns' and Mothers' Health Protection Act

Federal law protects the benefit rights of mothers and newborns related to any hospital stay in connection with childbirth. In general, group health plans and health insurance issuers may not:

- › Restrict benefits for the length of hospital stay 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).
- › Require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay of up to 48 hours (or 96 hours).

For details on any state maternity laws that may apply to your medical plan, please refer to the benefits material for the medical plan in which you are enrolled.

Women's Health and Cancer Rights Act of 1998

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

- › 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.
- › Treatment of physical complications of all stages of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits available under your medical plan.

For information on WHCRA benefits or details about any state laws that may apply to your medical plan, please refer to the benefit plan material for the medical plan in which you are enrolled.

Medicare Creditable Coverage Notice

If you 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. See "Important Notice from VCA About Your Prescription Drug Coverage and Medicare" on page 19 for details.

Special Enrollment Events

Special enrollment events allow you and your eligible dependents to enroll for health coverage outside the Open Enrollment period under certain circumstances if you lose eligibility for other coverage, become eligible for state premium assistance under Medicaid or the Children's Health Insurance Program (CHIP), or acquire newly eligible dependents. This is required under the Health Insurance Portability and Accountability Act (HIPAA).

If you declined enrollment in a VCA medical plan for you or your dependents (including your spouse/domestic partner) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in a VCA medical plan without waiting for the next Open Enrollment period if you:

- › Lose other health insurance or group health plan coverage. You must request enrollment and provide proof of the loss of coverage within 31 days after the loss of other coverage;
- › Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption; or
- › Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in a VCA medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain such coverage. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Important! If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health option.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

If you're an employee with medical, dental or vision coverage through VCA, you have the right to choose continuation coverage if you lose that group health coverage due to reduction in your hours of employment or the termination of your employment for reasons other than gross misconduct. Your eligible dependents may also have the right to elect and pay for continuation of coverage for a temporary period in certain circumstances where coverage under the plan would otherwise end, such as divorce, or dependent children who no longer meet eligibility requirements. You will have 60 days from the date your coverage ends to elect COBRA coverage.

Important note: This brief summary of the right you and your dependents have to continue insurance is not intended as the official notice of your rights required by federal and state law. We've included this brief summary to inform you that you have these rights. You'll receive a separate, detailed explanation of your right to continue health insurance coverage when applicable. Specific information is also available from your HR representative.

Note: COBRA continuation coverage used to be very important when medical plans had pre-existing conditions clauses. However, since the Affordable Care Act eliminated those clauses, it's often more cost effective to shop for coverage before making a decision to use COBRA benefits.

Important Notice from VCA About Creditable Prescription Drug Coverage and Medicare

Why this is important.

If you or your covered dependent(s) are enrolled in VCA medical plans during 2016 and 2017 and are or will become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty — as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records. If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Notice of Creditable Coverage

Please read this notice carefully. It has information about prescription drug coverage with VCA and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by the prescription drug coverage offered by VCA through the Traditional Plan and the Health Savings Plan you'll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2017. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop VCA coverage, Medicare will be your only payer. You can re-enroll in the employer plan during Open Enrollment or if you have a special enrollment event for the VCA plan.

You should know that if you waive or leave coverage with VCA and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future — such as before the next period you can enroll in Medicare prescription drug coverage, if this VCA coverage changes, or upon your request.

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. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- › Visit www.medicare.gov for personalized help.
- › Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number).
- › Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA).

For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

For more information about this notice or your prescription drug coverage, contact:

Contact Name: VCA Inc.
Contact Position: Benefits Department
Address: 12401 W. Olympic Blvd
Los Angeles, CA 90064
Phone Number: 866-571-6800

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, you can contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. You should contact your state for further information on eligibility.

Alabama – Medicaid	Website: http://www.myalhipp.com Phone: 1-855-692-5447
Alaska – Medicaid	Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
Arizona – CHIP	Website: https://www.azahcccs.gov Phone (Outside Maricopa County): 1-800-654-8713 Phone (Maricopa County): 1-602-417-4000 Phone (Out-of-State): 1-800-523-0231
Arkansas — CHIP	Website: http://myarhipp.com/ Phone: 1-855-MyARHIP (1-855-692-7447)
California – Medi-Cal	Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-916-552-9200 (Medi-Cal eligibility line) Email: HIPP@dhcs.ca.gov (Health Insurance Premium Payment email)
Colorado – Medicaid	Website: http://www.colorado.gov/hcpf Phone: 1-800-221-3943
Florida – Medicaid	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
Georgia – Medicaid	Website: http://dch.georgia.gov/medicaid (Click Health Insurance Premium Payment (HIPP)) Phone: 1-678-564-1162
Idaho – Medicaid and CHIP	Website: http://healthandwelfare.idaho.gov/FoodCashAssistance/HealthCoverageAssistance/tabid/2882/Default.aspx Phone: 1-877-456-1233
Indiana – Medicaid	Website: http://www.hip.in.gov (Health Indiana Plan for low-income adults 19-64) Phone: 1-877-438-4479 Website: http://www.indianamedicaid.com (All other Medicaid) Phone: 1-800-403-0964
Iowa – Medicaid	Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
Kansas – Medicaid	Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884 Phone (In-state): 1-785-296-3512
Kentucky – Medicaid	Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
Louisiana – Medicaid	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-342-6207
Maine – Medicaid	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
Massachusetts – Medicaid and CHIP	Medicaid & CHIP Website: http://www.mass.gov/MassHealth Medicaid & CHIP Phone: 1-800-462-1120
Minnesota – Medicaid	Website: http://mn.gov/dhs/ma/ Phone (Outside Twin City area): 1-800-657-3739 Phone (Twin City area): 1-651-431-2670
Missouri – Medicaid	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 1-573-751-2005
Montana – Medicaid	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
Nebraska – Medicaid	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633
Nevada – Medicaid	Website: http://dwss.nv.gov/ Phone: 1-800-992-0900
New Hampshire – Medicaid	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 1-603-271-5218
New Jersey – Medicaid and CHIP	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710

New Mexico – Medicaid and CHIP	Medicaid & CHIP Website: http://www.hsd.state.nm.us/mad/index.html Medicaid & CHIP Phone: 1-888-997-2583
New York – Medicaid	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
North Carolina – Medicaid	Website: http://www.ncdhhs.gov/dma/medicaid/hipp.htm Phone: 1-919-855-4100 (Main office) Phone: 1-855-696-2447 (HIPP)
North Dakota – Medicaid	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
Oklahoma – Medicaid	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
Oregon – Medicaid and CHIP	Medicaid & CHIP Website: http://healthcare.oregon.gov/Pages/index.aspx Medicaid & CHIP Phone: 1-800-699-9075
Pennsylvania – Medicaid	Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462
Rhode Island – Medicaid	Website: http://www.eohhs.ri.gov/ Phone: 1-401-462-5300
South Carolina – Medicaid	Website: http://www.scdhhs.gov Phone: 1-888-549-0820 (Member Information) Phone: 1-803-264-6838/6847 (HIPP line)
South Dakota – Medicaid	Website: http://dss.sd.gov Phone: 1-888-828-0059
Texas – Medicaid	Website: http://www.gethipptexas.com/ Phone: 1-800-440-0493
Utah – Medicaid and CHIP	Medicaid Website: http://health.utah.gov/medicaid CHIP Website: http://health.utah.gov/chip Phone: 1-866-435-7414 (DWS for Premium Payment Assistance) Medicaid Phone: 1-801-538-6155 CHIP Phone: 1-877-543-7669 (1-877-KIDSNOW)
Vermont– Medicaid	Website: http://www.greenmountaincare.org Phone: 1-800-250-8427
Virginia – Medicaid and CHIP	Medicaid & CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid & CHIP Phone: 1-855-242-8282
Washington – Medicaid	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/health-insurance-premium-program Phone: 1-800-562-3022, ext. 15473
West Virginia – Medicaid	Website: http://www.wvrecovery.com/hipp.asp Phone: 1-877-598-5820, HMS Third Party Liability
Wisconsin – Medicaid	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
Wyoming – Medicaid	Website: http://www.health.wyo.gov/healthcarefin/index.html Phone: 1-307-777-7531

To see if any more states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security
Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health
and Human Services
Centers for Medicare &
Medicaid Services
www.cms.hhs.gov
1-877-267-2323,
Menu Option 4, Ext. 61565

CONTACT SOMEONE WHO CAN HELP

If you have questions or need information about your VCA Employee Benefits Program, your first step is to contact **Mercer Marketplace at 844-801-WOOF (9663)**. Benefits counselors are ready to help between 7 a.m. and 9 p.m. Eastern time, Monday through Friday. Or, you can contact the carriers directly using the information below.

Policy	Group Number	Telephone	Website
Medical – Anthem Blue Cross			
\$1,850 Deductible Plan \$2,500 Deductible Plan \$4,500 Deductible Plan	174183	855-874-6844	www.anthem.com/ca
Medical – Kaiser Permanente			
\$800 Deductible Plan \$1,500 Deductible Plan \$2,500 Deductible Plan	GA: 10189 No. CA: 603438 So. CA: 230849 OR/WA: 19874 CO: 35662 Mid-Atlantic states: 23095	GA: 888-865-5813 No. CA: 800-464-4000 So. CA: 800-464-4000 OR/WA: 800-813-2000 CO: 800-632-9700 MD: 800-777-7902	www.my.kp.org/vcainc
Health Advocate	N/A	866-695-8622	www.members.healthadvocate.com
Health Savings Account (HSA)/Flexible Spending Accounts (FSAs)/COBRA/Transportation Reimbursement Incentive Program (TRIP) – Discovery Benefits			
HSA FSA, COBRA, & TRIP	23479	877-248-0510	http://accounts.mercermarketplace.com/
Supplemental Medical – Allstate			
Accident/Critical Illness/Permanent Life	V7337	800-521-3535	www.allstatevoluntary.com/mercermarketplace
Hospital Indemnity	92488		
Dental – Cigna			
Standard DPO/Premier DPO/DHMO	2470410	800-244-6224	www.mycigna.com
Vision – Vision Service Plan (VSP)			
Vision	30052480	800-877-7195	www.vsp.com
Life/Accidental Death & Dismemberment (AD&D) – Cigna			
Life Insurance	N/A		www.cigna.com/welcome/Mercer
AD&D Insurance	N/A		www.cigna.com/welcome/Mercer
Short-Term Disability (STD)/Long-Term Disability (LTD) – Cigna			
STD	N/A		www.cigna.com/welcome/Mercer
LTD	N/A		www.cigna.com/welcome/Mercer
Life Assistance Program (LAP) – Cigna Behavioral Health			
Life Assistance Program	N/A	800-538-3543	www.cignabehavioral.com/cgi
Other Benefits			
Identity Theft Protection Coverage (InfoArmor)	723	800-789-2720	www.infoarmor.com/exchange
Auto and Home Insurance (Metlife)	16043	800-438-6381	www.metlife.com/mercermarketplace
Legal Assistance (Hyatt Legal)	6090999	800-821-6400	www.metlife.com/mercermarketplace
Discount Mall (PerkSpot)	N/A	866-606-6057	www.vca.perkspot.com
401(k)	764923	877-778-2100	www.prudential.com