



# 2025 Benefits Guide

January 1, 2025 – December 31, 2025

This Employee benefits guide provides you with an overview of the Town of Westlake's benefits program.



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***Note Carefully:*** The information in this Enrollment Guide is presented for illustrative purposes only. The text contained in this guide includes benefit information and was taken, in part, from summary plan descriptions. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In the event of a discrepancy between the Enrollment Guide and the plan documentation (Summary Plan Descriptions or Evidence of Coverage), the plan documentation will prevail.

If you have any questions about your Enrollment Guide, please contact the Human Resources Department.

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# Eligibility and Enrollment

Offering a comprehensive and competitive benefits package is one way we recognize your contribution to the success of the organization and our role in helping you and your family to be healthy, feel secure and maintain work/life balance. This enrollment guide has been designed to provide you with information about the benefit choices available to you. Remember, open enrollment is your only opportunity each year to make changes to your elections, unless you or your family members experience an eligible "change in status."

## How to Enroll in the Plans

Read your materials and make sure you understand all of the options available.

- Locate your enrollment/change forms.
- Fill out any necessary personal information.
- Make your benefit choices.
- If you have questions or concerns, please contact the HR Department.

## Whom Can You Add to Your Plan?

### Eligible:

- Legally married spouse
- Natural or adopted children up to age 26, regardless of student and marital status
- Children under your legal guardianship
- Stepchildren
- Children under a qualified medical child support order
- Disabled children 19 years or older
- Children placed in your physical custody for adoption
- Domestic partners

### Ineligible:

- Divorced or legally separated spouse
- Foster children
- Sisters, brothers, parents or in-laws, grandchildren, etc.

## Change in Status

Generally, you may enroll in the plan or make changes to your benefits, when you are first eligible. However, you can make changes/enroll during the plan year if you experience a change in status. As with a new enrollee, you must submit your paperwork within 30 days of the change or you will be considered a late enrollee.

### Examples of Change(s) in Status:

- You get married, divorced, or legally separated
- You have a baby or adopt a child
- You or your spouse takes an unpaid leave of absence
- You or your spouse has a change in employment status
- Your spouse dies
- You become eligible for or lose Medicaid coverage
- Significant increase or decrease in plan benefits or cost

*Did you know?*



**Open Enrollment is the only chance to make changes, unless you experience a "change in status."**

# Benefits Package Overview

*The Town of Westlake offers eligible employees a comprehensive benefits package that provides both financial stability and protection. Our offering provides flexibility for employees to design a package to meet their unique needs.*

## Effective January 1, 2025:

- Medical benefit plans with Aetna
- Dental benefit plan with Aetna
- Vision benefit plan with Aetna
- Life / AD&D, Voluntary Life, and Disability benefit plans with The Standard



## Human Resources:

Sandy Garza  
(817) 490-5734  
[sgarza@westlaketx.gov](mailto:sgarza@westlaketx.gov)

Marina Baskin  
(817) 490-5740  
[mbaskin@westlaketx.gov](mailto:mbaskin@westlaketx.gov)

After you have enrolled, you may receive additional information in the mail from the insurance carriers. This information may contain new personal identification cards. In the meantime, you can look up providers for your plans online or call the carrier or the Advanced Resolution Team (ART) for assistance. Refer to the contact information at the back of this guide for website addresses and toll-free numbers.

# Advanced Resolution Team

Through our ***Advanced Resolution Team (ART)***, you have access to live representatives who will help you get the most out of your benefits and answer your questions.

The OneDigital Advanced Resolution Team (ART) can help educate you about your benefits and teach you how to navigate the healthcare system.

- Coverage assistance
- Facilitate resolution on eligibility and/or billing issues
- Help locate in-network providers
- And much, much more!



Advanced Resolution Team

Call: 1.866.802.6311

Email: [art@onedigital.com](mailto:art@onedigital.com)

Monday through Friday 8am to 5pm (EST).

We are available by phone, email and fax.





# Key Insurance Terms

We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

## Balance billing

When you use an out-of-network medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.

**Medical:** *balance billing is in addition to – and does not count towards – your out-of-pocket maximum.*

## Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

## Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

## Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

## In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

## Out-of-pocket maximum

The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.

*The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.*

## Pre/Prior-authorization

Some specialty medical providers, services and prescriptions require prior authorization from your insurance company. These may include – but are not limited to – surgery, imaging (CT, MRI) and certain prescription medications.

## Primary care physician

A primary care physician (**PCP**) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

How to handle medical bills  
(2:04)

[Learn more](#)



# Medical Benefits

Medical plan benefits will be offered through Aetna for the 2025 plan year.

Scan QR Codes below for full summary of benefits:

**Aetna OAMC 3500  
80/50 CY V24**



**Aetna OAMC 1000  
80/50 CY V24**



## Aetna OAMC 3500 80/50 CY V24

## Aetna OAMC 1000 80/50 CY V24

	<b>\$3,500/80/20,35/75 3/10/50/80/20% up to 250/40% up to 500</b>	<b>\$1,000/80/20,25/75 3/10/45/75/20% up to 250/40% up to 500</b>
<b>In-network care</b>		
<b>Annual Deductible (DED)</b>	\$3,500 Individual \$7,000 Family Out-of-Network: \$7,000 Individual / \$21,000 Family	\$1,000 Individual \$2,000 Family Out-of-Network: \$2,000 Individual / \$6,000 Family
<b>Out of pocket maximum</b>	\$7,000 Individual \$14,000 Family Out-of-Network: \$17,000 Individual / \$51,000 Family	\$5,000 Individual \$10,000 Family Out-of-Network: \$12,000 Individual / \$36,000 Family
<b>Pre-tax account availability</b>	Health care FSA	Health care FSA
<b>Preventive care</b>	100% covered	100% covered
<b>Primary care visit</b>	\$35 copay	\$25 copay
<b>Specialist visit</b>	\$75 copay	\$75 copay
<b>Urgent care</b>	\$75 copay	\$75 copay
<b>Emergency room</b>	\$300 copay; 20% coinsurance	\$300 copay; 20% coinsurance
<b>Inpatient hospital care</b>	20% coinsurance	20% coinsurance
<b>Outpatient surgery</b>	Outpatient office visits \$0; all other services 20% coinsurance	Outpatient office visits \$0; all other services 20% coinsurance
<b>Prescription drugs</b>	<b>(30 days   90 days)</b> Tier 1A: \$3.00   \$6.00 / Tier 1: \$10   \$20 Tier 2 \$50   \$100 Tier 3: \$80   \$160 Preferred: 20% coinsurance / Non-preferred: 40% coinsurance – 30 day supplies only	<b>(30 days   90 days)</b> Tier 1A: \$3.00   \$6.00 / Tier 1: \$10   \$20 Tier 2 \$45   \$90 Tier 3: \$75   \$150 Preferred: 20% coinsurance / Non-preferred: 40% coinsurance – 30 day supplies only
<b>Out-of-network care</b>	<b>Balance billing applies</b>	<b>Balance billing applies</b>
<b>Annual deductible</b>	\$7,000 / \$21,000	\$2,000 / \$6,000
<b>Out-of-pocket maximum</b>	\$17,000 / \$51,000	\$12,000 / \$36,000



# Medical Benefits

Medical plan benefits will be offered through Aetna for the 2025 plan year.



## Pricing and Contributions by Town of Westlake for your 2025 plan:

### Aetna OAMC 3500 80/50 CY V24

### Aetna OAMC 1000 80/50 CY V24

In-network care	\$3,500,80/20,35/75 3/10/50/80/20% up to 250/40% up to 500	\$1,000/80/20,25/75 3/10/45/75/20% up to 250/40% up to 500
Employee Only	Employee: \$0.00 Town of Westlake: \$578.91	Employee: \$75.00 Town of Westlake: \$611.87
Employee + Spouse	Employee: \$468.44 Town of Westlake: \$1047.35	Employee: \$562.13 Town of Westlake: \$1269.93
Employee + Child(ren)	Employee: \$310.85 Town of Westlake: \$889.76	Employee: \$373.42 Town of Westlake: \$1037.39
Employee + Family	Employee: \$759.56 Town of Westlake: \$1338.48	Employee: \$ 911.48 Town of Westlake: \$1632.32

# Expanding our telehealth portfolio

CVS Health Virtual Care™ and  
CVS Health Virtual Primary Care™



## Virtual care solutions at a \$0 cost-share

Small Group Aetna Funding Advantage<sup>SM</sup> and 51-100 Fully Insured\* members on broad network plans will have access to two, new, virtual care solutions at \$0 cost-sharing.\*\*

1

### CVS Health Virtual Care™

Provides 24/7 on-demand care. Plus mental health services such as talk therapy and medication management.

2

### CVS Health Virtual Primary Care™

Creates the opportunity to build a primary care relationship, virtually. Eligible members choose a physician to help them with a wide range of medical needs and ongoing care. This includes preventive care, sick and wellness visits and chronic disease management. A dedicated care team, available 24/7 via secure messaging, supports the physician.

\*Applies to FL, KS, MO and TX starting with 10/1/2023 effective dates.

\*\*If the member enrolls in a qualified high-deductible health plan, they can receive preventive services at no cost. To receive no-cost care on all covered non-preventive services, the member will first need to meet their deductible. CVS Health Virtual Primary Care and CVS Health Virtual Care are not available to joint ventures, locally based networks and indemnity plans. Age restrictions may apply. Refer to plan documents for cost-sharing and additional plan details.

Aetna® is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna). Aetna is part of the CVS Health® family of companies.

Aetna Funding Advantage<sup>SM</sup> plans are self-insured by the employer and administered by Aetna Life Insurance Company. Stop-loss insurance coverage is offered by Aetna Life Insurance Company.

# Virtual care solutions at a \$0 cost-share\*

## Bringing you value

Both of these virtual care solutions help you lower costs and improve workplace productivity. They also offer convenient, affordable care to employees — virtually.



### Lower costs

- Using virtual care for on-demand needs, as opposed to urgent care or emergency room visits, can offer a better care experience at a lower cost.
- The care team can help to coordinate in-person care with in-network providers. They can also refer members to Aetna® Care Management\*\* for ongoing triage support and health guidance.
- Pharmacists consult with the virtual care team on medication reviews. When doing so, they can identify lower-cost drug options, if available. This may help your employees save money.



### Convenient care and workplace productivity

- An interoperable electronic health record (EHR) captures visit outcomes. This means employees can share visit data with other network providers who use interoperable EHRs, including MinuteClinic®.
- Anywhere access to care removes the need to travel. So there's less time away from work and family.
- Convenient virtual care services help improve employee well-being. And they may boost retention.

\*If the member enrolls in a qualified high-deductible health plan, they can receive preventive services at no cost. To receive no-cost care on all covered non-preventive services, the member will first need to meet their deductible. CVS Health Virtual Primary Care and CVS Health Virtual Care are not available to joint ventures, locally based network and indemnity plans. Age restrictions may apply. Refer to plan documents for cost-sharing and additional plan details.

\*\*While only your doctor can diagnose, prescribe or give medical advice, the Care Management nurses can provide information on a variety of health topics.

# Services offered

	CVS Health Virtual Care™	CVS Health Virtual Primary Care™
<b>Virtual care services</b>	<ul style="list-style-type: none"> <li>• On-demand services, including minor illnesses, minor injuries, and select women's services, as well as other minor acute care services</li> <li>• Minor dermatological services</li> <li>• Mental health, including <b>talk therapy and medication management</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Primary care</b> services including preventive care, ongoing care management and care coordination</li> </ul>
<b>Virtual care team</b>	<ul style="list-style-type: none"> <li>• An <b>interoperable electronic health record (EHR) captures visit data</b>. Network providers (including MinuteClinic®) can access and share the electronic health records using Epic®. This helps maintain <b>continuity</b> for a consistent patient experience.</li> <li>• <b>Minor dermatological services:</b> Nurse practitioners (NPs) and physician assistants (PAs)</li> <li>• <b>Mental Health:</b> NPs and licensed therapists that members can search and select based on bios</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Physician-led care team</b></li> <li>• <b>Clinical team support with</b> a nurse practitioner (NP) and registered nurse (RN)</li> <li>• <b>Inclusion of a pharmacist</b> (where available) who care team members can consult with to coordinate care</li> </ul>
	<i>These new virtual options complement your existing in-person care options.</i>	
<b>In-person care</b>	<ul style="list-style-type: none"> <li>• Members can connect to in-person care options in their network, including MinuteClinic®.</li> <li>• MinuteClinic is a walk-in clinic at select CVS Pharmacy® and CVS® HealthHUB™ locations and Target® stores. It is the largest provider of retail health care in the U.S. with over 1,100 locations in 35 states and the District of Columbia (if available and in network).</li> <li>• Electronic coordination with high-performing specialists.</li> </ul>	

Members will access CVS Health Virtual Care and CVS Health Virtual Primary Care on their member website. **Talk to you broker to learn more.**

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).** Aetna®, CVS Pharmacy, Inc., which owns CVS® HealthHUB™ locations, and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health® family of companies.

This material is for informational purposes only. Refer to [Aetna.com](https://www.aetna.com) for more information about Aetna® plans and for a full list of participating providers.

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**Members get  
up to \$100 per  
year on health  
support  
products**



## **Over-The-Counter Health Solution<sup>®</sup>**

Staying healthier and feeling better just got more affordable. With the Over-the-Counter Health Solution (OTC Health Solution) benefit, your enrolled employees and their families (your plan's members) get a \$25 allowance every three months to spend on hundreds of CVS<sup>®</sup> brand non-prescription health and wellness support products.

This benefit is available to members of Small Group Aetna Funding Advantage<sup>SM</sup> groups with effective or renewal dates on or after September 1, 2023.\* Available to 51-100 Fully Insured groups in FL, KS and TX starting with October 1, 2023 effective or renewal dates.

\*Available starting with 2/1/2023 effective dates in FL, GA, IL, OH and TX.

# OTC Health Solution® for Small Group Aetna Funding Advantage

## Members can get a variety of products, including:

- First aid and medical supplies
- Home diagnostics
- Cough and cold support products
- Allergy relief products
- Pain relievers and sleep aids
- Personal care
- Antacids, digestive care and laxatives
- Eye and ear care
- Mobility and safety



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Aetna®, CVS Pharmacy®, Inc., which owns CVS® HealthHUB™ locations, and MinuteClinic®, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics), are part of the CVS Health® family of companies.

Aetna Funding Advantage<sup>SM</sup> plans are self-insured by the employer and administered by Aetna Life Insurance Company. Stop-loss insurance coverage is offered by Aetna Life Insurance Company.

The over-the-counter allowance is managed by Over-the-Counter Health Solution®, a division of CVS Health®. Eligible products vary by plan and are subject to change. Plan features and availability may vary by service area. Images are only for illustration and may differ from items received. Cannot be used with other CVS® discounts, programs or promotions.

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# Dependent Care Assistance Program (DCAP)



## Who is Eligible and When:

Your qualifying child who is age twelve or younger for whom you claim a dependency exemption on your income tax return

Your qualifying relative (e.g. a child over twelve, your parent, a spouse's parent)

who is physically or mentally incapable of caring for himself or herself and has the same principal place of abode as you for more than half a year

Your spouse who is physically or mentally incapable of caring for himself or herself and has the same principal place of abode as you for more than half of the year

## Benefits You Receive:

The Dependent Care Assistance Program allows you to use tax-free dollars to pay for child day care or elder day care expenses as long as both you and your spouse (if you are married) are gainfully employed. The annual maximum amount you may contribute is \$5,000 if you are married filing jointly or single and \$2,500 if you are married but filing separately.

## Eligible/Ineligible Expenses:

### Examples of Eligible Expenses:

- Before and afterschool and/or extended day programs
- Daycare in your home or elsewhere so long as the dependent regularly spends at least 8 hours a day in your home
- Base cost of day camps or similar programs

### Examples of Ineligible Expenses:

- Schooling for a child in Kindergarten or above
- Babysitter while you go out to eat or the movies, etc.
- Cost of overnight camps

## Special Rule for Parents Who are Divorced, Separated, or Living Apart:

Only the custodial parent can claim expenses from the DCAP. The custodial parent is generally the parent with whom the child resides for the greater number of nights during the calendar year. Additionally, the custodial parent cannot be reimbursed from the DCAP for child-care expenses while the child lives with the non-custodial parent because such expenses are not incurred to enable the custodial parent to be gainfully employed.

# Flexible Spending Accounts (FSAs)



**Pay for qualifying expenses with tax-free money using your Flexible Spending Account through National Benefit Services.**

Health and dependent care expenses can add up. Paying with tax-free funds can help. Enroll in one or more flexible spending accounts (FSAs) depending on your needs.

## Health care

### Health care FSA

Pay for eligible medical, prescription, dental, and vision expenses. FSAs provide you with an important tax advantage that can help you pay healthcare and dependent care expenses, and you can actually lower your taxable income.

<b>2025 maximum contribution</b>	\$3,300
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<b>Annual rollover amount</b>	\$0 (use-it-or-lose-it)
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This program lets employees pay for certain IRS-approved medical care expenses and prescriptions not covered by their insurance plan with pretax dollars. There are limits on salary reduction contributions to a healthcare FSA offered under a cafeteria plan and is applicable to both grandfathered and non-grandfathered health FSAs. This limit will be indexed for cost-of-living adjustments. The annual maximum amount you may contribute to the Health Care Reimbursement FSA is \$3,300 for 2025.

Some examples of eligible expenses include:

- Hearing services, including hearing aids and batteries
- Vision Services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription contraceptives


**FSA/HSA Limitations:** Please note, in general, per IRS regulations, married couples may not enroll in both a Flexible Spending Account (FSA) and a Health Savings Account (HSA). If your spouse is covered under an FSA that reimburses for medical expenses then you and your spouse are not HSA eligible, even if you would not use your spouse's FSA to reimburse your expenses. However, there are some exceptions to the general limitation regarding specific types of FSAs. To obtain more information on whether you can enroll in a specific type of FSA or HSA as a married couple, please reach out to the FSA and/or HSA provider prior to enrolling or reach out to your tax advisor for further guidance.

# Dental Benefits



For 2025, the following dental option is available through Aetna. Refer to the carrier benefits summary for the exact benefit level associated with your plan.

In-Network Care	Aetna Dental
Annual Deductible (DED)	\$50 Individual \$150 Family
Annual maximum benefit	\$1,500 per person
Preventive care	100% covered
Basic care	DED then you pay 20%
Major care	DED then you pay 50%
Orthodontic care	
Coverage (up to age 20)	DED then 50%
Lifetime maximum benefit	\$1,500
Out of Network Care	Out of network benefits mirror in-network benefits. However, Some out of network providers may balance bill.

 **Stay in-network to avoid balance billing** (the difference between what an out-of-network provider charges and the amount your insurance pays).

## Did you know?

**For a child, one can of soda represents three full days worth of sugar. Sugary sodas are a major risk factor for tooth decay.**

**-American Dental Association**



# Vision Benefits



For 2025, the following vision option is available through Aetna. Refer to the carrier benefits summary for the exact benefit level associated with your plan.

Aetna Vision	In Network	Out of Network
<b>Annual Eye Exam</b>	\$10 copay	Up to \$30 reimbursement
<b>Lenses</b>	\$25 copay	Single Vision - up to \$10 Lined Bifocal - up to \$25 Lined Trifocal - up to \$55 Lenticular - up to \$55
<b>Contact Lenses</b>		
Elective	\$130 allowance	Up to \$90 reimbursement
Medically Necessary	\$0 copay	Up to \$200 reimbursement
<b>Frames</b>	\$130 allowance 20% off balance over \$130	Up to \$65 reimbursement
<b>Frequency</b>		
Exam	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months

*Did you know?*

***Research has linked smoking to an increased risk of developing age-related macular degeneration, cataract, and optic nerve damage.***

**-National Eye Institute**



# Life & AD&D Insurance

## Financial peace of mind through The Standard.

Life insurance pays a benefit if you pass away while you're covered. Accidental Death and Dismemberment (AD&D) insurance offers additional support if you pass away or are seriously injured due to an accident.

## Basic life and AD&D insurance - Employer Paid

The Town of Westlake provides life and AD&D insurance at no cost to you.

	The Standard
Life Benefit	1x salary up to \$200,000 maximum
AD&D Benefit	Equal to Life Benefit
Guaranteed Issue Amount	\$200,000
Age Reduction Schedule	Age 70 - Benefit reduces by 50%

Make sure to designate a **beneficiary** for your life insurance coverage to ensure your family is cared for according to your wishes.

## Voluntary life and AD&D insurance - Employee Paid

You may also purchase additional coverage for you, your spouse, and your eligible child(ren).

	The Standard
Employee Life and AD&D Benefit	Increments of \$10,000 up to \$300,000 maximum
Dependent Life and AD&D Benefit	Spouse: Increments of \$5,000, to lesser of \$150,000 or employee benefit Child(ren): \$10,000
Guaranteed Issue Amount	Employee \$50,000 Spouse \$10,000
Conversion Privilege	Yes
Age Reduction Schedule	Age 65 - Benefit reduces to 65% Age 70 - Benefit reduces to 50% Age 75+ - Benefit reduces to 35%



### What's AD&D?

Accidental death and dismemberment (AD&D) insurance may pay:

- **your beneficiary** if you pass away due to an accident
- **you** a partial benefit if you lose specified bodily functions (sight, limbs, etc.)

### Medical question limit

When you're first eligible (a new hire), you can purchase additional life insurance up to the guaranteed issue without any medical questions required.

Medical questions and approval will be required for all future increase and purchase requests.

# Disability Insurance

Financial peace of mind through The Standard.

Disability coverage insures your paycheck, replacing a portion of your income if you're unable to work due to a covered illness or injury.

## Long-term disability - Employer Paid

Plan Pays	60% of Salary
Maximum Monthly Benefit	\$6,000
Elimination Period	90 days
Duration of Benefits	To age 65 as long as you become disabled prior to age 62. The maximum benefit period is on the age-defined schedule below.

See your benefit summary to learn more about the definition of "unable to work".

Max Benefit Period Schedule after Age 62	
Age	Period
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year



### Pre-existing condition limitations

If you make a disability claim within the **first year** of being covered, check your plan details to see how **pre-existing condition limitations** might impact your coverage.

*Did you know?*

**41% of people with arthritis are forced to limit their physical activity, making it the leading cause of disability in the US.**

**-Illinois Department of Public Health. "Arthritis and Disability." 2007. Web Accessed.**



# A helping hand when you need it.

Rely on the support, guidance and resources of your Employee Assistance Program.



There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,<sup>1</sup> which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.

## Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)<sup>2</sup> and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone, by video or text.

## EAP services can help with:

-  Depression, grief, loss and emotional well-being
-  Family, marital and other relationship issues
-  Life improvement and goal-setting
-  Addictions such as alcohol and drug abuse
-  Stress or anxiety with work or family
-  Financial and legal concerns
-  Identity theft and fraud resolution
-  Online will preparation and other legal documents



## Contact EAP

888.293.0948  
(TTY Services: 711)  
24 hours a day,  
seven days a week

[healthadvocate.com/standard3](http://healthadvocate.com/standard3)

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

With EAP, personal assistance is immediate, confidential and available when you need it.

## WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

## Online Resources

Visit [healthadvocate.com/standard3](http://healthadvocate.com/standard3) to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

<sup>1</sup> The EAP service is provided through an arrangement with Health Advocate<sup>SM</sup>, which is not affiliated with The Standard. Health Advocate<sup>SM</sup> is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

<sup>2</sup> Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | [standard.com](http://standard.com)

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

# Required Notices



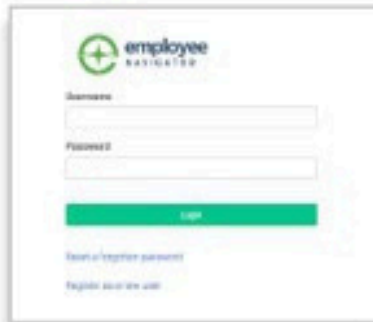
**Scan this QR code:**



**Or use this link below:**

<https://view.onedigital.com/requirednotices2025westlake1>

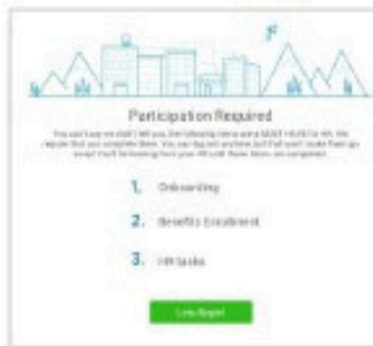
# ENROLL IN YOUR BENEFITS: One step at a time



## Step 1: Log In

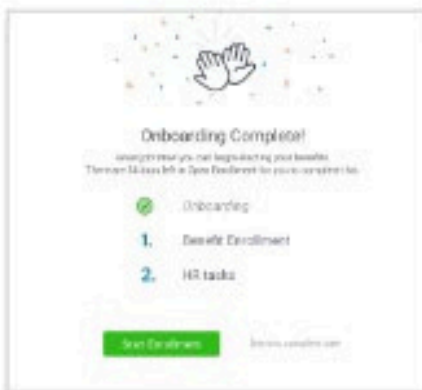
Go to [www.employee navigator.com](http://www.employee navigator.com) and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.



## Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.

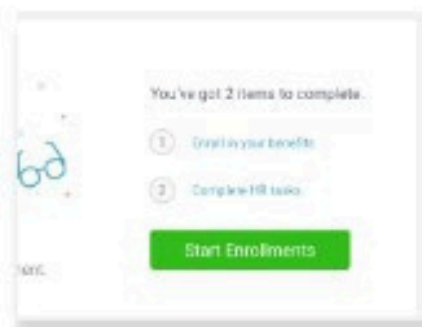


## Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

### TIP

if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"



## Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

### TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.



## Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

### Who am I enrolling?

- ☒ Myself
- ☐ Elizabeth Reynolds (Spouse)
- ☐ Gwen Reynolds (Child)

This screenshot shows the cost breakdown for the selected plan. At the top, it displays a total cost of \$130.46 per pay period for an employee. Below this, a table breaks down the costs:

Plan Cost	Employer Contribution	My Cost
\$130.46	\$0.00	\$130.46

Buttons for 'Save & Continue' and 'Don't want this benefit?' are visible at the bottom right.

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

## Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

This screenshot shows the 'Enrollment Summary' page. It includes a progress bar at the top right indicating 'Progress 6 of 8'. A yellow banner states 'Enrollment Not Complete' with a warning icon. Below this, a list of enrolled plans is shown, including 'Medical'. A progress bar on the right side of the page shows the status of various steps, with some steps highlighted in yellow to indicate they are incomplete.

## Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

### TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

This screenshot shows the 'High Five! Enrollment Complete!' confirmation screen. It features a large green checkmark and the text 'You're only one more item to complete'. Below this, a list of items to complete is shown: 'Enroll in your benefits' (completed with a green checkmark) and 'HR Tasks' (incomplete with a red '1'). A green 'Start Tasks' button is prominently displayed at the bottom.

## Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7

# Carrier Contact Information

Know where to go:

<b>Medical insurance</b>	Aetna	(800) 872-3862 www.aetna.com
<b>Dental insurance</b>	Aetna	(800) 872-3862 www.aetna.com
<b>Vision insurance</b>	Aetna	(800) 872-3862 www.aetna.com
<b>Life and AD&amp;D insurance</b>	The Standard	(888) 937-4783 www.standard.com
<b>Disability insurance</b>	The Standard	(888) 937-4783 www.standard.com
<b>OneDigital Advanced Resolution Team (ART)</b>	OneDigital	(866) 802-6311 art@onedigital.com

# Notes:





# Notes:



