

The background features a repeating pattern of light blue line-art icons on a white background. The icons include a heart rate line, a group of three people, a wheelchair, a clock, a piggy bank, a dollar sign, a hand holding a coin, a shield, and a large eye. A solid dark blue horizontal bar is positioned at the bottom of the page.

**PALOMARPOWERED**

**Palomar Community College District**  
**EMPLOYEE BENEFITS MEETING**  
Plan Year: 2021 – 2022

# Negotiation Update

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\*\*The Palomar Faculty Federation and the District are currently in negotiations with the District, the rates listed in this presentation represent the buy up from the HMO as outlined in the 2020-2021 contract year.

# Today's Employee Benefits Webinar Agenda

## Discussion topics

- ✓ What is not changing
- ✓ What is changing
- ✓ 2021/2022 rates\*\*
- ✓ Pre-Tax vs. Post-Tax deduction examples
- ✓ Medical, Dental, Vision, Life, Disability, FSA, EAP, Legal Hyatt, Aflac and American Fidelity Benefits
- ✓ Next steps
- ✓ District and vendor contacts

\*\*The Palomar Faculty Federation and the District are currently in negotiations with the District, the rates listed in this presentation represent the buy up from the HMO as outlined in the 2020-2021 contract year.

# What is Not Changing

The District remains committed to providing permanent employees with comprehensive benefits, including plans with 100% District paid premiums.

## Medical/Dental/Vision/Life/Long Term Care Plans – 100% District paid premiums

Anthem HMO and Kaiser Permanente HMO for the Employee and Eligible Dependents

Kaiser HDHP/Discovery Benefits HSA District contributions of \$3,000 single / \$6,000 2-party & family  
Discovery Benefits HSA funds deposited half in October/half in April.\*

DeltaCare DHMO for the Employee and Eligible Dependents

EyeMed Vision for the Employee and Eligible Dependents

\$80,000 VOYA Employee Term Life Insurance and Accidental Death & Disability Insurance

Unum Employee Long Term Care Insurance

Anthem & VOYA Employee Assistance Programs for ALL employees and their household members

## Medical and Dental PPO plans – Employee Contributions Required

Anthem PPO plans for the Employee and Eligible Dependents

Delta PPO and Delta Incentives for the Employee and Eligible Dependents

\* Per the IRS HDHP/HSA Deductible & Out-of-Pocket will reset on January 1<sup>st</sup> regardless of benefit plan year

# What is Not Changing (continued)

## Voluntary Benefits – Employee Paid

Hyatt Legal Services

Employee contributions to American Fidelity FSA plans (Kaiser HDHP members Discovery HSA)

Voya Supplemental Life/AD&D

American Fidelity & Aflac Supplemental Insurance Plans

# What is Changing

Effective October 1, 2021

Category	Current Anthem HMO & PPO Benefit	Anthem PPO & HMO Benefit effective 10/1/2021
Skilled Nursing Facility/Inpatient Rehabilitation Day Limit	100-day Limit per benefit period. No visit limit on inpatient rehabilitation services.	150- day limit per benefit period and will be combined with inpatient rehabilitation services

## Anthem PPO Plans

As of October 1, 2021, Anthem PPO plans will have a \$0 copay for the first three non-preventative office visits to a primary care provider each calendar year for each family member enrolled on the plan.

Anthem will be implementing a digital card as of October 1, 2021. If you need a physical ID card, you will need to contact Anthem customer service team to request one.

# What is Changing (continued)

Effective October 1, 2021

Plans Requiring Employee 10 or 12 Monthly Contributions / Buy Up				
Insurance Plan	2020/2021 Employee Contribution		2021/2022 Employee Contribution **	
Coverage:	12 Month Contribution	10 Month Contribution	12 Month Contribution	10 Month Contribution
<i>Anthem Traditional PPO 100A (PPO High)</i>	Single \$215.00 2-Party \$422.00 Family \$594.00	Single \$258.00 2-Party \$506.40 Family \$712.80	Single \$193.00 2-Party \$378.00 Family \$531.00	Single \$231.60 2-Party \$453.60 Family \$637.20
<i>New Anthem PPO 80E (PPO Low)</i>	Single \$28.00 2-Party \$56.00 Family \$80.00	Single \$33.60 2-Party \$67.20 Family \$96.00	Single \$8.00 2-Party \$15.00 Family \$22.00	Single \$9.60 2-Party \$18.00 Family \$26.40
<i>Delta Dental PPO</i>	Single, 2-Party, Family \$44.87 (*)	Single, 2-Party, Family \$53.84 (*)	Single, 2-Party, Family \$44.87 (*)	Single, 2-Party, Family \$53.84 (*)
<i>Delta Dental Premier</i>	Single, 2-Party, Family \$71.57 (*)	Single, 2-Party, Family \$85.88 (*)	Single, 2-Party, Family \$71.57 (*)	Single, 2-Party, Family \$85.88 (*)

(\*) Dental rates are based on super-composite structure.

The District contributes 100% to EyeMed vision plan and Basic Life coverage.

(\*\*) The Palomar Faculty Federation and the District are currently in negotiations with the District, the rates listed in this presentation represent the buy up from the HMO as outlined in the 2020-2021 contract year.

# Pre-Tax vs. Post-Tax Deductions

The IRS section 125 allows employers, such as Palomar Community College District, to offer employee deductions for the medical and dental premiums on a pre-tax basis. Employees can opt to have these deductions made on a post-tax basis.

## EXAMPLES

PRE-TAX PAYROLL CONTRIBUTIONS	
Gross Earnings	\$1,000.00
Insurance Deductions	<\$100.00>
Sub-Total	\$900.00
25% Payroll Taxes	<\$225.00>
Net Earnings	\$675.00

POST-TAX PAYROLL CONTRIBUTIONS	
Gross Earnings	\$1,000.00
25% Payroll Taxes	<\$250.00>
Insurance Deductions	<\$100.00>
Net Earnings	\$650.00



# Medical Plans

# Medical Plans Offered by PCCD

**2021 – 2022**

(Effective October 1, 2021)

**Medical (through SISC III JPA)**

- Anthem Blue Cross HMO California Care
- Anthem Blue Cross PPO 100A
- Anthem Blue Cross PPO 80E
- Kaiser Permanente HMO
- Kaiser Permanente HDHP H.S.A.

# Anthem Medical Plans – High-Level Summary

Medical Plan Type/Benefits	Anthem Traditional PPO PPO 100-A	Anthem Traditional PPO PPO 80-E	Anthem HMO
	in-network <sup>#</sup>	in-network <sup>#</sup>	In-network only benefit
<b>CALENDAR YEAR DEDUCTIBLE AND OUT-OF-POCKET (OOP) MAXIMUM</b>			
Individual/Family Deductibles	\$0	\$300/\$600	\$0
Individual/Family Out-of-Pocket Max (includes deductibles and co-pays)	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000
<b>PROFESSIONAL SERVICES</b>			
Preventive Care Services (includes physical exams & screenings)	0%, Deductible Waived	0%, Deductible Waived	No Charge
Office Visit (PCP)/Urgent Care co-pay	\$10/\$0 copay for 1 <sup>st</sup> 3 visits for PCP	\$20/\$0 copay for 1 <sup>st</sup> 3 visits to PCP	\$20
Specialists/Consultants co-pay	\$10	\$20	\$40
Prenatal, postnatal office visit co-pay	\$10	\$20	\$20
Scans: CT, CAT, MRI, PET etc.	0%	20%	\$100 per test
Diagnostic X-ray & Laboratory Procedures	0%	20%	No Charge
<b>HOSPITAL &amp; SKILLED NURSING FACILITY SERVICES</b>			
Emergency Room visit (co-pay waived if admitted <sup>4</sup> )	\$100/visit	\$100/visit + 20%	\$100/visit
Inpatient Hospital co-pay (preauthorization required)	0%	20%	\$250/admit
Surgery, Outpatient (performed in an Ambulatory Surgery Center)	0%	20%	\$125
Surgery, Outpatient (performed in a Hospital)	0% (Limitation applies to certain procedures - consult with Anthem)	20% (Limitation applies to certain procedures - consult with Anthem)	\$125
<b>MENTAL HEALTH SERVICES &amp; SUBSTANCE ABUSE TREATMENT</b>			
<b>INPATIENT CARE:</b> Facility based care (preauthorization required)	0%	20%	\$250/admit
<b>OUTPATIENT CARE:</b> Physician Office visits	\$10	\$20	\$20
<b>OTHER SERVICES</b>			
Acupuncture - Limits apply	0%	20%	\$10/30 visits combined w/chiropractic
Chiropractic - Limits apply	0%	20%	\$10/30 visits combined w/Acupuncture
Hearing Aids	10% Coinsurance (\$700 per benefit allowance every 24 months)	20% Coinsurance (\$700 per benefit allowance every 24 months)	50% Benefit Allowance/1 device/36 months
<b>PRESCRIPTION DRUG PLANS</b>			
<b>Pharmacy out of pocket maximum</b>	\$1,500 Individual / \$2,500 Family	\$2,500 Individual / \$3,500 Family	\$2,500 Individual / \$3,500 Family
Most Generic co-pay/days supply	\$5/\$0 at Costed	\$9/\$0 at Costed	\$9/\$0 at Costed
Most Brand co-pay/days supply	\$20 up to 30-day supply	\$35 up to 30-day supply	\$35 up to 30-day supply
Most Specialty Drugs - Navitus (most specialty items)	\$20 up to 30-day supply	\$35 up to 30-day supply	\$35 up to 30-day supply
Most Mail Order (Generic/Brand co-pay/days supply)	\$0 generics/\$50 Brand up to 90 days	\$0 generics/\$90 Brand up to 90 days	\$0 generics/\$90 Brand up to 90 days

<sup>#</sup> SISC PPO plans offer some out-of-network coverage. Please refer to the Benefit Summary

<sup>1</sup> for most generic medications

<sup>4</sup> Members is reasonable for excess out of network provider charges

Outpatient Arthroscopy, Cataract Surgery, Colonoscopy, Upper GI endoscopy with/without biopsy benefits have a maximum amount paid by Anthem at a hospital setting. Please make sure you contact Anthem before you schedule these procedures.

This is only a brief summary of benefits that reflects In-Network benefits only. Please review the benefit summaries or plan booklets for details, limitations, and exclusions. Plan Booklets will take precedents over this brief summary. Benefits may be subject to change due to mid-year legislative changes.

# Kaiser Medical Plans — High-Level Summary

Medical Plan Type/Benefits	Kaiser HMO	Kaiser - Health Savings Account Qualified HMO Plan	
	In-network only benefit	Single (in-network) <sup>#</sup>	Family (in-network) <sup>#</sup>
Employer Contributions to H.S.A. <sup>3</sup>	None	H.S.A Funding - \$3,000	H.S.A Funding - \$6,000
CALENDAR YEAR DEDUCTIBLE AND OUT-OF-POCKET (OOP)			
Individual/Family Deductibles	\$0	\$1,500	\$2,800/\$3,000
Individual/Family Out-of-Pocket Max (includes deductibles and co-pays)	\$1,500/\$3,000	\$3,000	\$6,000
PROFESSIONAL SERVICES			
Preventive Care Services (includes physical exams & screenings)	No Charge	0% (deductible waived)	
Office Visit/Urgent Care co-pay	No Charge	10%	
Specialists/Consultants co-pay	No Charge	10%	
Prenatal, postnatal office visit co-pay	No Charge	10%	
Scans: CT, CAT, MRI, PET etc.	No Charge	10%	
Diagnostic X-ray & Laboratory Procedures	No Charge	10%	
HOSPITAL & SKILLED NURSING FACILITY SERVICES			
Emergency Room visit (co-pay waived if admitted) <sup>4</sup>	\$100/visit	10%	
Inpatient Hospital co-pay (preauthorization required)	No Charge	10%	
Surgery, Outpatient (performed in a Hospital)	No Charge	10%	
MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT			
INPATIENT CARE: Facility based care (preauthorization required)	No Charge	10%	
OUTPATIENT CARE: Physician Office visits	No Charge	10%	
OTHER SERVICES			
Acupuncture - Limits apply	\$10/30 visits combined w/chiropractic \$10/30 visits combined w/Acupuncture No Charge	10% (requires Kaiser approval)	
Chiropractic - Limits apply		Not covered	
Durable Medical Equipment (DME)		10% <sup>2</sup>	
PRESCRIPTION DRUG PLANS			
Pharmacy out of pocket maximum		Medical Deductible has to be met before the Rx copays apply	
Most Generic co-pay/days supply	\$5 up to 100-day supply	\$10 up to 30-day supply	
Most Brand co-pay/days supply	\$5 up to 100-day supply	\$30 up to 30-day supply	
Most Specialty Drugs - Navitus (most specialty items)	\$5 up to 30-day supply	\$30 up to 30-day supply	
Most Mail Order (Generic/Brand co-pay/days supply)	\$5 mail order	\$20 generic/\$60 Brand up to 100-day supply	

## NOTES:

<sup>#</sup> SISC PPO plans offer some out-of-network coverage. Please refer to the Benefit Summary

<sup>1</sup> for most generic medications

<sup>2</sup> certain limitation and maximum applies for supplemental DME

<sup>3</sup> Amounts will be deposits in two increments, October 2020 and April 2022

<sup>4</sup> Members is responsible for excess out of network provider charges

This is only a brief summary of benefits that reflects In-Network benefits only. Please review the benefit summaries or plan booklets for details, limitations, and exclusions. Plan Booklets will take precedents over this brief summary. Benefits may be subject to change due to mid-year legislative changes.

Per the IRS code, if you are over the age of 65 and have Medicare part A, B and/or D, you are not qualified for HSA contributions.

Per IRS guidelines - Kaiser HSA deductible & out-of-pocket maximum will reset to zero as of January 1<sup>st</sup> regardless of the District benefit plan year.

# The HMO Plans

## Key features

- Many costs are predictable
- Your out-of-pocket costs are usually lower when you get care

## Things to consider

- This plan only covers services from doctors in the **health maintenance organization (HMO)** plan, except when it's an emergency
- Your plan requires you to select a primary care physician (PCP) and medical group (you can change your PCP and medical group on a monthly basis, but you need to contact Anthem or Kaiser before you seek services from the new PCP or medical group otherwise services will not be covered)
- If you need a specialist, you'll have to go through your primary care doctor to get a referral. In most cases, you will be sent to a specialist within the medical group

# HMO – Care Away From Home

## Do you have dependents who reside outside of California?

You and your dependents are covered for emergency services anywhere in the US and the world.

### **Anthem:**

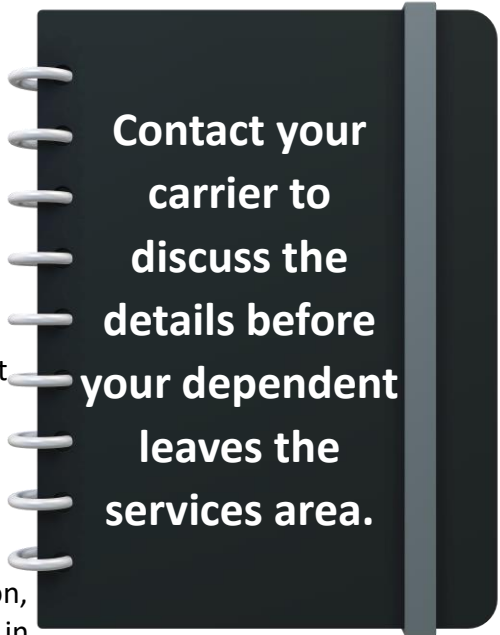
If so, they may be able to enroll for HMO coverage with a partner Anthem Blue Cross plan under their Guest Membership program. The HMO Away From Home Care program gives you Guest Membership if they will be temporarily outside of your service area for at least 90 days in one location.

Memberships are available if there is a participating Plan in your location. If it happens that the area you will be in does not have a participating Plan, the Guest Membership program would not be an option.

### **Kaiser Permanente:**

There are Kaiser Permanente locations in California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington D.C. You can get most of the same services you would get in your home area when living temporarily in another Kaiser Permanente service area. Find Kaiser facilities at [kp.org/locations](https://kp.org/locations).

If you're outside our service area or studying abroad, don't worry — you're still covered for emergency care anywhere in the world. However, you're not covered for routine services received from non-Plan providers — like checkups, preventive screenings, and flu shots.



**Contact your  
carrier to  
discuss the  
details before  
your dependent  
leaves the  
services area.**

# HMO – How to Find a Primary Care Physician and Medical Group

## Find a network provider

The Anthem HMO network is one of the largest in California, with more than 110,000 physicians and 387 hospitals

It's easy to find a provider online:

- Go to [anthem.com/ca/sisc](https://anthem.com/ca/sisc)
- Find Care in the menu selection
- Choose the network you are enrolled in; HMO Full Network (California Care)
- You will then be directed to the Anthem website where you can search by specific provider type or location
- If you're looking for a primary care doctor, select the check boxes that say Accepting New Patients and Able to serve as Primary Care Physician (PCP).
- To find your doctor's provider and medical group/IPA number (needed when you enroll in the HMO plan for the first time), select the doctor's name and look for the online enrollment ID.

The screenshot displays the Anthem website's 'Provider Details' page for Alonzo Flores MD. The page is organized into several sections: 'CARE PROVIDER', 'AFFILIATION', and 'LOCATION'. The 'CARE PROVIDER' section includes the provider's name, a checkmark indicating they are a 'Doctor In-Network', and a link to 'Login to view provider in-network'. It also states 'ACCEPTS NEW PATIENTS' and provides instructions for patients to contact the provider to confirm. The 'AFFILIATION' section lists the 'HOSPITAL' as ST JOSEPH HOSPITAL ORANGE and the 'MEDICAL GROUP' as PCP ID/ENROLLMENT ID: 096634. The 'LOCATION' section provides the address: 229 S GLASSELL ST, ORANGE, CA 92666, along with driving distance and directions, and waiting times for medical care. A red circle highlights the 'PCP ID/ENROLLMENT ID: 096634' in the 'AFFILIATION' section.

CARE PROVIDER	AFFILIATION	LOCATION
<b>PROVIDER:</b> ALONZO FLORES MD ✓ Doctor In-Network Login to view provider in-network. <b>ACCEPTS NEW PATIENTS:</b> Provider reporting accepting new patients, contact provider to confirm. <b>ACCEPTS MEDICAD:</b> Contact the provider to determine if accepting Medicaid. <b>SPECIALTIES:</b> Family Practice - Not Board Certified <b>PCP ID/ENROLLMENT ID:</b> 096634 * Access "Insurance Plans Accepted" for details <b>GENDER:</b> MALE <b>LANGUAGE OF THE PROVIDER:</b> Spanish, English	<b>HOSPITAL:</b> ST JOSEPH HOSPITAL ORANGE <b>MEDICAL GROUP:</b> PCP ID/ENROLLMENT ID: 096634 (PAPER/ONLINE): 096634 PCP ID/ENROLLMENT ID (PHONE): 096634	229 S GLASSELL ST, ORANGE, CA 92666 Driving distance & directions 714.639.0303 Waiting times for medical care Distance: 0.2 miles away

# The PPO Plans

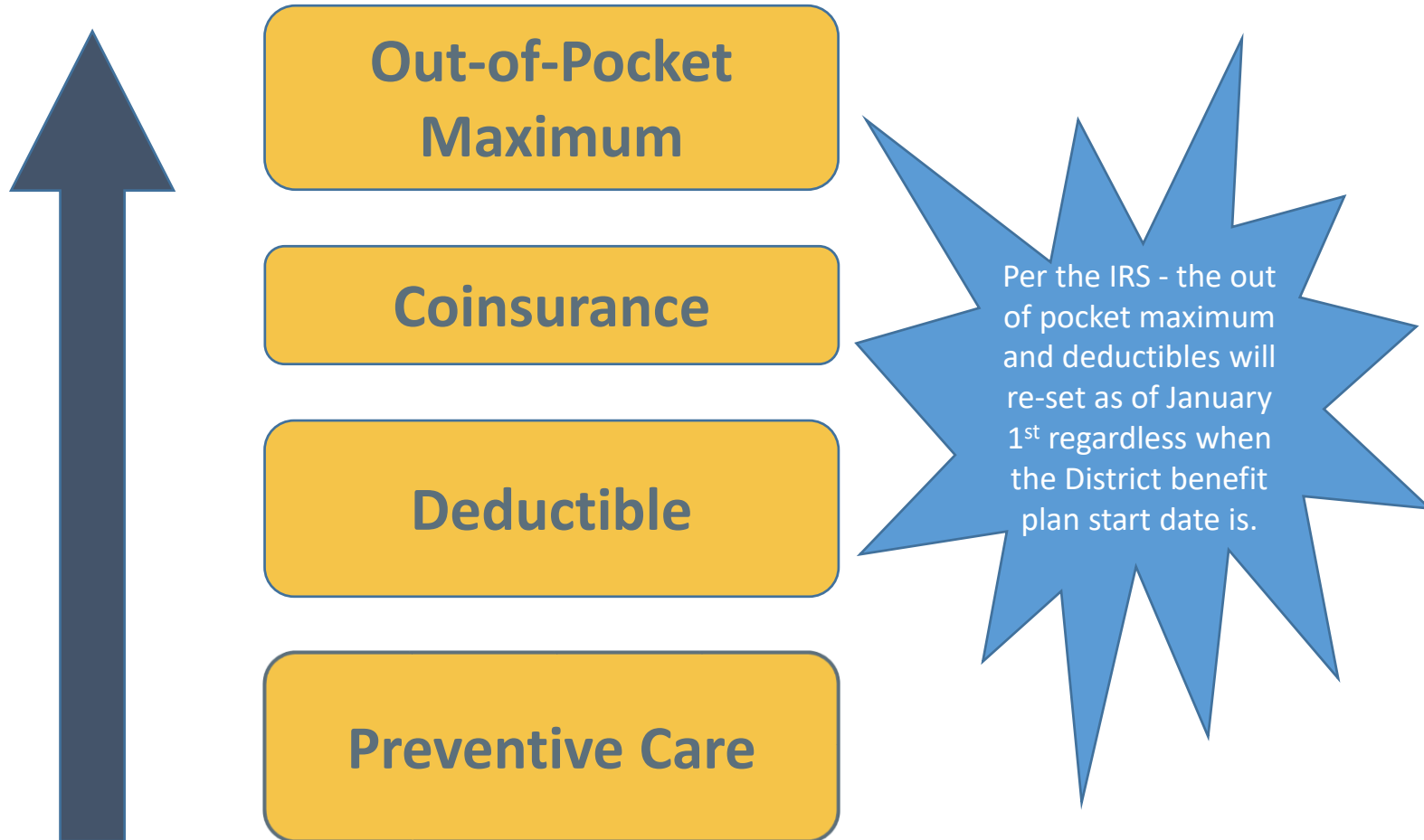
## Key features

- You get access to a large number of doctors.
- You don't need a referral to see specialists.

## Things to consider

- The plan covers most services from almost any doctor or hospital, but you pay less when using a doctor from the **preferred provider organization (PPO)** plan.
- We recommend you visit a contracted/in-network provider for best savings
- Contact Anthem to confirm if services are covered before you visit provider such as labs/urgent care, etc.

# High Deductible Health Plan (HDHP)



# HDHP – Preventative Care

High Deductible  
Health Plan  
(HDHP)

Out-of-Pocket  
Maximum

Coinsurance

Deductible

Preventive  
Care

Preventive care 100% covered with in-network providers, includes but not limited to:

- Annual exams, routine prenatal and well-child care, and child and adult immunizations
- Preventive (non-diagnostic) screening services
- Eligible preventive medications

# Value Added Benefit - SISC

The following programs are offered through the SISC program to employees enrolled in PCCCD medical plans with most at no additional cost:

- **Expert Medical Opinions** – this program is available to all PCCD members including Anthem and Kaiser enrollees at no-cost. Get answers to your health care questions and medical options from world-leading experts. To find out more about this program you can call 855-201-9925 or go to [www.advance-medical.net/sisc](http://www.advance-medical.net/sisc)
- **MDLive** – this program is available to Anthem PPO and HMO members only. Copay applies. You can register by calling 888-632-2738 or go to [www.mdlive.com/sisc](http://www.mdlive.com/sisc)
- **Free Generic Medications** – this program is available to Anthem PPO and HMO members at no-cost. Just take your prescriptions to the nearest Costco Pharmacy; you don't need to be a Costco member. Excludes certain pain and cough medications.
- **Enhanced Cancer Benefits** – available to Anthem PPO and HMO members at no-cost. Consult experts who can help you navigate the complex world of cancer treatment. Services include assistance in receiving an accurate initial diagnosis and developing a comprehensive care plan. To find out more about this program you can call 877-220-3556 or go to [www.sisc.hdplus.com](http://www.sisc.hdplus.com)
- **Vida Health** – this is a digital coaching app and available to Anthem PPO and HMO members that are 18 and older at no-cost. Get one-on-one coaching, therapy and other tools and resources via online or mobile access. To find out more about this program you can call 855-442-5885 or go to [www.vida.com/sisc](http://www.vida.com/sisc)
- **Hinge Health** – This is available to Anthem PPO members at no-cost. Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy. To find out more about this program you can call 855-902-2777 or go to [www.hingehealth.com/sisc](http://www.hingehealth.com/sisc)



## **Dental, Vision, Life, Disability and EAP Plans**

# Dental, Vision, Life and EAP Plans Offered by PCCD

## 2021 – 2022

(Effective October 1, 2021)

<b>Delta Dental</b>	<ul style="list-style-type: none"><li>• DeltaCare HMO</li><li>• Delta PPO</li><li>• Delta Incentives (only available to employees hired prior to 1994)</li></ul>
<b>EyeMed Vision</b>	<ul style="list-style-type: none"><li>• EyeMed PPO</li></ul>
<b>Voya</b>	<ul style="list-style-type: none"><li>• Basic Life</li><li>• Supplemental life</li><li>• Long Term Care</li></ul>
<b>Employee Assistance Program</b>	<ul style="list-style-type: none"><li>• Anthem Blue Cross (available to all employees)</li><li>• Voya EAP (available to all employees)</li></ul>

# DeltaCare USA Dental Plan – High-Level Summary

**DeltaCare USA dental plan is an HMO plan.**

## How does it work?

- You will need to pick a dentist, or someone will be randomly selected
- You can find a participating primary dentist at [www.deltadental.com](http://www.deltadental.com); Member, Find a Dentist .
- You will receive an ID card with your dentist name. If the dentist name does not match the card, please make sure you contact DeltaCare as soon as possible to make the change before you see the dentist
- You will need to request a referral from your primary dentist for any dental services
- Your and your family members can have different dentists
- Employee will pay a specific copay amount for services (see DeltaCare description of benefits & copayment schedule on the District intranet site)

DeltaCare USA does not have an annual plan maximum

Dental Plan Type/Benefits	Delta Dental DHMO	
	In-Network Only	
Annual Deductible (Individual / Family)	\$0	
Waived for Preventive	N/A	
Annual Plan Maximum	N/A	
Covered Services		
Diagnostic and Preventive Services	Copays vary	
Basic Services	Copays vary	
Major Services	Copays vary	
Crowns and Cast Restorations	Copays vary	
Prosthodontics	Copays vary	
Orthodontia Services		
Orthodontia Maximum	Limited ortho (under 19)	\$950 copay
	Limited ortho (adult)	\$1,150 copay
	Comprehensive ortho (under 19)	\$1,300 copay
	Comprehensive ortho (adult)	\$1,600 copay

This is only a brief summary of benefits. Please review the benefit summaries or plan booklets for details, limitations and exclusions. Plan Booklets will take precedents over this brief summary. Benefits may be subject to change due to mid-year legislative changes.

# Delta PPO/Incentive Dental Plans – High-Level Summary

Dental Plan Type/Benefits	Delta Dental PPO			Delta Dental Incentive (This plan is only available if you were hired at PCCD prior to 1994)		
	PPO Network	Premier Network	Out-of-Network	PPO Network	Premier Network	Out-of-Network
Annual Deductible (Individual / Family)	\$0	\$25	\$25	\$0	\$0	\$0
Waived for Preventive		No		N/A	N/A	N/A
Annual Plan Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Covered Services						
Diagnostic and Preventive Services	100%	90%	90%	70-100%	70-100%	70-100%
Basic Services	90%	70%	70%	70-100%	70-100%	70-100%
Major Services	60%	50%	50%	70-100%	70-100%	70-100%
Crowns and Cast Restorations	60%	50%	50%	70-100%	70-100%	70-100%
Prosthodontics	60%	50%	50%	50%	50%	50%
Orthodontia Services						
Orthodontia Maximum	\$1,000 (lifetime maximum)			Not covered		
Adult & Dependent Children	50%	50%	50%	Not covered	Not covered	Not covered

This is only a brief summary of benefits. Please review the benefit summaries or plan booklets for details, limitations and exclusions. Plan Booklets will take precedents over this brief summary. Benefits may be subject to change due to mid-year legislative changes.

# EyeMed Vision Plan –

## High-Level Summary

<i>Vision Plan Type/Benefit</i>	<b>EyeMed Vision</b>	
	<b>In-Network</b>	<b>Out-of-Network Member Reimbursement up to:</b>
<b>Exam Copay</b>	\$0	Up to \$40
<b>Frequency:</b>		
Eye Exam	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Frames	Once every 12 months	Once every 12 months
Contacts	Once every 12 months (in lieu of lenses)	Once every 12 months (in lieu of lenses)
<b>Lenses:</b>		
Single Vision	\$0	Up to \$30
Bifocal	\$0	Up to \$50
Trifocal	\$0	Up to \$70
Lenticular	\$0	Up to \$70
Standard Progressive	\$0	Up to \$108
Premium Progressive Tier 1	\$20	Up to \$108
Premium Progressive Tier 2	\$30	Up to \$108
Premium Progressive Tier 3	\$45	Up to \$108
Premium Progressive Tier 4	\$0 copay; 20% off retail less \$120 Allowance	Up to \$108
<b>Contact Lenses:</b>		
Conventional	\$0 copay; \$180 Allowance, 15% off balance over \$180	Up \$180
Disposable	\$0 copay; \$180 Allowance, plus balance over \$180	Up \$180
Medically Necessary	\$0 copay, Paid in Full	Up to \$210

This is only a brief summary of benefits. Please review the benefit summaries or plan booklets for details, limitations and exclusions. Plan Booklets will take precedents over this brief summary. Benefits may be subject to change due to mid-year legislative changes.

# Voya Life Plans

PCCD provides full-time eligible employees an \$80,000 Basic Term Life and AD&D coverage through VOYA at no cost to you.

Supplemental Life and AD&D coverages are also available for employees and their family members and offered through VOYA. The supplemental benefits are **100% employee paid** through payroll deductions.

## **EMPLOYEE/SPOUSE LIFE ONLY RATE INFORMATION**

The rate is based on the employee's age on October 1 of every year and will automatically increase when you advance into the next age bracket. Spouse rates are based on the age of the employee.

## **Evidence of insurability (EOI)**

Late enrollees must answer health questions for any amount of coverage requested. Current enrollees may increase employee coverage by \$10,000 at annual enrollment without EOI; larger amounts require EOI. Child coverage may be elected or increased to the plan maximum of \$10,000 without EOI. All other enrollments require EOI with the exception of newly eligible employees.

VOYA offers the following value added benefit to their participants:

- Funeral Services & Online Will Preparation: 800-913-8318 (refer to group number 706540)
- Emergency Travel Assistance Services: 800-859-2821 (refer to contract number 17372020)

*The District offers 10thly deduction option for the Supplemental Life/AD&D plans, so make sure you plan appropriately*

# Disability Income Insurance - VOYA

- Palomar Community College District provides full-time eligible employees with long-term disability income benefits through Voya at no cost to employees.
- This benefit replaces California State Disability Benefits and includes a 90-day elimination period. Employees are required to use their sick-leave during the elimination period

Disability Plan Type/Benefit	VOYA	
	Long Term Disability	
	Class Description	Eligibility
Class	All full time active employees and permanent part time employees who are certificated employees under the STRS plan, full time or part time non-certificated employees.	All full time active employees working 20+ or more hours per week
<b>Benefits</b>		
Monthly Benefit	66.67%	
Maximum Monthly Benefit	\$7,500	
Minimum Monthly Benefit	>\$100 or 10%	
Definition of Earnings	Base Salary	
Elimination Period (EP)	90 days	
Accumulation of EP	2x's Elimination Period	
Maximum Duration	Social Security Normal Retirement Age (SSNRA)	
Definition of Disability	2 years own occupation, with residual	
Return to Work Incentive	12 months	
Pre-Existing Limit	3/12	
Mental Illness Limit	24 months	
Alcoholism or Drug Abuse Limit	24 months	
Special Condition Limit	Unlimited	
Survivor Benefit	3 months	
Child or Family Member Care Expense Benefit	24 months / \$500	
Vocational Rehabilitation Benefit	5% or \$500	

# Flexible spending account (FSA)

## Highlights

Pre-tax program for medical and dependent care expenses that is provided through **American Fidelity**

**Medical expenses:** you can contribute up to \$2,750 per year

- Set aside pre-tax dollars for healthcare-related expenses not covered by your health plan.
- Eligible medical expenses include deductibles, co-insurance, copays, dental care, vision care, etc.

**Dependent care expenses:** you can contribute up to \$5,000 per year

**You MUST re-enroll each year** by:

- Schedule an online virtual enrollment appointment

*The District offers 10thly deduction option for the FSA plans, so make sure you plan appropriately*

# Employee Assistance Programs (EAP)

EAP program will be offered through Anthem Blue Cross

- This program will be offered to all employees regardless if you are on Anthem, Kaiser or waived coverage
- It is also available to all employee family members living at home
- All calls and services are 100% confidential

This program will offer:

- Telephonic, online or in-person counseling
- Counselors address: marital difficulties, alcohol and drug abuse, family/parenting issues, stress management, grief and loss, depression, and other issues. Referrals are provided for long-term counseling or specialized care
- Web-based tools and resources
- Legal and financial counseling

Contact Anthem EAP

Website: [www.anthemEAP.com](http://www.anthemEAP.com), enter company code "SISC"

Phone: 800-999-7222

An additional basic EAP program is offered through Voya/ComPsych at no additional cost to employees or family members living at home

Contact Voya EAP

Website: Online: [guidanceresources.com](http://guidanceresources.com)

App: GuidanceResources® Now Web ID: My5848i



## **Hyatt Legal, Aflac and American Fidelity Plans**

# Hyatt Legal (MetLife Legal)

Life is filled with moments where you might need legal help. From exciting moments like buying a home, to less exciting ones like getting a speeding ticket, Hyatt Legal makes legal help for life's big moments affordable.

Hyatt Legal Plans, gives you access to a nationwide network of more than 2,500 law firms whose members (plan attorneys) will provide complete representation on a **variety** of legal matters, including: Selling, purchasing, or refinancing a home. Wills, living trusts, name changes, and premarital agreements.

Hyatt Legal is **100% employee paid** through payroll deductions.

10thly cost is \$23.40

## Limited Benefit Accident Only Insurance



24-Hour Coverage



Sport-Related  
Injury



Wellness Benefit



Over 25  
Treatments Covered

[americanfidelity.com/info/accident](https://americanfidelity.com/info/accident)

This product may contain limitations, exclusions, and waiting periods.

**This product is inappropriate for people who are eligible for Medicaid coverage.** Wellness not available in all states.

## Limited Benefit Cancer Insurance



Transportation and  
Lodging Expenses



Multiple Coverage  
Options



Diagnostic and  
Prevention Testing



More than 25  
Benefits

[americanfidelity.com/info/cancer](https://americanfidelity.com/info/cancer)

This product may contain limitations, exclusions, and waiting periods.

**This product is inappropriate for people who are eligible for Medicaid coverage.**

# Disability Income Insurance



Guaranteed Issue



Custom Coverage  
Options



Return-to-Work  
Benefit



Employee  
Assistance Program

[americanfidelity.com/info/disability](https://americanfidelity.com/info/disability)

This product may contain limitations, exclusions, and waiting periods.

## Limited Benefit Critical Illness Insurance



Simplified  
Underwriting



Health  
Screening



Lump Sum Benefit



Recurrent  
Diagnosis Benefit

[americanfidelity.com/info/critical-illness](https://americanfidelity.com/info/critical-illness)

This product may contain limitations, exclusions, and waiting periods.

**This product is inappropriate for people who are eligible for Medicaid coverage.**

# Life Insurance Options



- AF<sup>TM</sup> Term Life Insurance
- AF<sup>TM</sup> Whole Life Insurance
- Universal Life Insurance

[americanfidelity.com/info/life](https://americanfidelity.com/info/life)

**AF<sup>TM</sup> Whole Life Insurance and AF<sup>TM</sup> Term Life Insurance:** This product may contain limitations, exclusions, and waiting periods. Not generally qualified benefits under Section 125 Plans.

**Universal Life Insurance:** This product may contain limitations, exclusions, and waiting periods. Not generally qualified benefits under Section 125 Plans. After the guaranteed period, the premiums may change. Underwritten by Texas Life Insurance Company. Not affiliated with American Fidelity Assurance Company.

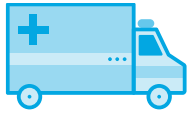


# Get help with expenses health insurance doesn't cover

## Product features

- Individual policies are **guaranteed renewable**.
- Benefits on individual policies are **paid directly to policyholders**, unless otherwise assigned.
- Coverage is **portable**.
- Historical **rate stability**.





## Accident

Accidents happen. When a covered accident happens to you, our accident insurance policy pays you cash benefits (unless assigned) to help with the unexpected medical and everyday expenses that can begin to add up almost immediately.



## Critical illness

Serious illnesses such as a heart attack or stroke can have an impact on your financial health. Aflac's Lump Sum Critical Illness insurance can help provide peace of mind if you experience a covered health event.



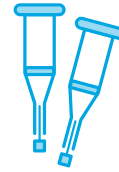
## Hospital Indemnity

Even a quick trip to the emergency room can result in costly medical bills that health insurance may not cover leaving you with out-of-pocket expenses. That's where Aflac can help.



## Cancer/ Specified-disease

Coverage when you really need it. Our Cancer Protection Assurance insurance policies help cover innovative treatments with benefits that care for you as a whole person. Learn how Aflac benefits can help.



## Short-term disability

Illnesses or injuries that keep you from working make it difficult to pay your bills. If you experience a covered disability, Aflac's short-term disability coverage helps provide you with a source of income that can allow you to focus on getting better, instead of on your finances.





## Ready to take the next step to protect your future?

Aflac uses Everwell™ to accept applications over the phone & online. Please schedule a 1 on 1 session with your agent after today's meeting.

Your agent will be available by phone or virtual appointment to answer questions & help you complete the steps to apply for the Aflac insurance policies you choose.

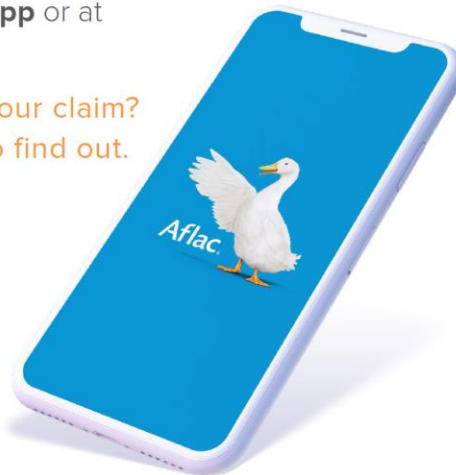


## Getting paid is as easy as 1-2-3 with Aflac

- 1 Visit [aflac.com/myaflac](https://aflac.com/myaflac) or download the **MyAflac mobile app** to register and log in to your account. If you choose not to register, you can file a claim as a guest.
- 2 **Enroll in claims direct deposit<sup>1</sup>** and file an online claim to get paid quickly.
- 3 **File your claim** online at [aflac.com/myaflac](https://aflac.com/myaflac) or on the **MyAflac mobile app**. You may file up to 20 claims within a 24-hour period, and submit claims as far back as 10 years.

Track the status of your claim in the My Claims section on the **MyAflac<sup>SM</sup> mobile app** or at [aflac.com/myaflac](https://aflac.com/myaflac).

Not sure what you need to file your claim?  
Go to [aflac.com/myresources](https://aflac.com/myresources) to find out.



# Need help filling claims?



# Thank you

**Jill Krenkler**

**760-473-8023**

**jill\_krenkler@us.aflac.com**



**Aflac**®



## Next Steps and Contacts

# Next Steps

## Open Enrollment Information

You will enroll in benefits during the month of August. The effective date of your selection will be **October 1st**. Your username and login for the eBenefits online platform will reset effective August 1, 2021.

**No paper forms for this Open Enrollment, all changes must be made online in the eBenefits system.**

All Domestic Partnerships are required to be registered with the state by August 31, 2021.

To enroll via Ebenefit secure portal:

Go to <https://www2.palomar.edu/pages/hr/employees/openenrollment/> Scroll down to “eBenefits Online Benefit Election Portal”

- Click on the Create a NEW login for this year link
- You will be asked for your last name, date of birth and last four of your social security number
- Follow the system prompts to create a username and password
- If you are having any problems login to the system, contact Ebenefits at (866) 203-8051 Monday through Friday from 4 am – 7 pm or Saturday from 5 am – 12 PM PST

## What Will Happen if I Don't Enroll in Benefits

**If you do not re-enroll in the medical/dental/vision/life plans:**

- Your plan coverage(s) will continue as-is.

**If you do not re-enroll in the Flexible Spending Account(s); FSA/DCA plans:**

- If you do not re-enroll you will not have coverage as of 10/1/21. The IRS requires all participants to re-enroll annually on these plans; no exceptions.

Due to the changes in contributions for the Anthem medical PPO plans, new deductions will reflect on your October paycheck.

# Next Steps (continued)

## Additional Information

An email will be sent to employees in the next week with dates/times/link for open enrollment webinars with vendors, the Palomar Benefits Guide, American Fidelity and Aflac meeting information.

Update your address with [benefits@palomar.edu](mailto:benefits@palomar.edu)

Review materials and resources on the Palomar [Open Enrollment webpage](#)

# Zoom Benefit Meeting Dates

Dates	Times
Wednesday, August 4, 2021	11:00am to 12:30pm
Tuesday, August 10, 2021	11:00am to 12:30pm
Thursday, August 19, 2021	9:00am to 10:30am
Wednesday, August 25, 2021	1:00pm to 2:30pm

# Questions Regarding your Benefit Plans

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Questions?  
Please direct questions regarding employee  
benefits to:

[benefits@palomar.edu](mailto:benefits@palomar.edu)

# Resources

## **Palomar Community College District Benefit Department**

Wendy Corbin	Benefits Specialist	(760) 744.1150 x-2889	email: wcorbin@palomar.edu
Veronica Sadowski	Benefits Specialist	(760) 744.1150 x-3053	email: vsadowski@palomar.edu

## **Anthem Blue Cross of California**

HMO Customer Service	(800) 227.3771
PPO Customer Service	(800) 288.2539
Costco Mail Order	(800) 607.6861
Specialty Pharmacy - Navitus	(855) 847.3553
<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>	
<a href="http://www.navitus.com">www.navitus.com</a>	

## **Kaiser California**

Customer Service	(800) 464.4000
Mail Order Pharmacy	(866) 523.6059
<a href="http://www.kp.org">www.kp.org</a>	

## **EyeMed Vision**

Customer Service	(866) 939.3633
<a href="http://www.eyemed.com">www.eyemed.com</a>	

## **Delta Dental PPO**

Delta Dental PPO	(866) 499.3001
<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	

## **DeltaCare Dental HMO**

Customer Service	(800) 422.4234
<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	

## **Employee Assistance Program**

Customer Service	(800) 999.7222
<a href="http://www.anthemaeap.com">www.anthemaeap.com</a>	

## **Voya Life & Disability**

Life and AD&D	(888) 238.4840
Long Term Disability	(888) 305.0602
Travel Assistance	(800) 659.2821
Funeral Planning & Concierge Services	(800) 913.8318