

PALOMARPOWERED



Palomar Community College District OPEN ENROLLMENT PRESENTATION Spring Semester: 2023

Individuals requiring sign-language Interpreters, or real-time captioners should visit the Human Resource Services webpage for the online Interpreting/Captioning Request Form or access it here [Accessibility Services – Human Resource Services \(palomar.edu\)](#)
INTERPRETING/CAPTIONING SERVICES REQUIRE 5 DAYS ADVANCE NOTICE. For all other accommodation contact benefits@palomar.edu or (760)744-1150 x-2889

New Part-time Faculty Medical Benefits

The California Community Colleges Chancellor's Office recently allocated a portion of their 2023-2024 fiscal year budget to support California Community Colleges part-time faculty medical benefits.

The Palomar Faculty Federation in partnership with Palomar Community College District came to a tentative agreement allowing eligible part-time faculty members to have the same medical plan options as all full-time employees.

Eligibility Criteria:

- Part-time Faculty member must have a 40% (or greater) class assignment on census date of the Spring 2023 semester OR the part-time faculty member can verify that they have a 40% (or greater) class assignment across multiple California Community Colleges to receive reimbursement for their existing medical premiums from these colleges.
- All eligible part-time faculty members will be notified by the Benefits office via email on February 14, 2023.
- ALL PART-TIME FACULTY CURRENTLY ENROLLED IN THE MEDICAL BENEFITS ARE REQUIRED TO RE-ENROLL IN THEIR MEDICAL BENEFITS EACH SEMESTER.

Presentation Table of Contents

Discussion topics

- ✓ [Overview](#)
- ✓ [What is new?](#)
- ✓ [Spring 2023 Contributions](#)
- ✓ [Pre-Tax vs. Post-Tax deduction examples](#)
- ✓ [Insurance Plan Information](#)
- ✓ [Wellness Benefits](#)
- ✓ [Dental & Vision Benefits](#)
- ✓ [Aflac Options](#)
- ✓ [Next steps](#)
- ✓ [District and vendor contacts](#)

Overview

The District is committed to providing part-time faculty with comprehensive medical benefits, including plans with 100% District paid premiums.

Medical – 100% District paid premiums (Requires 40% FTE Load in Spring 2023)

[Anthem HMO](#) for the Employee and Eligible Dependents ([provider search instructions](#) – PT Faculty drop down)

[Anthem PPO 80E](#) for the Employee and Eligible Dependents ([provider search instructions](#) – PT Faculty drop down)

[Kaiser HMO](#) for the Employee and Eligible Dependents

[Kaiser HDHP/Wex HSA](#) District contributions of \$1,500 single / \$3,000 2-party & family
Wex HSA funds deposited in April.*

[Anthem](#) & [VOYA](#) Employee Assistance Programs for ALL employees and their household members

Medical, Dental, Vision plans – Employee Contributions Required

[Anthem PPO 100A](#) plan for the Employee and Eligible Dependents (Requires 40% Load in Spring '23)

[DeltaCare USA](#) dental plan for the Employee and Eligible Dependents (No load requirements)

[EyeMed](#) vision plan for the Employee and Eligible Dependents (No load requirements)

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

What is New in 2023?



Part-time Faculty who are 65 and older are now eligible for medical benefits!

“Learn to Live” EAP benefit is available for all district employees (Anthem EAP)

Customized online programs based on Cognitive Behavioral Therapy principles

Program is confidential, accessible anywhere, and employees learn effective ways to manage stress, depression, anxiety, substance use, and sleep issues

Program is divided into eight online lessons, each describing new tools to help participants develop new healthy habits

New Anthem PPO Benefits (both 80E and 100A)

“No Surprises Act” – Out-of-Network balance billing for emergency services, non-emergency items and services provided by in-network facilities, post-stabilization care at out-of-network facilities until a patient can be transferred to an in-network facility, and out-of-network air ambulance healthcare is no longer permitted under this law.

Maven Maternity Care – Offers 24/7 virtual access to one-on-one maternity and postpartum support. Members are matched with a Care Advocate who connects them to resources.

80E PPO is now 100% employer paid with no employee contribution required.

New Kaiser Benefits

Calm Meditation and Mindfulness smart phone application (kp.org/selfcareapps)

Spring 2023 Employee Contributions



3 equal payments (March/April/May) pay for 6 months of coverage (April-September)	
Coverage:	March/April/May Contribution (for coverage April-September)
<p><i>Anthem Traditional PPO 100A</i> (District contribution is equal to the Anthem HMO)</p>	<p>Single \$386.00 (paid in March/April/May) 2-Party \$756.00 (paid in March/April/May) Family \$1,062.00 (paid in March/April/May)</p>
<p><i>DeltaCare USA DHMO</i> (Employee pays 100% of the premium cost)</p>	<p>Single \$35.76 (paid in March/April/May) 2-Party \$64.64 (paid in March/April/May) Family \$95.48 (paid in March/April/May)</p>
<p><i>EyeMed Vision Plan</i> (Employee pays 100% of the premium cost)</p>	<p>Single \$21.66 (paid in March/April/May) Employee + Spouse \$41.14 (paid in March/April/May) Employee + Child(ren) \$43.30 (paid in March/April/May) Family \$63.66 (paid in March/April/May)</p>

The District contributes 100% of the premiums for Kaiser HMO & Kaiser HDHP with HSA, Anthem HMO & Anthem PPO 80E.

Pre-Tax vs. Post-Tax Deductions

The IRS section 125 code 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 their contributions deducted on a post-tax basis.

PLEASE SEE EXAMPLES BELOW

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 Plan Options



Spring 2023

(Effective April 1, 2023)

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 with H.S.A.

The HMO Plans

Key features

- Primary Care Provider and medical group provide standard medical care
- Service 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, for an emergency out-of-network providers are covered as in-network
- 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:

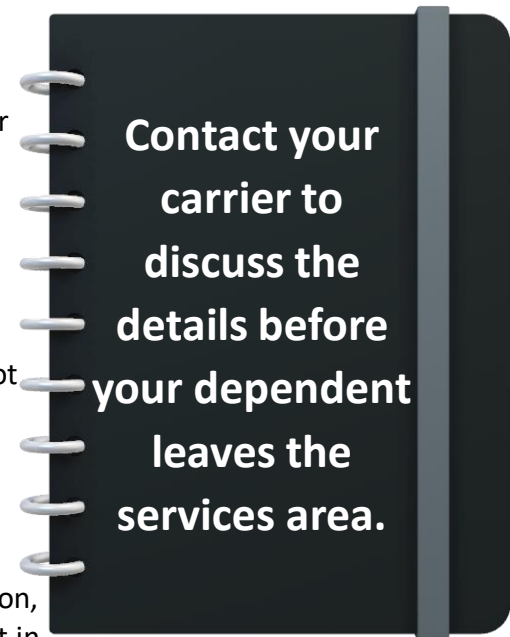
If so, they may be able to enroll for HMO coverage with a partner Anthem Blue Cross plan under their Guest Membership program. The HMO Away From Home Care program gives you Guest Membership if they will be temporarily outside of your service area for at least 90 days in one location.

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. Kaiser has also established a [partnership with Cigna](#).

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.



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://www.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 titled "Provider Details" and includes a "Back to Results" link. A "View Map of Your Results" button is visible. The provider's name, "ALONZO FLORES MD", is highlighted in a purple bar. Below this, there are three tabs: "Care Provider", "Satisfaction & Quality", and "Insurance Plans Accepted". The "Care Provider" tab is active, showing the following information:

- CARE PROVIDER:** PROVIDER: ALONZO FLORES MD, Doctor In-Network, Login to view provider in-network.
- ACCEPTS NEW PATIENTS:** Provider reporting accepting new patients, contact provider to confirm.
- ACCEPTS MEDICAID:** Contact the provider to determine if accepting Medicaid.
- SPECIALTIES:** Family Practice - Not Board Certified.
- PCP ID/ENROLLMENT ID:** OWL534, AFO086, QPY158, QUS220, QWO218. * Access "Insurance Plans Accepted" for details.
- GENDER:** MALE.
- LANGUAGE OF THE PROVIDER:** Spanish, English.

The "AFFILIATION" section shows:

- HOSPITAL:** ST JOSEPH HOSPITAL ORANGE.
- PCP ID/ENROLLMENT MEDICAID/GRP:** (A yellow oval highlights the text "PCP ID/ENROLLMENT MEDICAID/GRP" and "OWL534 (PAPER/ONLINE); OWL534 PCP ID/ENROLLMENT ID (PHONE): 0896634".)

The "LOCATION" section shows:

- 225 S GLASSSELL ST, ORANGE, CA 92866**
- Driving distance & directions: 714.639.0303**
- Waiting times for medical care: Distance: 0.2 miles away**

The PPO Plans

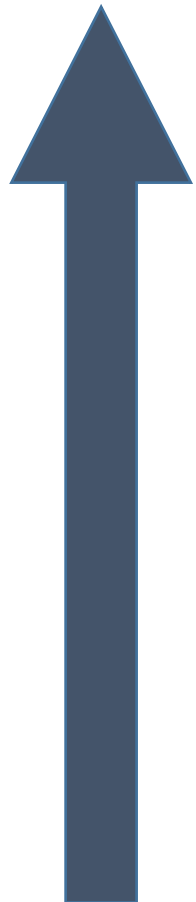
Key features

- Access to many in-network doctors
- You don't need a referral to see specialists
- Out of pocket cost can vary based on the provider's fee for service
- Limited coverage for out-of-network providers

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)



Out-of-Pocket
Maximum

Coinsurance

Deductible

Preventive Care

Per the IRS - the out-of-pocket maximum and deductibles will re-set as of January 1st regardless of when the District benefit plan start date is.

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.

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

HDHP – Deductible

High Deductible Health Plan (HDHP)

Out-of-Pocket
Maximum

Coinsurance

Deductible

Preventive
Care

A specified amount of money that the member must pay before an insurance company will pay a claim:

- The plan summary will note which services are subject to the deductible
- Fee for service information can be obtained from your service provider
- The pharmacy deductible is a part of the medical service deductible

HDHP – Coinsurance

High Deductible Health Plan (HDHP)

Out-of-Pocket
Maximum

Coinsurance

Deductible

Preventive
Care

Coinsurance is the percentage of costs a member pays for medical expenses – such as a hospital stay, office visit, medical device, or prescription drug:

- The plan summary will note which services are subject to the coinsurance
- The member will be subject to coinsurance until they have reached their plans out-of-pocket maximum

HDHP – Out-of-Pocket Maximum

High Deductible
Health Plan
(HDHP)

Out-of-Pocket
Maximum

Coinsurance

Deductible

Preventive
Care

This is the maximum amount for medical expenses that the member will be expected to pay out-of-pocket each calendar year:

- The plan summary will note the out-of-pocket maximum
- The out-of-pocket maximum only applies to in-network medical services
- The district plan year runs October through September and the plan out-of-pocket maximum resets every calendar year (a member could possibly be subject to two calendar year out-of-pocket maximums)

HDHP – Diagram of expenses

High Deductible Health Plan (HDHP)

Out-of-Pocket Maximum

[Out-of-Pocket Maximum (OOPM) = \$3,000]

Employee needs a surgery that will cost \$20,000. The medical plan pays \$18,700. The employee pays \$1,480 of the in-network cost (\$3,000 OOPM subtract \$1,500 deductible payment subtract \$20 specialist visit payment = \$1,480). After their surgery, the employee will pay \$0 for all in-network services for the rest of the calendar year.

Coinsurance

(coinsurance = 10%)

Employee meets with a specialist about the MRI, visit costs \$200. The medical plan pays \$180. The employee pays \$20 of the in-network cost.

Deductible

(Deductible = \$1,500)

Employee needs an MRI that costs \$1,500. The medical plan pays \$0. The employee pays \$1,500 of the in-network cost. The employee has now met the deductible and will only pay coinsurance for the cost of services until the OOPM is met.

Preventive Care

The medical plan pays 100%, member pays \$0, of the in-network cost for preventative services.

Anthem Medical Plans – High-Level Summary

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.

Benefit Information (amounts listed are for in-network services)	Anthem PPO 100A	Anthem PPO 80E	Anthem HMO Full Network
CALENDAR YEAR DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM (OOPM)			
Individual/Family Deductible Individual/Family Out-of-Pocket Maximums (includes deductible, coinsurance, and co-pays)	\$0 \$1,000/\$3,000	\$300/\$600 \$1,000/\$3,000	\$0 \$2,000/\$4,000
PROFESSIONAL SERVICES			
Preventative Care Services (includes physical exams & non-diagnostic screening) Office Visit/Urgent Care co-pay Specialist/Consultants co-pay Prenatal/Postnatal Office Visit co-pay Scans: CT, CAT, MRI, PET etc. Diagnostic X-ray & Laboratory Procedures	\$0 deduct. waived \$10 \$10 \$10 \$0 \$0	0% ded. waived \$20 \$20 \$20 20% 20%	\$0 \$20 \$40 \$20 \$100 per test No charge
HOSPITAL & SKILLED NURSING FACILITY SERVICES			
Emergency Room Visit (co-pay waived if admitted to the hospital) Inpatient Hospital co-pay (preauthorization required) Surgery, outpatient – performed in an Ambulatory Surgery Center (hospital outpatient surgery limitations apply)	\$100 per visit \$0 \$0	\$100/visit + 20% 20% 20%	\$100 per visit \$250/admission \$125
MENTAL HEALTH SERVICES & SUBSTANCE TREATMENT			
Inpatient Care: Facility based care (preauthorization required) Outpatient Care: Physician office visits	\$0 \$10	20% \$20	\$250 /admission \$20
OTHER SERVICES			
Acupuncture & Chiropractic (limits apply) Hearing Aids	\$0 10%(\$700/24 mo)	20% 20%(\$700/24mo)	\$10/30 visits 50%/36 mo
PRESCRIPTION DRUG PLANS			
Pharmacy Out-of-Pocket Maximum Generic co-pay/days supply Brand co-pay/days supply & Specialty Drugs (most specialty items) Mail Order 90 day supply (Generic/Brand co-pay)	\$1500 S/\$2500 F \$5/\$0 @ Costco \$20 up to 30 days \$0/\$50	\$9/\$0 @Costco \$35 30 days \$35 30 days \$0/\$90	\$9/\$0 @Costco \$35 30 days \$35 30 days \$0/\$90 19

Kaiser Medical Plans – High-Level Summary

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

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.

Benefit Information (amounts listed are for in-network services)	Kaiser HMO Plan	Kaiser HDHP/HSA HMO Plan INDIVIDUAL 2+ COVERED	
Employer Annual Health Savings Account (HSA) Contribution [Employer HSA contribution is funded 4/30]	\$0	\$1,500	\$3,000
CALENDAR YEAR DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM (OOPM)			
Individual/Family Deductible Individual/Family Out-of-Pocket Maximums (includes deductible, coinsurance, and co-pays)	\$0 \$1,500/\$3,000	\$1,500 \$3,000	\$3,000 \$6,000
PROFESSIONAL SERVICES			
Preventative Care Services (includes physical exams & non-diagnostic screening) Office Visit/Urgent Care co-pay Specialist/Consultants co-pay Prenatal/Postnatal Office Visit co-pay Scans: CT, CAT, MRI, PET etc. Diagnostic X-ray & Laboratory Procedures	\$0 \$0 \$0 \$0 \$0 \$0	0% deductible waived 10% 10% 10% 10% 10%	
HOSPITAL & SKILLED NURSING FACILITY SERVICES			
Emergency Room Visit (co-pay waived if admitted to the hospital) Inpatient Hospital co-pay (preauthorization required) Surgery, outpatient – performed in an Ambulatory Surgery Center (hospital outpatient surgery limitations apply)	\$100 per visit \$0 \$0	10% 10% 10%	
MENTAL HEALTH SERVICES & SUBSTANCE TREATMENT			
Inpatient Care: Facility based care (preauthorization required) Outpatient Care: Physician office visits	\$0 \$0	10% 10%	
OTHER SERVICES			
Acupuncture & Chiropractic (30 visits combined) Durable Medical Equipment (DME)	\$10 \$0	10% Acupuncture/No chiropractic 10%	
PRESCRIPTION DRUG PLANS			
Generic co-pay/days supply Brand co-pay/days supply Specialty Drugs/days supply Mail Order/day supply (Generic/Brand co-pay)	\$5 up to 100 days \$5 up to 100 days \$5 up to 30 days \$5	\$10/30 days after deductible (AD) \$30/30 days AD \$30/30 days AD 20 \$20 gen/\$60 brand/100 days AD	

Added Wellness Medical Benefits

Kaiser Member Benefits	Anthem Member Benefits
Kaiser <u>Your Care Your Way</u>	<u>Anthem Membership Discounts</u> (HMO & PPO)
Kaiser <u>Wellness Coaching</u>	<u>MD Live</u> virtual care med/behavioral (HMO & PPO)
Kaiser <u>Total Health Assessment</u>	<u>Vida Health Coaching</u> (HMO & PPO)
Kaiser <u>Telehealth</u>	Anthem <u>Active & Fit</u>
Kaiser <u>Active & Fit</u>	<u>MyStrength</u> through the EAP (HMO & PPO)
Kaiser <u>MyStrength</u> through the EAP	<u>Teledoc</u> Expert Second Opinion/Advice (HMO&PPO)
Kaiser <u>Teledoc Expert Second Opinion/Advice</u>	<u>Hinge Health</u> (PPO only)
	<u>Maven Maternity Benefit</u> (PPO only)
	<u>Cancer Diagnosis Benefit</u> (PPO only)



Dental & Vision

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; 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
- You 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.

EyeMed Vision Plan – High-Level Summary

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.

Vision Plan Type/Benefit	EyeMed Vision	
	In-Network	Out-of-Network Member Reimbursement up to:
Exam Copay	\$10	Up to \$40
Frequency:		
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/frames)	Once every 12 months (in lieu of lenses/frames)
Lenses:		
Single Vision	\$25	Up to \$30
Bifocal	\$25	Up to \$50
Trifocal	\$25	Up to \$70
Lenticular	\$25	Up to \$70
Standard Progressive	\$80	Up to \$50
Premium Progressive Tier 1	\$110	Up to \$50
Premium Progressive Tier 2	\$120	Up to \$50
Premium Progressive Tier 3	\$135	Up to \$50
Premium Progressive Tier 4	\$200	Up to \$50
Contact Lenses:		
Conventional	\$0 copay; \$150 Allowance, 15% off balance over \$150	Up \$150
Disposable	\$0 copay; \$150 Allowance,	Up \$150
Medically Necessary	\$0 copay, Paid in Full	Up to \$210

Frames:

In-Network = \$0 copay and 20% off balance over \$150
Out-of-Network = Up to \$105

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, 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

App: GuidanceResources® Now Web ID: My5848i



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.



Aflac supplemental benefits

Our product portfolio is as broad as your needs, with individual and group plans that help cover the expected – and unexpected – that’s sure to come life’s way.

These Aflac supplemental plans are available to you:

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

Critical Illness (Specified Health Event): An Aflac specified health event insurance policy is designed to help with the costs of treatment if you experience a covered health event.

Hospital Confinement Indemnity: Hospital stays are expensive. An Aflac hospital confinement indemnity insurance policy can help ease the financial burden of hospital stays by providing cash benefits.

Whole or Term Life: With Aflac's whole life or term life insurance, you can rest easy knowing that your family will have financial security when they need it most.

Cancer/Specified-Disease: Aflac's cancer/specified-disease insurance policy can help you and your family better cope financially if a positive diagnosis of cancer ever occurs.





Apply for Coverage

For Questions, Changes or to Apply for Coverage please schedule a 1 on 1 session with your agent.

Jill Krenkler

760-473-8023

jill_krenkler@us.aflac.com



Or, visit your benefits page at:
aflacenrollment.com/PalomarCommunityCollegePTAdjunctFaculty/MNE403541162



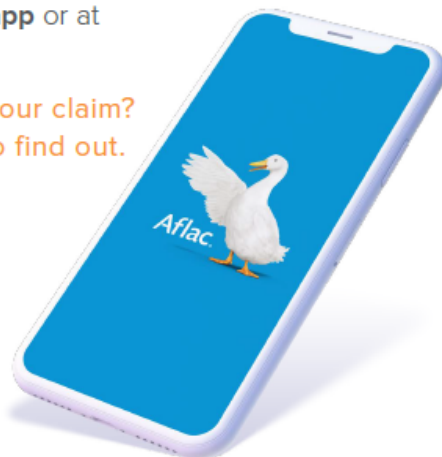
Getting paid is as easy as 1-2-3 with Aflac

- 1** Visit 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**¹ and file an online claim to get paid quickly.
- 3** **File your claim** online at 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 **MyAflacSM mobile app** or at aflac.com/myaflac.

Not sure what you need to file your claim?
Go to aflac.com/myresources to find out.

Aflac®



Need help filling claims?

Aflac®

Home **Aflac**

Start a New Claim

New Claim

My Claims

My Coverage

Messages

Support

Hello Jill!
What's on your mind?
We specialize in covering things other insurers don't. It's called "supplemental insurance." How can we help you today?

I WANT TO
Submit a new claim
Let's Go

My Coverage
See All Coverages →

Cancer Indemnity

Hospital Indemnity

My Account

Manage Account

Manage your Account:
My Account

Personal Info

Communication Preferences
Set up or update the way you would like to receive messages and alerts.

Contact Info
EDIT
EDIT
EDIT

My Agent
Home Office
LICENSE NUMBER
88888
AGENT SINCE
January 2001
Email (706) 323-3431

Login
SECURITY QUESTION

Home **Aflac**

New Claim

My Claims

My Coverage

Messages

Support

What happened?
Please choose the type of claim you'd like to submit.

Injury Claims

An Accident
Get help paying for medical treatment and services for an unexpected injury.

A Cancer Diagnosis And Treatment
Get help with treatment costs during the different stages of cancer care and recovery.

Illness & Pregnancy Claims

An Illness Or Life-Changing Event
Get help with costs associated with treatment for a life-changing event or illness.
Choose this for pregnancy and maternity services.

A Physician's Visit
Get help paying for a routine or preventative service.
For Hospital and Accident plans, choose Annual Physical for COVID-19 testing.
Filing a wellness claim requires the Aflac Agent Hub.
Please use the Aflac Agent Hub mobile app to file wellness claims on behalf of policyholders. Available at the Apple App Store or Google Play. Or, if you're using a computer, you may file the wellness claim here.

Cancer diagnosis & treatment Claims

Wellness benefit (Accident & Cancer plans) & Physician Visit benefit (Hospital plan) Claims





Next Steps and Contacts

Open Enrollment Next Steps

You must make benefit elections between February 14, 2023 and March 3, 2023!

REQUIRED: Covered Dependent Proof of Eligibility must be provided to benefits@palomar.edu (DUE 3/3/2023)

- **Marriage:** Marriage Certificate AND front page of most recent joint tax filing
- **Domestic Partnership:** State Domestic Partnership Certificate
- **Dependent Child/Step-Child** (under 26): Birth Certificate, Adoption Certificate, Legal Guardianship documentation
- **Overage Disabled Child:** Birth Certificate AND most recent tax filing showing the disabled child claimed as a dependent

Digital Medical Enrollment Forms: ([Plan Summaries & Provider Search Tools](#))

- [Kaiser HMO](#)
- [Kaiser HDHP](#) (High Deductible) with Employer Funded Wex HSA
- [Anthem HMO](#) (must list Anthem HMO provider on the enrollment form)
- [Anthem PPO 80E](#)
- [Anthem PPO 100A](#) (only medical plan that requires [employee contribution](#))

Dental and Vision enrollment via eBenefits 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

Open Enrollment Next Steps (continued)

! PLEASE NOTE ! Do you carry a 40% assignment across multiple California Community Colleges?

If you carry a 40% teaching assignment, load, across multiple California Community College Districts you may be eligible for Palomar College to reimburse your current medical costs!

Gather the Spring 2023 hourly assignment notice from each district for upload. Complete the form at the link below and upload each notice into the form.

[California Community College PT Faculty Assignment Form](#)

What Will Happen if I Don't Enroll in Benefits

If you do not re-enroll in the medical plans:

- Your plan coverage(s) will terminate effective April 1, 2023.
- All medical plans require re-enrollment each semester

Additional Information

Emails will be sent to employees beginning February 14, 2023 with open enrollment information, links, and vendor information.

Update your address by completing the [digital address/name change form](#)

Review materials and resources on the Palomar College Part-time Faculty webpage (links provided in emails)

In-Person & Zoom Benefit Meeting Dates

Open Enrollment Zoom Link: <https://palomar-edu.zoom.us/j/91601698750>

Important Dates	Times
Monday, February 13, 2023	Open Enrollment Benefits Workshop 1:30pm-3:00pm
Tuesday, February 14, 2023	* Open Enrollment Starts *
Tuesday, February 21, 2023	Open Enrollment Benefits Workshop 3:00pm-4:30pm
Wednesday, March 1, 2023	Open Enrollment Benefits Workshop 1:30pm-3:00pm
Friday, March 3, 2023	Face to Face Benefits Drop-in Hours (AA-140) 12:00pm-2:00pm
Friday, March 3, 2023	* Open Enrollment Closes *

Individuals requiring sign-language Interpreters, real-time captioners, or other accommodations should visit the Human Resource Services Benefits webpage for the online Interpreting/Captioning Request Form or access it here [Accessibility Services – Human Resource Services \(palomar.edu\)](#)
 INTERPRETING/CAPTIONING SERVICES REQUIRE 5 DAYS ADVANCE NOTICE. For all other accommodation contact benefits@palomar.edu or (760)744-1150 x-2889

Questions?

Please direct questions regarding employee
benefits to:

benefits@palomar.edu

Resources

Palomar Community College District Benefit Department

Wendy Corbin (760) 744.1150 x-2889 email: wcorbin@palomar.edu
Veronica Sadowski (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
www.anthem.com/ca
www.navitus.com

Kaiser California

Customer Service (800) 464.4000
Mail Order Pharmacy (866) 523.6059
www.kp.org

EyeMed Vision

Customer Service (866) 939.3633
www.eyemed.com

DeltaCare Dental HMO

Customer Service (800) 422.4234
www.deltadentalins.com

Employee Assistance Program

Customer Service (800) 999.7222
www.anthem.eap.com