

**PALOMARPOWERED**



## Palomar Community College District OPEN ENROLLMENT PRESENTATION Plan Year: 2023 – 2024

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# Added Wellness Benefits through SISC

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

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# Overview

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 for the Employee and Eligible Dependents

Anthem PPO 80E for the Employee and Eligible Dependents

Kaiser HMO for the Employee and Eligible Dependents

Kaiser HDHP/Wex HSA District contributions of \$3,300.06 single / \$6,600.03 2-party & family  
Wex 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 100A plan for the Employee and Eligible Dependents

Delta PPO and Delta Premier Incentive for the Employee and Eligible Dependents

\* Per IRS HDHP/HSA Deductible & Out-of-Pocket maximum will reset on January 1<sup>st</sup> regardless of benefit plan year. IRS ded./OOPM incr. January 1, 2024.

# What is New?



## COVID-19 Testing and Vaccination Updates

COVID-19 testing will no longer be covered out of network.

COVID-19 testing will be subject to standard plan cost sharing (deductible, co-pays, or coinsurance)

Over-the-counter COVID-19 tests will no longer be covered.

COVID-19 vaccinations will only be covered in-network.

## New Anthem PPO Benefits

Expanded primary care access through a new smart phone application, “Eden Health”. 24/7/365 access to primary care services.

## New Kaiser HDP/HSA Changes

**The Kaiser HDP/HSA deductible and out of pocket maximum (OOPM) will increase effective 1/1/2024:**

This change takes place 3 months into our group plan year which starts 10/1/2023. Amounts listed below.

Single Person: Deductible = \$1,700 (was \$1,500), OOPM = \$3,400 (was \$3,000)

Family 2+: Deductible = \$3,400 (was \$3,000), OOPM = \$6,800 (was \$6,000)

**Prorated District Employer Funded HSA Changes 1/1/2024 – 9/30/2024:**

Single Person Employer Annual Contribution: \$3,300.06\* (was \$3,000)

Family 2+ People Employer Annual Contribution: \$6,600.03\* (was \$6,000)

\*Based on these OOPM changes effective 10/1/2024 the annual HSA contributions will be as follows: Single = \$3,400, Family \$6,800.

# Action Needed

## Benefit Changes Needed:

View and enroll online at

<http://www.ebenefits.com/palomar> (Select “Register Now!” data was reset)

- Select “enroll now”
- View current benefits in the “shopping cart”
- Update the coverage/information you wish to change
- Review your elections in the “shopping cart”
- Respond to Terms & Conditions and click “Submit Enrollment”
- A selection confirmation will display (print and/or save)



## No Benefit Changes:

**No action is required** during Open Enrollment

**Flexible Spending Account participants must re-enroll each year with an American Fidelity representative**



# October 2023-September 2024 Contributions



Plans Requiring Employee 10 or 12 Monthly Contributions				
Insurance Plan	2022/2023 Employee Contribution		2023/2024 Employee Contribution	
Coverage:	12 Month Contribution	10 Month Contribution	12 Month Contribution	10 Month Contribution
<i>Anthem Traditional PPO 100A</i>	Single \$184.00 2-Party \$359.00 Family \$505.00	Single \$220.80 2-Party \$430.80 Family \$606.00	Single \$199.00 2-Party \$392.00 Family \$550.00	Single \$238.80 2-Party \$470.40 Family \$660.00
<i>Delta Dental PPO</i>	Single, 2-Party, Family \$44.87 (*)	Single, 2-Party, Family \$53.84 (*)	Single, 2-Party, Family \$44.30 (*)	Single, 2-Party, Family \$51.60 (*)
<i>Delta Dental Premier</i>	Single, 2-Party, Family \$71.57 (*)	Single, 2-Party, Family \$85.88 (*)	Single, 2-Party, Family \$71.00 (*)	Single, 2-Party, Family \$85.20 (*)

The District contributes 100% to Kaiser HMO&HDHP, Anthem HMO&PPO80E, EyeMed vision plan, Long Term Care and Basic Life coverage.

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

# 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>
<b>Net Earnings</b>	<b>\$675.00</b>

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



# Medical Plan Options



**2023 – 2024**

**(Effective October 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:**

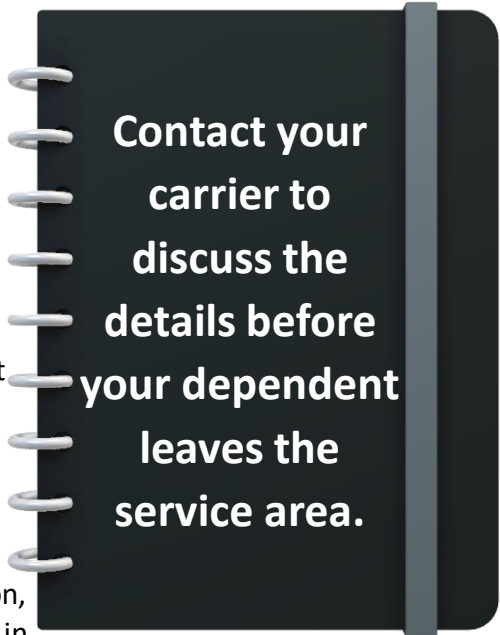
If so, they may be able to enroll for HMO coverage with a partner Anthem Blue Cross plan under their Guest Membership program. The HMO Away From Home Care program gives you Guest Membership if they will be temporarily outside of your service area for at least 90 days in one location.

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](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  
service 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://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, GPY158, GUS220, OW0218. \* 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

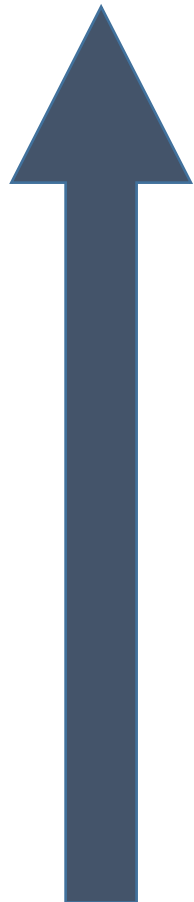
## Key features

- 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 1<sup>st</sup> 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 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 in-network 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)

# 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
<b>CALENDAR YEAR DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM (OOPM)</b>			
Individual/Family Deductible	\$0	\$300/\$600	\$0
Individual/Family Out-of-Pocket Maximums (includes deductible, coinsurance, and co-pays)	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000
<b>PROFESSIONAL SERVICES</b>			
Preventative Care Services (includes physical exams & non-diagnostic screening)	\$0	0% ded. waived	\$0
Office Visit/Urgent Care co-pay	\$10	\$20 ded. waived	\$20
Specialist/Consultants co-pay	\$10	\$20 ded. waived	\$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 to the hospital)	\$100 per visit	\$100/visit + 20%	\$100 per visit
Inpatient Hospital co-pay (preauthorization required)	\$0	20%	\$250/admission
Surgery, outpatient – performed in an Ambulatory Surgery Center (hospital outpatient surgery limitations apply)	\$0	20%	\$125
<b>MENTAL HEALTH SERVICES &amp; SUBSTANCE TREATMENT</b>			
Inpatient Care: Facility based care (preauthorization required)	\$0	20%	\$250/admission
Outpatient Care: Physician office visits	\$10	20%	\$20
<b>OTHER SERVICES</b>			
Acupuncture & Chiropractic (limits apply)	\$0 (12 visits)	20%	\$10/30 visits
Hearing Aids	0%(\$700/24 mo)	20%(\$700/24mo)	50%/36 mo
<b>PRESCRIPTION DRUG PLANS</b>			
Pharmacy Out-of-Pocket Maximum	\$1500 S/\$2500 F	\$9/\$0 @Costco	\$9/\$0 @Costco
Generic co-pay/days supply	\$5/\$0 @ Costco	\$35 30 days	\$35 30 days
Brand co-pay/days supply & Specialty Drugs (most specialty items)	\$20 up to 30 days	\$35 30 days	\$35 30 days
Mail Order 90 day supply (Generic/Brand co-pay)	\$0/\$50	\$0/\$90	\$0/\$90

# Kaiser Medical Plans – High-Level Summary

Per IRS guidelines – Kaiser HDHP/HSA deductible & out-of-pocket maximum will reset to zero as of January 1<sup>st</sup> 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.

\* 2023 HSA contribution maximums = single \$3,850 & family \$7,750; 2024 HSA contribution maximums = single \$4,150 & family \$8,300

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 [50% funded 10/31 & 50% funded 4/30]	\$0	\$3300.06*	\$6,600.03*
<b>CALENDAR YEAR DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM (OOPM)</b>			
Individual/Family Deductible Individual/Family Out-of-Pocket Maximums (includes deductible, coinsurance, and co-pays)	\$0 \$1,500/\$3,000	\$1500 (\$1700 1/24) \$3000 (\$3400 1/24)	\$3000(\$3400 1/24) \$6000(\$6800 1/24)
<b>PROFESSIONAL SERVICES</b>			
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% 0% 10% 10%	
<b>HOSPITAL &amp; SKILLED NURSING FACILITY SERVICES</b>			
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%	
<b>MENTAL HEALTH SERVICES &amp; SUBSTANCE TREATMENT</b>			
Inpatient Care: Facility based care (preauthorization required) Outpatient Care: Physician office visits	\$0 \$0	10% 10%	
<b>OTHER SERVICES</b>			
Acupuncture & Chiropractic (30 visits combined) Durable Medical Equipment (DME)	\$10 \$0	10% Acupuncture/No chiropractic 10%	
<b>PRESCRIPTION DRUG PLANS</b>			
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 gen/\$60 brand/100 days AD	



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

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

**2023 – 2024**

**(Effective October 1, 2023)**

<b>Delta Dental</b>	<ul style="list-style-type: none"><li>• DeltaCare HMO</li><li>• Delta PPO</li><li>• Delta Incentives</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 EAP (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

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# EyeMed Vision Plan – High-Level Summary

<i>Vision Plan Type/Benefit</i>	EyeMed Vision	
	In-Network	Out-of-Network Member Reimbursement up to:
<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

### Lower your taxable income by using a FSA

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

**Medical expenses:** in 2023 you can contribute up to \$3,050 per year (carryover up to \$610)

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

**Dependent care expenses:** in 2023 you can contribute up to \$5,000 per year

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

- Scheduling 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



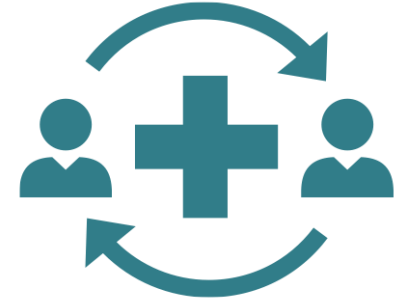
Simplified  
Underwriting



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™ Term Life Insurance
- AF™ Whole Life Insurance
- Universal Life Insurance

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

**AF™ Whole Life Insurance and AF™ 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.

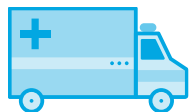


# Get help with expenses health insurance doesn't cover

## 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](mailto:jill_krenkler@us.aflac.com)**



**Aflac**®



## **Next Steps and Contacts**

# Next Steps

## Open Enrollment Information

You will enroll online with the eBenefits information below 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, 2023.

**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.

### To enroll 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

## 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.

### Everyone must re-enroll in the Flexible Spending Account(s); FSA/DCA plans:

- If you do not re-enroll you will not have coverage as of 10/1/23. The IRS requires all participants to re-enroll annually in these plans; no exceptions.

Anthem 100A PPO plan and Delta PPO plans new deductions will reflect on the end of October paycheck.

# Next Steps (continued)

## Additional Information

Emails will be sent to employees during August 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 [Open Enrollment webpage](#)

# In-Person & Zoom Benefit Meeting Dates

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

Dates	Times
Monday, August 1, 2023	Open Enrollment Start
Thursday, August 17, 2023	Benefits Drop-in Hours (LRC-308) 9am – 4pm
Thursday, August 17, 2023	eBenefits Portal Presentation (LRC-308) 10am
Thursday, August 17, 2023	eBenefits Portal Presentation (LRC-308) 2pm
Wednesday, August 30, 2023	Benefits Drop-in Hours (LRC room TBD) 9am – 4pm
Thursday, August 31, 2023	Open Enrollment Closes

Individuals requiring sign-language Interpreters, real-time captioners, or other accommodations should contact the Benefits Department at (760) 744-1150, et. 3053 or [benefits@palomar.edu](mailto:benefits@palomar.edu) two weeks in advance of the event or five days in advance for a workshop. Visit the Human Resource Services Benefits for the online Interpreting/Captioning Request Form or access it here [Accessibility Services – Human Resource Services \(palomar.edu\)](#)

Questions?

Please direct questions regarding employee  
benefits to:

[benefits@palomar.edu](mailto: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](http://www.anthem.com/ca)  
[www.navitus.com](http://www.navitus.com)

## **Kaiser California**

Customer Service (800) 464.4000  
Mail Order Pharmacy (866) 523.6059  
[www.kp.org](http://www.kp.org)

## **EyeMed Vision**

Customer Service (866) 939.3633  
[www.eyemed.com](http://www.eyemed.com)

## **Delta Dental PPO**

Delta Dental PPO (866) 499.3001  
[www.deltadentains.com](http://www.deltadentains.com)

## **DeltaCare Dental HMO**

Customer Service (800) 422.4234  
[www.deltadentalins.com](http://www.deltadentalins.com)

## **Employee Assistance Program**

Customer Service (800) 999.7222  
[www.anthemead.com](http://www.anthemead.com)

## **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