

PALOMARPOWERED



Palomar Community College District OPEN ENROLLMENT PRESENTATION Plan Year: 2024 – 2025

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Added Wellness Benefits through SISC

Kaiser Member Benefits

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Anthem Member Benefits

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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 \$3,400.00 single / \$6,800.00 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 **members of** their household

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 1st regardless of benefit plan year.

Important Items

- Oct. 1st the Delta PPO calendar year coverage maximum increases to \$2,000 (was \$1,500) for in-network PPO services and providers.
- If you do not wish to make Open Enrollment changes to your insurance coverage, then no action is needed.
- We no longer use the eBenefits enrollment portal.
- All benefit enrollments and changes will be made via digital forms that are linked on page 44 of this document, on our open enrollment emails, and on the open enrollment website.
- Newly added dependents will require dependent eligibility documents be submitted to benefits@palomar.edu.

Action Needed

For Benefit Changes/Updates:

Complete the Digital Enrollment/Change Forms which are linked on all email communications, on pg. 44 of this document, and on the open enrollment website.

We no longer use the eBenefits platform.

Contact us at benefits@palomar.edu.

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 2024-September 2025 Employee Contributions



Plans Requiring Employee 10 or 12 Monthly Contributions				
Insurance Plan	2023/2024 Employee Contribution		2024/2025 Employee Contribution	
Coverage:	12 Month Contribution	10 Month Contribution	12 Month Contribution	10 Month Contribution
<i>Anthem Traditional PPO 100A</i>	Single \$199.00 2-Party \$392.00 Family \$550.00	Single \$238.80 2-Party \$470.40 Family \$660.00	Single \$207.00 2-Party \$404.00 Family \$570.00	Single \$248.40 2-Party \$484.80 Family \$684.00
<i>Delta Dental PPO</i>	Single, 2-Party, Family \$44.30 (*)	Single, 2-Party, Family \$51.60 (*)	Single, 2-Party, Family \$44.30 (*)	Single, 2-Party, Family \$51.60 (*)
<i>Delta Dental Premier</i>	Single, 2-Party, Family \$71.00 (*)	Single, 2-Party, Family \$85.20 (*)	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>
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



2024 – 2025

(Effective October 1, 2024)

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 and referrals for specialty 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:

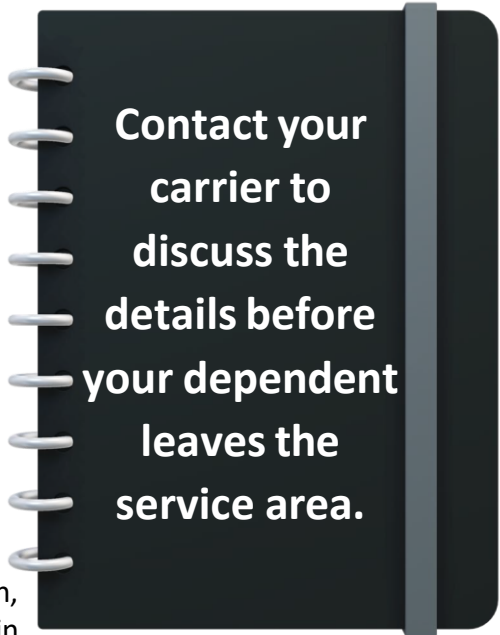
If so, they may be able to enroll for HMO coverage with a partner Anthem Blue Cross plan under their Guest Membership program. The HMO Away From Home Care program gives you Guest Membership if they will be temporarily outside of your service area for at least 90 days in one location.

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.

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.**

Anthem 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
- 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 'Doctor In-Network' status, and links to view provider information. The 'AFFILIATION' section lists the hospital (St. Joseph Hospital Orange) and the medical group (PCP ID/ENROLLMENT ID: 096634). The 'LOCATION' section provides the address (229 S. GLASSSELL ST, ORANGE, CA 92666), phone number (714.639.0303), and driving distance (0.2 miles away). A yellow oval highlights the 'PCP ID/ENROLLMENT ID' field, which is circled in red. The page also includes a 'View Map of Your Results' button and a 'Back to Results' link.

The PPO Plans

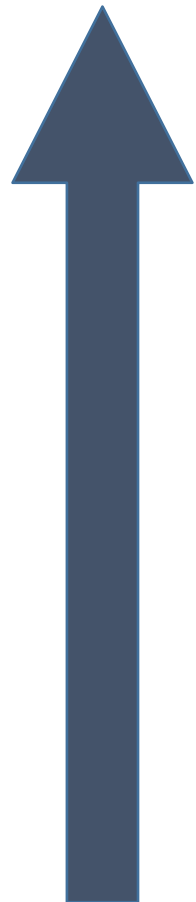
Key features

- 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
- Anthem PPO members are required to use an in-network Ambulatory Surgery Center for Arthroscopy, Cataract surgery, Colonoscopy, and Upper GI Endoscopy to avoid excessive out of pocket expenses.

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 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 reflect in-network benefits only. Please review the benefit summaries or plan booklets for details, limitations, and exclusions. Plan booklets, and legislative changes take precedent over this brief summary.

Single = \$207/mo.
2-Party = \$404/mo.
Family = \$570/mo.

No Employee
Contribution

No Employee
Contribution

Benefit Information (amounts listed are for in-network services)

Plan Summaries

[Anthem PPO
100A](#)

[Anthem PPO
80E](#)

[Anthem HMO
Full Network](#)

CALENDAR YEAR DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM (OOPM)

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

PROFESSIONAL SERVICES

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

HOSPITAL & SKILLED NURSING FACILITY SERVICES

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

MENTAL HEALTH SERVICES & SUBSTANCE TREATMENT

Inpatient Care: Facility based care (preauthorization required)	\$0	20%	\$250 /admission
Outpatient Care: Physician office visits	\$10	20%	\$20

OTHER SERVICES

Acupuncture & Chiropractic (limits apply)	\$0 (12 visits)	20%	\$10/30 visits
Hearing Aids	0%(\$700/24 mo)	20%(\$700/24mo)	50%/36 mo

PRESCRIPTION DRUG PLANS

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 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.
2024 HSA contribution maximums = single \$4,150 & family \$8,300; 2025 HSA contribution maximums = single \$4,300 & family \$8,550
There are no employee contributions for Kaiser medical plans

No Employee Contribution for HMO or HDHP

Benefit Information (amounts listed are for in-network services)

Plan Summaries

[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	\$3400.00*	\$6,800.00*
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CALENDAR YEAR DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM (OOPM)

Individual/Family Deductible	\$0	\$1,700	\$3,400
Individual/Family Out-of-Pocket Maximums (includes deductible, coinsurance, and co-pays)	\$1,500/\$3,000	\$3,400	\$6,800

PROFESSIONAL SERVICES

Preventative Care Services (includes physical exams & non-diagnostic screening)	\$0	0% deductible waived
Office Visit/Urgent Care co-pay	\$0	10%
Specialist/Consultants co-pay	\$0	10%
Prenatal/Postnatal Office Visit co-pay	\$0	0%
Scans: CT, CAT, MRI, PET etc.	\$0	10%
Diagnostic X-ray & Laboratory Procedures	\$0	10%

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room Visit (co-pay waived if admitted to the hospital)	\$100 per visit	10%
Inpatient Hospital co-pay (preauthorization required)	\$0	10%
Surgery, outpatient – performed in an Ambulatory Surgery Center (hospital outpatient surgery limitations apply)	\$0	10%

MENTAL HEALTH SERVICES & SUBSTANCE TREATMENT

Inpatient Care: Facility based care (preauthorization required)	\$0	10%
Outpatient Care: Physician office visits	\$0	10%

OTHER SERVICES

Acupuncture & Chiropractic (30 visits combined)	\$10	10% Acupuncture/No chiropractic
Durable Medical Equipment (DME)	\$0	10%

PRESCRIPTION DRUG PLANS

Generic co-pay/days supply	\$5 up to 100 days	\$10/30 days after deductible (AD)
Brand co-pay/days supply	\$5 up to 100 days	\$30/30 days AD
Specialty Drugs/days supply	\$5 up to 30 days	\$30/30 days AD
Mail Order/day supply (Generic/Brand co-pay)	\$5	\$20 gen/\$60 brand/100 days AD



Dental, Vision, Life, Disability and EAP Plans

Dental, Vision, Life and EAP Plans Offered by PCCD

<u>2024 – 2025</u> (Effective October 1, 2024)	
Delta Dental	<ul style="list-style-type: none">• DeltaCare HMO• Delta PPO• Delta Incentives
EyeMed Vision	<ul style="list-style-type: none">• EyeMed PPO
Voya	<ul style="list-style-type: none">• Basic Life• Supplemental life• Long Term Care
Employee Assistance Program	<ul style="list-style-type: none">• Anthem EAP (available to all employees)• Voya EAP (available to all employees)

DeltaCare USA Dental Plan – High-Level Summary

No Employee Contribution

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
- 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


[Plan Summary](#)

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 books for details, limitations and exclusions. Plan books will be provided over this brief summary. Benefits may be subject to change due to regulatory or legislative changes.

Delta PPO/Incentive Dental Plans – High-Level Summary

\$44.30
Contribution
Per month



\$71.00
Contribution
Per month



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	\$2,000	\$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.

[Delta PPO Plan Summary](#)
[Delta Premier Plan Summary](#)

EyeMed Vision Plan –

High-Level Summary

No Employee
Contribution

Vision Plan Type/Benefit	EyeMed Vision	
	In-Network	Out-of-Network Member Reimbursement up to:
Exam Copay	\$0	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)	Once every 12 months (in lieu of lenses)
Lenses:		
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
Contact Lenses:		
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

[Plan
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.

Voya Life Plans

[Plan Summary](#)



Palomar Community College District provides full-time eligible employees an \$80,000 Basic Term Life and AD&D policy 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.
- 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

[Click Here for
Policy
Information](#)

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
Benefits		
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 contributing to an FSA

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

Medical expenses: in 2024 you can contribute up to \$3,200 per year (carryover up to \$640)

- 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 2024 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' services: 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



Hyatt Legal, Aflac and American Fidelity Plans

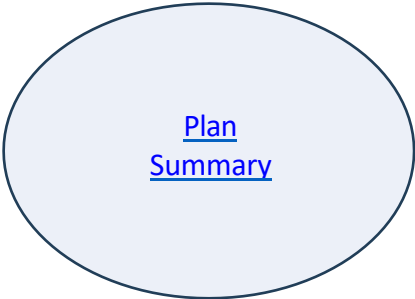
Hyatt Legal (MetLife Legal)

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



[Plan](#)
[Summary](#)

Limited Benefit Accident Only Insurance



24-Hour Coverage



Sport-Related
Injury



Wellness Benefit



Over 25
Treatments Covered

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

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

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

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

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

Life Insurance Options



- AFTM Term Life Insurance
- AFTM Whole Life Insurance
- Universal Life Insurance

americanfidelity.com/info/life

AFTM Whole Life Insurance and AFTM 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 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.



Need help filling claims?



Thank you

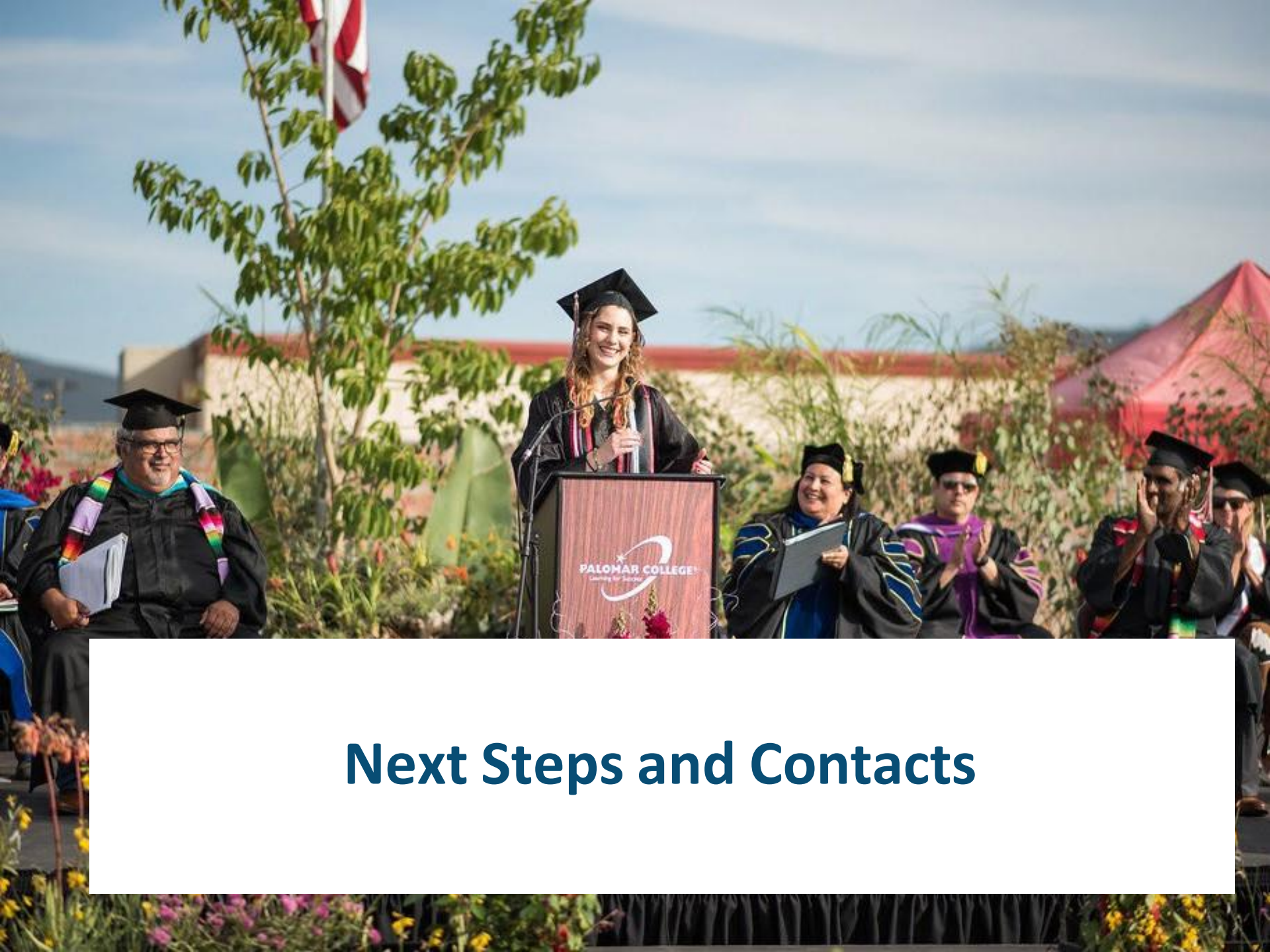
Jill Krenkler

760-473-8023

jill_krenkler@us.aflac.com



Aflac®



Next Steps and Contacts

Next Steps

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

Open Enrollment Information
Open Enrollment changes can be made from August 1 – August 30, 2024.
All Open Enrollment changes will take effect October 1, 2024.
We no longer use the eBenefits portal to make benefit changes.
Use the digital forms linked on page 44 of this presentation to make benefit changes.

What Will Happen If I Do Not Re-Enroll In Benefits
If you do not re-enroll in the medical/dental/vision/life plans: <ul style="list-style-type: none">Your plan coverage(s) will continue as-is.
FSA participants must re-enroll in the Flexible Spending Account(s); FSA/DCA plans: <ul style="list-style-type: none">If you do not re-enroll you will not have coverage as of 10/1/24. The IRS requires all participants to re-enroll annually in these plans; no exceptions.
Anthem 100A PPO plan new deductions will be reflected on the end of October paycheck.

Next Steps (continued)

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

1. Find the plan that you would like to change from the list below
2. Click on that plan text to pull up the digital form
3. Carefully complete the fields on the digital form
4. Use the “sign” button to create a signature and sign the form
5. You will receive an emailed copy of the completed form as confirmation of your submission
6. The Benefits Office will automatically receive a copy of the form

Medical Forms	Dental & Vision Forms	Optional Insurance Forms
Anthem PPO 100A (cont. required)	Delta Premier (cont.required)	VOYA Life
Anthem PPO 80E	Delta PPO (cont. required)	VOYA Accident
Anthem HMO	DeltaCare USA DHMO	Hyatt Legal Plan
Kaiser HMO	EyeMed	Unum Long Term Care
Kaiser HDHP with HSA		
Waive Medical Insurance		

In-Person & Virtual Meeting Dates

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

Date	Meeting Description/Location/Time
Thursday, August 1, 2024	Open Enrollment Start
Thursday, August 7, 2024	Benefits Drop-in Hours (LRC-308) 10am – 1pm
Thursday, August 8, 2024	Benefits Drop-in Hours (LRC-308) 1pm – 4pm
Thursday, August 14, 2024	Benefits Drop-in Hours (LRC-308) 1pm – 4pm
Wednesday, August 15, 2024	Benefits Drop-in Hours (LRC-308) 9am – 1pm
Tuesday, August 20, 2024	Benefits Drop-in/Aflac Representative (LRC-308) 9am-4pm; SISC (Zoom) 10am-11:50am; Anthem EAP Workshop-Raising Diversity in Your Home (virtual PD Portal) 1pm-2pm
Wednesday, August 21, 2024	Benefits Drop-in (LRC-308) 10am-1pm; CalPERS system basics in (LRC-308) 12pm-1pm; Anthem EAP Workshop-Compassion Fatigue (virtual PD Portal) 1pm-2pm
Thursday, August 22, 2024	Anthem EAP Workshop-Helping Our Children Achieve Their Dreams (virtual PD Portal) 1pm-2pm
Friday, August 23, 2024	Aflac Representative Tables at Plenary; Anthem EAP Workshop-Using Your EAP (H-112) 1pm-2pm
Tuesday, August 27, 2024	American Fidelity Representative On Campus (must schedule meetings at least one day prior)
Wednesday, August 28, 2024	Benefits Drop-in Hours (LRC-308) 9am-4pm
Thursday, August 29, 2024	Benefits Drop-in Hours (LRC-308) 10am-1pm
Friday, August 30, 2024	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 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 \(palomar.edu\)](#)

Annual Regulatory Notifications

Important Employee Annual Notifications
Medicare Part D Notice of Creditable Coverage (Spanish)
Children's Health Insurance Program (CHIP) Notice (Spanish)
Women's Health and Cancer Rights Act (WHCRA) Notice
Notice of HIPAA Enrollment Rights
Affordable Care Act Exchange Notice (Spanish)
COBRA Notice
Surprise Billing Notice (Spanish)
Newborns and Mothers Health Protection Act

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

Delta Dental PPO

Delta Dental PPO (866) 499.3001
www.deltadentains.com

DeltaCare Dental HMO

Customer Service (800) 422.4234
www.deltadentalins.com

Employee Assistance Program

Customer Service (800) 999.7222
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