PALOMAR COMMUNITY COLLEGE DISTRICT

Employee Benefit Orientation



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YOUR "TO DO" LIST

ITEMS 1 THROUGH 7 LISTED BELOW MUST BE COMPLETED

- 1. <u>Kaiser HMO</u> -or- <u>Kaiser HDHP/HSA</u> -or- <u>SISC Anthem HMO</u> -or- <u>SISC Anthem 100A PPO</u> -or- <u>SISC Anthem 80E PPO</u> -or- <u>Insurance Opt Out Form</u> (Complete one of these forms)
- 2. <u>Delta PPO Enrollment</u> -or- <u>DeltaCare USA DHMO Enrollment</u> (Complete one of these forms)
- 3. <u>Vision Enrollment</u>
- 4. PERS Beneficiary -or- STRS Beneficiary (Complete one of these forms)
 - Complete, print, and mail/email into Palomar Human Resource Services or Benefits
- 5. <u>Life/AD&D Beneficiary</u>
- 6. <u>Long Term Care Enrollment</u>
- 7. Required Dependent Verification Documentation:
 - marriage certificate OR Domestic Partnership
 - Front page of most recent tax return (financial information redacted)
 - birth certificate/adoption certificate/guardianship for children

PLEASE NOTE:

- Anthem PPO's and the Delta PPO are the only plans that require employee contribution
- Medical, Dental, Vision, and Long Term Care begin the first of the month following date of hire
- Life/AD&D begin the first of the month following 30 days of service
- Long Term Disability begins the first of the month following 90 days of service

To Do List

MEDICAL & EAP BENEFITS

Medical Insurance Options

- Kaiser Permanente HMO: \$0 Employee Contribution
 - Group Number 234480-0073 (link to Plan Summary)
 - No deductible, no office co-pay, \$5 for pharmacy
 - Provider Search: https://healthy.kaiserpermanente.org/
- Kaiser Permanente HDHP with HSA: \$0 Employee
 Contribution
 - Group Number 234480-0075 (link to Plan Summary)
 - DEDUCTIBLE: \$1,700 Single/\$3,400 Family
 - District funded HSA: \$3,400.00 Single/\$6,800.00 Family
 - Contribute pre-tax funds to your HSA (<u>click here</u>)
- SISC Anthem PPO: EE \$207/E1 \$404/ EF \$570 Contribution Amount (paid each month for 12 months)
 - Group Number 40795A (link to Plan Summary)
 - No deductible, \$10 office co-pay, \$5/\$20/\$50 for pharmacy
 - Provider Search: (Click Here)

SISC Anthem HMO: \$0 Employee Contribution

- Group Number 57APGA (link to Plan Summary)
- No deductible, \$20 primary co-pay, \$40 specialist co-pay, \$250 admission co-pay, \$100 ER co-pay, \$9/\$35 for pharmacy
- Provider Search: (Click Here)
- SISC Anthem 80E PPO: \$0 Employee Contribution
 - Group Number: Single 40795E (link to Plan Summary)
 - DEDUCTIBLE: \$300 Single/\$600 Family
 - \$20 co-pays
 - 20% Coinsurance for hospitalization, scans, diagnostic/lab procedures, and chiropractic
 - Provider Search: (Click Here)

Employee Assistance Programs

- Anthem EAP (for Kaiser and PPO members)
 - CONFIDENTIAL Free services for you and your household members (limited number of sessions)
 - Counseling, addiction recovery, dealing with ID theft, legal advice, financial planning
 - (800)999-7222 company code SISC
 - <u>www.anthemEAP.com</u> company code SISC

DENTAL BENEFITS

Option 1: DeltaCare USA Option DHMO

- \$0 Employee Premium Contribution
- Must use the DeltaCare USA list of network providers (<u>click here</u>)
- Group Number 71691-03001 (member phone number 800/422-4234)
- Each member has unlimited annual dental coverage (<u>Plan Summary</u>)
- Preventative services are covered 100%
- The cost for other plan services are listed in the plan summary attached above
- This plan has enhanced orthodontic benefits but you must use a DeltaCare USA orthodontist
- Member ID cards will be issued for this plan or you can download a copy of your card.

Option 2: Delta Preferred Option PPO

- Employee Monthly Contribution: \$44.30 per month
- Utilize Delta Dental PPO list of network providers (<u>click here</u>)
- Group Number 7046-03905 (member phone number 866/499-3001)
- Each member has a \$2,000 insurance benefit per calendar year for PPO in-network services. (<u>Plan Summary</u>)
- Diagnostic and preventative services are covered 100%
- Basic Services are covered 90%, member pays 10%
- Crowns, cast restorations and prosthodontic services are covered 60%
- Orthodontics are covered t 50% up to \$1,000 lifetime benefit
- No member ID cards will be issued for this plan (<u>instructions</u>)

Option 3: Delta Premier Option PPO

- Employee Monthly Contribution: \$71.00 per month
- Utilize Delta Dental PPO or Premier list of network providers (click here)
- Group Number 7046-03902 (member phone number 866/499-3001)
- Each member has a \$1,500 insurance benefit per calendar year (<u>Plan Summary</u>)
- All coverage starts a 70% coverage and increases 10% each year annual care is received.
- No member ID cards will be issued for this plan (instructions) and there is no orthodontia.

EYEMED VISION BENEFITS

- \$0 Employee Premium Contribution
- Utilize the <u>EyeMed</u> list of in network providers (<u>Plan Summary</u>)
- Group Number 1018355-1001 (Member phone number 866/804-0982)
- Free exam every 12 months (Eyeglasses and Contacts)
- Up to \$250 frame allowance every 12 months
- Free single vision, lined bifocal, and lined trifocal lenses every 12 months
- Or \$180 allowance for contacts and exam every 12 months
- Extra savings on prescription sunglasses and laser vision correction
- You will receive member ID cards and a welcome packet in the mail at your home

LIFE/AD&D AND LONG TERM CARE BENEFITS

Life and AD&D Insurance



Long Term Care Insurance

- \$0 Employee Premium Contribution
- Policy Number 70654-0GAT2 (policy information)
- Employee term life insurance worth \$80,000
- This policy includes <u>travel insurance</u>
- Employee Accidental Death and Dismemberment insurance worth \$80,000
- Value of the policy will reduce by 50% when the employee reaches the age of 70

- \$0 Employee Premium Contribution
- Policy Number 105200 (policy information)
- Covers services provided to an employee by an in-network Nursing Facility
- Pays the facility up to \$1,000 per month
- Maximum duration of the benefit is 2 years
- For questions about this plan you can contact (800)227-4165

LONG TERM DISABILITY BENEFITS

- Policy Number 70654-0LTD2011 (<u>Policy Information</u>)
- This policy replaces California State Disability Benefits
- Employee sick leave is intended to serve as short term Disability income
- Employee is eligible for income replacement after 90 days of disability
- Benefit amount is 66 2/3% of the employee base income up to a maximum of \$7,500 per month
- If the employee becomes disabled prior to age 68 then the benefit is in place until age 70
- If the employee becomes disabled at 68 or older then the maximum benefit is 24 months
- There is a survivor income benefit should the employee pass away
- The policy will not provide coverage for a pre-existing condition that causes a period of Disability beginning within the first 12 months of the effective date of coverage



RETIREMENT PENSION BENEFITS



CalPERS

WHO PARTICIPATES?

Classified employees and academic/educational employees who have prior CalPERS service eligibility

EMPLOYEE CONTRIBUTION:

Classic (CalPERS member on or before 12/31/2013) = 7%

PEPRA (CalPERS member on or after 1/1/2014) = 8%

SCHOOL EMPLOYER CONTRIBUTIONS

WELCOME TO CALPERS

MyCalPERS Portal (Login Information)

PALOMAR RETIREMENT BENEFITS

CalSTRS

WHO PARTICIPATES? Academic employees

EMPLOYEE CONTRIBUTION:

Classic (CalSTRS member on or before 12/31/2013) = 10.25%

PEPRA (CalSTRS member on or after 1/1/2014) = 10.205%

SCHOOL EMPLOYER CONTRIBUTIONS

WELCOME TO CALSTRS

MyCalSTRS Portal (Login Information)

PALOMAR RETIREMENT BENEFITS

APPLE

WHO PARTICIPATES?

Permanent classified less than 50% contract, short term employees, part time faculty

EMPLOYEE CONTRIBUTION:

5%

EMPLOYER CONTRIBUTION:

2.5%

PLAN INFORMATION

WEBSITE LINK

These funds can be used to purchase <u>CalPERS</u> or <u>CalSTRS</u> service credit. You will start that process with CalPERS or CalSTRS.

Form to rollover or liquidate APPLE funds

OPTIONAL INSURANCE AND INVESTMENTS

Optional Insurance Benefits

Additional information found at:

Voluntary Benefits - Human Resource Services (palomar.edu)

Voluntary Term Life

- Up to \$200,000 is guaranteed to be issued for a new hire applying within their first 30 days (Click here)
- And up to \$50,000 is guaranteed for a spouse as long as the employee applies \$100,000
- AD&D guaranteed issue
- UNUM Long Term Care
 - This increases the benefit provided by Palomar
- Hyatt/MetLaw Legal Plan Legal HMO
 - (plan summary/enrollment)
- Aflac Products
 - Contact Jill Krenkler (760)473-8023 jill krenkler@us.aflac.com Cancer, Accident, Short Term Disability, Vision, Life
- American Fidelity FSA & Optional Products
 - Contact Michelle Kramer or Beth Park (951)600-0122
 - <u>Michelle.Kramer@americanfidelity.com</u> or <u>beth.park@americanfidelity.com</u>
 - Flexible Spending Accounts (Medical & Dependent Care), Cancer, Accident, Short Term Disability, Life

Pre and Post Tax Investments

Additional information found at:

Retirement Savings Plans – 403(b)/457(b) – Human Resource Services (palomar.edu)

- FBC Deferred Compensation 403(b), 457(b), and Roth 403(b) <u>Universal availability notification</u>
 - Empower Retirement Customer Service (844) 732-7738
 - FBC Deferred Compensation (833)752-6322
 - FBC email FBCSupport@planmember.com
- Additional approved 403(b) investment providers are located at the <u>SDCOE Deferred Compensation</u> <u>Website</u>

The approved vendors from this list must be contacted directly in order to establish an account



INSURANCE & REGULATORY NOTIFICATIONS

- Insurance Carrier HIPAA Notifications
- <u>District Life Insurance Taxability Notification</u>
- Insurance Coordination of Benefits Rule
- California Insurance Exchange Notice (Spanish)
- Medicare Prescription Drug Coverage Notice (Spanish)
- <u>COBRA General Notice</u>
- <u>California Unemployment Program Notice</u>
- Industrial Injury Information (Spanish)
- Workers Compensation Pre-Designation of Personal Physician
- Women's Health and Cancer Rights Act Notice (WHCRA)
- <u>Children's Health Insurance Program Notice (CHIP)</u> <u>Spanish</u>



BENEFIT OFFICE CONTACT INFORMATION

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