

PALOMARPOWERED



Palomar Community College District OPEN ENROLLMENT PRESENTATION

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INTERPRETING/CAPTIONING SERVICES REQUIRE 5 DAYS ADVANCE NOTICE. For all other accommodation contact benefits@palomar.edu or (760)744-1150 x-2889

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Added Wellness Benefits through SISC

These wellness benefits are for people enrolled in one of the district medical plans

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)
<u>MyStrength</u> through the EAP	<u>Teledoc</u> Expert Second Opinion/Advice (HMO&PPO)
Teledoc <u>Expert Second Opinion/Advice</u>	<u>Hinge Health</u> (PPO only)
Kaiser <u>Calm App</u>	<u>Maven Maternity Benefit</u> (PPO only)
Kaiser <u>Health Balance Weight Management</u>	<u>Cancer Diagnosis Benefit</u> (PPO only)
Anthem <u>EAP Talkspace</u>	<u>Anthem EAP Talkspace</u> (HMO & PPO)
<u>Costco Flu Shot Voucher</u>	<u>Costco Flu Shot Voucher</u> (HMO & PPO)
Kaiser <u>Mobile App</u>	<u>Carrum Surgery Planning Support</u> (PPO only)
Kaiser <u>Health Plan Transition Assistance</u>	<u>Lark Diabetes Prevention Program</u> (HMO & PPO)

Overview

FAQ's

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

If you carry a 40% teaching load across multiple California Community College Districts you may be eligible for Palomar College medical benefits! People with a 40% load at Palomar College do not need to complete the form.

Gather the hourly assignment notice(s) for the current semester from each district for upload. Complete the form at the link below and upload each notice into the form. This is not necessary if you have a 40% load at Palomar.

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

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

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 \$1,700.00 for single / \$3,400.00 for 2-party & family
Wex HSA funds are deposited in April for spring semester, and October for the fall semester.*

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

Medical, Dental, Vision plans – Employee Contributions Required ([see page 6 of this document](#))

Anthem PPO 100A plan for the Employee and Eligible Dependents (Requires 40% Load)

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

Important Items



All current medical, dental, and vision participants must re-enroll with the forms on pg. 29

Open Enrollment runs from September 10, 2024 through September 30, 2024

Elections made during Open Enrollment will take effect October 1, 2024

NEW – existing insurance participants who do not want to make any changes to their benefit coverage, or covered dependents, can now complete one simple [“Re-enrollment” form](#)

The employee, and any covered dependents, cannot have premiums for health insurance paid by an employer other than Palomar Community College District (double coverage makes an employee/dependent ineligible for the district benefits).

If dependents are enrolled on the insurance the employee must provide dependent verification documentation. For a spouse/State Domestic Partner you must provide the marriage/partnership certificate AND the front page of the most recent joint tax filing (income can be redacted). For children you must provide a birth certificate OR adoption certificate OR legal guardianship documentation.

Any dependent verification documentation or questions can be directed to benefits@palomar.edu we will get back to you within one working day.

2024-2025 Employee Contributions



3 equal payments pay for 6 months of coverage

Fall semester payments are October, November, and December for coverage period October – March

Spring semester payments are March, April, and May for coverage period April – September

Insurance Coverage	Payment Amount
<i>Anthem Traditional PPO 100A</i>	Single \$414.00 (paid in Oct/Nov/Dec) 2-Party \$808.00 (paid in Oct/Nov/Dec) Family \$1,140.00 (paid in Oct/Nov/Dec)
<i>DeltaCare USA DHMO</i>	Single \$36.48 (paid in Oct/Nov/Dec) 2-Party \$65.94 (paid in Oct/Nov/Dec) Family \$97.38 (paid in Oct/Nov/Dec)
<i>EyeMed Vision Plan</i>	Single \$21.66 (paid in Oct/Nov/Dec) Employee + Spouse \$41.14 (paid in Oct/Nov/Dec) Employee + Child(ren) \$43.30 (paid in Oct/Nov/Dec) Family \$63.66 (paid in Oct/Nov/Dec)

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

Medical Plan Options

2024-2025 Plan Year

(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
- 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:

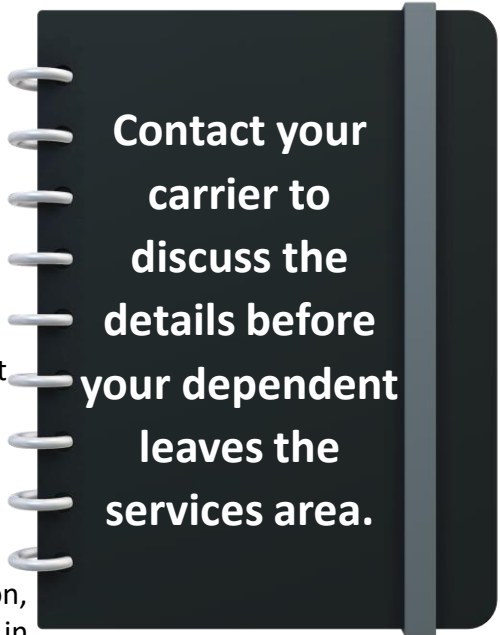
If so, they may be able to enroll for HMO coverage with a partner Anthem Blue Cross plan under their Guest Membership program. The HMO Away From Home Care program gives you Guest Membership if they will be temporarily outside of your service area for at least 90 days in one location.

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
services area.**

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

Find a network provider

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

It's easy to find a provider online:

- Go to anthem.com/ca/sisc
- 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 MEDICAL GROUP). The 'LOCATION' section provides the address (229 S GLASSSELL ST, ORANGE, CA 92666), driving distance and directions, and waiting times for medical care. A yellow oval highlights the 'PCP ID/ENROLLMENT MEDICAL GROUP' section, which contains the provider's online enrollment ID (096634) and the provider's name (ALONZO FLORES MD). The page also includes a 'View Map of Your Results' button and a 'Back to Results' link.

CARE PROVIDER	AFFILIATION	LOCATION
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: 096634, AFO086, GPY168, OUS220, OWO218 * Access "Insurance Plans Accepted" for details GENDER: MALE LANGUAGE OF THE PROVIDER: Spanish, English	HOSPITAL: ST JOSEPH HOSPITAL ORANGE PCP ID/ENROLLMENT MEDICAL GROUP: (PAPER/ONLINE): 096634 PCP ID/ENROLLMENT ID (PHONE): 096634	229 S GLASSSELL ST, ORANGE, CA 92666 Driving distance & directions 714.639.0303 Waiting times for medical care Distance: 0.2 miles away

The PPO Plans

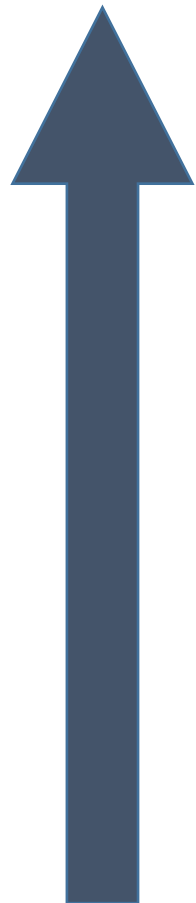
Key features

- 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)

Anthem Medical Plans – High-Level Summary

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

No Employee
Contribution

No Employee
Contribution

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	\$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 deduct. waived	0% ded. waived	\$0
Office Visit/Urgent Care co-pay	\$10	\$20	\$20
Specialist/Consultants co-pay	\$10	\$20	\$40
Prenatal/Postnatal Office Visit co-pay	\$10	\$20	\$20
Scans: CT, CAT, MRI, PET etc.	\$0	20%	\$100 per test
Diagnostic X-ray & Laboratory Procedures	\$0	20%	No charge

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	20%	\$10/30 visits
Hearing Aids	10%(\$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

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
HMO or HDHP
Contributions

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.

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

Plan Summaries

[Kaiser HMO Plan](#)

[Kaiser HDHP/HSA HMO Plan](#)
INDIVIDUAL 2+ COVERED

Employer Semester Health Savings Account (HSA) Contribution [Employer HSA funded 10/31 and 4/30]	\$0	\$1,700.00	\$3,400.00
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CALENDAR YEAR DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM (OOPM)

Individual/Family Deductible	\$0	\$1700	\$3,400
Individual/Family Out-of-Pocket Maximums (includes deductible, coinsurance, and co-pays)	\$1,500/\$3,000	\$3400	\$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	10%
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 18
Mail Order/day supply (Generic/Brand co-pay)	\$5	\$20 gen/\$60 brand/100 days AD



Dental & Vision

DeltaCare USA Dental Plan – High-Level Summary

Employee Contribution
[See Page 6](#)

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 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.

Plan Summary

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

[Contributions Listed
On Page 6](#)

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**.





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.



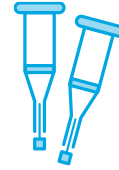
Hospital Indemnity

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.

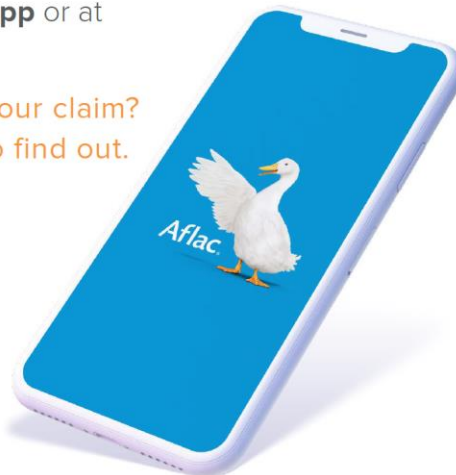


Getting paid is as easy as 1-2-3 with Aflac

- 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 deposit¹** 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

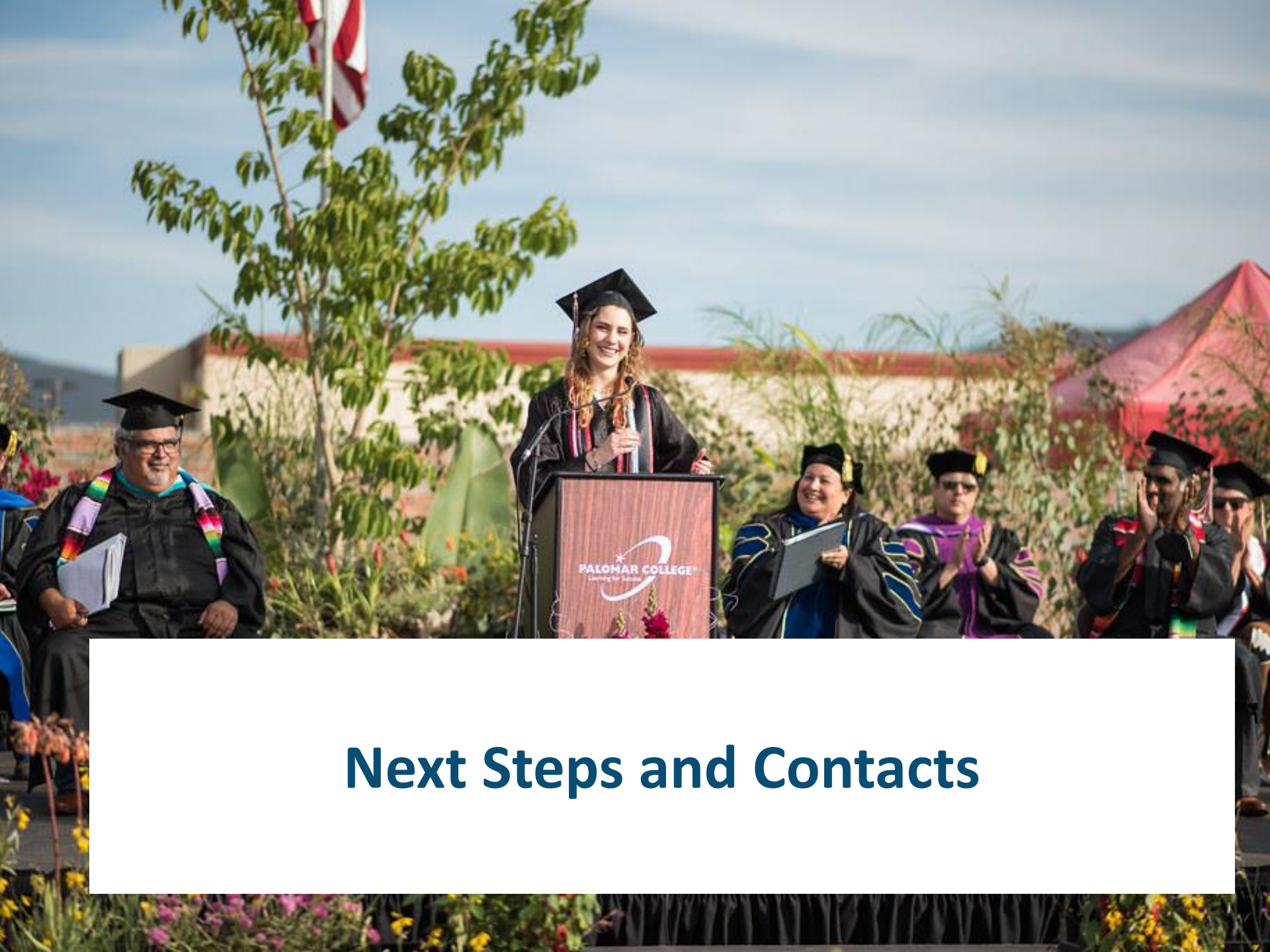
Jill Krenkler

760-473-8023

jill_krenkler@us.aflac.com



Aflac®



Next Steps and Contacts

Open Enrollment Next Steps

You must make benefit elections during the published open enrollment period, watch your email!

REQUIRED: Covered Dependent Proof of Eligibility must be provided to benefits@palomar.edu

- **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

! IMPORTANT !

Existing Medical, Dental, and/or Vision Insurance Participants Only

NEW – [Insurance Re-Enrollment Form](#) – NEW

This form can only be used by part-time faculty members who are already enrolled in the medical, dental, and/or vision insurance.

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, [search](#))
- [Anthem PPO 80E](#)
- [Anthem PPO 100A](#) (only medical plan that requires [employee contribution](#))

Dental and Vision Enrollment Forms:

- [DeltaCare USA DHMO](#) (must list a DeltaCare USA provider on the enrollment form, [search](#))
- [EyeMed Vision](#)

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 medical benefits!

Gather the Fall 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/dental/vision plans:

- Coverage(s) will terminate effective October 1st for fall semester
- Coverage(s) will terminate effective April 1st for spring semester

Additional Information

Emails will be sent to employees 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 also provided in emails](#))

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	

DeltaCare Dental HMO

Customer Service	(800) 422.4234
www.deltadentalins.com	

Employee Assistance Program

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