

PALOMARPOWERED



**Palomar Community College District
RETIREE BENEFITS MEETING
Plan Year: 2022 – 2023**

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 \(palomar.edu\)](https://www.palomar.edu/human-resources-services/interpreting-captioning)

Added Wellness Benefits through SISC

Kaiser Member Benefits

Kaiser [Your Care Your Way](#)

Kaiser [Wellness Coaching](#)

Kaiser [Total Health Assessment](#)

Kaiser [Telehealth](#)

Kaiser [Active & Fit](#)

[MyStrength](#) through the EAP

Teledoc [Expert Second Opinion/Advice](#)

Anthem Member Benefits

[Anthem Membership Discounts](#) (HMO & PPO)

[MD Live](#) virtual care med/behavioral (HMO & PPO)

[Vida Health Coaching](#) (HMO & PPO)

Anthem [Active & Fit](#)

[MyStrength](#) through the EAP (HMO & PPO)

[Teledoc](#) Expert Second Opinion/Advice (HMO&PPO)

[Hinge Health](#) (PPO only)

[Maven Maternity Benefit](#) (PPO only)

[Cancer Diagnosis Benefit](#) (PPO only)

Presentation Table of Contents

Discussion topics

- ✓ [Overview](#)
- ✓ [What is new?](#)
- ✓ [Action needed](#)
- ✓ [2022/2023 Contributions](#)
- ✓ [Insurance Plan Information](#)
- ✓ [Transitioning to Medicare](#)
- ✓ [Appeals & Medicare Information](#)
- ✓ [Next steps](#)
- ✓ [District and vendor contacts](#)

Overview

Open Enrollment Period (8/1/2022 – 8/31/2022, changes take effect 10/1/2022)

NO ACTION REQUIRED if you wish to keep the same insurance coverage

All changes must be made in the eBenefits Portal online (instructions in the following slides)

Life Events that allow changes outside of open enrollment: marriage/divorce, gain/loss of coverage, birth/death

The District remains committed to providing retirees 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 Retiree and Eligible Dependents

Anthem PPO 80E for the Retiree and Eligible Dependents (retiree/dependent under 65)

Kaiser HMO for the Retiree and Eligible Dependents

Kaiser HDHP/Wex HSA District contributions of \$3,000 single / \$6,000 2-party & family (**under 65**)
Wex HSA funds deposited half in October/half in April.*

Medical and Dental PPO plans – Retiree (10/2020 and after) Contributions Required

Anthem PPO 100A plan for the Retiree and Eligible Dependents

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

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

What is New?



“Learn to Live” EAP benefit is available for retirees ([Anthem EAP](#))

Customized online programs based on Cognitive Behavioral Therapy principles

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

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

New Anthem PPO Benefits

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

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

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

New Kaiser Benefits

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

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



October 2022-September 2023

Contributions (retired on or after October 1, 2020)

Plans Requiring Retiree Monthly Contributions		
Insurance Plan	2021/2022 Retiree Contribution	2022/2023 Retiree Contribution
Coverage:	Monthly Contribution	Monthly Contribution
<i>Anthem Traditional PPO 100A</i>	Single \$193.00 2-Party \$378.00 Family \$531.00	Single \$184.00 2-Party \$359.00 Family \$505.00
<i>Anthem PPO 80E</i>	Single \$8.00 2-Party \$15.00 Family \$22.00	New this year \$0
<i>Delta Dental PPO</i>	Single, 2-Party, Family \$44.87 (*)	Single, 2-Party, Family \$44.87 (*)
<i>Delta Dental Premier</i>	Single, 2-Party, Family \$71.57 (*)	Single, 2-Party, Family \$71.57 (*)



The District contributes 100% to Kaiser HMO&HDHP, Anthem HMO&PPO80E, and DeltaCare USA DHMO.

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

Medical Plan Options



2022 – 2023

(Effective October 1, 2022)

**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.

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:

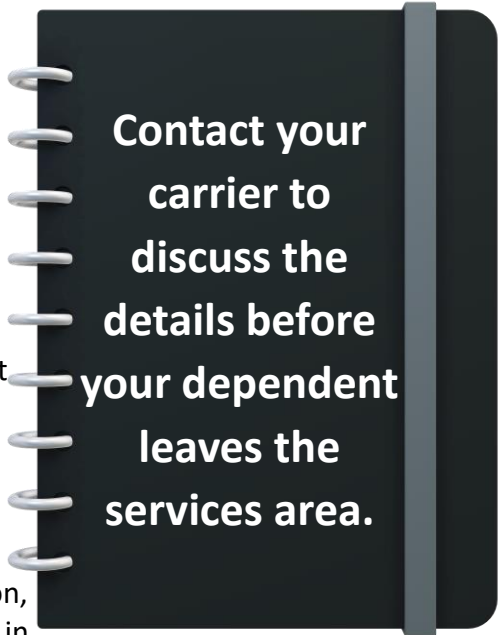
If so, they may be able to enroll for HMO coverage with a partner Anthem Blue Cross plan under their Guest Membership program. The HMO Away From Home Care program gives you Guest Membership if they will be temporarily outside of your service area for at least 90 days in one location.

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.**

Anthem Medical Plans – High-Level Summary

(Plans below do not reflect +65 EGWP Rx copay, please see next slide)

This is only a brief summary of benefits that reflects In-Network benefits only. Please review the benefit summaries or plan booklets for details, limitations, and exclusions. Plan Booklets will take precedents over this brief summary. Benefits may be subject to change due to mid-year legislative changes.

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

Anthem EGWP Rx Plan

All retirees, age 65 and older, with Medicare are enrolled on the Anthem PPO 100A with MedicareRx prescription drug plan. The district will reimburse retirees for premiums they pay for Medicare Part D on a quarterly or annual basis.

To be reimbursed the retiree must take the following steps:

1. Complete the Palomar College Reimbursement Request form quarterly or annually
2. Provide proof of Medicare expenses quarterly or annually

MedicareRx (PDP) Plan (Retirees 65 and older)	Tier 1 copay	Tier 2 copay
EGWP Rx plan deductible = \$0		
1 to 30 days supply	\$0	\$20
31 to 60 days supply	\$0	\$40
61 to 90 days supply	\$0	\$60
1 to 30 days supply	\$0	\$20
31 to 90 days supply	\$0	\$50
Amounts listed above are for in-network retail/mail-order pharmacies		

Anthem EGWP Rx Plan (continued)

All retirees who are enrolled on Anthem PPO 80E will be moved to the Anthem PPO 100A EGWP plan when all covered members reach age 65 and enroll in Medicare.

Coverage Gap Stage:

During this stage, you will continue to be responsible for your copayment. Your employer group benefit may continue to cover your drug costs when the Medicare plan does not. Your drug copayment or coinsurance may be less, based upon the cost of the drug. After your yearly total drug costs reach \$6,550 for Part D drugs, you move on to the Catastrophic Coverage Stage.

Catastrophic Coverage Stage:

During this stage, you will pay the lesser of your Navitus formulary copay, or either 5% coinsurance or a \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs, whichever is greater.

Additional Cost Sharing Information:

Your drug copay or coinsurance may be less, based upon the cost of the drug and the coverage stage you are in. Drugs marked as NDS on the formulary are not available for an extended supply greater than 1- month). If you reside in a long-term care facility, you pay the same for a 31 –day supply as a 30-day supply at a retail pharmacy. Your plan will allow up to a 10-day supply of medication at an out -of-network pharmacy.

Per IRS guidelines – if you are over the age of 65 and have Medicare Part A, B and/or D you are not qualified for HSA contributions

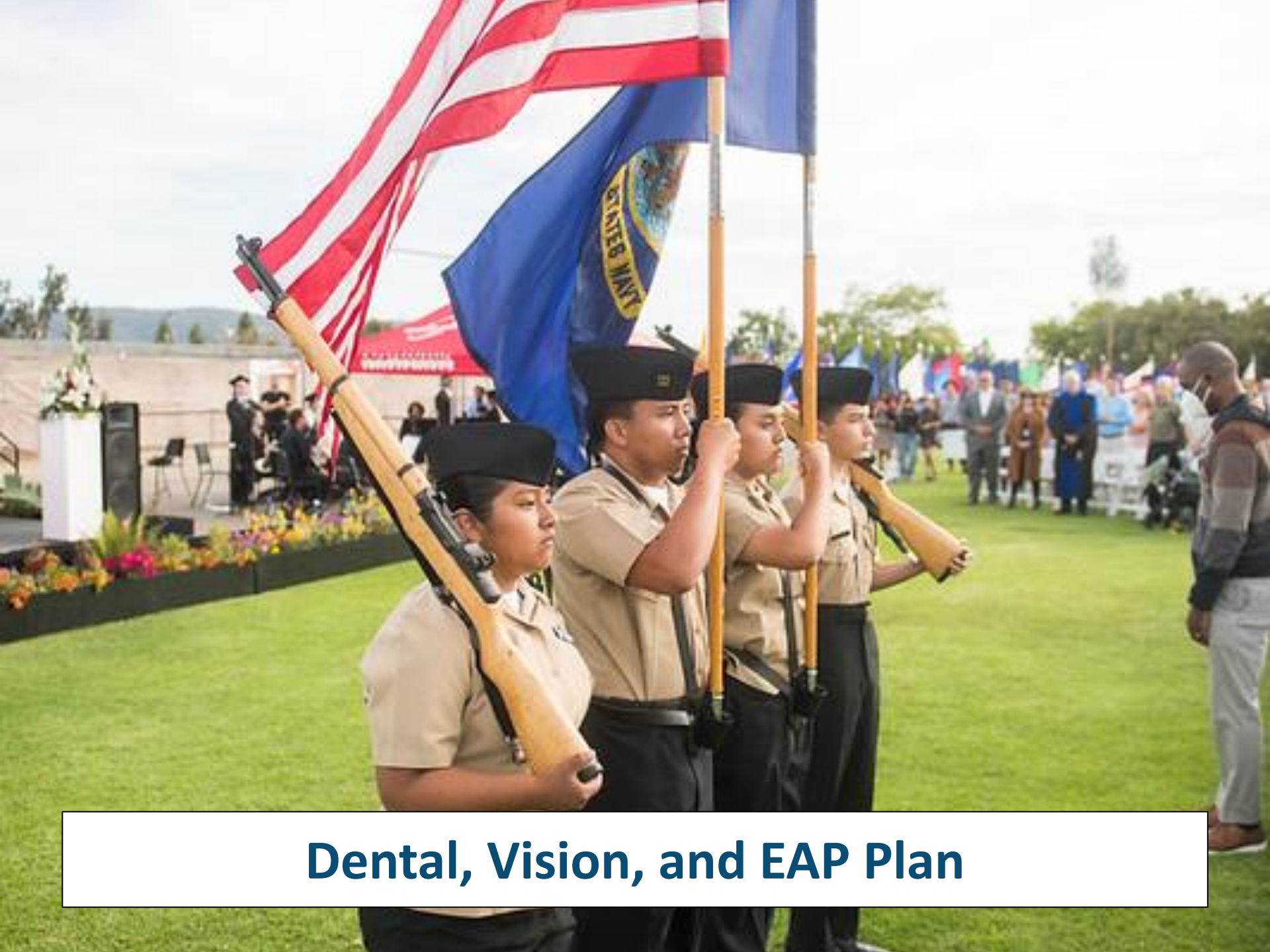
Kaiser Medical Plans

High-Level Summary

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

This is only a brief summary of benefits that reflects In-Network benefits only. Please review the benefit summaries or plan booklets for details, limitations, and exclusions. Plan Booklets will take precedents over this brief summary. Benefits may be subject to change due to mid-year legislative changes.

Benefit Information (amounts listed are for in-network services)	Kaiser HMO Plan	Kaiser HDHP/HSA HMO Plan INDIVIDUAL 2+ COVERED	
Employer Annual Health Savings Account (HSA) Contribution [50% funded 10/31 & 50% funded 4/30]	\$0	\$3,000	\$6,000
CALENDAR YEAR DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM (OOPM)			
Individual/Family Deductible	\$0	\$1,500	\$3,000
Individual/Family Out-of-Pocket Maximums (includes deductible, coinsurance, and co-pays)	\$1,500/\$3,000	\$3,000	\$6,000
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 a hospital)	\$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 (Requires Kaiser approval) & 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 13	
Mail Order/day supply (Generic/Brand co-pay)	\$5	\$20 gen/\$60 brand/100 days AD	



Dental, Vision, and EAP Plan

Dental and EAP Plan Offered by PCCD

2022 – 2023

(Effective October 1, 2022)

Delta Dental

- DeltaCare HMO
- Delta PPO
- Delta Incentives

Employee Assistance Program

- Anthem EAP (available to all retirees)

DeltaCare USA Dental Plan – High-Level Summary

DeltaCare USA dental plan is an HMO plan.

How does it work?

- You will need to pick a dentist, or someone will be randomly selected
- You can find a participating primary dentist at www.deltadental.com; Member, Find a Dentist .
- You will receive an ID card with your dentist name. If the dentist name does not match the card, please make sure you contact DeltaCare as soon as possible to make the change before you see the dentist
- You will need to request a referral from your primary dentist for any dental services
- 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

Monthly Contributions for the who retired on, or after, October 1, 2020	
<i>Delta PPO</i>	Single, 2-Party, Family \$44.87
<i>Delta Dental Premier</i>	Single, 2-Party, Family \$71.57

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

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.

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



Transitioning to Medicare

Retiree Transition to Medicare

The Palomar Community College District retirement benefits require that all covered members have Medicare Part A and Part B in place when they reach Medicare age related eligibility.

The retiree will be responsible for any penalties charged by our medical insurance provider due to non-enrollment in Medicare. Should the retiree not reimburse the district for these penalties the retiree will be notified that their district paid insurance will be terminated retroactively.

Group 1 Retiree & Dependents
Enroll in Medicare Part A & B at the local Social Security Office or online (2-3 months before 65 th birthday)
Provide the Benefits Office with a copy of the Medicare card
Complete the required Anthem or Kaiser Enrollment form
New member ID cards will be issued
The district will reimburse the retiree for Medicare Part D premiums (Qtr/Yr)

Group 2 Retiree
Retiree medical coverage ends the first of the month in which they turn 65 (unless the date of birth is the 1 st of the month).
HICAP Medicare Counseling (858)565-8772 5151 Murphy Canyon Rd Ste 110 San Diego, CA 92123
Dependents who become Medicare eligible before the Group 2 retiree must follow the directions listed for Group 1 Retiree/Dep



Appeals & Medicare Information

Standard Claim Processing Information

Anthem PPO Plans:

In-network providers will bill Anthem directly and you will receive an explanation of benefits which outlines what the insurance paid and what amounts are your responsibility.

Out-of-network claims, including out of the country claims, need to be submitted by the member and must be submitted within 6 months of the service date to Anthem. Claims will be denied for timeliness.

If a claim is processed incorrectly; you will need to contact Anthem Blue Cross directly at (800) 825-5541 for any questions regarding your claims.

Kaiser Plans:

If you had an out-of-network, or out of the country, emergency; you must contact Kaiser as soon as possible to let them know, make sure you provide them with a copy of the bill. Kaiser Permanente customer service number is (800) 464-4000.

Delta Dental PPO/Incentive Plans:

If you visit an in-network provider, they will bill Delta directly and you will receive an explanation of benefit which outlines what the insurance paid and what amounts are your responsibility.

Out-of-network, including out of the country claims, must be submitted by the member as soon as possible. Claims can be denied for timeliness.

If a claim is processed incorrectly; you will need to contact Delta directly at (866) 499-3001 for any questions regarding your claims.

Insurance Appeals Process

An appeal is when you ask Medicare, or the insurance carrier, to review a decision they made about coverage of a service, the amount they paid or will pay for a service, or the amount you must pay for a service.

Examples of when you may file an appeal:

- Medicare, or the insurance carrier, refuses to cover, or pay for, services you think they should cover due to medical necessity
- Medicare, the insurance carrier, or one of their in-network providers refuses to provide you a service and you think the service is medically necessary.
- Medicare, the insurance carrier, or one of their in-network providers reduces the services you had previously been receiving.

How and when can an appeal be filed?

Important appeal timelines will be outlined by Medicare, or the insurance carrier, in the letter notifying you of their coverage decision. Contact your insurance carrier, or Medicare, for clarification related to timelines. If you miss a deadline, you may be eligible to appeal the carrier's decision.

You, or your doctor, can ask for an expedited appeal if the delay in services could cause serious harm to your health, or hurt your ability to perform daily functions. You cannot get an expedited appeal if your request is about payment for services that you have already received.

Appeal information is also available in the plan's Evidence of Coverage (EOC) document.

Insurance Appeals Process (continued)

Who can file an appeal?

- Your doctor, or other provider, can make an appeal for you.
- Someone other than your doctor can also make an appeal for you, but they must first complete an Appointment of Representative form.
- A legal surrogate under court order or state law may also be able to file an appeal. Examples of a legal surrogate may include a legal guardian or an individual acting under a power of attorney.

What do I include with my appeal?

- Your name, address and member ID number
- Your reasons for appealing
- Any information or evidence (documents, medical records) to support your appeal
- An [Appointment of Representative form](#) may be required if a person other than you or your prescribing physician is appealing on your behalf. Contact Medicare or the insurance carrier for a copy of the form.

Where do I need to file my appeal?

This should be in the letter that you received, or you can contact Medicare, or your insurance carrier, for the address, fax number, online portal or email (if available) to file your appeal.

Medicare Appeals Process

Outline of the appeals process for Original Medicare?

The Medicare appeals process has 5 levels:

Level 1: Redetermination by the Medicare Administrative Contractor (MAC)

Level 2: Reconsideration by a Qualified Independent Contractor (QIC)

Level 3: Decision by the Office of Medicare Hearings and Appeals (OMHA)

Level 4: Review by the Medicare Appeals Council (Appeals Council)

Level 5: Judicial Review by a Federal District Court

If you disagree with the decision made at any level of the process, you can generally go to the next level. At each level you'll get a decision letter with instructions on how to move to the next level of appeal.

Each level of appeal has a specific timeline to submit your rebuttal/disagreement. The denial letter should state the timeline to file your appeal. If you miss the deadline, you may be eligible to appeal, but you will have to explain why you missed the deadline, and it is at the discretion of Medicare to approve.

Keep a copy of everything you send to Medicare as part of your appeal. For more information see the Medicare appeals booklet for information on how to file an appeal, no matter how you get your Medicare; <https://www.medicare.gov/Pubs/pdf/11525-Medicare-Appeals.pdf>. For more information, visit [Medicare.gov/appeals](https://www.medicare.gov/appeals), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

SISC Anthem & Navitus Appeals Process

What's the appeals process for Anthem Blue Cross/Navitus?

The SISC Anthem & Navitus appeals process has 4 levels:

- Level 1: Member or their representative files an appeal directly with Anthem Blue Cross or Navitus
- Level 2: Member or their representative reaches out to SISC III JPA for a review of Anthem or Navitus level-1 appeal denial
- Level 3: Member reaches out to Anthem Blue Cross or Navitus and request an external review by an independent review organization (IRO)
- Level 4: Official legal review of the case by an arbitrator. This dispute is directly between SISC and the member

If you disagree with the decision made at any level of the process, you can generally go to the next level. At each level, you'll get a decision letter with instructions on how to move to the next level of appeal.

SISC Kaiser Permanente Appeals Process

What's the appeals process for Kaiser Permanente?

The Kaiser Permanente appeals process has 2 levels:

Level 1: Member or their representative files an appeal directly with Kaiser Permanente

Level 2: Member reaches out to Kaiser Permanente and request an external review by an independent review organization (IRO)

If you disagree with the decision made at any level of the process, you can generally go to the next level. At each level, you'll get a decision letter with instructions on how to move to the next level of appeal.



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, 2022.

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.

Anthem 100A PPO plan contributions will change effective October 1, 2022. (see slide #7)

Next Steps (continued)

Additional Information
Emails will be sent to retirees 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 Retiree webpage

In-Person & Zoom Benefit Meeting Dates

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

Dates	Times
Friday, August 12,2022	Retiree Open Enrollment Workshop (LRC 208)

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 \(palomar.edu\)](#)

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

Delta Dental PPO

Delta Dental PPO (866) 499.3001

www.deltadentains.com

DeltaCare Dental HMO

Customer Service (800) 422.4234

www.deltadentalins.com

Medicare/CMS

www.medicare.gov

(800) 633.4227