PALOMARPOWERED

# Palomar Community College District

## RETIREE BENEFITS MEETING

### Plan Year: 2023 – 2024

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)

# 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

| **Open Enrollment Period** (8/1/2023 – 8/31/2023, changes take effect 10/1/2023) |
|---|
| **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 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 $3,300.06 single / $6,600.03 2-party & family (**under 65**) Wex HSA funds deposited half in October/half in April.* |
| DeltaCare DHMO for the Employee and Eligible Dependents |

| **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?

## COVID-19 Updates

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

COVID-19 testing will be subject to standard plan cost sharing

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

## New Anthem PPO Medicare Supplement Changes

Payment for services above Medicare's allowed amount will no longer be covered. Members on this plan should seek care from providers that take Medicare assignment to avoid any cost-sharing.

## New Kaiser High Deductible Plan Changes

Due to IRS changes effective 1/1/2024 the Kaiser High Deductible Plan Deductible and Out of Pocket Maximum will increase from Single $1,500/$3,000 to $1,700/$3,400 and Family $3,000/$6,000 to $3,400/$6,800.
Since this change takes place after the plan year has started the district has agreed to prorate the annual employer Health Savings Account contributions from Single $3,000 to $3300.06 and Family $6,000 to $6600.03.

## REMINDER

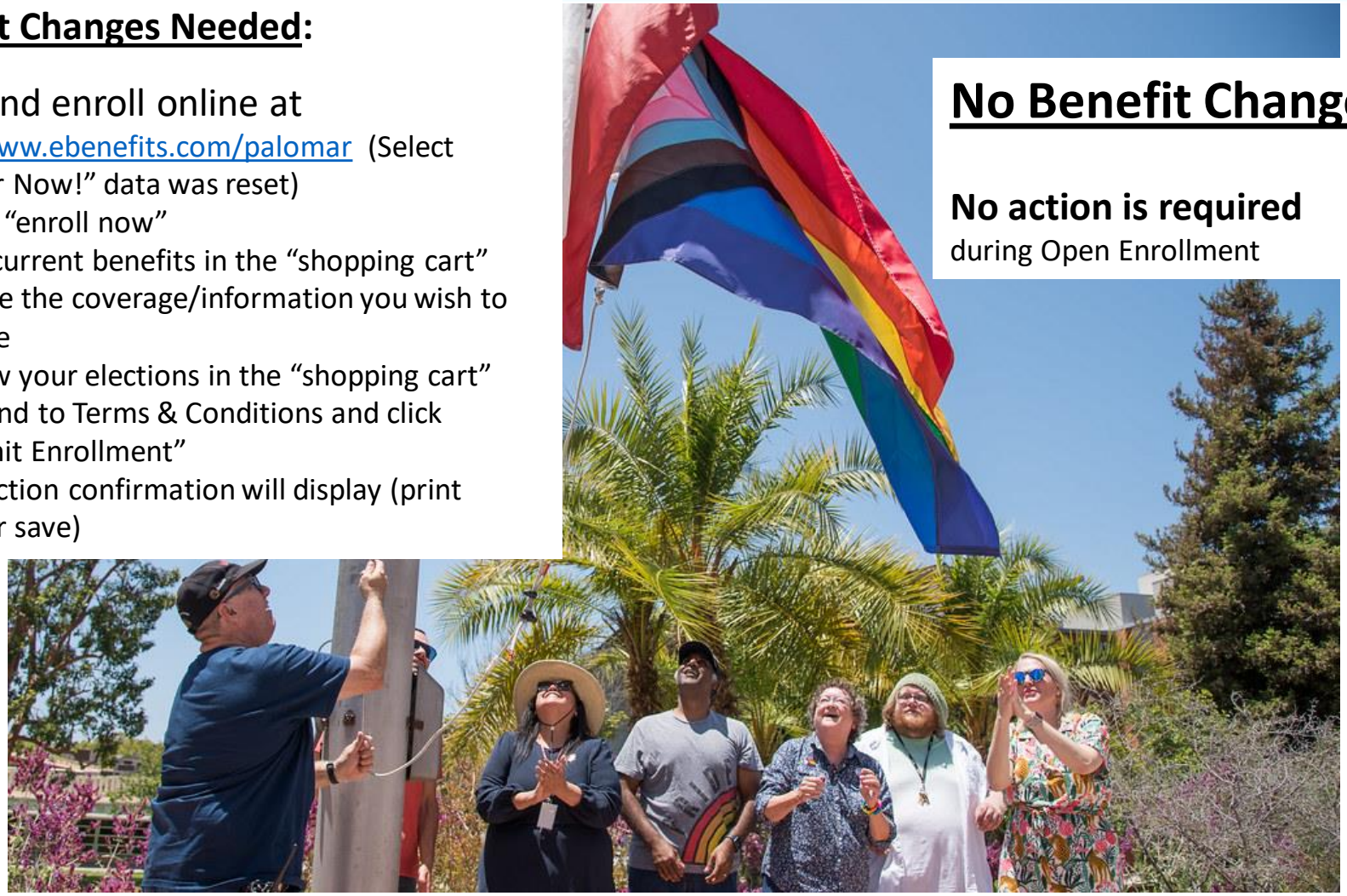
Retirees and their covered spouses/domestic partners over the age of 65 must maintain continuous enrollment in Medicare Parts A and B. If the retiree does not maintain their Medicare Parts A and B enrollment, they will be required to reimburse the district for the following monthly Medicare penalties charged by SISC.
Missing Part A or Part B: $625 per month
Missing Part A & Part B: $1,250 per month

# 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 2023-September 2024 Contributions (retired on or after October 1, 2020)

| Plans Requiring Retiree Monthly Contributions | | |
|---|---|---|
| **Insurance Plan** | 2022/2023 Retiree Contribution | 2023/2024 Retiree Contribution |
| **Coverage:** | Monthly Contribution | Monthly Contribution |
| *Anthem Traditional PPO 100A* | Single $184.00<br>2-Party $359.00<br>Family $505.00 | Single $199.00<br>2-Party $392.00<br>Family $550.00 |
| *Delta Dental PPO* | Single, 2-Party, Family $44.87 (*) | Single, 2-Party, Family $44.30 (*) |
| *Delta Dental Premier* | Single, 2-Party, Family $71.57 (*) | Single, 2-Party, Family $71.00 (*) |

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

| 2023 – 2024<br>(Effective October 1, 2023) | |
|---|---|
| **Medical**<br>**(through SISC III JPA)** | • Anthem Blue Cross HMO California Care<br>• Anthem Blue Cross PPO 100A<br>• Anthem Blue Cross PPO 80E<br>• Kaiser Permanente HMO<br>• 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.

# 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 | $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 | 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 |

# 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

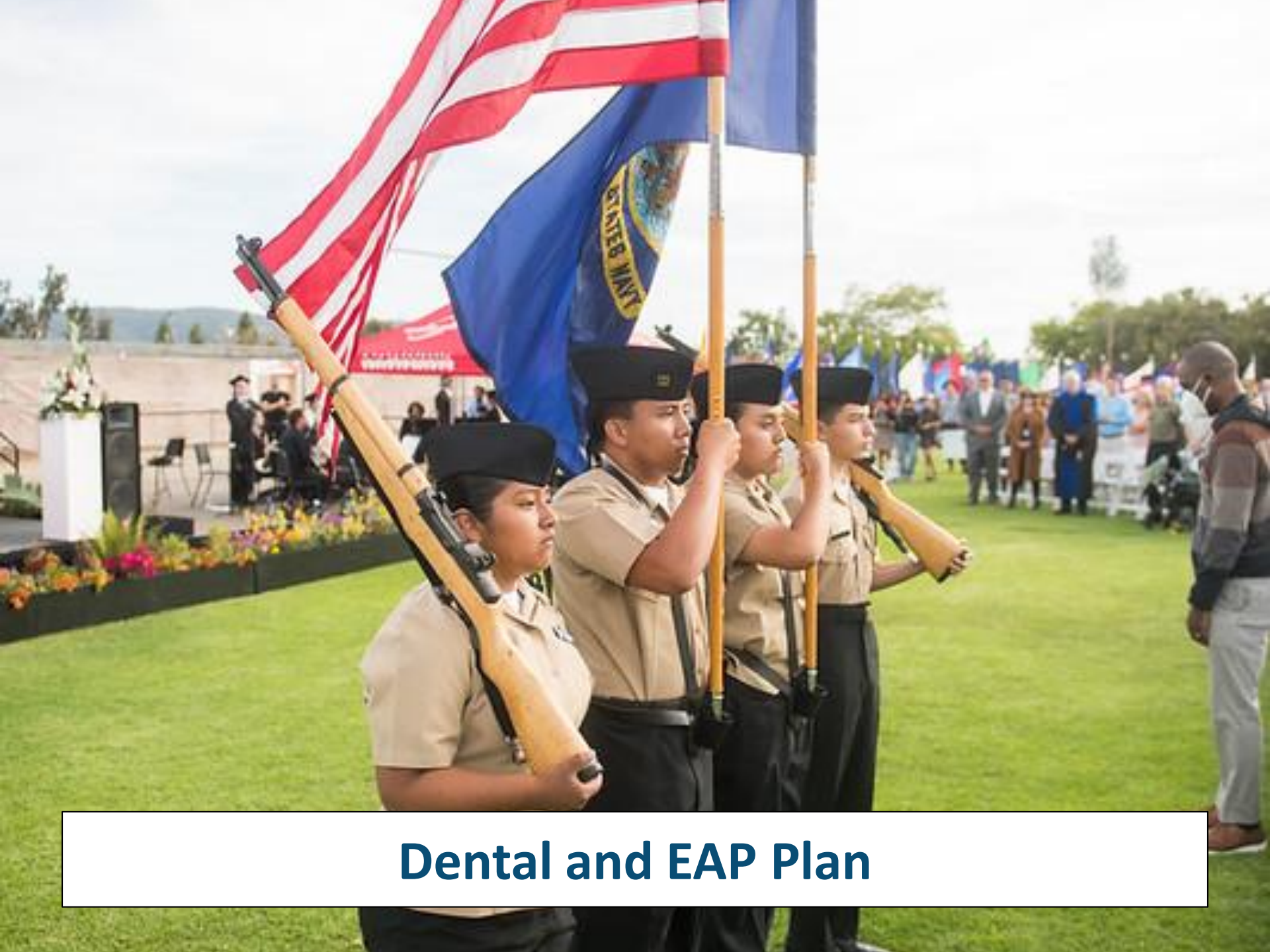
# Kaiser Medical Plans

## 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 | $3300.06 | $6,600.03 |
| **CALENDAR YEAR DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM (OOPM)** | | | |
| Individual/Family Deductible | $0 | $1500 ($1700 1/24) | $3000($3400 1/24) |
| Individual/Family Out-of-Pocket Maximums (includes deductible, coinsurance, and co-pays) | $1,500/$3,000 | $3000($3400 1/24) | $6000($6800 1/24) |
| **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 | |
| Mail Order/day supply (Generic/Brand co-pay) | $5 | $20 gen/$60 brand/100 days AD | |



# Dental and EAP Plan

# Dental and EAP Plan Offered by PCCD

| 2023 – 2024<br>(Effective October 1, 2023) | |
|---|---|
| **Delta Dental** | • DeltaCare HMO<br>• Delta PPO<br>• 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<br>Limited ortho (adult) $1,150 copay<br>Comprehensive ortho (under 19) $1,300 copay<br>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 | |
|---|---|
| *Delta PPO* | Single, 2-Party, Family $44.30 |
| *Delta Dental Premier* | Single, 2-Party, Family $71.00 |

| 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 65th 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 1st of the month). |
| HICAP Medicare Counseling<br>(858)565-8772<br>5151 Murphy Canyon Rd Ste 110<br>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, 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

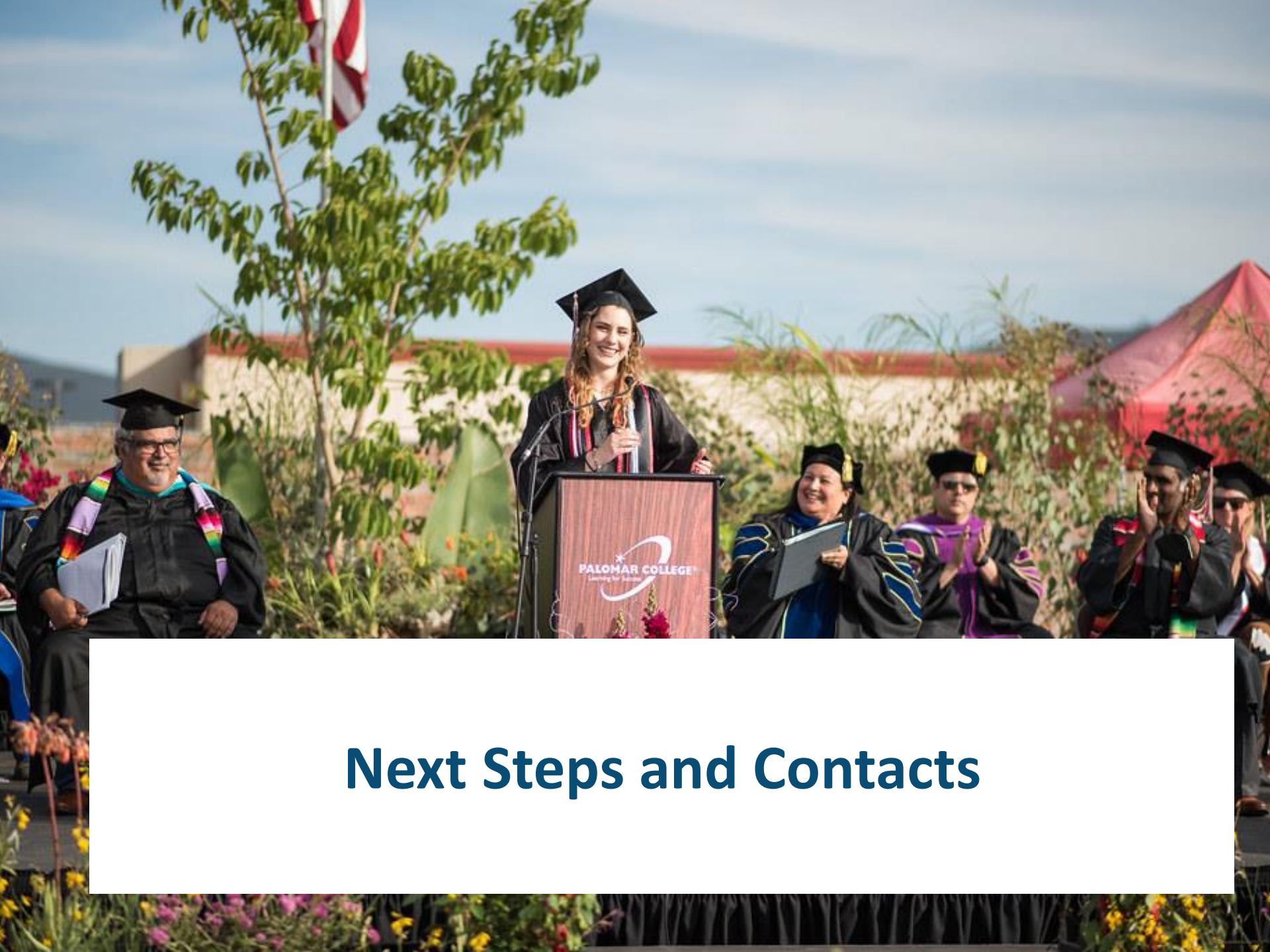
**What's the appeals process for Kaiser Permanente?**

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, 2023. |
| **No paper forms for this Open Enrollment, all changes must be made online in the eBenefits system**. |
| All Domestic Partnerships are required to be registered with the state. |
| **To enroll via eBenefits secure portal:**<br>Go to https://www2.palomar.edu/pages/hr/employees/openenrollment/ Scroll down to "eBenefits Online Benefit Election Portal"<br>• Click on the Create a NEW login for this year link<br>• You will be asked for your last name, date of birth and last four of your social security number<br>• Follow the system prompts to create a username and password<br>• 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:**<br>• Your plan coverage(s) will continue as-is. |
| Anthem 100A PPO, Delta PPO, and Delta Premier Incentive plan contributions will change effective October 1, 2023. (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 |
|---|---|
| Thursday, August 17,2023 | Face to face Open Office Hours (LRC-308) 9am – 4pm |
| Wednesday, August 30, 2023 | Face to face Open Office Hours (LRC room TBD) 9am – 4pm |

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***

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|---|---|
| Customer Service | (800) 464.4000 |
| Mail Order Pharmacy | (866) 523.6059 |
| www.kp.org | |

***Delta Dental PPO***

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

***DeltaCare Dental HMO***

| | |
|---|---|
| Customer Service | (800) 422.4234 |
| www.deltadentalins.com | |

***Medicare/CMS*** (800) 633.4227

www.medicare.gov