

Employee Benefits

Introduction

This brochure provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact the Benefits Office at 714-480-7567.



Santa Ana College • Santiago Canyon College

www.rsccd.edu/benefits

In This Summary

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Eligibility for Medical/Dental/Vision

Eligible Employees

As an eligible new hire, you may participate in the Medical/Dental/Vision benefits on the first day the month following your date of hire. You will enroll thru our online database system "AFenroll".

Eligible Dependents

Your children are eligible if they are under the age of 26. Medical Certification and proof of financial dependency is required.

- They must be your unmarried, natural, step, adopted or foster child.
- A Grandchild is eligible as long as you are the Court appointed legal guardian.
- Your legal spouse
- Your domestic partner
 - Must provide proof of registration of domestic partnership with the State of California (<http://www.sos.ca.gov/dpregistry/>)

RSCCD does not permit "double coverage". If you, your spouse or a parent are both employees of RSCCD you may not elect coverage as both an employee and a dependent.

It is the employee's responsibility to notify the District should one of your dependents no longer be eligible for coverage

Proof of Eligibility:

When adding a dependent to your insurance coverage, you will be required to provide original and/or certified copies of one or more of the following:

- Spouse: Certified Marriage license and recent Federal Tax Page displaying marital status.
- Child(ren): Certified Birth certificate.
- Child(ren) Court adoption papers.
- Social Security Numbers are also required.

Important information should you choose to decline coverage

If you want to *decline* health coverage for yourself and/or dependents, you must log into AFenroll to select "Waive coverage." *If you decline coverage/for any reason other than having other health insurance coverage*, you and/or your dependents will not be able to enroll until the next annual enrollment period.

If you **decline** enrollment for yourself or your dependents because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in a District sponsored plan, provided that you request enrollment within 30 days after your other coverage ends. *You and/or your dependents will be considered "Special Enrollees."* In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you can enroll your dependent (s) within 30 days after the marriage, birth adoption, or placement for adoption.

This is a summary of the plan details. In the event of any discrepancy between this summary and the provisions of the specific insurance contracts, the provisions of the contracts shall apply.

Life Event Changes

Changes to Enrollment

Our benefits plans are effective January 1st through December 31st of each year. There is an annual open enrollment period each year during October in which you can make new benefit elections for the following year effective January 1st. Once you make your benefit elections, you cannot change them during the year unless you experience a qualified change in family status as defined by the IRS.

- **Change in legal marital status**, including marriage, divorce, legal separation, annulment and death of a spouse
- **Change in number of dependents**, including birth, adoption, placement for adoption, or death of a dependent child
- **Change in employment status that affects benefit eligibility**, including the start or termination of employment by you, your spouse, or your dependent child
- **Change in work schedule**, including an increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits.
- **Change in a child's dependent status**, either newly satisfying the requirements for dependent child status or ceasing to satisfy them.
- **Change in place of residence or worksite**, including a change that affects the accessibility of network providers.
- **A court order** resulting from a divorce, legal separation, annulment or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for you child.
- **An event that is a "special enrollment" under the Health Insurance Portability and Accountability Act (HIPAA)** including acquisition of a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan.
- **An event that is allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act.**
Under provision of the Act, employees have 60 days after the following events to request enrollment if:
 - Employee or dependent loses eligibility for Medicaid (known as Medi-Cal in CA) or CHIP (known as Healthy Families in CA)
 - Employee or dependent becomes eligible to participate in a premium assistance program under Medicaid or CHIP.

Coverage for a new spouse, domestic partner or newborn child is not automatic. Please note you have **31 days from the life event** to make necessary additions or deletions to your benefits. You must provide necessary documentation as noted on page 2 of this benefits guide.

Medical Benefits

Kaiser Permanente Traditional HMO Plan

With the Kaiser Permanente Traditional Health Maintenance Organization (HMO) plan, services must be obtained at a Kaiser Permanente facility, except in the case of emergency. Kaiser Permanente integrates all elements of healthcare such as physicians, medical centers, pharmacy and administration in one convenient facility. In addition, Kaiser Permanente offers online tools so you can email your doctor's office, make appointments, refill prescriptions, and more. Kaiser Permanente HMO medical plan highlights include:

- There is no plan deductible.
- Services are only covered when you use Kaiser Permanente providers and facilities, except in the case of emergency.
- You are encouraged to select PCP from the pre-approved list of Kaiser Permanente healthcare providers. Each family member may choose his or her own PCP.
- Kaiser Permanente requires a referral from your PCP to see a specialist.
- Kaiser Permanente will file all claims on your behalf.



Download the Kaiser Permanente app on the App Store or Google Play to access your health plan information 24/7 from your mobile device. You can use the app to view your benefits, make or change appointments, communicate with your doctor, refill prescriptions, view test results, access your medical records and contact Customer Service

Anthem Blue Cross California Care HMO Plan

With the Anthem Blue Cross California Care Health Maintenance Organization (HMO) plan, you must choose a primary care physician (PCP) or medical group within the Anthem Blue Cross HMO network. All your care must be directed through your PCP or medical group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization. You will receive benefits only if you use the doctors, clinics and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency. HMO medical plan highlights include:

- There is no plan deductible
- Services are only covered when you use HMO network providers, except in the case of an emergency.
- You are encouraged to select a PCP or medical group from the HMO plan's pre-approved list of healthcare providers. Each family member may choose his or her own PCP or medical group.
- The HMO plan requires a referral from your PCP to see a specialist.
- Your PCP will file all claims on your behalf.



Download the Anthem Blue Cross app on the App Store or Google Play to access your California Care HMO Plan information 24/7 from your mobile device. The Anthem Blue Cross app allows you to view your benefits, find a doctor or urgent care and get directions, access your medical ID card, and contact Customer Service.

Medical Benefits

Anthem Blue Cross Prudent Buyer PPO Plan

With the Anthem Blue Cross Prudent Buyer Preferred Provider Organization plan, you are not limited to the physicians within the PPO network and you may self-refer to specialists. If you receive care from a physician who is a member of the PPO network, a greater percentage of the entire cost will be paid by the insurance plan. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims. PPO medical plan highlights include:

- This plan includes a deductible for individual and family coverage.
- You may receive services from providers inside and outside the PPO network.
- You are not required to select a PCP or medical group.
- You are not required to obtain a referral to see a specialist.
- Most PPO network providers will file claims on your behalf. However, if you use the non-network tier



Download the Anthem Blue Cross app on the App Store or Google Play to access your Prudent Buyer PPO Plan information 24/7 from your mobile device. The Anthem Blue Cross app allows you to view your benefits, find a doctor or urgent care and get directions, access your medical ID card, and contact Customer Service.

The charts in this document only provides highlights of the benefits offered. If there are inconsistencies between these charts and the official plan documents, the plan documents will govern. These charts do not serve as a contract.

Please see website for more detailed information @ www.rscdd.edu/benefits

Medical Benefits Comparison

Plan Name	Blue Cross PPO		Blue Cross HMO	Kaiser HMO
Eligibility	Active Employees and Retirees		Active Employees and Retirees	Active Employees and Retirees Under Age 65
	In-Network	Out-of-Network		
Annual Deductible				
• Individual	\$250.00	\$250.00	\$0.00	\$0.00
• Family	\$500.00	\$500.00	\$0.00	\$0.00
Out of Pocket Max				
• Individual	\$1,000.00	\$3,000.00	\$1,000.00	\$1,500.00
• Family	\$2,000.00	\$6,000.00	\$2,000.00	\$3,000.00
Medical/Outpatient				
Physician Office Visit				
• Primary Care Physician	\$20.00	70%	\$10.00	\$10.00
• Specialist	\$20.00	70%	\$10.00	\$10.00
Urgent Care	\$20.00	70%	\$10.00	\$10.00
Routine Preventive Care	No Charge	Not Covered	No Charge	No Charge
Well Baby/Well Child	No Charge	70%	No Charge	No Charge
X-Rays and Lab Tests	90%	70%	No Charge	No Charge
CT, CAT MRI or PET Scans	90%	30% subject to utilization review \$800 per procedure limit	\$100.00	No Charge
Durable Medical Equipment	90%	70%	No Charge	No Charge
Hearing Aids	Up to \$2000/ear every 3 years	30%	50% of charges per ear every 3 years	Up to \$2000/ear every 3 years
Eyeglasses/Contacts	N/A	N/A	N/A	N/A
Hospital Benefits				
• Inpatient	90%	70% after separate \$250 deductible	No Charge	No Charge
• Outpatient Surgery	90%	70%	No Charge	\$10 per procedure
Emergency Room	\$50 - waived if admitted	\$50 - waived if admitted	\$100 - waived if admitted	\$35 - waived if admitted
Ambulance Services	90%	90%	\$100/trip	No Charge
Prescription Drugs				
Costco Pharmacy	\$0.00		\$0.00	N/A
Generic Formulary	\$5.00		\$5.00	\$5.00
Brand Name Formulary	\$15.00		\$15.00	\$10.00
Non-Formulary	\$30.00		\$30.00	Not Covered *
Supply Limit	30 days		30 days	100 days
Mail Order Pharmacy				
Generic Formulary	\$10.00		\$10.00	\$5.00
Brand Name Formulary	\$30.00		\$30.00	\$10.00
Non-Formulary	\$75.00		\$75.00	Not Covered
Supply Limit	90 days		90 days	100 days

* if deemed medically necessary by Kaiser Permanente physician, then co-pay would be \$10

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Medical Benefits Comparison

Plan Name	CompanionCare Medicare Supplemental Plan	Kaiser HMO Medicare Senior Advantage Plan
Eligibility	<u>Retirees Over Age 65 & Must Have Medicare Part A and B</u>	<u>Retirees Over Age 65 & Must Have Medicare Part A and B</u>
Annual Deductible		
• Individual	\$0.00	\$0.00
• Family	\$0.00	\$0.00
Out of Pocket Max		
• Individual	\$0.00	\$1,500.00
• Family	\$0.00	
Medical/Outpatient		
Physician Office Visit		
• Primary Care Physician	No Charge	\$10.00
• Specialist	No Charge	\$10.00
Urgent Care	If Medicare covers, CompanionCare covers up to the Medicare allowable.	\$10.00
Routine Preventive Care	If Medicare covers, CompanionCare covers up to the Medicare allowable.	No Charge
X-Rays and Lab Tests	If Medicare covers, CompanionCare covers up to the Medicare allowable.	No Charge
CT, CAT MRI or PET Scans	If Medicare covers, CompanionCare covers up to the Medicare allowable.	No Charge
Durable Medical Equipment	If Medicare covers, CompanionCare covers up to the Medicare allowable.	20% of Charges
Hearing Aids	N/A	Up to \$2000/ear every 3 years
Eyeglasses/Contacts	N/A	\$150 allowance every 24 months
Hospital Benefits		
• Inpatient	If Medicare covers, CompanionCare covers up to the Medicare allowable.	No Charge
• Outpatient Surgery	If Medicare covers, CompanionCare covers up to the Medicare allowable.	\$10 per procedure
Emergency Room	If Medicare covers, CompanionCare covers up to the Medicare allowable.	\$35 - waived if admitted
Ambulance Services	If Medicare covers, CompanionCare covers up to the Medicare allowable.	No Charge
Prescription Drugs		
Costco Pharmacy	N/A	N/A
Generic Formulary	\$9.00	\$5.00
Brand Name Formulary	\$35.00	\$10.00
Non-Formulary	Not Covered	Not Covered *
Supply Limit	30 days	100 days
Mail Order Pharmacy		
Generic Formulary	\$18.00	\$5.00
Brand Name Formulary	\$90.00	\$10.00
Non-Formulary	Not Covered	Not Covered
Supply Limit	90 days	100 days

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Medical Benefits

Key Terms

Deductible The amount you pay each year before your plan starts to pay

Copay A flat fee you pay for covered services like doctor visits

Coinsurance Your share of health plan costs (a percentage of total cost) after meeting your Deductible

Out-of-Pocket Maximum

The most you have to pay out-of-pocket each year for health care services. Once this amount is reached, insurance will pick up 100% of any subsequent qualifying expenses

Premium The amount you pay to belong to a health plan

In Network Providers who have agreed to render services at a negotiated rate

Out of Network

Providers who have not agreed to provide services at the negotiated rate, members can still see these providers but may experience higher fees, balance billing for the difference between the charged fee and the negotiated rate as well as different deductible and out of pocket maximum

Navitus-Pharmacy Benefits (Anthem Blue Cross)

Prescription Coverage

"For Anthem Blue Cross HMO & PPO Plans"

Pharmacy Benefit Schedule for HMO & PPO prescriptions:

- \$0 Generic @ Costco Retail Pharmacy
- \$5 Generic @ Other Retail Pharmacy
- \$15 Brand Formulary
- \$30 Non-Formulary

Mail order prescriptions are available for thru Costco Retail Pharmacy for a 90-day supply:

- \$10 Generic
- \$30 Preferred Brand
- \$75 Non-Preferred Brand

Filling Your Prescription at a Network Pharmacy

Navitus has an extensive network of pharmacies in their pro-gram. Most independent pharmacies and pharmacy chains (except Walgreens) participate in their network so you probably won't have to switch pharmacies. There is a complete list of participating pharmacies on their website, <https://www.navitus.com/members/pharmacy-directory.aspx> If you use the pharmacy at Costco (you don't have to be a member. Just tell the person at the door you are there to use the pharmacy) your generic medications are free. **There won't be a co-pay.**

Getting your Drugs through Mail Order

Costco Mail Order Pharmacy will service your mail-order needs. It is an easy way for you to get a 90-day supply of your long-term or maintenance medications. For drugs needed on a short-term basis (e.g., antibiotics for short-term illness), we recommend using a retail pharmacy.

Fax: 1-888-545-4615

E-prescribe

Costco Pharmacy will begin processing your order once you have placed a request and the original prescription is received at their facility.



Using Your Medical Benefit ID Card

You will not need a separate pharmacy benefit ID card. Your medical benefit card also contains information about your pharmacy benefit. After July 1, just present your medical benefit card to the pharmacy when you refill your prescription. To determine your copayment before going to the pharmacy, call Navitus Customer Care number on the back of your card toll-free.

Obtaining Refills

Once you've received your first prescription via mail order, refills can be ordered using any of the following methods:

- Online: www.pharmacy.costco.com
- Call: 1-800-607-6861
- Costco's 24-hour automated telephone system guides you through the refill ordering process. Be sure to have your prescription number available.

Or

- Enroll in the auto refill program online. Average process and shipping time is 6 to 14 days. Costco offers free standard shipping. Expedited shipping options are available for an additional fee.

Medical Benefits

Tips on Getting the Most Value from Your Medical Plan

1. Ask Questions

If you are having a procedure or planning an upcoming procedure, make sure you know how the procedure will be covered and what your out-of-pocket cost will be if any.

2. Utilize Your Free Preventive Care Benefits to Stay Healthy

Preventive care benefits are covered at no charge to you when accessed from in-network providers. Regular preventive care can reduce the risk of disease, detect health problems early, protect you from higher costs down the road, and may even help save your life.

What's the difference between preventive care which is free and diagnostic care which you share the cost for in the form of copays and/or coinsurance? Preventive care helps protect you from getting sick, while Diagnostic care is used to find the cause of existing illnesses. For example, say your doctor suggests you have a colonoscopy because of your age then you have not symptoms. That's preventive care. On the other hand, say you have symptoms and your doctor suggests a colonoscopy to see what's causing them. That's diagnostic care.

3. Get the Right Health Care and Save Money

Choosing the right care for your medical situation will help save you money out-of-pocket:

- **Doctor's Office Visit:** This is the best choice for non-urgent medical issues.
- **Urgent Care:** This is the best choice for non-life-threatening medical issues that require immediate care when you can't get an appointment for a Doctor's Office Visit.
- **Emergency:** You should use the Emergency Room for life threatening emergencies, or for other issues that require immediate medical care outside Urgent Care hours.

4. Use Generic and Over-the-Counter Drugs When Available

The best way to save on prescriptions is to use generic or over the counter medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay.

Why are generic drugs less expensive? Generic drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices. In addition, many generic drugs are well-established medications that do not require expensive advertising. Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

5. Use the Mail Order Prescription Drug Benefit for Maintenance Medications

As an Anthem Blue Cross member, you can receive a 90-day supply of your maintenance medications for the cost of only 2 copays (compared with a typical 30-day supply for a single copay) at your walk-in pharmacy. In addition, your medications will be delivered to your home.

As a Kaiser member, you can receive a 100-day supply of your maintenance medications for the cost of only 2 copays.

Dental Benefits

DeltaCare USA HMO Plan

With the HMO plan through Delta Dental, you are required to select a general dentist to provide your dental care. You will contact your general dentist for all your dental needs, such as routine check-ups and emergency situations. If specialty care is needed, your general dentist will provide the necessary referral. In addition to orthodontia coverage the dental plan highlights include:

- There is no plan deductible.
- Services are only covered when you use the HMO network providers.
- You must select a general dentist from the HMO plan's pre-approved list of dental providers. Each family member may choose his or her own dentist.
- There is no annual maximum benefit.
- For covered procedures, you'll pay the preset copay or coinsurance fee described on the Dental plan schedule, codes and copays.
- Your dentist will file all claims on your behalf.

MetLife Dental PPO Plan

With the PPO plan through MetLife, you may visit a PPO dentist or a non-network dentist. When you access service from a PPO dentist, your out-of-pocket expenses will be less. You will usually pay the lowest amount for services when you visit a MetLife PPO dentist. If you obtain services using a non-network dentist, you will incur higher out-of-pocket expenses and you may be responsible to filing claims. This plan does not include orthodontia coverage. PPO Dental plan highlights include:

- This plan includes a deductible for individual and family coverage.
- You may receive services from providers inside and outside the PPO network.
- You are not required to select a general dentist.
- Each family member is subject to an annual maximum benefit.
- Most services are covered on a coinsurance basis.
- Most PPO dentists will file claims on your behalf. However, if you use the non-network tier of the plan, you may have to pay the dentist in full and then file a claim for reimbursement.
- Out-of-pocket costs will be higher if you use non-network dentists.



Download the MetLife (DPPO) or Delta Dental (DHMO) mobile app at iTunes App Store or Google Play to access to your MetLife plan PPO Plan information 24/7 from your mobile device. The MetLife & Delta Dental mobile apps will allow you to view your benefits and claims, find a dentist, estimate dental expenses and access your dental ID card. The app also features a tracker for brushing and flossing to support you with healthy dental self-care.

How to find a Dentist

DeltaCare USA (Dental HMO) - Visit the Delta Dental website @ www.deltadentalins.com. Go to the link "Find a Dentist" then select DeltaCare USA (HMO) and follow the prompts.

MetLife (Dental PPO) - Visit the MetLife website @ www.metlife.com. Go to the link "Find a Dentist" then select "PDP Plus" and follow the prompts.

Dental Benefits

Plan Name	DeltaCare USA Plan CA10A	MetLife Dental PPO Highlights, Group # 102253	
Plan Features	Choice of dentist from DeltaCare USA network. No deductible. Co-pays for some services.	Choice of any dentist within the MetLife Dental Network	
Annual Benefit Maximum	Unlimited	\$2,000 per person	
Deductible (calendar year)	None	None	
		Delta Dental PPO	Non-Delta Dental
Diagnostic & Preventive Services (Exams, cleanings & x-rays)	No Copay	100%	100%
Basic Services (fillings & sealants)	No copay	90%	90%
Endodontics (root canals) Covered under basic services	Various copays	90%	90%
Periodontics (gum treatment) Covered under Basic Services	Various copays	90%	90%
Oral Surgery Covered under Basic services	Various copays	90%	90%
Major Services Crowns, inlays, onlays and cast restorations	Various copays	90%	90%
Prosthodontics Bridges, dentures and implants	Various copays	70%	50%

Delta Dental USA (HMO)
Visit the Benefits website to review the various codes and copayments for the above procedures.

MetLife PPO
Reimbursement is based on MetLife maximum contract allowance and not necessarily each dentist's submitted fees.

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description.

Please see website for more detailed information @ www.rscdd.edu/benefits

Vision Service Plan (VSP)

Vision Benefits Summary

Benefits	Description	Copay	
Well Vision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every 12 months 	\$10 to exam and glasses	
Prescription Glasses			
Frames	<ul style="list-style-type: none"> \$140 Allowance for a wide selection of frames \$160 allowance for featured frame brands \$2% savings on the amount over your allowance Every 12 months 	Combined with exam	
Lenses	<ul style="list-style-type: none"> Single Vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for dependent children Every 12 months 	Combined with exam	
Lens Enhancements	<ul style="list-style-type: none"> Tints/Photochromic adaptive lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements 	\$0 \$50 \$80-\$90 \$120-\$160	
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$105 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) Every 12 months 	\$0	
Additional Coverage	Diabetic Eyecare Plus Program		
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. go to vsp.com/special-offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your Well Vision Exam. Or get 20% from any VSP provider within 12 months of your last Well Vision Exam. 		
	Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a Well Vision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price: discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor. 		
Your Coverage with Out-of-Network Providers			
Visit vsp.com for details if you plan to see a provider other than a VSP network provider			
Exam	up to \$50	Lined Trifocal lenses	up to \$100
Frame	up to \$70	Progressive Lenses	up to \$75
Single Vision Lenses	up to \$50	Contacts	up to \$90
Lined Bifocal Lenses	up to \$75	Tints	up to \$5

Life Insurance—Voluntary Supplemental Life Insurance

Basic Life insurance provides protection for your beneficiary in the event of your death. All benefit eligible employees are automatically enrolled in the basic Life Insurance Program through The Hartford. The District provides 1 x your annual salary or \$50,000 (whichever is greater) at no cost to you.

NEW - The Hartford:

The Hartford will be our new life insurance carrier. Your current enrollment and benefits with MetLife will transfer over. This enrollment period, you'll have a one-time opportunity to increase your supplemental life insurance. Right now, you can elect up to \$250,000 of life insurance without providing Evidence of Insurability (EOI). You may also elect up to \$40,000 of coverage for your spouse without EOI during this enrollment. Child Coverage is also available at \$5,000 or \$10,000.

As a new hire you can select, up to 5 times your annual earnings (\$500,000 maximum). Amounts elected in excess of \$250,000 will require a Statement of Health. Your spouse can apply for amounts equal to 100% of the employee's coverage up to \$100,000. Spouse life insurance elected in excess of \$40,000 will require a Statement of Health.

Unmarried children from 14 days old to age 26 are eligible for up to \$10,000 of life insurance.

Each year during Open Enrollment established policies can be increased by \$10,000 for participating employees and their spouse. A Statement of Health will be required for any increase over \$10,000. Once coverage reaches \$250,000 for an employee all increases will be subject to a Statement of Health. Once spouse coverage reaches \$40,000 all increases will be subject to a Statement of Health.

Premiums are paid on an after-tax basis through payroll deductions. This policy has a portability option allowing employee coverage to continue after termination of employment.

Life Insurance Dependent Eligibility:

- **Your spouse or unmarried child *except for*:**
- A person who is in the military
- A person who is covered under this plan as an Employee
- A person who lives outside the US or Canada
- An unborn or stillborn child:
- A child who is under the age of 26

**This is a 10 month payroll deduction
September—June**

The Hartford's Group Life policy offers access to Estate Guidance Will Services provided by ComPsych. This free service helps you create a simple legally binding will online, saving you the time and expense of a private legal consultation.

Life Insurance Premium Rates: This is a 10 month payroll deduction, September - June

Employee & Spouse	Age	Annual Cost per \$10,000
	Under 25	\$6.00
	25-29	\$6.50
	30-34	\$8.60
	35-39	\$9.70
	40-44	\$10.80
	45-49	\$18.00
	50-54	\$27.60
	55-59	\$51.60
	60-64	\$71.30
	65-69	\$137.20
	70-74	\$222.00
	75-79	\$358.80
	80 & Older	\$580.80
Children, \$5,000 per Child	To age 26	\$7.40 per family
Children, \$10,000 per Child	To age 26	\$14.70 per family

Optional Voluntary Plans that are payroll deducted

Hyatt Legal Plan

Hyatt Legal Plan membership provides participating employees and family members with access to legal advice and services including: Telephone advice and office consultations on an unlimited number of matters with an attorney of your choice.

For more information, contact Hyatt at (800) 821-6400, or visit legalplans.com.

This Plan is \$25.86 per month for 10 months, September-June

<p>Will & Estate Matters</p> <ul style="list-style-type: none"> • Wills and Codicils & Living Wills • Trusts (revocable & irrevocable) • Powers of Attorney (healthcare, financial, childcare) • Probate 	<p>Real Estate Matters</p> <ul style="list-style-type: none"> • Sale, Purchase or Refinancing of your primary residence • Eviction and Tenant Problems (primary residence) • Security Deposit Assistance for Tenant 	<p>Financial Matters</p> <ul style="list-style-type: none"> • Negotiations with Creditors • Debt Collection Defense • Identity Theft • Personal Bankruptcy • Tax Audits
<p>Document Preparation</p> <ul style="list-style-type: none"> • Affidavits • Deeds • Demand Letters • Elder Law Matters • Mortgages 	<p>Family Law</p> <ul style="list-style-type: none"> • Prenuptial Agreement • Uncontested Adoption • Uncontested Guardianship • Name Change 	<p>Defense of Civil Lawsuits</p> <ul style="list-style-type: none"> • Administrative hearings • Civil Litigation Defense • Incompetency Defense
<p>Traffic Offenses</p> <ul style="list-style-type: none"> • Defense of traffic tickets (excludes DUI) • Driving Privileges Restoration • Juvenile court defense 	<p>Consumer Protection</p> <ul style="list-style-type: none"> • Disputes over consumer goods and services • Personal Property Protection • Small Claims Assistance 	<p>Immigration Assistance</p> <ul style="list-style-type: none"> • Advice and Consultation • Review of immigration Documents • Preparation of Affidavits and Powers of Attorney

Optional Voluntary plans that are payroll deducted

American Fidelity - Flexible Spending Account

Health Care Reimbursement:

Use pre-tax dollars for a variety of qualified health care expenses. Under the plan you will estimate your out-of-pocket health care expenses and set aside funds in a Health Care Reimbursement Account. This account acts like a savings account that covers anticipated health care expenses incurred by you and your family members, such as annual medical insurance deductibles, out of pocket medical expenditures, and orthodontia.

The maximum pre-tax deduction is \$2,750 annually. You need to carefully plan as any unused funds will be forfeited back into the plan, per IRS regulations.

These plans are available during initial eligibility period or each year at open enrollment by contacting American Fidelity, Courtney Arnett at 800-365-9180 ext. 381. You must re-enroll every year during open enrollment to continue this benefit, per IRS regulations.

New Accounts: (800) 365-9180
www.afadvantage.com

This is a 10 month deduction
September—June

Dep. Daycare Reimbursement

The plan will enable you to pay for your employment related child or dependent day care expenses with “before-tax” dollars. You may use this account if you have eligible dependents that require care either inside or outside of your home. Dependents are children under the age of 13 who qualify as tax dependents, or your children, spouse, or other dependent of any age who is physically or mentally unable to care for them- selves.

Maximum annual tax-deferral is \$5,000. Any unused funds will be forfeited back in the plan, per IRS regulations

Accident, Disability & Cancer Ins.

AFLAC

Through AFLAC you can purchase voluntary supplemental insurance to protect your income in the event of hospital confinement, cancer expenses, personal accidents, and short term disability insurance.

The plans that are offered are:

- Accident Indemnity Plan
- Cancer Indemnity Plan
- Disability Income Protector
- Specific Health Event Protection

Contact Veronica Rincon at (714) 446-1960 ext. 145 for further information.

American Fidelity

American Fidelity also offers voluntary supplemental insurance:

- Accident Insurance
- Cancer Insurance
- Disability Insurance
- Life Insurance
- Specific Health Event Protection

To enroll—Contact American Fidelity
General Questions (800) 365-9180
Changes (866) 523-1857, ext 219 or 397

Plan brochures and applications for AFLAC and American /Fidelity products are available to download from the **RSCCD Website @www.rscdd.edu/**. Go to **Departments, Benefits, Accident, Disability & Cancer Ins.** Click on applicable brochures and/or applications.

Health Advocate & Employees Assistance Program (EAP)

This is a terrific free resource for our full-time benefited employees, that you may not be aware of.

The district has contracted with a third party vendor called **Health Advocate** to help our employees and their families with some of their benefit issues. Their team of personal Health Advocates will help you and your family:

- Find the right doctors, hospitals and other leading healthcare providers anywhere in the country. This includes locating providers in your local plan's network.
- Help schedule appointments with providers including hard-to-reach specialists and critical care providers, arranging for specialized treatments and tests when serious illness strikes.
- Answer questions about test results, treatment recommendations, and medications recommended or prescribed by your physician.
- Help you get the most out of your doctor visit – how to prepare, questions to ask.
- Obtain unbiased health information to help make an informed decision.
- Assist in the transfer of medical records, x-rays and lab results for a second opinion recommended by your doctor.
- Locate and research the newest treatments for a medical condition.
- Assist with finding qualified wellness programs and other resources to help you live a healthy life.
- Save time with one-stop advice instead of needing to make multiple phone calls and information searches.

Health Advocate is available to you and your family, including your spouse, dependent children, parents and parents-in-law, **at no cost**. As an employee you are automatically enrolled in the Health Advocate service - free of charge! So, when you have an issue, simply call the toll-free number and a Personal Health Advocate will answer your questions, do the research needed, and provide

Employees Assistance Program (EAP)

The district provides comprehensive and effective **FREE** on-line, telephonic, and face-to-face counseling services for you and your eligible dependents through our Employee Assistance Program (EAP).

These counseling service can help balance your personal and professional life and are provided in a counselor's private office or telephonically, depending upon your preference. Some of the areas the EAP can help with include:

- Personal balance
- Emotional wellness
- Marital/relationship issues
- Family issues
- Communication skills
- Stress management
- Alcohol and drug issues
- Work-related issues
- Grief issues
- Financial and legal concerns

Comprehensive:

You are eligible for several sessions per incident. When you need additional services, Health Advocate works in conjunction with your mental health benefits through your health plan or provides community resources as needed to ensure that you are able to resolve your particular issue. The EAP is in addition to any mental health benefits you may have through your health plan. All EAP counselors are qualified mental health professionals.

Confidential:

What goes on between you and your counselor is strictly confidential. The district will not be informed of your participation. Information will only be released with your permission, or as required by law for child or elder abuse, or in a life-threatening situation.

1-866-695-8622
www.healthadvocate.com/rscdd

Additional Voluntary Plans

MetLife Auto, Home and Pet Insurance

If you're looking for Auto, Home or Pet insurance see what MetLife can do for you by going to the following website:

www.metlife.com/mybenefits

- Enter Rancho Santiago in the dialog box and click submit

United Pet Care Making Healthcare Pawsible

This is not Pet Insurance, but a discount plan that can be payroll deducted. **All pets are eligible regardless of age or pre-existing conditions.** Additionally, the program is very affordable as low as \$8.75 per pet/mo for both well and sick care.

(949) 916-7374

<http://rscdd.unitedpetcare.com>

Annual Notices

State & Federal laws require that employers provide disclosure and annual notices to the plan participants.

You can find the following Annual Notices posted on RSCCD website @ www.rscdd.edu/benefits, click on **Mandatory Notices:**

COBRA Notice

For Voluntary termination or ineligible dependents

Cal COBRA

California has enacted a law that can extend health care continuation coverage for all individuals to 36 months, rather than the 18 or 29 months that may be provided under COBRA for loss of coverage due to termination of employment or a reduction of hours worked.

CHIP

Medicaid and the Children's Health Insurance Program

HIPP

Health Insurance Premium Payment Program

Medicare Part D Creditable Coverage Disclosure Notice

This link gives important information regarding your prescription coverage and Medicare

Premium Only Plan

Employee contributions for medical insurance premiums are deducted from your paycheck on a pre-tax basis as part of the IRS Section 125 cafeteria plan. This program is referred to by our district as a Premium Only Plan (POP). If you would like to opt out, please go to the District's website, Benefits Dept., Mandatory Notices and download the POP plan form.

Women's Health and Cancer Rights Act of 1998

Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services.

Affordable Care Act

Provider Contact information

Plan Name	Phone Number	Website
ASCIP-Anthem Blue Cross PPO & HMO Medical	(800) 825-5541	www.anthem.com/ca/sisc
Kaiser Permanente HMO	(800) 464-4000	www.kp.org
Delta Dental – DeltaCare USA (HMO)	(800) 422-4234	www.deltadentalins.com
Met Life Dental PPO	(800) 880-1800	www.metlife.com
VSP Vision Coverage	(800) 877-7195	www.vsp.com
Navitus Prescription Benefit <ul style="list-style-type: none"> Costco—Mail in prescriptions 	(866) 333-2757 (800) 607-6861	www.pharmacy.costco.com
The Hartford	(800) 523-2233	www.thehartford.com
American Fidelity Flexible Spending Accounts Voluntary Polices	(800) 365-9180	www.afadvantage.com
Health Advocate & (EAP) Retiree Assistance	(866) 799-2728	www.healthadvocate.com/rsccd
AFLAC - Veronica Rincon	(714) 446-1960 x 145	
Hyatt Legal Plans <ul style="list-style-type: none"> MetLaw Client Services 	(800) 821-6400	info.legalplans.com/home/
MetLife <ul style="list-style-type: none"> Auto Insurance 	(800) 438-6388	www.metlife.com/mybenefits <ul style="list-style-type: none"> Enter “Rancho Santiago” & click submit
United Pet Care	(949) 916-7374	www.unitedpetcare.com