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2025 OPEN ENROLLMENT

This guide is designed to give you an overview of the health and welfare benefits available to you and your family to help you understand your benefits. Please review the guide carefully and make sure to ask about any important issues not addressed. Each employee's benefits are personal to them and their situation. It is our goal to make sure you are getting the most from your benefit options.

THE BENEFITS IN THIS SUMMARY ARE **EFFECTIVE**: **JANUARY 1, 2025-DECEMBER 31, 2025**

IMPORTANT INFORMATION ABOUT YOUR BENEFITS

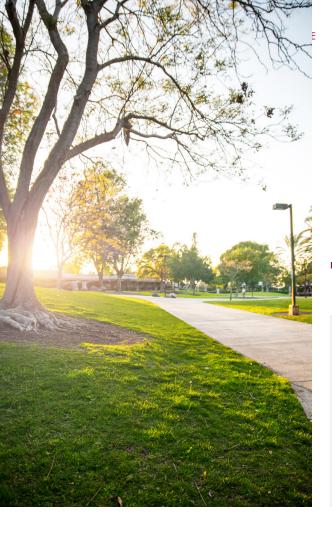
The District will provide the following contribution depending on your tier selection:

- 100% paid Kaiser Employee only coverage,
- pay 90% of the two-person and family, or
- pay the cost for VEBA Direct HMO Employee only except for \$50 per month.

Please see payroll deduction grid on page 11 for your cost per month.

- These funds will be directly applied to the benefits that you choose here
 at Southwestern College. If you are an Academic employee hired after
 January 1, 2005, or a Classified Employee hired after January 1, 2002,
 any funds not used for your benefits will be kept by the district.
- Flexible Spending Accounts (FSA) are also available. To continue this benefit, you must re-enroll every year during the FSA open enrollment. Please visit <u>American Fidelity</u> to schedule an appointment.





HOW AND WHEN TO ENROLL

OPEN ENROLLMENT PERIOD OCTOBER 21, 2024 THROUGH NOVEMBER 1, 2024.

This is your opportunity to make changes to your benefits selections without a qualifying event. Online Open Enrollment changes can be made through Self-Service.

Enrollment for **Part-time Faculty** will take place in **JANUARY AND AUGUST**.

QUALIFYING LIFE EVENT

As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a "Qualifying Event." If you have a qualified life event, you may be allowed to add or drop coverage for yourself or your dependents. See chart below for deadline to notify the Benefits Department staff of your qualifying event. A qualifying life event may include*, but not limited to:

ADDING COVERAGE DUE TO:	DEADLINE TO MAKE CHANGES	REQUIRED DOCUMENTATION
Marriage/Divorce	30 Days	Marriage Certificate / Divorce Decree / Common Law Marriage Court-Certified Affidavit
Birth/Adoption	30 Days	Birth Certificate / Court Documents
Death	30 Days	Death Certificate
Gain/Loss of Other Coverage	30 Days	Enrollment Confirmation or Loss of Coverage Letter with Effective Date
Court Appointed Custody/Medical Support Order	30 Days	Copy of Judge Signed Court Documents
Change in Employment Status	30 Days	Letter from former employer indicating when coverage ends.

WHO IS ELIGIBLE?

As a full-time employee, you are eligible to enroll in the benefits outlined in this guide. You are able to enroll the following family members in your medical, dental and vision plans

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your domestic partner (upon completion of a Domestic Partner Affidavit)
- Your children (including your domestic partner's children) who are:
 - Under the age of 26. They do not have to be living with you or currently attending school.
 They can be married and/or living on their own.
 - Over 26 years old ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
 - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.
 - Court ordered legal guardian.

Adding a dependent to your plan requires dependent verification. You are required to provide the following documentation when you add an eligible dependent to your plan.



WHO IS INELIGIBLE?

The following is a list of people who are not eligible for coverage (including but not limited to):

- Parents, grandparents, and/or siblings
- Residents of your household who are not listed above as an eligible dependent regardless of the fact that you claim them as a dependent on your taxes

Adding a dependent to your plan requires dependent verification. You are required to provide the following documentation when you add an eligible dependent to your plan.

REQUIRED DOCUMENTATION

PLEASE SUBMIT COPIES ONLY & BLACK OUT ALL SOCIAL SECURITY NUMBERS & FINANCIAL INFORMATION. For your privacy and protection, any documents received will be destroyed.

ELIGIBLE DEPENDENT TYPE	ELIGIBLE DEPENDENT DEFINITION	REQUIRED DOCUMENTATION FOR PROOF OF ELIGIBILITY
Legal Spouse	Legally Married Spouse	 IF "MARRIED FILING JOINTLY": Main page of Federal Tax Return form (1040, 1040A, 1040EZ, 8879 or 4868 - Extension Request) IF "MARRIED FILING SEPARATELY": first page Federal Tax Return form (1040, 1040A, 1040EZ, 8879 or 4868) - Extension Request IF MARRIED WITHIN THE PAST TWO YEARS: government-issued marriage certificate NOTE: Forms must be filed within the past two years, list names of both employee, AND spouse. If they do not, please contact us.
Domestic Partner	Partner as defined by the Domestic Partner Affadavit	 Government-issued Certificate of Domestic Partnership Declaration of Domestic Partnership AND supporting documents to establish joint residence AND financial interdependence.
Child—Biological	Biological child under the age of 26	Government-issued Birth CertificateConsular Report of Birth Abroad (CRBA)
Child-Step	Biological child from a spouse's prior family under the age of 26	 Child documentation(biological/adopted/guardianship/disabled) AND Legal spouse documentation
Child-Adopted	Child under the age of 18 for whom you have legal guardianship	 Court Order of Legal Guardianship AND First page of Federal TaxReturn form filed within the past two years
Child-Disabled	Disabled child over the age of 26 for whom you have the legal responsibility to care	 Letter from health care provider or doctor specifying the diagnosis and how the condition prevents the dependent from working/attending school full-time AND Child documentation(biological/ step/adopted/ guardianship) Notice of disability determination from the Social Security Administration AND Child documentation(biological/ step/adopted/ guardianship)



The District offers **two mandatory coverages** for all employees and are listed below:

- 1. HARTFORD GROUP LIFE INSURANCE: Academic and Confidential employees receive \$50,000 in term life insurance.
- 2. HARTFORD GROUP LIFE INSURANCE: Administrators and Classified employees receive \$75,000 in term life insurance.
- **3. DENTAL INSURANCE:** You have **two** choices (MetLife Dental or Delta Dental). You must elect one of the plans whether you have other coverage or not.
 - · MetLife HMO or
 - Delta Dental PPO

WHAT IF I HAVE OTHER COVERAGE?

If you have other medical coverage, you can choose to waive coverage with the District. You will be required to submit a waiver form.

There are **NO PAYROLL DEDUCTIONS** for these mandatory coverages.

The Hartford coverage provided by the District provides Estate Guidance.

Visit the benefits webpage at swccd.edu/Benefits to find more information on this added benefit.

DENTAL INSURANCE OPTIONS

MetLife Dental HMO

• Must choose a MetLife dentist.

- Coverage is based on a schedule of benefits where a co-pay is listed for each service that is intended.
- Specialty care handled through a referral process.
- Covers Orthodontic treatments (braces).
- Monthly premium is super composite, meaning it will cover the employee plus family for one low rate.

To find a provider click on the link below:

• MetLife Dental

Delta Dental PPO

- Ability to choose any Dentist
- Coverage for most procedures is at 70% of the delta dentist's fee for employee and any family mem- bers covered. This percentage increase each year (maximum 100%) for each enrolled, provided each see the dentist at least once a year. Otherwise, the percentage remains the same.
- \$25 per person deductible per calendar year.
- Orthodontic treatment is NOT covered.
- Monthly premium is 3 tiers. There is one rate for employee only, one for employee+1, and one for employee+2 or more dependents.

To find an in-network dentist, click on the link below:

• Delta Dental



MEDICAL INSURANCE OPTIONS

The District will continue to offer Kaiser HMO, VEBA Direct HMO, Harmony HMO, Alliance HMO, and United Healthcare Select Plus PPO. Contribution levels from the District for medical coverage will continue the same as last year.

Payroll deductions are listed on the **following page**:



PAYROLL DEDUCTIONS FOR BENEFIT PERIOD JANUARY 1, 2025-DECEMBER 31, 2025

10 MONTH EMPLOYEES*					
			United HealthCare		
Coverage	Kaiser	Harmony HMO	VEBA Direct HMO	Alliance 20/30 HMO	PPO
Employee Only	\$0	\$O	\$60.00	\$170.00	\$1,490.00
Employee + 1 dep.	\$206.40	\$162.40	\$276.40	\$355.40	\$3,084.40
Employee + 2 or more	\$290.80	\$215.80	\$376.80	\$478.80	\$4,136.80

12 MONTH EMPLOYEES*					
United HealthCare					
Coverage	Kaiser	Harmony HMO	VEBA Direct HMO	Alliance 20/30 HMO	PPO
Employee Only	\$0	\$0	\$50.00	\$142.00	\$1,242.00
Employee + 1 dep.	\$172.00	\$135.00	\$230.10	\$296.00	\$2,570.00
Employee + 2 or more	\$242.40	\$179.40	\$313.40	\$398.40	\$3,596.40

These payroll deductions will pay for medical, dental, and life insurance coverages for Full-time and Part-time contracted employees .

Click on <u>United HealthCare</u> to find a provider.

^{*}These payroll deductions will begin on the December 20, 2024 paycheck for January coverage.



Southwestern Community College District

Effective Period: January 1, 2025 - December 31, 2025 Acupuncture added to all plans for 2025, other changes in red

Benefit Summary	NEWI VEBA Direct HMO \$10/100%	UHC Harmony HMO \$10/100%	UHC CS VEBA Alliance HMO \$20/\$30/\$500A	Kaiser HMO \$10, Rx: \$10 / \$10 100-day
	What You Pay	What You Pay	What You Pay	What You Pay
Medical Deductible individual/family)	None	None	None	None
Medical Out-of-Pocket Maximum (individual/family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$1,500 / \$3,000
Health Account	None	None	None	None
PCP Office Visit	\$10 copay	\$10 copay	\$20 copay	\$10 copay
pecialist Office Visit	\$10 copay	\$10 copay	\$30 copay	\$10 copay
reventive Care	No charge	No charge	No charge	No charge
npatient Hospital Care	No charge	No charge	\$500 admit copay	No charge
Mental Health Services outpatient/inpatient)	\$10 copay / No charge	\$10 copay / No charge	\$20 copay / \$500 admit copay	\$10 copay / No charge
Substance Abuse Services outpatient/inpatient)	No charge	No charge	No charge	\$10 copay / No charge
Outpatient Diagnostic aboratory and Radiology standard procedures)	No charge	No charge	No charge	No charge
Complex Radiology PET & MRI)	No charge	No charge	\$200 copay	No charge
Outpatient Surgery	No charge	No charge	\$250 copay	\$10 copay
Outpatient Physical/Rehabilitation Therapy Office Visit)	\$10 copay	\$10 copay	\$20 copay	\$10 copay
Chiropractic and Acupuncture Services*	\$10 copay	\$10 copay	\$20 copay	\$10 copay
Jrgent Care Office Visit only)	\$10 copay	\$10 copay	\$20 copay	\$10 copay
Emergency Room Copay waived if admitted)	\$100 copay	\$100 copay	\$150 copay	\$100 copay
kx Deductible individual/family)	None	None	None	None
x Out-of-Pocket Maximum individual/family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$1,600 / \$3,200	N/A
Rx Formulary List	National Preferred	National Preferred	National Preferred	Kaiser
x Pharmacy Network	Express Advantage Network**	Express Advantage Network**	Express Advantage Network**	Kaiser
Short-Term Prescription Orugs*** Tup to 30-day supply)	\$5 Generic \$25 PB 50% \$40 min \$175 max NPB	\$5 Generic \$25 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	G / B: \$10 copay (up to a 100-day supply)
Orugs*** Up to 90-day supply)	\$10 Generic \$50 PB 50% \$80 min \$350 max NPB	\$10 Generic \$50 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	G / B: \$10 copay (up to a 100-day supply)
Available Medical Groups	Rady Children's Health Network, Sharp Community Medical Group, Sharp Rees-Stealy Medical Group, UC San Diego Medical Group	Sharp Community Medical Group, Sharp Rees-Stealy Medical Group, UC San Diego Medical Group	Mercy Physicians Medical Group, Rady Children's Health Network, Scripps Clinic, Scripps Coastal, Scripps Physician Medical Group, UC San Diego Medical Group	Kaiser

Infertility services are excluded/not covered under non-Kaiser HMO plans and are included/covered under Kaiser HMO (excluding Kaiser Bronze) plans, please see your policies for details.

^{*}Chiropractic and Acupuncture services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth.

^{**}Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Rite Aid, Costco, Kmart, Vons, Haggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit www.Express-cripts.com for a complete list of EAN pharmacies.

^{**}Pay standard copays plus \$5/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, and certain independent pharmacies).

^{**}You will pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill long-term prescriptions at a network pharmacy other than Smart90 (Rite-Aid, Costco, and Sharp Rees Stealy Pharmacies).

^{**}Copays waived for preferred generic hypertension, hypoglycemic, and cholesterol medications purchased at mail or Smart 90. This does not include normal retail use or brand drugs.

^{***}G = Generic, P = Preferred, B = Brand, PB = Preferred Brand, NPB = Non-preferred Brand, S = Specialty
Disclaimer: Prepared by RPA San Diego on behalf of CS VEBA.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.



Southwestern Community College District Effective Period: January 1, 2025 - December 31, 2025 Acupuncture added to all plans for 2025, other changes in red

	Kaiser HMO \$10,	UMR NexusACO PPO - No HRA		
Benefit Summary	Rx: \$10 / \$10 100-day	In Network Out of Network		
	What You Pay	What You Pay	What You Pay	
Medical Deductible (individual/family)	None	\$2,000 / \$4,000	\$2,000 / \$4,000	
Medical Out-of-Pocket Maximum (individual/family)	\$1,500 / \$3,000	\$5,000 / \$10,000	\$5,000 / \$10,000	
Health Account	None	No	one	
PCP Office Visit	\$10 copay	Tier 1 Physician: \$30 copay Tier 2 Physician: 20% coinsurance (after deductible)	50% coinsurance (after deductible)	
Specialist Office Visit	\$10 copay	Tier 1 Physician: \$50 copay Tier 2 Physician: 20% coinsurance (after deductible)	50% coinsurance (after deductible)	
Preventive Care	No charge	No charge	No coverage for non-network services	
Inpatient Hospital Care	No charge	20% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)	
Mental Health Services (outpatient/inpatient)	\$10 copay / No charge	\$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)	
Substance Abuse Services (outpatient/inpatient)	\$10 copay / No charge	\$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)	
Outpatient Diagnostic Laboratory and Radiology (standard procedures) Freestanding Facility or Physician Office OR	No charge	No charge	50% coinsurance	
Hospital-based Lab or Radiology	No charge	20% coinsurance (deductible does not apply)	(after deductible)	
Complex Radiology (PET & MRI) Freestanding Facility or Physician Office OR	No charge	20% coinsurance (after deductible)	50% coinsurance (after deductible)	
Hospital-based Complex Radiology	No charge	20% coinsurance (after deductible)		
OutpatientSurgery Ambulatory Surgery Center or Physician's Office	\$10 copay	20% coinsurance (after deductible)	50% coinsurance with	
Outpatient Hospital-based Surgical Center	\$10 copay	20% coinsurance (after deductible) and \$100 copayment	Prior Authorization (after deductible)	
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$10 copay	\$30 copay	50% coinsurance (after deductible)	
Chiropractic and Acupuncture Services*	\$10 copay	\$30 copay	50% coinsurance (after deductible)	
Urgent Care (Office Visit only)	\$10 copay	\$50 copay	50% coinsurance (after deductible)	
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	\$100 copay	
Rx Deductible (individual/family)	None	No	one	
Rx Out-of-Pocket Maximum (individual/family)	N/A		/ \$3,200	
Rx Formulary List Rx Pharmacy Network	Kaiser Kaiser	National Preferred Express Advantage Network**		
Short-Term Prescription Drugs*** (up to 30-day supply)	G / B: \$10 copay (up to a 100-day supply)	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	Retail: with submission of a paper claim, member will be reimbursed at the rate the Plan would have paid had the member used an in-network pharmacy less the member's copay.	
Long-Term Prescription Drugs*** (up to 90-day supply)	G / B: \$10 copay (up to a 100-day supply)	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	No coverage for non-network pharmacy	
Available Medical Groups	Kaiser	Check umr.com to find Tier 1 physicians near you	All others	

Infertility services are excluded/not covered under PPO and non-Kaiser HMO plans and are included/covered under Kaiser HMO (excluding Kaiser Bronze) plans, please see your policy for details.

Disclaimer: Prepared by RPA San Diego on behalf of VEBA.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.

^{*}Chiropractic and Acupuncture services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth for HMO, UMR for PPO, and Kaiser.

^{**}Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Rite Aid, Costco, Kmart, Vons, Haggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit www.Express-scripts.com for a complete list of EAN

^{**}Pay standard copays plus \$5/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, and certain independent pharmacies).

^{**}You will pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill long-term prescriptions at a network pharmacy other than Smart90 (Rite-Aid, Costco, and Sharp Rees Stealy Pharmacies).

^{**}Copays waived for preferred generic hypertension, hypoglycemic, and cholesterol medications purchased at mail or Smart 90. This does not include normal retail use or brand drugs.

 $^{{}^{***}\}textbf{G} = \text{Generic}, \textbf{P} = \text{Preferred}, \textbf{B} = \text{Brand}, \ \textbf{PB} = \text{Preferred Brand}, \ \textbf{NPB} = \text{Non-preferred Brand}, \ \textbf{S} = \text{Specialty}$

VEBA CHIROPRACTIC/ ACUPUNCTURE CALIFORNIA MEMBER BENEFITS

As part of VEBA, you receive chiropractic and/or acupuncture benefits aslong as you receive care from participating OptumHealth Physical Health of California (Optum) providers. Your benefits include:

- Unlimited visits (subject to medical necessity)
- Copays that align with your PCP office visit copay
- X-rays as authorized
- 100% coverage for durable medical equipment up to \$50

If your PCP copay is:	Your Chiropractic/ Acupuncture Copay is:
\$0, \$5, or \$10	\$10
\$15, \$20, or \$25	\$20
\$30, \$35, or \$40	\$30

APPLIES TO PLANS:

- UHC: Use your digital UHC member ID card
- Kaiser: Call Optum at the number below for your member ID number

Only Optum chiropractors and acupuncturists are eligible for reimbursement under the plan. So, before you receive services, please verify that your chiropractor or acupuncturist still participates with Optum.

THREE WAYS TO FIND A PROVIDER.

Your health plan coverage gives you access to more than 3,000 network providers in California. Here are three easy ways to find a contracted provider near you:

- Go to the Provider Locator search at: <u>www.myoptumhealthphysicalhealthofca.com</u>
 - To identify a participating provider, look for "VEBA" in the list in the column headed "Participating Provider for:"
 - 2. Call Optum Member Services at: 1 (800) 428-6337 (5 a.m. to 5 p.m., Pacific Time, Monday-Friday) for the most current and up to date information.
 - Call the provider directly to schedule an appointment, and verify they are part of the Optum network for VEBA.





California Schools VEBA offers Kindbody as your fertility, family-building, and menopause benefit



If you are looking to grow your family or need assistance in your post-reproductive years, there is support. Kindbody provides end-to-end fertility services, as well as menopause support through dedicated Kindbody care navigation, clinical guidance, digital tools, and education to help you maneuver through these reproductive health stages. You can take comfort in knowing the full spectrum of benefits are provided in a safe, welcoming, and confidential environment.

Employees and spouses/partners who are enrolled on the California Schools VEBA-sponsored Cigna, UHC, UMR or SIMNSA plans are eligible for the Kindbody benefit.

Your Kindbody Benefit Includes

- Up to 1 full KindCycle including in vitro fertilization (IVF), intrauterine insemination (IUI) with fertility medication through KindbodyRx
- Conception, fertility, and male assessments to help you learn more about your fertility
- 6 sessions of virtual holistic health services; support includes menopause, mental well-being, nutrition, doula/birth coaches, lactation support, back-to-work care, and more
- Access to Kindbody's menopause program ofering specialty providers who will support women experiencing menopause; services include lifestyle assessment, hormone testing, and virtual holistic sessions
- Dedicated Kindbody Care Navigation Team
- Access to Kindbody's full suite of services and network of partner clinics
- Access to Kindbody's library of resources, videos, events, and support groups
- A personalized patient portal

Note: Employees and spouses/partners enrolled on the California Schools VEBA-sponsored Kaiser plan will have access to VEBA discounted rates at Kindbody Signature clinics. Additionally, VEBA members seeking services for fertility preservation (i.e., egg freezing) will have access to discounted rates at Kindbody Signature clinics. These direct discounts are offered directly by Kindbody and not through the California Schools VEBA benefit program.

How to Get Started with Kindbody

- 1 Head to kindbody.com/activate
- Create your Kindbody account using your first name and last name as it appears in your employer's system and any email address
- 3 Confirm eligibility by entering your Access Code: KINDCSVEBA and Unique User ID as follows:
 - Employee: First Name + Last Name + -E + last four digit of your social security number (Example: JaneDoe-E1234)
 - Spouse/domestic partner: First Name + Last Name + -D + last four digit of the spouse/domestic partner's social security number (Example: JonDoe-D5678)

For more information, or if you have any questions, email employeebenefits@kindbody.com

WHAT IS CALIFORNIA SCHOOLS **VEBA?**

When you enroll in a medical plan you are automatically a member of California Schools VEBA. Below is a snapshot of what VEBA offers:



THINGS TO KNOW ABOUT YOUR VEBA BENEFITS

MOBILE BENEFITS MAKE YOUR HEALTH CARE INTERACTIVE

1. VEBA WEBSITE

Log on to VEBAonline.com and check out our new look! The refreshed site features a personalized member experience and improved functionality.

Go to: VEBAonline.com

2. VEBA MOBLE APP

Take your health care on the go! Your one-stop shop for all of your benefit information. Get personalized reminders, contact favorite providers and track your upcoming health events.

DOWNLOAD NOW:





HEALTH BENEFITS BETHE BEST YOU CAN BE

4. FREE SCREENINGS

Call your doctor to schedule your free wellness visit. Keep track of the screenings you need. Call your health plan for benefits information.

5. TARGET CLINIC

(Provided by Kaiser)

Get convenient care from Kaiser staff. No appointment necessary and non-Kaiser members are welcome.

VISIT:

kp.org/scal/targetclinic

3. VIRTUAL CARE

VIRTUAL VISITS

(UHC members)

A virtual visit lets you see and talk to a doctor from your mobile device or computer. Cost share will vary depending on your plan.

VISIT:

doctorondemand.com amwell.com

KAISER TELEHEALTH

(Kaiser members)

Schedule a phone or video appointment to connect to a doctor at your convenience. Your regular office copay will apply. Call anytime to receive clinical care in the moment.

VISIT:

kp.org/getcare

Kaiser Members: 800-464-4000

UnitedHealthcare Members: 888-586-6365

Out of network urgent care facility for non-Kaiser members.

ACCESS MORE BENEFITS INFORMATION BY VISITING VEBAonline.com



ADVOCACY BENEFITS WORK TOGETHER

6. VEBA ADVOCACY SERVICE

When your doctor or health plan can't help you, call VEBA's Advocacy Office. They'll help you resolve benefit issues and find ways to get more timely appointments.

Call: 888-276-0250 or email: VEBAadvocacy@mcgregorinc.com

7. EMPLOYEE ASSISTANCE PROGRAM (EAP)

Get through life's challenges with counseling, budgeting and legal advice, child and eldercare support, and more.

Call: 888-625-4809 or visit: <u>LiveAndWorkWell.com</u> (access code: VEBA)

8. BEST DOCTORS

Expert second opinion service to ensure members receive the right treatment at no cost. Oncology Insight with Watson is a new offering from Best Doctors that partners leading oncologists with the most advanced in cognitive technology.

Call: 866-904-0910 or

VISIT:

members.bestdoctors.com

WELL-BEING BENEFITS TREAT YOUR MIND, BODY AND SPIRIT

9. MOBILE HEALTH SCREENINGS

Take advantage of the most comprehensive body composition testing on the market with our SECA machine. Assess your health risks and learn about wellness solutions. Contact your district to see if the machine is coming your way or schedule a personal screening by emailing VEBA directly.

Email:

VEBAwellness@mcgregorinc.com

10. VEBA RESOURCE CENTER (VRC)

The VRC offers comprehensive wellbeing care by addressing emotional, social, financial and physical health. Services include holistic care, yoga, cooking classes, health coaching and more.

Email: VRC@mcgregorinc.com

VISION INSURANCE

EYEMED

- Most of the medical plans offers discounted vision insurances, but if you are looking for a more comprehensive plan, EyeMed is the right choice.
- EyeMed monthly premiums are three-tiered and are listed on the Health and Welfare Selection form.

BENEFITS

- Ability to use the frame and contact lens allowances in the same benefit year worth up to an extra \$125.
- Separate contact lens fit & follow-up coverage (leaving the entire allowance for materials).
- Click on **EyeMed** to find an in-network doctor.

VISION-EYEMED			
Coverage	10 MONTH EMPLOYEE	12 MONTH EMPLOYEE	
Employee Only	\$9.83	\$8.19	
Employee+ 1 dep.	\$19.58	\$16.32	
Employee + 2 or more	\$29.58	\$24.58	

To find an in-network EyeMed doctor go to: https://eyedoclocator.eyemedvisioncare.com/member

^{*}These payroll deductions will begin on the December 20, 2024 paycheck for January coverage.

DISABILITY INSURANCE

Your income is a very important asset. Disability insurance will provide you the income protection that you may need in the event that you are not able to work due to accident or illness. You may review these plans and choose one that works for you or decide not to elect one at this time.

AFLAC	AMERICAN FIDELITY	PACIFIC EDUCATORS
 Create a plan designspecific to your individual needs by selecting a monthly benefit amount up to \$5,000. Waiting period of 0 or 7 days from date of disability. Renewable coverage to age 75. May not exceed 60% of average earnings per month. Short-term period of 6 months. Combined payout could be 100% or above salary when all disability insurances are considered (differential pay, extended sick leave) 	 Create a plan designspecific to your individual needs by selecting a monthly benefit amount up to \$6,000. Choose from a waiting period of 15, 30, or 60 days from date of disability. Renewable coverage to age 70. May not exceed 60% of your monthly wage or salary. 	 Tailor made personal coverage based on choice of monthly benefits and how long you would want your benefits to continue. May not exceed 60% of your monthly wage or salary (up to \$3,500 per month). Combined payout could be 100% or above salary when all disability insurances are considered (differential pay, extended sick leave, S.T.R.S., disability)

VOLUNTARY BENEFITS

ACCIDENT, CANCER AND PERSONAL ACCIDENT

IMPORTANT: This is a fixed indemnity policy, NOT health insurance.

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much the policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.

ACCIDENT PLAN	CANCER CARE	HOSPITAL/SICKNESS INDEMNITY
Accident Indemnity Plans are designed to provide funds to help cover the extra expenses associated with an accident: accident emergency treatment, accident follow-ups, accident hospitalization and specific injuries. Each plan pays you directly in addition to any other insurance that you may have.	Cancer care plans assist with out-of- pocket costs often associated with a covered cancer diagnosis. Coverage is available for you and any eligible dependent. The plans pay in addition to your health insurance and pay depending upon different planlevels. Preventative "wellness" benefits are also a part of most plans.	Hospital/Sickness Indemnity plans are designed to provide funds to cover the extra expenses associated with a hospital stay or illness. The plan pays in addition to your health insurance. Difference levels of coverage are available depending on your needs.
Offered by: AFLAC; American Fidelity	Offered by: AFLAC; American Fidelity; Pacific Educators	Offered by: AFLAC

LIFE INSURANCE

In addition to the mandatory life insurance, you can also purchase supplemental life insurance, above and beyond the mandatory amount. Enrollment forms and pricing can be found online on the Benefits Department website under Life Insurance.

HARTFORD	METLIFE	AMERICAN FIDELITY
 Amount decreases with age, but premium remains the same. Will reduce at age 70 to 50% of the insurance amount and age 75 it will reduce to 30% of amount. For all benefit amounts, a health questionnaire or medical examination must be approved. 3 unit maximum per employee, not to exceed \$250,000. 	 Amount stays the same but premium increases with age in January of each year. For all benefit amounts, a health questionnaire must be filled out. May not exceed \$500,000 or 5 times higher than annual salary. Spouse is entitled is 50% of employee's insurance. 	 Whole and term life for employee and spouse. Amounts and premiums stay the same. Minimum health questions. Must meet with an AFA representative to enroll.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

Accident insurance can help you pay expenses if you and your spouse are seriously injured or killed in a covered accident.

AMERICAN FIDELITY	METLIFE
 Family plan insures spouse 50% and children are entitled to 20% of the employee's amount. 	 Coverage available up to \$500,000, not to exceed 10 times your annual salary.
 Choose from one of four different plan designs. Renewable up to age 70. Subject to exclusions and limitations. 	 Family plan insurance 50-60%, depending on if children are covered. Children are entitled to 10% of employee's amount. Subject to exclusions and limitations.

LONG-TERM CARE INSURANCE



- Offers long-term care to employee and employee's family members (spouse, parents (in law), and grandparents (in law), iin case of chronic illness, injury, or advancing age.
- Eligible family members must complete medical questionnaire and in some cases, a face-to-face assessment.
- Waiting period of 90 days before benefits become payable.
- You can choose from Long-Term Care/Nursing Facility and Assisted Living Facility. LTC/Nursing Home Facility can be \$1,000 - \$6,000.
 Assisted Living Facility is 60% of LTC Facility monthly amount.
- Individual cost of insurance depends on age and options that you can choose.

Click on <u>UNUM</u> for information regarding long-term care, policy details, and enrollment materials.

TAX-SHELTERED ANNUITIES (TSA'S)

- You are also given the opportunity to participate in 403b and 457 plans.
- TSA's offer you the ability to defer money, tax-free from your paycheck to begin saving for retirement.
- The forms are available in the Benefits Department and can be provided to your broker or financial consultant to complete. If you do not have a broker or financial consultant, the Fringe Benefits Consortium (FBC) Plan Member Services team is available to assist, answer any questions and help you start a plan.
- If you would like to contact Plan Member Services, please call (833) 752-6322 or email at FBCsupport@planmember.com or visit www.fbcmodelplan.com

Changes to your TSA can be made at any time not just during open enrollment. If making changes to your current 403(b) and/or 457 please submit a Salary Reduction Agreement (SRA) to the Benefits Department.

All SRAs must be submitted by the first of the month in which you are requesting the change.

The 2025 Maximum contribution for TSA's is \$23,500 per year. If you are over the age of 50, you may contribute up to \$31,000 per year.

Please click on Fringe Benefit Consortium to learn more about these plans.



FLEXIBLE SPENDING ACCOUNTS (FSA)

The District will continue to offer an FSA plan through American Fidelity. You will need to re-enroll on an annual basis during open enrollment to continue this benefit. Any election you make during this open enrollment will take place January 1, 2025.

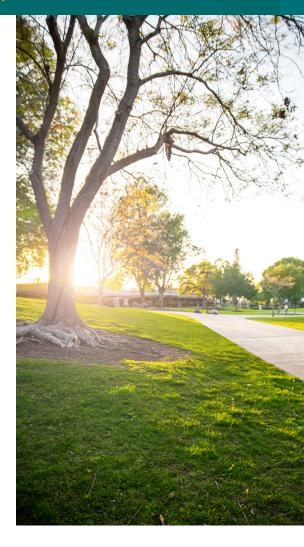
WHAT IS A HEALTH CARE FLEXIBLE SPENDING ACCOUNT?

HealthCare FSAs allow you to contribute pre-tax dollars to pay for qualified health care related expenses. Simply choose the amount you would like to be deducted, and the funds are set aside to be used for eligible expenses throughout the year. The maximum amount you may contribute for 2025 is \$3,300.

Dependent Daycare Account FSAs can save you money by allowing you to set aside part of your pay, on a pre-tax basis, to reimburse yourself for incurred eligible dependent care expenses. Because your money goes into the account before income taxes are withheld you pay less in taxes. The maximum amount you may contribute for 2025 is \$5,000.

If you are interested in enrolling in either account, you can schedule your appointment online at <u>American Fidelity</u>.

Please keep in mind that if you do not file claims for reimbursement, you may lose the unused amount remaining in your account at the end of the plan year. This is often referred to as the "use-it-or-lose" rule. You will have a grace period of 90 days after the plan year ends to submit claims to American Fidelity.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Optum Emotional Well-Being Solutions and AETNA EAP is designed to assist with short-term counseling needs, as well as tools to manage the challenges of everyday life. EAP offers quick and easy access to confidential, professional relationships, substance abuse, legal and financial concerns.

You and everyone who lives in your household, regardless of their relationship to you, are eligible to utilize their service. You may be entitled to face-to-face or telephonic consultations for a wide range of emotional health, family, and work issues including:

- Alcohol and drug dependency
- Depression
- Domestic violence
- Grief and loss
- Marriage, relationship and family problems
- Stress and anxiety

In addition, the EAP provides the telephonic consultation on the following work and life services:

- Childcare and eldercare assistance
- Daily living services
- Financial services
- Identity theft recovery services
- Legal services

All services are confidential and in accordance with professional ethics and federal and state laws.

ONLINE MEMBER SERVICES Mind Path:

- VEBA members Receive access to telehealth services provided by Psych Centers at San Digo (PCSD)
- Group therapy and personalized therapy sessions available.
- VEBA Member receives five free Visits per concern
- Expedited appointments available.

Visit www.mindpath.com/pcsd for more information

AETNA EAP Plan

(For employees **NOT** enrolled in the districts medical plan)

CALL TOLL-FREE, 24 HOURS A DAY, SEVEN DAYS A WEEK 1 (800) 342-8111, TTY: 711 OR

Visit: <u>resourcesforliving.com</u> **Username:** SWC and **Password:** EAP

OPTUM Emotional Well Being Solutions (EWS) EAP Plan

(For employees enrolled in the districts medical plan)

CALL TOLL -FREE ,24 HOURS A DAY, SEVEN DAYS A WEEK 1-888-625-4809 OR

Log on to: <u>liveandworkwell.com</u> **Access Code:** VEBA

MetLife LEGAL PLANS

THE METLIFE LEGAL PLAN & METLIFE LEGAL PLAN PLUS PARENTS

As a benefit eligible employee of Southwestern Community College District, you are eligible to participate in a newly offered prepaid legal plan available through MetLife Legal Plans.

The plan includes unlimited telephone advice and office consultation with a local attorney. By using a Participating Attorney, there are no claims forms or out-of-pocket expenses for the attorney's fees. Please refer to the attached flyer for services.

If you elect to enroll, you must remain enrolled in the plan for a minimum of one full plan year (12 months)

Monthly Payroll Deductions for Plan Year January 1, 2025–December 31, 2025

METLIFE LEGAL PLAN			
Coverage	10-month employee	12-month employee	
Employee Only	\$23.40	\$19.50	
Employee with Plus Parents	\$30.60	\$25.50	

Plan sponsored by SDCOE/San Diego & Imperial County Schools FBC Insurance Services, LLC





JAWS JAGUAR AQUATICS, WELLNESS & SPORTS

Southwestern College students, faculty, and staff, our goal is to help our members pursue a life of fitness and wellness.

JOIN US!

MEMBERSHIP IS FREE FOR FULL TIME FACULTY AND SOUTHWESTERN COLLEGE STAFF

SIGN UP!

www.swcjaws.com



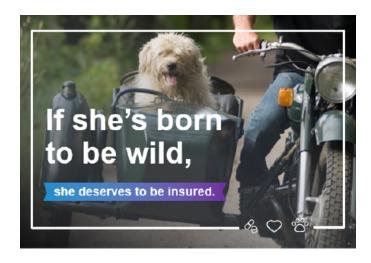


MetLife PET INSURANCE

Whether your pets want to be on your lap at all times or prefer their own space on the sofa, their unpredictable antics enhance your family dynamic. However, when the unexpected happens to them, you may need coverage that can help ease the burden of veterinary expenses. With MetLife Pet Insurance1, you can help protect their health and well-being.

We believe that every individual and their pet have unique needs – enjoy benefits like flexible coverage with up to 100% reimbursement2 and the freedom to visit and U.S. licensed vet, optional Preventive Care coverage3, 24/7 access to Telehealth Concierge Services, and discounts and offers on pet care4. Plus, with the MetLife Pet mobile app, you can manage your pet's health and wellness and submit and track claims.

Get a quote or enroll by visiting www.metlife.com/getpetquote or calling [1-800-GET-MET8].



LEARN MORE



Disclaimer:

- Coverage underwritten and issued by Independence American Insurance Company ("IAIC"), a Delaware insurance company, and Metropolitan General Insurance Company ("MetGen"), a Rhode Island insurance company, in those states where MetGen's policies are available. Coverage subject to restrictions, exclusions and limitations. See policy or contact MetLife Pet Insurance Solutions LLC for complete details. MetLife Pet Insurance Solutions LLC is the authorized policy administrator for this coverage.
- Reimbursement options include: 70%, 80%, 90% and 100%. In addition, there is also a 50% option for MetGen underwritten policies only and a 65% option for IAIC underwritten policies only.
- 3. Can be purchased at an additional cost. For IAIC underwritten policies, optional Preventive Care coverage is based on a Schedule of Benefits. For MetGen underwritten policies, optional Preventive Care coverage is included in the annual limit.
- 4. May not be available in all states.

L0722023901[exp0624][All States][DC] @ 2022 MetLife Services and Solutions, LLC

ACCESSING YOUR DIGITAL HEALTH AND WELFARE BENEFIT ID CARDS

Guide to access your medical, dental, and vision ID cards digitally.

Follow the instructions below to access and download your ID cards from each provider.

MEDICAL ID CARD

KAISER PERMANENTE

To view/print your member information, follow these steps:

Via Computer:

- Visit https://kp.org
- Click "Sign In" to enter your username and password
- Click "Member Information"
- On the "Benefits pop-up window," click "View Plan and ID"
- You can then print your member information

Don't have a username and password yet?

- Click "Register"
- Click "Create my account"
- Enter your name and birth date

Questions or trouble accessing your account? Call Kaiser Permanente Member Services: (800) 464-4000

UNITED HEALTHCARE (UHC)

To view/print your digital ID card, follow these steps:

Via Computer:

- Visit https://www.myuhc.com
- Click "Sign In" to enter your username and password
- Click "View ID Card"
- View your ID card to print

Don't have a username and password yet?

- Click "Register"
- Enter your name, birth date, and Social Security Number to create an account

Questions or trouble accessing your account? Call UnitedHealthcare Customer Service: (888) 586-6365

UMR-PPO PLANS

To view/print your digital ID card, follow these steps:

Via Computer:

- Visit https://www.umr.com
- Click "Log in/Register"
- Select "Member" from the drop-down menu
- Click "Log in/Register with HealthSafe ID"
- Click "Sign in" to enter your HealthSafe ID username and password
- From the myMenu dashboard, click "ID Card"
- View/print a temporary ID card Don't have a HealthSafe

ID username and password yet?

- Click "Register now"
- Enter your name, birth date, and Social Security Number to create an account

Questions or trouble accessing your account? Call UMR's HealthSafe ID Member Services: (800) 826-9781

DENTAL ID CARD

DELTA DENTAL

- Visit: https://deltadentalins.com
- Click "Log In" to enter your username and password
- Click on "Print ID Card"

Don't have a username and password yet?

- Click "Log In" at the top of the page
- Click "Create an Account" button
- Identify your user type by selecting "Enrollee/Adult Dependent" from the dropdown list
- Enter your personal information
- Create your username and password and enter your email address

Questions or trouble accessing your account? Call Delta Dental: (866) 499-3001 for PPO dental plans

METLIFE DENTAL (HMO)

STEP 1: PROVIDE YOUR GROUP NAME

Access MyBenefits at:
www.metlife.com/mybenefits and
enter the employer name and click
to select it and then click 'Next.'

STEP 2: THE LOGIN SCREEN

Click on 'Log In' at the top-middle of the page and on the next screen select 'Create New Account' and complete the registration process.

STEP 3: ENTER AUTHENTICATION INFORMATION

Begin by entering your information to confirm your identity. You will then receive a code via email that you will need to enter to continue the registration process. Upon validation, you will be prompted to provide your SSN, first and last name, and date of birth.

STEP 4: ESTABLISH ACCOUNT CREDENTIALS

You will need to create a unique user name and password for future access to MyBenefits.

Questions or trouble accessing your account? Call MetLife Dental: 1(800) 880-1800

VISION PLAN

EYEMED

Visit: https://eyemed.com/en-us

- Click "Log In" and select "Member" to enter your username and password
- Click on "Print ID Card"

Don't have a username and password yet?

- Click "Log In" at the top of the page and select "Member"
- Click "Need to register"
- Fill out the member web registration information.
- Click on "Create an Account"
- Create your username and password and enter your email address

Customer Care Center

(844) 409-3401 Network: Insight Locate in-network providers and speak to a customer service representative.

If you need further assistance, please email the Benefits Office at: swcBenefits@swccd.edu or call (619) 421-6700, ext. 5174 or 5225

SEPARATION OF EMPLOYMENT WITH SOUTHWESTERN COLLEGE

Upon submission of a resignation or Retirement, your benefits will conclude at the end of the month in which your employment ends.

MEDICAL, DENTAL, AND VISION PLANS:

A COBRA notice will be mailed to you, outlining the steps to continue your coverage under these plans. While COBRA allows you to maintain the same benefits you had while employed, it's important to note that you will be responsible for paying the full premium.

HARTFORD LIFE INSURANCE:

You may convert your group life insurance to an individual policy. To do so, please request a quote directly from The Hartford using the document provided within the Cobra Packet.

VOLUNTARY PLANS:

For voluntary plans, individual conversion options may be arranged directly through the carrier by contacting their Customer Service Department within thirty (30) days of the coverage ending. These types of insurance are not eligible for continuation through COBRA; therefore, conversion inquiries should not be directed to Southwestern Community College District.

BENEFITS DEPARTMENT CONTACT INFORMATION

Contact Information

Southwestern Community College District Benefits Department Room 46A-165

Email: swcbenefits@swccd.edu

Fax: (619) 482-6387

SHELLEY CARBAJAL

Benefits Specialist (619) 421-6700, ext. 5174 scarbajal@swccd.edu

GABBY ESQUIVEL

Benefits Specialist (619) 421-6700, ext. 5225 gesquivel@swccd.edu



CARRIER CONTACT INFORMATION

	MEDICAL INS	IRANCE			
	Kaiser				
Customer Service	(800) 464-4000	My.kp.org/veba			
San Diego Appointment Center	(800) 290-5000	My.Kp.org/ Vebu			
United Healthcare (UHC)					
Customer Service	(888) 586-6365	Whyuhc.com/csveba			
Express Scripts					
Customer Service (800) 918-8011 www.express-scripts.com					
Optum Health Acupuncture/Chiro					
Customer Service	(800) 428-6337	www.myoptumhealthphysicalhealthofca.com			
Customer service	VEBA Serv				
Advocacy Services	(888) 276-0250	Vebaonline.com/contact			
Employee Well-being	(619) 398-4230	wellbeing@vebaonline.com			
VEBA Resource Center	(619) 398-4220	vrc@vebaonline.com			
	DENTAL INSU				
Delta Dental of California					
Customer Service	(866) 499-3001	www.deltadentalins.com			
Customer service	MetLife De				
Customer Service	(800) 942-0854	www.mybenefits.metlife.com			
customer service	VISION INSU				
	EyeMed				
Customer Services	(800) 988-4221	www.eyemed.com			
customer services	TAX SHELTERED AN				
	Fringe Benefit Cons				
Information	Tringe benefit cons	support@fbmodelplan.com			
mornadori	FBC/Empower 403				
Plan Member Services	(833) 752-6322	support@fbmodelplan.com			
	Schools First Cre				
Third Party Administration Schools First	(800) 462-8328 x4727	www.rpa@schoolsfirstfcu.org			
	VOLUNTARY IN:	SURANCE			
	AFLAC				
Customer Service	(619) 504-1754	www.aflac.com			
	American Fidel	ity (AFA)			
Customer Service	(800) 662-1113	www.americanfidelity.com			
	Pacific Educators				
Customer Service	(800) 722-3365	www.peinsurance.com			
PENSION/RETIREMENT PLANS					
APPLE	(800) 634-1178	www.mymidamerica.com			
CalPERS	(888) 225-7377	www.calper.ca.gov			
CalSTRS	(800) 228-5453	www.calstrs.com			



