

Benefits Guide

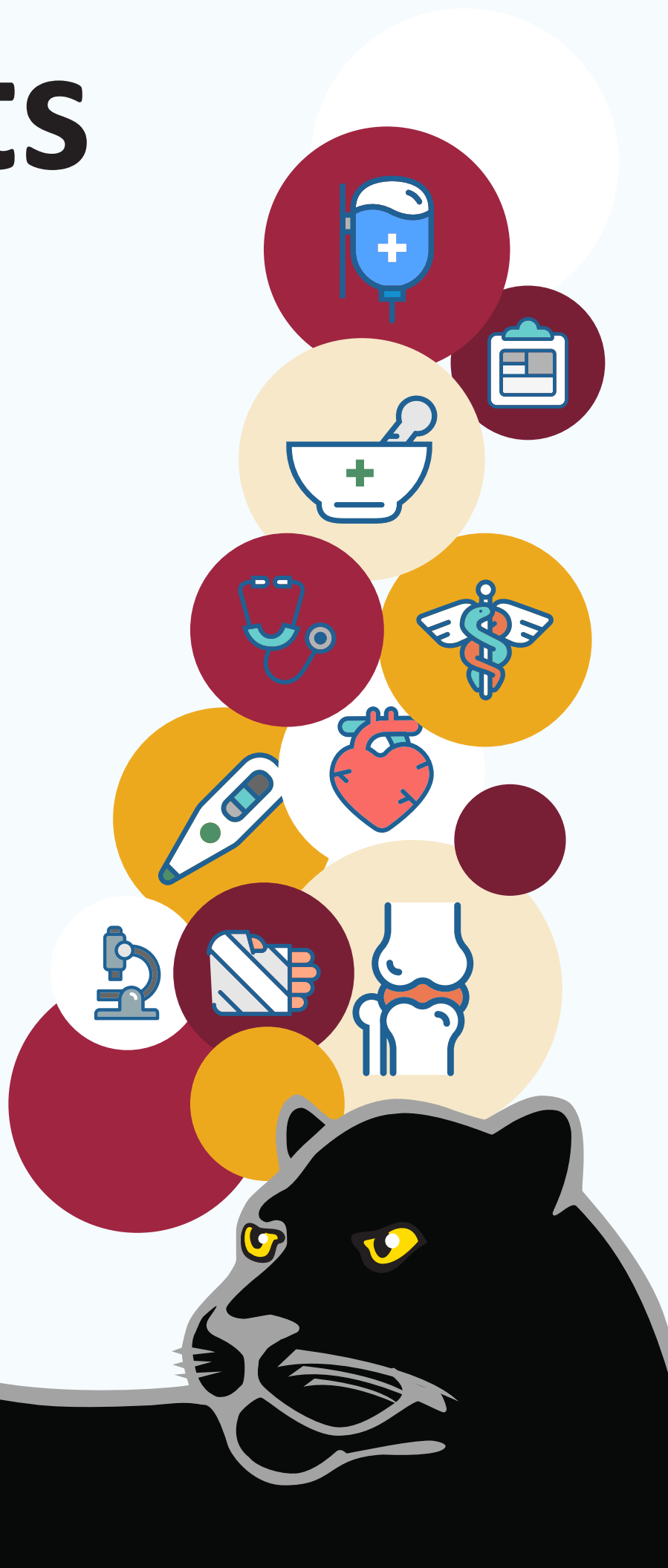




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2020 Open Enrollment

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, 2020 - December 31, 2020**

Important Information about Your Benefits

- The District will provide the following contribution depending on your tier selection: 100% paid Kaiser Employee only coverage, pay 80% of the two-person and family, or pay the cost for United Healthcare Network #1 Employee only except for \$50 per month assuming your Full-time Equivalency (FTE) is 100%. Please see payroll deduction grid on Page 5 for your cost per month. If you were hired at a lower FTE, these amounts will be prorated to fit your work load.
- 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.
- The items listed on the front of your Health and Welfare Selection form are benefits that can be covered under your cafeteria plan entitlement and can only be applied for or changed during an open enrollment period. Items listed on the back of the Selection form are voluntary deductions.
- Flexible Spending Accounts (FSA) are also available. To continue this benefit, you must re-enroll every year during the FSA open enrollment. Please visit [American Fidelity](#) to schedule an appointment.

How and When to Enroll

Open Enrollment runs from November 1, 2019 through November 15, 2019. This is your opportunity to make changes to your benefits selections without a qualifying event.

Enrollment for Part-time Faculty will take place in January and August.

Benefit coverages are governed by IRS guidelines. It is important to notify the Benefits Department right away if you have a qualifying event. You have 30 days to make the following changes:

- Birth, adoption, guardianship or custody orders
- Marriage, divorce, legal separation or termination of domestic partnership
- Death of spouse, child or other qualified dependent
- Changes in employment for employee, spouse or domestic partner that affects benefits coverage and/or loss of other coverage

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	<ul style="list-style-type: none">• If “married filing jointly” - first page Federal Tax Return form (1040, 1040A, 1040EZ, 8879 or 4868 - Extension Request)<ul style="list-style-type: none">• If “married filing separately”<ul style="list-style-type: none">- 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.

Eligible Dependent Type	Eligible Dependent Definition	Required Documentation for Proof of Eligibility
Domestic Partner	Partner as defined by the Domestic Partner Affidavit	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Government-issued Birth Certificate • Consular Report of Birth Abroad (CRBA)
Child - Step	Biological child from a spouse's prior family under the age of 26	<ul style="list-style-type: none"> • Child documentation (biological/ adopted/guardianship/disabled) • AND legal spouse documentation
Child - Adopted	Child under the age of 18 for whom you have legal guardianship	<ul style="list-style-type: none"> • Court Order of Legal Guardianship AND • First page of Federal Tax Return 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	<ul style="list-style-type: none"> • 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)

What if I have Other Coverage?

Mandatory Coverages

There are two coverages that are mandatory for all employees which are listed below:

Hartford Group Life Insurance

1. Classified employees receive \$25,000 in term life insurance
 - Academic, Administrative, Confidential and Supervisory employees receive \$50,000 in term life insurance
2. 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

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. Go to the [Benefits webpage](#) 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 supercomposite, meaning it will cover the employee plus family for one low rate.

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 members 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 tier. There is one rate for employee only, one for employee+1, and one for employee+2 or more dependents.

Dental ID cards are no longer issued by either insurance carrier however, if you would like to print a generic paper ID card please see below.

For your convenience.

An identification card is not necessary to access benefits, but you will receive a personalized DHMO ID card shortly after your enrollment has been processed. In the meantime, if you choose to enroll, this temporary ID Card can be used if you see your dentist after the effective date of the program, but before your card arrives.

<small>Cut along dotted line</small>	
MetLife	SafeGuard DHMO
Temporary Identification Card for Dental Benefits	
Subscriber Name	Plan Name
Group Name	Group Effective Date
Dependent Coverage: _____	
Customer Service: 1-800-880-1800	
Benefits provided by SafeGuard Health Plans, Inc., a MetLife company.	

If you have a dental emergency, you should first contact your selected SafeGuard General Dentist for an immediate appointment. If your Dentist is not available, contact Customer Service for assistance. If our office is closed, you can receive emergency dental care from any licensed dentist without prior authorization from SafeGuard. Please refer to your Evidence of Coverage for specific emergency care coverage.

This card does not guarantee eligibility.

TDD/TTY for the hearing impaired: 1-800-880-3165

www.metlife.com/mybenefits

Cut along dotted line

When printing, please make sure your page scaling is adjusted to "None."

1003-0809

SafeGuard Health Plans, Inc.
95 Enterprise, Ste. 200, Aliso Viejo, CA 92656



Enrollee Name: _____
Enrollee ID:
SOUTHWESTERN COMM. COLLEGE DIS
Group Number: 00912-00001
Delta Dental PPO

This card is for informational purposes and is not a guarantee of coverage. Please contact Delta Dental of California to confirm eligibility at the time of your appointment.

Submit claims to:

Delta Dental of California
PO Box 997330
Sacramento, CA 95899-7330

Web Site: <http://deltadentalins.com>

For Additional Information Please Call: 866-499-3001

Medical Insurance Options

The District will continue to offer Kaiser HMO, United Healthcare Performance HMO Networks #1, #2 & #3, 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 as follows:

PAYROLL DEDUCTIONS FOR BENEFIT PERIOD JANUARY 1, 2020 - DECEMBER 31, 2020

	10 month employees*					
Coverage	Kaiser	United Healthcare				
		Network #1 HMO	Network #2 HMO	Alliance 20/30 HMO	Signature Value HMO	PPO
Employee Only	\$0	\$60.00	\$346.00	\$129.00	\$165.00	\$1,070.00
Employee + 1	\$299.40	\$555.40	\$1,121.40	\$682.40	\$691.40	\$2,743.40
Employee + 2 or more	\$422.20	\$771.20	\$1,568.20	\$941.20	\$944.20	\$3,838.20

	12 month employees*					
Coverage	Kaiser	United Healthcare				
		Network #1 HMO	Network #2 HMO	Alliance 20/30 HMO	Signature Value HMO	PPO
Employee Only	\$0	\$50.00	\$288.00	\$107.00	\$188.00	\$974.00
Employee + 1	\$249.80	\$460.80	\$932.80	\$567.80	\$696.80	\$2,284.80
Employee + 2 or more	\$352.20	\$641.20	\$1,306.20	\$783.20	\$950.20	\$3,197.20

*These payroll deductions will pay for medical, dental and life insurance coverages for full-time contracted employees (if you have less than a full-time contract, your share will be greater).

Medical Insurance Comparisons



SOUTHWESTERN COMMUNITY COLLEGE DISTRICT 2020 HMO Plans

Important Notes: Plan changes indicated in **red**

Feature	NEW! UHC SignatureValue Alliance \$1200 What You Pay	NEW! UHC Alliance HMO \$20/\$30 What You Pay	UHC Performance HMO B Network 1 What You Pay	UHC Performance HMO B Network 2 What You Pay	Kaiser 10 \$10/\$10, 100 Day What You Pay
Deductible (<i>individual/family</i>)	\$2,000/\$2,000	None	None	None	None
Medical Out-of-Pocket Maximum (<i>individual/family</i>)	\$3,000/\$6,000	\$3,000/\$6,000	\$1,500/\$3,000	\$5,000/\$10,000	\$1,500/\$3,000
RX Out-of-Pocket Maximum (<i>individual/family</i>)	\$1,600/\$3,200	\$1,600/\$3,200	\$3,000/\$6,000	\$1,600/\$3,200	N/A
Health Reimbursement Account	\$1,200	None	None	None	None
PCP Office Visit	\$35 copay	\$20 copay	\$10 copay	\$20 copay	\$10 copay
Specialist Office Visit	\$50 copay	\$30 copay	\$10 copay	\$20 copay	\$10 copay
Preventive Care	No charge	No charge	No charge	No charge	No charge
Inpatient Hospital Care	20% coinsurance (after deductible)	\$500 copay	No charge	\$500 admit copay	No charge
Mental Health Services (<i>outpatient/inpatient</i>)	\$40 copay/ 20% coinsur- ance (after deductible)	\$20 copay / \$500 copay	\$10 copay/ No charge	\$20 copay/ \$500 copay	\$10 copay/No charge
Substance Abuse Services (<i>outpatient/inpatient</i>)	No charge	No charge / No charge	No charge	No charge	\$10 copay/No charge
Infertility	Not covered	Not covered	Not covered	Not covered	\$10 copay
Outpatient Diagnostic Laboratory	No charge	No charge	No charge	No charge	No charge
Complex Radiology (PET, MRI)	20% coinsurance (after deductible)	\$200 copay	No charge	No charge	No charge
Outpatient Surgery	20% coinsurance (after deductible)	\$250 copay	No charge	\$250 copay	\$10 copay
Outpatient Physical/Rehabilitation Therapy	\$35 copay	\$20 copay	\$10 copay	\$20 copay	\$10 copay
Urgent Care (<i>your medical group/other medical group</i>)	\$35 copay/ 20% coinsur- ance (after deductible)	\$20 copay / \$75 copay	\$10 copay/\$50 copay	\$20 copay/\$100 copay	\$10 copay
Emergency Room (<i>copay waived if admitted</i>)	\$300 copay (after deductible)	\$150 copay	\$100 copay	\$200 copay	\$50 copay
Short-Term Prescription Drugs¹ <i>up to 30 day supply</i> G: Generic P: Preferred NP: Non-Preferred	G: \$10 P: \$30 NP: 50% (\$40 minimum & \$175 maximum)	\$10/\$30/50%* (\$5 extra if filled at non- EAN pharmacy)	G: \$5 P: \$25 NP: 50% (\$40 minimum & \$175 maximum)	G: \$15 P: \$30 NP: 50% (\$40 minimum & \$175 maximum)	G: \$10 P: \$10
Maintenance Prescription Drugs² <i>up to 90 day supply for UHC members³</i> <i>up to 100 day supply for Kaiser members</i> G: Generic P: Preferred NP: Non-Preferred	G: \$20 P: \$60 NP: 50% (\$80 minimum & \$350 maximum)	\$20/\$60/50%**	G: \$10 P: \$50 NP: 50% (\$80 minimum & \$350 maximum)	G: \$30 P: \$60 NP: 50% (\$80 minimum & \$350 maximum)	G: \$10 P: \$10
Chiropractor and Acupuncture Service⁴	\$30 copay	\$20 copay	\$10 copay	\$20 copay	\$10 copay
Available Medical Groups	Mercy Physicians, Primary Care Associates, Rady Children's Health Network, Scripps Clinic, Scripps Coastal Medical Center, Scripps Physicians Medical, UCSD Medical	Mercy Physicians, Primary Care Associates, Rady Children's Health Network, Scripps Clinic, Scripps Coastal Medical Center, Scripps Physicians Medical, UCSD Medical	Sharp Rees-Stealy, Sharp Community, Primary Care Associates, Arch Health Partners, Children's Physicians	Mercy Physicians, Greater Tri-Cities, Mid-County Physicians, Multi-Cultural, Scripps Physicians Medical, Children's Physicians	Kaiser

¹ UHC members pay standard copays plus \$5/prescription at a non-EAN pharmacy (non-EAN pharmacies include CVS, Target, Walgreens and certain independent pharmacies).

² UHC members pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill maintenance prescriptions at a network pharmacy other than Smart90.

³ Copays waived for preferred generic hypertension and hypoglycemic purchased at mail or Smart 90. This does not include normal retail use or brand drugs.

⁴ Services must be medically necessary and may be subject to prior authorization from OptumHealth.

*Subject to a \$40 minimum and \$175 maximum.

** Subject to a \$80 minimum and \$350 maximum.

Feature	UHC CA Select Plus PPO* 80/50 SD	
	In Network What You Pay	Out of Network What You Pay
Deductible (<i>individual/family</i>)	\$2,000/\$4,000	\$2,000/\$4,000
Medical Out-of-Pocket Maximum (<i>individual/family</i>)	\$5,000/\$10,000	\$5,000/\$10,000
RX Out-of-Pocket Maximum (<i>individual/family</i>)	\$1,600/\$3,200	N/A
Health Reimbursement Account	None	None
PCP Office Visit	Tier 1 Physician: \$30 copay Other In-Network Physician: 20% coinsurance after deductible	50% coinsurance (after deductible)
Specialist Office Visit	Tier 1 Physician: \$50 copay Other In-Network Physician: 20% coinsurance after deductible	50% coinsurance (after deductible)
Preventive Care	No charge	No coverage for non-network services
Inpatient Hospital Care	20% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)
Mental Health Services (<i>outpatient/inpatient</i>)	\$30 copay/ 20% coinsurance (after deductible)	50% coinsurance (after deductible)
Substance Abuse Services (<i>outpatient/inpatient</i>)	\$30 copay/ 20% coinsurance (after deductible)	50% coinsurance (after deductible)
Infertility	Not covered	Not covered
Outpatient Diagnostic Laboratory	Freestanding Facility or Physician: No charge Hospital-based Lab or Radiology: 20% coinsurance (deductible does not apply)	50% coinsurance (after deductible)
Complex Radiology (<i>PET, MRI</i>)	Freestanding Physician: 20% coinsurance (after deductible) Hospital-based or Radiology: 20% coinsurance plus \$100 copayment (after deductible)	50% coinsurance (after deductible)
Outpatient Surgery	Ambulatory Surgery Center or Physician's Office: 20% coinsurance (after deductible) Outpatient Hospital-based Surgical Center: 20% coinsurance (after deductible) and \$100 copayment	50% coinsurance (after deductible) Pre-authorization is required
Outpatient Physical/Rehabilitation Therapy	\$30 copay	50% coinsurance (after deductible)
Urgent Care (<i>your medical group/other medical group</i>)	\$50 copay	50% coinsurance (after deductible)
Emergency Room (<i>copay waived if admitted</i>)	\$100 copay	\$100 copay
Short-Term Prescription Drugs¹ <i>up to 30 day supply</i> G: Generic P: Preferred NP: Non-Preferred	G: \$10 P: \$30 NP: 50% (\$40 minimum and \$175 maximum)	No coverage for non-network pharmacy
Maintenance Prescription Drugs² <i>up to 90 day supply for UHC members³</i> <i>up to 100 day supply for Kaiser members</i> G: Generic P: Preferred NP: Non-Preferred	G: \$20 P: \$60 NP: 50% (\$80 minimum and \$350 maximum)	No coverage for non-network pharmacy
Chiropractor and Acupuncture Service⁴	\$30 copay	50% coinsurance (after deductible)
Available Medical Groups	Please check umr.com to locate a Tier 1 physician near you.	All Others

Surgeries for orthopedic, spinal and coronary artery bypass graft require pre-certification with Carrum Health or a \$1,000 penalty will apply for Select Plus PPO.

1 UHC members pay standard copays plus \$5/prescription at a non-EAN pharmacy (non-EAN pharmacies include CVS, Target, Walgreens and certain independent pharmacies).

2 UHC members pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill maintenance prescriptions at a network pharmacy other than Smart90.

3 Copays waived for preferred generic hypertension and hypoglycemic purchased at mail or Smart 90. This does not include normal retail use or brand drugs.

4 Services must be medically necessary and may be subject to prior authorization from OptumHealth.

+ NexusACO administered by UMR.

Disclaimer: Prepared by Gallagher Benefit Services, Inc. on behalf of VEBBA. 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.

VEBA Chiropractic/Acupuncture California Member Benefits



As part of VEBA, you receive chiropractic and/or acupuncture benefits as long 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

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:

1. Go to the Provider Locator search at www.myoptumhealthphysicalhealthofca.com
 - a. 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.
3. **Call the provider directly** to schedule an appointment, and verify they are part of the Optum network for VEBA.

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:



TOP 10 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 MOBILE 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:



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

HEALTH BENEFITS

Be the 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.

Kaiser Members:
800-464-4000

UnitedHealthcare Members:
888-586-6365



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

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: LiveAndWorkWell.com
(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 well-being 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

Medical Eye Services (MES)

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

BENEFITS

- Must use participating providers on the MES Network
- \$20 co-pay for one comprehensive eye exam in any 12 consecutive months
- One pair of standard lenses in any 12 consecutive months (up to 61MM)
- One standard frame in any 24 consecutive months (up to \$125.00 retail cost)
- One pair of contact lenses, in lieu of other eyewear, in any 12 consecutive months

Voluntary Benefits

Accident, Cancer, and Personal Accident

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 plan levels. 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: <ul style="list-style-type: none">• AFLAC• American Fidelity	Offered by: <ul style="list-style-type: none">• AFLAC• American Fidelity• Pacific Educators	Offered by: <ul style="list-style-type: none">• AFLAC



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
<ul style="list-style-type: none">• Create a plan design specific 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)	<ul style="list-style-type: none">• Create a plan design specific 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.	<ul style="list-style-type: none">• 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)



Supplemental 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
<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• 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
<ul style="list-style-type: none">• Family plan insures spouse 50% and children are entitled to 20% of the employee’s amount.• Choose from one of four different plan designs.• Renewable up to age 70.• Subject to exclusions and limitations.	<ul style="list-style-type: none">• Coverage available up to \$500,000, not to exceed 10 times your annual salary.• 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)), in 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.

Please see the following link for: information regarding long-term care, UNUM policy details, and UNUM enrollment materials: www.unuminfo.com/consortium

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](#) that you can give to your broker and/or financial consultant to fill out. If you do not have a broker/financial consultant, we have a district representative, for the Empower Fringe Benefits Consortium plan (FBC) that is able to come out to campus and meet with you to help answer any questions and get a plan started for you.
- If you would like to contact our FBC representative, Joel Romero, please call (619) 315-9653

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 2019 Maximum contribution for TSA's is \$19,000 per year. If you are over the age of 50, you may contribute up to \$25,000 per year. Please visit www.fbcretire.com 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, 2020.

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 2020 is \$2,700.

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 2020 is \$5,000.

If you are interested in enrolling in either account you can schedule your appointment online at [American Fidelity](#).

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 Managed Health Network (MHN) 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

EAP information and tools are available online.

- Search for a MHN counselor and get a referral.
- Ask an expert an emotional health question.
- Complete an online health risk assessment
- Access self-help programs for stress, weight management, nutrition, fitness, smoking cessation and stress management
- Find articles on stress, depression, grief, anxiety and other emotional health issues, health and wellness, parenting, relationship and family issues and more.
- If waiving medical, submit a waiver form.

CALL TOLL-FREE, 24 HOURS A DAY, SEVEN DAYS A WEEK

(800) 977-7593

or visit members.mhn.com

Register with company code: swccd

Questions and Answers

When does Open Enrollment end?

- All forms must be submitted by November 15, 2020.

When will the changes I make during open enrollment take effect?

- All changes made during open enrollment become effective January 1, 2020.

What forms must be completed?

- Your H&W selection form must be completed along with any enrollment or termination forms.
- If adding an eligible dependent please provide the correct dependent documentation.

When are my forms due?

- Open Enrollment forms must be turned in by November 15, 2019.

Where do I find the forms I need?

- You can obtain forms in the Benefits Office in Room 1600 or you can go online to the [Benefits Department page](#).
- If waiving medical, submit a waiver form.



Mandatory Notices (No Action Needed)



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Diana Haskins or Shelley Carbajal.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Southwestern Community College		4. Employer Identification Number (EIN) 95-6006659	
5. Employer address 900 Otay Lakes Road		6. Employer phone number 619-421-6700	
7. City Chula Vista		8. State CA	9. ZIP code 91910
10. Who can we contact about employee health coverage at this job? Diana Haskins or Shelley Carbajal			
11. Phone number (if different from above) 619-421-6700 ext. 5225/5174		12. Email address dhaskins@swccd.edu or scarbajal@swccd.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

Classified and Confidential contract employees

Academic contract employees

Part-Time Faculty working at least 50% F.T.E

Academic and Classified contract administrators

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Legal spouse or domestic partner

Dependent children under the age of 26

Unmarried children who are deemed disabled by a physician and approved by the carrier

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Contact Information

Southwestern Community College District Benefits Department
Room 1600
Email: swcbenefits@swccd.edu
Phone: (619) 421-6700 ext. 5260
Fax: (619) 482-6387

Name	Title/Position	Phone Number	Email
Shelley Carbajal	Benefits Specialist	(619) 421-6700 ext. 5174	scarbajal@swccd.edu
Diana Haskins	Benefits Specialist	(619) 421-6700 ext. 5225	dhaskins@swccd.edu

Carrier Contact Information

Medical Insurance		
Kaiser		
Customer Service	(800) 464-4000	www.kp.org
San Diego Appointment Center	(800) 290-5000	
United Healthcare (UHC)		
Customer Service	(888) 586-6365	www.myuhc.com
Express Scripts		
Customer Service	(800) 918-8011	www.express-scripts.com
Optum Health Acupuncture/Chiro		
Customer Service	(800) 428-6337	www.myoptumhealthphysicalhealthofca.com
VEBA Services		
Advocacy Services	(888) 276-0250	email: advocacy@mcgregorinc.com
Employee Well-being	(619) 278-0221	email: VEBAwellness@mcgregorinc.com
VEBA Resource Center	(619) 278-0221	email: VR@mcgregorinc.com
Best Doctors	(866) 904-0910	www.members.bestdoctors.com
Dental Insurance		
Delta Dental of California		
Customer Service	(866) 499-3001	www.deltadentalins.com
MetLife Dental		
Customer Service	(800) 942-0854	www.mybenefits.metlife.com
Vision Insurance		
Medical Eye Services (MES)		
Customer Services	(800) 977-6372	www.MESVision.com
Tax Sheltered Annuities (TSA)		
Fringe Benefit Consortium (FBC)		
Information		www.fbcretire.com
FBC/Empower 403(b)/457 plan		
Joel Romero	(619) 315-9653	email: joel.romero@empower-retirement.com
National Benefit Services (NBS)		
Third Party Administration	(800) 274-0503	www.nbsbenefits.com
Voluntary Insurance		
AFLAC		
Customer Service	(619) 504-1754	www.aflac.com
American Fidelity (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