South Orange County Community College District

2024-2025 BENEFITS

SIMPLY BENEFITS

CONTENTS

MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Important Plan Information section for more details.

GETTING STARTED

2024-25 BENEFITS

October 1, 2024
through
September 30, 2025

IMPORTANT NOTE:
This guide is a summary overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan documents including your benefit summaries, summary of benefits and coverage (SBCs) and summary plan descriptions (SPDs). The plan documents determine how all benefits are paid.

Whether you're enrolling in benefits for the first time, nearing retirement, or somewhere in between, South Orange County Community College District provides you with 100% paid benefits for you and your dependents. These programs and resources are to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, life, disability, and more.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Review the coverage and tools available to you to make the most of your benefits package.

NEWLY BENEFIT ELIGIBLE EMPLOYEES

ENROLLMENT CHECKLIST

To Enroll

Make Elections in Workday

- ❑ View your inbox in Workday and click on the Benefit Change task
- ❑ Enter your Benefit Elections and Dependents.

Complete Medical Enrollment form

- ❑ Complete Blue Shield Enrollment Form if electing Blue Shield HMO or PPO
    - Section II (Employee) and
    - Section III (Dependent Information) for HMO or PPO
- ❑ Complete Kaiser Enrollment Form if electing Kaiser HMO
    - Section B (Employee) and
    - Section C (Family)

Adding a Spouse or Domestic Partner

- ❑ Copy of Marriage Certificate or Domestic Partnership Certification AND
- ❑ Copy of the first page of your most current Tax Return (not the e-file page)

Adding dependents under the age of 26

- ❑ Copy of each child's birth certificate

Please attach all applicable enrollment forms and documentation in Workday.

Voluntary Benefits Require the Following Enrollment Forms

Monthly premium deduction applied

Voluntary Life Insurance

- ❑ Complete The Hartford Personal Health Application (EOI) form which will be emailed to you if you elect beyond the guaranteed issue amount of Voluntary Life coverage.

Flexible Spending Account

- ❑ Complete Navia Flex Health Care & Dependent Care Enrollment Form

Long Term Care Buy-Up

- ❑ **Visit** the UNUM website to use the calculator for premium rates and the enrollment tab for the forms.

→ unuminfo.com/SOCCCD-NLP/index.aspx for Academic, Administrators and Management

→ unuminfo.com/socccd-classified-NLP/index.aspx for Classified & POA's

- ❑ **Complete** UNUM Employee and/or Family Benefit Election form
- ❑ **Complete** UNUM Long Term Application

WHO'S ELIGIBLE FOR BENEFITS?

How much do I pay?

South Orange County Community College District provides 100% paid benefits for you and your dependents!

For a full list of details, please refer to the Cost of Coverage on page 34.

Who is not eligible

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Employees who work less than 75% per week, temporary employees, contract employees, or employees residing outside the United States.

Eligible Employees

You are eligible for benefits outlined in this overview if you are working at least 75% per week. Academic Administrators, Classified Management, Police Officers Association (POA), Board Members, Faculty, and Classified employees are included in the active employee category.

Eligible dependents

- Your legally married spouse
- Your registered same or opposite sex domestic partner is eligible for coverage. Any premiums for your domestic partner by South Orange County Community College District are taxable income and will be included on your W-2. Any premiums you pay for your domestic partner will be deducted on an after-tax basis.
- Children under the age of 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
- Children over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
- Children named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law

When you can enroll

Coverage for new employees begins on the 1st of month following your date of hire or date of eligibility. New employees must make an election within 30 days of becoming eligible.

Open enrollment is generally held in August. Open enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

Make sure to notify Benefits right away if you do have a qualifying life event and need to make a change (add or drop) to your coverage election. These changes include (but are not limited to):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage
- Divorce

You have 30 days to make your change.

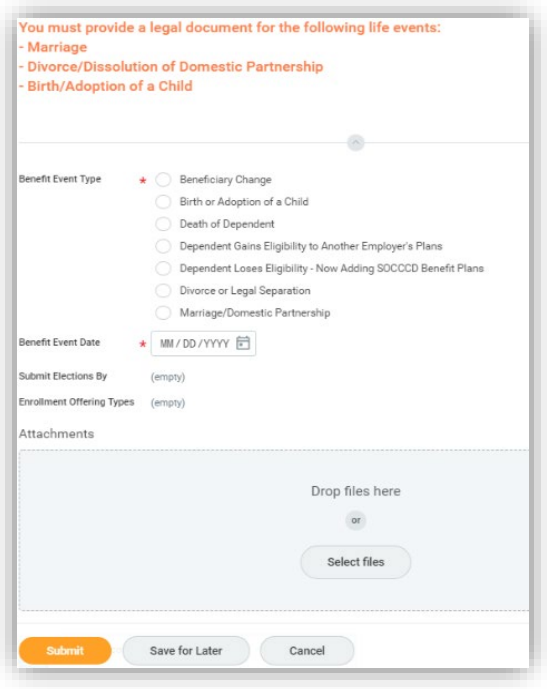
HOW TO MAKE CHANGES

Enrollments and changes should all be submitted through Workday by the following instructions below.

Report a Coverage Change Event

From the Workday homepage:

1. Click **View Profile**, click **Actions**.
2. Select the **Benefits** icon and click **Change Benefits.**
3. In the **Change** section, click **Benefits** to select **Change Reason**.
4. Select **Benefit Event Date** and attach required documents, if applicable.

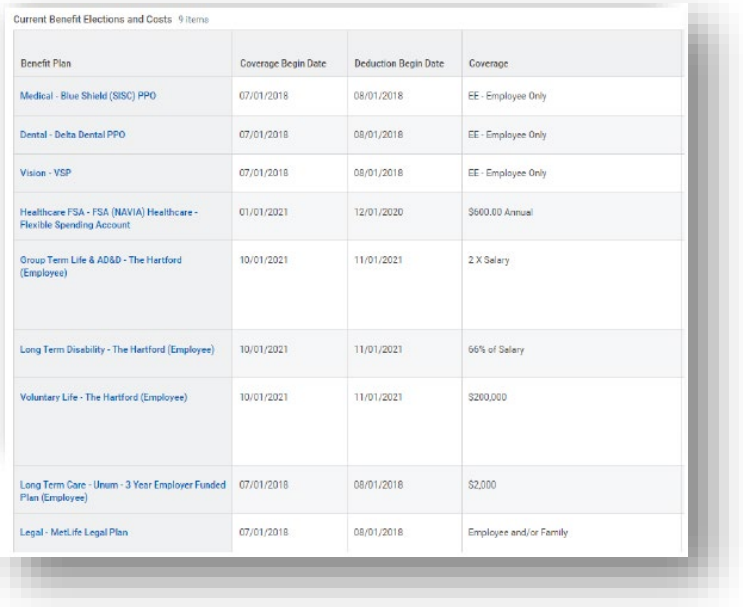


5. Click **Submit** > **Done**. A task will route to your inbox if applicable.
6. Go to your Workday inbox and click the **Benefit Event** task.
7. Complete and continue through all required screens and check the **I Agree** box to provide an electronic signature confirming your changes.
8. Click **Submit**.
9. Click **Done** to complete the task or **Print** to launch a printable version of the summary for your records.

View Existing Benefit Elections

From the Workday homepage:

1. Click **View Profile**, then click the **Benefits** icon.
2. In the View section, click the **Benefit Elections** icon to review your benefit elections and costs.



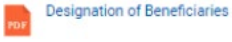
HOW TO MAKE CHANGES TO BENEFICIARY

Enrollments and changes should all be submitted through Workday by the following instructions below.

Add or Delete a Beneficiary

From the Workday homepage:

1. Click **View Profile**, Click **Actions**, then click **Benefits**.
2. Click **Change Benefits** then select the **Beneficiary Change** as the **Change Reason**.
3. Use the calendar field to select the **Benefit Event Date** and click **Submit**.
4. Go to your Workday inbox and click on the **Benefit Event Task** and click **Continue** to proceed.
5. Click **Manage** under each life insurance coverage box to edit.
6. To delete a beneficiary, click the delete icon
7. To add a beneficiary, click the add icon
8. Continue through the prompts and update all of the required information denoted by an asterisk then click **Ok** > **Continue**.
9. Indicate the primary and/or contingent percentage allocations for each of your beneficiaries then click **Continue**.
10. When all beneficiary information has been completed, click **Save** and return to the beneficiary change page.
11. When you are finished making your changes, click on **Review and Sign** to finalize task.
12. Go back to your Workday inbox and click on the Benefit Event Task to download the **Designation of Beneficiaries** document.



13. Complete the form and upload to the Workday personal document section and email the Payroll Department at **payrollservices@socccd.edu** to notify them you have done so.
14. To finalize the task, scroll down, and click **Submit**.

Edit Existing Beneficiary

From the Workday homepage:

1. Click **View Profile**, then click the **Benefits** icon.
2. Click the **Beneficiaries** icon.
3. Click **Edit** icon next to each beneficiary you wish to change.
4. Update all of the required information denoted by an asterisk by clicking the icon.
5. Click **Submit** to finalize the changes.

> Once you add an additional dependent, you may need to update your Federal Tax elections, as well as your Benefit elections. Click the Skip button if you want to do this later. Once you add an additional beneficiary, you may need to update your Benefit elections.

Print Benefit Statement

From the Workday homepage:

1. Click the **Profile Icon** then click **View Profile**.
2. Click the **Related Actions** icon 

3. Select **Benefits** > **View My Benefit Statement**.
4. Click the **prompt icon** in the Benefit Event field.
5. Select the desired **Benefit Event** you would like to view and print.
6. Click **Print**. The selected Benefit Event will open as an Adobe PDF document which can be saved and printed.

WHERE TO GO FOR CARE

The Emergency Room and Urgent Care aren't your only options! With many options for getting care, how do you choose? The chart below helps you understand your care options and how you can save money when your illness or injury is not as emergent.

Where to go	What is it	What can be treated	Your cost
Advice Nurse (SISC Kaiser members)	Kaiser advice nurses are registered nurses who can assess medical problems and provide advice over the phone 24/7.	• Minor medical concerns • Advise on next steps • Help making appointments • Treatment options	No cost!
Teladoc Medical Experts (All SISC members)	All SISC members, including Kaiser, can get answers to health care questions and medical opinions from world-leading experts through Teladoc.	• Diagnosis or treatment help • Expert advice on medical questions • Finding a specialist • Guidance on hospital admission	No cost!
MDLive (SISC Blue Shield members)	MDLIVE gives you 24/7 access to a Board Certified doctor by phone or secure video to help treat any non-emergency medical conditions. Doctors can diagnose your symptoms, prescribe medication, and send prescriptions to your pharmacy of choice.[1]	• Flu and cold symptoms • Allergies • Diarrhea/Vomiting • Pink eye • Nausea • Rashes • Respiratory problems	$10 copay
Doctor's Office	Go to a doctor's office when you need preventive or routine care. Your doctor can access your medical records, manage your medications and refer you to a specialist, if needed.	• Annual physical • Checkups • General health management • Preventive services • Minor skin conditions • Vaccinations	$5 -10 copay
Urgent Care (UC)	The UC is ideal for when you need care quickly, but it is not an emergency (and your doctor isn't available). Urgent care centers treat issues that aren't life threatening.	• Sprains • Strains • Minor burns • Minor infections • Minor broken bones • Cuts that require stitches	$5 -10 copay
Emergency Room (ER)	The ER is for serious life-threatening or very serious conditions that require immediate care. This is also when to call 911.	• Breathing difficulty • Chest pain • Heavy bleeding • Major broken bones • Head and spinal injuries	$100+ copay

[1] Some state laws require that doctors can only prescribe medication in certain situations & subject to certain limitations.

MEDICAL

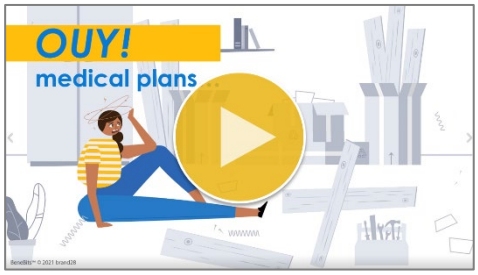
OUR PLANS

Kaiser Permanente HMO (SISC) Plan

Blue Shield HMO (SISC) Plan

Blue Shield PPO (SISC) Plan

All About Medical Plans



Play the Health Lingo Game!

We offer 1 medical plan through Kaiser Permanente (SISC) and 2 medical plans through Blue Shield (SISC). Review the network provider information and out-of-pocket costs such as deductible, coinsurance and prescription drugs so you can choose the best fit for your health concerns and budget/understand how the plan works.

Which Plan Is Right For You?

That depends on your healthcare needs, favorite doctors, and budget. Here are some considerations.

Consider an HMO (Health Maintenance Organization) if:

- You want lower, predictable out-of-pocket costs
- You like having one doctor to manage your care
- You are happy with the selection of network providers
- You don't see any doctors that are out-of-network
- You have convenient access to Kaiser facilities

Consider a PPO (Preferred Provider Organization) if:

- You want to be able to see any provider, even a specialist, without a referral
- You are willing to pay more to see out-of-network providers

MEDICAL PLANS

South Orange County Community College District gives you a choice between three medical plans through either Blue Shield of California/SISC or Kaiser/SISC. You can find in-network providers by visiting blueshieldca.com/sisc or blueshieldca.com directly and selecting "Find a provider." You will search under the "Access+ HMO" network for the HMO plan and "Blue Shield of California PPO Network" for the PPO plan.

	Kaiser Permanente HMO (SISC)	Blue Shield HMO (SISC)	Blue Shield PPO (SISC)	
	In-Network	In-Network	In-Network	Out-of-Network
Calendar Year Deductible Individual Family	 None None	 None None	 $100/individual $300/family	 $100/individual* $300/family*
Calendar Year Out-of-Pocket Maximum Individual Family	 $1,500 Self-Only Coverage $1,500 Individual $3,000 Family Coverage	 $1,000/individual $2,000/family	 $400/individual $1,200 family	 $400/individual* $1,200/family*
Office Visit Primary Care Specialist Access+ Specialist	 $10 copay per visit $10 copay per visit N/A	 $5 copay $5 copay $30 copay for self-referred Access+ Specialist	 $10 copay[3] $10 copay[3] N/A	 10%[1] 10%[1] N/A
Preventive Services	No Charge	No Charge	No Charge[3]	Not Covered
Chiropractic	$10 copay (up to 30 visits per year combined w/ Acu)[4]	$10 copay (up to 30 visits per year combined w/ Acu)[4]	$25 copay (up to 20 visits per year)	10%[1] (up to 20 visits per year)
Acupuncture	$10 copay (up to 30 visits per year combined with Chiro)	$10 copay (up to 30 visits per year combined with Chiro)	$25 copay (up to 20 visits per year)	$25 copay[1] (up to 20 visits per year)
Lab and X-ray	No Charge	No Charge	10%	10%[1]
Emergency Room	$100 copay per visit (waived if admitted)	$100 copay per visit (waived if admitted)	$100 copay plus 10% (waived if admitted)	$100 copay plus 10% (waived if admitted)
Inpatient Hospitalization	No Charge	No Charge	10%	No Charge[2] (up to $600/day)
Outpatient Surgery	$10 per procedure	No Charge	10%	No Charge[2] (up to $350/day)

* Combined with in-network

1. Copayments/Coinsurance marked with this footnote do not accrue to Calendar Year out-of-pocket maximum. Copayments/Coinsurance and charges for services not accruing to the member's Calendar Year out-of-pocket maximum continue to be the member's responsibility after the Calendar Year out-of-pocket maximum is reached. This amount could be substantial. Please refer to the Plan Contract for exact terms and conditions of coverage.
2. Members are responsible for all charges in excess of the per day maximum payment.
3. Not subject to the Calendar Year deductible
4. Chiropractic Care and Acupuncture providers must be part of the American Specialty Health Network. Providers can be found by accessing the blueshieldca.com website or visiting https://www.ashlink.com/ASH/public/applications/providersearch/default.aspx. Kaiser members can find participating providers at www.ashlink.com/ash/kp

PRESCRIPTION DRUGS

If you enroll in medical coverage, you will automatically receive coverage for prescription drugs. Employees enrolled in the Blue Shield HMO plan will have prescription drug coverage through Navitus. If you are taking prescription medications on a regular basis, you may save time and money by using the mail service pharmacy. If you have any questions, you may call Navitus Member Services 24 hours a day, seven days a week toll free at (866) 333-2757 or visit the Navitus website at navitus.com.

Effective January 1, 2025, employees enrolled in the Blue Shield PPO plan will have prescription drug coverage through Navitus. A 90-day supply is available through Costco retail or mail-order pharmacies (Costco membership not required). At other in-network pharmacies, you will only be able to obtain a 30-day supply. For questions, call Navitus at (866) 333-2757. To register online with Costco mail-order pharmacy, visit Costco.com/pharmacy or call (800) 607-6861. Please note that Walgreens pharmacy will be out of network as of January 1, 2025.

	Kaiser Permanente HMO (SISC)	Blue Shield HMO (SISC) through Navitus	Blue Shield PPO (SISC) through Navitus
	In-Network	In-Network	In-Network
Prescription Deductible	None	None	None
Annual Out-of-Pocket Limit	Medical Out-of-Pocket Limit Applies	$1,500/individual[2] $2,500/family[3]	$1,500/individual $2,500/family
Pharmacy/Retail			
Generic Costco Generic Brand Specialty	$10 copay N/A $10 copay $10 copay	$5 copay $0 copay $10 copay[3] N/A	$5 copay $0 copay $10 copay N/A
Supply Limit	100 Days (Generic & Brand) 30 Days (Specialty Item)	30 Days	30 Days
Mail Order			
Generic Costco Generic Brand Costco Brand Specialty	$10 copay N/A $10 copay N/A N/A	N/A $0 copay N/A N/A $10 copay	N/A $0 copay N/A $20 copay $10 copay through Navitus
Supply Limit	100 Days	90 Days (Generic & Brand) 30 Days (Specialty)	90 Days (Costco Generic & Brand) 30 Days (Specialty)

1. Copayments/Coinsurance marked with this footnote do not accrue to Calendar Year out-of-pocket maximum. Copayments/Coinsurance and charges for services not accruing to the member's Calendar Year out-of-pocket maximum continue to be the member's responsibility after the Calendar Year out-of-pocket maximum is reached. This amount could be substantial. Please refer to the Plan Contract for exact terms and conditions of coverage.
2. Members are responsible for all charges in excess of the per day maximum payment.
3. Not subject to the Calendar Year deductible

MEDICAL CARRIER RESOURCES

SOLERA4ME DIABETES PREVENTION

SOLERA4ME is a diabetes prevention benefit for the Blue Shield PPO and HMO members. It's a 16-week, cutting-edge program that can help members with prediabetes lose weight, adopt healthy habits and significantly reduce their risk of developing diabetes. It's available at no cost to members that qualify. If you qualify, programs may include health coaching, weekly lessons, integrated devices such as Fitbit, and group support. For more information and to see if you qualify, visit www.solera4me.com to take a quick, 1-minute test.

CENTIVO CARE (EDEN HEALTH)

All SISC Blue Shield PPO members and dependents over 18 have 24/7 access to a Care Team who works together to offer you primary care, mental health support, and answers to follow - up care questions through one app.

- Diagnoses and treatments
- Prescription refills
- Scheduled video visits or live chat with a primary care physician
- Answers to follow up care questions
- Specialist referrals
- Mental health support

Visit http://centivocare.com/sisc to get started.

MDLIVE

SISC Blue Shield members can get 24/7/365 virtual access to providers and therapists for a $10 copay. Consult with doctors and pediatricians over the phone or using online video for medical conditions such as cold, fever, sore throat, flu, infection, and children's health issues. Physicians can prescribe medication when appropriate. Online behavioral health visits are also available.

Register by calling (800) 657-6169 or go to mdlive.com/sisc to activate your account.

TELADOC

All SISC members, including Kaiser, can get answers to health care questions and medical opinions from world-leading experts through Teladoc. Use Teladoc Medical Experts when you or your eligible dependents:

- Are unsure about a diagnosis or need help choosing treatment
- Have medical questions or concerns and want a leading expert's advice
- Need help finding a local expert who specializes in treating your condition
- Have been admitted to the hospital and want expert guidance

Call (855) 380-7828 or go to teladoc.com/SISC.

MEDICAL CARRIER RESOURCES CONT.

CARRUM HEALTH

Carrum Health provides PPO members with surgery benefits that waives co-insurance and deductibles for hip/knee replacements and many spine surgeries when utilizing "Center of Excellence."

This benefit is separate from and in addition to the benefits already provided under the Blue Shield PPO plan. This benefit must be accessed through Carrum. How your Carrum Health surgery benefit works:

- Register by calling (888) 855-7806 or visiting https://my.carrumhealth.com/sisc
- Meet your personally assigned Care Concierge
- Review and select your top-quality surgeon
- Receive full support preparing for your surgery
- Recover smoothly with total care coordination

HINGE HEALTH

Hinge Health offers PPO members digital programs for back, knee, hip, shoulder and neck pain. Members can save time and money while overcoming pain anytime, anywhere.

All the care you need is in your Hinge Health toolkit, which includes the following:

- **Free tablet and wearable sensors:** Feel confident in your form. Our app and sensors give you live feedback during stretches and exercises.
- **Personalized exercise therapy:** You'll be guided through 15-minute sessions, and the level of difficulty will increase when you're ready.
- **Unlimited 1-on-1 health coaching:** Your coach will be there to provide personalized support via text, email, or call to help you reach your goals.

To learn more, go to www.hingehealth.com/sisc or call (855) 902-2777.

ONCOLOGY PROGRAM – LANTERN (CANCER CARE DIRECT)

SISC Blue Shield PPO members with a cancer diagnosis may access Lantern (previously called Cancer Care Direct) where they're connected to an oncology nurse who will guide them through their journey and provider support. Participating members receive:

- Support on if a second opinion is needed and connect you to Teladoc
- Top specialists for your cancer type and coordinate travel as needed
- Help with managing symptoms
- Answers to all questions about diagnosis and treatment plan
- Overall patient support

RULA – MENTAL HEALTH

Rula partners with SISC to find affordable, accessible care focusing on quality of network providers. Rula has a network of 9,500+ mental health providers who can support you and your family with virtual therapy, psychiatry, or a combination of both. Rula will help you find an in-network provider and schedule your first appointment in minutes.

For more information, go to rula.com/SISC or call (323) 676-7360.

MEDICAL CARRIER RESOURCES CONT.

CONDITION MANAGEMENT

Condition Management is a program for PPO plan members and designed to help people with specific conditions to stay as healthy as possible for as long as possible. This program is confidential, voluntary and at no cost to you. Health management nurses work with you over the phone who are living with Diabetes or Coronary Artery Disease (CAD). For more information, call (866) 954-4567.

BLUECARD OUT OF STATE

PPO members may access these benefits when you're traveling or temporarily living outside your home state with the BlueCard program. The BlueCard also covers enrolled dependents, including students and family members, who temporarily reside outside your home state. To locate BlueCard providers, call BlueCard Access® at 800-810-BLUE (2583) or call collect at 804-673-1177.

1. Call your Blue Cross Blue Shield Plan.

2. Visit www.bcbsglobalcore.com

3. Call the Blue Cross Blue Shield Global Core

HMO plan members have coverage for emergency and urgent care services, or authorized medical follow-up care, when they are out of their HMO service area.

MAVEN MATERNITY CARE

SISC is providing Blue Shield PPO members with free access to Maven virtual care. Maven offers 24/7 virtual access to one-on-one maternity and postpartum support.

Eligible members are matched with a Care Advocate who connects them to trustworthy maternity and postpartum content delivered by doctors, specialists, coaches and other maternity providers. Members can activate their membership by visiting mavenclinic.com/join/SISC. Care is specific to the issues that new mothers may experience and include:

Pregnancy: Midwives, OB-GYNs, Doulas, Birth Planning, Prenatal Nutritionists, Mental Health Specialists, Loss Support

Postpartum: Infant Care Advice, Pediatricians, Lactation Counseling, Infant Sleep Coach, Emotional Support, Back-to-Work Support, Career Coaching

SISC PPO members who meet the following criteria will also get a free 6-month diaper subscription:

- Enroll during their 1st or 2nd trimester
- Have an intro call with a Care Advocate
- Have two appointments with Maven providers during pregnancy
- Complete the exit survey when their baby is born

MIDI HEALTH

SISC is proud to offer Midi Health's virtual menopause care benefit to eligible employees and dependents covered under the Blue Shield PPO plan.

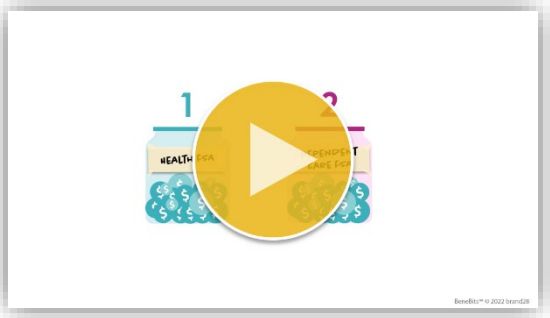
Midi connects you to expert clinicians via virtual visits. After discussing your symptoms and health history, they help you get any necessary lab tests and create a personalized care plan. Your regimen may include:

- FDA-approved hormonal medications
- Non-hormonal medications
- Supplements and botanicals
- Lifestyle coaching
- Wellness therapies

Start your Midi journey at joinmidi.com/sisc.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

Click to play video



IMPORTANT CONSIDERATIONS

- Unused amounts will be lost at the end of the grace period, so it is very important that you plan carefully before making your election
- FSA funds can be used for you, your spouse, and your tax dependents only
- You can obtain reimbursement for eligible expenses incurred by your spouse or tax dependent children, even if they are not covered on the South Orange County Community College District health plan
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents (Important: questions about the tax status of your dependents should be addressed with your tax advisor)
- Keep your receipts. In most cases, you'll need to provide proof that your expenses were considered eligible for IRS purposes.

Set aside healthcare dollars for the coming year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year. This program is administered through Navia Benefits.

How the FSA works

- You estimate what you and your family's out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, even eligible drugstore items.
- You can contribute up to $3,200, the 2024 annual limit set by the IRS. Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.
- Expenses must be incurred between January 1st of each year and March 15th of the following year (2 ½ month "grace period" after the end of the plan year) and claims must be submitted for reimbursement no later than March 31st of the following year. If you don't spend all the money in your account, you forfeit the leftover balance.
- Elections cannot be changed during the plan year, unless you experience a qualifying event.
- You must re-enroll in this program each year.

Navia Benefits Debit Card

- The first year you enroll in the FSA, you will receive a debit card. If you would like additional cards, you can request them from Navia
- Debit cards are good for 3 years and are reloaded annually with your new election amount
- Your Navia Benefits Card cannot be used at dependent care facilities
- Even though the front of the Navia Benefits Card will state "Debit", it should be used as a credit card. The card does not have a PIN so you must select credit when making a purchase. You cannot get cash back with the card. If debit is used, your purchase will be declined.
- Claim submission instructions are available on Navia's website at naviabenefits.com. Log in credentials will be sent to you when you enroll so you can view your account information.

PAYING FOR DAYCARE? MAKE IT TAX-FREE!

EVERY OPPORTUNITY TO SAVE
The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars?

Dependent Care FSA—up to $5,000 per year tax-free

A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by Navia Benefits.

Here's how the Dependent Care FSA works

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only childcare, but also before and after school care programs, preschool, and summer day camp for children under age 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to $5,000 per household per year. If you are married but filing separately, federal regulations limit the use of Dependent Care FSA to $2,500 each year. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.

Estimate carefully! You can't change your FSA election amount mid-year unless you experience a qualifying event. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.

This plan allows you to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible expenses may include daycare centers, in-home child care, and before or after school care for your dependent children under age 13. Other individuals may qualify if they are considered your tax dependent and are incapable of self-care. It is important to note that you can access money only after it is placed into your dependent care FSA account.

All caregivers must have a tax ID or Social Security number, which must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan. You can set aside up to $5,000 per household for eligible dependent care expenses for the year.

DENTAL

OUR PLANS

Delta Dental PPO (ACSIG)

DID YOU KNOW?

Keeping your teeth and gums healthy isn't the only reason you should practice preventive dental care. With good dental hygiene, you can greatly reduce your risk of getting cavities, gingivitis, periodontitis, and other dental problems.

You can also reduce your risk of secondary problems caused by poor oral health such as diabetes, heart disease, osteoporosis, respiratory disease and even cancer.

We offer a dental plan through Delta Dental/ACSIG.

It's important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

That's where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental insurance covers four types of treatments:

- **Preventive** care includes exams, cleanings and x-rays
- **Basic** care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment
- **Major** care goes further than basic and includes bridges, crowns and dentures
- **Orthodontia** treatment to properly align teeth within the mouth.

DENTAL

South Orange County Community College District provides employees with comprehensive dental coverage through Delta Dental of California/ACSIG. Log on to Delta's website at deltadentalins.com or call (866) 499-3001 for more information.

	Delta Dental PPO (ACSIG)	
	In-Network	**Out-of-Network**
Calendar Year Deductible	$25/individual $75/family	$25/individual (combined with in-network) $75/family (combined with in-network)
Annual Plan Maximum	$3,500	$3,000
Diagnostic & Preventive[1] Oral Exam	Plan pays 100% 3	Plan pays 90% 3
Basic Services Fillings Root Canals Periodontics	Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible	Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible
Major Services Crowns Inlays/Onlays Prosthodontics*	Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible	Plan pays 90% after deductible Plan pays 90% after deductible Plan pays 90% after deductible
Orthodontia Adult & Children	Plan pays 50%	Plan pays 50%
Ortho Lifetime Max	$2,000	$2,000 (combined with in-network)

*Implant surgical placement and removal and for implant supported prosthetics, including implant repair and re-cementation. Bone graft may or may not be covered.

SmileWay Program

As part of Delta Dental's SmileWay program, members or covered dependents diagnosed with chronic medical conditions such as diabetes, cancer, or rheumatoid arthritis will have access to additional teeth and gum cleanings. Members can opt in by visiting deltadentalins.com/smileway.

What you need to know about this plan

Diagnostic and Preventive Maximum Waiver[1]

Costs for covered diagnostic and preventive dental services don't accrue against plan year maximums. Routine exams, cleanings, and x-rays are waived from the annual plan maximum, having more dollars to use for other needed dental services.

Can I use my FSA?

If you participate in a healthcare FSA or Limited Purpose FSA, you can use your account to pay for dental expenses.

VISION

OUR PLANS

Vision Service Plan (VSP/ACSIG)

Kaiser Vision Care

Click to play video

We offer two vision plans through VSP/ACSIG and Kaiser.

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

You'll even find discounts on services like LASIK and PRK, rebates on contact lenses, and money off on hearing aids and other related services. Visit the plan's website to check out these extra savings.

VISION

Vision coverage helps with the cost of eyeglasses or contacts. Even if you don't need vision corrections, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

South Orange County Community College District provides employees with comprehensive vision coverage through Vision Service Plan (VSP). Log on to VSP's website at vsp.com or call (800) 877-7195 for more information

	Vision Service Plan (ACSIG) VSP Vision	
	In-Network	**Out-of-Network**
Exams Benefit Materials Frequency	 $10 copay Combined with exam Once every 12 months	 Plan pays up to $50 Varies based on materials selected Once every 12 months
Eyeglass Lenses Single Vision Lens Bifocal Lens Trifocal Lens Frequency	 Combined with exam Combined with exam Combined with exam Once every 12 months	 Plan pays up to $50 Plan pays up to $75 Plan pays up to $100 Once every 12 months
Frames Benefit Second Pair Frequency	 Up to $200 + 20% off over your allowance $20 copay Once every 12 months	 Plan pays up to $70 Plan pays up to $70 Once every 12 months
Contacts (Elective) Conventional Frequency	 $50 copay (in addition to eyeglasses, eyeglasses and contacts are allowed in the same year) Once every 12 months	 $50 copay then plan pays up to $250 (in addition to eyeglasses, eyeglasses and contacts are allowed in the same year) Once every 12 months

	Kaiser Vision Care
	In-Network
Routine Eye Exam with plan Optometrist	No Charge

Extra Savings:

- Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details and information on additional discounts.
- 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from your VSP provider within 12 months of your last WellVision Exam.

Retinal Screening

- No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam.

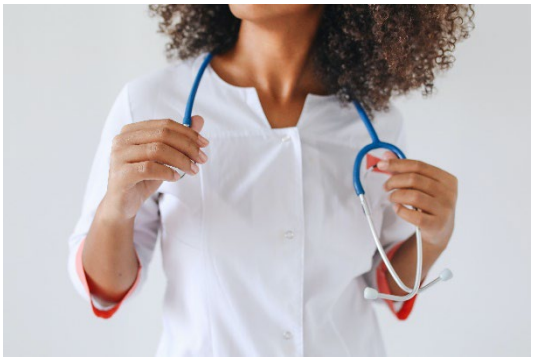
Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

Hearing Aids

- Save up to $2,400 on a pair or hearing aids with TruHearing pricing. Go to truhearing.com/vsp or call (877) 396-7194 with questions.

PREVENTIVE CARE SCREENING BENEFITS



TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer screening
- Depression
- Mammograms
- OB/GYN screenings
- Prostate cancer screening
- Testicular exam

You take your car in for maintenance. Why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

What is Preventive Care?

The Affordable Care Act (ACA) requires health insurers to cover a set of preventive services at no cost to you, even if you haven't met your yearly deductible. The preventive care services you'll need to stay healthy vary by age, sex, and medical history.

Visit **cdc.gov/prevention** for recommended guidelines.

Preventive care is covered in full only when obtained from an IN-NETWORK provider.

Not all exams and tests are considered preventive

Exams performed by specialists are generally not considered preventive and may not be covered at 100 percent.

Additionally, certain screenings may be considered diagnostic, not preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services.

If you have a question about whether a service will be covered as preventive care, contact your medical plan.

LIFE & DISABILITY

YOUR BENEFICIARY = WHO GETS PAID

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

Is your family protected?

Life, AD&D and disability insurance can fill a number of financial gaps due to a temporary or permanent reduction of income. Consider what your family would need to cover day-to-day living expenses and medical bills during a pregnancy or illness-related disability leave, or how you would manage large expenses (rent or mortgage, children's education, student loans, consumer debt, etc.) after the death of a spouse or partner.

We provide long-term disability benefits and a base amount of life and AD&D insurance to help you recover from financial loss.

If you need additional coverage

We offer voluntary coverage that you can purchase for yourself, your spouse, and your children. See the Voluntary Benefits section for details.

LIFE AND AD&D INSURANCE

BENEFICIARY REMINDER:

Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

GUARANTEED ISSUE:

The following amounts are guaranteed, without EOI, only during your initial eligibility period.

- Employee: $200,000
- Spouse: $35,000
- Child(ren): $10,000

The Hartford will allow Voluntary Life buy-ups, up to $40,000 in insurance coverage, without Evidence of Insurability (EOI) – no questions asked!

If you are increasing your coverage, an EOI will be required if overall benefits exceeds $200,000 Guaranteed Issue.

Basic Life and AD&D

If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security. Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. Coverage is provided by The Hartford and premiums are paid in full by South Orange County Community College District.

The Hartford Basic Life and AD&D	
Employee Basic Life Amount	At least 2x annual earnings, up to a maximum amount (varies based on current negotiated contracts)
Employee Basic AD&D Amount	At least 2x annual earnings, up to a maximum amount (varies based on current negotiated contracts)
Spouse Basic Life Amount	$2,000
Child(ren) Basic Life Amount	$2,000

Voluntary Life

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is offered by The Hartford.

The Hartford Voluntary Life	
Employee Voluntary Life Amount	Minimum of $10,000 up to a maximum of $500,000 in increments of $10,000 (not to exceed 5x earnings)
Spouse Voluntary Life Amount	Minimum of $5,000 up to a maximum of $500,000 in increments of $5,000 (not to exceed 100% employee amount)
Child(ren) Voluntary Life Amount	Minimum of $2,500 to a maximum of $10,000 in increments of $2,500

EVIDENCE OF INSURABILITY (EOI): Depending on the amount of coverage you select, you may need to submit an Evidence of Insurability form, which involves providing the insurance company with additional information about your health.

LONG-TERM DISABILITY INSURANCE (LTD)

3 THINGS TO KNOW ABOUT LTD INSURANCE

1. It can protect you from having to tap into your retirement savings.
2. You can use LTD benefits however you need, for housing, food, medical bills, etc.
3. Benefits can last a long time—from weeks to even years—if you remain eligible.

LTD benefits cushion the financial impact of a disability

Long-Term Disability (LTD) insurance pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you receive while disabled, like workers' compensation and Social Security. Some examples include:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders.

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. South Orange County Community College District pays the cost of this coverage. Coverage is provided by The Hartford.

The Hartford Long-Term Disability	
Monthly Benefit Amount	Plan pays 66 2/3% of covered monthly expenses
Maximum Monthly Benefit	$10,000
Benefit Begins Accident & Sickness	90 Days
Maximum Payment Period*	Varies based on current negotiated contracts

* The age at which the disability begins may affect the duration of the benefit

LONG-TERM CARE INSURANCE

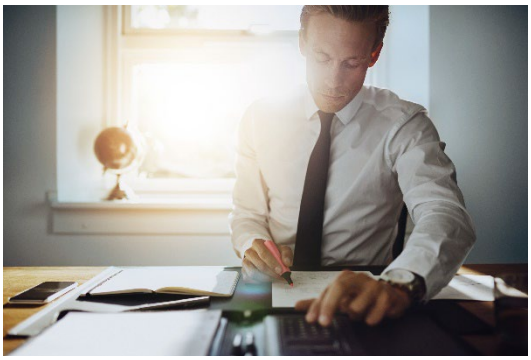
Long Term Care

The District provides basic Long Term Care coverage through Unum. Long Term Care Insurance provides assistance with daily living activities such as bathing, eating, and dressing when you or a family member are no longer able to perform these activities. The Plan provides options for care in a variety of settings, including nursing homes, assisted living facilities, adult day care facilities, hospices, or your own home. If you would like even more protection, you may purchase Buy-Up Long-Term Care coverage. Premiums are based on age, type of care, and benefit amount. Please note that you may purchase this benefit for your in-laws as well.

For more information, call (800) 227-4165 or visit unuminfo.com/SOCCCD-NLP/index.aspx for Academic staff or unuminfo.com/socccd-classified-NLP/index.aspx for Classified staff.

Employer Paid LTC Base Plan	Academic Administrators, Classified Management, Board Members & Faculty	Classified & POA Employees
Facility Benefit Amount	$1,000	$2,000
Facility Benefit Duration	4 Years	3 Years
Daily Assistant Living Benefit	60%	75%
Home Care Benefit	50%	75%
Elimination Period	180 Days	180 Days
Lifetime Maximum	$48,000	$72,000

PLANS TO KEEP YOU AND YOUR FAMILY SECURE



Funeral Concierge Services

The Hartford offers a funeral planning and concierge service provided by Everest. It provides a suite of online tools to guide you through key decisions before a loss, including help comparing funeral-related costs. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers – often resulting in significant financial savings. To find out more, call (866) 854-5429 or visit everestfuneral.com/hartford and use code: **HFEVLC**

Beneficiary Assist Counseling Services

The Hartford offers you Beneficiary Assist® counseling services provided by ComPsych®. Compassionate professionals can help you or your beneficiaries (named in your policy) cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with a counselor, attorney or financial planner for up to a year, and five face-to-face sessions.
Find out more: (800) 411-7239

Travel Assistance & Identity Theft Protection

The Hartford's Travel Assistance with ID Theft Protection is through International Medical Group (IMG), to help you feel more secure while traveling. It can help you with emergency transport services and access professionals across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less. The ID theft services are available to you and your family at home or when you travel. Call (800) 243-6108 (in the U.S., toll free) or (202) 828-5885 (worldwide, collect) for assistance. You can also email IMG at assist@Imglobal.com

Blue Shield members (PPO or HMO) can get identity protection services from Experian® such as identity repair assistance, identity theft insurance, and credit monitoring at no cost. Call Experian at (866) 274-3891, Monday to Friday from 8 a.m. to 10 p.m. and Saturday and Sunday from 10 a.m. to 7 p.m. CT. Visit experianidworks.com/blueshieldca to enroll online. When creating your account, you will need to provide the activation code **BCBSCALI24**.

Legal Program

MetLife Legal provides participating employees and family members with access to legal advice and services including: telephonic advice and office consultations on an unlimited number of matters with an attorney. Available services include: Will & Estate Matters, Document Preparation, Traffic Offenses, Lawsuits, Real Estate & Financial Matters, Consumer Protection, Immigration Assistance, and more.

To access services call the MetLife Legal at (800) 821-6400. Employees/dependents can also log into legalplans.com by entering the last 4 digits of the employee's Social Security Number and 5 digit zip code to verify eligibility. Once logged in, you can review covered benefits, use the attorney locator to find the most convenient network attorney, and obtain a case number your network attorney will need to provide service. You then call the network attorney, also available on evenings and Saturdays, to schedule an appointment.

EstateGuidance Will Services

Create a simple will from the convenience of your desktop. Whether your assets are few or many, it's important to have a will. Through The Hartford, you have access to EstateGuidance® Will Services, provided by ComPsych. It helps you protect your family's future by creating a will online – backed by online support from licensed attorneys. Visit estateguidance.com/wills and use code **WILLHLF**

WELLBEING & BALANCE

THE KEY TO KEEPING YOUR BALANCE IS KNOWING WHEN YOU'VE LOST IT

The challenges of daily life can be hard to balance. Whether it's work, school or family obligations, it's no wonder that many of us sometimes have trouble managing the ups and downs of our day-to-day lives.

A Happier, Healthier You

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

We offer programs to help you:

- Manage stress, chemical dependency, mental health and family issues
- Maximize your physical well-being

Taking care of yourself will help you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.

EMPLOYEE ASSISTANCE PROGRAMS (EAP)

Help for you and your household members

There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through Anthem Blue Cross and The Hartford's Ability Assist program can help you handle a wide variety of personal issue such as emotional health and substance abuse; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household, even if they are not an eligible tax dependent.

Anthem Blue Cross EAP

The Anthem Blue Cross EAP is administered by Learn to Live, where you can receive support to help you live your healthiest and happiest life. Learn to Live offers customized online programs in order to learn effective ways to manage stress, depression, anxiety, substance use, and sleep issues. Arrange up to six free visits with licensed professionals for each issue you are facing. Help is available 24/7, 365 days a year by calling (800) 999-7222 or visiting anthemeap.com (Company Code: SISC).

Talkspace through SISC EAP

Anthem EAP is offering Talkspace, a digital platform that supports behavioral health and emotional wellness. All employees and household members ages 13 and older are eligible to use Talkspace for up to six counseling sessions per situation. Counseling sessions are available through video or audio as well as unlimited weekly messages.

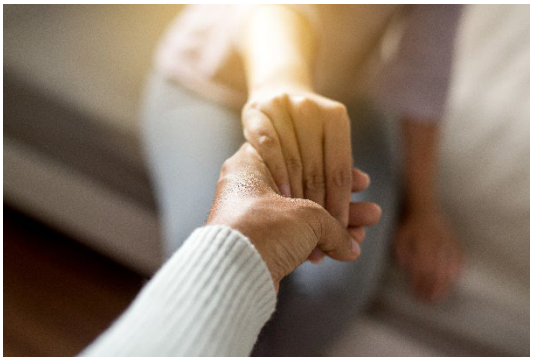
Access Talksapce by calling the 24/7 EAP Call Center (800) 999-7222 or visit talkspace.com/associatecare (Organization name: SISC).

The Hartford EAP

Our EAP with The Hartford's Ability Assist program provides employees and family members up to three face-to-face emotional counseling sessions per occurrence per year. To get started, call Ability Assist at (800) 964-3577 or visit guidanceresources.com. If you are a first-time user, click the ***Register*** tab.

- Enter Organization Web ID: **HLF902**
- Company Name field (bottom of personalization page) enter: **ABILI**
- After selecting ***Ability Assist program***, create your own confidential username and password.

MENTAL HEALTH RESOURCES



ACCESSING MENTAL HEALTH SERVICES

Mental health resources are available through your medical plan.
Call or visit the website below to schedule an appointment and make sure to review the mental health programs on this page.

SISC Blue Shield Members

- For HMO, call (877) 263-9952
- For PPO, call (800) 378-1109
- Website: blueshieldca.com/sisc

SISC Kaiser Members

- Call (833) 579-4848 to make an appointment with a mental health or addiction specialist (no referral needed).
- For 24-7 crisis intervention and urgent metal health advice, call (800) 900-3277.
- Website: kaiserpermanente.org/health-wellness/mental-health

CENTIVO HEALTH (EDEN HEALTH)

All SISC Blue Shield PPO members and dependents over 18 have access to a Care Team to support mental health. Virtual services are free of cost and your Care Team is available by chat or live video visit 24/7. Visit http://centivocare.com/sisc or download the Centivo app to register for your free membership.

MDLIVE

SISC Blue Shield members can get 24/7/365 virtual access to behavioral health therapists for a $10 copay. Connect with a therapist either by phone or secure video to assist with common issues such as martial problems, parenting counseling, coping with loss and grief, financial hardship and more.

Register by calling (888) 632-2738 or go to mdlive.com/sisc to activate your account.

HEADSPACE CARE (PREVIOUSLY GINGER)

Support is just a text message away. The Headspace Care app, previously known as Ginger, is available to Kaiser members to receive 24/7 text-based emotional support coaching. Talk with your support coach to discuss goals, share challenges and create a personalized action plan based off your specific need. Members also receive on-demand activities, podcasts, videos, and more. This app is available at no additional charge. For more information, visit healthy.kaiserpermanente.org/health-wellness/mental-health/coaching-apps.

CALM

Calm is available to all Kaiser members at no additional cost. This app is designed to designed to help lower stress, anxiety and more through sleep and meditation. Calm provides more than 100 guided meditations, sleep stories and exclusive music tracks. Visit healthy.kaiserpermanente.org/health-wellness/mental-health/tools-resources/digital to download the Calm app.

FITNESS PROGRAMS

Tivity Health Fitness Your Way

Fitness Your Way™ is a program available to SISC Blue Shield members through Tiivity Health™. This program offers you the flexibility to work out at any network fitness location. There are multiple tier options to choose from to best fit your need, such as a Digital Only package for $10/month per person and the Base Gym package for $19/month per person. Members may get started with Fitness Your Way either online or by phone:

- Online: fitnessyourway.tivityhealth.com/bsc
    - Click *Enroll*
    - Complete the five easy steps to enrollment
- By phone at (833) 283-8387 Monday through Friday, 5 a.m. to 5 p.m. PST

Vida Digital Health Coaching

Vida Health, gives Blue Shield members age 18 and older access to a personal health coach or therapist at no cost to you. Vida's coaches and therapists can help you lose weight, cope with depression or anxiety, manage stress, prevent diabetes, and much more.

With Vida, members set goals and see real results. For members who are focused on managing stress, they're able to reduce their stress by 50% after 6 months. If you're looking to lose weight, Vida members lose an average of 5-7% of their body weight. And many of those working to manage chronic health conditions are able to reduce or eliminate medications.

Here's what to expect when you sign up:

- ✓ Choose your personal health coach or therapist. Vida health coaches include registered dietitians, certified diabetes educators, licensed therapists, and other specially trained health experts.
- ✓ Your coach will work with you to create a personalized plan to help prevent diabetes, lose weight, manage stress, and more.
- ✓ Talk to your health coach each week by phone or video. You can also send messages to your coach anytime using the secure Vida app.
- ✓ Track your progress through connected devices, with Apple Health or other smart devices — like scales and blood sugar meters — directly to the Vida app.

To learn more about Vida Health, call (855) 442-5885 or go to vida.com/sisc

IMPORTANT PLAN INFORMATION

In this section, you'll find important plan information, including:

- Your Cost of Coverage
- Plan Contacts
- Mobile Resources
- Frequently Asked Questions
- A Benefits Glossary to help you understand important insurance terms.

Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify South Orange County Community College District if your domestic partner is your tax dependent.

COST OF COVERAGE

South Orange County Community College District offers you and your eligible dependents a premium free benefit package. With this package, there is no monthly premium or deduction from your paycheck, unless you enroll in additional voluntary benefits such as Supplemental Life Insurance, Flexible Spending Account and/or Long-Term Care Buy-ups. Those deductions will be taken out once a month.

EMPLOYER PAID*				
	Employee	Employee + 1	Employee + Family	Composite
Blue Shield PPO	N/A	N/A	N/A	$2,320.00
Blue Shield HMO	N/A	N/A	N/A	$2,119.00
Kaiser HMO	N/A	N/A	N/A	$2,070.00
Delta Dental DPPO	$159.00			
VSP Vision	$49.70			

Basic Life/AD&D, LTD, Legal Plan, EAP, and Base Long-Term Care are also employer paid. Costs are not shown above.

EMPLOYEE PAID				
	Employee	Employee + 1	Employee + Family	Composite
Unum Buy-Up Long-Term Care	Age Banded			

Employee/Spouse Age	Voluntary Life Rate*
Under age 20-34	$.05 per $1,000 of coverage
Age 35-39	$.07 per $1,000 of coverage
Age 40-44	$.11 per $1,000 of coverage
Age 45-49	$.19 per $1,000 of coverage
Age 50-54	$.29 per $1,000 of coverage
Age 55-59	$.47 per $1,000 of coverage
Age 60-64	$.78 per $1,000 of coverage
Age 65-69	$1.31 per $1,000 of coverage
Age 70+	$2.22 per $1,000 of coverage
Children	**Voluntary Life Rate***
Birth to age 21 (or 25 if full-time student)	$.18 per $1,000 of coverage

Your Flexible Spending Account election amount would also be included as payroll deductions.

*Cost are shown monthly

PLAN CONTACTS

If you need to reach our plan providers, here is their contact information:

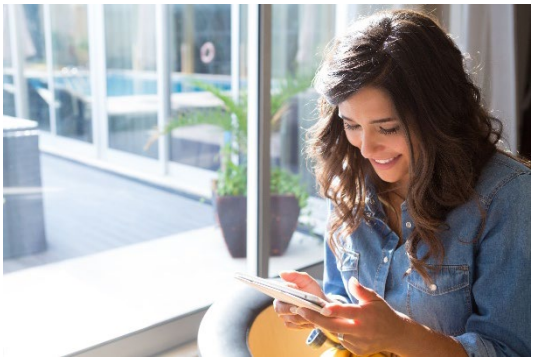
Plan Type	Provider	Phone Number	Website	Policy No.
Employee Assistance Program (EAP)	Anthem EAP/SISC	(800) 999-7222	anthemeap.com	Code: SISC
Medical HMO	Blue Shield/SISC HMO	(855) 256-9404	blueshieldca.com/SISC	See ID Card
Prescription Rx (Blue Shield HMO and PPO members)	Navitus Prescriptions	(866) 333-2757	navitus.com	N/A
Mail Order Prescription RX (Blue Shield HMO members)	Costco Mail Order Pharmacy	(800) 774-2678 (press 1)	costco.com	N/A
Mail Order Prescription RX (Blue Shield PPO members)	Costco Mail Order Pharmacy	(800) 607-6861	costco.com	
Medical PPO	Blue Shield/SISC PPO	See ID Card	blueshieldca.com/SISC	See ID Card
Retirement	CalPERS	(888) 225-7377	calpers.ca.gov	N/A
Surgery Benefit	Carrum Health	(888) 855-7806	carrumhealth.com	N/A
Dental PPO	Delta Dental/ACSIG	(866) 499-3001	deltadentalins.com	0928
District Benefits	District Benefits	(949) 582-4898	socccd.edu/humanresources/EmployeeBenefits.html	N/A
Fitness Your Way (Blue Shield Members)	Tivity Health	(833) 283-8387	fitnessyourway.tivityhealth.com/bsc	N/A
Flexible Spending Account (FSA)	Navia Benefit Solutions	(866) 535-9227	naviabenefits.com	N/A
ID Theft	Blue Shield and Experian	(866) 274-3891	experianidworks.com/blueshieldca	Activation Code: BCBSCALI24
Medical HMO	Kaiser Permanente	(800) 464-4000	kp.org/sisc	See ID Card

PLAN CONTACTS

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website	Policy No.
Virtual Care (Blue Shield Members)	MDLIVE 24/7 Program	(800) 657-6169	mdlive.com/sisc	N/A
Legal Plan	MetLife Legal	(800) 821-6400	legalplans.com	3160010
Nurseline (Blue Shield HMO members)	NurseHelp 24/7 Program	See ID Card	blueshieldca.com	N/A
Credit Union	SchoolsFirst Federal Credit Union	(800) 462-8328	schoolsfirstcu.org	N/A
Retirement	STRS	(800) 228-5453	calstrs.com	N/A
Expert Medical Opinions	Teladoc Medical Experts	(855) 380-7828	teladoc.com/sisc	N/A
Life/AD&D	The Hartford	(888) 563-1124	thehartford.com/mybenefits	681996
Long-Term Disability	The Hartford	(888) 301-5615	thehartford.com/mybenefits	681996
Employee Assistance Program (EAP)	The Hartford Ability Assist	(800) 964-3577	guidanceresources.com Org Web ID: HLF902 / Company Name: ABILI	N/A
Beneficiary Assist	The Hartford	(800) 411-7239	N/A	N/A
Estate Guidance Will Services	The Hartford	N/A	estateguidance.com	Code: WILLHLF
Funeral Concierge Services	The Hartford	(866) 854-5429	services.everestfuneral.com	Code: HFEVLC
Travel Assistance	The Hartford through IMG	(800) 243-6108 (U.S.) (202) 828-5885	thehartford.com/employee-benefits	Travel Assist ID: GLD-09012
Long Term Care	Unum	(800) 227-4165	unuminfo.com/socccd/index.aspx (Academic) unuminfo.com/socccd-classified/index.aspx (Classified)	542983/90900
Vision	VSP/ACSIG	(800) 877-7195	vsp.com	30098994

MOBILE RESOURCES



ACCESS YOUR BENEFITS ANYTIME, ANYWHERE

Most of our carriers and vendors have mobile apps available making accessing your benefits information easier than ever.

Just download the apps via the Apple App Store and Google Play and make sure to share with your dependents!

Download on the App Store

GET IT ON Google Play

- **BLUE SHIELD:** Blue Shield members have quick and easy access to important benefits information anytime, anywhere with the Blue Shield of California mobile website and mobile apps. View your deductible and co-payment year-to-date totals, benefits information, view claims, view ID cards, and find a p provider or urgent care. Visit blueshieldca.com or download the Blue Shield of California mobile app.
- **KAISER:** Kaiser's website and mobile app makes it easier to engage in your own well-being – you can also avoid unnecessary office visits and time away from work. Download the Kaiser Permanente app at no cost from your preferred app site. Use convenient features such as:
    - Email your doctor's office
    - View most test results or past visits
    - Schedule or cancel routine appointments
    - Refill most prescriptions
- **DELTA DENTAL:** Delta Dental's mobile website and mobile application allows members to find a dentist, user musical timer to brush teeth for the recommended 2 minutes, view your benefits, eligibility, deductibles and maximums, and check claims. Visit deltadentalins.com or download the free app titled **Delta Dental** by Delta Dental Plan Association on the App Store or Google Play.
- **VSP:** VSP's mobile website, vsp.com, allows members to find a doctor, access your member vision card, view exclusive member extras, and get important information on a variety of topics regarding eye care to maintain optimal eye health.
- **WORKDAY:** Workday's mobile application allows you to have all of the Workday functions on the go! The app is available for both Android and iPhone.

FREQUENTLY ASKED QUESTIONS

HOW DO I ADD/DROP DEPENDENTS TO/FROM MY INSURANCE IF I HAVE A CHANGE IN STATUS?

Log into **Workday** to make your changes and submit supporting documents.

HOW DO I MAKE CHANGES TO MY PERSONAL INFORMATION SUCH AS ADDRESS CHANGE, BENEFICIARIES, ETC.?

You can update your personal information by logging into **Workday**. You may also want to update your beneficiaries for Basic Life and/or AD&D. If so, this can also be completed in **Workday**.

HOW DO I KNOW IF MY DOCTOR IS IN THE BLUE SHIELD NETWORK?

You can find a list of contracted doctors on the Blue Shield website at blueshieldca.com/SISC. Click on "Find a Provider". At this point you have the option to log-in with your name and password or you can elect to skip the log-in and search for a provider. You can search for doctors, hospitals or other facilities. In addition, it is important to also check with your doctor to confirm that they are a contracted doctor with Blue Shield.

HOW WILL I BE AFFECTED IF MY PRIMARY CARE PHYSICIAN (PCP) LEAVES THE NETWORK (HMO PLAN ONLY)?

If your doctor leaves the network, you will be asked to select another Blue Shield participating provider. You can find a new PCP who participates in your network on your secure member website by clicking on "Find a Provider". You will have the option to log-in with your name and password or you can elect to skip the log-in and search for a provider. You can search for doctors, hospitals or other facilities. It is important to also check with your doctor to confirm that they are a contracted doctor with Blue Shield.

HOW CAN I GET A NEW ID CARD, CHANGE MY PCP (HMO PLAN) OR VIEW DETAILED CLAIM INFORMATION?

You can either call the number on the back of your ID card or log onto Blue Shield's website at blueshieldca.com or click on the "Log in/Register" link located in the top right corner. You will need your Subscriber ID which is located on your Blue Shield ID card. Follow the step-by-step instructions. Once you have completed the registration process, you can log in by entering your user name and password (located on the left hand side under "I'm a member") and immediately access your account and begin taking full advantage of your personalized website. You will be able to print a temporary ID card, change your PCP, view detailed claim information and more.

WHAT IS COVERED OUT OF THE HMO SERVICE AREA?

If you are out of the service area (out-of-state), the only coverage available is for emergency treatment for potential life and limb-threatening conditions. Out-of-state coverage on the HMO plan is always subject to approval by Blue Shield before the claims will be paid as an emergency.

WHAT IS COVERED OUT OF THE SERVICE AREA ON THE PPO PLAN?

Many states have Blue Cross/Blue Shield networks called "BlueCard". If you are out of California, it is important to utilize the BlueCard network so benefits will be paid at the higher in-network level. If you see a provider who's not in the BlueCard Program, you may be responsible for a higher share of costs. A non-BlueCard provider may require full payment at the time of service. Plus, you may have to submit the claim yourself, since non-network providers aren't obligated to submit claims on your behalf. If you get care from a BlueCard provider, you don't need to send us your bill. Your claim will be paid directly to the local participating BlueCard provider. We'll send you an Explanation of Benefits, which details what Blue Shield paid on your behalf. BlueCard information can be obtained by calling (800) 810-2583.

FREQUENTLY ASKED QUESTIONS, CONT.

I WOULD LIKE TO UTILIZE THE MAIL ORDER OPTION FOR MY PRESCRIPTIONS. HOW DO I SUBMIT A PRESCRIPTION?

SISC PPO plan participants who take stabilized doses of covered long-term maintenance medications for conditions such as diabetes can order a mail-service refill of up to a 90-day supply. Visit the Pharmacy Benefits section of blueshieldca.com/sisc to learn how to register for the mail service pharmacy. To receive medications, you must first register at caremark.com. Once your prescription is on file, you can order your refills online, by phone or mail. If you have any questions, you can call the mail service pharmacy at CVS Caremark® at (866) 346-7200.

HOW DO I KNOW IF A PROCEDURE OR TEST WILL REQUIRE PREAUTHORIZATION AND IF SO, HOW TO I OBTAIN PREAUTHORIZATION?

Often your doctor will know whether or not Blue Shield requires preauthorization and will obtain that authorization for you. However, any time you are unsure, you can call Customer Service at (855-256-9404 and inquire. If preauthorization is required, you should ask your doctor to request it. The doctor can best communicate the type of test or procedure and the medical necessity for the procedure. Please note that Blue Shield is contracted with National Imaging Associates, Inc. (NIA) to provide medical necessity reviews and prior authorization for selected outpatient radiology procedures (PET/CAT Scans, MRI's, etc).

WHO DO I CONTACT WITH CLAIMS/BILLING QUESTIONS?

You should call the number on the back of your ID card.

WHAT NETWORK DO I USE IF I AM SEARCHING FOR A MENTAL HEALTH CARE PROVIDER?

If you are enrolled in the Blue Shield PPO plan, you can access Mental Health Care providers under the Blue Shield PPO network. If you are on the HMO plan, you can find a provider through Blue Shield of California's Mental Health Service Administrator (MHSA) provider network. You can access a listing of providers for both the Blue Shield Network and MHSA network at blueshieldca.com and click on "Find a Provider". If you are a PPO member, the website will provide you with two network choices: Blue Shield and MHSA. It is important that you elect the Blue Shield network for your search of Network providers.

CAN I USE ANY BLUE SHIELD CONTRACTED DOCTOR TO PERFORM BARIATRIC SURGERY?

Bariatric surgery is covered when preauthorized by Blue Shield. However, for members residing in Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura Counties ("Designated Counties"), bariatric surgery services are covered only when performed at designated contracting bariatric surgery facilities and by designated contracting surgeons; coverage is not available for bariatric services from any other preferred provider and there is no coverage for bariatric services from non-preferred Providers. In addition, if prior authorized by Blue Shield of California, a member in a Designated County who is required to travel more than 50 miles to a designated bariatric surgery facility will be eligible for limited reimbursement for specified travel expenses for the member and one companion. Refer to the Evidence of Coverage for further benefit details.

FREQUENTLY ASKED QUESTIONS, CONT.

HOW DO I FIND A KAISER DOCTOR?

Browse Kaiser Doctor profiles at **kp.org/finddoctors** to see education, specialties, photos, and more. You can also narrow your search by gender, languages spoken, and location. And if you change your mind, you can switch doctors at any time, for any reason.

DO I FIND A CONVENIENT KAISER LOCATION?

You can search by ZIP code or keyword at **kp.org/locations** or use our free Kaiser Permanente app to find a facility near your home or work.

HOW DO I TRANSFER PRESCRIPTIONS FROM A NON-KAISER PHARMACY TO A KAISER PHARMACY?

You may transfer a prescription from a non-Kaiser Permanente pharmacy to any of our pharmacies. Simply give your Kaiser Permanente pharmacist your prescription number and the pharmacy's name and phone number in-person or over the phone. Your Kaiser Permanente Pharmacist will handle the rest. Please allow approximately two or more working days to process the transfer.

WHERE CAN I GET ASSISTANCE FOR TRANSITIONING MEDICAL TO KAISER?

Southern CA New Members can contact the New Member Entry Department toll free at 888-956-1616 Monday-Friday 7am-7pm. The New Member Entry departments are located within each of the SCAL Appointment Call Centers and are the "best resource" for New Members to obtain immediate assistance for medical care within the Southern California Permanente Medical Group (SCPMG). The New Member Entry department can assist the Member with selection of a Primary Care Physician, scheduling of appointments, general health appraisal and where possible even Fast-Track the scheduling of Appointments to see Specialists

HOW DO I USE MY CHIROPRACTIC AND ACUPUNCTURE BENEFITS?

Kaiser Permanente HMO

You can obtain Services from any American Specialty Health (ASH) Plans Participating Providers without a referral from a Kaiser Permanente Plan Physician.

When you need chiropractic or acupuncture care, follow these simple steps:

1. Find an American Specialty Health Plans (ASH) Plans Participating Provider near you:
- Go to **ashlink.com/ash/kp**, or
- Call 1-800-678-9133 (TTY 711), Monday through Friday, from 5 a.m. to 6 p.m. PST
1. Schedule an appointment.
2. Pay for your office visit when you arrive for your appointment.

Blue Shield HMO

Chiropractic Care and Acupuncture providers must be part of the ASH Network. Providers can be found by accessing the blueshieldca.com website, or by visiting **www.ashlink.com/ASH/public/applications/providersearch/**

You can visit any participating chiropractors or acupuncturists in California from the ASH Plans network without a referral from your HMO or POS Personal Physician. Simply call a participating provider to schedule an initial exam. At the time of your first visit, you'll present your Blue Shield ID card and pay only your copayment. Because participating chiropractors and acupuncturists bill ASH Plans directly, you'll never have to file claim forms.

Blue Shield PPO

Chiropractic Care and Acupuncture providers do not have to be within in the ASH Network. To find a provider visit **blueshieldca.com/SISC**, click **Find a provider**, under Find a PPO Network provider , click **Doctor specialist**, click **Alternative medicine**, enter you location, and select either **Acupuncture** or **Chiropractor**

GLOSSARY

-A-

AD&D Insurance
An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

Allowed Amount
The maximum amount your plan will pay for a covered healthcare service.

Ambulatory Surgery Center (ASC)
A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

Annual Limit
A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service.
After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

-B-

Balance Billing
In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is $100 but the plan's allowable charge is only $70, an out-of-network provider may bill YOU for the $30 difference (the balance).

Beneficiary
The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

Brand Name Drug
A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

-C-

COBRA
A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

Claim
A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

Coinsurance
Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

Copayment
A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

-D-

Deductible
The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Family coverage may have an ***aggregate*** or ***embedded*** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

Dental Basic Services
Services such as fillings, routine extractions and some oral surgery procedures.

Dental Diagnostic & Preventive Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments.
Most plans limit preventive exams and cleanings to two times a year.

Dental Major Services
Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Dependent Care Flexible Spending Account (FSA)
An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for children underage 13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

-E-

Eligible Expense
A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

Excluded Service
A service that your health plan doesn't pay for or cover.

-F-

Formulary
A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

-G-

Generic Drug
A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

Grandfathered
A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

-H-

Health Reimbursement Account (HRA) An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

Healthcare Flexible Spending Account (FSA)
A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

High Deductible Health Plan (HDHP) A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

GLOSSARY

-I-

In-Network
In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will cost more or may not be covered.

-L-

Life Insurance
An insurance plan that pays your beneficiary a lump sum if you die.

Long Term Disability Insurance
Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

-M-

Mail Order
A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

-O-

Open Enrollment
The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

Out-of-Network
Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of- network services at all.

Out-of-Pocket Cost
A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

Out-of-Pocket Maximum
Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Family coverage may have an *aggregate* or *embedded* maximum. Aggregate means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. Embedded means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

Outpatient Care
Care from a hospital that doesn't require you to stay overnight.

-P-

Participating Pharmacy
A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

Plan Year
A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

Preferred Drug
Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

Preventive Care Services
Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

Primary Care Provider (PCP)
The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP and require care and referrals to be directed or approved by that provider.

-S-

Short Term Disability Insurance
Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

-T-

Telehealth / Telemedicine / Teledoc
A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

-U-

UCR (Usual, Customary, and Reasonable)
The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care
Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

-V-

Vaccinations
Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

Voluntary Benefit
An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.

IMPORTANT PLAN INFORMATION

WHAT YOU NEED TO KNOW ABOUT THE "NO SURPRISES" RULES

The "No Surprises" rules protect you from surprise medical bills in situations where you can't easily choose a provider who's in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you're no longer in need of emergency care. These are called "post-stabilization services." You shouldn't get this notice and consent form if you're getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren't required to sign the form and shouldn't sign the form if you didn't have a choice of health care provider or facility before scheduling care. If you don't sign, you may have to reschedule your care with a provider or facility in your health plan's network.

View a sample notice and consent form (PDF).

This applies to you if you're a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

IMPORTANT PLAN INFORMATION

HEALTH PLAN NOTICES

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document within this benefits booklet.

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.
- **Notice of Choice of Providers:** Notifies you that your plan requires you to name a Primary Care Physician (PCP) or provides for you to select one

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

DEADLINE FOR FILING LAWSUIT UNDER ERISA AFTER EXHAUSTION OF ALL CLAIMS PROCEDURES

Any lawsuit must be filed within 36 months of the final decision on the claim. Exhaustion of all claims and appeals procedure is required prior to filing suit. Please refer to the WRAP Summary Plan Description for the plan specific statute of limitations.

Medicare Part D Notice

Important Notice from South Orange County Community College District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with South Orange County Community College District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. South Orange County Community College District has determined that the prescription drug coverage offered by the Blue Shield HMO, Blue Shield PPO, and Kaiser HMO is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your South Orange County Community College District coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Important Note for Retiree Plans: Certain retiree plans will terminate RX coverage when an individual enrolls in Medicare Part D and individuals might not be able to re-enroll in that coverage. If completing this Notice for a retiree plan, review the plan provisions before completing this form and modify this section as needed.

Since the existing prescription drug coverage under Blue Shield HMO, Blue Shield PPO, and Kaiser HMO is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your South Orange County Community College District prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with South Orange County Community College District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through South Orange County Community College District changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at socialsecurity.gov, or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 1, 2024
Name of Entity/Sender:	South Orange County Community College District
Contact-Position/Office:	Benefits
Address:	28000 Marguerite Parkway, Mission Viejo, CA 92692
Phone Number:	(949) 582-4898

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Contact your health plan's Member Services for more information.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in a South Orange County Community College District health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in South Orange County Community College District health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in South Orange County Community College District health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for South Orange County Community College District describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Human Resources.

Availability of Summary Information

As an employee, the health benefits provided by South Orange County Community College District represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

South Orange County Community College District offers a variety of benefit plans to eligible employees. The federal health care reform law requires that eligible members of an employer plan receive a Summary of Benefits and Coverage (SBC) for any medical and pharmacy plans available. The SBC is intended to provide important plan information to individuals, such as common benefit scenarios and definitions for frequently used terms. The SBC is intended to serve as an easy-to-read, informative summary of benefits available under a plan. SBCs and any revisions or amendments of the plans offered by South Orange County Community College District are available by contacting Benefits.

Notice of Choice of Providers

The Blue Shield and Kaiser Permanente HMO plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Blue Shield designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your insurance carriers directly.

For children, you may designate a pediatrician as the primary care provider.

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility—

ALABAMA – Medicaid
Website: http://myalhipp.com/ | Phone: 1-855-692-5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program | Website: http://myakhipp.com/ Phone: 1-866-251-4861 | Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid
Website: http://myarhipp.com/ | Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 | Fax: 916-440-5676 | Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 | State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991 | State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra | Phone: 678-564-1162, press 2
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ | Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ | Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members | Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki | Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp | HIPP Phone: 1-888-346-9562
KANSAS – Medicaid
Website: https://www.kancare.ks.gov/ | Phone: 1-800-792-4884
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx | Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov | KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 | Kentucky Medicaid Website: https://chfs.ky.gov
LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 | TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 800-977-6740 | TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa | Phone: 1-800-862-4840 | TTY: 617-886-8102
MINNESOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp | Phone: 1-800-657-3739
MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm | Phone: 573-751-2005
MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 | email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 | Lincoln: 402-473-7000 | Omaha: 402-595-1178
NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov | Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 | Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ | Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html | CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ | Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/ | Phone: 919-855-4100
NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ | Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org | Phone: 1-888-365-3742
OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx or http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx | Phone: 1-800-692-7462
RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ | Phone: 1-855-697-4347 or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov | Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov | Phone: 1-888-828-0059
TEXAS – Medicaid
Website: http://gethipptexas.com/ | Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ | CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT – Medicaid
Website: http://www.greenmountaincare.org/ | Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Website: https://www.coverva.org/en/famis-select or https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 | CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/ | Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid Phone: 304-558-1700 | CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm | Phone: 1-800-362-3002
WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ | Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 8.39% in 2024 of your modified adjusted household income.

South Orange County Community College District