



STATE CENTER
COMMUNITY COLLEGE DISTRICT

Employee Benefits Guide

2023-2024

Plan Year: October 1, 2023- September 30, 2024

This guide provides information about health benefits with State Center Community College District (SCCCD). Employees and new hires should use this guide as your go-to source for health benefits for plan year 2023-2024.



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Introduction

Welcome! State Center Community College District (“District”) strives to provide you and your family with a comprehensive and valuable health benefits package. We want to make sure you are getting the most out of your health benefits—which is why we have put together this guide. This guide will summarize the employee health benefits and should be your go-to guide when you have health benefit-related questions.

When reviewing plan options, take into consideration where you live, your personal preference regarding physician choice, as well as the type of healthcare environment you prefer, so that you may choose the health care plans that are most suitable for you and your family members.

This guide is not intended to be a contract (expressed or implied), nor is it intended to otherwise create any legally enforceable obligation on the part of the District, its agents, or its employees. If there are any inconsistencies between this document and legal plan documents, the plan documents will prevail.

Plan Year

Our health insurance plan year is October 1st through September 30th.

Health plan deductibles, out of pocket maximums, and dental plan maximums, all run calendar year – from January 1st through December 31st.

BenefitBridge

BenefitBridge is the District’s web-based benefits administration portal. It is available to eligible employees to enroll in benefits, review benefit elections, find benefit summaries, benefit plan documents, and benefit resources, as well as complete qualifying life event changes. BenefitBridge can be accessed by visiting www.benefitbridge.com/statecenterccd from any computer or mobile device, or through the District’s MyPortal app.

Frequently Asked Questions

You can find answers to frequently asked questions on page 61. If you have a question that is not answered by this guide, please reach out to us.

Human Resources Benefits Staff

Location:

District Office – 7th floor
1171 Fulton Street
Fresno, CA 93721

Benefits Webpage: www.scccd.edu/employeebenefits

Email: benefits@scccd.edu

Phone:

District/Human Resources Main Line: (559) 243-7100

Reina Kemble, Benefits Technician, (559) 243-7134

Frances Garza, Benefits Coordinator, (559) 243-7133

2023 Annual Open Enrollment

The 2023 annual open enrollment period is taking place from August 7, 2023 through September 8, 2023.

Open enrollment closes at 4:30 PM on September 8, 2023!

The annual open enrollment period is the one time each year when employees can change benefit elections, add or remove eligible dependents from their health insurance plans, enroll in a Flexible Spending Account for the upcoming plan year, and enroll in voluntary benefit products.

The benefit elections you make during the annual open enrollment period will stay in effect for the 2023-2024 plan year, as long as you remain eligible for benefits.

If you make no changes to your benefit elections, everything will remain the same for the 2023-2024 plan year.

All elections/changes must be submitted in BenefitBridge no later than 4:30 PM, September 8, 2023.

Once open enrollment ends, you can make plan changes ONLY if you have a qualifying event. Please refer to page 6.

What's new for 2023-2024?

VSP Vision Plan

The vision plan is getting an enhancement – VSP LightCare. VSP LightCare encourages members without a prescription to visit their VSP doctor to receive an eye exam and use their vision benefit to receive a pair of non-prescription ready-made sunglasses or blue light filter glasses. These services are available at VSP providers, Costco (not Sam's Club or Walmart) and Eyeconic.

Care + Program

The Care + program will be discontinued effective 10/1/2023 for those members with chronic conditions seeking care from a Community Medical Provider (CMP). CMP providers remain contracted PPO providers with Blue Shield, it is merely the

personalized care and outreach that will no longer be provided.

Flexible Spending Accounts (FSA)

The Section 125 Flexible Spending Accounts Open Enrollment Period is from August 7, 2023 through September 8, 2023.

If you wish to enroll or re-enroll in a Flexible Spending Account for the new plan year, October 1, 2023 through September 30, 2024, you must meet with an American Fidelity representative during the open enrollment period. See page 45 to learn more about FSAs.

Open Enrollment Checklist

- Check important dates for open enrollment.
- If you will be adding an eligible dependent to your health plans, gather the required supporting dependent documents (see page 5).
- Review the new employee payroll deductions taking effect on the September 30, 2023 paycheck.
- Schedule a meeting with American Fidelity if you will be enrolling/re-enrolling in a Flexible Spending Account.
- Review voluntary benefit product offerings and contact the appropriate vendor – American Fidelity or AFLAC – for more information and/or to enroll.
- Attend a meeting to learn more about the health benefit offerings and get your questions answered.
- Log into BenefitBridge to review and/or make changes to your health plan elections and enrolled dependents, if any.
 - Review the medical plan comparison tool in BenefitBridge.
 - If you are adding an eligible dependent, be sure to upload the required supporting dependent documents in BenefitBridge no later than 4:30 PM, September 8, 2023.

Eligibility

Employees

The District offers medical, dental, vision, and group life/accidental death and dismemberment (AD&D) insurances along with an employee assistance program to full-time employees and their eligible dependents. Employees also have the option to enroll in the voluntary long-term disability insurance plan.

Full-time benefit eligible employees and health plan effective dates are defined in the bargaining unit agreements, Board Policies, and Administrative Regulations.

To view the bargaining unit agreements, visit <https://www.scccd.edu/departments/human-resources/collective-bargaining-unit-agreements.html> for more information.

To view the board policies and/or administrative regulations, visit <https://www.scccd.edu/about/board-of-trustees/policies-and-regulations.html> for more information.

Eligible Dependents

Eligible employees may enroll their eligible dependents in the health insurance plans either at time of hire, during the annual open enrollment period or with a qualifying life event.

Eligible dependents include:

- Legally married spouse
- Legally Registered Domestic Partner
- Child(ren) – *eligible up to age 26*
Child(ren) includes biological child, stepchild, and child placed under a qualified medical child support order.

Disabled Child(ren): A disabled child who reaches age 26 may be eligible to continue coverage. Please contact the District Human Resources benefits staff for more information.

Overage Dependents

Dependent children can remain on the health care plans up until they attain age 26, at which time they will receive information on how to continue the health

insurance plans at cost with Delta Health Systems, as allowed through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Required Supporting Documents Needed for Proof of Dependent Eligibility

Below is a list of the supporting documentation **required** in order to establish dependent eligibility.

Employees who wish to add their eligible dependents to the health insurance plans - either at time of initial hire, during the annual open enrollment period, or with a qualifying life event - have 31-days from the event date, including the event date, to complete the enrollment and upload the required supporting dependent documents in BenefitBridge.

- **Spouse:** Copy of the certified marriage certificate **and** a copy of the spouse's social security card.
- **Registered Domestic Partner (RDP):** Copies of Declaration of Domestic Partnership with the California Secretary of State **and** RDP's social security card.
- **Biological Child(ren):** Copies of original certified birth certificate(s) naming the employee as child's biological parent **and** a copy of the child's social security card.
- **Stepchild(ren):** Copies of original, certified birth certificate(s) naming current legally, married spouse as the child's biological parent **and** the child's social security card.
- **Foster child(ren) or legal guardianship of a child(ren):** Copies of original certified birth certificate(s), along with court documents showing legal responsibility and/or guardianship of the child(ren) **and** the child's social security card.

If you do not have the required documents, notify the District Human Resources benefits staff immediately.

Enrollment and Qualifying Life Events

New Hire Enrollment

Eligible newly hired employees have 31 days from their date of hire, including their date of hire, to enroll in the health insurance plans.

Newly hired employees must complete their new hire health insurance enrollment online using BenefitBridge, our online benefits enrollment administration system.

New employees who do not complete and submit their enrollment elections in BenefitBridge within 31-days from date of hire, including the date of hire, will automatically be enrolled for employee only coverage under the lowest cost health plans for the plan year as per the bargaining unit agreements, board policy and administrative regulation.

To view the bargaining unit agreements, visit <https://www.scccd.edu/departments/human-resources/collective-bargaining-unit-agreements.html> for more information.

To view the board policies and/or administrative regulations, visit <https://www.scccd.edu/about/board-of-trustees/policies-and-regulations.html> for more information.

Changes in Dependent Eligibility/Qualifying Life Events

Outside of the annual open enrollment period, employees have 31-days from the qualifying life event date, including the event date, to make changes to dependent enrollment on the health plans.

Employees who experience a dependent eligibility change/qualifying life event are responsible to complete the online benefit enrollment changes in BenefitBridge. Employees will be required to elect coverage and upload the required supporting dependent documents to establish eligibility in BenefitBridge within 31-days from the qualifying event date, including the event date.

Failure to complete the online enrollment change request and upload the required supporting documents in BenefitBridge will impact dependent eligibility for health insurance, health care continuation under COBRA, and may result in you incurring liability for health care expenses.

Qualifying events include, but are not limited to:

- Change in legal marital status, including marriage, divorce, legal separation, annulment, registration or dissolution of domestic partnership, and death of a spouse.
- Birth, adoption, placement for adoption, or death of a dependent child.
- Change in employment status, including the start or termination of employment by you, your spouse, or your dependent child.
- Permanent change in work schedule, including a significant increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits.
- Change in an individual's eligibility for Medicare or Medicaid.
- A court order resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child or dependent foster child.

If you need help to determine what supporting documents are needed, contact the District Human Resources benefits staff.

Health Benefit Offerings and Costs

The District's health benefit package includes medical, dental, vision, and life and accidental death & dismemberment (AD&D) insurances, along with an employee assistance program. The District also offers a voluntary long-term disability insurance plan, at employee cost.

The District and employees share in the cost of the health insurance coverage. The District Contribution toward the health insurance plans monthly premiums is specified in the bargaining unit agreements, board policy, and/or administrative regulation. The monthly employee portion of the premium is automatically deducted from your paycheck. Employees can elect to have the employee payroll deduction taken out on a pre-tax basis. This election can occur at initial time of hire or during the annual open enrollment period.

Our health plan premium rates are composite rates, which means the employee payroll deduction is the same regardless of how many individuals are enrolled on the plan.

To view the bargaining unit agreements, visit <https://www.scccd.edu/departments/human-resources/collective-bargaining-unit-agreements.html> for more information.

To view the board policies and/or administrative regulations, visit <https://www.scccd.edu/about/board-of-trustees/policies-and-regulations.html> for more information.

Medical Insurance Plans

Plan	Monthly Employee Payroll Deduction
Bronze PPO Medical Insurance Plan	CSEA and SCFT Unit Members - \$198 POA Unit members, Confidential and Management Employees - \$183
Modern Care PPO Medical Insurance Plan	CSEA and SCFT Unit Members - \$407 POA Unit members, Confidential and Management Employees - \$392
Kaiser Low Deductible HMO Medical Insurance Plan	CSEA and SCFT Unit Members - \$15.63 POA Unit members, Confidential and Management Employees - \$0.63
Kaiser High HMO Medical Insurance Plan	CSEA and SCFT Unit Members - \$268.95 POA Unit members, Confidential and Management Employees - \$253.95

Dental Insurance Plan

Plan	Monthly Employee Payroll Deduction
Ameritas PPO Dental Insurance Plan	\$0, fully paid for by the district.

Vision Insurance Plan

Plan	Monthly Employee Payroll Deduction
VSP Vision Insurance Plan	\$0, fully paid for by the district.

Life and Accidental Death & Dismemberment (AD&D) Insurance Plan

Plan	Monthly Employee Payroll Deduction
VOYA Life and Accidental Death & Dismemberment (AD&D) Insurance Plan	\$0, fully paid for by the district.

Voluntary Long-Term Disability (LTD) Insurance Plan

Plan	Monthly Employee Payroll Deduction
Voya Voluntary Long-Term Disability Insurance Plan	Premium rate varies. Fully paid for by the employee.

Coverage Effective Dates

Classified CSEA Bargaining Unit Members

- Medical insurance and the Employee Assistance Program become effective the first of the month following date of hire.
- Dental, vision and life & AD&D insurances become effective the first of the month following successful completion of six (6) full months of employment.
- If the voluntary long-term disability plan is elected, coverage becomes effective the first of the month following date of hire.

Classified POA Bargaining Unit Members

- Medical, dental, vision and life & AD&D insurance as well as the Employee Assistance Program become effective the first of the month following date of hire.
- If the voluntary long-term disability plan is elected, coverage becomes effective the first of the month following date of hire.

Faculty SCFT Bargaining Unit Members

- Medical, dental, vision and life & AD&D insurance as well as the Employee Assistance Program become effective the first of the month following date of hire.
- If the voluntary long-term disability plan is elected, coverage becomes effective the first of the month following date of hire.

Management and Confidential Employees (Unrepresented)

- Medical, dental, vision and life & AD&D insurance as well as the Employee Assistance Program become effective the first of the month following date of hire.
- If the voluntary long-term disability plan is elected, coverage becomes effective the first of the month following date of hire.



Medical Plans

The District offers the choice between four medical plans, two HMO plans and two PPO plans. The medical plan offerings are Kaiser HMO, Kaiser Deductible HMO (DHMO), Modern Care PPO, and Bronze PPO. The HMO plans are fully insured health plans, while the PPO plans are self-funded health plans.

Medical Plan Comparison

The following comparison chart provides a general overview of the medical plan options using in-network benefits. You must read the entire Evidence of Coverage (EOC) or Summary Plan Document (SPD) in order to understand the details of the coverage. All EOCs/SPDs can be found in BenefitBridge (www.benefitbridge.com/statecenterccd) and on the District Human Resources Employee Benefits webpage (www.scccd.edu/employeebenefits).

Plan Benefits	Modern Care PPO	Bronze PPO	Kaiser High HMO	Kaiser Low DHMO
Annual Deductible	\$400/individual (3-member max)	\$5,000/individual	None	\$2,000/individual \$4,000/family
Co-insurance	10%	30%	None	20% after deductible for hospital related services
Office Visit Copays	\$30 Primary Care Physician \$60 Specialist	\$60	\$25	\$20
Max Out of Pocket	\$3,000/individual (medical only) \$9,000/family (medical only) Prescription - \$3,000/individual	\$6,850/individual \$13,700/family *includes medical and prescription	\$1,500/individual \$3,000/family	\$4,000/individual \$8,000/family
Preventative Exam	\$0	\$0	\$0	\$0
Laboratory and Pathology	\$30 copay/10%	30%	\$10 per encounter	\$10 per encounter after plan deductible
Outpatient Surgery	Facility - \$200 copay/10% Ambulatory - \$150 copay/10%	Facility – 30% Ambulatory – 30%	\$100 per procedure	20% after plan deductible
Ambulance	10%	30%	\$100 per trip	\$150 per trip after plan deductible
Durable Medical Equipment	10%	30%	No charge	20%
Skilled Nursing Facility	10% (100 calendar days per year)	30%	No charge (100 days per benefit period)	20% after plan deductible (100 days per benefit period)
Occupational/Speech Therapy	10%	30%	\$25 per visit	\$20 per visit after plan deductible
Emergency Department Visit	\$300 copay, then 10%	\$300 copay, then 30%	\$100	20% after plan deductible
Urgent Care Visit	\$50 copay, then 10%	30%	\$25	\$20
Prescriptions	Retail Pharmacy Generic/Tier 1 - \$10 Preferred Brand/Tier 2 - \$45 Non-Preferred Brand/Tier 3 - \$80 Specialty Drugs - \$250 *mail order required for maintenance drugs after two fills	Retail Pharmacy Generic/Tier 1 - \$10 Preferred Brand/Tier 2 - \$45 Non-Preferred Brand/Tier 3 - \$80 Specialty Drugs - \$250 *mail order required for maintenance drugs after two fills	Most generics - \$10 copay Brand name - \$30 copay Specialty items - \$20% coinsurance up to \$150	Most generics - \$10 copay Brand name - \$30 copay Specialty items - \$20% coinsurance up to \$150

Kaiser Permanente HMO Medical Plans

This matrix is a brief side-by-side summary of the Kaiser High and Kaiser Low HMO plan benefits. You must read the entire Evidence of Coverage (EOC) or Summary Plan Document (SPD) in order to understand the details of the coverage. All EOCs/SPDs can be found in BenefitBridge (www.benefitbridge.com/statecenterccd) and on the District Human Resources Employee Benefits webpage (www.sccd.edu/employeebenefits).

Plan Benefits	Kaiser High Traditional HMO	Kaiser Low Deductible HMO (DHMO)
Calendar Year Deductible	None	\$2,000 individual/\$4,000 family
Calendar Year Out-of-Pocket Maximum	\$1,500 individual/\$3,000 family	\$4,000 individual/\$8,000 family
Office visit copay	\$25 per visit	\$20 per visit (deductible does not apply)
Preventative care	No charge	No charge
Well-baby and Well-child care	No charge	No charge
Most physical, occupational, and speech therapy	\$25 per visit	\$20 per visit after deductible
Hospitalization Room and board, surgery, anesthesia, X-rays, lab test, and drugs	\$500 per admission	20% coinsurance after deductible
Outpatient surgery and certain other outpatient procedures	\$100 per procedure	20% coinsurance after deductible
Most X-rays and laboratory tests	\$10 per encounter	\$10 per encounter after deductible
MRI, Most CT, and PET scans	\$50 per procedure	\$50 per procedure after deductible
Emergency Room	\$100 per visit	20% coinsurance after deductible
Ambulance	\$100 per trip	\$150 per trip after deductible
Mental Health Inpatient	\$500 per admission	20% coinsurance after deductible
Mental Health Group Outpatient	\$12 per visit	\$10 per visit (deductible does not apply)
Durable Medical Equipment	No charge	20% coinsurance (deductible does not apply)
Prescription Drugs		
Most Generics	\$10	\$10 (deductible does not apply)
Most Brands	\$30	\$30 (deductible does not apply)
Most Specialty	\$20% coinsurance not to exceed \$150 for up to a 30-day supply	\$20% coinsurance not to exceed \$150 for up to a 30-day supply (deductible does not apply)

Kaiser Permanente HMO Medical Plans

About the Kaiser Permanente HMO Medical Plans

- The Kaiser High Plan is a traditional HMO plan. The Kaiser Low Plan is a Deductible HMO plan.
- Both plans use Kaiser Hospitals and facilities.
- There are no out-of-network benefits.
- Members of the District's Kaiser HMO plans are part of the Kaiser Northern Region.
- Most Kaiser Facilities and Medical Centers offer one-stop service – primary care, specialists, lab tests, x-rays, and pharmacy.
- With Kaiser, your doctor, nurses, and other specialists all work together to keep you healthy. They are connected to each other and to you through your electronic health record. That way, you get personalized care that is right for you.
- Kaiser makes it easy to find a doctor who is right for you, and you are free to change doctors at any time, for any reason.
- If you have a condition like diabetes or heart disease, you are automatically enrolled in a disease management program for personal coaching and support.
- Kaiser offers self-care apps such as Calm, Ginger, and myStrength, at no additional cost to members.
- Kaiser offers online wellness tools, healthy lifestyle programs, health classes, personal wellness coaching, special rates for members and farmers markets.

Local Kaiser Facilities

- Clovis Medical Offices
2071 E. Herndon Ave., Clovis, CA 93611
- First Street Medical Offices
4785 N. First St., Fresno, CA 93726
- Fresno Medical Center
7300 N. Fresno St., Fresno, CA 93720
- Cedar Avenue Medical Offices
7415 N. Cedar #102, Fresno, CA 93720
- Selma Medical Offices
2651 Highland Ave., Selma, CA 93662
- Oakhurst Medical Offices
40595 Westlake Dr., Oakhurst, CA 93644

Kaiser Health Education Departments

Health Education Departments are available at the Fresno Medical Center, Selma Medical Offices, and the Clovis Medical Offices. Kaiser health classes, program and services range from tobacco cessation classes to weight management to stress relief. Kaiser also offers an online health reference center, DVD and online viewing, community resources and referrals and registered dietician appointments (physician referral only).



KAISER PERMANENTE®

Kaiser Permanente HMO Medical Plans

Telemedicine Services

Kaiser offers telemedicine services by e-mail, phone, and video visits.

Cost Estimate Tool

Kaiser members can access a cost estimate calculator for services and benefits through their member portal at www.kp.org.

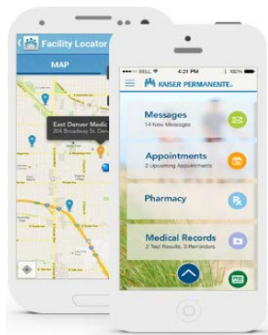
Care Options While Traveling

No matter where you get urgent or emergency care around the world, you can file a claim for reimbursement. And at many locations outside of Kaiser Permanente states, you will only pay your copay or coinsurance – no need to file a claim. Need help finding care or learning what's covered while you're away? Call the Away from Home Travel Line at 951-268-3900 or visit kp.org/travel.

- Cigna PPO (Shared Administration) Network providers
- MinuteClinics®, including pharmacies*
- Concentra clinics*

*Payment experiences vary by plan

Apps



Kaiser members can access a member portal, www.kp.org, online or through the KP Mobile App.

The member portal and mobile app allows members to schedule appointments, view lab results, email your doctor, view Explanation of Benefits, view bills, and access a wealth of health resources and tools.

Medical ID Cards

All new members to Kaiser will receive a medical ID card issued in his/her name. For newly enrolled members, please allow at least fourteen (14) business days (*from when your enrollment is approved in BenefitBridge*) to receive your medical ID cards.

If a member should lose an ID card, please contact Kaiser Member Services at (800) 464-4000 to request a new one. Members can also log into their Kaiser member portal (www.kp.org) or mobile app to access a virtual ID card.



The next time you schedule an appointment at Kaiser Permanente, you may be offered a video visit with your doctor.

- Convenient access from your home or office
- Secure and easy way to visit your doctor
- Saves travel time and expense

All you need is a computer with a high-speed internet connection and a webcam or a smartphone mobile device (iOS iPhone or iPad or Android mobile device) using the latest version of the KP Preventive Care App.

Visit kp.org/mydoctor/videovisits for more information.

Kaiser Permanente HMO Medical Plans

Support for emotional wellness

Try our on-demand self-care apps today at no additional cost

Get help with anxiety, stress, sleep, mood, and more. Anytime you need it.

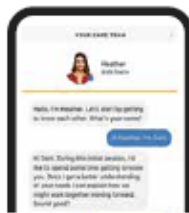
Kaiser Permanente members can explore 3 evidence-based apps:^{1,2,3}



Calm

The #1 app for meditation and sleep. You can choose from hundreds of programs and activities, including:

- Guided meditations
- Sleep Stories
- Mindful movement videos



ginger

1-on-1 emotional support coaching and self-care activities to help with many common challenges.

- Coaches are available by text 24/7
- You can use Ginger's text-based coaching services at no cost, no referral needed^{4,5}



myStrength.
by Medoc Health

Personalized programs designed to help you:

- Set mental health goals
- Learn coping skills
- Track your progress over time
- Make positive changes



Visit kp.org/selfcareapps to get started

1. The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. The apps and services may be discontinued at any time.
 2. The apps and services are neither offered nor guaranteed under contract with the FEHB Program, but are made available to enrollees and family members who become members of Kaiser Permanente.
 3. Calm and myStrength can be used by members 13 and over. The Ginger app and services are not available to any members under 18 years old.
 4. Some individuals who receive health care services from Kaiser Permanente through state Medicaid programs are not eligible for the Ginger app and services.
 5. Eligible Kaiser Permanente members can text with a coach using the Ginger app for 90 days per year. After the 90 days, members can continue to access the other services available on the Ginger app for the remainder of the year at no cost.
- Calm, Ginger, and myStrength are not available to Kaiser Permanente Dental-only members.

Learn more at kp.org/selfcareapps



Modern Care PPO Medical Plan

This matrix is a brief summary of the Modern Care PPO medical plan benefits. You must read the entire Evidence of Coverage (EOC) or Summary Plan Document (SPD) in order to understand the details of the coverage. All EOCs/SPDs can be found in BenefitBridge (www.benefitbridge.com/statecenterccd) and on the District Human Resources Employee Benefits webpage (www.scccd.edu/employeebenefits).



THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

The Edcare Group Modern Care Plan

Network in California is Blue Shield

Network out of California is Blue Shield Blue Card

Benefits described below are effective October 1, 2023 – September 30, 2024

The deductible applies to all services unless noted	Network Provider	Non-Network Provider
	\$400-individual **see below-family	\$5,000-individual

An individual within a family shall not have a deductible that is more than the individual deductible limit. **To satisfy the family deductible, three family members must each meet their individual deductible. Network Provider deductible is not applied toward the Non-Network Provider deductible.

Calendar Year Medical Out of Pocket Maximums	Network Provider	Non-Network Provider
	\$3,000-individual **see below-family	\$10,000-individual *see below

For family coverage, an individual within a family shall not have a maximum out of pocket limit that is greater than the maximum out of pocket limit for an individual. **For participants with Family coverage, the Out of Pocket will be considered satisfied when 3 individuals each satisfy their individual maximum. The out of pocket amount includes medical copays, deductible and coinsurance amounts for 'essential health benefits' as defined under the Affordable Care Act. Prescription expenses are not included in the Medical Out-of-Pocket maximum. For the 2023 plan year, the combined Medical and Prescription annual Out of Pocket maximum for covered services received In-Network will not exceed limits of \$8,550 per individual or \$17,100 for Family coverage.

Calendar Year Prescription Out of Pocket Maximum - \$3,000-individual / \$7,500 (2.5x) – family (Network participating pharmacies only) *Please see prescription information on page 4. Only copays will count toward the prescription Out of Pocket Maximum.

PROFESSIONAL SERVICES	LIFETIME BENEFIT MAXIMUM	
	Network Provider	Non-Network Provider
Professional (Physician) Benefits	Unlimited	
Physician Office *Telehealth visits, video, or calls *ADHD – Office visit for diagnosis and Medical Management for RX only	PCP: \$30 Copay Specialist: \$60 Copay (deductible waived)	50%
Inpatient Hospital Visits	10%	50%
Allergy: Injection/Serum/Testing	10%	50%
Pregnancy-Delivery Charge	10%	50%
Surgeon, Assistant Surgeon, Anesthesiologist	10%	50%
Urgent Care	\$50 Copay / 10%	\$50 Copay / 50%
Counseling (Mental Health and Substance Abuse-- must be approved by Halcyon or not covered)	PCP: \$30 Copay (deductible waived)	50%
Testing (Mental Health)	10%	50%

Modern Care PPO Medical Plan

Benefit Descriptions, continued	Network Provider	Non-Network Provider
Preventive Health Benefits		
Colonoscopy (starting at age 50 and above, in accordance with ACA requirements)	\$0 (deductible waived)	Not Covered
Immunizations (in accordance with ACA requirements)	\$0 (deductible waived)	Not Covered
Mammogram (starting at age 39 in accordance with ACA requirements – unless medically necessary)	\$0 (deductible waived)	Not Covered
Preventive Exam (in accordance with ACA requirements)	\$0 (deductible waived)	Not Covered
Pre-Natal Care/Dependent Women (all ages in accordance with ACA requirements)	\$0 (deductible waived)	Not Covered
Women's Health Care (gynecological exam, screening, breast-feeding equipment, tubal ligation and birth control services)	\$0 (deductible waived)	Not Covered
Outpatient Services		
CT scans, MRIs, MRAs, PET Scans, and Cardiac Diagnostic (Complex Services)	\$75 Copay /10%	\$75 Copay /50%
Laboratory and Pathology	\$30 Copay /10%	\$30 Copay /50%
X-ray, EKG, Diagnostic Medicine Services	\$30 Copay /10%	\$30 Copay /50%
Hospital Services		
Outpatient Surgery	Facility - \$200 Copay /10% Ambulatory (applicable for same-day or overnight stay) \$150 Copay/10%	Facility - \$200 Copay/50% Ambulatory (applicable for same-day or oversight stay) \$150 Copay /50%
Emergency Room/Facility Charge	\$300 Copay /10%	\$300 Copay /10% Non-emergency use of ER = \$300Copay/50%
Emergency Room/Physician Charge	10%	10% Non-emergency use of ER =50%
Inpatient Room and Board (including mental health and substance abuse)	\$250 Copay per day (up to \$750 per admission) /10%	\$250 Copay per day (up to \$750 per admission) /50%
Skilled Nursing Facility (100 days per calendar year)	10%	50%
Day Treatment and Residential Treatment (mental health/substance abuse)	\$250 Copay per day (up to \$750 per admission) /10%	\$250 Copay per day (up to \$750 per admission) /50%

Modern Care PPO Medical Plan

Benefit Descriptions, continued	Network Provider	Non-Network Provider
Additional Covered Services		
Ambulance Services (emergency or authorized transport)	10%	10% Non-emergency use of ambulance 50%
Bariatric Surgery (must use Santé services for coverage – see last page)	10%	50%
Dialysis	10%	50%
Chemotherapy / Radiation Therapy	10%	50%
Durable Medical Equipment/Orthotics/Devices/Oxygen &Supplies	10%	50%
Home Health Services		
Home Care Agency Services (aide and private duty nurse is covered / 2 visits per day maximum)	10%	50%
Hospice	10%	50%
Rehabilitation Services		
Cardiac Rehabilitation	10%	50%
Chiropractic (\$500 per calendar year maximum) *Network is PhysMetrics	\$30 Copay (Deductible waived) Spinal Manipulation 10% and subject to deductible	Limited to \$15 maximum reimbursement after deductible
Occupational/Physical/Speech Therapy (physical therapy requires a MD referral) *Network is PhysMetrics	10%	50%
Pulmonary/Respiratory Therapy	10%	50%
Prescription Services		
Generic drugs (on Basic Formulary)	\$10/retail prescription \$20/mail-order prescription	
Preferred Brand name drugs (on Basic Formulary)	\$45/retail prescription \$90/mail-order prescription	
Non-Preferred Brand name drugs	\$80/retail prescription \$160/mail-order prescription	
Specialty drugs	\$250/retail prescription	

Covers up to a 34-day supply (retail prescription); 90-day supply (mail order prescription). Step therapy and Pre-authorization requirements may apply for certain drug categories.

Modern Care PPO Medical Plan

ADDITIONAL INFORMATION

Prescription Benefits are administered by: IPM..... (877) 860-8846

- Specialty Drugs and all other prescribed medication
- Mandatory Generic required. Patient responsible for the cost difference between generic and brand when generic is available. Only the co-pay will count toward Out of Pocket Maximum.

Dental Claims administered by: Ameritas..... (800) 487-5553

Vision Claims administered by: Vision Service Plan..... (800) 877-7195

Medical: Non-Covered Services, please refer to the summary plan document for details on any service limitation before service(s) are incurred.

Non-Network Provider allowance is based on Blue Shield contracted pricing.

Utilization Review is required for the items listed below – Blue Shield should be notified in advance for non-emergency services (800) 541-6652 and within 48 hours of any emergency service listed below:

- All inpatient facility services (acute care, surgical, mental health and substance abuse)
- Skilled Nursing facility
- Home health
- Home infusion therapy
- Transplants
- Outpatient surgery (for specific procedures only, contact Blue Shield to confirm if surgery requires pre-authorization)
- Case Management
- Air Ambulance (non-emergency use)
- Durable Medical Equipment

For Mental Health and Substance Abuse services, inpatient or outpatient, requires a pre-service authorization you must call Halcyon Behavioral at (800) 425-4800

For Weight Management services, including bariatric surgery, you must contact Santé at (559) 228-5405.

For your Chiropractic, Physical Therapy, Occupational Therapy, Speech Therapy needs, call PhysMetrics at (877) 519-8839 to locate a network provider.

Bronze PPO Medical Plan

This matrix is a brief summary of the Bronze PPO medical plan benefits. You must read the entire Evidence of Coverage (EOC) or Summary Plan Document (SPD) in order to understand the details of the coverage. All EOCs/SPDs can be found in BenefitBridge (www.benefitbridge.com/statecenterccd) and on the District Human Resources Employee Benefits webpage (www.scccd.edu/employeebenefits).



THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

The Edcare Group

Bronze Plan

Network in California is Blue Shield

Network out of California is Blue Shield Blue Card

Benefits described below are effective October 1, 2023 – September 30, 2024

Calendar Year Medical Deductible Limit
The deductible applies to all services unless noted

Network Provider
\$5,000-individual

Non-Network Provider
Not Covered

An individual within a family shall not have a deductible that is more than the individual deductible limit. Family Deductible is met when two individuals have met their deductible.

Calendar Year Medical and Prescription Out of Pocket Maximums

Network Provider
\$6,850-individual
\$13,700-family

Non-Network Provider
Not Covered

For family coverage, an individual within a family shall not have a maximum out of pocket limit that is greater than the maximum out of pocket limit for an individual. After the individual maximum has been satisfied by a person enrolled in family coverage, the plan will pay the remaining charges incurred by that person. The out of pocket amount includes copays, deductible and coinsurance amounts for 'essential health benefits' as defined under the Affordable Care Act.

***Please see prescription information on page 4. Only copays will count toward the Out of Pocket Maximum.**

LIFETIME BENEFIT MAXIMUM

Unlimited

PROFESSIONAL SERVICES	Network Provider	Non-Network Provider
Professional (Physician)Benefits		
Physician and Specialist Office Visits *Telehealth visits, video, or calls *ADHD – Office visit for diagnosis and Medical	\$60 Copay (deductible waived)	Not Covered
Inpatient Hospital Visits	30%	Not Covered
Allergy: Injection/Serum/Testing	30%	Not Covered
Pregnancy-Delivery Charge	30%	Not Covered
Surgeon, Assistant Surgeon, Anesthesiologist	30%	Not Covered
Urgent Care	30%	Not Covered
Counseling (Mental Health and Substance Abuse—must be approved by Halcyon or not covered)	\$60 Copay (deductible waived)	Not Covered
Testing (Mental Health)	30%	Not Covered

Bronze PPO Medical Plan

Benefit Descriptions, continued	Network Provider	Non-Network Provider
Preventive Health Benefits		
Colonoscopy (starting at age 50 and above, in accordance with ACA requirements)	\$0 (deductible waived)	Not Covered
Immunizations (in accordance with ACA requirements)	\$0 (deductible waived)	Not Covered
Mammogram (starting at age 39 in accordance with ACA requirements – unless medically necessary)	\$0 (deductible waived)	Not Covered
Preventive Exam (in accordance with ACA requirements)	\$0 (deductible waived)	Not Covered
Pre-Natal Care/Dependent Women (all ages in accordance with ACA requirements)	\$0 (deductible waived)	Not Covered
Women's Health Care (gynecological exam, screening, breast-feeding equipment, tubal ligation and birth control services)	\$0 (deductible waived)	Not Covered
Outpatient Services		
CT scans, MRIs, MRAs, PET Scans, and Cardiac Diagnostic (Complex Services)	30%	Not Covered
Laboratory and Pathology	30%	Not Covered
X-ray, EKG, Diagnostic Medicine Services	30%	Not Covered
Hospital Services		
Outpatient Surgery	Facility -30% Ambulatory -30%	Not Covered
Emergency Room/Facility Charge	\$300 Copay /30%	\$300 Copay /30% Non-emergency use of ER = Not Covered
Emergency Room/Physician Charge	30%	30% Non-emergency use of ER = Not Covered
Inpatient Room and Board (including mental health and substance abuse)	30%	Not Covered
Skilled Nursing Facility (100 days per calendar year)	30%	Not Covered
Day Treatment and Residential Treatment (mental health/substance abuse)	30%	Not Covered

Bronze PPO Medical Plan

Benefit Descriptions, continued	Network Provider	Non-Network Provider
Additional Covered Services		
Ambulance Services (emergency or authorized transport)	30%	30% Non-emergency use of ambulance =Not Covered
Bariatric Surgery (must use Sante services for coverage – see last page)	30%	Not Covered
Dialysis	30%	Not Covered
Chemotherapy / Radiation Therapy	30%	Not Covered
Durable Medical Equipment/Orthotics/Devices/Oxygen &Supplies	30%	Not Covered
Home Health Services		
Home Care Agency Services (aide and private duty nurse is covered / 2 visits per day maximum)	30%	Not Covered
Hospice	30%	Not Covered
Rehabilitation Services		
Cardiac Rehabilitation	30%	Not Covered
Chiropractic (\$500 per calendar year maximum) *Network is PhysMetrics	\$60 Copay (Deductible is waived) Spinal Manipulation 30% and subject to deductible	Not Covered
Occupational/Physical/Speech Therapy (physical therapy requires a MD referral) *Network is PhysMetrics	30%	Not Covered
Pulmonary/Respiratory Therapy	30%	Not Covered
Prescription Services		
Generic drugs (on Basic Formulary)	\$10/retail prescription \$20/mail-order prescription	
Preferred Brand name drugs (on Basic Formulary)	\$45/retail prescription \$90/mail-order prescription	
Non-Preferred Brand name drugs	\$80/retail prescription \$160/mail-order prescription	
Specialty drugs	\$250/retail prescription	

Covers up to a 34-day supply (retail prescription); 90-day supply (mail order prescription). Step therapy and Pre-authorizations requirements may apply for certain drug categories.

Bronze PPO Medical Plan

ADDITIONAL INFORMATION

Prescription Benefits are administered by: IPM..... (877)860-8846

- Specialty Drugs and all other prescribed medication
- Mandatory Generic required. Patient responsible for the cost difference between generic and brand when generic is available. Only the co-pay will count toward Out of Pocket Maximum.

Dental Claims administered by: Ameritas..... (800)487-5553

Vision Claims administered by: Vision Service Plan..... (800)877-7195

Medical: Non-Covered Services, please refer to the summary plan document for details on any service limitation before service(s) are incurred.

Non-Network Providers are not covered on this plan.

Utilization Review is required for the items listed below – Blue Shield should be notified in advance for non-emergency services (800) 541-6652 and within 48 hours of any emergency service listed below:

- All inpatient facility services (acute care, surgical, mental health and substance abuse)
- Skilled Nursing facility
- Home health
- Home infusion therapy
- Transplants
- Outpatient surgery (for specific procedures only, contact Blue Shield to confirm if surgery requires pre-authorization)
- Case Management
- Air Ambulance (non-emergency use)
- Durable Medical Equipment

For Mental Health and Substance Abuse services, inpatient or outpatient, requires a pre-service authorization you must call Halcyon Behavioral at (800)425-4800

For Weight Management services, including bariatric surgery, you must contact Sante at (559)228-5405.

For your Chiropractic, Physical Therapy, Occupational Therapy, Speech Therapy needs, call PhysMetrics at (877)519-8839 to locate a network provider.

Modern Care and Bronze PPO Medical Plans

About the PPO Medical Plans

- The Modern Care and Bronze PPO medical plans are self-insured plans. The District is part of a Joint Powers Authority (JPA) known as the EdCare Group, which assumes the financial risk of the health plans.
- Use the Blue Shield provider network for all benefits/services **except** mental health & substance abuse benefits, chiropractic benefits, and speech therapy, occupational therapy, & physical therapy benefits. These benefits have a separate provider network. To access in-network benefits and provider networks for these benefits/services, please see the provider networks below.
- When you enroll, you do not need to choose a primary care physician; however, it is recommended to find a primary physician early in order to become an established patient.
- To use in-network benefits, always ask if your provider is a “**contracted provider**” with the appropriate provider network. If yes, then they are in-network. If no, then they are out-of-network.
- When your primary care physician refers you to a specialist, lab, or other service providers, it is your responsibility to ensure they are in-network.
- Referrals are not required by the health plan in order to see a specialist; however, many specialists require a referral from a primary care physician.
- Telemedicine services available through Teladoc with a \$0 copay. Teladoc is available 24 hours a day, 7 days a week. Registration information can be found on page 28.
- The Baby Connect program is available to employees and eligible spouses. More information can be found on page 27.
- Delta Health Systems (DHS) is the third-party administrator. DHS handles eligibility and claims for the PPO plans.
- If you should access services outside of California, please work with Delta Health Systems to ensure claims are processed correctly.

Medical Claims and Benefit Administrator – Delta Health Systems



Delta Health Systems is the administrator for all medical claims under the PPO plans. Questions in regards to eligibility, claims and/or provider billing should be directed to Delta Health Systems at (800) 433-2566.

Members can access provider listings, claim information, print a temporary ID card, request a new medical ID card, access Explanation of Benefits, and much more on the Delta Health Systems member portal at www.deltahealthsystems.com.

Mental Health and Substance Abuse Benefits and Provider Network – Halcyon Behavioral by SimpleTherapy

Halcyon Behavioral by SimpleTherapy administers all mental health and substance abuse benefits under the PPO plans. Halcyon Behavioral has its own network of providers for such services/benefits. To access benefits and/or provider listings, please visit the EdCare MHSA website at <https://edcaremhsa.com/> or call Halcyon Behavioral at (888) 425-4800.

Modern Care and Bronze PPO Medical Plans

Chiropractic Benefits and Provider Network – PhysMetrics by SimpleTherapy

PhysMetrics by SimpleTherapy administers all chiropractic benefits under the PPO plans. PhysMetrics has its own network of providers. Providers can be found on the EdCare Chiro website at <https://edcarechiro.com/>. To access chiropractic services/benefits, call PhysMetrics at (877) 519-8839.

Speech Therapy, Occupational Therapy and Physical Therapy Benefits and Provider Network – PhysMetrics by SimpleTherapy

PhysMetrics by SimpleTherapy administers all speech therapy, physical therapy, occupational therapy and speech-language therapy benefits under the PPO plans. PhysMetrics has its own network of providers. Providers can be found on the EdCare PhysMetrics website at <https://edcare.physmetrics.com/>. To access services/benefits, call PhysMetrics at (877) 519-8839.



Prescription Drug Benefits – Integrated Prescription Management (IPM)

Integrated Prescription Management (IPM) is the prescription drug vendor for the PPO plans.

- Members can get prescription fills at any retail pharmacy.
- For maintenance prescriptions, after two (2) fills at the retail pharmacy all members are required to go through mail order program for future fills.
- Some prescription drugs may be excluded from coverage.

For questions regarding prescription drug benefits, please contact IPM at (877) 860-8846.

Members can access the plan formulary, prescription costs, claim information, and much more on by registering and accessing their account on IPM's website at <https://rxipm.com/members/>.

Mandatory Generic Program

The plan has a mandatory generic requirement. If a member chooses to use a brand drug over a generic drug when a generic is available, the member is responsible for the cost difference between the generic drug cost and the brand drug cost.

Variable Copay Assist Program

This is a program that accepts manufacturers' assistance for certain high-dollar medications which in turn lowers the cost to the plan and may reduce the copay for members, but will never cost more than the current copay. The program includes many, but not all, brand medications, which includes many specialty medications.

Step Therapy

Certain groups of drugs require step therapy. Step therapy requires a member to try a less expensive alternative treatment (drug) **before** "stepping up" to the more expensive version of the drug. Research has shown that the less expensive version has the same efficacy. Step therapy has been proven effective for most people; however, if the alternative treatment does not work the member may be allowed to move up to the more expensive drug. Step therapy helps the member and the plan in regards to costs.

Modern Care and Bronze PPO Medical Plans

Prior Authorizations

Certain medications require prior authorization. Prior authorization is a cost-savings feature that helps ensure the appropriate use of selected, usually higher costs, drugs. Prior authorization must be provided **before** the insurance company will provide coverage for the medication(s). If a prior authorization is required, IPM will work with you, your physician, and your pharmacy.

Maintenance Prescription Drug Mail Order Requirement

For all maintenance drugs, after two (2) fills at the retail pharmacy all PPO members are required to go through mail order program for future fills. Maintenance drugs are medications taken for an extended period, usually for chronic, on-going conditions.

BK Pharmacy is the default pharmacy for the mail order program. BK Pharmacy is located at 6741 N. Willow #106, Fresno, CA 93710. Members can elect to move their maintenance drug mail order to Walgreens.

For assistance with the mail order program, contact IPM at (877) 860-8846.

Buzz Rx

This plan continues to offer the added benefit of a discount card that can be utilized on all pharmacy claims including those excluded from the benefit.

Site-of-Care Program

This program ensures members will have access to care through the most appropriate place of service or through select medications and services associated with infusions, with the exception of chemo-therapy.



Weight Management Program



The PPO plans provide a weight management program to members who may be candidates for weight-reduction surgery, such as bariatric surgery. The program provides a personal coach to the enrolled member providing knowledge, tools, and motivation to assume control of their health. The program is designed to improve healthy behaviors, quality of life and promote a healthy lifestyle.

For more information on this program and to learn more about the authorization process, please contact Santé at (559) 228-5405 or Delta Health Systems at (800) 422-6099.

Modern Care and Bronze PPO Medical Plans

Find a Provider

How to Search for a Blue Shield provider (California)

1. In your webpage address search bar, type in www.blueshieldca.com/fad/home.
2. Blue Shield's webpage should appear titled 'Search for Doctors & Specialist'. From this menu, select the type of provider you need.
3. A pop-up box will appear asking you to log in, choose continue as guest.
4. The 'Where are you located?' page will appear, enter your preferred location. Click continue.
5. The 'Get personalized search results' page will appear, click on select a plan.
6. To find your plan, under plan year select 2023. Plan type select 'Blue Shield of California PPO Network'. Click continue.
7. Search Doctors page will appear, select how you wish to complete your search – by doctor type, doctor name, medical group. Click on search button. Relevant results will be displayed.

To search for an in-network PPO medical provider, you can log also into your Delta Health Systems member account and click on the provider search link.

To search for an in-network chiropractor, visit the EdCare Chiro website at www.edcarechiro.com or call PhysMetrics at (877) 519-8839.

To search for an in-network physical therapist, occupational therapist, speech therapist, visit the EdCare PhysMetrics website at <http://www.edcare.physmetrics.com/> or call PhysMetrics at (877) 519-8839.

To access Mental Health and Substance Abuse Services and to find in-network providers, call Halcyon at (888) 425-4800 or access the EdCare MHSA website at <https://edcaremhsa.com/>.

Medical ID Cards

Employees who enroll on a PPO medical plan will receive two medical identification cards at time of enrollment. The cards will be issued in the employee's name only and can be used by all members enrolled on the plan.

For newly enrolled members, please allow at least fourteen (14) business days (*from when your enrollment is approved in BenefitBridge*) to receive your medical ID cards.

Should a member lose an ID card, you can access a virtual copy, print a temporary one or request a new ID card by accessing your member account on the Delta Health Systems website (www.deltahealthsystems.com).



Modern Care and Bronze PPO Medical Plans

Modern Care and Bronze PPO Members Available at No Cost



BABY CONNECT

BABY CONNECT PROGRAM

With all the changes that come with this exciting time, why not have additional support? Every woman and pregnancy are unique, and each needs its own special plan for success. Baby Connect offers friendly and professional support from a Maternity Specialist Health Coach dedicated to ensuring your journey is informative, healthy, and empowering! Baby Connect is offered at no cost to you and is 100% confidential.

WHO IS ELIGIBLE?

All employees and spouses are eligible for the Baby Connect program. Participants may register for Baby Connect at any time during their pregnancy. To earn incentives, you must be covered under the company medical plan and register during the first trimester.



WHAT ARE THE INCENTIVES?

Not only will you receive the benefit of personalized, one-on-one coaching, but may also qualify for these best-selling tools to help you along the way:

- ✓ Participants who complete registration within the first trimester will receive a free copy of the book, **"WHAT TO EXPECT WHEN YOU'RE EXPECTING"**
- ✓ Participants who successfully complete the program will receive a free copy of the book, **"WHAT TO EXPECT THE FIRST YEAR"**



HOW DO I GET STARTED?

Take your next step toward a healthy pregnancy and register for Baby Connect today! Registration is completed over the phone and takes just a few minutes. For more information, please contact **TeamCare** at **866-724-0032** or teamcare@delapro.com - *We're here to help!*



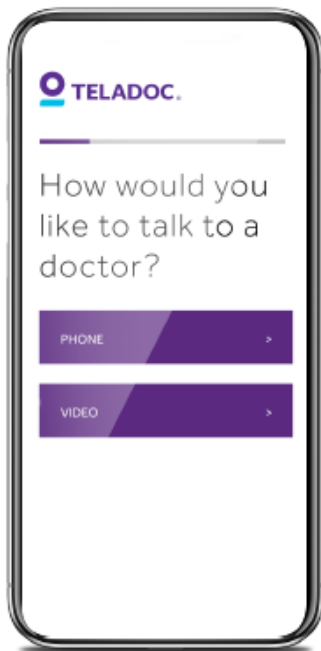
For questions or assistance contact TeamCare at 866-724-0032 or teamcare@delapro.com



Modern Care and Bronze PPO Medical Plans



Set up your Teladoc account in 4 easy steps





Download the app to talk to a doctor
anytime, anywhere* by phone or video.

- 1 Download the app**
Search for "Teladoc" in the App Store or on Google Play.
- 2 Set up your account**
Once you've downloaded the app, select "Set up your account."
- 3 Enter basic contact information**
Provide some information about yourself to confirm your eligibility. We'll confirm we found your benefits and you'll continue creating your account.
- 4 Create your account**
Enter your address and phone number, create a username and password, pick security questions, and agree to terms and conditions.

*Teladoc is not available internationally.

Download the app to talk to a doctor

Visit Teladoc.com/BSC

Call 1-800-TELADOC (835-2362) | Download the app  

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Group ID: 18207

Dental Insurance

The District offers a dental insurance plan provided through Ameritas PPO. Dental benefits are available for eligible employees and their eligible dependents.

The Ameritas PPO dental plan has in-network and out-of-network benefits. When you use in-network providers, services are provided at a discounted rate. This means you pay less and your benefit dollars go further when you use in-network providers. If you should use an out-of-network provider, you may pay more for services.



Benefit Incentive levels

The Ameritas PPO dental plan is an incentive plan that begins paying member claims at 70% and increases 10% each year until the member reaches 100% for all basic, diagnostic and preventative services. You must use the plan at least once a year for the incentive level to increase; otherwise, the incentive level will remain the same. The incentive level will never decrease and once you reach 100%, it will remain there regardless of usage.

Dental ID Cards

All new members to Ameritas PPO dental will receive two dental identification cards at time of enrollment. The cards will be issued in the employee's name only and can be used by all members enrolled on the plan.

For newly enrolled members, please allow at least fourteen (14) business days (*from when your enrollment is approved in BenefitBridge*) to receive your medical ID cards.

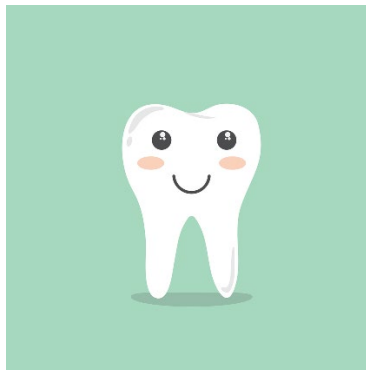
If a member should lose their dental ID card, the member can log into their Ameritas account at <https://www.ameritas.com/sign-in/> to print a copy. Members can also contact the District Human Resources benefits staff via email at benefits@scccd.edu to request a new hard copy card.

Dentist Provider Search

For a listing of Ameritas PPO Dental In-Network Providers, please visit the Ameritas Provider Search webpage at <https://dentalnetwork.ameritas.com/>.

Member Portal for Ameritas Dental

Members can access their account on the Ameritas website at <https://www.ameritas.com/sign-in/> and review dental benefits, incentive level, explanation of benefits, and claims.



Dental Insurance

Summary of Benefits

This matrix is a brief summary of your benefits. You must read the entire Evidence of Coverage (EOC) or Summary Plan Document (SPD) in order to understand the details of the coverage. All EOCs/SPDs can be found in BenefitBridge (www.benefitbridge.com/statecenterccd) and on the District Human Resources Employee Benefits webpage (www.scccd.edu/employeebenefits).

FRESNO AREA SELF INSURED BENEFITS ORGANIZATION DBA THE EDCARE GROUP



Policy #: 010-301352

Dental Plan Benefits

Networks: Classic	In-Network	Out-of-Network
Type 1 Preventive No Waiting Period	70-80-90-100%	70-80-90-100%
	<ul style="list-style-type: none"> Routine Exam (4 per 12 months) Bitewing X-rays (1 per 6 months) Cleaning (1 per 6 months) 	<ul style="list-style-type: none"> Routine Exam (4 per 12 months) Bitewing X-rays (1 per 6 months) Cleaning (1 per 6 months)
Type 2 Basic No Waiting Period	70-80-90-100%	70-80-90-100%
	<ul style="list-style-type: none"> Surgical Extractions Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Periodontics (nonsurgical) Crowns (1 in 5 years per tooth) Endodontics (surgical) Periodontics (surgical) Simple Extractions 	<ul style="list-style-type: none"> Surgical Extractions Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Periodontics (nonsurgical) Crowns (1 in 5 years per tooth) Endodontics (surgical) Periodontics (surgical) Simple Extractions
Type 3 Major No Waiting Period	50%	50%
	<ul style="list-style-type: none"> Prosthodontics (Bridges, Dentures) (1 in 5 years) 	<ul style="list-style-type: none"> Prosthodontics (Bridges, Dentures) (1 in 5 years)
Deductible		
Type 1, 2 and 3	\$0	\$0
Benefit Year Maximum		
Type 1, 2, and 3 (per person, per calendar year)	\$1,750	\$1,500
Orthodontia Benefits (adult ortho included)		
No waiting period		
Plan Benefit	50%	50%
Lifetime Deductible	\$0	\$0
Lifetime Maximum (per person)	\$1,250	\$1,250
Claims Allowance		
Type 1, 2 and 3	Discounted Fee	Maximum Allowable Benefit

Increasing Coinsurance Type 1 & 2

Members and Dependents can increase their Preventive and Basic Coinsurance by filing a covered claim each year. Members start at 70% coverage and can increase it to 100% by visiting a dentist each year. If a plan member fails to file a claim within the year, they will remain at the same level of the year prior.

Dental Insurance

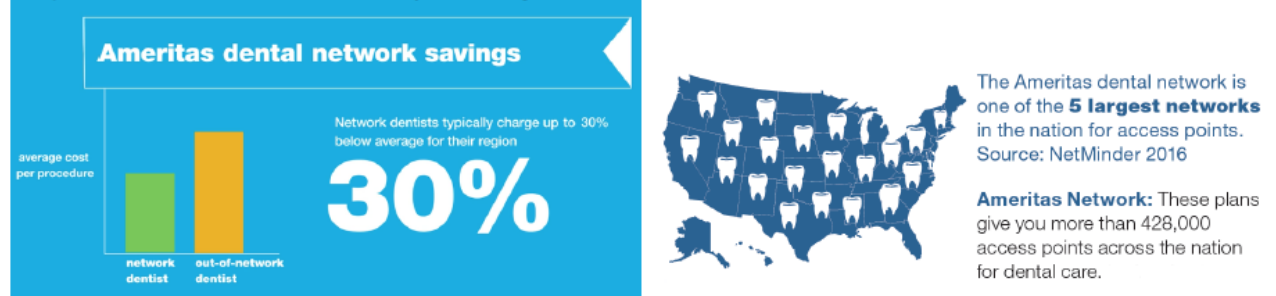
FRESNO AREA SELF INSURED BENEFITS ORGANIZATION DBA THE EDCARE GROUPC

Policy #: 010-301352



Provider Flexibility and Network Savings

Members aren't limited to one particular dentist, or a small group of providers, who may or may not be taking new patients. Each plan member is free to visit any provider they choose, including your current dentist, regardless if they are in- or out-of-network. And family members do not have to see the same dentist. When you visit an in-network dentist there are no claim forms to complete. For a list of network dentists in your area, go to Find A Provider at Ameritas.com.



Member Savings

Prescription savings

Just for participating in our dental, vision or hearing care plans, members can save big on prescription medications through one of the world's largest retailers. **No additional cost. Only savings.**

Extra Value

Our plan members, their covered dependents can **save on prescription medications at over 60,000 pharmacies across the nation** including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the prescription discount, whichever saves them more. Even if the employees already have health insurance pharmacy benefits, they are welcome to check out this Rx discount.

Find a pharmacy near you - <http://www.emsmed.com/vendors/pharmacy.aspx>

Look up a price - <http://www.emsmed.com/vendors/pricing.aspx?groupid=Ameritas>

Rx Savings

Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.



Save on frames and lenses

Save up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. This is available to you without any additional cost to your plan premium.

You may receive savings on the following vision care products at Walmart Vision Centers:



- top quality frames for the entire family including today's most popular brands



- wide selection of lens options; all lenses come with scratch resistant coating for no additional charge.



- safety eyewear.

Guarantees

Walmart Vision Centers stand behind their products and workmanship by offering:

- 60-day frame and lens satisfaction guarantee.
- 12-month replacement guarantee on broken or damaged frames or lenses.
- Lifetime adjustments and cleanings.

Customer Service

Customer Connections 888-652-8393 www.Ameritas.com
Monday - Thursday 7am-12am CST, Friday 7am-6:30pm CST

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

Vision Insurance

The District offers a vision insurance plan provided through Vision Service Plan (VSP). Vision benefits are available for eligible employees and their eligible dependents.

The Plan will provide benefits, up to the amounts shown below, for the vision services and supplies listed below.

Summary of Benefits

This matrix is a brief summary of your benefits. You must read the entire Evidence of Coverage (EOC) or Summary Plan Document (SPD) in order to understand the details of the coverage. All EOCs/SPDs can be found in BenefitBridge (www.benefitbridge.com/statecenterccd) and on the District Human Resources Employee Benefits webpage (www.scccd.edu/employeebenefits).

Service	Benefit
WellVision Exam and Prescription Glasses	\$10 copay for examinations and prescription glasses Once every 12 months
Contact Lenses (in lieu of glasses)	Up to \$60 copay for contact lens fitting/evaluation \$130 allowance for contact lenses Once every 12 months
Lenses for Glasses (per pair)	One pair every 12 months. Single vision, lined bifocal and lined trifocal lenses covered 100%. Various co-pays apply to lens enhancements. Includes Standard progressive lens
Frames	One pair every 24 months. Participating provider allowance of \$170. \$100 allowance at Costco Optical.
Primary Eyecare	\$20 copay Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma and diabetic retinopathy. Limitations and coordination with medical coverage may apply.

Added Benefits

VSP LightCare encourages members without a prescription to visit their VSP doctor to receive an eye exam and use their vision benefit to receive a pair of non-prescription ready-made sunglasses **or** blue light filter glasses. These services are available at VSP providers, Costco (not Sam's Club or Walmart) and Eyeconic.

The VSP plan also offers Eyeconic, VSP's online site to purchase glasses directly with your VSP plan. When you log onto your VSP member account at www.vsp.com you can access Eyeconic along with other valuable added benefits such as diabetes care resources, LASIK discounts, and TruHearing (hearing aids) discounts.

Vision Insurance

Vision ID Cards

VSP does not provide ID cards. To use services, simply notify the provider you have VSP and they will verify your eligibility.

Vision Provider Search

To find in-network VSP providers, please visit the VSP Find A Doctor webpage at www.vsp.com/eye-doctor.

Member Portal for VSP Vision

VSP members can their account by visiting the VSP website at www.vsp.com. You can review benefits, claims, order glasses through Eyeconic, and see other added benefits.



Vision Insurance



Put your eyes at ease with VSP LightCare

Why UV and Blue Light Coverage?

Even if you don't wear prescription glasses, an annual eye exam is an easy and cost-effective way to take care of your eyes and overall health.

With VSP LightCare™, you can use your frame and lens benefit to get non-prescription eyewear from your VSP® network doctor.

DEFEND YOUR EYES INDOORS AND OUT:

Wear blue light filtering glasses indoors to defend against digital eye strain. Digital screens and fluorescent lighting emit blue light that can contribute to headaches, blurred vision, and sore eyes—all possible symptoms of digital eye strain.

Always wear sunglasses outdoors. Shield your eyes from the sun's ultraviolet rays that can damage your corneas and cause eye-related diseases like cataracts. 100% UVA and UVB protection is the best choice for your sunglasses.¹

PROVIDER CHOICES YOU WANT

The **Premier Program** is part of our incredible network of thousands of private practice doctors and more than 700 Visionworks® locations nationwide.

	Preferred private practice and retail in-network choices
	

Like shopping online? Go to eyeconic.com®, the preferred VSP online retailer where you can shop in-network with your VSP benefits.² Select from a wide selection of ready-made sunglasses and blue light filtering glasses for everyone.



Your VSP LightCare Coverage Includes:*

Eye Exam

A fully covered WellVision Exam®.³

Eyewear

Use your frame and lens allowance toward ready-made:

- non-prescription sunglasses or
- non-prescription blue light filtering glasses

*Register and log in to vsp.com to review your benefit information. Based on applicable laws, benefits may vary by location.

Questions? Visit vsp.com | 800.877.7195

1. Tips for Choosing the Best Sunglasses, American Academy of Ophthalmology, June 2021. 2. To find out whether your employer participates in Eyeconic®, log in to vsp.com to check your vision benefits. 3. Less any applicable copay.

©2022 Vision Service Plan. All rights reserved. VSP, Eyeconic, eyeconic.com, and WellVision Exam are registered trademarks, and VSP LightCare is a trademark of Vision Service Plan. All other brands or marks are the property of their respective owners. 106943 VCCM

Classification: Public

Employee Assistance Program (EAP)

The District offers an Employee Assistance Program (EAP) through Halcyon Behavioral by SimpleTherapy. **EAP services are available to eligible employees and anyone within the eligible employee's household.**

Halcyon EAP provides confidential, professional referrals and face-to-face counseling for a wide array of personal and work-related concerns.

Benefit Summary

Eligible employees and members of their households can access EAP Benefits. Halcyon EAP benefits are available 24 hours a day, 7 days a week, 365 days a year.

Counseling

Available for stress, anxiety, relationship problems, grief and loss, anger management, work-related stress, education guidance, identity theft recovery, substance abuse, and more. The program offers three (3) free sessions in a six-month period, per issue.

Web based services

Web based services such as scheduled video, telephonic, and web chat counseling services through the eConnect platform, articles and tip sheets for personal and work-related topics, search engines and directories for childcare, elder care, education, legal, and finance, as well as skill builders, self-assessment tools, and more.

Work-Life Referrals

Halcyon EAP can provide you with referrals and information for services such as: child care, elder care, pet care, adoption assistance, school/college assistance, health and wellness, convenience referrals, stress, substance abuse, and other issues impacting your quality of life.

Legal Assist

Halcyon EAP offers up to 30 minutes of free telephonic or face-to-face legal consultation with an attorney.

Financial Assist

Halcyon EAP offers referrals and information for services relating to expert financial planning and consultation.

EAP Provider Search

To get a confidential referral to an in-network provider, please call (888) 425-4800 to speak with an EAP clinical counselor. The clinician will triage you and provide you a referral.

EAP Member Portal

To access the EAP member portal, which includes a wealth of online tools and resources, please visit the Halcyon EAP webpage at www.halcyoneap.com. The login username is edcare.



Employee Assistance Program (EAP)

Halcyon EAP Employee Assistance Program for EdCare

Emotional wellbeing and work-life balance resources to keep you at your best.

Halcyon EAP offers expert guidance to help you and your family address and resolve everyday issues.



In-the-moment support
Reach a licensed clinician by phone 24/7/365 for immediate assistance



Financial expertise
Consultation and planning with a financial counselor



Legal consultation
By phone or in-person with a local attorney



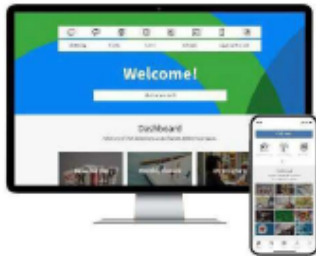
Short-term counseling
Access up to 6 sessions (3 per 6 months) no-cost counseling sessions, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance abuse



Convenience resources
Referrals for child and elder care, home repair, housing needs, education, pet care and so much more



Confidentiality
Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law



Your web portal and mobile app

- The one-stop shop for program services, information and more
- Discover on-demand training to boost wellbeing and life balance
- Find search engines, financial calculators and career resources
- Explore thousands of articles, tip sheets, self-assessments and videos

Convenient, on-the-go support

- **Textcoach[®]**
Personalized coaching with a licensed counselor on mobile or desktop
- **Animo**
Self-guided resources to improve focus, wellbeing and emotional fitness
- **Virtual Support Connect**
Moderated group support sessions on an anonymous, chat-based platform

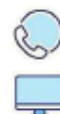


Start with Navigator

Take the guesswork out of your emotional fitness! Visit your web portal or mobile app to complete the short Mental Health Navigator survey. You'll immediately receive personalized guidance to access support and resources.



Download the mobile app today!



1-888-HAL-4800 (425-4800)



halcyoneap.com
username: edcare

Employee Assistance Program (EAP)



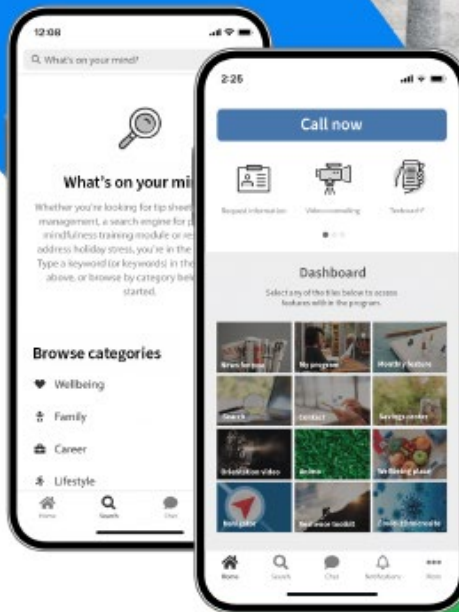
Support at
your fingertips
with the eConnect® mobile app

Emotional wellbeing resources on-the-go

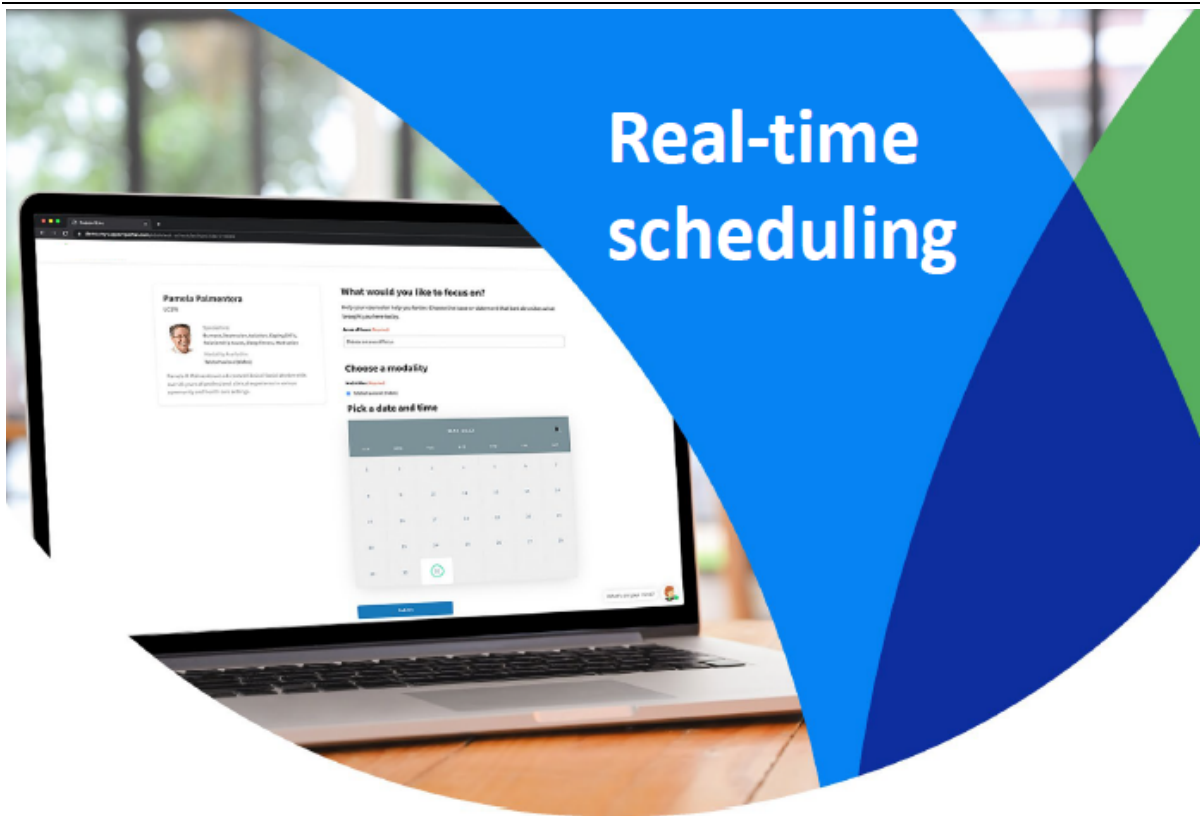
Get help navigating life's challenges with confidential support from a licensed counselor as well as expert content – all from the convenience of your phone or tablet.



group code:
edcare



Employee Assistance Program (EAP)



While you can choose to begin your mental health care journey by phone, text or live chat, many of us prefer to take control of our own care plan by scheduling treatment directly with our counselor or coach. Telebehavioral (video) counseling or coaching sessions can be scheduled in as little as 24 hours.

Convenient and fast

Inline Scheduling provides:

1. The ability to schedule counseling or coaching sessions on a date and time of your preference through desktop and mobile platforms.
2. Choice of a provider who meets your gender, race, language or specialty preferences.
3. Access to quality care that helps strengthen your emotional fitness and improve wellbeing.



Get started!

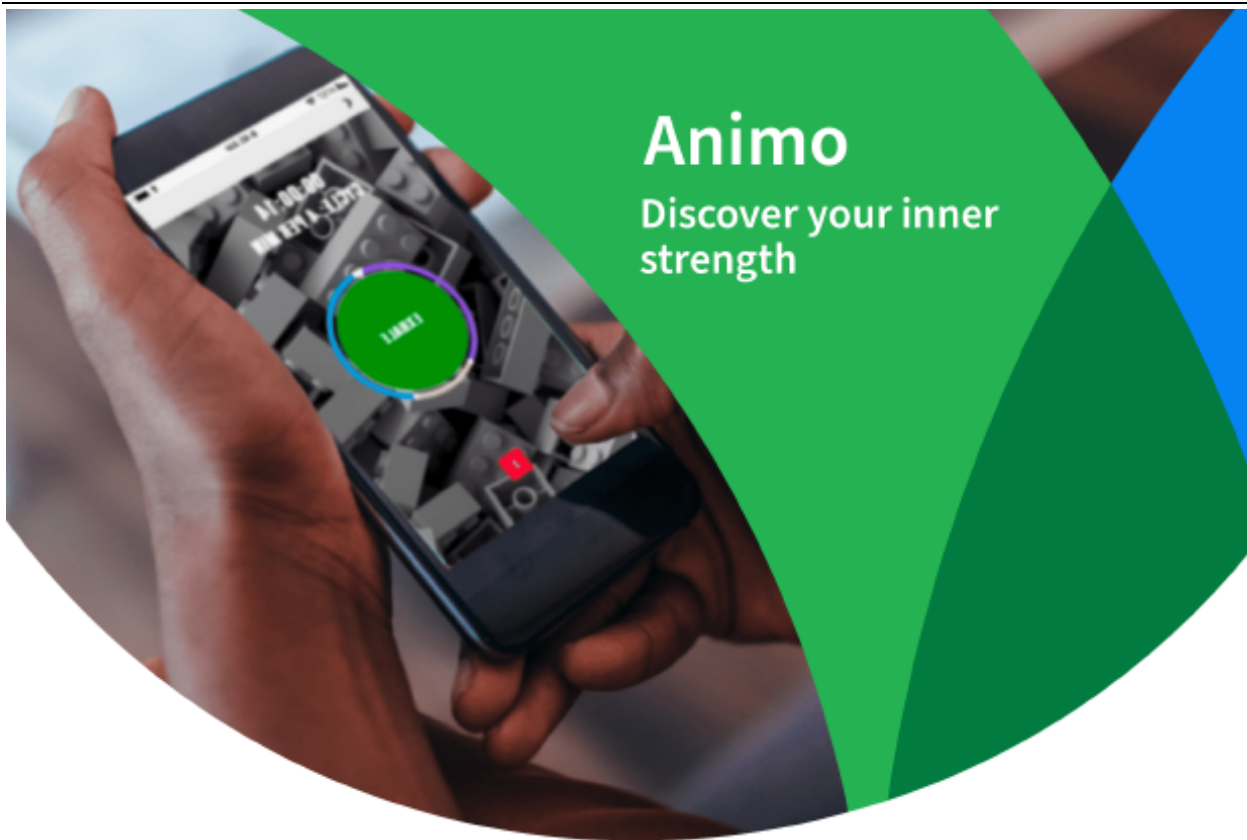
halcyoneap.com

Group code:
edcare



Halcyon
EAP

Employee Assistance Program (EAP)



Animo

Discover your inner strength

Animo provides web and mobile tools to help you address stress, depression, anxiety and general emotional fitness in a safe and secure self-guided environment. Complete a brief emotional fitness survey and then choose one of the suggested modules. Each module has five short competency-building sessions that include a combination of videos, audio lessons and coursework designed to help you foster meaningful and lasting behavior change.

Safe, secure and just for you

Visit the Animo website, download the mobile app or click the Animo icon on your web portal for confidential, secure access to the full library of modules, including:

- Coping with Panic
- Stress Management
- Perfectionism
- Depression
- Social Anxiety
- Worry
- Low Self-Esteem
- Anger Management
- Phobias
- Trauma and Abuse

Get started!

halcyoneap.com

Group code:
edcare



Download the
mobile app today!



Employee Assistance Program (EAP)



Textcoach®, is like having a mental health ‘Coach’ in your pocket! Designed to help address issues such as anxiety, depression, burnout and more while on the go –Textcoach® allows you to begin texting with a licensed clinician on your mobile or desktop devices. Start exchanging texts, voicenotes, videos and other resources to help boost your emotional wellbeing by downloading the app or visiting the website.

Features

Textcoach® conveniently provides:

- 100% confidentiality
- A stigma-free access point
- Connection via mobile and desktop devices
- Texting whenever and wherever
- Independently-licensed clinicians
- Voicenotes, tip sheets, articles, videos and more
- Referrals to local mental health professionals

Get started!

halcyoneap.com

Group code:
edcare



Download the mobile app today!



Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance

The District provides Group Term Basic Life Insurance and Accidental Death & Dismemberment (AD&D) insurance for benefit eligible employees. The life and AD&D insurance are offered through VOYA Financial.

Summary of Benefits

This is a brief summary of your benefits. You must read the entire evidence of coverage in order to understand the details of your coverage. All benefit plan summaries and plan documents are available on BenefitBridge (www.benefitbridge.com/statecenterccd) and on the District Human Resources Employee Benefits webpage (www.scccd.edu/employeebenefits).

Group Term Life Insurance

The life insurance plan provides \$50,000 of basic life and AD&D insurance to you, the employee, and \$5,000 of life insurance coverage for your enrolled spouse/registered domestic partner and dependent(s) on the medical plan, all at no cost to you. Management and Confidential employees also receive an additional employer-paid, age-based benefit under the life insurance plan.

Benefit Reductions

Upon reaching the age of 70, the amount of life insurance decreases by 50%.

Accelerated Death Benefits

If you have been determined to have a terminal condition and your life expectancy is no more than twelve (12) months, you or your legal representative may apply for the Accelerated Death Benefit, which provides up to 50% of your life insurance amount.

Accidental Death & Dismemberment (AD&D) Insurance

If you suffer a covered loss due to a covered accident, you could apply for AD&D benefits. Such covered losses include life, both hands, either feet, or sight of both eyes, and speech. For a full listing of covered losses and additional AD&D benefits, please view the summary plan document for the life insurance plan.

Additional Services Provided by the Life Insurance Plan

Voya Travel Assistance

When traveling more than 100 miles from home, VOYA Travel Assistance offers four types of services – travel assistance services, medical assistance services, security assistance services, and emergency medical transportation services. Plan information and account access information can be found in your BenefitBridge account under Resources.

Funeral Planning and Concierge Services

Members have access to Funeral Planning and Concierge Services to assist with funeral planning and negotiation at time of need as well as pre-planning tools that can be used to research and document decisions and wishes. Plan information and account access information can be found in your BenefitBridge account under Resources.

Will Preparation Program

Members have access to free online will preparation through Estate Guidance. Plan information and account access information can be found in your BenefitBridge account under Resources.

Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance

Life Insurance Beneficiary Designation

Employees can update their life insurance designated beneficiary information at any time and may do so in BenefitBridge.



Voluntary Long-Term Disability Insurance



The District provides all benefit eligible employees the opportunity to purchase voluntary long-term disability (LTD) insurance coverage offered through VOYA.

Employees who enroll during their initial time of hire period (within 30-days after date of hire) are provided a guaranteed issued plan.

If you do not enroll at initial time of hire, you may apply during the annual open enrollment period. Enrollment is subject to approval by VOYA. You will be required to go through an Evidence of Insurability (EOI) Questionnaire.

Summary of Benefits

This is a brief summary of your benefits. You must read the entire evidence of coverage in order to understand the details of your coverage.

Long-term disability insurance is a policy that provides income replacement for employees who become unable to work (unpaid) due to illness or injury for a long period of time. The long-term disability insurance plan provides a monthly disability benefit of 60%, up to a maximum \$5,000, of the employee's eligible income after the employee qualified for benefits and has met the elimination period in accordance to the Long-Term Disability Summary Plan Document.

Premium Rates

The voluntary long-term disability premium rate is based on your age and your salary at the start of the current policy year (October 1). Contributions are deducted on a post-tax basis.

Long Term Disability monthly rates	
Age	60% benefit percentage rates per \$100 of monthly benefit
Under 25	\$.095
25-29	\$.130
30-34	\$.190
35-39	\$.270
40-44	\$.410
45-49	\$.590
50-54	\$.820
55-59	\$1.040
60 and over	\$1.100
65 +	\$1.100

Voluntary Long-Term Disability Insurance

To calculate your cost:

1. Divide your eligible annual earnings by 12. \$
2. Calculate your monthly benefit amount by multiplying the number in Step 1 by your benefit percentage. \$
3. If your answer in Step 2 was lower than \$5,000 enter it here. If it was higher, enter \$5,000 here. \$
4. Divide your answer from Step 3 by 100. \$
5. Multiply your answer from Step 4 by the rate from the table above. This is your total monthly cost. \$
6. Multiply your total monthly cost by 12 for your annual premium amount. Then, divide by your number of paychecks per year for your payroll deduction amount.

Plan Documents and Benefit Summaries

For more information on the voluntary LTD insurance plan benefits, including exclusions, income offsets, pre-existing condition clauses, please review the summary plan document on BenefitBridge (www.benefitbridge.com/statecenterccd) and on the District Human Resources Employee Benefits webpage (www.sccd.edu/employeebenefits).

Section 125 Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSA) are a great cost savings tool to help with qualified out of pocket health insurance expenses and/or dependent care expenses. The District offers Flexible Spending Accounts to eligible employees.

The plan administrator is American Fidelity.

Plan year runs October 1 through September 30 of the following year.

Summary

Section 125 Flexible Spending Accounts (FSA) are governed by the IRS and allow eligible employees to deduct their employee payroll deduction toward the medical plan pre-taxed, as well as set aside pre-tax funds to use toward approved out-of-pocket medical, dental and vision expenses as well as dependent day care expenses.

Flexible Spending Account funds are a use it or lose it benefits. This means any unused funds left over in your FSA accounts at the end of the Run Off Period (3 months from the end of the plan year), are no longer yours. Therefore, all claims for FSA reimbursements should be submitted prior to the Runoff Period and incurred prior to the end of the Grace Period, which is two and a half months from the end of the plan year. For more information on the “use it or lose it rule”, please contact American Fidelity at (559) 230-2107.

Dependent Day Care FSA

A Dependent Day Care FSA account allows you to contribute pre-tax dollars to qualified dependent care. A Dependent Day Care FSA is used to reimburse yourself for eligible dependent care expenses incurred to allow you (and your spouse if you are married) to work or look for work. For more information about the Dependent Day Care FSA, visit the American Fidelity webpage at <https://americanfidelity.com/info/dca> or visit the American Fidelity Dependent Care Account Support webpage at <https://americanfidelity.com/support/dca/>.

The current maximum amount you may contribute to the Dependent Day Care FSA account each year is \$5,000 (or \$2,500 if married and filing separately). Dependent Day Care FSA account funds are available as contributions are received and payable when services have been provided.

Healthcare FSA

A Healthcare FSA account allows you to set aside pre-taxed dollars to reimburse yourself for qualified health care expenses for you and your qualified dependents. This could include copays, deductibles, prescriptions, glasses, contacts, as well as other expenses allowable under Section 125 guidelines. For more information about a healthcare FSA, visit the American Fidelity webpage at <https://americanfidelity.com/info/fsa>, or visit American Fidelity's Healthcare FSA Support webpage at <https://americanfidelity.com/support/hcfsa>.

The current maximum amount you may contribute to the Health FSA each year is \$3,050. Healthcare FSA account funds are available to you on October 1st of the plan year.

An itemized document or Explanation of Benefits must be submitted to prove eligibility for health care expenses. Save your receipts!

To discover eligible expenses, visit <https://americanfidelity.com/eligible-expenses>.

Runoff Period

Enrolled employees have up to 90-days after the plan year ends to submit claims incurred during the previous plan year that have not already been submitted for reimbursement.

Section 125 Flexible Spending Accounts (FSA)

Grace Period

An additional two and a half months following the end of the plan year in which you can incur and submit claims to receive reimbursements.

Enrollment

Eligible employees may enroll in a flexible spending account at time of hire, within 30-days from date of hire, or during the annual open enrollment period by contacting American Fidelity at (559) 230-2107.

Employees who choose to elect an FSA account must enroll/re-enroll each year during the annual open enrollment period as these plans and their elections do not renew automatically.

How to Submit Claims for Reimbursements

American Fidelity offers different ways to be reimbursed from your FSA accounts.

- Electing to use a debit card for your health care expenses. The money you set aside in your FSA account(s) for medical expenses is available on your card. When you pay for these expenses, you do not need to pay out-of-pocket and wait for reimbursement – expenses are automatically deducted from your account on the card. You must still obtain and keep a receipt for the purchase should you need to validate the claim.
- You can submit claims online through American Fidelity's member claim portal. You will need to submit a copy of your receipt, explanation of benefits, or provider bill.
- You can use the AF mobile app to access your FSA account and submit reimbursement claims. You will need to submit a copy of your receipt, explanation of benefits, or provider bill.

For detailed information relating to FSA reimbursements, please review the American Fidelity FSA webpage at <https://americanfidelity.com/support/hcfsa>.



Section 125 Flexible Spending Accounts (FSA)

Healthcare Flexible Spending Accounts

Plan Today for Tomorrow's Costs

With medical costs continuing to rise, you may be looking for options to help manage out-of-pocket medical expenses.

One option is a Healthcare Flexible Spending Account (HCFSA). HCFSA's allow you set aside money, tax free, for eligible medical costs like doctor visits, prescription drugs, prescription contact lenses, and dental procedures. Additionally, the entire amount you choose to contribute will be available to you at the beginning of your plan year.

Savings Example

In the example to the right, Jane makes \$4,000 per month. By participating in an HCFSA, she would save \$82.96 a month.

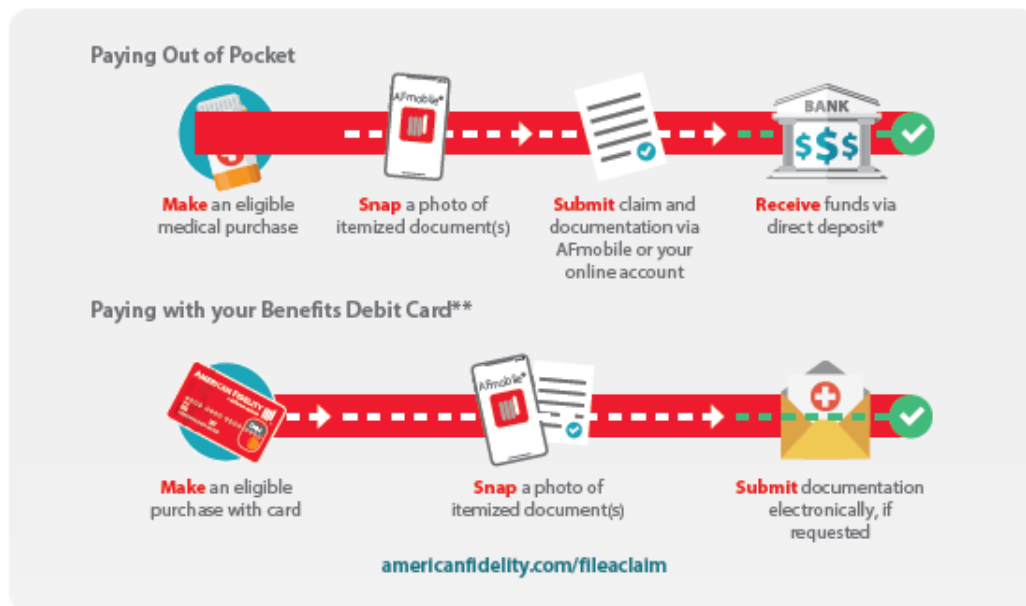
That's a savings of \$995.52 a year.

To calculate your possible savings, visit: americanfidelity.com/s125-calculator

Earnings & Taxes	Without FSA	With FSA
Gross Pay	\$4,000	\$4,000
Health Insurance	-\$300	-\$300
HCFSA Contribution	N/A	-\$300
Taxable Income	\$3,700	\$3,400
Estimated Taxes (Federal & State @ 20%)	-\$740	-\$680
Estimated FICA (7.65%)	-\$283.05	-\$260.10
Out-of-Pocket Medical Expenses	-\$300	N/A
Take Home Pay	\$2,376.95	\$2,459.90

Example is for illustrative purposes only. Please consult your tax advisor for actual tax savings.

How It Works



* Funds deposit within 3-5 business days after claim approval.

** If your employer has elected to provide a Benefits Debit Card, you may use this card to pay for eligible medical expenses or pay out of pocket and file a claim for reimbursement.

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Section 125 Flexible Spending Accounts (FSA)

Using Your Benefits Debit Card

A Benefits Debit Card allows you to pay for eligible medical expenses using the funds in your HCFA. The card may be used at locations that accept Mastercard® and have been identified as authorized medical merchants.

If you receive a documentation request letter, submit a picture of your itemized document or Explanation of Benefits (EOB) through your online account at americanfidelity.com/submit-fsa or through our mobile app, AFmobile®.

Learn more about your debit card at: americanfidelity.com/debit-card



Documentation must include:

1. Provider Name
2. Recipient Name
3. Date of Service
4. Description of Service
5. Charges

Internal Revenue Code (IRC) Requirements: What You Need to Know

IRC guidelines are strict when tax breaks are provided. As your plan provider, we are required to follow IRC rules.

! First, the money you set aside operates under a “use or lose” system.

That means you’ll want to use all of your funds prior to the next plan year or you will lose whatever amount is left.

Ask if your employer’s plan includes a Runoff Period and Carryover Provision or Grace Period.

- **Runoff Period**
A period typically up to 90 days after the plan year ends when you can submit claims incurred during the previous plan year that have not already been submitted for reimbursement.
- **Carryover Provision**
For 2022, this provision allows you to carry over up to \$570 of unused contributions from one plan year to the next.
- **Grace Period**
An additional two and a half months following the end of the plan year in which you can incur and submit claims to receive reimbursement.

! Second, the IRC requires proof for eligible expenses.

An itemized document or EOB must be submitted to prove eligibility for medical expenses when they aren’t verified when filing a claim or at the time of debit card swipe. Submitting documentation through AFmobile is the easiest way to validate a claim.

Spend Smart & Save on Eligible Medical Expenses

Copays/Co-insurance	Prescription contacts	Chiropractic care	Deductibles
Physical exams	Asthma treatments	Eye exams/eyeglasses	Over-the-counter medicine
Prenatal care	Laser eye surgery	Physical therapy	Menstrual products

Discover more ways to spend at americanfidelity.com/eligible-expenses



American Fidelity Assurance Company
americanfidelity.com

Voluntary Benefit Products

The District offers a variety of voluntary benefit products and employee payroll deductions. Depending on the product/deduction, enrollment can occur either during the initial enrollment period or during the annual open enrollment period. Please contact the vendor for more information.

Life Insurance, Accident, Short-Term Disability, Critical Illness, Cancer Insurance, and other Miscellaneous Insurance Products

Employees can purchase voluntary supplemental insurance coverage through American Fidelity or AFLAC.

AFLAC

To enroll in an AFLAC product, contact Jodie Bohner at (559) 224-5004 or via email at Jodie_bohner@us.aflac.com.

- Accident Insurance
- Cancer/Specified Disease Insurance



- Disability Insurance



- Hospital Indemnity Insurance



- Life Insurance



American Fidelity

To enroll in an American Fidelity product, contact American Fidelity at (559) 230-2107, scan the QR code, or schedule an appointment online at <https://enroll.americanfidelity.com/B969BE34>.

- Disability Income Insurance
- Life Insurance
- Cancer Insurance
- Accident Only Insurance
- Critical Illness Insurance
- Hospital Indemnity



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Voluntary Benefit Products

State Center Community College District



Plan for tomorrow, today.

Everyone knows health insurance doesn't pay for everything. Do you feel fully protected? Reviewing and updating your coverage each year is important.

Get help with your options. Stop by and see an American Fidelity account manager.



Disability Income Insurance

AF™ Disability Income Insurance

- can help protect your finances in case of a covered injury or illness
- provides a benefit to help cover costs while you are unable to work
- pays some of your gross monthly earnings

americanfidelity.com/info/disability



Life Insurance

AF™ Life Insurance may help ensure your family is financially protected in the event of a loss. You own the policy, so you can take it with you to a different job or into retirement.

americanfidelity.com/info/life



Cancer Insurance

AF™ Limited Benefit Individual Cancer Insurance

- may help ease the financial burden of cancer treatment, so you can focus on recovery
- provides benefit payments directly to you

americanfidelity.com/info/cancer



Accident Only Insurance

AF™ Limited Benefit Accident Only Insurance

- may help manage out-of-pocket costs to treat injuries resulting from a covered accident
- provides benefit payments directly to you

americanfidelity.com/info/accident

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a different opinion

EMPLOYER BENEFIT
SOLUTIONS
FOR EDUCATION

Each year, about **2.8 million children** between the ages of 5 and 14 are treated for sports and recreational-related injuries.

National Safety Council, Injury Facts; 2019 Web.

Voluntary Benefit Products

State Center Community College District

File Your Claims Faster

AFmobile*

Our mobile app is the easiest way to submit your claims and documentation. Upload documentation* directly from your device's picture gallery.



americanfidelity.com*

Filing online is convenient, secure, and provides faster claim processing than filing by paper. From your laptop or desktop, log in to file a claim and upload documentation*.



Need assistance?

Visit americanfidelity.com/fileclaim

*The Internal Revenue Code regulations require proof of eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third party itemized statements or Explanation of Benefits.



Schedule Your Appointment

<https://enroll.americanfidelity.com/B969BE34>



Point your smart phone camera at the QR code and open the link that appears.

Central California Branch Office
3649 W. Beechwood Ave., Suite 103
Fresno, CA 93711
866-504-0010 • 559-230-2107



American Fidelity Assurance Company
americanfidelity.com

SB-33033-0120

Limitations, exclusions and waiting periods may apply.

Voluntary Benefit Products



Welcome State Center Community College!

Welcome! State Center Community College: This is your opportunity to ensure you choose to apply for the benefits best for you. Aflac offers an array of benefits to help offset your cost in the event of an illness, accident or disability.

To learn more or to apply for Aflac, call Jodie Bohner



Jodie Bohner

Contact Your Agent/Producer Directly

 [\(559\) 224-5004](tel:(559)224-5004)

 jodie_bohner@us.aflac.com

Voluntary Benefit Products

Child Care Centers

There are several Child Development Centers (CDC) within our District. The District does not offer any benefits toward childcare and there may be a waitlist at the individual CDC sites. For more information, please visit the individual childcare center webpages:



Clovis Community College CDC

<https://www.cloviscollege.edu/student-services/child-development-lab-school.html>

Fresno City College CDC

<https://www.fresnocitycollege.edu/student-services/child-development-center/index.html>

Madera Community College Center CDC

<https://www.maderacollege.edu/student-services/child-development-center.html>

Reedley College CDC

<https://www.reedleycollege.edu/campus-life/child-development-center.html>

Faculty/Staff Discounts and Offerings

Employees can find additional discounts and offerings on the District's Faculty and Staff Discount Offerings webpage at <https://www.scccd.edu/departments/information-systems/facultystaff-discount-offerings.html>

Retirement Benefits

Retiree Health Benefits

Eligible employees who retire from the District may qualify for retiree medical benefits after retirement. Provisions can be found in the bargaining unit agreements, board policies, and administrative regulations.

For employees who do not qualify for retiree medical benefits, information will be provided at time of retirement on how to continue the health insurance plans at cost with Delta Health Systems, under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA).

To view the bargaining unit agreements, visit <https://www.scccd.edu/departments/human-resources/collective-bargaining-unit-agreements.html> for more information.

To view the board policies and/or administrative regulations, visit <https://www.scccd.edu/about/board-of-trustees/policies-and-regulations.html> for more information.

Pension Benefits

State Center Community College District offers retirement pension options to eligible employees through different systems – CalPERS, CalSTRS, and Public Agency Retirement Services (PARS).

For more information relating to retirement pension benefits, please contact the individual retirement system or District Payroll at (559) 243-7100.

CalPERS

California Public Employees' Retirement System (CalPERS) manages pensions for California public employees, retirees and their beneficiaries.

Members can access real-time details about their CalPERS account, find educational events, and schedule appointments with the local CalPERS office. To access your member portal, visit the CalPERS webpage at www.calpers.ca.gov.

CalSTRS

California State Teachers' Retirement System (CalSTRS) provides retirement, disability and survivor benefits to California public school educators and their beneficiaries.

Members can access real-time details about their CalSTRS account, find educational events, and schedule appointments with the local CalSTRS office. To access your member portal, visit the CalSTRS webpage at www.calstrs.com.

PARS

Public Agency Retirement Services (PARS ARS) is a retirement account for part-time, seasonal, and temporary employees who work for public agencies.

Members can access real-time details about their PARS account. For more information, visit the PARS webpage at <https://myplan.pars.org/> and search for State Center Community College District.

Tax Sheltered Annuities

As an employee of an educational institution, you may elect to participate in a tax-deferred retirement program as authorized by Internal Revenue Code Section 403(b) and 457. With these programs, you elect to deduct a certain portion of your pay before state and federal income taxes. Funds are taxed when you withdraw.

Retirement Benefits

403(b) Plans

TCG Administrators administers the 403(b) plans. For more information about the 403(b) plans, including a list of vendors, please visit the 403b compare website at www.403bcompare.com.

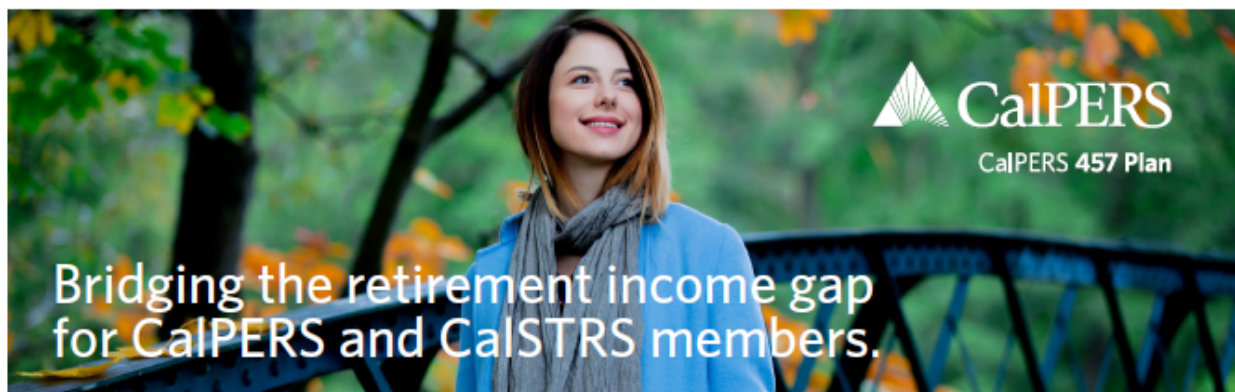
To start a 403(b), you will need to choose which vendor(s) you wish to invest with and open an account with them directly. Then call TCG Administrators at (800) 943-9179, let them know you are opening a 403(b) plan for State Center Community College District, which vendor(s) you choose and how much you want deducted from your paycheck.

457 Plans

The 457 plan is offered through CalPERS 457. More information can be found on page 56. Should you have questions, please contact CalPERS 457 at (888) 713-8244 or District Payroll at (559) 243-7100.



Additional Information



The CalPERS 457 Plan is a voluntary retirement savings plan that allows you to automatically save a portion of your salary. As a salaried employee or contracted worker of an agency, school district or community college district that has adopted the CalPERS 457 Plan, **you are eligible to participate!** Even if you are already contributing to a 403(b) plan or if you only work part-time, **you are eligible to participate.**

Many members think that if they are covered by CalSTRS they cannot participate in the CalPERS 457 Plan, **but you can!** See how the CalPERS 457 Plan stacks up as a convenient way to help you save for retirement.

	CalPERS 457 Plan	403b
Pre-Tax Contributions	Yes	Yes
Tax Deferred Growth of Earnings	Yes	Yes
Reduction to Adjusted Gross Income	Yes	Yes
Early Withdrawal Penalty (if distributions made prior to 59½)	No — if separated from service	Yes — 10%
Available to Both PERS and STRS Employees	Yes	Yes
Roth After-Tax Contributions	Yes — if adopted by employer	Yes — if offered
Conversion Option from Pre-Tax to Roth	Yes — if adopted by employer	Yes — if offered
Loans	Yes — if adopted by employer	Yes — if offered
Maximum Annual Contribution Limit (2020) \$19,500 (Age 49 or younger) or \$26,000 (Age 50 or older)	Yes	Yes
Rollover of Other Retirement Plans (IRA, 401(k), 403(b), 457(b))	Yes	Yes
Unexpected Emergency Withdrawal Provisions	Yes	Yes
Third Party Administration	No	Ask your 403b provider
Fees Clearly Disclosed and Transparent	Yes	Ask your 403b provider
Full Service Program with On-Site Representation	Yes	Ask your 403b provider

**SPEND
SOME TIME
WITH YOUR
RETIREMENT.**

- Visit calpers457.com for more information about the CalPERS 457 Plan. Call 888-713-8244 for questions about the Plan.
- You can also schedule an appointment to discuss your retirement planning and saving strategy with a local CalPERS 457 Account Manager by visiting calpers457.timetap.com. With more than 800 California government employers representing many types of public agencies, you're in good company with the CalPERS 457 Plan.

Important Notices

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 delivery. 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information, please call your medical plan carrier directly at the number on the back of your medical ID card.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

Under Federal law, group health plans must include coverage for the following post-mastectomy services and supplies when provided in a manner determined in consultation between the attending physician and the patient: (1) reconstruction of the breast on which a mastectomy has been performed, (2) surgery and reconstruction of the other breast to produce symmetrical appearance, (3) breast prostheses, and (4) physical complications of all stages of mastectomy, including lymphedemas. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. If you would like more information, please call your medical plan carrier directly at the number on the back of your medical ID card.

COBRA General (Initial)

All newly enrolled members will receive COBRA information from Delta Health Systems upon initial enrollment in the District sponsored health benefits. The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires group health plans to offer continuation coverage to covered employees, former employees, spouses, former spouses, and dependent children when group health coverage would otherwise be lost due to certain specific events. Those events include the death of a covered employee, termination or reduction in the hours of a covered employee's employment for reasons other than gross misconduct, a covered employee's becoming entitled to Medicare, divorce or legal separation of a covered employee and spouse, and a child's loss of dependent status (and therefore coverage) under the plan. COBRA sets rules for how and when continuation coverage must be offered and provided, how employees and their families may elect continuation coverage, and what circumstances justify terminating continuation coverage. Employers may require individuals to pay for COBRA continuation coverage. The premium that is charged cannot exceed the full cost of the coverage, plus a 2 percent administration charge.

Creditable Coverage - Medicare Part D Notice

The Medicare Modernization Act (MMA) requires entities (whose policies include prescription drug coverage) to notify Medicare eligible policyholders whether their prescription drug coverage is creditable coverage, which means that the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. For more information please contact us via email benefits@scccd.edu or call (559) 243-7100.

Important Notices



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 7-31-2023)

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.6% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

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

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 80 percent of such costs.

Important Notices

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name State Center Community College District		4. Employer Identification Number (EIN) 94-1574802	
5. Employer address 1171 Fulton Street		6. Employer phone number 559-243-7100	
7. City Fresno	8. State CA	9. ZIP code 93721	
10. Who can we contact about employee health coverage at this job? District Human Resources Office			
11. Phone number (if different from above)		12. Email address benefits@scccd.edu	

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

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

All employees. Eligible employees are:

Some employees. Eligible employees are:

*All active regular, contract, or temporary full-time faculty members.

*All active regular classified employees, confidential employees, classified managers, and academic managers who work thirty (30) hours or more per week during their assignment work year.

•With respect to dependents:

We do offer coverage. Eligible dependents are:

A legally married spouse or a registered domestic partner who meets all eligibility requirements under the individual medical summary plan document, and/or an eligible child under the age of 26 (e.g. biological child, stepchild, legally adopted child, child placed with the employee for legal adoption, or a foster child).

We do not offer coverage.

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

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

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

Important Notices

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 80 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Frequently Asked Questions

This is not an all-inclusive listing of frequently asked questions. For questions not listed here, please contact the District Human Resources benefits staff via email at benefits@scccd.edu or call (559) 243-7100.

Q: Can I opt out of/waive the District's health insurance plans?

A: No, you cannot opt out or waive coverage for yourself. All District benefit eligible employees must enroll in the health plans as required under the EdCare Group, bargaining unit agreements, Board Policies, and Administrative Regulations.

Q: How do I enroll or make changes to my health benefits?

A: All benefit enrollment and elections must be done through your BenefitBridge account.

Q: How do I access BenefitBridge?

A: Log into your MyPortal account. Once logged in, you can find the BenefitBridge portal under the Apps Catalog. You can also access via the web at www.benefitbridge.com/statecenterccd.

Q: I am having issues logging into BenefitBridge. Who can assist me?

A: The BenefitBridge Customer Care team can assist you. The BenefitBridge Customer Care team can be reached by phone at 800-814-1962 Monday – Friday, 8:00 AM – 5:00 PM, PST or by e-mail benefitbridge@keenana.com.

Q: I am having technical issues with BenefitBridge. Who can help me?

A: The BenefitBridge Customer Care team can assist you. The BenefitBridge Customer Care team can be reached by phone at 800-814-1962 Monday – Friday, 8:00 AM – 5:00 PM, PST or by e-mail benefitbridge@keenana.com.

Q: If I have other insurance from my spouse/registered domestic partner, what plan should I elect?

A: The District Human Resources benefits staff cannot provide advice on which plan to choose. However, the PPO plans will coordinate benefits with other PPO plans and the Kaiser HMO plans will coordinate benefits with other Kaiser HMO plans. It is very important to note that HMO plans do not coordinate with PPO plans and vice versa. Also, your medical plan with the District will be primary for you. If you have questions regarding coordination of benefits, please contact the District Human Resources benefits staff via e-mail benefits@scccd.edu or by phone at (559) 243-7100.

Q: How do I know if I successfully completed my enrollment in BenefitBridge?

A: To complete your online enrollment process in BenefitBridge, you will be provided a document page - "Summary of Benefits for the Requested Effective Date..." - which you must digitally sign and submit. Once that is completed, please allow at least five (5) business days for the approval/denial process to be completed in BenefitBridge. Ensure to review your BenefitBridge message center. Your BenefitBridge message center will notify you if further information is needed and/or if your enrollment request is approved/denied. If you are still unsure of your enrollment status, and prior to the 31st day of your enrollment period, please reach out to the District Human Resources benefits staff via email at benefits@scccd.edu or by phone at (559) 243-7100.

Frequently Asked Questions

Q: What if I do not have copies of the required supporting dependent eligibility documents?

A: In order to enroll your eligible dependents, you must upload the appropriate supporting documents in BenefitBridge within your 31-day enrollment period. If you should need to order documents, you may do so through the local county recorder's office, hall of records, or the Department of Public Health. Failure to submit the required documentation in BenefitBridge will result in denial of the enrollment request.

Q: How can I get additional or replacement ID cards?

A: If you are a Modern Care or Bronze plan member, you can log into your Delta Health Systems account to print an ID card and request a new medical ID card be mailed to you.

If you are a Kaiser High HMO or Kaiser Low DHMO plan member, you will need to contact Kaiser Permanente member services at (800) 464-4000 to request a new card. You can also access a virtual ID card through your member portal/apps.

For dental ID cards, you can log into your Americas member portal to print a copy. You can also request a hard copy ID card by emailing us at benefits@sccd.edu or by calling the Reina Kemble, Benefits Technician, at (559) 243-7134.

There are no ID cards for Vision.

Q: I received a provider bill and have questions, who can I contact?

A: Contact the provider directly. If you have questions regarding how the insurance processed the claim for services, review your Explanation of Benefits form from the health insurance plan administrator or reach out to the health insurance plan administrator directly.

Q: I received a Coordination of Benefits (COB) Form or a Third-Party Liability (TPL) Form. What should I do?

A: This form is required in order for the insurance company to process your claims and pay the providers. Failure to complete the form will mean the claims will not be paid and your provider may bill you for the whole financial responsibility. Please complete and send back to the insurance company timely. Ensure to keep a copy for your records. If you need to verify receipt, reach out to the health insurance plan administrator.

Q: How long can my dependent child remain on the health plans?

A: Children are eligible to remain on your medical, dental and vision plans until the end of the month in which they turn age 26. Please see the 'Overage Dependents' section on page 5.

Q: My dependent child is getting married. What do I have to do with the insurance plans?

A: If you want your child to remain on the health plans, there is nothing you need to do for the district insurance plans. However, if your child will have another insurance plan(s), he/she should look into coordination of benefits, eligibility, etc. with that plan. If you wish to remove your child from the health plans, you have 30 days after the qualifying event date to do so.

Frequently Asked Questions

Q: My dependent child received health insurance through his/her employer. What do I have to do with the insurance plans?

A: If you want your child to remain on the health plans, there is nothing you need to do for the district insurance plans. However, if your child will have another insurance plan(s), he/she should look into coordination of benefits, eligibility, etc. with that plan. If you wish to remove your child from the health plans, you have 30 days from the qualifying event date to do so.

Q: My enrolled spouse/registered domestic partner (RDP) is turning 65, is there anything I need to do in regards to Medicare?

A: As long as you are actively employed with health benefits, the district does not require you or your spouse/RDP to enroll in Medicare Parts A&B; however, Medicare does have its own guidelines. Please review the [Medicare and You handbook](#) or contact Medicare directly. When you retire you and/or your eligible dependent must have Medicare.

Q: My enrolled dependent has passed away. Do I need to notify anyone?

A: Yes, please contact the District Human Resources benefits staff at (559) 243-7100.

Q: Who at the District can assist me with my benefit-related questions or concerns?

A: You can email the District Human Resources benefits staff at benefits@scccd.edu or contact us at (559) 243-7100.

Q: Who at the District can assist me with leaves?

A: For assistance with the Family Medical Leave Act (FMLA), California Family Rights Act (CFRA), Pregnancy Disability Leave (PDL), or other leaves available under the bargaining unit agreement, board policy or administrative regulations, please reach out to the District Human Resources department at (559) 243-7100. You will be routed to the appropriate Human Resources Technician who can assist you.

Websites and Contact Information

Member Websites/Portals

	Website
BenefitBridge Benefit Administration Platform	www.benefitbridge.com/statecenterccd
PPO Medical Insurance Member Portal	www.deltahealthsystems.com
PPO Prescription Drug Plan Member Portal	www.rxipm.com
Employee Assistance Program (EAP) – (login password: edcare)	www.halcyconeap.com
Ameritas PPO Dental Plan Member Portal	www.ameritas.com
PPO Mental Health Benefits Member Portal	www.edcaremhsa.com
PPO PhysMetrics Member Portal (PPO plan vendor for chiropractic, physical therapy, speech therapy, occupational therapy)	www.edcarechiro.com
VSP Vision Plan Member Portal	www.vsp.com
Kaiser Permanente HMO/DHMO Plan Member Portal	https://healthy.kaiserpermanente.org/

Customer Service Phone Numbers

Plan	Phone Number
BenefitBridge Customer Service	(800) 814-1862
Modern Care and Bronze PPO Medical Plans – Delta Health Systems	(800) 433-2566
Kaiser Permanente HMO/DHMO Medical Plans	(800) 464-4000
Ameritas PPO Dental Plan	(800) 487-5553
VSP Vision Plan	(800) 877-7195
PhysMetrics (PPO plan vendor for chiropractic, physical therapy, speech therapy, occupational therapy)	(877) 519-8839
Integrated Prescription Management (PPO Plans prescription drug vendor)	(877) 860-8846
Halcyon Behavioral (Employee Assistance Program and PPO plan mental health benefits provider)	(888) 425-4800
SCCCD Human Resources Benefits Staff	<ul style="list-style-type: none"> • Email: benefits@sccd.edu • Reina Kemble, Benefits Technician (559) 243-7134 • Frances Garza, Benefits Coordinator (559) 243-7133 • District Human Resources Office (559) 243-7100 Webpage: www.sccd.edu/employeebenefits

The information in this guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions, contact the District Human Resources Office at (559) 243-7100.