



State Center Community College District Office of Human Resources

Benefits Frequently Asked Questions

Q:	What types of health insurance benefits are available to me and my dependents?										
A:	<ul style="list-style-type: none"> • Four (4) Medical Plan Options – Modern Care PPO, Bronze PPO, Kaiser HMO High Plan, Kaiser DHMO Low Plan. • Ameritas PPO Dental Plan • VSP Vision Plan • Halcyon Behavioral Employee Assistance Program (EAP) • VOYA Group Life Insurance • VOYA Voluntary Long-Term Disability Insurance • Voluntary Products and Benefits 										
Q:	What is the cost for the medical insurance plan?										
A:	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr style="background-color: #00a0e3; color: white;"> <th style="text-align: center;">Medical Plan</th> <th style="text-align: center;">Monthly Employee Payroll Deduction</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Modern Care PPO</td> <td style="text-align: center;">\$73</td> </tr> <tr> <td style="text-align: center;">Bronze PPO</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td style="text-align: center;">Kaiser High HMO</td> <td style="text-align: center;">\$616.29</td> </tr> <tr> <td style="text-align: center;">Kaiser Low DHMO</td> <td style="text-align: center;">\$0</td> </tr> </tbody> </table> <p>There is no additional cost to add dependents to your medical plan.</p>	Medical Plan	Monthly Employee Payroll Deduction	Modern Care PPO	\$73	Bronze PPO	\$0	Kaiser High HMO	\$616.29	Kaiser Low DHMO	\$0
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Q:	What is the cost for the dental insurance plan?										
	The district pays the premiums in full for dental insurance. There is no additional cost to add dependents to your dental plan.										
Q:	What kind of dental insurance do we have?										
A:	Our dental coverage is with Ameritas PPO and is an incentive plan that begins paying claims at 70% and increases 10% each year you use the plan until you reach 100% for all basic, diagnostic and preventative services. There is a \$1,500 annual limit per family member. Major services and orthodontia are paid at 50% up to \$1,250 for orthodontia.										
Q:	What is the cost for the vision insurance plan?										
	The district pays the premiums in full for vision insurance. There is no additional cost to add dependents to your vision plan.										

Q:	What kind of vision insurance do we have?																	
A:	Our vision coverage is with Vision Service Providers (VSP) and provides examination and lenses once every 12 months and frame once every 24 months. There is a co-pay of \$10 for the examination. <i>Please note you will not receive an ID card once enrolled with VSP</i>																	
Q:	What is the employee assistance benefit?																	
A:	<p>The Employee Assistance Program (EAP) is offered through Halcyon Behavioral. EAP is a confidential counseling service available to eligible district employees and anyone within the eligible employee's household. Eligible employees and members of their households are allowed 6 free sessions per year, per issue. The EAP plan can be used 24 hours a day, 7 days a week.</p> <p>Halcyon EAP providers can be found at www.halcyoneap.com/. The log in username is edcare. Halcyon EAP customer service for benefit or claims questions is 888-425-4800.</p>																	
Q:	Does the District offer life insurance and what is the benefit?																	
A:	Yes the District offers life insurance coverage at no cost to benefit eligible employees through VOYA/ReliaStar Life Insurance Company, the policy level is different based on your classification:																	
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Q:	Where can I find all the benefit information, including forms, summary plan documents, tools available to me, benefit summaries, etc.?																	
A:	<p>All benefit related documents including enrollment and change forms can be found on the benefits webpage located on the district website or under the benefits section of the district intranet site.</p> <p>Website: www.scccd.edu/employeebenefits Intranet (through a district computer): http://intranet.scccd.net/Benefits/</p>																	

Q:	How long can my child(ren) remain on my insurance?
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.
Q:	What if I need to add/remove a spouse or child to my plan?
A:	<p>You may add a spouse and/or stepchildren to your plan within 30 days from date of marriage by completing the appropriate change forms and submitting them along with a copy of a certified marriage certificate to the Benefits office.</p> <p>To remove a spouse due to divorce, you will need to complete the appropriate change forms and submit them along with a copy of the top page of the final divorce decree to the Benefits office.</p> <p>You may add a newborn or adopted child to your plan within 30 days from date of birth or adoption by completing the appropriate change forms and submitting them along with a copy of the certified birth or adoption certificate to the Benefits office.</p>
Q:	I am a full time employee about to turn 65, but I am not ready to retire. What do I need to do?
A:	Nothing! As a fulltime, benefited employee you are not required to make any changes to your insurance plan. HOWEVER upon reaching your 65 th birthday, or otherwise becoming eligible for Medicare, it is your responsibility to contact Medicare to enroll in Part A and Part B. Visit http://www.medicare.gov for more information.

RETIREMENT

Q:	I'm planning on retiring...what do I need to do?
A:	<p>Please note that you are actually retiring from two institutions, PERS and/or STRS and the District.</p> <ul style="list-style-type: none"> • For PERS/STRS, you will need to contact them directly and request a retirement package. It is strongly suggested that you meet with a PERS/STRS Benefits Counselor well in advance of your planned retirement date. Check out http://www.calstrs.com or http://www.calpers.ca.gov for additional information • To retire from the District, write a letter to your Manager stating your intent to retire and the effective date of retirement. Your retirement letter will be processed at the college and forwarded to the Human Resources Department at the District Office. Your retirement will then be added to the Board agenda for Board of Trustee's approval. Once approved, you will receive correspondence from the District Benefits Office regarding your retiree medical insurance benefit options.
Q:	What happens to my accrued sick leave when I retire?
A:	Your accrued sick leave may be used for additional service credit with PERS and STRS. A form will be provided by STRS/PERS in the retirement package sent to you by STRS/PERS. This form should be sent to the District Payroll Office for completion and Payroll will forward the form to the appropriate agency.
Q:	What happens to my accrued vacation when I retire?
A:	You will be issued payment for any accrued vacation. Payment is made on the monthly payroll cycle following your retirement.

Q:	What happens to my dental, vision and life insurance benefits when I retire?
A:	Your dental, vision and life insurance benefits end at your retirement. Coverage under COBRA regulations will be offered for the dental and vision benefits. Information regarding conversion to an individual policy will be provided for the life insurance coverage.
Q:	What is COBRA?
A:	COBRA is federal regulation which allows employees who are losing coverage to continue coverage at their own expense. As a retiree eligible for health benefits, you will be offered the opportunity to continue dental and vision benefits at your own expense for up to 18 months.
Q:	I am already over age 65 and planning to retire. What do I need to do regarding Medicare? and/or I have Medicare Part A and I'm planning to retire. When should I enroll in Part B?
A:	Upon reaching your 65 th birthday, or otherwise become eligible for Medicare, it is your responsibility to contact Medicare to enroll in Part A and Part B. You will also be required to enroll in Part D if you are enrolled in Kaiser. If you are enrolled in EdCARE/ModernCare or Bronze (Blue Cross PPO) you are not required to enroll in Part D at this time. Contact your local Social Security office to determine your Medicare eligibility and to enroll in Medicare. Advise the representatives that you have been working past age 65 and need to have a special enrollment. In most cases, your coverage should be effective the first day of the month following your retirement (example – If you are retiring March 15, your coverage should be effective April 1).
Q:	What should the retiree, retiree spouse/domestic partner do when turning age 65?
A:	You should contact your local Social Security office at least three months prior to your 65 th birthday to inquire about your eligibility for Medicare parts A and B. Please note, it is the retiree's/spouse or domestic partner's responsibility to contact Social Security, enroll if eligible and provide the information to the District Benefits Office. Once enrolled in Medicare B, you will receive quarterly premium payments, which you are required to pay. Upon receiving your Medicare ID card, please provide a copy of this to the Benefits Office for your file.
Q:	What happens if I become eligible for Medicare Parts A and B due to a disability?
A:	The retiree and/or spouse or domestic partner must enroll for all parts of Medicare for which they are eligible.
Q:	What is the difference between Medicare Parts A, B and D?
A	<p>Medicare Part A covers care in hospitals as an inpatient, critical access hospitals (small facilities that give limited outpatient and inpatient services to people in rural areas), skilled nursing facilities (not custodial or long-term care), hospice care, and some limited home health care. <u>Most people do not have to pay for Part A.</u></p> <p>Medicare Part B covers doctors' services, outpatient hospital care, diagnostic laboratory services, and some other medical services that Part A doesn't cover, such as the services of physical and occupational therapists, and some home health care. Part B helps pay approximately 80% for these covered services and supplies when they are medically necessary. <u>Most people pay a monthly premium for Medicare Part B.</u></p> <p>Medicare Part D prescription drug coverage is insurance that covers both brand-name and generic prescription drugs at participating pharmacies in your area. Medicare prescription drug</p>

	coverage provides protection for people who have very high drug costs or from unexpected prescription drug bills in the future. <u>Everyone pays a premium to have Part D coverage. Please note you do not need to enroll in Medicare Part D if you are continuing coverage as a retiree under the Modern Care PPO plan, this plan constitutes credible coverage thereby eliminating your requirement to enroll in Part D at this time.</u>
Q:	Is there an open enrollment for retirees?
A:	Yes, retirees are offered an Open Enrollment each year. Notices are sent via email or USPS to retirees. Any changes as requested by the retiree are effective October 1.
Q:	Who do I call with questions about benefits?
A:	For questions about claims, requests to change clinics, doctors and other specific questions about coverage, contact the insurance provider directly. Phone numbers are provided on your ID Card. For general questions about your health benefits offered through the District, you may contact the District Human Resources benefits staff at 559-244-5992 or 559-244-5933.

The information provided is a summary of employee and retiree benefits as outlined in the bargaining agreements and Board Policy. The applicable bargaining unit agreement and/or Board Policy will prevail in the case of any discrepancies in this summary.

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