



2025 SCCCD Annual Open Enrollment Frequently Asked Questions for Full-Time Benefit Eligible Employees

Q: What is the deadline to complete my open enrollment changes?

A: 4:30 PM, August 29, 2025!

Q: Is there anything I need to do if I don't want to make any changes?

A: Yes, open enrollment is mandatory for all benefit-eligible employees. You are required to log into BenefitBridge and review your benefits during the annual open enrollment period, August 4, 2025 through **4:30 PM, August 29, 2025.**

Q: What happens if I do not take action during the open enrollment period?

A: You, and any eligible enrolled dependents, will be automatically enrolled in the lowest-cost health plan—the Kaiser High Deductible HMO Health Plan—effective October 1, 2025.

Please note: You **will not be able to change plans** until the next open enrollment period for the plan year beginning **October 1, 2026.**

If the Kaiser High Deductible Health Plan is **not** your preferred option, **take action now** to select a different plan before the deadline, **4:30 PM, August 29, 2025.**

Q: If we are good with our current benefits, do they just roll over?

A: The open enrollment period is MANDATORY for all benefit eligible employees. You will need to log into your BenefitBridge account to review and submit your plan elections for the new plan year starting October 1, 2025.

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

A: Currently, the District does not allow full-time benefit-eligible employees to opt out of/waive the District's health insurance coverage. If you have other health insurance, you may be able to coordinate benefits between the plans - 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 critical 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 HR benefits staff via e-mail benefits@scccd.edu or by phone at (559) 243-7100.

Q: I haven't seen any emails about open enrollment, how could I have missed them? I am an adjunct and/or I use my personal email account.

A: Part-time employees may be eligible for health insurance by one of two ways – the Affordable Care Act (ACA) and the District's [Part-Time Faculty Health Insurance Pilot Program](#). If you are currently enrolled in benefits under either of these programs, our office will send communication to you through your District/Campus e-mail address. We do not send information to personal email accounts. Please check your District/Campus email address for any communications that may have been sent to you. Also check out the 'Fall 2025 Open Enrollment Period Frequently Asked Questions for Employees Eligible under the Part-Time Faculty Health Insurance Pilot Program' which can be found on the District's [Part-Time Faculty Health Insurance Pilot Program webpage](#).

Q: How can I access BenefitBridge?

A: Log into your [MyPortal](#) account. Once logged in, you will find the BenefitBridge tile under the Apps Catalog, or with the following web link <https://www.benefitbridge.com/SSO/SPLogin/statecenterccd>. If you are having trouble logging in, email benefits@scccd.edu for assistance.

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

A: 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@keenan.com.

Q: How can I determine what health benefit plans I am currently enrolled in?

A: Log into your [BenefitBridge](#) account to view your current benefit enrollments at the bottom of the landing page.

Note: If you are a new hire who has not completed your new hire benefit enrollment, you must complete your new hire enrollment in BenefitBridge before making an open enrollment election.

Q: Where can I find health benefit plan information ?

A: All open enrollment communication, documents, and information can be found on the District's Open Enrollment Website at www.scccd.edu/openenrollment.

Q: How do I change medical insurance plans?

A: All changes must be completed in your [BenefitBridge](#) portal. Log into your [BenefitBridge](#) account and select the “Open Enrollment” tile and follow the prompts to make your plan elections no later than **August 29, 2025, at 4:30 PM**.

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

A: To complete the online enrollment process in [BenefitBridge](#), you must follow all the prompts to the very end of the enrollment, electronically sign and click submit on the Summary of Benefits page. If you have submitted your elections properly, a PDF document titled “Summary of Benefits for the Requested Effective Date of 10/1/2025” will auto-populate. Review and save the PDF document as your proof of completion. You will also receive updates in the BenefitBridge message center. The Benefits team will be approving/denying elections every Friday during the annual open enrollment period, please check the BenefitBridge message center for your election status.

Q: My open enrollment elections were denied what do I do now?

A: If your open enrollment elections were denied, check the BenefitBridge message center for comments as to why. Once the issue is identified and corrected, resubmit your open enrollment elections no later than **August 29, 2025, at 4:30 PM** and save the new PDF document titled “Summary of Benefits for the Requested Effective Date of 10/1/2025”. Finally, check the BenefitBridge message center for a status update.

Q: If I am enrolled in other health insurance coverage through 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 critical 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 HR benefits staff via e-mail benefits@scccd.edu or by phone at (559) 243-7100.

Q: Is there a meeting I can attend to get more information?

A: Yes, we’re offering a variety of opportunities to support you during this year’s Open Enrollment period. These include:

- **Formal presentations** covering key Open Enrollment information
- **On-campus HR office hours** – drop in anytime, no appointment needed
- **Virtual Zoom drop-in sessions** for convenient, real-time support

For dates, times, and access details, please visit the **Open Enrollment website** at www.scccd.edu/openenrollment to view the full schedule of events.

Q: I have reviewed all open enrollment information, and I still have questions. Who can assist me?

A: Visit our team at an open enrollment on-campus meeting, during a virtual Zoom drop in, or contact us via email at benefits@scccd.edu. You can find a meeting schedule at the open enrollment website, www.scccd.edu/openenrollment. If unable to attend a meeting, email us at benefits@scccd.edu or call (559) 243-7100.

Relating to Dependents

Q: Do we need to resubmit documentation for our currently enrolled dependents?

A: If your eligible dependents are currently enrolled on your health insurance plans, you do not need to resubmit supporting dependent documents. However, if you will be adding a new dependent to the health plans during the annual open enrollment period, you will need to submit the required supporting dependent documents at time of enrollment. To see a list of supporting dependent documents required, please review the 2025-2026 Employee Benefit Guide which can be found on the open enrollment website at www.scccd.edu/openenrollment.

Q: How do I add or remove dependents from my health insurance plans?

A: All changes must be completed in your BenefitBridge portal. You can access BenefitBridge from your MyPortal apps catalog or type into your web address bar, <https://www.benefitbridge.com/SSO/SPLogin/statecenterccd>. Once you are logged in, select the “Open Enrollment” tile and follow the prompts to add or remove dependents no later than **August 29, 2025, at 4:30 PM. If you are adding dependent(s), you must upload the required supporting dependent eligibility documentation. You can find a list of required documents in the 2025-2026 Employee Health Benefits Guide. Proceed to the next question.**

Q: For the required supporting dependent documents, do I need to upload/submit one of the listed documents or all of them?

A: All documents listed are required. To see a list of supporting dependent documents required, please review the 2025-2026 Employee Benefit Guide which can be found on the open enrollment website at www.scccd.edu/openenrollment.

Q: For a stepchild, if a stepchild was adopted by your new spouse before marriage, are they eligible for health coverage?

A: Yes. When you submit the enrollment in BenefitBridge, please be sure to upload the required supporting dependent documentation. To see a list of supporting dependent documents required, please review the 2025-2026 Employee Benefit Guide which can be found on the open enrollment website at www.scccd.edu/openenrollment.

Q: I am newly married, and my spouse and I have not filed taxes yet. Can I still add them to the health insurance plans and if so, what documents do I need to provide?

A: If you have been married in the last year and have not yet filed a 2024 Federal Tax Form, we can accept the marriage certificate and a copy of your spouse's social security card.

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

A: To enroll your eligible dependents during the annual open enrollment period, you **must** upload the required supporting documents in BenefitBridge **at the same time** you submit your enrollment changes. To find a listing of what documents are required, please visit the Open Enrollment website at www.scccd.edu/openenrollment.

If you do not upload the required documentation, we cannot verify your dependents' eligibility, and the election will be denied.

If you have an extenuating circumstance, you must reach out to the Human Resources benefits staff via email at benefits@scccd.edu as soon as possible and no later than **4:30 PM on August 29, 2025**.

Q: If one of my dependents lives out of state, can they be enrolled on my health insurance plans?

A: Yes. For the PPO medical plans, vision, and dental, you can find in-network providers outside of California. For the Kaiser HMO medical plans, you can use your Kaiser benefits, outside of California, whether that be for Urgent care or Emergency in a Non-Kaiser facility, if you are not in a Kaiser service area or in a Kaiser facility if you are in the services area. However, for routine care, that must be completed in California, with your regular Primary care or specialist office.

Relating to the ASCIP PPO Plans

Q: Is there a list of physicians we can access?

A: You can search for in-network providers by accessing the following website - <https://www.anthem.com/ca/mcr/sisc>. Click on find care, then select PPO, then select search for a PPO Network Provider.

Q: Do the ASCIP PPO plans allow coverage in other states?

A: Yes, you can use in-network benefits/services outside of California if you use an in-network provider. Both PPO plans also offer out-of-network coverage; however, your out-of-pocket expenses will be higher when using out-of-network providers.

Q: Is there a coordination of benefits between the ASCIP 90/70 PPO plan and the ASCIP High Deductible Health Plan - Plan A (HSA compatible)? And if so, how do they coordinate?

A: When coordinating with an HSA compatible plan, it can be complicated. Since the deductible is higher in the ASCIP HDHP-Plan A plan, the plan may not pick up the member's cost share from the ASCIP 90/70 PPO plan.

Q: If I elect the HDHP and have richer coverage through my spouse's/registered domestic partner's medical plan, do I have to first meet the deductible on my plan before the plans will coordinate?

A: Yes.

Relating to the Kaiser HMO Plans

Q: If I switch Kaiser HMO plans during open enrollment (example, High to Low, Low to HDHP) will my out-of-pocket maximum and deductibles reset October 1, 2025?

A: No, the out-of-pocket maximum and deductibles will carry forward through December 31, 2025, even if you switch effective October 1, 2025 to a new Kaiser plan.

Q: How does Kaiser coordinate with other Kaiser plans?

A: If one of a member's two commercial coverages is a deductible HMO plan or an HSA-Qualified High Deductible Health Plan (HDHP) HMO and the other is a Traditional HMO; or both of a member's two coverages is a deductible HMO plan. Double Coverage does not apply when a member has two HSA-Qualified HDHP HMOs. The member will be financial responsibility for services based on the Coordination of Benefit rules.

Q: Can you use Kaiser out of state?

A: You can, as a Kaiser Permanente member use your Kaiser benefits, outside of California, whether that be for Urgent care or Emergency in a Non-Kaiser facility, if you are not in a Kaiser service area or in a Kaiser facility if you are in the services area. However, for routine care, that must be completed in California, with your regular Primary care or specialist office.

Q: Does Kaiser have Urgent Care?

A: For urgent care type situations, you will first call the Advice Nurse Line to get care options. Depending on your location some Kaiser Facilities do have Urgent care facilities.

Relating to Long-Term Disability

Q: I did not enroll in Voluntary Long-Term Disability at time of hire; can I enroll during the annual open enrollment period?

A: Yes, you're able to, but you'll just need to go through the Evidence of Insurability process first. To apply for coverage:

- Complete the election in BenefitBridge **AND:**
- Download and complete the required Evidence of Insurability (EOI) form and submit it to ReliaStar/VOYA no later than August 29, 2025. *It is recommended to save a copy of the EOI form and submission information for your records.*
- If ReliaStar/VOYA requires additional information, they will contact you within 2–4 weeks of your submission. Please be sure to respond promptly to continue the application process.
- For status updates, please contact ReliaStar/VOYA directly at 1-800-537-5024. If you do not receive any communication within 4 weeks of submission, we recommend following up with them to check the status of your application.
- ReliaStar/VOYA will notify both you and the District by U.S. mail regarding the approval or denial of your voluntary LTD coverage. If approved, your benefits and payroll deductions will begin on the first day of the month following the approval date.
- **Failure to submit the EOI form or complete the EOI process with ReliaStar/VOYA will result in denial due to an incomplete application.**

Q: How do I know if I enrolled in a long-term disability plan?

A: You can view your current elections in BenefitBridge. From your BenefitBridge landing page, scroll down to the section titled “Learn About My Benefits” to see all your current plan elections.

Q: How do I know if I am eligible for the long-term disability plan buy-up option?

A: If you were hired into a full-time benefit eligible position on/before 9/1/2013, and make \$100,000 or more per year, you should be eligible for the option. When you complete your open enrollment elections in BenefitBridge, you will go through the LTD buy-up option section.

Q: I am eligible for the long-term disability plan buy-up option and I would like to enroll, what do I need to do?

A: You'll just need to go through the Evidence of Insurability process first. To apply for coverage:

- Complete the election in BenefitBridge **AND:**
- Download and complete the required Evidence of Insurability (EOI) form and submit it to ReliaStar/VOYA **no later than August 29, 2025**. *It is recommended to save a copy of the EOI form and submission information for your records.*
- If ReliaStar/VOYA requires additional information, they will contact you within 2–4 weeks of your submission. Please be sure to respond promptly to continue the application process.
- For status updates, please contact ReliaStar/VOYA directly at 1-800-537-5024. If you do not receive any communication within 4 weeks of submission, we recommend following up with them to check the status of your application.
- ReliaStar/VOYA will notify both you and the District by U.S. mail regarding the approval or denial of your voluntary LTD coverage. If approved, your benefits and payroll deductions will begin on the first day of the month following the approval date.
- **Failure to submit the EOI form or complete the EOI process with ReliaStar/VOYA will result in denial due to an incomplete application.**

Q: I've submitted my election and sent the Evidence of Insurability (EOI) form to ReliaStar/VOYA to enroll in either Voluntary Long-Term Disability Coverage or the Long-Term Disability Buy-Up Option. When can I expect to receive a decision regarding my approval?

A: If ReliaStar/VOYA requires additional information, they will contact you within 2–4 weeks of your submission. Please be sure to respond promptly to continue the application process. For status updates, please contact ReliaStar/VOYA directly at 1-800-537-5024. If you do not receive any communication within 4 weeks of submission, we recommend following up with them to check the status of your application. ReliaStar/VOYA will notify both you and the District by U.S. mail regarding the approval or denial of your voluntary LTD coverage. If approved, your benefits and payroll deductions will begin on the first day of the month following the approval date.

Relating to Flexible Spending Accounts (FSA)

Q: If I currently have a Flexible Spending Account (FSA) – Healthcare FSA or Dependent Care FSA – with American Fidelity, do I have to re-enroll for the upcoming plan year?

A: Yes, those plans do not automatically renew. To re-enroll for the next plan year, October 1, 2025 through September 30, 2026, [click here to make an appointment with American Fidelity](#).

Q: I have never had a flexible spending account for medical care reimbursement or dependent care reimbursement, but I want to add one, what do I do?

A: To enroll, you **must meet with an American Fidelity representative** during the Open Enrollment period. **Schedule your appointment early**, as time slots fill up quickly:

- [Book an appointment with American Fidelity online](#)
- Or call **559-230-2107**, ext. 0

Q: For the FSA it says Oct to Sept but then says we can use it until Dec 31st is that correct?

A: The flexible spending accounts plan year is October 1st through September 30th of each year. The FSA plans have a grace period to incur expenses after September 30th and a total of 90-days after September 30th to submit reimbursement requests.

Q: If we decided to go with the plan that is compatible with a Health Savings Account (HAS), do we have to go through a certain broker for that HSA?

A: No. You can choose to use any broker or financial institution that offers an HSA account.

Q: Do the medical premiums coming out pre-tax count against our FSA limit?

A: No, it does not. A Section 125 Premium Only Plan allows employees to reduce taxable income by contributing to health premiums pre-tax. A healthcare flexible spending account allows you to set aside money before taxes for eligible healthcare expenses. The Dependent Care FSA lets you reimburse yourself with pre-tax money for expenses associated with dependent care for your eligible children.

Relating to Voluntary Benefits

Q: How can I purchase additional life insurance?

A: You can purchase additional life insurance, as well as life insurance for dependents, with AFLAC, American Fidelity and Trustmark.

AFLAC – [Book an appointment with AFLAC](#) or call (559) 224-5004 to schedule an appointment

American Fidelity – [click here](#) or call (559) 230-2107 ext 0 to schedule an appointment

Trustmark - To review available options and make an election, log into your [BenefitBridge](#) account to complete your enrollment alongside your other Open Enrollment elections. After you submit your election, Trustmark will contact you directly to confirm enrollment.

Q: What are voluntary benefits?

A: Voluntary benefits are such things as accident insurance, cancer/specified disease insurance, disability insurance, and hospital indemnity insurance. These are employee-paid insurance options, paid through a payroll deduction, that could supplement your core health insurance benefits. To learn more and to compare products, the below vendors:

AFLAC – [click here](#) or call (559) 224-5004 to schedule an appointment

American Fidelity – [click here](#) or call (559) 230-2107 ext 0 to schedule an appointment

Q: I heard we added long-term care insurance last year, but I didn't add it. I want to add it now. What do I do?

A: Yes, we added a voluntary plan - Trustmark Universal Life Insurance with Long-Term Care benefit. To review options and make an election, log into your [BenefitBridge](#) account to complete your enrollment alongside your other Open Enrollment elections. After you submit your election, Trustmark will contact you directly to confirm enrollment. Once confirmed, they will notify the District, and monthly premium deductions will begin through payroll based on the effective date.

Relating to ID cards

Q: Will I receive new medical ID cards?

A: If you enroll in a new medical plan, you will receive new medical ID cards around October 1, 2025.

Q: Will I receive new dental and/or vision ID cards?

A: No. If you need to request a replacement of your dental and/or vision card(s), contact Ameritas or log into your [Ameritas member portal](#) (www.ameritas.com/sign-in).

For questions not answered in this communication, the 2025-2026 Employee Health Benefits Guide, or in other open enrollment communications, please reach out to the District Human Resources benefits staff via email at benefits@scccd.edu or by phone at (559) 243-7100. **Reminder to allow at least 24-48 hours response time due to high email and call volume during open enrollment.**