Employee Health Benefits

Open Enrollment Guide

Open Enrollment Period: August 12, 2019 to September 12, 2019

Plan Year: October 1, 2019- September 30, 2020

This guide provides information about your health benefits with State Center Community College District (SCCCD) and Open Enrollment. Use this guide as your go-to source for the open enrollment period for plan year 2019-2020.

Contents

What is Benefits Open Enrollment?

Open enrollment is the one time each year you can make changes to the following health benefits:

- Medical, dental and vision plan selection
- Dependent enrollment changes without a qualified event
- Section 125 Flexible Spending Accounts plan participation (the IRS requires new elections be made each year)
- Voluntary long-term disability plan participation

Open enrollment for District-sponsored health insurance benefits	
Begins	**Ends**
August 12, 2019	**September 12, 2019**

All open enrollment information, forms and resources can be found at http://intranet.scccd.net/Benefits/ or www.scccd.edu/openenrollment

Changes made during the open enrollment period will become effective on October 1, 2019.

What to do during benefits open enrollment period?

1. **Review** the 2019 Open Enrollment memo.
2. **Review this guide to learn about the health benefits being offered for plan year 2019-2020 along with answers to frequently asked questions.**
3. Check out the website at www.scccd.edu/openenrollment.
4. **If you do not wish to make any changes** to your health insurance benefits during open enrollment, then you do not need to do anything. Your health benefit plans and dependents enrolled will remain the same for the new plan year.
    - If you are on the Modern Care PPO or Bronze PPO plan, there are benefit changes effective October 1, 2019.
    - If you wish to enroll/re-enroll in a Section 125 Flexible Spending Account (FSA) Plan, you must schedule an appointment with American Fidelity during the FSA enrollment period.
5. **If you wish to make changes** such as moving to another medical plan, adding or removing a dependent, or updating your address, you must complete an Open Enrollment Form to the District Human Resources Office no later than 5:00 PM on September 12, 2019.

If you have questions about any of the health insurance benefits mentioned in this guide, please do not hesitate to reach out to the District Human Resources Office at (559) 243-7100.

Open Enrollment Informational Meetings

At each scheduled informational session representatives from each health plan, Barthuli & Associates (our insurance broker), and the District Human Resources Office will review all plan benefits changes and answer any questions you may have.

Additionally, AFLAC & American Fidelity will be in attendance to provide information on their voluntary benefit options available to you.

If you would like more information regarding open enrollment and the benefit changes, please attend one of the following sessions:

Date	Time	Campus Location
8/22/2019	9:00 AM – 11:00 AM	Fresno City College OAB Room 251
8/23/2019	9:00 AM – 11:00 AM	Clovis Community College AC1-150
8/26/2019*	9:00 AM – 11:00 AM	Madera Community College Center R-4D
8/26/2019*	1:00 PM – 3:00 PM	District Office – Fulton 7th floor Channel Island Conference Room
8/28/2019	12:00 PM – 2:00 PM	Fresno City College OAB Room 251
8/29/2019	9:00 AM – 11:00 AM	Reedley College Staff Dining Room

***Only HR-Benefits staff and Barthuli & Associates will be at this meeting.*

Can't make it to a meeting?

We know that employees may not be able to attend a meeting. For that reason, we have posted all open enrollment resources on the open enrollment site, www.scccd.edu/openenrollment. You can find benefit summaries, Section 125 enrollment schedule, enrollment forms and more. If after reviewing the information you have questions, please contact the District Human Resources Office at (559) 243-7100.

Welcome to your 2019 Health Benefits Open Enrollment Guide

State Center Community College District ("SCCCD") continues to strive to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you are getting the most out of our benefits—that is why we have put together this Open Enrollment Guide.

Who is Eligible?

All regular, full-time management, confidential, classified, and faculty employees, as well as their eligible dependents. Please refer to the bargaining unit agreement for health and welfare eligibility guidelines.

Dependents include:

- Legally married Spouse
- Registered Domestic Partner (as outlined in the Summary Plan Description)
- Child(ren) – A "child" will include a natural biological child, adopted child, step-child, and a child for whom plan coverage is required due to a medical support order.
- Dependent children are eligible to continue on the health plans coverage up until the age of 26.

An eligible dependent does not include: a spouse following legal separation or a final decree of dissolution of marriage or divorce; any person who is on active duty in a military service, to the extent permitted by law.

Dependent Eligibility Audit

This Fall the EdCare Group will be completing a dependent verification review to verify all dependents enrolled on the District's health insurance plans meet the dependent eligibility guidelines. Correspondence with more details will be mailed to all Modern Care, Bronze, and Kaiser members homes on November 1, 2019. Action will be required by you to submit proof of eligibility by December 2, 2019.

What health benefits are offered?

- 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

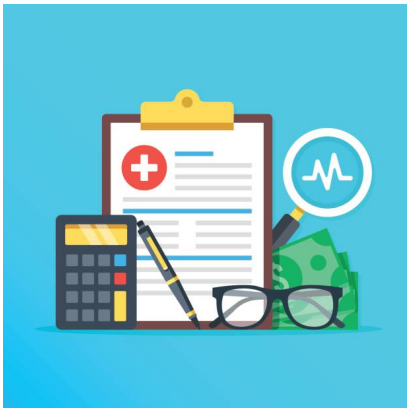
2019-2020 Plan Rates

- The district contribution toward the medical benefit is $1,029 per month, per employee.
- The district pays the premiums in full for dental, life, vision and EAP insurances.
- **There is no additional cost to add dependents to your medical, dental, vision, life and EAP plans.**

Medical Plan	Monthly Employee Payroll Deduction
Modern Care PPO	$239
Bronze PPO	$71
Kaiser High HMO	$706.31
Kaiser Low DHMO	$35

Benefit Plan	Premium Cost
Ameritas PPO Dental Plan	*Paid for by the District*
VSP Vision Plan	*Paid for by the District*
Basic Life Insurance and AD&D Insurance	*Paid for by the District*
Employee Assistance Program (EAP)	*Paid for by the District*

Benefit Plan	Premium Cost
Voluntary Long-Term Disability Insurance	*Paid for by the Employee*
Section 125/Flexible Spending Accounts	*Paid for by the Employee*
AFLAC Voluntary Products	*Paid for by the Employee*
American Fidelity Voluntary Products	*Paid for by the Employee*



2019 Health Benefit Changes Effective 10/1/19

Modern Care and Bronze PPO Plan Changes

Bronze PPO Medical Changes effective October 1, 2019

- Emergency room copay will increase from $250 to $300.
- The 4th Quarter deductible carryover will be removed.

Modern Care PPO Medical Changes effective October 1, 2019

- In–network deductible increase from $250 individual/$750 family to $300 individual/$900 family
- Specialist office visit copay increase from $30 to $50. Please note that the family practice, internal medicine, general practice and mental health provider copayments will remain at $30.
- In-network medical out-of-pocket maximum will increase from $2,000 individual/$6,000 family to $3,000 individual/$9,000 family. *For the 2019 plan year, the combined medical and prescription drug costs will not exceed the limits of $7,900 per individual or $15,800 for family coverage.*
- Emergency room copay will increase from $250 to $300 (waived if admitted).
- The 4th Quarter deductible carryover will be removed.

Modern Care PPO and Bronze PPO Plan Prescription Drug Changes Effective October 1, 2019

- **Variable Copay Assist:** This is a program which accepts manufacturers' assistance for certain high-dollar medications which 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 include many specialty medications. Integrated Prescription Management (IPM) will reach out to those members that this may apply to in the 4th quarter of 2019 and assist them through this process.

- **IPM Exclusion Program:** The plan will exclude certain high-cost medications for which there are adequate and appropriate formulary medications available for treating the same indication or diagnosis as these high-cost, therapeutic duplicative medications. Integrated Prescription Management (IPM) will be sending a letter by October 1, 2019, to any member affected and will allow 60 days for the transition.

- **Excluded High-dollar medications:** There will be additional exclusions for some high-cost medications which treat rare diseases or conditions. The excluded list of medications will be posted on Integrated Prescription Management's (IPM) member portal for reference. The plan provides an expansive pharmacy benefit; however, some medications which treat certain rare conditions or diseases may not be covered.

- **Prior Authorizations:** All new prescription drugs in the marketplace will require a prior authorization with Integrated Prescription Management (IPM).

- Hepatitis-C treatments will be limited to two (2) treatments per lifetime.
- Coverage for HIV medications for prophylaxis must be obtained through Integrated Prescription Management (IPM) Walgreens HIV/AIDS specialty drug vendor.

Integrated Prescription Management (IPM) is the prescription drug vendor for the Modern Care and Bronze PPO plans. Should you have questions regarding the drug formulary, prescription drug benefits, pricing, etc., you may log into your member portal or contact IPM directly at (877) 860-8846.

Kaiser High HMO and Kaiser Low DHMO Plan Changes

We are happy to announce there are no plan changes to the Kaiser High or Kaiser Low DHMO health plans for the upcoming plan year.

Baby Connect Program for Modern Care PPO and Bronze PPO members

Baby Connect is a program for expecting employees and spouses enrolled on the Modern Care PPO plan or Bronze PPO plan to ensure of a healthy pregnancy.

Baby Connect provides friendly and professional support from a Maternity Specialist/Health Coach for expecting mothers from the first trimester through post-partum.

There is no cost to the member to participate in the program and is 100% confidential.

Members who register are required to interact with the Health Coach via telephone or email every two weeks while enrolled in the program.

Members are encouraged to register during the first trimester to be eligible for incentives; however, members can register at any time during the pregnancy.

Modern Care and Bronze PPO members may register for Baby Connect by contacting the Delta TeamCare at (866) 724-0032 or via e-mail at teamcare@delapro.com.

Delta TeamCare

LiveHealth Online for Modern Care PPO and Bronze PPO Members

LiveHealth Online continues to be a benefit for all PPO members enrolled on the health plan. **LiveHealth Online is provided at no cost to you and your dependents enrolled on the medical plan.**

LiveHealth Online Highlights

- LiveHealth Online provides medical doctor visits from a board certified physician via smartphone, tablet, or computer. *LiveHealth Online has other telemedicine components – such as allergy, psychology, and psychiatry – which are not covered under the Modern Care or Bronze PPO plans.*
- LiveHealth Online is available 24 hours a day, 7 days a week, and 365 days a year.
- LiveHealth Online can be used to get expert advice, a treatment plan and prescriptions if needed.
- LiveHealth Online can be used for minor conditions such as the flu, minor rashes, tooth pain, pink eye, allergies, cold & fever, sore throat, skin infections, headaches, diarrhea, etc.
- Some examples of when to use LiveHealth Online:
    - When your doctor's office is unable to get you in.
    - When you are sick in the middle of the night and the doctor's office and urgent care are closed.
    - When you are not sure if your condition requires a visit to an Urgent Care or a hospital emergency room.
        - Modern Care members – The in-network urgent care copay is $50, then 10% coinsurance. The ER copay is $300, plus the 10% coinsurance (copay waived if admitted).
        - Bronze members - The in-network urgent care copay is 30% coinsurance. The ER copay is $300, plus the 30% coinsurance (copay waived if admitted).

Dental Insurance Plan

We are happy to announce that our dental benefits will remain with **Ameritas PPO**!

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. For this reason, we encourage all enrolled members (including dependent members) to use the plan at least once per year in order for the incentive level to increase.

The Ameritas PPO dental plan has in-network and out-of-network benefits. Ameritas PPO providers, both general dentists and specialists, discount their fees. 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.

All Ameritas PPO in-network providers can be located at www.ameritasgroup.com.

Ameritas customer service for benefit or claims inquiries is **800-487-5553.**

This is a summary of benefits only. Please refer to contract for details.

Services	Benefit
Preventive Services	Exams, cleanings, x-rays, space maintainers – incentive level 70%, 80%, 90%,100%
Deductible	None
Basic Services	Fillings, oral surgery, periodontics, endodontics, crowns – incentive level 70%, 80%, 90%, 100%
Major Services	Bridges, dentures, prosthodontic appliances and mouth guards – 50%
Annual Maximum	$1,750 in-network/$1,500 out–of-network per calendar year
Accidental Injury Max	$1,000 per calendar year for conditions caused directly by external, violent and accidental means
Orthodontia	50% up to $1,250 (lifetime benefit)
Pre-determination of Benefits	When a course of dental treatment is expected to exceed $300, predetermination of benefits is recommended.

Vision Insurance Plan

We are happy to announce that our vision benefits will remain with **VSP**!

The Plan will provide benefits, up to the amounts shown below, for the vision services and supplies listed below. The VSP plan also offers Eyeconic, diabetes care resources, LASIK discounts, and TruHearing (hearing aids) discounts.

No ID card(s) are required.

VSP providers can be found at www.vsp.com.

VSP customer service for benefit or claims questions is **800-877-7195**.

This is a summary of benefits only for in-network providers. Please refer to contract for details.

Copay	$10 for examinations and prescription glasses
Exams	Once every 12 months.
Contact Lenses (in lieu of glasses)	Once every 12 months. $130 allowance for contact lenses. Fitting and evaluation not included in allowance. May pay up to $60 for fitting/evaluation.
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.
Frames	One pair every 24 months. Participating provider allowance of $170.
Primary Eyecare	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. Ask your VSP doctor for details. $20 co-pay.

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) is offered through Halcyon Behavioral.

Halcyon EAP provides confidential, professional referrals and face-to-face counseling for a wide array of personal and work-related concerns. Halcyon EAP services are available to eligible employees and **anyone** within the eligible employee's household. Eligible employees and members of their households are each allowed **six (6) free sessions per year, per issue**.

Halcyon EAP benefits can be used 24 hours a day, 7 days a week.

Halcyon EAP providers can be found at www.halcyoneap.com/.

Halcyon EAP customer service for benefit or claims questions is **888-425-4800.**

Counseling

Available for stress, anxiety, relationship problems, grief and loss, anger management, work-related stress, education guidance, identity theft recovery, substance abuse, and more.

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 child care, elder care, education, legal, finance, etc, skill builders, self-assessment tools, and more.

Legal Assist

Free telephonic or face-to-face legal consultation.

Financial Assist

Expert financial planning and consultation.

Family Assist

Consultation and referral services for daily living issues, dependent care, auto repair, pet care, and home improvement.

Modern Care PPO and Bronze PPO Medical Plans

The District continues to offer the Modern Care and Bronze PPO medical plans for plan year 2019-2020. There will be an increase in premium and a few benefit changes to the plans effective October 1, 2019.

- Both plans continue to use the Anthem Blue Cross PPO provider network nationwide.
- When you enroll, you do not need to choose a primary care physician.
- With a PPO, each time you need care, you choose whether to receive your care from a PPO (in-network) provider or non-PPO (out-of-network) provider.
- If you choose to go to an out-of-network provider, you will pay for a larger portion of your billed service(s).

Benefit Changes Effective October 1, 2019

Please see the section titled "2019 Health Benefit Changes Effective 10/1/19".

Delta Health Systems

Delta Health Systems will remain the plans' administrator for all medical claims. Questions in regards to claims/provider billing should be directed to Delta Health Systems. Members can access Explanation of Benefits (EOB's) and claims data on the member portal, which can be found at www.deltahealthsystems.com.

Mental Health & Substance Abuse Services/Benefits

All mental health and substance abuse benefits are administered by Halcyon Behavioral. Halcyon Behavioral has its own network of providers. To access Halcyon's Mental Health and Substance Abuse Services, call Halcyon at (888) 425-4800. The website to access these services is www.edcaremhsa.com.

Chiropractic Services/Benefits

Chiropractic benefits are administered by PhysMetrics. PhysMetrics has its own network of providers. Providers can be found at www.edcarechiro.com. You may call PhysMetrics at (877) 519-8839.

Speech Therapy, Occupational Therapy & Physical Therapy Services/Benefits

PhysMetrics will remain our PPO provider network and provide benefits for physical therapy, occupational therapy and speech-language therapy. Providers can be located at www.edcare.physmetrics.com . You may call PhysMetrics at (877) 519-8839.

Prescription Drug Benefits with Integrated Prescription Management (IPM)

Integrated Prescription Management (IPM) will continue to be the prescription drug vendor for both plans. For any questions, please contact IPM at (877) 860-8846 or visit the member portal website at www.rxipm.com.

Step Therapy

Under the PPO plans, 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. To find out if your prescription is part of the step therapy program or to learn more about how step therapy works, please contact IPM directly at (877) 860-8846.

Prior Authorizations

Under the PPO plans, 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. To find out if your prescription requires a prior authorization or to learn more about how the process works, please contact IPM directly at (877) 860-8846.

Maintenance Prescription Drug Mail Order Requirement

The Modern Care and Bronze plans require all maintenance drugs to go through the mail order program after two (2) fills at the retail pharmacy. Maintenance drugs are medications taken for an extended period of time, usually for chronic, on-going conditions.

IPM oversees the mail order program. For questions, concerns or issues with filling a prescription please contact IPM directly at (877) 860-8846.

Mail order can only be set-up through BK Pharmacy or your designated Walgreens.

BK Pharmacy

- BK Pharmacy is owned by IPM and is the local pharmacy storefront of IPM.
- Members may pick up their mail order maintenance prescriptions at the local BK Pharmacy, located at 6741 N. Willow #106, Fresno, CA 93710.
- Members can also request BK Pharmacy mail your prescription(s) to your home or courier (in the Fresno/Clovis area) to your home or office at no additional charge.
- BK Pharmacy can fill 30-day or 90-day maintenance drug prescriptions.

Walgreens

- Walgreens is an option for mail order maintenance prescription drugs.
- Members may transfer a maintenance prescription to a Walgreens Pharmacy by having the prescribing physician's office telephone the new prescription in or by delivering a new written prescription to Walgreens.
- Walgreens can fill 30-day or 90-day maintenance drug prescriptions.

Medical ID cards

- If you are currently enrolled on the Modern Care PPO plan, and will remain on the Modern Care PPO plan for the upcoming plan year, you may continue to use the same medical ID card.

- If you are currently enrolled on the Bronze PPO plan, and will remain on the Bronze PPO plan for the upcoming plan year, you may continue to use the same ID card.
- For employees who enroll effective October 1, 2019, you will receive new medical ID cards in the mail on/around October 1, 2019.
- Please note, medical ID cards are issued in the employee's name only.

Summary Plan Documents and Benefit Summaries

All benefit plan summaries and summary plan documents are available on the district intranet, District Human Resources websites and Edcare Group website.

Modern Care
Summary of Benefits Effective 10/1/19-09/30/20
(not all inclusive, refer to summary plan document for all benefits)

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Lifetime Maximum	Unlimited for Essential Health Care	
Calendar Year Deductible **Subject to deductible*	Individual - $300 Family -$900 *(3 member max)*	Individual - $5,000
Coinsurance	10%	50%
Medical Annual Out-of-Pocket Maximum	Individual- $3,000 Family- $9,000 *(Includes deductible, copays and coinsurance)*	Individual- $10,000 Family – No Max *(does not include deductible, copays and coinsurance)*
Prescription Drug Out-of-Pocket Maximum	Individual - $3,000 Family - $7,500	N/A
Office Visit	$30 general/$50 specialist copay/visit	50% coinsurance *Subject to deductible
LiveHealth Online - Telemedicine	$0 copay	N/A
Chiropractic	$30 copay/visit, then 10% up to $500 calendar year maximum *Subject to deductible	Up to a maximum $15 reimbursement, after deductible. $500 calendar year maximum. **Subject to deductible*
Well Baby Care	Paid in Full	50% coinsurance *Subject to deductible
Physical Exams	Paid in Full	Not covered
Hospital Inpatient Benefits	$250 per day copay (max $750) per admission; 10% coinsurance *Subject to deductible	$250 per day copay (max $750) per admission; 50% coinsurance. *Subject to deductible
Hospital Outpatient Surgery *Note: Ambulatory is applicable for same-day and overnight*	$150 copay at ambulatory surgical center; $200 copay at a facility (hospital); 10% coinsurance *Subject to deductible	$150 copay at ambulatory surgical center; $200 copay at facility (hospital); 50% coinsurance $750 copay for Summit Surgical **Subject to deductible*
Emergency Room	$300 copay/visit (waived if admitted); 10% coinsurance *Subject to deductible	$250 copay/visit (waived if admitted); 50%coinsurance *Subject to deductible
Urgent Care	$50 copay/visit, 10% coinsurance *Subject to deductible	$50 copay/visit. 50% coinsurance *Subject to deductible
Skilled Nursing Facility	10% coinsurance for semi-private room. Limits. *Subject to deductible	50% coinsurance for semi-private rooms. Limits. *Subject to deductible
Home Health Care	10% coinsurance. Limits. *Subject to deductible	50% coinsurance. Limits. **Subject to deductible*

Modern Care
Summary of Benefits Effective 10/1/19-09/30/20 – Page 2
(not all inclusive, refer to summary plan document for all benefits)

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Local Ground or Air Ambulance	10% coinsurance *Subject to deductible	$150 copay/occurrence 50% coinsurance. Limits, unless true emergency then paid as in-network benefits. *Subject to deductible
Surgeon & Assistant Surgeon	10% coinsurance *Subject to deductible	50% coinsurance *Subject to deductible
Anesthesiologist	10% coinsurance *Subject to deductible	50% coinsurance *Subject to deductible
Inpatient Physician Consultations	10% coinsurance *Subject to deductible	50% coinsurance *Subject to deductible
Radiation Therapy	10% coinsurance *Subject to deductible	50% coinsurance *Subject to deductible
Physician Hospital & Skilled Nursing Facility Visits	10% coinsurance *Subject to deductible	50% coinsurance *Subject to deductible
Diagnostic Lab and X-Ray	$30 copay or $75 for complex 10% coinsurance *Subject to deductible	$30 copay or $75 for complex 50% coinsurance *Subject to deductible
Durable Medical Equipment	10% coinsurance, orthotic devices not covered. **Subject to deductible	50% coinsurance, orthotic devices not covered. *Subject to deductible
Maternity (Employee and Spouse)	Covered as any other illness *Subject to deductible	Covered as any other illness *Subject to deductible
Mental/Nervous Outpatient	$30 copay/visit	50% coinsurance *Subject to deductible
Mental/Nervous Inpatient	$250 copay per day (max $750) 10% coinsurance *Subject to deductible	$250 copay per day (max $750) 50% coinsurance *Subject to deductible
Alcoholism and Substance Abuse Outpatient	$30 copay/visit	50% coinsurance *Subject to deductible
Alcoholism and Substance Abuse Inpatient	$250 copay per day (max $750) 10% coinsurance *Subject to deductible	$250 copay per day (max $750) 50% coinsurance. *Subject to deductible
Prescription Drugs Note: A) Generic and Preferred Brand Drugs are listed on the Basic Plus Formulary B) Mandatory Generic REQUIRED. Only copayments apply to out-of-pocket max. Patient responsible for the cost difference between generic and brand when generic is available. C) ADHD coverage for children up to age 18. Limitations apply.	Retail Copay: $10 Generic, $45 Preferred Brand, $80 Non-Preferred Brand (34-day supply) Mail Order Copay: $20 Generic, $90 Preferred Brand, $160 Non-Preferred Brand (90-day supply) Specialty Drug Copay: $250 Retail	Coverage is limited for drugs purchased outside of the drug card program. A covered person must submit a copy of the paid drug receipt, along with a photocopy of his/her prescription ID card, to the drug card vendor. He/She will be reimbursed the contract price of the drugs, less the copay requirement and other appropriate charges.

Bronze PPO Plan
Summary of Benefits Effective 10/1/19-09/30/20
(not all inclusive, refer to summary plan document for all benefits)

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Lifetime Maximum	Unlimited for Essential Health Care	
Calendar Year Deductible **Subject to Deductible*	Individual - $5,000 (2 member max)	Not Covered
Coinsurance	30%	Not Covered
Medical and Prescription Annual Out-of-Pocket Maximum *(Family max is $13,700 but please review SPD for more information)*	Individual- $6,850 (includes deductible, copays, and coinsurance) (2 member max)	Not Covered
Office Visit	$60 copay/visit	Not Covered
LiveHealth Online (Telemedicine)	$0 copay	N/A
Chiropractic	$60 copay/visit, then 30% ; up to $500 calendar year maximum *Subject to Deductible*	Not Covered
Well Baby Care	Paid in Full	Not Covered
Physical Exams	Paid in Full	Not Covered
Hospital Inpatient Benefits	30% coinsurance *Subject to Deductible*	Not Covered
Hospital Outpatient Surgery	30% coinsurance *Subject to Deductible*	Not Covered
Emergency Room	$300 copay/visit (waived if admitted). 30% coinsurance *Subject to Deductible*	$150 copay/visit 30% coinsurance
Urgent Care	30% coinsurance *Subject to Deductible*	Not Covered
Skilled Nursing Facility	30% coinsurance for semi-private room. Limit. *Subject to Deductible*	Not Covered
Home Health Care	30% coinsurance. Limits. *Subject to Deductible*	Not Covered
Local Ground or Air Ambulance	30% coinsurance *Subject to Deductible*	Not Covered *(unless a true emergency)*
Surgeon & Assistant Surgeon	30% coinsurance *Subject to Deductible*	Not Covered
Anesthesiologist	30% coinsurance *Subject to Deductible*	Not Covered
Inpatient Physician Consultations	30% coinsurance *Subject to Deductible*	Not Covered
Radiation Therapy	30% coinsurance *Subject to Deductible*	Not Covered
Physician Hospital & Skilled Nursing Facility Visits	30% coinsurance *Subject to Deductible*	Not Covered
Diagnostic Lab and X-Ray	30% coinsurance *Subject to Deductible*	Not Covered

Bronze PPO Plan
Summary of Benefits Effective 10/1/19-09/30/20 – Page 2
(not all inclusive, refer to summary plan document for all benefits)

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Durable Medical Equipment	30% coinsurance, orthotic devices not covered. **SUBJECT TO DEDUCTIBLE*	Not Covered
Maternity (Employee and Spouse)	Covered as any other illness **SUBJECT TO DEDUCTIBLE*	Not Covered
Mental/Nervous Outpatient	$60 copay/visit	Not Covered
Mental/Nervous Inpatient	30% coinsurance **SUBJECT TO DEDUCTIBLE*	Not Covered
Alcoholism and Substance Abuse Outpatient	$60 copay/visit	Not Covered
Alcoholism and Substance Abuse Inpatient	30% coinsurance **SUBJECT TO DEDUCTIBLE*	Not Covered
Prescription Drugs Note: A) Generic and Preferred Brand Drugs are listed on the Basic Plus Formulary. B) Mandatory Generic REQUIRED. Only copayments apply to out-of-pocket max. Patient responsible for the cost difference between generic and brand when generic is available. C) ADHD coverage for children up to age 18. Limitations apply.	Retail Copay: $10 Generic, $45 Preferred Brand, $80 Non-Preferred Brand (34-day supply) Mail Order Copay: $20 Generic, $90 Preferred Brand, $160 Non-Preferred Brand (90-day supply) Specialty Drug Copay: $250 Retail	Coverage is limited for drugs purchased outside of the drug card program. A covered person must submit a copy of the paid drug receipt, along with a photocopy of his/her prescription ID card, to the drug card vendor. He/She will be reimbursed the contract price of the drugs, less the copay requirement and other appropriate charges.

Kaiser High HMO and Kaiser Low DHMO Medical Plans

The District will continue to offer the same two (2) Kaiser Permanente medical plans, the Kaiser High HMO plan and the Kaiser Low DHMO plan. **There are no benefit changes and no changes in the employee payroll deduction for the premium.**

- 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.
- Members can contact Kaiser's Member Services at (800) 464-4000 for any benefit or claims inquiries.
- To locate providers, register and log in to your account online, and obtain copies of your Explanation of Benefits (EOB), go to https://kp.kaiserpermanente.org.
- Kaiser 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 offers telemedicine services by e-mail, phone, and video visits.
- There is a Kaiser Fee Schedule available to determine the costs of services. Members on the Kaiser Low plan should review this to determine his/her out-of-pocket costs.
- If you or your dependents are currently enrolled and remain enrolled in the exact same Kaiser HMO plan for the upcoming plan year, any monies you have paid in 2019 towards your annual deductible or out-of-pocket maximum will carry forward through December 31, 2019.

Medical ID Cards

- If you are currently enrolled on a Kaiser HMO plan, and will remain on a Kaiser HMO plan for the upcoming plan year, you may continue to use the same medical ID card.
- For employees who enroll effective October 1, 2019, you will receive new medical ID cards in the mail on/around October 1, 2019.

Evidence of Coverage and Benefit Summaries

All benefit plan summaries, evidence of coverage plan documents, and summary plan documents are available on the district intranet and District Human Resources website.

Kaiser Permanente
Summary of Benefits Effective 10/1/19-09/30/20
(not all inclusive, refer to Evidence of Coverage for all benefits)

BENEFITS	HIGH HMO	LOW DHMO
Lifetime Maximum	None	None
Annual Copay Maximum	$1,500 One-party $3,000 Two or more members	$4,000 One-party $8,000 Two or more members
Calendar Year Deductible	None	*$2,000 One-party/$4,000 Two or more
Coinsurance	Paid in full except copayments as indicated	*20% after deductible
Office Visit	$25 copay/visit	$20 copay/visit
Chiropractic	Not Covered	Not Covered
Well Baby Care	No Charge	No Charge
Physical Exams	No Charge	No Charge
Hospital Inpatient Benefits	$500 per admit	*20% after deductible
Hospital Outpatient Surgery	$100 copay per procedure	*20% after deductible
Emergency Room	$100 copay per visit (waived if admitted)	*20% after deductible
Urgent Care	$25 copay/visit	$20 copay/visit
Skilled Nursing Facility	Paid in full. Limited to 100 days per benefit period.	*20% after deductible
Home Health Care	Paid in full. Limited to 100 days per calendar year.	Paid in full. Limited to 100 days per calendar year.
Local Ground or Air Ambulance	$100 copay	*$150 copay after deductible
Surgeon & Surgeon Assistant	Paid in full	Paid in full
Anesthesiologist	Paid in full	Paid in full
Physician Consultations	Paid in full	Paid in full
Radiation Therapy	Paid in full	Paid in full
Physician Hospital & Skilled Nursing Facility Visits	Paid in full	Paid in full
Diagnostic Lab and X-Ray	$10	*$10 after deductible
Durable Medical Equipment	Paid in full	20%
Maternity	No charge and $500 copay/admit hospital services	No charge and *20% after deductible for hospital services
Mental/Nervous Outpatient	$25 copay/visit	$20 copay/visit
Mental/Nervous Inpatient	$500 per admit	*20% after deductible

Kaiser Permanente
Summary of Benefits Effective 10/1/19-09/30/20– Page 2
(not all inclusive, refer to Evidence of Coverage for all benefits)

BENEFITS	HIGH HMO	LOW DHMO
Alcoholism and Substance Abuse – Outpatient	$25 copay/visit. No limits.	$20 copay/visit. No limits.
Alcoholism and Substance Abuse – Inpatient	Detox: $500 per admit	*20% after deductible
Prescription Drugs (oral contraceptives are covered)	**Retail:** $10 Generic, $30 Brand Name. Up to 30-day supply. **MAIL ORDER:** $20 Generic, $60 Brand. Up to 100-day supply. **SPECIALTY DRUGS:** 20% not to exceed $150. 30-day supply.	**Retail:** $10 Generic, $30 Brand Name. Up to 30-day supply. **MAIL ORDER:** $20 Generic, $60 Brand. Up to 100-day supply. **SPECIALTY DRUGS:** 20% not to exceed $150. 30-day supply.

ELIGIBLE EXPENSES WILL BE COVERED AT USUAL, CUSTOMARY AND REASONABLE FEES UNLESS OTHERWISE STATED.

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

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

Summary of Benefits

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 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.*

Beneficiary designations are on file with the District Human Resources Office. If you need to update your beneficiary, you can find the VOYA Beneficiary Designation Form on the Open Enrollment website or the Intranet Page. Beneficiary updates can be submitted to the District Human Resources Office any time throughout the year.

Additional Services Provided by the Life Insurance Plan

Voya Travel Assistance

For enrolled members, when traveling more than 100 miles from home, VOYA Travel Assistance offers four types of services – pre-trip information, emergency personal services, medical assistance services, and emergency transportation services.

Funeral Planning and Concierge Services

Enrolled 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.

Will Preparation Program

Enrolled members have access to free online will preparation through Estate Guidance.

Plan Documents and Benefit Summaries

All benefit plan summaries and plan documents are available on the district intranet and District Human Resources website.

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.

All individuals who apply for LTD during the open enrollment period will need to go through an Evidence of Insurability (EOI) Questionnaire subject to approval. The enrollment form to elect voluntary LTD insurance, along with the Evidence of Insurability form can be found on the open enrollment website. You may also contact the District Human Resources Office at (559) 243-7100 to request the forms.

Summary of Benefits

If an employee is covered under the LTD insurance plan, should he/she be determined to be totally disabled, completely and continuously unable to perform each of the essential functions of his/her occupation, and requires the regular care and attendance of a physician, he/she may apply for a monthly disability benefit of 60%, up to a maximum $5,000, of eligible income 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 1st). Contributions are deducted on a post-tax basis. If you wish to apply for the voluntary LTD plan and need assistance with determining your monthly premium rate, you can find the calculator on the open enrollment website.

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 the district intranet and District Human Resources website

VOYA FINANCIAL™

Section 125 Flexible Spending Account Plans

Section 125 enrollment period: August 12, 2019 through September 13, 2019

Section 125 plan year: October 1, 2019 through September 30, 2020

What is a Section 125 Flexible Spending Account?

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.

For more information about Section 125 Plan and Flexible Spending Accounts, please visit:
https://assets.americanfidelity.com/media/1222/sb-29627.pdf

What is a Dependent Day Care Flexible Spending Account?

Dependent Day Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. The maximum amount you may contribute each year is $5,000 (or $2,500 if married and filing separately). 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.

What is an Unreimbursed Medical Account?

Unreimbursed Medical Accounts may be used to reimburse yourself for eligible medical, dental, and vision expenses incurred for yourself and your dependents on the health plans. This could include copays, deductibles, prescriptions, glasses, contacts, as well as other expenses allowable under Section 125 guidelines. The current maximum amount you may contribute is $2,650.

How do I enroll in a Flexible Spending Account (FSA)?

The district's administrator for the Section 125 FSA plans is American Fidelity (AFA). To enroll you must schedule an appointment with an American Fidelity representative by calling (559) 230-2107 ext 0. American Fidelity will be at various district locations beginning August 12, 2019 through September 13, 2019.

I signed up for an FSA last year; will it automatically renew or rollover?

No. Even if you signed up last year, per IRS regulations **employees must re-enroll** for the new plan year and select the amount you choose to contribute to your FSA this plan year. Please contact American Fidelity at (559) 230-2107 ext 0 to schedule your appointment. American Fidelity representatives will be at various district locations beginning August 12, 2019 through September 13, 2019.

Voluntary Benefit Products

There are several voluntary products that are available for regular, benefit eligible employees through payroll deductions.

Voluntary products include life insurance, accident insurance, tax sheltered annuities (403(b) and 457 plans), and other voluntary products.

If you are interested in enrolling for a voluntary benefit, please contact the vendor directly.

Life Insurance

Texas Life through American Fidelity – (559) 230-2107
AFLAC – (559) 224-5004

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

American Fidelity – (559) 230-2107
AFLAC – (559) 224-5004

Section 125 Flexible Spending Accounts

American Fidelity – (559) 230-2107

Tax Sheltered Annuities

403(b) Plans – TCG Administrators
www.calstrs403bcomply.com
www.403bcompare.com/employers/5

457 Plans – CalPERS, Life of the West, VALIC
District Payroll Department – (559) 243-7100

Frequently Asked Questions

This is not an all-inclusive listing of frequently asked questions. Should you have a question regarding open enrollment, please ensure to contact the District Human Resources Office for assistance.

What if I do not which health plans I am enrolled in?

Check your paycheck stub to see which deductions are coming out. To find your paycheck earning statement you will need to log into your portal and go to the Self-Service app. Once in the Self-Service app, click on 'Earning Statements'. Open the latest paycheck (or earning statement). Once your earning statement opens, under the Benefits deductions section, you will see your payroll deductions for each plan.

- Central Valley Dental Partners – This is the employer paid Ameritas Dental Plan.
- Group Life Ins – Faculty Staff – This is the employer paid life insurance plan for faculty and staff.
- Group Life Ins – Mgmt & Conf - This is the employer paid life insurance plan for management and confidential employees.
- Vision Service Plan – This is the employer paid VSP vision plan.
- Voluntary LTD-NH After 9-1-13 – This is the voluntary long-term disability plan for employees hired on or after 9/1/13.
- Long Term Disability – This is the long-term disability plan for employees hired prior to 9/1/13.
- Modern Care – Pre-Tax – This is the Modern Care plan with pre-taxing elected.
- Modern Care – Post-Tax - This is the Modern Care plan with no pre-tax elected.
- Bronze Ppo – M1-Pretax – This is the Bronze PPO plan with pre-tax elected.
- Bronze Ppo – M1-Post Tax – This is the Bronze PPO plan with no pre-tax elected.
- Kaiser Low Plan – Post-Tax - This is the Kaiser Low plan with no pre-tax elected.
- Kaiser Low Plan – Pre-Tax - This is the Kaiser Low plan with pre-tax elected.
- Kaiser High Plan – Pre-Tax - This is the Kaiser High plan with pre-tax elected.
- Kaiser High Plan – Post-Tax - - This is the Kaiser High plan with no pre-tax elected.

If you have other benefit deductions coming out, they may be voluntary plans. If you have questions on voluntary benefit deductions listed on your paycheck earnings statement, please contact the appropriate vendor or District Payroll at (559) 243-7100.

If after reviewing your deductions you are not sure, please contact the District Office of Human Resources at (559) 243-7100.

I need to verify who is enrolled on my health plans?

Contact the District Human Resources Office at (559) 243-7100.

What if I do not want to make changes to my health benefits (medical, dental, and vision plans)?

Then you do not need to do anything. Your current plans will remain the same. However, if you wish to enroll/re-enroll in a Section 125 Flexible Spending Account, you must schedule an appointment with American Fidelity.

Where can I find the enrollment forms?

You can find all enrollment forms on the 2019 Open Enrollment website at www.scccd.edu/openenrollment.

I would like to pre-tax my employee payroll deduction for the medical plan. How can I do that?

You will want to complete the AFA Pre-Tax Election Form and submit to the District Human Resources Office by 5:00 PM on September 1, 2019.

Do I have to meet with American Fidelity?

Yes, you must meet with an American Fidelity if you wish to enroll or re-enroll in a Section 125 Flexible Spending Account.

What if I need to add my spouse or dependent(s) to my health plan(s)?

You must complete the appropriate Open Enrollment Form (EdCare or Kaiser) indicating you wish to enroll your dependent in the health plans, complete the dependent section, sign the form, gather the appropriate supporting dependent documents and submit to the District Human Resources Office no later than 5:00 PM, September 12, 2019.

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

In order to enroll your dependents, you must submit the appropriate supporting documents by the deadline. If you should need to order documents, you may do so through the local county recorder's office, hall of records, Department of Public Health, or online through services such as www.vitalchek.com. Please ensure to order your documents early in order to submit to the District Human Resources Office no later than 5:00 PM on September 12, 2019.

What if I need to remove my spouse or dependent(s) from my health plan(s)?

You must complete an Open Enrollment form (EdCare and/or Kaiser) and indicate you wish to decline coverage, indicate which type of coverage (medical, dental, vision), for the dependent you are wishing to take off the health plans. You must complete the dependent section for the dependent you are removing from your health plans. Submit the completed form to the District Human Resources Office no later than 5:00 PM on September 12, 2019.

What happens if I do not make changes before the Open Enrollment deadline, but I need to make a change?

Outside of benefits open enrollment, you can only change your benefits if you experience a qualifying life event. Qualifying life events include:

- Marriage, divorce or legal separation
- Birth or adoption
- A dependent becomes ineligible for coverage
- Death of your dependent
- Loss/gain of coverage elsewhere for employee or dependent
- Change in work status of employee or dependent

If you have a qualifying life event, it is your responsibility to complete the proper health insurance change forms and submit, along with the supporting documentation, to the District Human Resources Office within 30-days from the event date.

I have a general question regarding health benefits, who can I contact?

The District Human Resources Office at (559) 243-7100 or our broker, Barthuli & Associates at (559) 385-7510.

The information in this Enrollment 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 about your Guide, contact the District Human Resources Office at (559) 243-7100.