

Academic Employees
College Administrators
Confidential Employees
Classified Employees

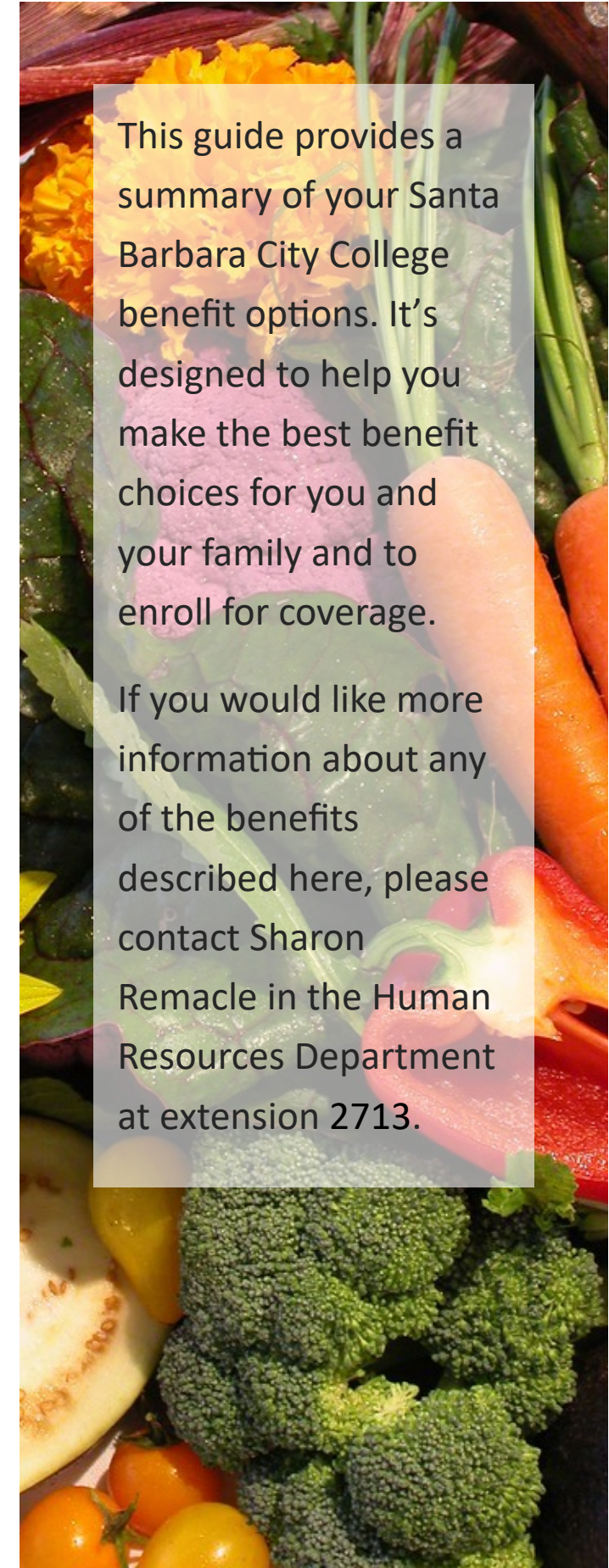
2021

EMPLOYEE BENEFITS



October 1, 2021—September 30, 2022

**SB
CC**
SANTA BARBARA
CITY COLLEGE



This guide provides a summary of your Santa Barbara City College benefit options. It's designed to help you make the best benefit choices for you and your family and to enroll for coverage.

If you would like more information about any of the benefits described here, please contact Sharon Remacle in the Human Resources Department at extension 2713.

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Enrollment Information

Who May Enroll

If you are a regular full-time employee working at least 20 hours per week, you and your eligible dependents may participate in Santa Barbara City College's benefits program. Your eligible dependents include:

- Legally married spouse
- Opposite-sex domestic partner with signed state registration
- Registered domestic partner for same-sex or opposite sex, where at least one is 62 or older
- Children under the age of 26 regardless of student or marital status

When You Can Enroll

As an eligible employee, you may enroll at the following times:

- As a new Certificated employee, you may participate in the District's benefits program on the first day of the month following your first paycheck (September paycheck for Fall semester)
- As a new College Administrator, Confidential Employee, or Classified Employee, your eligibility begins on the first of the month following your date of hire.
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment on the next page)
- You may enroll in Voluntary Life insurance at any time, subject to proof of good health and carrier approval

Paying For Your Coverage

Santa Barbara City College offers a cafeteria-style plan in which you are given a District allowance and may choose from a number of insurance programs. You are required to enroll in Medical, Dental, Life/AD&D, and Long Term Disability Insurance. You may only waive Medical insurance with the proof of other coverage.

You may elect to have your out-of-pocket premiums deducted before taxes are withheld (called "Premium Conversion"). Some, not all, Voluntary Supplemental products are eligible for this option. Paying for benefits before-tax means that your share of the cost is deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event as defined by the IRS.

The District benefit allowance is determined by family status as follows:

Coverage Category	2021 – 2022 District Allowance
Medical Waiver	\$2,000
Single	\$9,450.12
Two-Party	\$18,126.12
Family	\$25,254.12

Important! You are responsible for any insurance premiums in excess of the District allowance. In some cases, the District allocation is more than is required to participate in the mandatory coverage; any unused allowance reverts to the District.



Changes To Enrollment

Our benefit plans are effective October 1st through September 30th of each year. There is an annual open enrollment period each year, during which you can make new benefit elections for the following October 1st effective date. Once you make your benefit elections, you cannot change them during the year. However, if you experience a qualifying event as defined by the IRS, you can add or drop a dependent or make changes to your existing benefit elections.

Examples of qualifying events include, but are not limited to the following:

- Marriage, divorce, legal separation or annulment
- Commencement of domestic partnership
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a state's premium assistance program under Medicaid or CHIP
- Gain or loss of Entitlement to Medicare/Medicaid coverage

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. Please contact the Human Resources Department immediately to complete the appropriate election forms as needed. If you do not update your coverage within 30 days from the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

Taxation of Domestic Partner Coverage

If you enroll a dependent who does not meet the definition of an eligible dependent that qualifies for tax-free benefits under the Internal Revenue Code (IRC), the value of the benefits is subject to taxes. Such non-eligible dependents generally include “registered” domestic partners and their children. If your non-eligible dependents do not qualify for tax-free benefits:

- You pay income and payroll taxes on the District’s contribution toward your dependent’s coverage
- Your contributions for dependent coverage will be paid with after-tax dollars

If your dependents’ benefits are subject to taxes, you will be responsible for informing the Human Resources Department. You are responsible for any adverse tax consequences if your dependent is determined to be ineligible for tax-free benefits.

If you still have questions about how domestic partner coverage affects your individual tax situation, you may contact your tax advisor or attorney to determine if your dependent qualifies for tax-free health benefits.



Cash-In Lieu and Medical Waivers

- **Cash-In-Lieu:** If the total cost of the mandatory benefits is less than the District’s maximum allocation, then the remainder shall be relinquished to the District, except for those who are waiving coverage. If **you waive medical insurance**, you will receive cash-in-lieu of \$2,000, minus the cost of the mandatory Life/AD&D and Disability insurance and minus the cost of Golden West dental, if elected.
- **Medical Waiver:** If you are choosing the waiver, you must signify your acceptance of the Section 125 Flexible Benefits option as well (NOTE: you **do not** need to establish a Section 125 account).

The following procedure must be followed if you wish to apply for a medical waiver:

- Complete and sign the waiver section on the benefits enrollment form.
- Medical insurance is the only benefit which may be waived with proof of other coverage. Evidence of enrollment in another plan will be required and the burden of proof regarding evidence of enrollment shall lie with you.

Important: Please Read: If you waive your District benefits and subsequently lose coverage due to loss of a spouse’s employment or other qualifying event, you must inform the Human Resources Department within 30 days of the loss of coverage. Otherwise, you may not enroll in the District’s plans until the following Open Enrollment period.

If you are waiving medical coverage and will be **retiring** between now and June 30, 2022, you **MUST** enroll in the District medical plan during this Open Enrollment period in order to participate in the District medical plan at retirement.

Medical Benefits

Medical Plan Options

Blue Shield HMO Plan

With the Blue Shield Health Maintenance Organization (HMO) plan, you must choose a primary care physician (PCP) or medical group within the HMO network. All of your care must be directed through your PCP or medical group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization. You will receive benefits only if you use the doctors, clinics and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency.

Anthem Blue Cross PPO Plans

The Anthem Blue Cross Preferred Provider Organization (PPO) plans allows you to direct your own care. You are not limited to the physicians within the PPO network and you may self-refer to specialists. If you receive care from a physician who is a member of the PPO network, a greater percentage of the entire cost will be paid by the insurance plan.

The PPO plan options allow you to obtain services using a non-network provider; however, you will be responsible for paying any amounts exceeding the maximum allowed amount and you may be responsible for filing claims. Please note that the maximum allowed amount for non-network providers is significantly lower than what providers customarily charge. You must pay all of this excess amount in addition to your copayment.

Pharmacy Generic Substitution

Santa Barbara Community College pharmacy benefits are provided through Navitus.

If you or your physician requests the brand name drug when a generic equivalent is available, you will pay the generic copay plus the difference in cost between the brand and generic. The difference in cost between brand and generic will not count toward the Annual Out-of-Pocket Maximum.



Finding a Medical Provider

- **Blue Shield HMO:** Go to www.blueshieldca.com or call (855) 256-9404. Refer to the Access+ HMO plan when prompted.
- **Anthem Blue Cross PPO:** Go to www.anthem.com/ca or call (800) 322-5709. Refer to the “Blue Cross PPO (Prudent Buyer) - Large Group” network when prompted.
- **HMO/PPO Pharmacy:** Go to www.navitus.com or call (866) 333-2757. You may also contact the Costco Mail Order Pharmacy by calling (800) 607-6861.
- **HMO Chiropractic:** Go to www.ashcompanies.com or call (800) 678-9133.



Understand Your Medical Plan!

Confused about medical plan terms like deductibles, copays, coinsurance and out-of-pocket maximums? Check out this quick, entertaining video at <http://video.burnhambenefits.com/terms>.

Medical Benefits—HMO

Plan Features	Blue Shield HMO
Network Name	Access+ HMO
HEALTH BENEFITS	
Lifetime Maximum Benefit	Unlimited
Deductible (Annual) – Individual – Family	\$0 \$0
Co-Insurance (Plan Pays)	100%
Office Visit Copay – Primary Care Physician – Specialist Office Visit	\$10 Copay \$30 Copay Self-Refer
Telemedicine (MDLIVE)	\$0 Copay
Out of Pocket Max (includes deductible, copays and coinsurance) – Individual – Family	\$1,000 \$2,000
Inpatient Hospitalization	100%
Emergency Services	\$100 Copay Copay Waived if Admitted
Urgent Care	\$20 Copay
Preventive Care	100%
Chiropractic/Acupuncture – Office Visit – Maximum Visits per Year (Combined)	\$10 Copay 30 Visits
RX BENEFITS	NAVITUS
Deductible – Individual – Family	\$0 \$0
Out-of-Pocket Max (includes retail and mail order pharmacy drugs) – Individual – Family	\$1,500 \$2,500
Generic Substitution	Yes
Retail Pharmacy – Generic – Brand Name – Supply Limit	\$5 (Costco \$0 Copay) \$10 Copay 30 Days
Costco Retail/Mail Order Pharmacy – Generic – Brand Name – Supply Limit	\$0 Copay \$20 Copay 90 Days

Medical Benefits—PPO

Plan Features	Anthem Blue Cross PPO 80%		Anthem Blue Cross PPO 90%		Anthem Blue Cross PPO 100%	
HEALTH BENEFITS	Network	Non-Network ¹	Network	Non-Network ¹	Network	Non-Network ¹
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Deductible (Annual) – Individual / Family	\$300 / \$600		\$100 / \$300		\$0 / \$0	
Co-insurance (Plan Pays)	80%	100% of Max Amount	90%	100% of Max Amount	100%	100% of Max Amount
Physician Office Visit – PCP – Specialist	\$20 Copay \$20 Copay	100% of Max Amount	\$20 Copay \$20 Copay	100% of Max Amount	\$10 Copay \$10 Copay	100% of Max Amount
Telemedicine (MDLIVE)	\$0 Copay	Not Covered	\$0 Copay	Not Covered	\$0 Copay	Not Covered
Out of Pocket Max (includes deductible, copays and coinsurance) – Individual – Family	\$1,000 \$3,000	N/A N/A	\$1,000 \$3,000	N/A N/A	\$1,000 \$3,000	N/A N/A
Inpatient Hospitalization²	Ded, 80%	100% of Max Amount, Max \$600/Day Benefit	Ded, 90%	100% of Max Amount, Max \$600/Day Benefit	100%	100% of Max Amount, Max \$600/Day Benefit
Emergency Services	Ded, \$100 Copay	Ded, \$100 Copay 100% of Max Amount	Ded, \$100 Copay	Ded, \$100 Copay 100% of Max Amount	\$100 Copay	\$100 Copay 100% of Max Amount
Urgent Care	\$20 Copay	100% of Max Amount	\$20 Copay	100% of Max Amount	\$10 Copay	100% of Max Amount
Preventive Exams	100%	Not Covered	100%	Not Covered	100%	Not Covered
Physical Medicine² – Office Visit	Administered by ASH Ded, 80% Not Covered		Administered by ASH Ded, 90% Not Covered		Administered by ASH 100% Not Covered	
Mental Health/ Substance Abuse	See Physician Office Visit/ Inpatient Hospitalization		See Physician Office Visit/ Inpatient Hospitalization		See Physician Office Visit/Inpatient Hospitalization	
RX BENEFITS	NAVITUS		NAVITUS		NAVITUS	
Deductible – Individual – Family	Brand/Specialty \$200 \$500	N/A N/A	\$0 \$0	N/A N/A	\$0 \$0	N/A N/A
Out-of-Pocket Max (includes retail and mail order pharmacy drugs) – Individual – Family	\$2,500 \$3,500	N/A N/A	\$2,500 \$3,500	N/A N/A	\$2,500 \$3,500	N/A N/A
Generic Substitution	Yes	Yes	Yes	Yes	Yes	Yes
Pharmacy Copay – Generic – Brand Name – Supply Limit	Retail \$10 Copay Ded, \$35 Copay 30 Days	Costco \$0 Copay Ded, \$90 Copay 90 Days	Retail \$9 Copay \$35 Copay 30 Days	Costco \$0 Copay \$90 Copay 90 Days	Retail \$9 Copay \$35 Copay 30 Days	Costco \$0 Copay \$90 Copay 90 Days

1 When using the non-network tier, you are responsible for all amounts exceeding the fee schedule.

2 Subject to utilization review or medical necessity.

Additional Health Benefits

Additional Health Benefits for SBCC Health Plan Members

You receive the following benefits when you enroll in any Santa Barbara Community College medical plan (through SISC):



Telemedicine Benefits

MDLIVE

Phone and/or video visits are an excellent option for convenient, accessible care when you don't need a doctor to see you in person. They are also a good choice when away from home or if you need short term prescription drug refills. Santa Barbara Community College provides telemedicine coverage with all medical plans through MDLIVE.

- MDLIVE gives you access to doctors 24/7 via phone or secure video for non-emergency medical conditions.
- \$0 copay per visit. MDLIVE doctors have 15 years experience practicing medicine on average.
- Pediatricians are on call.
- You can access behavioral health therapy and psychiatrist visits through MDLIVE
- Access MDLIVE at **(888) 632-2738**, visit **mdlive.com/sisc** or download the app from the App Store or Google Play

Common Conditions Treated by MDLIVE

General Care			Pediatric Care
Allergies	Fever	Respiratory Infections	Cold & Flu
Asthma	Headache	Sinus Infections	Constipation
Bronchitis	Infections	Skin Infections	Ear Infections
Cold & Flu	Insect Bites	Sore Throat	Nausea
Diarrhea	Joint Aches	Urinary Tract Infections	Pink Eye
Ear Infections	Rashes	And More!	And More!



Teladoc: Expert Second Opinions

TELADOC

- A free, 100% confidential benefit available to all Santa Barbara Community College health plan members
- Unlimited access to a top physician if you or a family member receive a difficult diagnosis
- Your Physician Case Manager is backed by a team of leading doctors around the world, and the team collaborates to determine/confirm the correct diagnosis and the optimal plan for treatment
- Your Physician Case Manager helps navigate the ins and outs of the health care system, making care more efficient and helping ease stress
- Receive on-demand support in understanding the course of treatment, what to expect and what the likely results are
- Access Teladoc benefits at **(800) 835.2362** or visit **Teladoc.com/sisc**

Additional Health Benefits for Santa Barbara Community College Health Plan

You receive the following benefits when you enroll in any Santa Barbara Community College medical plan (through SISC):



Lark: Diabetes Prevention Program



- If you qualify, you can access to a free 16-week cutting-edge program that helps with weight loss, adopting healthy habits and can significantly reduce your risk of developing diabetes
- Members are able to choose from an array of national and local programs like Weight Watchers, Retrofit, Jenny Craig and Healthslate.
- To find out if you qualify, go to lark.com/anthemBC



Carrum Health: No Cost Hip, Knee, and Spine Surgical Options



- Access top-quality surgeons at Scripps with no out-of-pocket cost through Carrum Health
- All medical bills, including deductibles, coinsurance, and even travel expenses are covered at 100%
- To learn more, call Carrum Health and access their Care Concierge at **(888) 855-7806** who will:
 - Help complete forms
 - Gather and transfer medical records
 - Assist in the selection of a surgeon
 - Schedule the surgery
 - Make travel arrangements and coordinate post-discharge recovery care



Health Smarts Health Improvement Program



- Health Smarts is a voluntary, confidential, free program designed to help you improve your health.
- Comprehensive program that includes an online health assessment, digital health coaching, and condition management (administered by Anthem Blue Cross).



Hinge Health

- Personalized, digitally delivered therapy for back and joint pain
- To access your Hinge Health benefit, call **(855) 902-2777** or visit hingehealth.com/sisc



City of Hope Oncology

- If you receive a cancer diagnosis, this benefit provides an in-person evaluation with confirmation of diagnosis and development of a customized treatment plan at no charge.
- To learn more, visit cityofhope.org or call **(877) 220-3556**



Vida Digital Coaching

- Anthem plan members have access to Vida Digital Coaching, a virtual care platform that treats a full range of lifestyle, chronic and behavioral health conditions. Examples include nutrition, weight loss, mental health, and building healthy habits

Get the Most from Your Health Plan

Tips For Using Your Health Benefits

1. Ask Questions

If you are having a procedure or planning an upcoming procedure, make sure you know how the procedure will be covered and what your out-of-pocket cost will be, if any.

2. Utilize Free Preventive Care Benefits to Stay Healthy.

Preventive care benefits are covered at no charge to you, in-network. To learn about the host of items covered for free, visit www.healthcare.gov/coverage/preventive-care-benefits. You will be surprised at the number of tests and screenings for adults, women, and children that are covered under the Affordable Care Act. Be careful—if you visit your doctor for a preventive screening but also have them look at your sore throat, the office visit will be billed the same as a regular visit!

3. Get the Right Health Care and Save Money

Choosing the right care for your medical situation will help save you money out-of-pocket:

- **Doctor's Office or Telemedicine** visit: These are the best choices for non-urgent medical issues.
- **Urgent Care**: This is the best choice for non-life threatening medical issues that require immediate in-person care when you can't get an appointment for a Doctor's Office Visit.
- **Emergency Room**: You should use the Emergency Room for life threatening emergencies or for other issues that require immediate in-person medical care outside Urgent Care hours.

4. Use Navitus / Costco's Generic and Over-the-Counter Drugs When Available.

The best way to save on prescriptions is to use generic or over-the-counter medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay. Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

5. Use the Costco Mail-order Prescription Drug Benefit for Maintenance Medications.

The Costco mail order pharmacy is a fast, easy and convenient way to save time and money on your maintenance medications, allowing you to order additional supplies of medication at a discount. To access this benefit, visit www.costco.com/pharmacy/home-delivery for more information.



Dental Benefits

Dental Plan Options

Delta Dental and Golden West PPO Plans

With the Preferred Provider Organization (PPO) dental plans, you may visit a PPO dentist and benefit from the negotiated rate or visit a non-network dentist. When you utilize a PPO dentist, your out-of-pocket expenses will be less. You may also obtain services using a non-network dentist; however, you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims.

Note: We strongly recommend you ask your dentist for a predetermination if total out-of-pocket charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

The Delta Dental plans are only available if you enroll in a Medical plan option. The Golden West Dental plan is available regardless of whether you enroll in or waive a Medical plan option.

Plan Features	Delta Dental Premier Plan		Delta Dental PPO Plan		Golden West PPO Plan	
DENTAL BENEFITS	Dental Premier	Non-Network	Delta Dental PPO	Non-Network	UniCare National PPO	Non-Network
Calendar Year Maximum	\$2,000		\$3,000	\$1,000	\$2,000	
Deductible (Annual)	\$25		\$0	\$25	\$50	
– Individual	\$25 Per Family Member		\$0	\$75	\$150	
– Family						
Preventive (Plan Pays)	100% Deductible Waived	100% of Maximum Plan Allowance	100%	50%	100% Deductible Waived	50%
Basic Services (Plan Pays) Fillings, root canals, periodontics, tissue removal, sealants and oral surgery	80%	80% of Maximum Plan Allowance	100%	50%	80%	50%
Major Services (Plan Pays) Crowns, inlays, onlays, restorations, bridges and dentures	50%	50% of Maximum Plan Allowance	100%	50%	50%	40%
Prosthodontic Services (Plan Pays)	50%	50% of Maximum Plan Allowance	50%	50%	50%	40%
Orthodontia						
– Covered Members	Not Covered		Children & Adults		Not Covered	
– Coinsurance	N/A		100%		N/A	
– Lifetime Maximum	N/A		\$3,000		\$1,845 \$2,045	



Finding a Dental Provider

- **Delta Dental:** Go to www.deltadentalins.com or call (866) 499-3001. Refer to the PPO network when prompted.
- **Golden West:** Go to www.goldenwestdental.com or call (877) 496-0068. Refer to the PPO network when prompted.

Vision Benefits

Medical Eye Services Vision Plan

The MES PPO Vision plan provides professional vision care and high quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you utilize a non-network provider, you will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with MES Vision.

The MES Vision network includes access to independent ophthalmologists and optometrists, as well as Costco, LensCrafters, Pearle Vision, Sam's Club, Sears Optical, Target Optical and Walmart retail stores.



The Vision plans are only available if you enroll in a Medical plan option.

Plan Features	MES Vision \$0 Vision Plan for PPO Medical Participants		MES Vision \$10 Vision Plan for HMO Medical Participants	
VISION BENEFITS	Network	Non-Network	Network	Non-Network
Copay	\$0	N/A	\$10	N/A
Examination (12 Months)	100%	\$40 Reimbursement	100%	\$40 Reimbursement
Lenses (24 Months)¹				
– Single Vision	100%	\$30 Reimbursement	100%	\$30 Reimbursement
– Bifocal	100%	\$50 Reimbursement	100%	\$50 Reimbursement
– Trifocal	100%	\$65 Reimbursement	100%	\$65 Reimbursement
– Progressive	\$89.50 Allowance	\$65 Reimbursement	\$89.50 Allowance	\$65 Reimbursement
– Aphakic or Lenticular Monofocal	100%	\$125 Reimbursement	100%	\$125 Reimbursement
– Aphakic or Lenticular Multifocal	100%	\$125 Reimbursement	100%	\$125 Reimbursement
Frames (24 Months)	\$150 Allowance	\$40 Reimbursement	\$150 Allowance	\$40 Reimbursement
Contact Lenses (24 Months)*	In Lieu of Frames and Lenses		In Lieu of Frames and Lenses	
– Cosmetic / Elective	\$150 Allowance	\$100 Benefit	\$150 Allowance	\$100 Benefit
– Medically Necessary	100%	\$250 Reimbursement	100%	\$250 Reimbursement
Laser Vision Correction	Discounts Apply	Not Covered	Discounts Apply	Not Covered

1 Lenses are available every calendar year if there is the following prescription change: a change in prescription of 0.50 diopter or more in one or

Discounts

A 20% discount is available for cosmetic extras, such as tints, coatings and other add-on charges to standard lenses, after covered services are rendered. The discount may be applied to charges for the frame or contact lenses (except disposable or replacement contact lenses) over

the stated allowances. The 20% discount also applies to additional pairs of glasses and/or pairs of standard contact lenses. To determine whether a provider offers the 20% discount, you can call MES Vision or visit www.mesvision.com. Discounts are available through TLCVision for conventional and custom LASIK procedures with the TLCVision Advantage Program.



Finding a Vision Provider

Go to www.mesvision.com or call (800) 877-6372.

Income Protection Benefits

Life and AD&D Insurance

Lincoln Financial Group Basic Life and AD&D Insurance

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the District. Santa Barbara City College pays for coverage, offered through Mutual of Omaha, in the amount of \$50,000 for you, \$1,500 for your spouse, and \$1,500 for each of your dependent children over the age of 6 months. If your death is due to a covered accident or injury, your beneficiary will receive an additional amount through Accidental Death and Dismemberment (AD&D) coverage.

Lincoln Financial Group Voluntary Life Insurance

In addition to the District provided Basic Life and AD&D benefits, you may elect to purchase additional Term Life insurance at discounted group rates provided by Mutual of Omaha. You pay for this coverage with after-tax dollars through convenient payroll deductions.

- **Employee Coverage:** You may purchase coverage for yourself in increments of \$10,000 up to a maximum benefit of \$500,000, not to exceed 5 times your annual salary. The face value of the policy will be reduced by 50% when you reach the age of 70. At the age of 75, benefits will be reduced to 30% of the original amount, and reduced an additional 20% at the age of 80.
- **Spouse Coverage:** If you buy coverage for yourself, you may also purchase coverage for your eligible spouse. Benefits for your spouse are available in increments of \$5,000 to a maximum benefit of \$250,000 and may not exceed 50% of your employee election. Please note that your eligible spouse must be younger than 70 years of age to participate in this benefit.
- **Child(ren) Coverage:** If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren). Benefits for your children are available in increments of \$1,000, with a minimum of \$2,000, to a maximum benefit of \$10,000.

Guarantee Issue

Guarantee issue is a pre-approved amount of coverage that does not require you to provide proof of good health, and is available to you during your initial eligibility period (upon hire). Guarantee issue is available in the following amounts:

- **Employee** = \$150,000
- **Spouse** = \$25,000
- **Child(ren)** = Entire benefit amount

If you are no longer in your initial eligibility period, you may enroll in Voluntary Life insurance anytime during the year as long as you provide proof of good health. To provide proof of good health, you will be asked to complete a health questionnaire and are subject to insurance carrier approval. Mutual of Omaha may approve or decline coverage based on a review of your health history.

Disability Insurance

Mutual of Omaha Long Term Disability Insurance

Santa Barbara City College offers you Long Term Disability (LTD) to provide income replacement if you become disabled for an extended period of time, through Mutual of Omaha. If you become totally and permanently disabled, benefits begin 90 days after the start of your illness or injury. The LTD benefit will cover 66.67% of your pre-disability earnings up to a maximum benefit of \$5,000 per month.

Supplemental Benefits



Voluntary Plan Options

American Fidelity

You may purchase individual policies from American Fidelity including Accident Only Insurance, Cancer Insurance, Annuities and Life Insurance. Your premiums are paid through payroll deductions, many on a pre-tax basis. American Fidelity policies offer direct-to-the-policyholder cash payouts to help cover what other insurance doesn't. All of the American Fidelity individual policies are portable, which means that you can keep them should you change jobs, or retire, with no increase in premiums. Please contact American Fidelity for benefits and rates.

Accident Only Insurance

American Fidelity's Limited Benefit Accident Only Plan can help prepare you if and when an accident happens.

Cancer Insurance

This coverage can help relieve some of the costs associated with cancer. If you have not received a diagnosis of cancer and have not received any cancer treatment in the last 10 years, you may apply.

Annuities

Offers both fixed and variable annuities to help you get on the road to a financially secure retirement. Planning now can help you be able to meet your retirement needs in the future.

Life Insurance

A portable life insurance policy can offer the protection you need at a price you can afford.



Tax Savings Benefits

Health Care and Dependent Care Section 125 Flexible Benefit Plan

Each year during Open Enrollment you decide how much you want to contribute to one or both of the American Fidelity Flexible Benefit Plans. (FBPs). The FBPs allow you to use pre-tax dollars to pay for certain health and dependent care expenses. Each year, you decide how much to contribute on a pre-tax basis. The annual amount you elect is deducted from your paycheck in equal amounts each pay period. As you incur eligible expenses during the year, you can request reimbursement with your untaxed money from the appropriate account.

Note: You must re-enroll in this program each year you wish to participate in an FBP. **Your enrollment for the previous year does not automatically roll over.**

Health Care FBP

This plan is used to pay for medical, dental or vision expenses not covered under your health plans, such as deductibles, coinsurance, copays for you and your eligible dependents. Employees may defer up to \$2,750 pre-tax per year.

Dependent Care FBP

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. Employees may defer up to \$5,000 pre-tax per year. The Dependent Care FBP **does not** pay for medical care for your dependents.

Example: How You Can Save Money with the Health Care FSA

Dan estimates that he will have approximately \$1,200 in out-of-pocket health care expenses next year and is looking to increase his take-home pay.

	Without the Health Care FSA	With the Health Care FSA
Gross Pay (Annual)	\$35,000	\$35,000
Pre-tax Health Care FSA	\$0	\$1,200
Taxable Gross Income	\$35,000	\$33,800
Payroll Taxes (at 30%)	\$10,500	\$10,140
Health Care Cost	\$1,200	\$0
Net Pay	\$23,300	\$23,660
Annual Net Pay Increase	\$0	\$360

It is important to note that your FSA elections will expire each year on September 30th. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll.

AMERICAN FIDELITY
a different opinion

Important: Please Read: FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the use-it-or-lose-it rule. According to this rule, you must forfeit any money left in your account(s) after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances cannot be carried forward to a future plan year.

If you are unable to estimate your health care and dependent care expenses accurately, it is better to be conservative and underestimate rather than overestimate your expenses.



How Flexible Benefit Plans (AKA Flexible Spending Accounts) Work

Watch this quick video to better understand how the Flexible Spending Accounts work:
<http://video2.burnhambenefits.com/fsa>.

Life Balance Benefits

Employee Assistance Programs

Santa Barbara Community College provides up to two Employee Assistance Programs (EAPs) to support employees in balancing their lives, both personal and professional.

	Anthem Employee Assistance Program
Eligibility	All employees and their household members
Primary Benefit	The Employee Assistance Programs (EAPs) provide confidential support in balancing a wide array of challenges in areas such as: • Relationship difficulties • Managing change and stress • Legal and financial issues • Marriage, family or parenting concerns
Counselling Sessions	Up to 6 counselling sessions per issue per benefit year
Additional Benefits	• Identity monitoring and theft resolution services through IDnotify • Financial calculators to support your financial wellbeing • Web and mobile access to myStrength: • Helps you learn to reduce stress, anxiety, depression or substance abuse • Helps keep you motivated with engaging activities that help you learn new ideas Online resources for a wide array of topics, including both a library of articles and on-demand seminars
How to Access Benefits	• Call (800) 999-7222 Visit anthemEAP.com (to log in, enter SISC as the program name).

Voluntary Retirement Savings Plan

Retirement Savings Plans

Santa Barbara Community College provides all employees with the opportunity to build savings for long term financial goals, such as retirement. You are eligible to contribute to any of the 403(b) or 457(b) plans administered by Envoy Plan Services.

As the Third party Administrator (TPA), Envoy provides legal and regulatory services that ensure compliance with IRS and state laws. These administration services have a monthly charge of \$3 (September to June) and paid by per participating employee.

Getting Started:

- Go to www.envoyplanservices.com
- Click onto Client Center; then click on your state, country and employer.
- You are now on your employer's home page on the Envoy Plan Services Website
 - 403(b) / 457(b) Providers—A complete list of approved providers currently available in the plan is listed on the employer's home page
 - Forms Tab—A forms tab is at the top of the home page. Clicking on this tab will provide you with definitions. Enrolment Procedures, Plan Highlights, Salary Reduction Agreements, Transaction Request Instructions and the Transactions Request Form.
 - Frequently Asked Questions—A list of frequently asked questions and the responses to these questions is provided for your reference.
 - Educational Videos are provided for your viewing.
- For questions, call Customer Service at **(800) 248-8858**.

Maximum Contribution limits for 2021

Year	403(b) TSA	457(b) DCP	Total
2021 Basic Limit	\$19,500	\$19,500	\$39,000
Age 50+ Catch-up	\$6,500	\$6,500	\$13,000
Total	\$26,000	\$26,000	\$ 52,000

What is a 403(b) plan

A 403(b) plan is a tax advantaged retirement savings investment plan available for school employees. All SBCC employees (except student workers) may contribute a portion of salary into a 403(b) plan. Payroll deduction salary deferral can be made pre-tax that allows you to receive a tax deduction in the year of the salary deferral and all earnings on your account balances are also tax deferred. You are then able to defer all income taxes until you withdraw money from your . Deferrals can also be made post-tax, known as Roth 403(b), so you are paying the income taxes today on your contributions. The earnings on your account balance are tax deferred and when you retire you never pay income tax on any of the income distributions you receive (subject to IRS requirements).

What is a 457(b) plan

A 457(b) Deferred Compensation Plan (457 Plan) is a tax-favored retirement saving investment plan available to school employees. All SBCC employees (except student workers) may contribute a portion of their salary into a 457(b) plan. Payroll deduction salary deferral can be made pre-tax that allows you to receive a tax deduction in the year of the salary deferral and all earnings on your account balances are also tax deferred. You are then able to defer all income taxes until you withdraw money from your account. Deferrals can also be made post-tax, known as Roth 457(b), so you are paying the income taxes today on your contributions. The earnings on your account balance are tax deferred and when you retire you never pay income tax on any of the income distributions you receive (subject to IRS requirements).

Out-of-Pocket Premium Comparison

	Delta Premier Dental Option #1			Delta PPO Dental Option #2			Golden West Dental Option #3		
	Single	2 Party	Family	Single	2 Party	Family	Single	2 Party	Family
Blue Shield HMO									
Medical / Dental	\$14,788.80	\$28,653.60	\$40,070.40	\$14,788.80	\$28,653.60	\$40,070.40	\$14,788.80	\$28,653.60	\$40,070.40
Vision	\$552.00	\$1,140.00	\$1,572.00	\$640.80	\$1,332.00	\$2,085.60	\$601.56	\$1,214.88	\$1,796.64
Basic Life	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12
Long Term Disability	\$216.00	\$216.00	\$216.00	\$216.00	\$216.00	\$216.00	\$216.00	\$216.00	\$216.00
TOTAL PREMIUM	\$15,646.92	\$30,099.72	\$41,948.52	\$15,735.72	\$30,291.72	\$42,462.12	\$15,696.48	\$30,174.60	\$42,173.16
DISTRICT CONTRIBUTION	\$9,450.12	\$18,126.12	\$25,254.12	\$9,450.12	\$18,126.12	\$25,254.12	\$9,450.12	\$18,126.12	\$25,254.12
EMPLOYEE	\$6,196.80	\$11,973.60	\$16,694.40	\$6,285.60	\$12,165.60	\$17,208.00	\$6,246.36	\$12,048.48	\$16,919.04
EMPLOYEE 10thly	\$619.68	\$1,197.36	\$1,669.44	\$628.56	\$1,216.56	\$1,720.80	\$624.64	\$1,204.85	\$1,691.90
Blue Cross PPO 100%									
Medical / Dental	\$10,500.00	\$20,448.00	\$28,692.00	\$10,500.00	\$20,448.00	\$28,692.00	\$10,500.00	\$20,448.00	\$28,692.00
Vision	\$552.00	\$1,140.00	\$1,572.00	\$640.80	\$1,332.00	\$2,085.60	\$601.56	\$1,214.88	\$1,796.64
Basic Life	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12
Long Term Disability	\$216.00	\$216.00	\$216.00	\$216.00	\$216.00	\$216.00	\$216.00	\$216.00	\$216.00
TOTAL PREMIUM	\$11,358.12	\$21,894.12	\$30,570.12	\$11,446.92	\$22,086.12	\$31,083.72	\$11,407.68	\$21,969.00	\$30,794.76
DISTRICT CONTRIBUTION	\$9,450.12	\$18,126.12	\$25,254.12	\$9,450.12	\$18,126.12	\$25,254.12	\$9,450.12	\$18,126.12	\$25,254.12
EMPLOYEE	\$1,908.00	\$3,768.00	\$5,316.00	\$1,996.80	\$3,960.00	\$5,829.60	\$1,957.56	\$3,842.88	\$5,540.64
EMPLOYEE 10thly	\$190.80	\$376.80	\$531.60	\$199.68	\$396.00	\$582.96	\$195.76	\$384.29	\$554.06
Blue Cross PPO 90%									
Medical / Dental	\$9,648.00	\$18,732.00	\$26,256.00	\$9,648.00	\$18,732.00	\$26,256.00	\$9,648.00	\$18,732.00	\$26,256.00
Vision	\$552.00	\$1,140.00	\$1,572.00	\$640.80	\$1,332.00	\$2,085.60	\$601.56	\$1,214.88	\$1,796.64
Basic Life	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12
Long Term Disability	\$216.00	\$216.00	\$216.00	\$216.00	\$216.00	\$216.00	\$216.00	\$216.00	\$216.00
TOTAL PREMIUM	\$10,506.12	\$20,178.12	\$28,134.12	\$10,594.92	\$20,370.12	\$28,647.72	\$10,555.68	\$20,253.00	\$28,358.76
DISTRICT CONTRIBUTION	\$9,450.12	\$18,126.12	\$25,254.12	\$9,450.12	\$18,126.12	\$25,254.12	\$9,450.12	\$18,126.12	\$25,254.12
EMPLOYEE	\$1,056.00	\$2,052.00	\$2,880.00	\$1,144.80	\$2,244.00	\$3,393.60	\$1,105.56	\$2,126.88	\$3,104.64
EMPLOYEE 10thly	\$105.60	\$205.20	\$288.00	\$114.48	\$224.40	\$339.36	\$110.56	\$212.69	\$310.46
Blue Cross PPO 80%									
Medical / Dental	\$8,592.00	\$16,680.00	\$23,376.00	\$8,592.00	\$16,680.00	\$23,376.00	\$8,592.00	\$16,680.00	\$23,376.00
Vision	\$552.00	\$1,140.00	\$1,572.00	\$640.80	\$1,332.00	\$2,085.60	\$601.56	\$1,214.88	\$1,796.64
Basic Life	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12
Long Term Disability	\$216.00	\$216.00	\$216.00	\$216.00	\$216.00	\$216.00	\$216.00	\$216.00	\$216.00
TOTAL PREMIUM	\$9,450.12	\$18,126.12	\$25,254.12	\$9,538.92	\$18,318.12	\$25,767.72	\$9,499.68	\$18,201.00	\$25,478.76
DISTRICT CONTRIBUTION	\$9,450.12	\$18,126.12	\$25,254.12	\$9,450.12	\$18,126.12	\$25,254.12	\$9,450.12	\$18,126.12	\$25,254.12
EMPLOYEE	\$0.00	\$0.00	\$0.00	\$88.80	\$192.00	\$513.60	\$49.56	\$74.88	\$224.64
EMPLOYEE 10thly	\$0.00	\$0.00	\$0.00	\$8.88	\$19.20	\$51.36	\$4.96	\$7.49	\$22.46

Mutual of Omaha LTD is based on salary of \$60,000.

Family coverage is based on a party of 3 or more members.

Resources and Contacts

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact Sharon Remacle.

Plan	Phone	Website
MEDICAL BENEFITS		
Blue Shield HMO Plan	(855) 256-9404	www.blueshieldca.com
Anthem Blue Cross PPO Plans	(800) 322-5709	www.anthem.com/ca/sisc
Navitus Pharmacy Services	(866) 333-2757	www.navitus.com
Costco Mail Order Pharmacy	(800) 607-6861	www.costco.com/pharmacy/home-delivery
Chiropractic (American Specialty Health)	(800) 678-9133	www.ashcompanies.com
DENTAL BENEFITS		
Delta Dental PPO Plans	(866) 499-3001	www.deltadentalins.com
Golden West Dental PPO Plan	(877) 496-0068	www.goldenwestdental.com
VISION BENEFITS		
Medical Eye Services (MES) Vision Plan	(800) 877-6372	www.mesvision.com
INCOME PROTECTION BENEFITS		
Lincoln Financial Life and AD&D Insurance		www.lfg.com
Mutual of Omaha Long Term Disability Insurance	(800) 877-5176	www.mutualofomaha.com
SUPPLEMENTAL BENEFITS		
American Fidelity Accident Only Insurance		
American Fidelity Cancer Insurance	(800) 662-1113	
American Fidelity Life Insurance		www.afadvantage.com
American Fidelity Annuities	(800) 662-1106	
TAX SAVINGS BENEFITS		
American Fidelity Flexible Benefit Plan	(800) 325-0654	www.afadvantage.com
VOLUNTARY RETIREMENT PLAN		
Envoy Plan Services	(877) 513-2272	ww.envoyplanservices.com
BENEFITS PROVIDED BY SISC		
Health Smart's Health Improvement Program	Call SISC - See Medical ID Card	N/A
MDLIVE	(888) 632.2738	www.mdlive.com/sisc
Condition Care	(800) 621-2232	
Teladoc—Second Opinion	(800) 835.2362	Teladoc.com/sisc
Lark Diabetes Prevention Program	N/A	Lark.com/anthemBC

Important Information

The Affordable Care Act and You

The Affordable Care Act (ACA) requires nearly every American to be enrolled in medical coverage or pay a penalty. This is referred to as the individual mandate. You have several options to satisfy this requirement:

- Enroll in a medical plan offered by Santa Barbara City College or another group plan.
- Purchase coverage through a health insurance marketplace.
- Enroll in coverage through a government sponsored program.
- Have no coverage and incur a tax penalty.

Because Santa Barbara City College's medical plans are considered affordable and meet minimum value under Health Care Reform, you will not generally see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost if you choose to purchase coverage through the marketplace, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

For more information on your coverage options, please visit www.healthcare.gov.

Annual Notices

Various state and federal laws require that employers provide disclosure and annual notices to their plan participants. Santa Barbara City College has posted all federally required annual notices on our SBCC intranet for you to download and read at your convenience.

The following is a list of the annual notices:

- Medicare Part D Notice of Creditable Coverage
- HIPAA Notice of Privacy Practices
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Special Enrollment Rights
- Medicaid & Children's Health Insurance Program

Summary of Benefits & Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage, referred to as a Summary of Benefits and Coverage (SBC). This guide is designed to help you understand the medical plan options offered to you by Santa Barbara City College. Please refer to the SBC and carrier contracts provided by Blue Shield or Anthem Blue Cross for additional plan details.

Online Benefits Information

Access your benefits information whenever you want, from home or any place where you have internet access, by visiting the Santa Barbara City College website at http://www.sbccc.edu/hr/benefits/contacts_information.php.

This page provides addresses, telephone numbers and links to various benefit sites.

Notes

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Notes

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2211 Michelson Drive, Suite 1200 | Irvine, California 92612 | Telephone: (949) 833-2983 | Fax: (949) 833-9549

Learn more at www.burnhambenefits.com

This brochure provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this brochure are subject to change without notice. Continuation of any benefit plan or coverage is at the District's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the Human Resources Department.

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