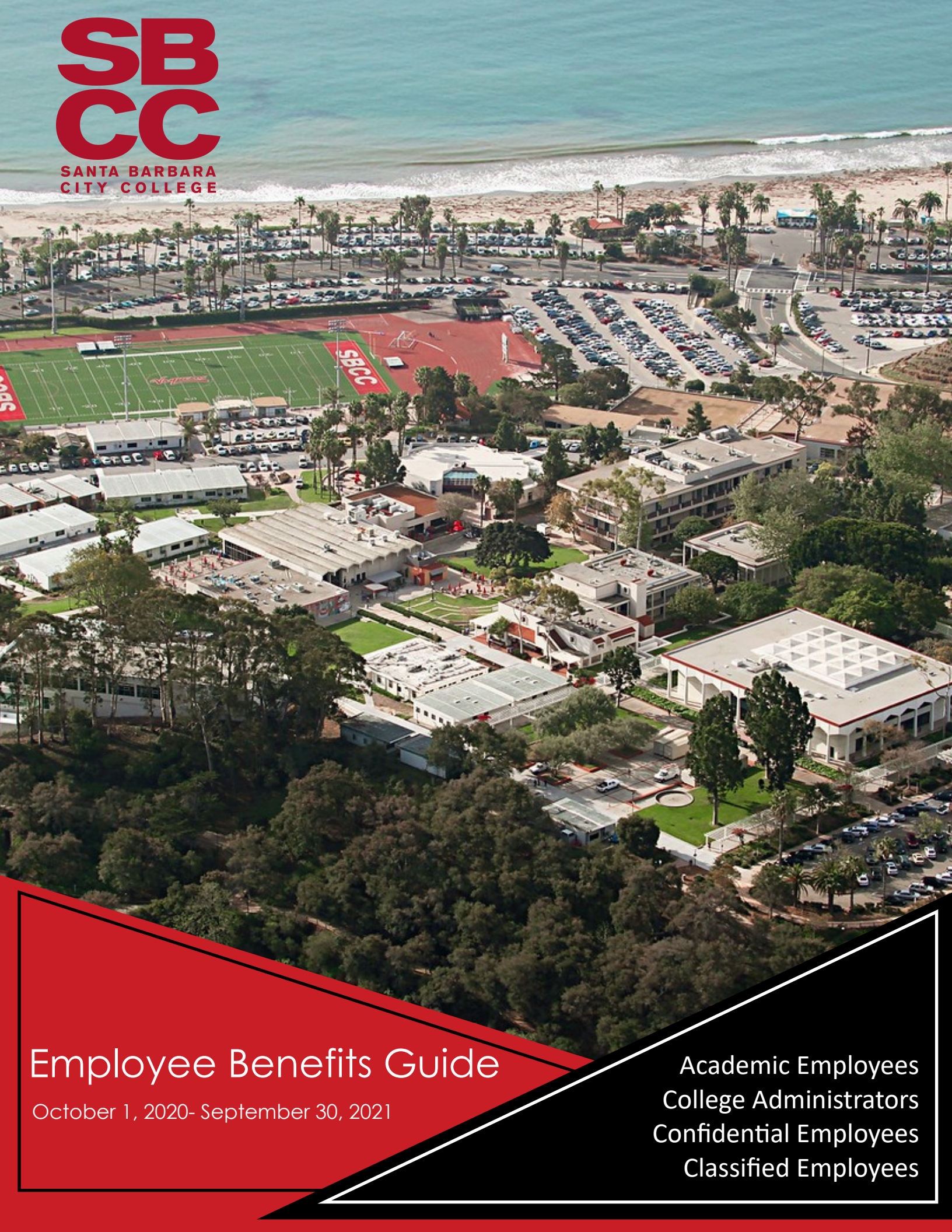




# Employee Benefits Guide

October 1, 2020- September 30, 2021

Academic Employees  
College Administrators  
Confidential Employees  
Classified Employees



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.

# Contents

|    |                                    |
|----|------------------------------------|
| 03 | Enrollment Information             |
| 06 | Medical Benefits                   |
| 09 | Additional Health Benefits         |
| 11 | Get the Most from Your Health Plan |
| 12 | Dental Benefits                    |
| 13 | Vision Benefits                    |
| 14 | Income Protection Benefits         |
| 15 | Supplemental Benefits              |
| 16 | Tax Savings Benefits               |
| 17 | Life Balance Benefits              |
| 18 | Voluntary Retirement Savings Plan  |
| 19 | Out-of-Pocket Premium Comparison   |
| 20 | Resources and Contacts             |
| 21 | Important Information              |

# 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 | 2020 – 2021 District Allowance |
|-------------------|--------------------------------|
| Medical Waiver    | \$2,000                        |
| Single            | \$9,234.12                     |
| Two-Party         | \$17,730.12                    |
| Family            | \$24,738.12                    |

**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 1<sup>st</sup> through September 30<sup>th</sup> of each year. There is an annual open enrollment period each year, during which you can make new benefit elections for the following October 1<sup>st</sup> 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, 2021, 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](http://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](http://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](http://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](http://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                                 |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Network Name</b>                                                                                     | Access+ HMO                                     |
| <b>HEALTH BENEFITS</b>                                                                                  |                                                 |
| <b>Lifetime Maximum Benefit</b>                                                                         | Unlimited                                       |
| <b>Deductible (Annual)</b><br>– Individual<br>– Family                                                  | \$0<br>\$0                                      |
| <b>Co-Insurance (Plan Pays)</b>                                                                         | 100%                                            |
| <b>Office Visit Copay</b><br>– Primary Care Physician<br>– Specialist Office Visit                      | \$10 Copay<br>\$30 Copay Self-Refer             |
| <b>Telemedicine (MDLIVE)</b>                                                                            | \$ Copay                                        |
| <b>Out of Pocket Max</b><br>(includes deductible, copays and coinsurance)<br>– Individual<br>– Family   | \$1,000<br>\$2,000                              |
| <b>Inpatient Hospitalization</b>                                                                        | 100%                                            |
| <b>Emergency Services</b>                                                                               | \$100 Copay<br>Copay Waived if Admitted         |
| <b>Urgent Care</b>                                                                                      | \$20 Copay                                      |
| <b>Preventive Care</b>                                                                                  | 100%                                            |
| <b>Chiropractic/Acupuncture</b><br>– Office Visit<br>– Maximum Visits per Year (Combined)               | \$10 Copay<br>30 Visits                         |
| <b>RX BENEFITS</b>                                                                                      | <b>NAVITUS</b>                                  |
| <b>Deductible</b><br>– Individual<br>– Family                                                           | \$0<br>\$0                                      |
| <b>Out-of-Pocket Max</b><br>(includes retail and mail order pharmacy drugs)<br>– Individual<br>– Family | \$1,500<br>\$2,500                              |
| <b>Generic Substitution</b>                                                                             | Yes                                             |
| <b>Retail Pharmacy</b><br>– Generic<br>– Brand Name<br>– Supply Limit                                   | \$5 (Costco \$0 Copay)<br>\$10 Copay<br>30 Days |
| <b>Costco Retail/Mail Order Pharmacy</b><br>– Generic<br>– Brand Name<br>– Supply Limit                 | \$0 Copay<br>\$20 Copay<br>90 Days              |

## Medical Benefits—PPO

| Plan Features                                                                                           | Anthem Blue Cross<br>PPO 80%                             |                                                   | Anthem Blue Cross<br>PPO 90%                             |                                              | Anthem Blue Cross<br>PPO 100%                           |                                              |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|----------------------------------------------|---------------------------------------------------------|----------------------------------------------|
| HEALTH BENEFITS                                                                                         | Network                                                  | Non-Network <sup>1</sup>                          | Network                                                  | Non-Network <sup>1</sup>                     | Network                                                 | Non-Network <sup>1</sup>                     |
| <b>Lifetime Maximum</b>                                                                                 | Unlimited                                                |                                                   | Unlimited                                                |                                              | Unlimited                                               |                                              |
| <b>Deductible (Annual)</b><br>– Individual / Family                                                     | \$300 / \$600                                            |                                                   | \$100 / \$300                                            |                                              | \$0 / \$0                                               |                                              |
| <b>Co-insurance (Plan Pays)</b>                                                                         | 80%                                                      | 100% of Max Amount                                | 90%                                                      | 100% of Max Amount                           | 100%                                                    | 100% of Max Amount                           |
| <b>Physician Office Visit</b><br>– PCP<br>– Specialist                                                  | \$20 Copay<br>\$20 Copay                                 | 100% of Max Amount                                | \$20 Copay<br>\$20 Copay                                 | 100% of Max Amount                           | \$10 Copay<br>\$10 Copay                                | 100% of Max Amount                           |
| <b>Telemedicine (MDLIVE)</b>                                                                            | \$5 Copay                                                | Not Covered                                       | \$5 Copay                                                | Not Covered                                  | \$5 Copay                                               | Not Covered                                  |
| <b>Out of Pocket Max</b><br>(includes deductible, copays and coinsurance)<br>– Individual<br>– Family   | \$1,000<br>\$3,000                                       | N/A<br>N/A                                        | \$1,000<br>\$3,000                                       | N/A<br>N/A                                   | \$1,000<br>\$3,000                                      | N/A<br>N/A                                   |
| <b>Inpatient Hospitalization<sup>2</sup></b>                                                            | 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    |
| <b>Emergency Services</b>                                                                               | Ded, \$100 Copay                                         | Ded, \$100 Copay<br>100% of Max Amount            | Ded, \$100 Copay                                         | Ded, \$100 Copay<br>100% of Max Amount       | \$100 Copay                                             | \$100 Copay<br>100% of Max Amount            |
| <b>Urgent Care</b>                                                                                      | \$20 Copay                                               | 100% of Max Amount                                | \$20 Copay                                               | 100% of Max Amount                           | \$10 Copay                                              | 100% of Max Amount                           |
| <b>Preventive Exams</b>                                                                                 | 100%                                                     | Not Covered                                       | 100%                                                     | Not Covered                                  | 100%                                                    | Not Covered                                  |
| <b>Physical Medicine<sup>2</sup></b><br>– <b>Office Visit</b>                                           | Administered by ASH<br>Ded, 80%   Not Covered            |                                                   | Administered by ASH<br>Ded, 90%   Not Covered            |                                              | Administered by ASH<br>100%   Not Covered               |                                              |
| <b>Mental Health/<br/>Substance Abuse</b>                                                               | See Physician Office Visit/<br>Inpatient Hospitalization |                                                   | See Physician Office Visit/<br>Inpatient Hospitalization |                                              | See Physician Office Visit/Inpatient<br>Hospitalization |                                              |
| <b>RX BENEFITS</b>                                                                                      | NAVITUS                                                  |                                                   | NAVITUS                                                  |                                              | NAVITUS                                                 |                                              |
| <b>Deductible</b><br>– Individual<br>– Family                                                           | Brand/Specialty<br>\$200<br>\$500                        | N/A<br>N/A                                        | \$0<br>\$0                                               | N/A<br>N/A                                   | \$0<br>\$0                                              | N/A<br>N/A                                   |
| <b>Out-of-Pocket Max</b><br>(includes retail and mail order pharmacy drugs)<br>– Individual<br>– Family | \$2,500<br>\$3,500                                       | N/A<br>N/A                                        | \$2,500<br>\$3,500                                       | N/A<br>N/A                                   | \$2,500<br>\$3,500                                      | N/A<br>N/A                                   |
| <b>Generic Substitution</b>                                                                             | Yes                                                      | Yes                                               | Yes                                                      | Yes                                          | Yes                                                     | Yes                                          |
| <b>Pharmacy Copay</b><br>– Generic<br>– Brand Name<br>– Supply Limit                                    | Retail<br>\$10 Copay<br>Ded, \$35 Copay<br>30 Days       | Costco<br>\$0 Copay<br>Ded, \$90 Copay<br>90 Days | Retail<br>\$9 Copay<br>\$35 Copay<br>30 Days             | Costco<br>\$0 Copay<br>\$90 Copay<br>90 Days | Retail<br>\$9 Copay<br>\$35 Copay<br>30 Days            | Costco<br>\$0 Copay<br>\$90 Copay<br>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.
- \$5 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!      |



### Advance Medical: Expert Second Opinions

**advance|medical**

- 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 Advance Medical benefits at **(855) 201-9925** or visit **advance-medical.net/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):



#### Solera4ME: 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 <https://solera4me.com/sisc> and take a 1-minute quiz



#### 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](https://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](https://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
- To learn more, call **855-442-5885** or visit [vida.com/sisc](https://vida.com/sisc)

# 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](http://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](http://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               |
| <b>Calendar Year Maximum</b>                                                                                        | \$2,000                        |                                | \$3,000                              | \$1,000      | \$2,000                |                           |
| <b>Deductible (Annual)</b><br>– Individual<br>– Family                                                              | \$25<br>\$25 Per Family Member |                                | \$0<br>\$0                           | \$25<br>\$75 | \$50<br>\$150          |                           |
| <b>Preventive (Plan Pays)</b>                                                                                       | 100% Deductible Waived         | 100% of Maximum Plan Allowance | 100%                                 | 50%          | 100% Deductible Waived | 50%                       |
| <b>Basic Services (Plan Pays)</b><br>Fillings, root canals, periodontics, tissue removal, sealants and oral surgery | 80%                            | 80% of Maximum Plan Allowance  | 100%                                 | 50%          | 80%                    | 50%                       |
| <b>Major Services (Plan Pays)</b><br>Crowns, inlays, onlays, restorations, bridges and dentures                     | 50%                            | 50% of Maximum Plan Allowance  | 100%                                 | 50%          | 50%                    | 40%                       |
| <b>Prosthodontic Services (Plan Pays)</b>                                                                           | 50%                            | 50% of Maximum Plan Allowance  | 50%                                  | 50%          | 50%                    | 40%                       |
| <b>Orthodontia</b><br>– Covered Members<br>– Coinsurance<br>– Lifetime Maximum                                      | Not Covered<br>N/A<br>N/A      |                                | Children & Adults<br>100%<br>\$3,000 |              | \$1,845<br>\$2,045     | Not Covered<br>N/A<br>N/A |



### Finding a Dental Provider

- **Delta Dental:** Go to [www.deltadentalins.com](http://www.deltadentalins.com) or call (866) 499-3001. Refer to the PPO network when prompted.
- **Golden West:** Go to [www.goldenwestdental.com](http://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<br>for PPO Medical Participants |                     | MES Vision \$10 Vision Plan<br>for HMO Medical Participants |                     |
|---------------------------------------|------------------------------------------------------------|---------------------|-------------------------------------------------------------|---------------------|
| VISION BENEFITS                       | Network                                                    | Non-Network         | Network                                                     | Non-Network         |
| <b>Copay</b>                          | \$0                                                        | N/A                 | \$10                                                        | N/A                 |
| <b>Examination (12 Months)</b>        | 100%                                                       | \$40 Reimbursement  | 100%                                                        | \$40 Reimbursement  |
| <b>Lenses (24 Months)<sup>1</sup></b> |                                                            |                     |                                                             |                     |
| – 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 |
| <b>Frames (24 Months)</b>             | \$150 Allowance                                            | \$40 Reimbursement  | \$150 Allowance                                             | \$40 Reimbursement  |
| <b>Contact Lenses (24 Months)*</b>    | 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 |
| <b>Laser Vision Correction</b>        | 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 both eyes; or a shift in axis of astigmatism of 15 degrees; or a difference in vertical prism greater than 1 prism diopter.

## 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](http://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](http://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 30<sup>th</sup>. 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Save A Valuable Employee (SAVE) Employee Assistance Program                                                                                                                                                                                                                                                     |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Eligibility</b>            | Employees participating in a SISC sponsored medical plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | All employees and their household members                                                                                                                                                                                                                                                                       |
| <b>Primary Benefit</b>        | <p>The Employee Assistance Programs (EAPs) provide confidential support in balancing a wide array of challenges in areas such as:</p> <ul style="list-style-type: none"> <li>Relationship difficulties</li> <li>Managing change and stress</li> <li>Legal and financial issues</li> <li>Marriage, family or parenting concerns</li> <li>Anxiety and depression</li> <li>Work-related concerns</li> <li>Grief and loss</li> <li>Crisis management</li> <li>Alcohol and substance abuse issues</li> </ul>                            |                                                                                                                                                                                                                                                                                                                 |
| <b>Counselling Sessions</b>   | Up to 6 counselling sessions per issue per benefit year                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Introductory consultation + referrals                                                                                                                                                                                                                                                                           |
| <b>Additional Benefits</b>    | <ul style="list-style-type: none"> <li>Identity monitoring and theft resolution services through IDnotify</li> <li>Financial calculators to support your financial wellbeing</li> <li>Web and mobile access to myStrength:</li> <li>Helps you learn to reduce stress, anxiety, depression or substance abuse</li> <li>Helps keep you motivated with engaging activities that help you learn new ideas</li> <li>Online resources for a wide array of topics, including both a library of articles and on-demand seminars</li> </ul> | <ul style="list-style-type: none"> <li>Legal consultation with attorneys for a wide variety of issues</li> <li>Financial consultation services with financial professionals</li> <li>Professional Growth—group training and individual meetings</li> <li>Online resources for a wide array of topics</li> </ul> |
| <b>How to Access Benefits</b> | <ul style="list-style-type: none"> <li>Call <b>(800) 999-7222</b></li> <li>Visit <b>anthemEAP.com</b> (to log in, enter SISC as the program name).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>Call <b>(805) 962-5387</b></li> </ul>                                                                                                                                                                                                                                    |

# Voluntary Retirement Savings Plan

## 403(b) 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) 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](http://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) Providers—A complete list of approved 403(b) 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**.

| 403(b) Plans                                 |                                                                                                                                                                                                                         |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit                                      | Save for your future with <b>pre-tax</b> dollars                                                                                                                                                                        |
| Tax Advantages                               | Your contributions are tax-free and lower your taxable income now<br><br>You pay tax on your contributions and investment earnings when you withdraw your funds during retirement                                       |
| Annual Contribution Limit                    | Up to 100% of eligible earnings up to the IRS maximum                                                                                                                                                                   |
| Plan Investments                             | You choose how to invest your retirement savings. A variety of investment options are available                                                                                                                         |
| Rollovers                                    | You have the option to rollover qualified retirement plans.                                                                                                                                                             |
| Loans                                        | You may have the option to take a loan if you wish. Please note that loan payments are made with after-tax money, and when you withdraw 403(b) funds during retirement, they will be subject to tax again at that time. |
| Unforeseen Financial<br>Emergency Withdrawal | You may be able to make an early withdrawal in an event of severe financial hardship. Please note early withdrawals may be subject to penalties.                                                                        |

# Out-of-Pocket Premium Comparison

|                              | Delta Premier<br>Dental Option #1 |                    |                    | Delta PPO<br>Dental Option #2 |                    |                    | Golden West<br>Dental Option #3 |                    |                    |
|------------------------------|-----------------------------------|--------------------|--------------------|-------------------------------|--------------------|--------------------|---------------------------------|--------------------|--------------------|
| <b>Blue Shield HMO</b>       | Single                            | 2 Party            | Family             | Single                        | 2 Party            | Family             | Single                          | 2 Party            | Family             |
| Medical                      | \$14,484.00                       | \$17,730.12        | \$24,738.12        | \$14,484.00                   | \$17,730.12        | \$24,738.12        | \$14,484.00                     | \$17,730.12        | \$24,738.12        |
| Dental                       | \$552.00                          | \$1,140.00         | \$1,572.00         | <b>\$640.80</b>               | <b>\$1,332.00</b>  | <b>\$2,085.60</b>  | <b>\$601.56</b>                 | <b>\$1,214.88</b>  | <b>\$1,796.64</b>  |
| Vision                       | \$64.80                           | \$129.60           | \$194.40           | <b>\$64.80</b>                | <b>\$129.60</b>    | <b>\$194.40</b>    | <b>\$64.80</b>                  | <b>\$129.60</b>    | <b>\$194.40</b>    |
| Basic Life                   | \$90.12                           | \$90.12            | \$90.12            | <b>\$90.12</b>                | <b>\$90.12</b>     | <b>\$90.12</b>     | <b>\$90.12</b>                  | <b>\$90.12</b>     | <b>\$90.12</b>     |
| Long Term Disability         | \$216.00                          | \$216.00           | \$216.00           | <b>\$216.00</b>               | <b>\$216.00</b>    | <b>\$216.00</b>    | <b>\$216.00</b>                 | <b>\$216.00</b>    | <b>\$216.00</b>    |
| <b>TOTAL PREMIUM</b>         | <b>\$15,406.92</b>                | <b>\$29,667.72</b> | <b>\$41,348.52</b> | <b>\$15,495.72</b>            | <b>\$29,859.72</b> | <b>\$41,862.12</b> | <b>\$15,456.48</b>              | <b>\$29,742.60</b> | <b>\$41,573.16</b> |
| <b>DISTRICT CONTRIBUTION</b> | <b>\$9,234.12</b>                 | <b>\$17,730.12</b> | <b>\$24,738.12</b> | <b>\$9,234.12</b>             | <b>\$17,730.12</b> | <b>\$24,738.12</b> | <b>\$9,234.12</b>               | <b>\$17,730.12</b> | <b>\$24,738.12</b> |
| <b>EMPLOYEE</b>              | <b>\$6,172.80</b>                 | <b>\$11,937.60</b> | <b>\$1661.40</b>   | <b>\$6,261.60</b>             | <b>\$12,129.60</b> | <b>\$17,124.00</b> | <b>\$6,222.36</b>               | <b>\$12,012.48</b> | <b>\$16,835.04</b> |
| <b>EMPLOYEE 10thly</b>       | <b>\$617.28</b>                   | <b>\$1,193.76</b>  | <b>\$1,661.04</b>  | <b>\$626.16</b>               | <b>\$1,212.96</b>  | <b>\$1,712.40</b>  | <b>\$622.24</b>                 | <b>\$1,201.25</b>  | <b>\$1,683.50</b>  |
| <b>Blue Cross PPO 100%</b>   | Single                            | 2 Party            | Family             | Single                        | 2 Party            | Family             | Single                          | 2 Party            | Family             |
| Medical                      | \$10,200.00                       | \$19,872.00        | \$27,900.00        | \$10,200.00                   | \$19,872.00        | \$27,900.00        | \$10,200.00                     | \$19,872.00        | \$27,900.00        |
| Dental                       | \$552.00                          | \$1,140.00         | \$1,572.00         | <b>\$640.80</b>               | <b>\$1,332.00</b>  | <b>\$2,085.60</b>  | <b>\$601.56</b>                 | <b>\$1,214.88</b>  | <b>\$1,796.64</b>  |
| Vision                       | \$72.00                           | \$144.00           | \$216.00           | <b>\$72.00</b>                | <b>\$144.00</b>    | <b>\$216.00</b>    | <b>\$72.00</b>                  | <b>\$144.00</b>    | <b>\$216.00</b>    |
| Basic Life                   | \$90.12                           | \$90.12            | \$90.12            | <b>\$90.12</b>                | <b>\$90.12</b>     | <b>\$90.12</b>     | <b>\$90.12</b>                  | <b>\$90.12</b>     | <b>\$90.12</b>     |
| Long Term Disability         | \$216.00                          | \$216.00           | \$216.00           | <b>\$216.00</b>               | <b>\$216.00</b>    | <b>\$216.00</b>    | <b>\$216.00</b>                 | <b>\$216.00</b>    | <b>\$216.00</b>    |
| <b>TOTAL PREMIUM</b>         | <b>\$11,130.12</b>                | <b>\$21,462.12</b> | <b>\$29,994.12</b> | <b>\$11,218.92</b>            | <b>\$21,654.12</b> | <b>\$30,507.72</b> | <b>\$11,179.68</b>              | <b>\$21,537.00</b> | <b>\$30,218.76</b> |
| <b>DISTRICT CONTRIBUTION</b> | <b>\$9,234.12</b>                 | <b>\$17,730.12</b> | <b>\$24,738.12</b> | <b>\$9,234.12</b>             | <b>\$17,730.12</b> | <b>\$24,738.12</b> | <b>\$9,234.12</b>               | <b>\$17,730.12</b> | <b>\$24,738.12</b> |
| <b>EMPLOYEE</b>              | <b>\$1,896.00</b>                 | <b>\$3,732.00</b>  | <b>\$5,256.00</b>  | <b>\$1,984.80</b>             | <b>\$3,924.00</b>  | <b>\$5,769.60</b>  | <b>\$1,945.56</b>               | <b>\$3,806.88</b>  | <b>\$5,480.64</b>  |
| <b>EMPLOYEE 10thly</b>       | <b>\$189.60</b>                   | <b>\$373.20</b>    | <b>\$525.60</b>    | <b>\$198.48</b>               | <b>\$392.40</b>    | <b>\$576.96</b>    | <b>\$194.56</b>                 | <b>\$380.69</b>    | <b>\$548.06</b>    |
| <b>Blue Cross PPO 90%</b>    | Single                            | 2 Party            | Family             | Single                        | 2 Party            | Family             | Single                          | 2 Party            | Family             |
| Medical                      | \$9,348.00                        | \$18,180.00        | \$25,488.00        | \$9,348.00                    | \$18,180.00        | \$25,488.00        | \$9,348.00                      | \$18,180.00        | \$25,488.00        |
| Dental                       | \$552.00                          | \$1,140.00         | \$1,572.00         | <b>\$640.80</b>               | <b>\$1,332.00</b>  | <b>\$2,085.60</b>  | <b>\$601.56</b>                 | <b>\$1,214.88</b>  | <b>\$1,796.64</b>  |
| Vision                       | <b>\$72.00</b>                    | <b>\$144.00</b>    | <b>\$216.00</b>    | <b>\$72.00</b>                | <b>\$144.00</b>    | <b>\$216.00</b>    | <b>\$72.00</b>                  | <b>\$144.00</b>    | <b>\$216.00</b>    |
| Basic Life                   | \$90.12                           | \$90.12            | \$90.12            | <b>\$90.12</b>                | <b>\$90.12</b>     | <b>\$90.12</b>     | <b>\$90.12</b>                  | <b>\$90.12</b>     | <b>\$90.12</b>     |
| Long Term Disability         | \$216.00                          | \$216.00           | \$216.00           | <b>\$216.00</b>               | <b>\$216.00</b>    | <b>\$216.00</b>    | <b>\$216.00</b>                 | <b>\$216.00</b>    | <b>\$216.00</b>    |
| <b>TOTAL PREMIUM</b>         | <b>\$10,278.12</b>                | <b>\$19,770.12</b> | <b>\$27,582.12</b> | <b>\$10,366.92</b>            | <b>\$19,962.12</b> | <b>\$28,095.72</b> | <b>\$10,327.68</b>              | <b>\$19,845.00</b> | <b>\$27,806.76</b> |
| <b>DISTRICT CONTRIBUTION</b> | <b>\$9,234.12</b>                 | <b>\$17,730.12</b> | <b>\$24,738.12</b> | <b>\$9,234.12</b>             | <b>\$17,730.12</b> | <b>\$24,738.12</b> | <b>\$9,234.12</b>               | <b>\$17,730.12</b> | <b>\$24,738.12</b> |
| <b>EMPLOYEE</b>              | <b>\$1,044.00</b>                 | <b>\$2,040.00</b>  | <b>\$2,844.00</b>  | <b>\$1,132.80</b>             | <b>\$2,232.00</b>  | <b>\$3,357.60</b>  | <b>\$1,093.56</b>               | <b>\$2,114.88</b>  | <b>\$3,068.64</b>  |
| <b>EMPLOYEE 10thly</b>       | <b>\$104.40</b>                   | <b>\$204.00</b>    | <b>\$284.40</b>    | <b>\$113.28</b>               | <b>\$223.20</b>    | <b>\$335.76</b>    | <b>\$109.36</b>                 | <b>\$211.49</b>    | <b>\$306.86</b>    |
| <b>Blue Cross PPO 80%</b>    | Single                            | 2 Party            | Family             | Single                        | 2 Party            | Family             | Single                          | 2 Party            | Family             |
| Medical                      | <b>\$8,304.00</b>                 | <b>\$16,140.00</b> | <b>\$22,644.00</b> | <b>\$8,304.00</b>             | <b>\$16,140.00</b> | <b>\$22,644.00</b> | <b>\$8,304.00</b>               | <b>\$16,140.00</b> | <b>\$22,644.00</b> |
| Dental                       | \$552.00                          | \$1,140.00         | \$1,572.00         | <b>\$640.80</b>               | <b>\$1,332.00</b>  | <b>\$2,085.60</b>  | <b>\$601.56</b>                 | <b>\$1,214.88</b>  | <b>\$1,796.64</b>  |
| Vision                       | <b>\$72.00</b>                    | <b>\$144.00</b>    | <b>\$216.00</b>    | <b>\$72.00</b>                | <b>\$144.00</b>    | <b>\$216.00</b>    | <b>\$72.00</b>                  | <b>\$144.00</b>    | <b>\$216.00</b>    |
| Basic Life                   | \$90.12                           | \$90.12            | \$90.12            | <b>\$90.12</b>                | <b>\$90.12</b>     | <b>\$90.12</b>     | <b>\$90.12</b>                  | <b>\$90.12</b>     | <b>\$90.12</b>     |
| Long Term Disability         | \$216.00                          | \$216.00           | \$216.00           | <b>\$216.00</b>               | <b>\$216.00</b>    | <b>\$216.00</b>    | <b>\$216.00</b>                 | <b>\$216.00</b>    | <b>\$216.00</b>    |
| <b>TOTAL PREMIUM</b>         | <b>\$9,234.12</b>                 | <b>\$17,730.12</b> | <b>\$24,738.12</b> | <b>\$9,322.92</b>             | <b>\$17,922.12</b> | <b>\$25,251.72</b> | <b>\$9,283.68</b>               | <b>\$17,805.00</b> | <b>\$24,962.76</b> |
| <b>DISTRICT CONTRIBUTION</b> | <b>\$9,234.12</b>                 | <b>\$17,730.12</b> | <b>\$24,738.12</b> | <b>\$9,234.12</b>             | <b>\$17,730.12</b> | <b>\$24,738.12</b> | <b>\$9,234.12</b>               | <b>\$17,730.12</b> | <b>\$24,738.12</b> |
| <b>EMPLOYEE</b>              | <b>\$0.00</b>                     | <b>\$0.00</b>      | <b>\$0.00</b>      | <b>\$88.80</b>                | <b>\$192.00</b>    | <b>\$513.60</b>    | <b>\$49.56</b>                  | <b>\$74.88</b>     | <b>\$224.64</b>    |
| <b>EMPLOYEE 10thly</b>       | <b>\$0.00</b>                     | <b>\$0.00</b>      | <b>\$0.00</b>      | <b>\$8.88</b>                 | <b>\$19.20</b>     | <b>\$51.36</b>     | <b>\$4.96</b>                   | <b>\$7.49</b>      | <b>\$22.46</b>     |

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                                                                                          |
|------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>MEDICAL BENEFITS</b>                        |                                    |                                                                                                  |
| Blue Shield HMO Plan                           | (855) 256-9404                     | <a href="http://www.blueshieldca.com">www.blueshieldca.com</a>                                   |
| Anthem Blue Cross PPO Plans                    | (800) 322-5709                     | <a href="http://www.anthem.com/ca/sisc">www.anthem.com/ca/sisc</a>                               |
| Navitus Pharmacy Services                      | (866) 333-2757                     | <a href="http://www.navitus.com">www.navitus.com</a>                                             |
| Costco Mail Order Pharmacy                     | (800) 607-6861                     | <a href="http://www.costco.com/pharmacy/home-delivery">www.costco.com/pharmacy/home-delivery</a> |
| Chiropractic (American Specialty Health)       | (800) 678-9133                     | <a href="http://www.ashcompanies.com">www.ashcompanies.com</a>                                   |
| <b>DENTAL BENEFITS</b>                         |                                    |                                                                                                  |
| Delta Dental PPO Plans                         | (866) 499-3001                     | <a href="http://www.deltadentalins.com">www.deltadentalins.com</a>                               |
| Golden West Dental PPO Plan                    | (877) 496-0068                     | <a href="http://www.goldenwestdental.com">www.goldenwestdental.com</a>                           |
| <b>VISION BENEFITS</b>                         |                                    |                                                                                                  |
| Medical Eye Services (MES) Vision Plan         | (800) 877-6372                     | <a href="http://www.mesvision.com">www.mesvision.com</a>                                         |
| <b>INCOME PROTECTION BENEFITS</b>              |                                    |                                                                                                  |
| Lincoln Financial Life and AD&D Insurance      |                                    | <a href="http://www.lfg.com">www.lfg.com</a>                                                     |
| Mutual of Omaha Long Term Disability Insurance | (800) 877-5176                     | <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>                                 |
| <b>SUPPLEMENTAL BENEFITS</b>                   |                                    |                                                                                                  |
| American Fidelity Accident Only Insurance      |                                    |                                                                                                  |
| American Fidelity Cancer Insurance             | (800) 662-1113                     |                                                                                                  |
| American Fidelity Life Insurance               |                                    | <a href="http://www.afadvantage.com">www.afadvantage.com</a>                                     |
| American Fidelity Annuities                    | (800) 662-1106                     |                                                                                                  |
| <b>TAX SAVINGS BENEFITS</b>                    |                                    |                                                                                                  |
| American Fidelity Flexible Benefit Plan        | (800) 325-0654                     | <a href="http://www.afadvantage.com">www.afadvantage.com</a>                                     |
| <b>VOLUNTARY RETIREMENT PLAN</b>               |                                    |                                                                                                  |
| Envoy Plan Services                            | (877) 513-2272                     | <a href="http://ww.envoyplanservices.com">ww.envoyplanservices.com</a>                           |
| <b>BENEFITS PROVIDED BY SISC</b>               |                                    |                                                                                                  |
| Health Smart's Health Improvement Program      | Call SISC -<br>See Medical ID Card | N/A                                                                                              |
| MDLIVE                                         | (888) 632.2738                     | <a href="http://www.mdlive.com/sisc">www.mdlive.com/sisc</a>                                     |
| Condition Care                                 | (800) 621-2232                     |                                                                                                  |
| Advance Medical                                | (855) 201.9925                     | <a href="http://Advance-medical.net/sisc">Advance-medical.net/sisc</a>                           |
| SOLERA4ME                                      | N/A                                | <a href="http://www.solera4me.com/sisc">www.solera4me.com/sisc</a>                               |

# 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](http://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](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](http://www.burnhambenefits.com)

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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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