



SANTA BARBARA CITY COLLEGE

EMPLOYEE BENEFITS GUIDE

October 1, 2018 – September 30, 2019



Academic Employees | College Administrators
Confidential Employees | Permanent Classified Employees

This guide provides a summary of your benefit options and is designed to help you make choices and 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 SISC affidavit
- 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 Permanent Classified Employee, your eligibility begins on the first day of the month following your first paycheck as a permanent employee
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment on page 3)
- You may enroll in Voluntary Life and AD&D 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	2018-2019 District Allowance	Note 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.
Medical Waiver	\$2,000	
Single	\$8,658.12	
Two-Party	\$16,602.12	
Family	\$23,130.12	

Enrollment Information

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:

1. Complete and sign the waiver section on the benefits enrollment form.
2. 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

1. 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.
2. If you are waiving medical coverage and will be **retiring** between now and June 30, 2019, you **MUST** enroll in the District medical plan during this Open Enrollment period in order to participate in the District medical plan at retirement.

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 unless you experience a qualifying event as defined by the IRS.

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

- Marriage, divorce, legal separation or annulment
- 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

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.

Medical Benefits

Medical Plan Options

HMO Medical Plan | **Blue Shield**

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.

PPO Medical Plans | **Anthem Blue Cross**

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:

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 Medical:** Go to www.blueshieldca.com or call (800) 424-6521. Refer to the Access+ HMO plan when prompted.
- **Anthem Blue Cross PPO Medical:** 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.

Employee Assistance Program

If you are enrolled in one of our medical plans, you will automatically be enrolled in the Employee Assistance Program (EAP) through Anthem Blue Cross. The EAP provides you and your household members with free, confidential assistance to help with personal/professional problems that may interfere with work or family responsibilities. You are encouraged to utilize services early in the progression of a problem before situations significantly impact your personal life or work. This plan may help in situations such as relationship difficulties, marriage/family situations, stress, managing change, legal and financial problems, work-related concerns, anxiety and depression. The EAP also serves more serious concerns such as alcohol and drug problems, family violence and threats of suicide.

Features of EAP

- As a medical plan participant, this plan is available to you and all of your household members.
- There is no cost for EAP services; no co-pays or forms required.
- You and your household members can receive up to six counseling sessions per problem. If a problem requires more lengthy or specialized treatment than the EAP is intended to provide, the EAP will refer you to Anthem Blue Cross to help you locate a participating Anthem Blue Cross Medical provider.
- Emergencies handled by staff members are available by phone 24/7 on a toll-free basis.
- The EAP will make every effort to see you within 48 hours, but if you are in crisis, you will be provided same-day service.
- Evening appointments are available.

Accessing the EAP

Go to www.anthemead.com (Program Name: SISC) or call 800.999.7222 to be immediately connected to an EAP counselor.

Medical Benefits—HMO

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



Santa Barbara Community College District offers you a choice of plans so you can choose the coverage that is best for you and your family.

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
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 Hospitalization ²	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 Medicine ²	Administered by ASH		Administered by ASH		Administered by ASH	
- Office Visit	Ded, 80%	Not Covered	Ded, 90%	Not Covered	100%	Not Covered
Mental Health/ Substance Abuse - Inpatient ²	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
Pharmacy 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 Maximum (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.

Medical Benefits

Tips for Using Your Medical Benefits

- 1** Ask questions when in doubt.
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 your free preventive care benefits to stay healthy.
Preventive care benefits are covered at no charge to you. Regular preventive care can reduce the risk of disease, detect health problems early, protect you from higher costs down the road, and most importantly... save your life! Take advantage of these no cost benefits now to hopefully avoid major illnesses and costs in the future.
- 3** Use urgent care centers versus hospital emergency rooms whenever possible.
Frequently, patients seek the services of the hospital emergency department for ailments or injuries that could be treated more economically, and just as effectively, at an urgent care center. It is not always easy to determine when you should choose urgent care over the hospital emergency department. The following lists offer some guidance, but are not necessarily all-inclusive.

Examples of URGENT CARE situations	Examples of EMERGENCY situations
<p>Any illness or injury that would prompt you to see your primary care physician</p> <p>Including, but not limited to:</p> <ul style="list-style-type: none">• Accidents and falls• Sprains• Back problems• Breathing difficulties• Abdominal pain• Minor bleeding/cuts• High fever• Vomiting, diarrhea or dehydration• Severe sore throat or cough• Mild to moderate asthma	<p>Any accident or illness that may lead to loss of life or limb, serious medical complication or permanent disability</p> <p>Including, but not limited to:</p> <ul style="list-style-type: none">• Chest pain*• Seizures• Shock• No pulse• Unconscious or catatonic state• Sudden dizziness, loss of coordination or balance• Severe abdominal pain• Severe or uncontrollable bleeding• Broken bones or compound fractures• Severe difficulty breathing or shortness of breath• Spinal cord or back injury• Severe burns• Major head injuries• Ingestion of poisons or obstructive objects• Animal, snake or human bites

*If you believe you may be experiencing a heart attack, call 911 immediately! Do not drive yourself to the emergency room!

Pharmacy Insurance

Use Navitus or 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 drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices. In addition, many generic drugs are well-established medications that do not require expensive advertising. 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.

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. You can order additional supplies of medication at a discount. Visit www.costco.com/pharmacy/home-delivery for more information.

Dental Benefits

Dental Plan Options

PPO Dental Plans | Delta Dental & Golden West

With the Delta Dental 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.

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

The Golden West Dental plan is available if you enroll or waive in a Medical plan option.

Plan Features	Delta Dental Premier Plan		Delta Dental PPO Plan		Golden West PPO Plan	
Network Name	Dental Premier	Non-Network	Delta Dental PPO	Non-Network	UniCare National PPO	Non-Network
Dental Benefits						
Calendar Year Maximum	\$2,000		\$3,000	\$1,000	\$2,000	
Deductible (Annual)						
- Individual	\$25		\$0	\$25	\$50	
- Family	\$25 Per Family Member		\$0	\$75	\$150	
Preventive (Plan Pays)	100% Deductible Waived	100% of Maximum Plan Allowance	100%	50%	100% Deductible Waived	50%
Basic Services (Plan Pays)	80%	80% of Maximum Plan Allowance	100%	50%	80%	50%
Major Services (Plan Pays)	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			
- Coinsurance	N/A		100%		\$1,845	Not Covered
- Lifetime Maximum	N/A		\$3,000		\$2,045	Not Covered



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.

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.

Vision Benefits

Vision Plan

Vision Plan | Medical Eye Services

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 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	
	Network	Non-Network	Network	Non-Network
Vision Benefits				
Copay	\$0	N/A	\$10	N/A
Examination (12 Months)	100%	\$40 Reimbursement	100%	\$40 Reimbursement
Lenses (24 Months)*				
- 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

*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. 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.

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 Wal-mart retail stores.

Life , AD&D and Disability Insurance

Life and AD&D Insurance

Basic Life and AD&D Insurance | [Mutual of Omaha](#)

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.

Voluntary Life Insurance | [Mutual of Omaha](#)

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

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

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)

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

Long Term Disability Insurance | [Mutual of Omaha](#)

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. LTD works with state disability programs, Social Security, and any other group disability coverage, to provide you with a combined monthly benefit equal to 66.67% of your pre-disability earnings up to a maximum benefit of \$5,000 per month.

Supplemental Benefits

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 Sharon Remacle for benefit details and rates.

Accident Only Insurance | [American Fidelity](#)

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

Cancer Insurance | [American Fidelity](#)

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 | [American Fidelity](#)

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 | [American Fidelity](#)

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



Flexible Spending Accounts

Health Care and Dependent Care Spending Accounts

You can set aside money in Flexible Spending Accounts (FSA) before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. You choose how you want to receive reimbursement for your eligible expenses. You may use a debit card provided by American Fidelity, sign up for direct deposit to your bank account or you may have a check sent to your home.

Please remember that if you are using your debit card, you must save your receipts, just in case American Fidelity needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

Health Care Spending Account (HCSA) | American Fidelity

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. Employees may defer up to \$2,650 pre-tax per year.

Dependent Care Assistance Plan (DCAP) | American Fidelity

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.

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.

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.

Out-of-Pocket Premium Comparison

	Delta Premier Dental Option #1			Delta PPO Dental Option #2			Golden West Dental Option #3		
<u>Blue Shield HMO</u>	Single	2 Party	Family	Single	2 Party	Family	Single	2 Party	Family
Medical/MES Vision	\$13,480.80	26,085.60	\$36,446.40	\$13,480.80	\$26,085.60	36,446.40	\$13,480.80	\$26,085.60	\$36,446.40
Dental - Delta/Golden West	\$576.00	\$1,188.00	\$1,632.00	\$669.60	\$1,392.00	\$2,110.80	\$601.56	\$1,214.88	\$1,796.64
Basic Life - Mutual of Omaha	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12
LTD - Mutual of Omaha	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>
TOTAL ANNUAL PREMIUMS	\$14,362.92	\$27,579.72	\$38,384.52	\$14,456.52	\$27,783.72	\$38,863.32	\$14,388.48	\$27,606.60	\$38,549.16
DISTRICT CONTRIBUTION	\$8,658.12	\$16,602.12	\$23,130.12	\$8,658.12	\$16,602.12	\$23,130.12	\$8,658.12	\$16,602.12	\$23,130.12
Employee's ANNUAL Contribution	\$5,704.80	\$10,977.60	\$15,254.40	\$5,798.40	\$11,181.60	\$15,733.20	\$5,730.36	\$11,004.48	\$15,419.04
Employee's TENTHLY Contribution	\$570.48	\$1,097.76	\$1,525.44	\$579.84	\$1,118.16	\$1,573.32	\$573.04	\$1,100.45	\$1,541.90
<u>Blue Cross PPO 100%</u>	Single	2 Party	Family	Single	2 Party	Family	Single	2 Party	Family
Medical/MES Vision	\$9,540.00	\$18,588.00	\$26,088.00	\$9,540.00	\$18,588.00	\$26,088.00	\$9,540.00	\$18,588.00	\$26,088.00
Dental - Delta/Golden West	\$576.00	\$1,188.00	\$1,632.00	\$669.60	\$1,392.00	\$2,110.80	\$601.56	\$1,214.88	\$1,796.64
Basic Life - Mutual of Omaha	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12
LTD - Mutual of Omaha	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>
TOTAL ANNUAL PREMIUMS	\$10,422.12	\$20,082.12	\$28,026.12	\$10,515.72	\$20,286.12	\$28,504.92	\$10,447.68	\$20,109.00	\$28,190.76
DISTRICT CONTRIBUTION	\$8,658.12	\$16,602.12	\$23,130.12	\$8,658.12	\$16,602.12	\$23,130.12	\$8,658.12	\$16,602.12	\$23,130.12
Employee's ANNUAL Contribution	\$1,764.00	\$3,480.00	\$4,896.00	\$1,857.60	\$3,684.00	\$5,374.80	\$1,789.56	\$3,506.88	\$5,060.64
Employee's TENTHLY Contribution	\$176.40	\$348.00	\$489.60	\$185.76	\$368.40	\$537.48	\$178.96	\$350.69	\$506.06
<u>Blue Cross PPO 90%</u>	Single	2 Party	Family	Single	2 Party	Family	Single	2 Party	Family
Medical/MES Vision	\$8,760.00	\$17,028.00	\$23,868.00	\$8,760.00	\$17,028.00	\$23,868.00	\$8,760.00	\$17,028.00	\$23,868.00
Dental - Delta/Golden West	\$576.00	\$1,188.00	\$1,632.00	\$669.60	\$1,392.00	\$2,110.80	\$601.56	\$1,214.88	\$1,796.64
Basic Life - Mutual of Omaha	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12
LTD - Mutual of Omaha	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>
TOTAL ANNUAL PREMIUMS	\$9,642.12	\$18,522.12	\$25,806.12	\$9,735.72	\$18,726.12	\$26,284.92	\$9,667.68	\$18,549.00	\$25,970.76
DISTRICT CONTRIBUTION	\$8,658.12	\$16,602.12	\$23,130.12	\$8,658.12	\$16,602.12	\$23,130.12	\$8,658.12	\$16,602.12	\$23,130.12
Employee's ANNUAL Contribution	\$984.00	\$1,920.00	\$2,676.00	\$1,077.60	\$2,124.00	\$3,154.80	\$1,009.56	\$1,946.88	\$2,840.64
Employee's TENTHLY Contribution	\$98.40	\$192.00	\$267.60	\$107.76	\$212.40	\$315.48	\$100.96	\$194.69	\$284.06
<u>Blue Cross PPO 80%</u>	Single	2 Party	Family	Single	2 Party	Family	Single	2 Party	Family
Medical/MES Vision	\$7,776.00	\$15,108.00	\$21,192.00	\$7,776.00	\$15,108.00	\$21,192.00	\$7,776.00	\$15,108.00	\$21,192.00
Dental - Delta/Golden West	\$576.00	\$1,188.00	\$1,632.00	\$669.60	\$1,392.00	\$2,110.80	\$601.56	\$1,214.88	\$1,796.64
Basic Life - Mutual of Omaha	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12	\$90.12
LTD - Mutual of Omaha	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>	<u>\$216.00</u>
TOTAL ANNUAL PREMIUMS	\$8,658.12	\$16,602.12	\$23,130.12	\$8,751.72	\$16,806.12	\$23,608.92	\$8,683.68	\$16,629.00	\$23,294.76
DISTRICT CONTRIBUTION	\$8,658.12	\$16,602.12	\$23,130.12	\$8,658.12	\$16,602.12	\$23,130.12	\$8,658.12	\$16,602.12	\$23,130.12
Employee's ANNUAL Contribution	\$0.00	\$0.00	\$0.00	\$93.60	\$204.00	\$478.80	\$25.56	\$26.88	\$164.64
Employee's TENTHLY Contribution	\$0.00	\$0.00	\$0.00	\$9.36	\$20.40	\$47.88	\$2.56	\$2.69	\$16.46

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

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

Benefits Provided by SISC

Health Smart's Health Improvement Program

Health Smarts is voluntary, confidential and offered to you at no cost if you participate in a district-offered medical plan. Health Smart is a comprehensive program that includes an online health assessment, digital health coaching, and condition management (administered by Anthem Blue Cross).

MDLIVE

Available to employees enrolled in a medical plan offered through SISC. This service provides 24/7 access to board certified doctors and pediatricians by online video, phone or secure email. Doctors will ask you some questions to help determine your health care needs and give advice based on the information you provide. Advice will include general health care and pediatric care specific to you or your dependent's condition. This service is subject to a \$5 copay regardless of your Medical plan's regular office visit copay.

When to use MDLIVE:

- If you're considering a visit to an emergency room or urgent care center for a non-emergency medical issue.
- When your primary care doctor is not available.
- When you are traveling and in need of medical care.
- During or after normal business hours, nights, weekends and holidays.
- To request prescription drugs or to get refills.

ADVANCE MEDICAL

SISC is now offering a valuable expert second opinion service through **Advance Medical**. This benefit can be used to ensure that you and your family get the best healthcare possible. The service is free, easy and 100% confidential.

Advance Medical matches patients to the leading doctors on their specific conditions. They will work with the patient to be sure of their diagnosis and recommend the best path for treatment. You should use Advance Medical when you:

- Have a documented diagnosis from a doctor and would like an expert's second opinion regarding the diagnosis and treatment plan
- Find yourself confronting a complex medical condition
- Would like your medications or treatment plan reviewed
- Are scheduled for surgery or major procedure

With Advance Medical, members receiving a medical opinion will have unlimited concierge access to a specialist.

SOLERA4ME

Available to employees enrolled in a medical plan offered through SISC. Members are able to join a 16-week, cutting-edge program that can help you lose weight, adopt healthy habits and significantly reduce your risk of developing diabetes. The program is available at no cost and most programs have access to personal health coach, group support, weekly lessons and tools such as a wireless scale or an activity tracker.

Members are able to choose from array of national and local programs like

- Weight Watchers
- Retrofit
- Jenny Craig
- Healthslate

ACTIVE&FIT DIRECT

Available to employees enrolled in an Anthem Blue Cross medical plan offered through SISC. Members have access to more than 9000+ participating fitness centers nationwide for a low price of \$25.00 (+\$25 enrollment fee and applicable taxes).

The program offers:

- Online Directory Map Locator
- Free Guest Pass
- Option to Switch Fitness Centers
- Online Fitness Tracking



Accessing Additional Benefits

- Health Smart's Health Improvement Program: Contact SISC
- MDLIVE: Go to www.mdlive.com/sisc or call 888.632.2738. Be prepared to provide your name, the patient's name (if you're not calling for yourself), your member identification number, and your phone number.
- Advance Medical: Go to advance-medical.net/sisc or call 855.201.9925 to get more information.
- Take the 1 minute quiz at solera4me.com/sisc to see if you qualify.
- To enroll in Active&Fit Direct, go to anthem.com/ca/sisc and click on "Discounts".

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.

Medical - Blue Shield

Member Services	(800) 424-6521
Carrier Website and Provider Finder	www.blueshieldca.com
Pharmacy Services (Navitus)	(866) 333-2757
	www.navitus.com
Costco Mail Order Pharmacy	(800) 607-6861
Chiropractic (American Specialty Health)	(800) 678-9133
	www.ashcompanies.com

Medical - Anthem Blue Cross

Member Services	(800) 322-5709
Blue Card Worldwide Member Services	(800) 810-2583
Carrier Website and Provider Finder	www.anthem.com/ca/sisc
Pharmacy Services (Navitus)	(866) 333-2757
	www.navitus.com
Costco Mail Order Pharmacy	(800) 607-6861
MD Life	(888) 632-2738

Dental - Delta Dental

Member Services	(866) 499-3001
Carrier Website	www.deltadentalins.com

Dental - Golden West Dental

Member Services	(877) 496-0068
Carrier Website	www.goldenwestdental.com

Vision - Medical Eye Services

Member Services	800) 877-6372
Carrier Website	www.mesvision.com

Life and AD&D / Long Term Disability - Mutual of Omaha

Life and AD&D Member Services (Call SISC)	(661) 636-4710
LTD Member Services / Claims	(800) 877-5176
Carrier Website	www.mutualofomaha.com

Supplemental Benefits - American Fidelity

Annuities Member Services	(800) 662-1106
Other Benefits Member Services	(800) 662-1113
Carrier Website	www.afadvantage.com

Flexible Spending Account - American Fidelity

Member Services	(800) 325-0654
Carrier Website	www.afadvantage.com

Benefits Provided by SISC

Health Smart's Health Improvement Program	Call SISC - See Medical ID Card
MDLIVE Member Services	888.632.2738
MDLIVE Website	www.mdlive.com/sisc
Condition Care Member Services	800.621.2232
Advance Medical.....	855.201.9925
SOLERA4ME Website.....	www.solera4me.com/sisc
Active&Fit Direct Website	www.anthem.com/ca/sisc

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

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

http://www.sbcc.edu/hr/benefits/contacts_information.php

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



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.