

Faculty Employee Benefits Overview

2022-2023





WE'VE GOT YOU COVERED.

At Santa Clarita Community College District, we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain good health is the reason Santa Clarita Community College District offers you this benefits program. We are providing you with this overview to help you understand the benefits that are available to you and how to best use them. Please review it carefully and make sure to ask about any important issues that are not addressed here. A list of plan contacts is provided at the back of this summary.

While we've made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

The benefits in this summary are effective:

**October 1, 2022 - September 30, 2023
(Dental, Vision, Life and Disability)**

**January 1, 2023 – December 31, 2023
(CalPERS Medical)**

TABLE OF CONTENTS

Who Can You Cover?	4
Dental PPO	5
Dental HMO	6
Vision	7
Basic Life and AD&D Insurance	8
Voluntary Life and Voluntary AD&D Insurance	9
Disability Insurance	10
Additional Programs and Services	11
For Assistance	12
Key Terms	13
Important Plan Notices and Documents	14

Medicare Part D Notice: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices at the back of this booklet for more details.

Who Can You Cover?



WHO IS ELIGIBLE?

Full-time Faculty are eligible to enroll themselves **AND** their eligible dependents in benefits outlined in this overview.

Eligible dependents include:

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse).
- Your registered domestic partner (Registered domestic partners are defined as same or opposite sex partners who are both at least 18 years of age).
- Your children (including your registered Domestic Partner's children):
 - o Under the age of 26 are eligible to enroll in benefits. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
 - o Over age 26 **ONLY** if they are incapacitated due to a disability and primarily dependent on you for support.

Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

REQUIRED DEPENDENT DOCUMENTATION

Certain documentation will be required to enroll a dependent in health benefit plans. The required documents vary on the type of dependents being enrolled. Please contact Human Resources to confirm what documentation needs to be provided.

WHEN CAN I ENROLL?

Coverage for new employees begins on the 1st of month following date of hire.

Open enrollment for current employees is generally held in August. Open enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

WHAT IF I HAVE A QUALIFYING EVENT?

Make sure to notify Human Resources right away if you do have a qualifying life event and need to make a change (add or drop) to your coverage election. Life events include (but are not limited to):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage
- Divorce

You have 30 days to make your change.

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Dental PPO

Regular visits to your dentist can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.



Santa Clarita Community College District provides you with comprehensive coverage through Delta Dental. Below are the plan highlights for the Dental PPO plan.

In this incentive plan, Delta Dental pays 70% of the contract allowance for covered diagnostic, preventive and basic services and 70% of the contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Delta Dental PPO Plan

	In-Network	Out-Of-Network
Calendar Year Deductible	None	None
Annual Plan Maximum	\$2,500 per member	
Dental Services Waiting Period	None	None
Diagnostic & Preventive	Plan pays 70% - 100%	Plan pays 70% - 100%
Basic Services		
Fillings	Plan pays 70% - 100%	Plan pays 70% - 100%
Root Canals	Plan pays 70% - 100%	Plan pays 70% - 100%
Periodontics	Plan pays 70% - 100%	Plan pays 70% - 100%
Major Services	Prosthodontics: Plan pays 50% All Other: Plan pays 70% - 100	Prosthodontics: Plan pays 50% All Other: Plan pays 70% - 100
Dental Accident Benefits	Plan Pays 100% Separate \$1,000 maximum per person each calendar year.	
Orthodontic Services		
Orthodontia	Plan pays 50%	Plan pays 50%
Lifetime Maximum	\$2,000 per person	\$2,000 per person
Adults	Covered	Covered
Dependent Children	Covered	Covered

Delta Dental PPO

Customer Service Contact Information

Phone: (866) 499-3001

Website: www.deltadentalins.com

Dental HMO

Santa Clarita Community College District also provides you with comprehensive Dental coverage through United Concordia. Below are the plan highlights for the Dental HMO plan.

You must select a United Concordia Primary Dental Office (PDO) to receive covered services. Your PDO will perform the below procedures or refer you to a specialty care dentist for further care. Treatment by an Out-of-Network dentist is not covered.

United Concordia Dental Plan

	In-Network
Calendar Year Deductible	None
Annual Plan Maximum	Unlimited
Diagnostic & Preventive	\$0 - \$10 copay (copays vary)
Basic Services	
Fillings	\$0 - \$140 copay (copays vary)
Root Canals	\$0 - \$70 copay (copays vary)
Periodontics	\$0 - \$120 copay (copays vary)
Major Services	\$0 - \$63 copay (copays vary)
Orthodontic Services	
Orthodontia	Adult: \$2,000 Copay Child: \$1,500 copay
Lifetime Maximum	Unlimited

This is a partial list of the most commonly used services. If you would like to review a full list of covered services, please contact Human Resources.

United Concordia Dental HMO
 Customer Service Contact Information
 Phone: (866) 357-3304
 Website: www.unitedconcordia.com



Vision

Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions.

We offer you a vision plan through Vision Service Plan (VSP).

VSP Plan

	In-Network	Out-Of-Network
Examination		
Benefit	\$5 copay	Up to \$50
Frequency	1x every 12 months from last date of service	
Basic Eyeglass Lenses		
Single Vision Lens	\$5 copay	Up to \$50
Bifocal Lens	\$5 copay	Up to \$75
Trifocal Lens	\$5 copay	Up to \$100
Frequency	1x every 12 months from last date of service	
Frames		
Benefit	VSP Providers: \$120 allowance, plus 20% discount from the remaining balance Costco: \$65 allowance	Up to \$70
Frequency	1x every 12 months from last date of service	
Contacts (Elective)		
Benefit	\$105 allowance (instead of eyeglasses)	\$105 allowance (instead of eyeglasses, in-network limitations apply; combined with in-network)
Frequency	1x every 12 months from last date of service	

EXTRA SAVINGS

GLASSES AND SUNGLASSES

- ✓ Extra \$20 to spend on featured frame brands - visit www.vsp.com/specialoffers for details.
- ✓ 30% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last Well Vision Exam. Or get 20% from any VSP provider within 12 months of your last Well Vision Exam.

RETINAL SCREENING

- ✓ Max \$39 copay on routine retinal screening as an enhancement to a Well Vision Exam.

LASER VISION CORRECTION

- ✓ Average 15% off the regular price or 5% off promotional price; discounts only available from contracted facilities.
- ✓ After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.



VSP
 Customer Service Contact Information
 Phone: (800) 877-7195
 Website: www.vsp.com

Basic Life and AD&D Insurance

If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security.

BASIC LIFE AND AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. Accidental Death and Dismemberment (AD&D) provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident.

The cost of coverage is paid in full by the company. Coverage is provided by Lincoln Financial Group.

Basic Life Amount	\$50,000
Basic AD&D Amount	\$50,000

For questions or more information call **800-423-2765** and mention **Group ID: SANTA CLARI**.



Beneficiary Reminder: Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

Voluntary Life and Voluntary AD&D Insurance



If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security.

VOLUNTARY LIFE

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is provided by Lincoln Financial Group.

Employee Voluntary Life Amount	Increments of \$5,000 up to \$500,000 or 5 times your annual earnings
Spouse Voluntary Life Amount	Increments of \$5,000 up to of \$250,000 (coverage cannot exceed 50% of employee amount)
Child(ren) Voluntary Life Amount	Amounts of \$3,000 or \$5,000

Voluntary Life Tenthly Rates per \$1,000	Employee	Spouse
Under 29	\$0.070	\$0.070
30-34	\$0.080	\$0.080
35-39	\$0.090	\$0.090
40-44	\$0.160	\$0.160
45-49	\$0.250	\$0.250
50-54	\$0.410	\$0.410
55-59	\$0.730	\$0.730
60-64	\$1.090	\$1.090
65-69	\$1.670	\$1.670
70-74	\$3.320	\$3.320
75+	\$5.670	\$5.670
Dependent Child(ren)	For \$3,000: \$0.15 For \$5,000: \$0.25	

VOLUNTARY AD&D

Voluntary AD&D Insurance allows you to purchase additional accidental death and dismemberment insurance to protect your family's financial security in case you suffer from loss of a limb, speech, sight or hearing or if you die in an accident. Coverage is provided by Lincoln Financial Group.

Employee Voluntary AD&D Amount	<ul style="list-style-type: none"> Increments of \$5,000 up to \$500,000 or 5 times your annual earnings
Spouse Voluntary AD&D Amount	<ul style="list-style-type: none"> 50% of employee amount, if you do NOT have children enrolled in this Voluntary AD&D benefit 60% of employee amount if you do have children enrolled in this Voluntary AD&D benefit
Child(ren) Voluntary AD&D Amount	<ul style="list-style-type: none"> 25% of employee amount, if you do NOT have a spouse enrolled in this Voluntary AD&D benefit 10% of employee amount if you do have a spouse enrolled in this Voluntary AD&D benefit

Voluntary AD&D Tenthly Rates per \$1,000	Employee	Employee + Family
All Ages	\$0.032	\$0.049

CALCULATING YOUR COST

Voluntary Life Formula (Employee and Spouse):

Life Benefit Amount x Rate based on age / \$1,000 = Tenthly Cost

Voluntary Life for Child(ren):

\$3,000 of coverage cost is \$0.15; \$5,000 of coverage cost is \$0.25

Voluntary AD&D Formula:

AD&D Employee Benefit Amount x \$0.032 / \$1,000 = Tenthly Cost

AD&D Employee + Family Benefit Amount x \$0.049 / \$1,000 = Tenthly Cost

For questions or more information call **800-423-2765** and mention **Group ID: SANTA CLARI**.

Disability Insurance

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind.

SHORT-TERM DISABILITY INSURANCE

This benefit is available to full-time employees with 5 or more years of service with the district.

Short-Term Disability coverage pays you a benefit if you temporarily can't work because of an injury, illness, or maternity leave. Benefits may be reduced by income from other income sources such as paid time off. Your doctor and the insurance company will work together to determine how long benefits are payable, based on your condition.

Coverage is provided by Lincoln Financial Group.

Weekly Benefit Amount	Plan pays 66.67% of covered weekly earnings
Maximum Weekly Benefit	\$1,400
Benefits Begin After:	
Accident	120 days of disability
Sickness	120 days of disability
Maximum Payment Period*	52 weeks

*Maximum payment period is based on the first day you are disabled, not when benefits begin.

For questions or more information call **800-423-2765** and mention **Group ID: SANTA CLARI**.

LONG-TERM DISABILITY INSURANCE

This benefit is available to full time employees who have less than 5 years of service with the district.

Long-Term Disability coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security.

Coverage is provided by Lincoln Financial Group

Monthly Benefit Amount	Plan pays 66.67% covered monthly earnings
Maximum Monthly Benefit	\$6,000
Benefits Begin After:	
Accident	120 days of disability
Sickness	120 days of disability
Maximum Payment Period*	Social Security Normal Retirement age

*The age at which the disability begins may affect the duration of the benefits.



Additional Programs and Services

EMPLOYEE ASSISTANCE PROGRAM

All employees are enrolled in the Employee Assistance Program through Lincoln and EmployeeConnect. This valuable resource is provided at no cost to you.

Life presents opportunities and challenges. Lincoln and EmployeeConnect's program, offered by ComPsych, helps you and your family cope with life, from the everyday to the unexpected. Whether managing everyday issues such as job pressures, relationships, retirement planning, finding child care, impact of grief, loss, or the impact of a disability, EmployeeConnect is your resource for professional support. You and your family, including spouse and dependents, have access to EmployeeConnect at no additional cost to you.



- Three (3) Face-to-Face Visits
- Child & Elder Care Resources
- Online Financial Calculators & Tools
- Family Law, Civil Lawsuits, Bankruptcy
- Depression, Marital and Family Conflicts
- Help Handling Life Events or the Loss of a Loved One
- Identify Theft Victim Recovery Services
- Landlord and Tenant Issues
- Alcohol and Drug Abuse
- Retirement Planning, Tax Questions

GETTING IN TOUCH IS EASY.

ON THE PHONE: Just one simple call. For access over the phone, simply call toll-free 1-888-628-4824.

ONLINE: The point is simplicity. You'll also have 24/7 access to EmployeeConnect Online (offered by ComPsych).

Visit WWW.GUIDANCERESOURCES.COM and login using the username: LFGsupport and password: LFGsupport1.

Click to Play



Click to Play



For Assistance

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website
Dental PPO	Delta Dental	(866) 499-3001	www.deltadentalins.com
Dental HMO	United Concordia	(866) 357-3304	www.unitedconcordia.com
Vision	VSP	(800) 877-7195	www.vsp.com
Life and AD&D	Lincoln	(800) 423-2765	www.lfg.com
Voluntary Life and AD&D	Lincoln	(800) 423-2765	www.lfg.com
Disability	Lincoln	(866) 783-2255	www.lfg.com
Employee Assistance Program (All Employees)	ComPsych	(888) 628-4824	www.guidanceresources.com Username: LFGsupport Password: LFGsupport1

Human Resources

Phone: (661) 362-5112

Key Terms

DENTAL TERMS

Basic Services - Generally include coverage for fillings and oral surgery.

Diagnostic and Preventive Services - Generally include routine cleanings, oral exams, x-rays, sealants and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

Endodontics - Commonly known as root canal therapy.

Implants - An artificial tooth root that is surgically placed into your jaw to hold a replacement tooth or bridge. Many dental plans do not cover implants.

Major Services - Generally include restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Orthodontia - Some dental plans offer Orthodontia services for children (and sometimes adults too) to treat alignment of the teeth. Orthodontia services are typically limited to a lifetime maximum.

Periodontics - Diagnosis and treatment of gum disease.

Pre-Treatment Estimate - An estimate of how much the plan will pay for treatment. A pre-treatment estimate is not a guarantee of payment.

Important Plan Notices and Documents

CURRENT HEALTH PLAN NOTICES

Notices must be provided to plan participants on an annual basis and are available in this benefits brochure and include:

- **Medicare Part D Notice**
Describes options to access prescription drug coverage for Medicare eligible individuals.
- **Women's Health and Cancer Rights Act**
Describes benefits available to those that will or have undergone a mastectomy.
- **Newborns' and Mothers' Health Protection Act**
Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.
- **HIPAA Notice of Special Enrollment Rights**
Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.
- **Notice of Choice of Providers**
Notifies you about the plan's requirement that you name a Primary Care Physician (PCP).

CURRENT PLAN DOCUMENTS

Important documents for our health plans are available on our benefits website.

Summary of Benefits and Coverage (SBCs)

A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBCs are available please contact CalPERS.

Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to Santa Clarita Community College's Group Health Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

Medicare Part D Notice

Important Notice from Santa Clarita Community College District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Santa Clarita Community College District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
 2. Santa Clarita Community College District has determined that the prescription drug coverage offered by the Anthem Blue Cross and Kaiser plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
-

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Santa Clarita Community College District coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Anthem Blue Cross and Kaiser plans are creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Santa Clarita Community College District prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Santa Clarita Community College District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Santa Clarita Community College District changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 1, 2022
Name of Entity/Sender:	Santa Clarita Community College District
Contact-Position/Office:	Human Resources
Address:	26455 Rockwell Canyon Road, Santa Clarita, CA 91355
Phone Number:	(661) 362-5112

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call Human Resources.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call Human Resources.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Santa Clarita Community College District's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Santa Clarita Community College District's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Santa Clarita Community College District's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage or change to another health plan.

Notice of Choice of Providers

The CalPERS generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, CalPERS designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the CalPERS.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from CalPERS or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Human Resources.

Michelle's Law

The CalPERS plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required. If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, notify CalPERS in writing as soon as the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
FLORIDA – Medicaid
Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid
Website: Medicaid https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext. 2131
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479

All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562
KANSAS – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/
LOUISIANA – Medicaid
Website: http://www.medicicaid.la.gov or http://www.ldh.la.gov/lahipp Phone: 1-888-342-6027 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840
MINNESOTA – Medicaid
Website: Error! Hyperlink reference not valid. https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid
Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid
Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP

Website: http://www.insureoklahoma.org	Phone: 1-888-365-3742
OREGON – Medicaid and CHIP	
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html	
Phone: 1-800-699-9075	
PENNSYLVANIA – Medicaid	
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx	
Phone: 1-800-692-7462	
RHODE ISLAND – Medicaid and CHIP	
Website: http://www.eohhs.ri.gov/	
Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlte Share Line)	
SOUTH CAROLINA – Medicaid	
Website: https://www.scdhhs.gov	
Phone: 1-888-549-0820	
SOUTH DAKOTA - Medicaid	
Website: http://dss.sd.gov	
Phone: 1-888-828-0059	
TEXAS – Medicaid	
Website: http://gethipptexas.com/	
Phone: 1-800-440-0493	
UTAH – Medicaid and CHIP	
Medicaid Website: https://medicaid.utah.gov/	
CHIP Website: http://health.utah.gov/chip	
Phone: 1-877-543-7669	
VERMONT– Medicaid	
Website: http://www.greenmountaincare.org/	
Phone: 1-800-250-8427	
VIRGINIA – Medicaid and CHIP	
Medicaid Website: https://www.coverva.org/hipp/	
CHIP Phone: 1-855-242-8282	
Phone: 1-800-432-5924	
WEST VIRGINIA – Medicaid	
Website: http://mywvhipp.com/	
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	
WASHINGTON – Medicaid	
Website: https://www.hca.wa.gov/	
Phone: 1-800-562-3022	
WISCONSIN – Medicaid and CHIP	
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm	
Phone: 1-800-362-3002	
WYOMING – Medicaid	
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility	
Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of

information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)



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