

2024-2025 FACULTY BENEFITS



FRESH LOOK AT BENEFITS!



CONTENTS



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 Important Plan Information section for more details.

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GETTING STARTED

2024-2025 BENEFITS

Dental, Vision, Life

October 1, 2024
through
September 30, 2025

CalPERS Medical

January 1, 2025
through
December 31, 2025

Whether you're enrolling in benefits for the first time, nearing retirement, or somewhere in between, Santa Clarita Community College District supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, life, disability, retirement benefits, and more.

IMPORTANT NOTE:

This guide is a summary overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan documents including your benefit summaries, summary of benefits and coverage (SBCs) and summary plan descriptions (SPDs). The plan documents determine how all benefits are paid.

WHO'S ELIGIBLE FOR BENEFITS?



Employees

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

Eligible dependents

- Legally married spouse, including same-sex spouse.
- Registered Domestic Partner (RDPs are defined as same or opposite sex partners who are both at least 18 years of age).
- Natural, adopted or stepchildren, or children of a domestic partner up to age 26.
- Children over age 26 who are disabled and depend on you for support.
- Children named in a Qualified Medical Child Support Order (QMCSO).

For additional information, please refer to the plan documents for each benefit.

Who is not eligible

Members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.

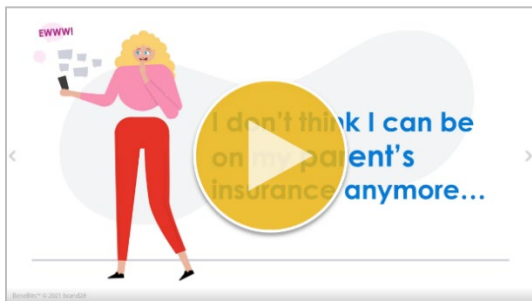
When you can enroll

You can enroll in benefits as a new hire or during the annual open enrollment period. New hire coverage begins on the first of the month following date of hire.

If you miss the enrollment deadline, you'll need to wait until the next open enrollment, the one time each year that you can make changes to your benefits for any reason.

CHANGING YOUR BENEFITS

Click to play video



LIFE HAPPENS

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

THREE RULES APPLY TO MAKING CHANGES TO YOUR BENEFITS DURING THE YEAR:

1. Any change you make must be consistent with the change in status.
2. You must make the change within 30 days for Dental/Vision and 60 days for Medical of the date the event occurs.
3. All proper documentation is required to cover dependents (marriage certificates, birth certificates, etc.).

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit your change within 30 days after the event.

Dependent Verification

Making changes to dependents is subject to eligibility verification in order to ensure only eligible individuals are participating in our plans. You will be required to provide proof of one or more of the following within 30- or 60-day period of their eligibility:

- Marriage Certification or License
- Domestic Partners Affidavit
- Birth Certificate
- Final decree of divorce
- Court documents showing legal responsibility for adopted children, foster children or children under legal guardianship
- Physician's written certification of disabling condition (for dependent children over age 26 incapable of self-support)

If you do not supply the proper documentation to make changes to dependents within the 30-day period for Dental/Vision or 60-day period for Medical, you will not be able to add the dependent(s) until the next open enrollment period. Please contact Human Resources to confirm what documentation your event requires.

CALPERS MEDICAL BENEFITS

It is Santa Clarita College District's goal to provide you with affordable, quality health care benefits. Our medical benefits are designed to help maintain wellness and protect you and your family from major financial hardship in the event of illness or injury. Santa Clarita College District offers a choice of medical plans through CalPERS Medical.

For a summary of the different plans, and additional information please review the CalPERS Open Enrollment site: calpers.ca.gov/page/active-members/health-benefits/open-enrollment. On this site you will find the Health Benefits Summary, Health Program Guide, additional resources and information regarding your CalPERS Health Plan options.



2025 HEALTH BENEFIT SUMMARY

Click the image above to view the [2024 CalPERS Health Benefit Summary](#).

ENROLLING IN CALPERS PLANS

Please make sure to review the enrollment instructions. All enrollments should be processed through Benefit Bridge, not the CalPERS website.

Why would I choose a PPO plan?

- You have a doctor you like, and you would like to keep this doctor.
- You want to see specialists and other providers without having to first get a referral and/or pre-approval.
- You want the freedom to see providers who are not in the network.
- You are confident that you can manage your own care.
- You do not want a primary care doctor.

Why would I choose an HMO plan?

- You don't want the extra responsibility of managing your own care.
- You do not want to pay the higher costs of a PPO.
- You do not want to get bills from providers.

Explore your benefits with myCalPERS

Access your health information year-round, including available health plans and Open Enrollment updates, by logging in to myCalPERS at my.calpers.ca.gov.

To find CalPERS health plans available in your area, search by zip code at calpers.ca.gov.

CalPERS Dependent Eligibility Verification

All employees adding/removing dependents must submit documentation to verify their dependent's eligibility and/or Qualifying Life Event. The following chart is an easy guide to what documents must be submitted along with the Health Enrollment/Change form.

	Enrollment Form Required	Marriage Certificate Required	State of California Domestic Partner (DP) Registration	Birth Certificate /Certificate of Adoption Required	Social Security Number
Employee only	●				
Employee & Spouse	●	●			●
Employee & Domestic Partner (DP)	●		●		●
Employee & Children	●			●	●
Employee, Spouse/DP & Children	●	●	●	●	●

You are responsible for ensuring that the health enrollment information about you and your family members is accurate, and for reporting any changes in a timely manner. If you fail to maintain current and accurate health enrollment information, you may be liable for the reimbursement of health premiums or health care services incurred during the entire ineligibility period.

For example, if your divorce or dissolution occurred in 2018, yet you did not report it until 2021, your former spouse or domestic partner will be retroactively canceled from coverage effective the first of the month following the divorce or dissolution.

On page 5, you will find a detailed list of Qualifying Life Events, which must be reported to the HR Department so we can make the appropriate change to your health coverage. All Qualifying Life Event changes must be made within 60 days from the date of the event. Proper documentation is required, such as a copy of the marriage/domestic partnership certificate, birth/adoption certificate, or divorce/dissolution of domestic partnership decree.

For further clarification, please contact Human Resources at 661-362-5112.

TURNING 65? UNDERSTAND YOUR MEDICARE OPTIONS



Alliant Medicare Solutions is a no-cost service available to you, your family members, and friends nearing age 65.

alliantmedicareolutions.com

Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.

Whether you retire or continue to work, choosing the right healthcare option is an important decision when you reach age 65

Most people become eligible for Medicare at age 65. When that happens, you'll probably have some time-sensitive decisions to make, based on your individual situation.

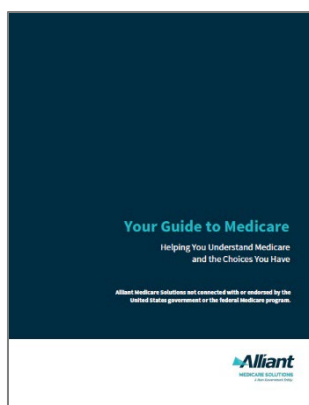
Introducing Alliant Medicare Solutions

Medicare can be complicated. Figuring out the rules—not to mention how Medicare works with or compares to your employer-provided medical coverage—can be a headache. That's why we are offering Alliant Medicare Solutions. The licensed insurance agents at AMS can help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

How does it work?

1. Call Alliant Medicare Solutions at **(877) 888-0165** to speak to a licensed insurance agent. Have your current medical coverage information available when you call.
2. Discuss with Alliant Medicare Solutions your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.
3. If Medicare is the best option, Alliant Medicare Solutions helps you enroll immediately or emails policy materials for you to review and enroll at a later date.

Find Out More



[Your Guide to Medicare](#)



[Medicare 101 Video](#)



[Social Security Planning Video](#)



DENTAL

OUR PLANS

Delta Dental PPO (ACSIG)

United Concordia Dental HMO

DID YOU KNOW?

Keeping your teeth and gums healthy isn't the only reason you should practice preventive dental care. With good dental hygiene, you can greatly reduce your risk of getting cavities, gingivitis, periodontitis, and other dental problems.

You can also reduce your risk of secondary problems caused by poor oral health such as diabetes, heart disease, osteoporosis, respiratory disease and even cancer.

We offer 2 dental plans through Delta Dental and United Concordia.

Why Sign Up For Dental Coverage?

It's important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

That's where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental insurance covers four types of treatments:

- **Preventive** care includes exams, cleanings and x-rays
- **Basic** care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment
- **Major** care goes further than basic and includes bridges, crowns and dentures
- **Orthodontia** treatment to properly align teeth within the mouth.

Dental- Delta Dental PPO

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%.

The coinsurance (%) shows what the plan pays after the deductible.

	Delta Dental PPO (ACSIG) Plan*	
	In-Network	Out-of-Network
Calendar Year Deductible	None	None
Calendar Year Plan Maximum	\$3,000/member	\$2,500/member
Waiting Period	None	None
Diagnostic & Preventive *NEW 4 cleanings and 3 exams*	70%-100%	70%-100%
Basic Services Fillings, Root Canals, Periodontics	70%-100%	70%-100%
Major Services Prosthodontics Crowns, inlays, onlays and cast restorations, *NEW implants ¹ *	50% 70%-100%	50% 70%-100%
Dental Accident Benefits Dental Accident Benefits Maximum	100% Separate \$1,000/person each calendar year	100% Separate \$1,000/person each calendar year
Orthodontia Adults and Dependent Children	50%	50%
Ortho Lifetime Max	\$2,000/person	\$2,000/person

*Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

¹ implant services are covered under annual max

What you need to know about this plan



Features:

Am I restricted to in-network providers?

See any provider, but you'll pay more out of network

No

Do I have to select a primary dentist?

No

Where can I get more details?

Call (866) 499-3001 or visit www.deltadentalins.com

Dental- United Concordia Dental HMO

You always pay the copayment (\$).

	United Concordia Dental HMO Plan*
	In-Network
Annual Deductible	None
Annual Plan Maximum	None
Waiting Period	None
Diagnostic & Preventive	\$0-\$15 copay
Basic Services Fillings Root Canals Periodontics	\$0-\$140 copay \$0-\$45 copay \$0-\$120 copay
Major Services	\$0-\$245 copay
Orthodontia Adults (over age 18) Dependent Children (to age 18)	\$2,000 copay \$1,500 copay
Ortho Lifetime Max	None

*The copays listed on this page are illustrative. Please refer to United Concordia's Dental HMO benefit summary for the applicable copay for the specific procedure you are interested in having.

What you need to know about this plan



Features:	In-Network providers only
Am I restricted to in-network providers?	Yes
Do I have to select a primary dentist?	Yes
Where can I get more details?	Call (866) 357-3304 or visit www.unitedconcordia.com

VISION

OUR PLAN

VSP Signature Vision (ACSIG)

Why Sign Up For Vision Coverage?

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

You'll even find discounts on glasses, sunglasses, services like LASIK, and savings on retinal screenings and featured frames. Visit the plan's website to check out these extra savings.

Click to play video



Vision – VSP Signature Vision (ACSIG) Plan

Your vision checkup is fully covered after your Exam copay. After any Materials copay, the plan covers frames, lenses, and contacts as described below.

	VSP Signature Vision (ACSIG)	
	In-Network	Out-of-Network
Exams Benefit Frequency	\$5 copay Once every 12 months	Up to \$50 Once every 12 months
Eyeglass Lenses Single Vision Lens Bifocal Lens Trifocal Lens Polycarbonate Lens Frequency	\$5 copay \$5 copay \$5 copay Covered Once every 12 months	Up to \$50 Up to \$75 Up to \$100 Not Covered Once every 12 months
Frames Benefit Frequency	\$200 allowance + 20% off balance \$110 allowance at Costco® Once every 12 months	Up to \$70 Once every 12 months
Contacts (Elective)* Conventional Frequency	\$200 allowance Once every 12 months	\$105 allowance (combined with in-network) Once every 12 months

*In lieu of frames

What you need to know about this plan



Features:

What other services are covered?

Eyeglasses are expensive. Will I still be able to afford them, even with insurance?

Where can I get more details?

See any provider, but you'll pay more out of network

The plan can also help you save money on LASIK procedures, sunglasses, computer glasses, and even hearing aids.

Look for moderately priced frames and remember that your benefit is higher using in-network providers.

Call (800) 877-7195 or visit www.vsp.com



LIFE & DISABILITY

YOUR BENEFICIARY = WHO GETS PAID

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

Is your family protected?

Life, AD&D, and disability insurance can fill several financial gaps due to a temporary or permanent reduction of income. Consider what your family would need to cover day-to-day living expenses and medical bills during a pregnancy or illness-related disability leave, or how you would manage large expenses (rent or mortgage, children's education, student loans, consumer debt, etc.) after the death of a spouse or partner.

We provide short and long-term disability benefits and a base amount of life and AD&D insurance to help you recover from financial loss.

If you need additional coverage

We offer voluntary coverage that you can purchase for yourself, your spouse, and your children.

COMPANY- PROVIDED LIFE AND AD&D INSURANCE



MORE INFORMATION

For questions or more information:
Call 800-423-2765 and mention
Group ID: **SANTACLARI**

Basic Life and AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. Coverage is provided by Lincoln Financial Group and premiums are paid in full by Santa Clarita Community College District.

These benefits are available for all full-time employees with at least 50% assignment.

Lincoln Financial Group Basic Life and AD&D

Basic Life and AD&D Amount: \$50,000*

*Benefit amounts reduces at age 65. Please see Certificate of Coverage for more details.

VOLUNTARY LIFE AND AD&D INSURANCE



EVIDENCE OF INSURABILITY (EOI)

If you elect Voluntary Life coverage above guaranteed issue (noted on this page), or if you are a late entrant (enrolling more than 31 days after the date you become eligible), you must complete and submit EOI. This can be completed online through Lincoln Financial Group. You can find the form at lfg.com.

Protecting those you leave behind

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is provided by Lincoln Financial Group and available for your spouse and/or child(ren).

Lincoln Financial Group Voluntary Life

- Employee** Increments of \$5,000 up to \$500,000 (or 5x your annual earnings)*
Guaranteed Issue: Lesser of \$300,000 or 3x salary
- Spouse** Increments of \$5,000 up to \$250,000 (not to exceed 50% of employee amount)*
Guaranteed Issue: \$50,000
- Child(ren)** Option of \$3,000, or \$5,000 benefit (age 1 day to 6 months: \$250 Benefit)
Guaranteed Issue: \$5,000

*Benefit amount reduces at age 65.

In the event of a serious or fatal accident

Voluntary AD&D Insurance allows you to purchase accidental death and dismemberment coverage that pays your beneficiary if you have a fatal accident. If you experience a serious injury such as a loss of a limb, speech, sight or hearing, the plan pays a benefit to you.

Coverage is provided by Lincoln Financial Group and is available for your spouse and/or child(ren).

Lincoln Financial Group Voluntary AD&D

- Employee** Increments of \$5,000 up to \$500,000 (or 5x your annual earnings)*
- Spouse** 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)** 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

* Benefit amount reduces at age 65

VOLUNTARY LIFE & AD&D INSURANCE COSTS

If you elect voluntary coverage, your monthly premium rate is calculated based on your age and the amount of coverage. Use the tables below to estimate the premium amount that will be deducted from your paycheck.

VOLUNTARY LIFE INSURANCE – TENTHLY RATE PER \$1,000 OF COVERAGE

AGE	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

CHILD LIFE INSURANCE

COVERAGE AMOUNT	Rate per \$1,000 of coverage
\$3,000	\$0.15
\$5,000	\$0.25

Premium includes all eligible children. Eligible children include dependent children under age 26 as long as you apply for and are approved for coverage for yourself.

VOLUNTARY AD&D – TENTHLY RATE PER \$1,000 OF COVERAGE

Employee	\$0.032
Employee + Family	\$0.049

To calculate your per paycheck AD&D cost, follow the same steps as the table above.

CALCULATE YOUR LIFE INSURANCE COST

1. Desired Coverage (\$1,000 Increments)

You:	Spouse:
------	---------

2. Divide Step 1 by 1,000 =

You:	Spouse:
------	---------

3. Multiply Step 2 by Rate from Table =

You:	Spouse:
------	---------

4. Add You + Spouse from Step 4:

TOTAL COST PER PAYCHECK:

SHORT-TERM DISABILITY INSURANCE (STD)



EXPECT THE UNEXPECTED

Most people underestimate the likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.

SUBMITTING A CLAIM

If you are disabled due to an illness or accidental injury, unable to work, and under the care of a licensed physician, you are eligible to submit a claim for benefits under this plan. As long as you remain disabled and meet the plan’s disability requirements, you will continue to receive a percentage of your earnings until benefits are no longer payable.

MORE INFORMATION

For questions or more information call (800) 423-2765 and mention Group ID: SANTACLARI

Short-Term Disability (STD) insurance replaces part of your income for limited duration issues such as:

- Pregnancy issues and childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

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

STD payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security, or state disability. Santa Clarita Community College District pays the cost of this coverage. Coverage is provided by Lincoln Financial Group.

Eligibility requirement	All Full-time faculty employee with at least 50% assignment with 5 or more years of service.
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 benefits begin, not the first day you are disabled.

LONG-TERM DISABILITY INSURANCE (LTD)



3 THINGS TO KNOW ABOUT LTD INSURANCE

1. It can protect you from having to tap into your retirement savings.
2. You can use LTD benefits however you need, for housing, food, medical bills, etc.
3. Benefits can last a long time—from weeks to even years—if you remain eligible.

LTD benefits cushion the financial impact of a disability

Long-Term Disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders.

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

Payments may be reduced by state, federal, or private disability benefits you receive while disabled. Santa Clarita Community College District pays the cost of this coverage. Coverage is provided by Lincoln Financial Group.

Eligibility	All Full-Time faculty employee with less than 5 years of service.
Monthly Benefit Amount	Plan pays 66.67% of 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.



WELLBEING & BALANCE

**THE KEY TO KEEPING YOUR
BALANCE IS KNOWING WHEN
YOU'VE LOST IT**

The challenges of daily life can be hard to balance. Whether it's work, school or family obligations, it's no wonder that many of us sometimes have trouble managing the ups and downs of our day-to-day lives.

A Happier, Healthier You

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

Taking care of yourself will help you be more effective in all areas of your life. Be sure to take advantage of the program to stay at your best.

EMPLOYEE ASSISTANCE PROGRAM (EAP)



CONTACT THE EAP

Phone

1-888-628-4824

Website

Login to

www.guidanceresources.com

with the below credentials:

Username: LFGsupport

Password: LFGsupport1

Help for you and your household members

There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through EmployeeConnect can help you handle a wide variety of personal issues such as emotional health and substance abuse; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 5 visits per issue
- Unlimited web access to helpful articles, resources, and self-assessment tools

COUNSELING BENEFITS

- Difficulty with relationships
- Emotional distress
- Job stress
- Communication/conflict issues
- Alcohol or drug problems
- Loss and death

PARENTING & CHILDCARE

- Referrals to quality providers
- Family day care homes
- Infant centers and preschools
- Before/after school care
- 24-hour care

FINANCIAL COACHING

- Money management
- Debt management
- Identity theft resolution
- Tax issues

LEGAL CONSULTATION

- Referral to a local attorney
- Family issues (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

ELDERCARE RESOURCES

- Help with finding appropriate resources to care for an elderly or disabled relative

ONLINE RESOURCES

- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics



IMPORTANT PLAN INFORMATION

In this section, you'll find important plan information, including:

- Contact information for our benefit carriers and vendors
- A summary of the health plan notices you are entitled to receive annually, and where to find them
- A Benefits Glossary to help you understand important insurance terms.

Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify Santa Clarita Community College District if your domestic partner is your tax dependent.

PLAN CONTACTS

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			

GLOSSARY

-A-

AD&D Insurance

An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

Allowed Amount

The maximum amount your plan will pay for a covered healthcare service.

Ambulatory Surgery Center (ASC)

A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

Annual Limit

A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

-B-

Balance Billing

In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill YOU for the \$30 difference (the balance).

Beneficiary

The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

Brand Name Drug

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

-C-

COBRA

A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

Claim

A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

Coinurance

Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

Copayment

A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

-D-

Deductible

The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Family coverage may have an **aggregate** or **embedded** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

Dental Basic Services

Services such as fillings, routine extractions and some oral surgery procedures.

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

Dental Major Services

Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Dependent Care Flexible Spending Account (FSA)

An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for children under age

13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

-E-

Eligible Expense

A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

Excluded Service

A service that your health plan doesn't pay for or cover.

-F-

Formulary

A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

-G-

Generic Drug

A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

Grandfathered

A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

-H-

Health Reimbursement Account (HRA) An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

Healthcare Flexible Spending Account (FSA)

A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

High Deductible Health Plan (HDHP) A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

GLOSSARY

-I-

In-Network

In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will cost more or may not be covered.

-L-

Life Insurance

An insurance plan that pays your beneficiary a lump sum if you die.

Long Term Disability Insurance

Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

-M-

Mail Order

A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

-O-

Open Enrollment

The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

Out-of-Network

Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of-network services at all.

Out-of-Pocket Cost

A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

Out-of-Pocket Maximum

Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Family coverage may have an *aggregate* or *embedded* maximum. Aggregate means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. Embedded means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

Outpatient Care

Care from a hospital that doesn't require you to stay overnight.

-P-

Participating Pharmacy

A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

Plan Year

A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

Preferred Drug

Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

Preventive Care Services

Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

Primary Care Provider (PCP)

The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP and require care and referrals to be directed or approved by that provider.

-S-

Short Term Disability Insurance

Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

-T-

Telehealth / Telemedicine / Teledoc

A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

-U-

UCR (Usual, Customary, and Reasonable)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care

Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

-V-

Vaccinations

Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

Voluntary Benefit

An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.

NOTES

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NOTES

This image shows a full page of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings on the page.

