



WELCOME TO OPEN ENROLLMENT EMPLOYEE BENEFIT GUIDE

Plan Year: 2020 - 2021

Brought to you by
BrightPath Consulting Services



PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

San Bernardino Community College District (SBCCD) strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Open Enrollment Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all of the different benefit offerings, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on July 1, 2020. If you have questions about any of the benefits mentioned in this guide, please do not hesitate to reach out to Human Resources at 909-382-4040.

Table of Content

Who is Eligible and How to Enroll	3
How to Enroll	4
What is Changing For 2020/2021 Plan Year.....	7
2020 - 2021 Employee Deductions	9
Medical Insurance.....	10
Dental Insurance	14
Vision Insurance.....	15
Life Insurance	16
Employee Assistance Program	18
Flexible Spending Account.....	19
Questions and Answers	21
Annual Notice	24
SBCCD & Insurance Carriers Contact Information	33

WHO IS ELIGIBLE?

You are eligible for coverage if you are employed at a minimum of 20 hours per week for Classified and Management Employees, or at a minimum of 30 hours per week for Certificated Employees.

DEPENDENT ELIGIBILITY

Your eligible dependents for coverage include:

- Your legal spouse, registered domestic partner, and children to age 26.
- Children include your natural children, children placed for adoption, and stepchildren.
- Fully disabled children defined as (a) incapable of self-sustaining employment by reason of mental or physical handicap and (b) chiefly dependent upon the eligible employee for economic support and maintenance.
- Legal guardianship with court filed documents (must be shown as a dependent on most recent federal income tax return).

DEPENDENT ELIGIBILITY AUDIT

For the upcoming plan year, ALL employees with dependents will be required to provide proof that the dependent is eligible. Gather the required documents as outlined below to ensure that you are prepared to provide them American Fidelity who will be conducting this dependent audit on behalf of the District. This is a vital step to ensure dependent coverage for the upcoming plan.

This information will be due no later than September 10, 2020. If you fail to provide the requested documents, your dependent will be retro cancelled back to July 1, 2020 and you will not be able to re-enroll them until next open enrollment period unless you have a qualifying event. Please make sure you include the employee social security number on all documents.

Dependent Type	Required Documentation
Spouse	<ul style="list-style-type: none">• 2018 or 2019 Federal Tax Form that shows the couple was married (financial information may be blocked out).• For newly married couples where prior year tax return is not available a marriage certificate will be accepted.

WELCOME TO SAN BERNARDINO COMMUNITY COLLEGE DISTRICT OPEN ENROLLMENT

Domestic Partner	<ul style="list-style-type: none"> • Certificate of Registered Domestic Partnership issued by State of California (Enrolling a Domestic Partner may cause the employer contribution to become taxable)
Children, Stepchildren, and/or Adopted Children up to age 26	<ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name, and child's DOB) • Legal Adoption Documentation
Legal Guardianship up to age 18	<ul style="list-style-type: none"> • Legal U.S. Court Documentation establishing Guardianship
Disabled Dependents over age 26	<p>Anthem Blue Cross (All items listed below are required)</p> <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Anthem Disabled Dependent Certification Form <p>Kaiser (All items listed below are required)</p> <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Disabled Dependent Enrollment Application • Most recent Kaiser Certification notice (if available)

During your initial enrollment or if you are adding new dependents, you **must** provide proof of dependent eligibility based on the above requirements. If proof of eligibility is not received within 30 days from the date of the request, your dependent will be removed from your policy retroactive to the effective date.

WHEN TO ENROLL

Open enrollment begins on Monday, April 27, 2020 and runs through Friday May 15, 2021. The benefits you choose during open enrollment will be effective on July 1, 2020.

HOW TO ENROLL

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all your personal information and make any necessary changes.

Once all your information is up to date, it is time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

WELCOME TO SAN BERNARDINO COMMUNITY COLLEGE DISTRICT OPEN ENROLLMENT

You can enroll through American Fidelity secure online system that is accessible from any desktop browser. The site also contains educational benefit enrollment preparation videos and to answer questions you may have. To get started on your online enrollment, follow the instructions below:

HOW TO LOGIN ON AMERICAN FIDELITY ONLINE ENROLLMENT SYSTEM

To access the online enrollment site, go to:

- <https://americanfidelity.com/pages/san-bernardino-community-college-district/>
- At the login screen, you will enter the site using the following information:
 - o Type in your user ID – your Employee ID and Social Security Number (SSN)
 - o Type in your PIN – the last four digits of your SSN and last two of your birth year. For example, for SSN 123-45-6789 and birth year 1974, you would type in 678974
 - o Click the ‘Log On’ button
- You will be asked to change your PIN and complete security questions, after your initial login to the system. Make sure you click “Save New PIN” button. **Your new PIN will be your electronic signature**
- Follow the prompts and choose the plan that fits your needs
- Social Security Numbers and Dates of Birth are required for all employees and dependents
- Be sure to print your confirmation. Once you confirm your enrollment, you may click on the confirmation link at the bottom of the “Sign/Submit Complete” to print your confirmation statement
- If you decide to Opt-Out, you must enter each product module and make that choice
- If you are adding a dependent as a beneficiary, their Social Security Number is required

The online system offers a step-by-step video on how to enroll.

WHAT HAPPENS IF I DON'T RE-ENROLL IN MY BENEFITS?

If you do not re-enroll, the District will automatically enroll in you and your enrolled dependents in the lowest cost medical plan, determined by your current 2019/2020 medical insurance carrier. For example, if you are enrolled in a Kaiser medical plan and do not take any action during Open Enrollment, you will be auto enrolled in the Kaiser \$30 plan. If you are currently enrolled in a Blue Shield medical plan and do not take any action during Open Enrollment, you will be auto enrolled in the Anthem Blue Cross Select HMO medical plan.

For the dental and vision plans, you and your enrolled dependents will continue the same dental and vision plans you had in 2019/2020 in the 2020/2021 plan year, if you do not take any action during Open Enrollment.

If you are enrolled in the Flexible Spending Account/Dependent Spending Account, you will no longer be enrolled in these benefits as of July 1, 2020. You must reenroll in these two plans every Open Enrollment to continue coverage into next plan year.

OPEN ENROLLMENT WEBINARS?

During these webinars, the District will discuss the new options and vendors will be available to answer any questions you might have. A link will be provided via email.

Date	Time
April 27	9:00am – 10:00am
April 27	3:00pm – 4:00pm
April 28	9:00am – 10:00am
April 28	3:00pm – 4:00pm
April 29	9:00am – 10:00am
April 29	3:00pm – 4:00pm

QUALIFYING EVENTS

Unless you experience a life-changing qualifying event, you **cannot** make changes to your benefits until the next open enrollment period. Qualifying events include but are not limited to:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

CAN I WAIVE COVERAGE

You can only waive medical coverage, if:

- You show proof of your other medical coverage.
- You complete a Medical Opt-Out/Waiver form each year.

DO I HAVE TO CONTACT AMERICAN FIDELITY?

Yes, you will need to either call an American Fidelity Enrollment Specialist or enroll online through the American Fidelity enrollment portal if:

- You wish to participate or continue in the Health Care Flexible Spending Account (FSA) or Dependent Day Care Spending Account for 2020–2021
- You wish to enroll or make changes to your Disability, Cancer, or Accident Plans
- Enroll in Whole Life Insurance Plan (new benefit being offered for 2020-2021)

Enroll by phone by calling 800-365-9180, ext. 0 or to set up a one-on-one meeting. Customer Services is available Monday through Friday from 5:00 am PDT and 5:00 pm pacific daylight time.

What Is Changing For 2020 – 2021?

SBCCD will be making the following changes beginning July 1, 2020:

BENEFIT PLAN YEAR CHANGE:

SBCCD will be changing our benefit plan year from July 1st to September 30th effective October 1, 2021. Due to this change, the District 2020/2021 benefit plan year will start July 1, 2020 and end on September 30th, 2021.

All changes you make during Open Enrollment will take effect July 1, 2020 and remain until September 30, 2021 unless you have a qualifying event, or you are enrolled in the flexible spending account.

MEDICAL PLANS:

As of July 1st, SBCCD will be offering our medical benefits through the Self-Insured Schools of California (SISC). SISC is a Joint Powers Authority (JPA) administered by the Kern County Superintendent of Schools Office in California. SISC is the largest public-school pool in the U.S. and its size allows them to offer stable, affordable rates to public schools.

- Anthem Blue Cross of California will be replacing Blue Shield of California
 - o Blue Shield Trio HMO will be replaced by Anthem Blue Cross Select HMO
 - o Blue Shield Access+ HMO will be replaced by Anthem Blue Cross California Care HMO
 - o Blue Shield PPO will be replaced by a more affordable Anthem Blue Cross PPO
 - o Pharmacy Benefit Managers (PBM) will change to Navitus. Make sure you contact your doctor for a new Rx if you are receiving your medication through the mail order program. Also, make sure your physician's office is aware of this change so they can coordinate pre-authorizations with Navitus
- Kaiser Permanente plan designs will change slightly due to moving to SISC
- Hearing aid benefit will be added to all medical plans

SELF-INSURED SCHOOLS OF CALIFORNIA (SISC) VALUE ADDED SERVICES

- **Advance Medical Opinions:** Advance Medical provides members with access to the best health care possible by assisting patients with any and all healthcare questions. The benefit also provides access to medical opinions from world-leading experts without having to leave home. This is available to members at no-cost.
- **MDLive:** Anthem Blue Cross PPO and HMO members can consult with doctors and pediatricians over the phone or using online video for medical conditions such as cough, cold, fever, sore throat, flu, infection,

WELCOME TO SAN BERNARDINO COMMUNITY COLLEGE DISTRICT OPEN ENROLLMENT

bronchitis, and children's health issues. MDLive physicians can diagnose and prescribe medication when appropriate. Online behavioral health visits are also available for confidential sessions with a licensed therapist or psychiatrist. Copay applies.

- **Free Generic Medication through Costco:** Anthem Blue Cross HMO and PPO members can receive free generic medications at Costco and through Costco Mail Order (excludes certain pain and cough medications). It is easy—Members take prescriptions to Costco pharmacy; no need to be a Costco member.
- **Enhanced Cancer Benefits:** Available to Anthem HMO and PPO members. Consult experts who can help you navigate the complex world of cancer treatment. Services include assistance in receiving an accurate initial diagnosis and developing a comprehensive care plan. To find out more about this program you can call 877-220-3556 or go to www.sisc.hdplus.com
- **Vida Health:** This is a digital coaching app and available to Anthem HMO and PPO members that are 18 and older. Get one-on-one coaching, therapy and other tools and resources via online or mobile access. To find out more about this program you can call 855-442-5885 or go to www.vida.com/sisc
- **Hinge Health:** This is available to Anthem PPO members. Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy. To find out more about this program you can call 855-902-2777 or go to www.hingehealth.com/sisc

DENTAL PPO PLAN:

SBCCD will also be enhancing the PPO dental plan and has increased your PPO dental plan orthodontia and dental implants maximum to \$2,000/person (previous maximum was \$1,750). This will provide you with an additional \$250 per plan participant that can be used for your dental implants and orthodontia services.

A new nightguard benefit will be added. This benefit is covered at 100% up to \$500 every five years and does not apply to calendar year maximum.

VISION PLANS:

As of July 1st, SBCCD will be making the following two changes to the vision plans:

- The District will no longer offer vision through Kaiser Permanente
- All employees and covered dependents will remain eligible for a District paid vision plan through EyeMed
- EyeMed plan will be enhanced to offer a new program called "Freedom Pass". With Freedom Pass, members who receive frames through LensCrafters or Target Optical, will have zero out-of-pocket costs no matter the cost of the frames (exceptions apply to certain name brand frames).

LIFE AND AD&D PLANS:

SBCCD will continue to partner with Prudential for your Basic & Voluntary Life, Accidental Death and Dismemberment plans. No changes will be made for this benefit.

EMPLOYEE ASSISTANCE PROGRAM (EAP):

SBCCD will partner with Anthem Blue Cross for our EAP program. This program will be available to all SBCCD employees regardless if you are enrolled in Anthem Blue Cross of California or Kaiser Permanente medical plans or waived medical coverage.

Members may access free resources if they need help with personal concerns including but not limited to: emotional, marital, financial, drug and/or alcohol addiction and recovery, legal, stress, and more. Daycare and eldercare referral services are also available. The EAP is available to all members of the employee’s household.

FLEXIBLE SPENDING ACCOUNT/DEPENDENT CARE:

SBCCD will continue to partner with American Fidelity for this program. Due the change in the benefit plan year, your enrollment in this program will start July 1, 2020 through June 30, 2021. You will have to enroll again from July 1, 2021 through September 30, 2021. After that you will be able to enroll for a full plan FSA year starting October 1, 2021.

EMPLOYEE CONTRIBUTIONS – 2020/2021

Deductions are tenthly
No deductions taken from June and July paychecks

Plan Name	Per Paycheck Deduction
Medical	
Anthem Blue Cross Select HMO	\$0.00
Anthem Blue Cross California Care HMO	\$64.00
Anthem Blue Cross PPO	\$482.40
Kaiser Permanente \$10	\$196.80
Kaiser Permanente \$30	\$0.00
Dental	
DeltaCare HMO	\$0.00
Delta Dental PPO	\$62.39
Vision	
EyeMed	\$0.00

MEDICAL INSURANCE



SBCCD will partner with Anthem Blue Cross of California for your 2020 – 2021 medical plans. The following options will be available:

Anthem Select HMO (Narrow-Network): Robust network of medical groups, hospitals and doctors with access to over 62,000 providers across the state.

Anthem California Care HMO (Full-Network): This plan is designed to provide you and your family with access to one of the largest healthcare provider networks in the state with over 104,000 providers.

Anthem PPO: This plan will be more affordable and provides direct access to the physicians and specialist in Anthem Blue Cross preferred network, plus the option to go out of network.

Pharmacy Services: Pharmacy Benefit Manager (PBM) will be changing from Blue Shield to Navitus for Anthem Blue Cross members. Most Generic drugs will be offered at no cost through Costco pharmacy. You will have access to a large network of pharmacies except Walgreens. Regardless of which Anthem plan you choose, your pharmacy will be managed through Navitus PBM.

Anthem Blue Cross members will have one ID card for both medical and pharmacy services.



The Kaiser Permanente medical plan designs have both been changed for the upcoming plan year.

HMO \$10 Copay: members on this plan experience a lower out of pocket expenses for medical services and prescriptions. Members have lower copayments for primary care office visits, outpatient procedures, lab tests, emergency room care and prescriptions.

HMO \$30 Copay: members on this plan experience a higher out of pocket expenses for medical services and prescriptions compared to the HMO \$10 Copay plan. The same medical services and prescriptions are covered as with the HMO \$10 copay plan, except members have a higher out of pocket cost for these same services. In return, employees on this plan save money in premiums being deducted from their paychecks.

Kaiser Permanente members will have one ID card for both medical and pharmacy services.

HMO MEDICAL INSURANCE

<i>HMO Plans Features</i>	Anthem Blue Cross		Kaiser Permanente	
	California Care (Full Network)	Select (Limited Network)	\$10	\$30
Primacy Doctor & Specialist visits	\$10 copay	\$10 copay	\$10 copay	\$30 copay
MDLive consultation	\$10 copay	\$10 copay	n/a	n/a
Out-of-Pocket Maximum (Individual / Family)	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$1,500 / \$3,000
Lifetime Plan Maximum	Unlimited			
Annual Physical Exams with Preventive Tests	100%	100%	100%	100%
Diagnostic X-Ray and Lab Tests	100%	100%	100%	100%
Advanced Diagnostic Imaging	\$100 copay/test	\$100 copay/test	100%	100%
Semi-Private Room & Board; including Services and Supplies	100%	100%	100%	100%
Prenatal and Post-natal Care	\$10 copay	\$10 copay	100%	100%
Surgical Services (Outpatient Facility)	100%	100%	\$10 / procedure	\$30 / procedure
Emergency Services (Emergency Room)	\$100 copay waived if admitted	\$100 copay waived if admitted	\$100 copay waived if admitted	\$100 copay waived if admitted
Ambulance (Air/Ground)	\$100 copay/trip	\$100 copay/trip	\$50 copay / trip	\$50 copay / trip
Urgent Care Facility	\$10 copay	\$10 copay	\$10 copay	\$30 copay
Mental Health Benefits				
Inpatient Care	100%	100%	100%	100%
Outpatient Care (routine)	\$10 copay	\$10 copay	\$10 copay / individual visit \$5 copay / group	\$30 copay / individual visit \$15 copay / group
Substance Abuse				
Inpatient Hospitalization	100%	100%	100%	100%
Outpatient Services (routine)	\$10 copay	\$10 copay	\$10 copay / individual visit \$5 copay / group	\$30 copay / individual visit \$5 copay / group
Durable Medical Equipment	100%	100%	100%	100%
Hearing				
Exam				
Aid(s)	50% coinsurance	50% coinsurance	Amount in Excess of \$2,000/Aid/36 months	Amount in Excess of \$2,000/Aid/36 months

This is a high-level benefit summary and does not override carrier evidence of coverage booklet.

HMO MEDICAL INSURANCE (continued)

<i>HMO Plans Features</i>	Anthem Blue Cross		Kaiser Permanente	
	California Care (Full Network)	Select (Limited Network)	\$10	\$30
Chiropractic & Acupuncture Services	\$10 copay 30 visits / cal year; Combined with Acupuncture through ASH	\$10 copay 30 visits / cal year; Combined with Acupuncture through ASH	\$10 copay limited to 30 visits /year Combined with Acupuncture through ASH	\$10 copay limited to 30 visits /year Combined with Acupuncture through ASH
Prescription Drugs				
Retail (up to 30 days)				
Out-of-Pocket Maximum (Individual / Family)	\$1,500 / \$2,500	\$1,500 / \$2,500	N/A	N/A
Generic or Tier 1	\$5 copay/Free at Costco *	\$5 copay/Free at Costco *	\$10 copay	\$10 copay
Brand or Tier 2	\$20 copay	\$20 copay	\$10 copay	\$30 copay
Specialty Drugs	\$20 copay [#]	\$20 copay [#]	\$10 copay	\$30 copay
Mail Order (90-day Supply with Blue Shield and up to 100 days with Kaiser)				
Generic or Tier 1	Free through Costco *	Free through Costco *	\$10 copay	\$10 copay
Brand or Tier 2	\$50 copay	\$50 copay	\$10 copay	\$30 copay

This is a high-level benefit summary and does not override carrier evidence of coverage booklet.

NOTES:

* Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs.

Specialty drugs are only available through Navitus pharmacy. Maximum 30 day supply

Walgreen is not part of SISC/Anthem pharmacy network

PPO MEDICAL INSURANCE

PPO Plan Features	Anthem Blue Cross PPO 100-A	
	In-Network Provider	Non-Network Provider
Annual Deductible (4th quarter carryover applies)	\$0 single/ \$0 family	N/A
Coinsurance	0% coinsurance	Varies based on service
Primary Care/Specialist visit	\$10 copay (1st 3 visits 100%)	See footnote 1
MDLive Consultation	\$5 copay	Not Covered
Out-of-Pocket Maximum	\$1,000 Individual / \$3,000 Family	No Limit
Lifetime Plan Maximum	Unlimited	
Outpatient Services / Preventive Services	100%	Not Covered
Diagnostic X-Ray and Lab Test	100%	Not Covered
Advanced Diagnostic Imaging	100%	Limited to \$800 maximum per test
Semi-Private Room & Board; including Services and Supplies	100%	See footnote 1
Pregnancy & Maternity Care (<i>Pre-Natal Care</i>)	\$10 copay	See footnote 1
Outpatient Facility Services	100%; - exceptions to certain procedures apply ²	See footnote 1 - Ambulatory Center is limited to \$350 maximum per day
Emergency Services (<i>Emergency Room</i>)	\$100 copay (waived if admitted)	
Ambulance (Air or Ground)	\$100 copay per trip	Covered as in-network for true emergency
Durable Medical Equipment	100%	Not Covered
Chiropractic Services	100% (subject to medical necessity)	Not Covered
Acupuncture	100% (limited to 12 visits/cal year) combined with non-network	50% of maximum allowed amount (limited to 12 visits/cal year) combined with network
Hearing Aid	100% limited to \$700/24 months/Aid	See footnote 1
Prescription Drugs		
Out-of-Pocket Maximum	\$1,000 Individual / \$2,500 Family	N/A
Retail (up to 30 days)		
Generic or Tier 1	\$5 copay/Free at Costco*	Not Covered
Brand or Tier 2	\$20 copay	Not Covered
Specialty Drugs	\$20 copay [#]	Not Covered
Mail Order (90-day Supply)		
Generic or Tier 1	Free at Costco*	Not Covered
Brand or Tier 2	\$50copay	Not covered

This is a high-level benefit summary and does not override carrier evidence of coverage booklet.

¹ When using Non-Network PPO Providers, members are responsible for any difference between the maximum allowed and actual charges, as well as any deductible & percentage copay

² Services such as arthroscopy, cataract surgery, colonoscopy, Upper GI with and without biopsy have a limited benefit amount. Make sure you contact Anthem before services rendered or review Anthem Benefit Summary

* Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs.

[#] Specialty drugs are only available through Navitus pharmacy

Walgreen is not part of SISC/Anthem pharmacy network

DENTAL INSURANCE



In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

We will continue to offer Delta Dental HMO and PPO plans. The following chart outlines the dental benefits offered:

Dental Plans Features	DeltaCare Dental (HMO)	Delta Dental (PPO)	
		In-Network	Out-of-Network
Annual Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$50 / \$150
Waived for Preventive	N/A	N/A	Yes
Annual Plan Maximum	Unlimited	\$2,000 / person	
Orthodontia Lifetime Maximum	Various copays apply	\$2,000 / person	
Covered Services			
Diagnostic and Preventive Services	100%	100%	80%
Basic Services	Various copays apply	90%	80%
Endodontics	Various copays apply	90%	80%
Periodontics	Various copays apply	90%	80%
Major Services	Various copays apply	80%	50%
Orthodontia Services Adult	Various copays apply	50%	50%
Dependent Children	Various copays apply	50%	50%
Dental Implants	N/A N/A	\$2,000 / person 50% 50%	

This is a high-level benefit summary and does not override carrier evidence of coverage booklet.

VISION INSURANCE



San Bernardino Community College District’s vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

EyeMed vision plan is offered to all benefit eligible employees.

SBCCD plan will be enhanced to offer EyeMed Freedom Pass¹. That means employees will incur no cost on frames over \$300 from top leading brands such as Oakley, Coach, Ray-Ban, Michael Kors and others if purchased from LensCrafters or Target Optical stores.

If you seek the services of a provider listed in our Eye-Med Preferred Provider online directory, your benefits include the following:

Plan Features	EyeMed	
	In-Network	Out-of-Network
Copay (Exam)	\$10 copay	Covered up to \$40 allowance
Frequency:		
Eye Exam	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Frames	Once every 12 months	Once every 12 months
Contacts	Once every 12 months (in lieu of lenses and frames)	Once every 12 months (in lieu of lenses and frames)
Lenses:		
Single Vision	100%	Covered up to \$35 allowance
Bifocal	100%	Covered up to \$49 allowance
Trifocal	100%	Covered up to \$74 allowance
Standard Progressive	100%	Covered up to \$60 allowance
Contact Lenses:		
Non-elective	100%	Covered up to \$210 allowance
Elective	Covered up to \$200 plus 15% off remaining balance in lieu of lenses and frames	Covered up to \$160 in lieu of lenses and frames
Frames	Covered up to \$300 from participating provider	Covered up to \$150 allowance

This is a high-level benefit summary and does not override carrier evidence of coverage booklet.

1. This offers excludes Chanel, Cartier, Tiffany, Prada, Gucci, Tom Ford and Giorgio Armani frames.

BASIC LIFE INSURANCE



Life insurance can help provide for your loved ones if something were to happen to you. San Bernardino Community College District will provide full-time employees with \$50,000 in group life and \$50,000 in accidental death and dismemberment (AD&D) insurance through Prudential.

San Bernardino Community College District pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. Contact HR if you would like to update your beneficiary information.

SUPPLEMENTAL LIFE AND AD&D INSURANCE



While San Bernardino Community College District offers basic life insurance through Prudential, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? Depending on your needs, you may want to consider buying supplemental coverage.

With supplemental life insurance, you are responsible for paying the full cost of coverage through payroll deductions. You can purchase coverage for yourself or for your spouse in \$10,000 increments.

The employee's minimum coverage level is \$10,000 and the maximum is \$500,000 or five times your annual salary. For new hires, the guaranteed issue coverage is \$200,000 and may not exceed three times the employee's annual salary.

If you declined coverage and you would like to enroll, you will need to provide an evidence of insurability for any amount you select.

Spouse and domestic partners are eligible for coverage up to 60% of the eligible employee's coverage.

You can also select coverage for your child(ren) up to \$10,000.

SUPPLEMENTAL LIFE AND AD&D INSURANCE (continued)

EMPLOYEE/SPOUSE SUPPLEMENTAL LIFE ONLY RATE INFORMATION

The rate is based on your age on July 1 and will automatically increase when you advance into the next higher age bracket. The spouse rate will be based on the employee's age.

- Rates are calculated assuming you receive 10 paychecks per year

<i>Employee / Spouse Age</i>	Tenthly Rate per \$1,000
Less than 30	\$0.048
30-34	\$0.048
35-39	\$0.072
40-44	\$0.108
45-49	\$0.180
50-54	\$0.276
55-59	\$0.468
60-64	\$0.780
65-69	\$1.308
70+	\$2.220

Rates above do not include Accidental Death and Dismemberment, which is available as separate coverage below.

At age 65 the employee's benefit amount will reduce to 65% and 50% when they reach age 70. Qualified dependent benefits will reduce proportionately independent of age when the employee reaches age 65 or 70.

DEPENDENT CHILDREN LIFE RATE INFORMATION

If you are covered for Supplemental Life, you may enroll your Qualified Dependents for the following plan.

Dependent Children	Amount of Insurance*	Tenthly Rate
Option 1	\$2,500	\$0.60
Option 2	\$5,000	\$1.20
Option 3	\$10,000	\$2.40

* The amount of insurance on a dependent will not exceed 100% of the amount for which you are insured under the Optional Employee Term Life coverage.

EXAMPLE: Ann Smith is a 35-year-old who applies for \$100,000 of Voluntary Life Coverage. Steps to calculate her voluntary coverage:

- \$100,000 divided by 1,000 = 100
- 100 times \$0.072 = \$7.20
- Her 10thly premium for \$100,000 of voluntary life is \$7.20

SUPPLEMENTAL LIFE AND AD&D INSURANCE (continued)

SUPPLEMENTAL ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Each eligible employee may purchase additional amounts of coverage on a voluntary basis. The cost of the benefit is \$0.022 per \$1,000 of coverage on a monthly basis regardless of age.

EXAMPLE: Robert Smith applies for \$10,000 in voluntary AD&D, \$6,000 for his spouse and \$2,500 for his child(ren). Steps to calculate his voluntary AD&D coverage:

- $(\$10,000 + \$6,000 + \$2,500)$ divided by 1,000 = 18.5
- 18.5 times \$0.022 = \$0.407
- His 10thly premium for himself, spouse and child is \$0.49

QUALIFIED DEPENDENTS

If employee elects to cover their spouse and dependent children, benefit amounts will be as follows:

- Spouse or Registered Domestic Partner – 60% of employee’s principal amount
- Child(ren) – 25% of employee’s principal amount (not to exceed \$10,000)

EMPLOYEE ASSISTANCE PROGRAM



The following services are provided by Anthem Blue Cross EAP services at no additional cost to SBCCD employees and their household. Below is a summary of the plan offered:

WHAT IS AN EAP?

An Employee Assistance Program, or EAP, is designed to help you cope with emotional health, family and other personal problems. Employers provide an EAP to help their employees be happy, healthy and productive.

WHO CAN USE THESE SERVICES?

Any family members, in any state, can call and use the services. EAP services are not limited to family members on your health plan. They must only identify that their family member works at San Bernardino CCD or is associated with SISC.

EMPLOYEE ASSISTANCE PROGRAM (continued)

WHAT KINDS OF CONCERNS ARE COVERED?

The EAP is designed to help with any concern or problem affecting your behavioral health, well-being, or even job performance. Typical concerns may include, but are not limited to emotional, marital, financial, interpersonal addiction and recovery, legal, stress, and more. Daycare and eldercare referral services.

HOW WILL THE EAP HELP ME?

Call (800) 999-7222 to speak with an EAP professional or visits www.anthemEAP.com and enter SISC

EAP is available 24/7 including holidays.

This plan may include assessment, brief sessions, and / or referral to other helpful resources. All contact with the EAP is strictly confidential.

FLEXIBLE SPENDING ACCOUNTS



Paying for health care can be stressful. That's why SBCCD offers an employer-sponsored flexible spending account (FSA).

WHAT ARE THE BENEFITS OF AN FSA?

There are a variety of different benefits of using an FSA, including the following:

- **It saves you money.** Allows you to put aside money tax-free that can be used for qualified medical expenses.
- **It's a tax-saver.** Since your taxable income is decreased by your contributions, you'll pay less in taxes.
- **It is flexible.** You can use your FSA funds at any time, even if it's the beginning of the year.

You cannot stockpile money in your FSA. **If you do not use it, you lose it except for a rollover up to \$500.** You should only contribute the amount of money you expect to pay out of pocket that year.

HOW DO I ENROLL?

In order to participate in the plan for 2020-2021, you must enroll with an American Fidelity Representative during Open Enrollment. For a complete list of what the IRS considers eligible health care expenses, go to www.afadvantage.com. Up to \$2,750 pre-tax income per plan year may be withheld from your paycheck to use for eligible medical expenses.

FLEXIBLE SPENDING ACCOUNTS (continued)

HOW WILL THE CHANGE IN PLAN YEAR AFFECTS MY FSA ENROLLMENT?

SBCCD will continue to partner with American Fidelity for this program. Due the change in the benefit plan year, your enrollment in this program will start July 1, 2020 through June 30, 2021. You will have to enroll again from July 1, 2021 through September 30, 2021. After that you will be able to enroll for a full plan year starting October 1, 2021.

WHAT IS A DEPENDENT CARE FSA?

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. The maximum amount you may contribute each year is \$5,000 (or \$2,500 if married and filing separately). In order to participate in the plan for 2020-2021, you must enroll with an American Fidelity Representative during Open Enrollment.

SMARTFLEX DEBIT CARD

The SmartFlex Debit Card will be provided to you at no charge if you choose to receive one. For more information, speak with an American Fidelity representative.

EXAMPLE	Paying Bill with After-Tax Dollars	Paying \$1,000 with Pre-Tax Dollars, Paying Taxes Only on the Difference
Money Earned	\$1,587	\$1,587
Income Taxes Withheld	\$587	\$217
Amount of Bill Paid	\$1,000	\$1,000
Money Left Over as Extra Spending Money	\$0	\$370

QUESTIONS & ANSWERS

What changes are effective JULY 1, 2020?

- Changes to the Kaiser medical plans
- Change from Blue Shield to Blue Cross of California
- Change in mail order pharmacy provider from Blue Shield to Navitus
- PPO dental plan orthodontia and implants maximum will increase to \$2,000

I am not making any changes to my benefits do I need to re-enroll again?

Yes. Due to the change in the medical plans and employee cost, we ask employees to re-enroll in their benefits.

If you do not re-enroll, the District will automatically enroll in you and your enrolled dependents in the lowest cost medical plan, determined by your current 2019/2020 medical insurance carrier. For example, if you are enrolled in a Kaiser medical plan and do not take any action during Open Enrollment, you will be auto enrolled in the Kaiser \$30 plan. If you are currently enrolled in a Blue Shield medical plan and do not take any action during Open Enrollment, you will be auto enrolled in the Anthem Blue Cross Select HMO medical plan.

For the dental and vision plans, you and your enrolled dependents will continue the same dental and vision plans you had in 2019/2020 in the 2020/2021 plan year, if you do not take any action during Open Enrollment.

You will need to also re-enroll in the FSA or Dependent Care program on an annual basis by contacting American Fidelity.

Do I need to re-enroll in the Prudential supplemental life if I am enrolled now and approved?

No. If you are currently enrolled in this program and if you were approved for an amount over the guaranteed issue you do not have to re-enroll again.

Are there any forms to complete?

No, all changes must be made via American Fidelity online portal. If you have any questions you can contact Human Resources at 909-382-4040.

What is the last day I can make changes during open enrollment?

All changes are due no later than Friday May 15th. Please make sure you adhere to this timeline due to IRS Section 125 guidelines.

Will my mail order prescription be automatically rolled over?

This change will affect Anthem HMO and PPO members. Your mail order these will not automatically roll over. Costco Pharmacy can be reached at 1-800-607-6861.

This change will not affect Kaiser members.

I have been on my current medication for quite a while, but the prescription was denied, and I was told that I needed to go through Step Therapy, what do I do?

Many Brand name prescriptions have equivalent medications with the same clinical outcome at a fraction of the cost. To contain costs for both the District and its members, Navitus has determined that patients should try the lower cost drugs before they will approve the higher cost drugs. The first step is to call Navitus at 1 (866) 333-2757, to get a list of lower cost alternatives, then talk to your doctor about which is the best option for you. If you have been through Step Therapy before, or there is a medical reason you cannot take the lower cost drug, you and your doctor will need to provide information to Navitus to obtain an exception.

Can I call American Fidelity customer service to enroll in my medical, dental, vision and life benefit?

No. All benefit enrollments must be completed online via <https://americanfidelity.com/pages/san-bernardino-community-college-district/>

If you would need to enroll or re-enroll in the FSA program or in an American Fidelity product such as cancer policy, whole life, disability or accident then you can contact their customer service or schedule a one-on-one appointment to discuss your options.

American Fidelity cannot assist you to enroll in medical, dental, vision or life coverages.

Will I have the same primary care physician with Anthem as I did with Blue Shield?

We cannot guarantee that your primary care doctor or medical group will be part of the Anthem Blue Cross plans.

We highly encourage members to either visit Anthem Blue Cross of California website to confirm if your doctor is part of the HMO network or contact Anthem Blue Cross member services at 800-825-5511 as of May 1st to ask if your primary care physician is part of the Select or California Care networks.

I received my new Anthem ID card and it is showing the incorrect primary care physician, what should I do?

You will need to contact Anthem Blue Cross member services at 800-825-5511 as soon as possible and before you receive services to make the correction. Do not wait until to make the change and check your card as soon as you receive it.

Can my family have different primary care physician and medical groups under the Anthem Blue Cross HMO plans?

Yes. Make sure you contact Anthem Blue Cross to make any primary care physician changes. Every family member that is on the Anthem HMO will receive their own ID card showing their own medical group and primary care physician names.

Can I change primary care physician on Anthem HMO plans?

Yes you can make the change on a monthly basis. Make sure you contact Anthem Blue Cross to make any primary care physician changes and before you receive services by the new primary care physician.

Annual Required Notifications

Women's Health & Cancer Rights Act (WHCRA)

Under the Women's Health and Cancer Rights Act of 1998, when a person insured for benefits under your health plan who has had a mastectomy (at any time) decides to have breast reconstruction, based on consultation between the attending physician and the patient, the following benefits will be subject to the same coinsurance and deductibles that apply to other medical and surgical benefits provided under the Plan:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications in all stages of mastectomy, including lymphedemas.

Please refer to your EOC for more information on deductibles and coinsurance. If you have any questions about your benefits under your health plan, please contact your health plan or the Human Resources Department.

Newborns' and Mothers' Health Protection Act of 1996

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).

Reminder of Availability of HIPAA Privacy Notice

This notice is to remind plan participants and beneficiaries of the San Bernardino CCD health plans in accordance with the Health Insurance Portability and Accountability Act (HIPAA), the Plans maintains policies and practices to protect the confidentiality of protected health information (PHI) it receives about you and your covered dependents. These policies and practices are documented in the San Bernardino CCD United Healthcare Health Plan Privacy Notice.

You can obtain a paper copy of this Notice free of charge upon your written request to the Plan Privacy Officer at the following address:

San Bernardino Community College District
200 E. Hospitality Lane, Suite 200
San Bernardino, CA 92408
Phone 909-382-4000

For a copy of the HIPAA Privacy Notice applicable to your fully insured health care plan(s), please contact your insurance carrier. Contact information for San Bernardino CCD's insurance carrier is listed in your Summary Plan Description (SPD).

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage.

However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. To request special enrollment or obtain more information, contact Janae Jacoby.

Important Notice 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 San Bernardino 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. San Bernardino Community College District has determined that the prescription drug coverage offered by SBCCD Medical Plans are, on average for all plan participants, expected to payout 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.

WELCOME TO SAN BERNARDINO COMMUNITY COLLEGE DISTRICT OPEN ENROLLMENT

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 current San Bernardino CCD coverage will be affected. If you decide to join a Medicare drug plan and drop your current San Bernardino CCD prescription drug coverage, be aware that you and your dependents will not be able to get this coverage back.

See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.] If you do decide to join a Medicare drug plan and drop your current San Bernardino CCD coverage, be aware that you and your dependents will not be able to get this coverage back. *Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.*

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 San Bernardino CCD 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 November to join.

More Information About Your Options Under Medicare Prescription Drug Coverage

Contact the office 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 San Bernardino CCD changes. You also may request a copy of this notice at any time.

For More Information About This Notice or Your Current 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 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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325- 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 July 1, 2020
Name of Entity San Bernardino Community College District
Address 550 E Hospitality Lane, Suite 200
San Bernardino, CA 92408
Phone Number 909-382-4000

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).

For more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)
OMB Control Number 1210-0137 (expires 1/31/2023)

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

Continuation of Coverage Rights under COBRA

You’re getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan’s Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse’s plan), even if that plan generally doesn’t accept late enrollees.

Continuation of Coverage Rights under COBRA (continued)

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event.

Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you’re an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you’re the spouse of an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee’s hours of employment are reduced;
- The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

Continuation of Coverage Rights under COBRA (continued)

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to:

San Bernardino Community College District
550 E Hospitality Lan, Suite 200
San Bernardino, CA 92408
Phone 909-382-4000

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. To request an extension due to disability, please notify:

San Bernardino Community College District
550 E Hospitality Lan, Suite 200
San Bernardino, CA 92408
Phone 909-382-4000

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Continuation of Coverage Rights under COBRA (continued)

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions...

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security

Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

San Bernardino Community College District
550 E Hospitality Lan, Suite 200
San Bernardino, CA 92408
Phone 909-382-4000



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB 1210-0149
(expires No. 4-30-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost—sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer—offered coverage. Also, this employer contribution as well as your employee contribution to employer—offered coverage is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

For more information about your coverage offered by your employer, please check your summary plan description or contact: **Janae Jacoby, HR Analyst, (909) 382-4042, jjacoby@sbccd.cc.ca.us**

¹An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Employer name San Bernardino Community College District	Employer Identification Number (EIN) 95-6002754	
Employer address 550 E Hospitality Lan, Suite 200	Employer phone number (909) 382-4000	
City San Bernardino	State CA	ZIP code 92408
Who can we contact at this job? Janae Jacoby, Human Resources Analyst		
Phone number (if different from above) (909) 382-4042	Email address: jjacoby@sbccd.cc.ca.us	

Here is basic information about health coverage offered by San Bernardino Community College District.

- As your employer, we offer a health plan to:
 - All employees. Eligible employees are:
 - Classified and Management Employees working a minimum of 20 hours per week and a minimum of 30 hours per week for Certified Employees**
 - Some employees. Eligible employees are:
- With respect to dependents:
 - We do offer coverage. Eligible dependents are:
 - Legal Spouse, registered domestic partner, and children to the age of 26.**
 - We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you, is intended to be affordable, based on employee wage.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee, or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here’s the employer information you’ll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

If you are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.

Contact Information

SBCCD Benefit Team

Cory Elmore - Associate Director HR	(909) 388.6940 or celmore@sbccd.edu
Janae Jacoby - HR Analyst	(909) 388.6942 or jjacoby@sbccd.edu
Melanie Gonzales - HR Generalist	(909) 388.6944 or mgonzales@sbccd.edu

Insurance Carriers /Administrators

Anthem Blue Cross of California

HMO / PPO Customer Service (800) 825.5541
www.anthem.ca.com/sisc

Kaiser California

Customer Service (800) 464.4000
www.kp.org

Navitus Rx - Anthem Members

Customer Service (866) 333.2757
www.navitus.com

EyeMed Vision

Customer Service (866) 939.3633
www.eyemed.com

Anthem Blue Cross EAP Program

Customer Service (800) 999.7222
www.anthemeap.com

Advance Medical

Customer Service (855) 201.9925
www.advance_medical.net/sisc

Delta Dental

DeltaCare Dental (800) 422.4234
Delta Dental PPO (866) 499.3001
www.deltadentalins.com

American Fidelity

Customer Service (800) 662.1113
www.afadvantage.com

American Specialty Health

Customer Service (800) 848.9180
www.ashcompanies.com

Prudential

Customer Service (800) 778.2255
www.prudential.com

MDLive (SISC PPO and HMO)

Customer Service (800) 657.6169
www.mdlive.com/sisc

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by SBCCD. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact SBCCD Benefit Team.