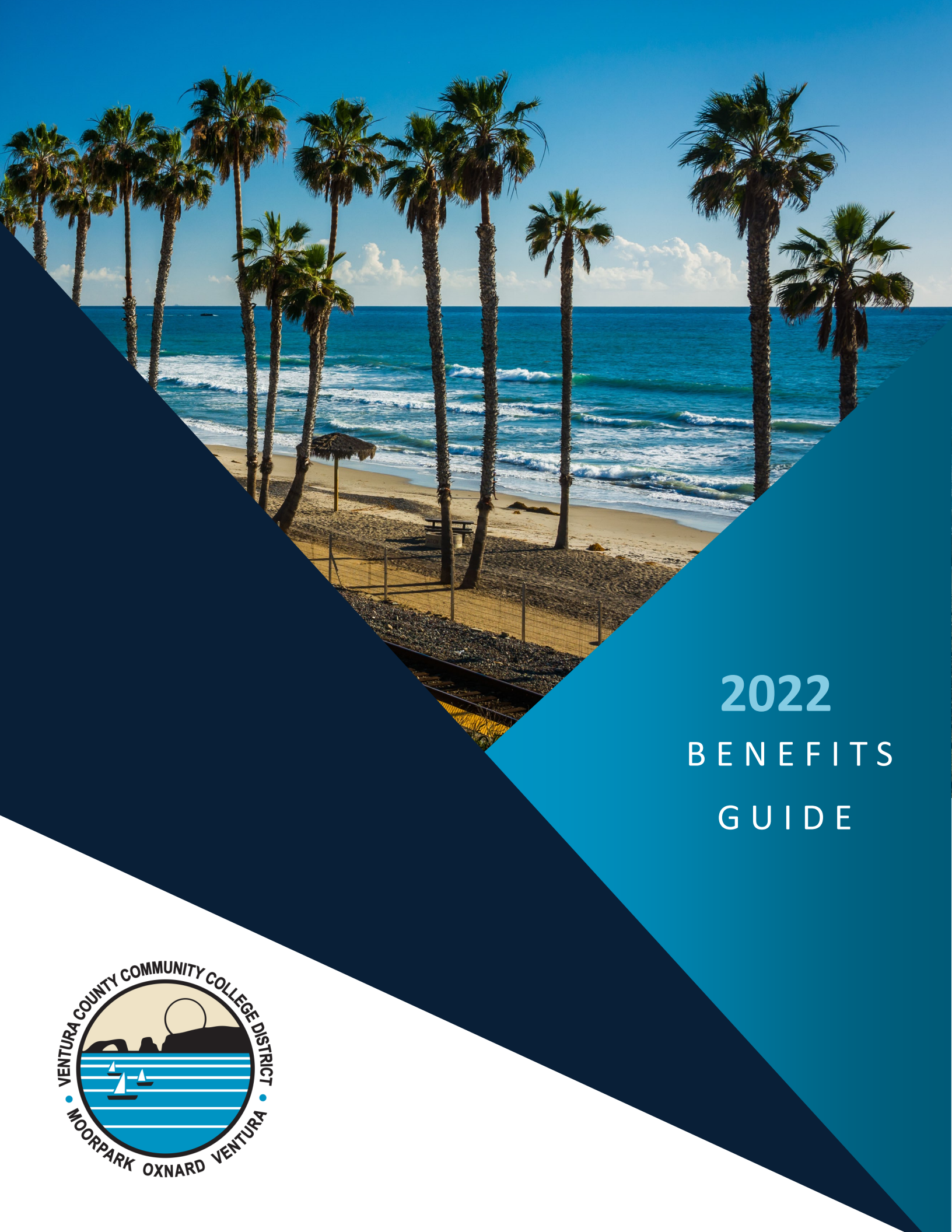




2022 BENEFITS GUIDE



Welcome to Your Ventura County Community College District

Employee Benefits

Ventura County Community College District is pleased to offer a robust benefits program to employees. This guide provides a summary of your benefit options and is designed to help you make choices and enroll in coverage. If you would like more information about any of the benefits described here, please contact Human Resources.

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Important Information | ACA and SBC's

The Affordable Care Act and You

Even though the Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been reduced to zero, if you are a taxpayer in California, you will still be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2021 tax year. In addition, several other states, including Massachusetts, New Jersey, and Vermont, as well as the District of Columbia, have reinstated an individual mandate requirement, and others are considering doing so. You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by the district or another group medical plan;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.
- Have no coverage and incur a tax penalty;

Because the District's Kaiser Permanente medical plan is considered affordable and meet minimum value under Health Care Reform, you will not generally see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost if you choose to purchase coverage through the marketplace. For more information on your coverage options, please visit www.healthcare.gov.



For More Information on the Affordable Care Act

To learn more about the Affordable Care Act, visit www.healthcare.gov.

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage, referred to as a Summary of Benefits and Coverage (SBC). This guide is designed to help you understand the medical plan options offered to you by the District. Please refer to the SBCs and carrier contracts provided by our health plan carriers for additional plan details.

You may also contact the U.S. Department of Health and Human Services at www.hhs.gov.

Enrollment Information

Who May Enroll

If you are a regular employee working at least 20 hours per week, you and your eligible dependents may participate in the Ventura County Community College District benefits program. Your eligible dependents include:

- Legally married spouse
- Registered domestic partner
- Children under age 26 regardless of student or marital status or employment.

When You Can Enroll

As an eligible employee, you may enroll at the following times:

- As a new hire, you may participate in the company's benefits program. EyeMed Vision coverage begins the first day of employment; Medical, Dental and Life will begin the first of the month following employment if enrollment forms are received before the first of the month.
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment below)
- You may enroll in Voluntary Life and AD&D insurance as a new hire and during open enrollment, subject to proof of good health and carrier approval

How to Enroll

You must complete the enrollment process within 30 days of your hire date or a status change (described under *Changes to Enrollment* below).

Changes To Enrollment

Our benefit plans are effective January 1st through December 31st of each year. There is an annual open enrollment period each year, during which you can make new benefit elections for the following January 1st effective date. Once you make your benefit elections, you cannot change them during the year unless you experience a qualifying event as defined by the IRS. Examples include, but are not limited to the following:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a state's premium assistance program under Medicaid or CHIP

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. Please contact Human Resources immediately following a qualifying event to complete the appropriate election forms as needed. If you do not update your coverage within 30 days from the qualifying event, you must wait until the next annual open enrollment period to update your coverage.



Online Carrier Resources

Take advantage of the online resources available through our insurance carriers. You can locate network providers, manage your claims, obtain health and wellness information, and much more. Insurance carrier website addresses are located on page 15 of this guide.

Medical Benefits

Medical Plan Options

Ventura County Community College District provides regular, full time employees with ten medical plans to choose from, including; two Blue Shield of California HMO Plans, two Health Net HMO Plans, one Kaiser HMO Plan, two United Healthcare HMO Plans, one Sharp HMO Plan and two Anthem Blue Cross PPO plans. See the following pages for highlights of each plan. Employees are eligible on the first of the month following their hire date if enrollment forms are received before the eligibility date passes. Employees have 30 days from their date of hire in which to enroll.

About the HMO Plans

With this plan you must select a Primary Care Physician (PCP who coordinates and manages your health care services). Your PCP provides routine care and refers you to specialists when necessary. You may choose a different PCP for each family member. Non-PCP referred services are not eligible for coverage under this plan, except in emergency situations.

About the Anthem Blue Cross PPO Plans

Each of the Anthem Blue Cross Preferred Providers Organization (PPO) plans utilizes a PPO network through Anthem Blue Cross of California and is administered by CalPERS. A PPO plan provides for both in-network and out-of-network benefits. Employees and their dependents can choose, at time of care, whether to use in-network or out-of-network providers.

PPO—Maximum Calendar Year Medical & Pharmacy Financial Responsibility

There is a Maximum Calendar Year Financial Responsibility of \$8,700 per Member and \$17,400 per family. This maximum financial responsibility is broken down into a maximum medical responsibility (\$6,700 per Member and \$13,400 per family) and maximum Pharmacy responsibility (\$2,000 per Member and \$4,000 per family). The maximum medical responsibility, in general, is accumulated by the Calendar Year Deductible, Coinsurance, and Copayments, for services provided by Preferred Providers.

The Benefits of Using In-Network Providers for the PPO Plans

There are significant advantages to using in-network providers for your medical care, such as negotiated rates (up to 30%-40% discounts), no balance billing, self-referrals to in-network specialist and no claim forms required.

We encourage all employees to locate an in-network provider for you and for your family members. Establishing a relationship with your provider through routine annual check-ups assists your doctor in managing your overall care and well-being. We also encourage you to locate the nearest urgent care facilities to your home. Knowing where to access the most convenient and cost effective care before a situation arises can save you both time and money.

Finding In-Network Medical Providers

CalPERS Plans: To locate:

Anthem Blue Cross providers, visit www.anthem.com/ca/calpers

Blue Shield providers, visit www.blueshieldca.com/calpers

Health Net providers, visit www.healthnet.com/calpers

United Healthcare providers, visit www.unitedhealthcare.com/calpers

Kaiser Permanente providers, visit www.kaiserpermanente.org/calpers

SHARP providers, visit www.calpers.sharphealthplan.com



Video – Learn About Medical Plan Terms

Medical plan terms, such as deductibles, copays, coinsurance and out-of-pocket maximums, can sometimes be confusing. For a quick video that shows how these work, visit <http://video.burnhambenefits.com/terms>.



PPO Medical Benefits

	PERS Platinum PPO (Anthem)		PERS Gold PPO (Anthem)	
	Network	Non-Network	Network	Non-Network
Medical Benefits	Prudent Buyer PPO		Select PPO	
Lifetime Maximum Benefit	Unlimited		Unlimited	
Deductible (Annual)				
– Individual	\$500	\$500	\$1,000 ⁽¹⁾	\$1,000 ⁽¹⁾
– Family	\$1,000	\$1,000	\$2,000 ⁽¹⁾	\$2,000 ⁽¹⁾
Coinsurance (Plan Pays)	90%	60%	80%	60%
Office Visit Copay				
– Primary Care Physician	\$20 Copay	Ded, 40%	\$10 / \$35 Copay ⁽³⁾	Ded, 40%
– Specialist Office Visit	\$35 Copay	Ded, 40%	\$35 Copay	Ded, 40%
Medical Out-of-Pocket Maximum				
Coinsurance: Individual / Family	(excluding pharmacy) \$2,000 / \$4,000	None	(excluding pharmacy) \$3,000 / \$6,000	None
Medical: Individual / Family ⁽⁴⁾	\$6,700 / \$13,400 ⁽⁴⁾		\$6,700 / \$13,400 ⁽⁴⁾	
Hospitalization				
– Deductible (per admission)	\$250	\$250	\$500 ⁽²⁾	\$500 ⁽²⁾
– Inpatient	Ded, 10%	Ded, 40%	Ded, 20% ⁽²⁾	Ded, 40%
– Outpatient	Ded, 10%	Ded, 40%	Ded, 20% ⁽²⁾	Ded, 40%
Lab and X-Ray	Ded, 10%	Ded, 40%	Ded, 20%	Ded, 40%
Emergency Services	\$50 Copay (waived if admitted) Ded, 10%		\$50 Copay (waived if admitted) Ded, 20%	
Urgent Care	\$35 Copay	Ded, 40%	\$35 Copay	Ded, 40%
Preventive Care	No Charge	Ded, 40%	No Charge	Ded, 40%
Chiropractic/Acupuncture	\$15 Copay	Ded, 40%	\$15 Copay	Ded, 40%
	Max 20 Visits/Year		Max 20 Visits/Year	
Pharmacy Benefits				
RX Out-of-Pocket Maximum				
- Individual / Family	\$2,000 / \$4,000	N/A	\$2,000 / \$4,000	N/A
Retail Pharmacy				
– Generic Drugs	\$5 Copay	Not covered	\$5 Copay	Not covered
– Preferred Brand Drugs	\$20 Copay		\$20 Copay	
– Non-Preferred Drugs	\$50 Copay		\$50 Copay	
– Supply Limit	30 Days		30 Days	
Retail Pharmacy				
Maintenance filled after 2nd fill				
– Generic Drugs	\$10 Copay	Not covered	\$10 Copay	Not covered
– Preferred Brand Drugs	\$40 Copay		\$40 Copay	
– Non-Preferred Drugs	\$100 Copay		\$100 Copay	
– Supply Limit	90 Days		90 Days	
Mail Order Pharmacy				
Maximum copay per person				
– Generic Drugs	\$1,000	Not covered	\$1,000	Not covered
– Preferred Brand Drugs	\$10 Copay		\$10 Copay	
– Non-Preferred Drugs	\$40 Copay		\$40 Copay	
– Supply Limit	\$100 Copay 90 Days		\$100 Copay 90 Days	

(1) Incentives available to reduce individual deductibles (max. \$500) or family deductible (max \$1,000) include: getting a biometric screening (\$100 credit); receiving a flu shot (\$100 credit); getting a non-smoking certification (\$100 credit); getting a virtual second opinion (\$100 credit); and getting a condition care certification (\$100 credit).

(2) Coinsurance waived for deliveries if enrolled in Future Moms Program.

(3) Reduced to \$10 if enrolled with personal doctor.

(4) The maximum medical responsibility, in general, is accumulated by the Calendar Year Deductible, Coinsurance, and Copayments, for services provided by Preferred Providers.

HMO Medical Benefits

	United Healthcare SignatureValue Harmony HMO	United Healthcare SignatureValue Alliance HMO	Blue Shield Trio HMO	Blue Shield Access + HMO
	SignatureValue Harmony	SignatureValue Alliance	Trio	Access+
Medical Benefits				
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Deductible (Annual)				
– Individual	\$0	\$0	\$0	\$0
– Family	\$0	\$0	\$0	\$0
Coinsurance (Plan Pays)	100%	100%	100%	100%
Office Visit Copay				
– Primary Care Physician	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
– Specialist Office Visit	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
– Trio/Access+ Specialist			\$30 Copay	\$30 Copay
Medical Out-of-Pocket Max	(excluding pharmacy)	(excluding pharmacy)	(excluding pharmacy)	(excluding pharmacy)
– Individual / Family	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000
Hospitalization				
– Inpatient	No Charge	No Charge	No Charge	No Charge
– Outpatient	No Charge	No Charge	No Charge	No Charge
Lab and X-Ray	No Charge	No Charge	No Charge	No Charge
Emergency Services (waived if admitted)	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Urgent Care	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
Preventive Care	No Charge	No Charge	No Charge	No Charge
Chiropractic/Acupuncture	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
	Max 20 Visits/Year	Max 20 Visits/Year	Max 20 Visits/Year	Max 20 Visits/Year
Pharmacy Benefits				
RX Out-of-Pocket Max - Individual / Family	\$7,200 / \$14,400	\$7,200 / \$14,400	\$7,200 / \$14,400	\$7,200 / \$14,400
Retail Pharmacy				
– Generic Drugs	\$5 Copay	\$5 Copay	\$5 Copay	\$5 Copay
– Preferred Brand Drugs	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay
– Non-Preferred Drugs	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
– Supply Limit	30 Days	30 Days	30 Days	30 Days
Retail Pharmacy Maintenance filled after 2nd fill				
– Generic Drugs	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
– Preferred Brand Drugs	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay
– Non-Preferred Drugs	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
– Supply Limit	90 Days	90 Days	90 Days	90 Days
Mail Order Pharmacy				
Maximum copay per person	N/A	N/A	\$1,000	\$1,000
– Generic Drugs	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
– Preferred Brand Drugs	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay
– Non-Preferred Drugs	\$40 Copay	\$100 Copay	\$100 Copay	\$100 Copay
– Supply Limit	31-100 Days	90 Days	90 Days	90 Days

HMO Medical Benefits

	Health Net HMO	Anthem HMO	Kaiser Permanente HMO	Sharp HMO
	Salud or SmartCare	Traditional or Select	Kaiser Facilities Only	Performance Plus
Medical Benefits				
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Deductible (Annual)				
– Individual	\$0	\$0	\$0	\$0
– Family	\$0	\$0	\$0	\$0
Coinsurance (Plan Pays)	100%	100%	100%	100%
Office Visit Copay				
– Primary Care Physician	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
– Specialist Office Visit	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
– Trio/Access+ Specialist	N/A	N/A	N/A	N/A
Medical Out-of-Pocket Max	(excluding pharmacy)	(excluding pharmacy)	(excluding pharmacy)	(excluding pharmacy)
– Individual / Family	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000
Hospitalization				
– Inpatient	No Charge	No Charge	No Charge	No Charge
– Outpatient	No Charge	No Charge	\$15 Copay	\$15 Copay
Lab and X-Ray	No Charge	No Charge	No Charge	No Charge
Emergency Services <i>(waived if admitted)</i>	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Urgent Care	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
Preventive Care	No Charge	No Charge	No Charge	No Charge
Chiropractic /Acupuncture	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
	Max 20 Visits/Year	Max 20 Visits/Year	Max 20 Visits/Year	Max 20 Visits/Year
Pharmacy Benefits				
RX Out-of-Pocket Max				
– Individual / Family	\$7,200 / \$14,400	\$7,200 / \$14,400	\$7,200 / \$14,400	\$7,200 / \$14,400
Retail Pharmacy				
– Generic Drugs	\$5 Copay	\$5 Copay	\$5 Copay	\$5 Copay
– Preferred Brand Drugs	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay
– Non-Preferred Drugs	\$50 Copay	\$50 Copay	\$20 Copay	\$50 Copay
– Supply Limit	30 Days	30 Days	30 Days	30 Days
Retail Pharmacy <i>Maintenance filled after 2nd fill</i>				
– Generic Drugs	\$10 Copay	\$10 Copay	N/A	\$10 Copay
– Preferred Brand Drugs	\$40 Copay	\$40 Copay		\$40 Copay
– Non-Preferred Drugs	\$100 Copay	\$100 Copay		\$100 Copay
– Supply Limit	90 Days	90 Days		90 Days
Mail Order Pharmacy <i>Maximum copay per person</i>				
– Generic Drugs	\$1,000	\$1,000	N/A	\$1,000
– Preferred Brand Drugs	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
– Non-Preferred Drugs	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay
– Supply Limit	\$100 Copay	\$100 Copay	\$40 Copay	\$100 Copay
	90 Days	90 Days	31-100 Days	90 Days

Dental Benefits

DeltaCare | DHMO Dental Plan

With the Dental Health Maintenance Organization (DHMO) plan through Delta Dental, you are required to select a general dentist to provide your dental care. You will contact your general dentist for all of your dental needs, such as routine check-ups and emergency situations. If specialty care is needed, your general dentist will provide the necessary referral. For covered procedures, you'll pay the pre-set copay or coinsurance fee described in your DHMO plan booklet. Please keep a copy of your booklet to refer to when utilizing your dental care. This will show the applicable copays that apply to all of the dental services that are covered under this plan.

Delta Dental PPO Plus Premier Plan

This plan allows you to access services from any dentist you wish. When you utilize in-network dentists, your out-of-pocket expenses will be less. When you obtain services from out-of-network dentists, you will be responsible for the difference between the covered amount (Usual, Customary and Reasonable, or UCR) and the actual charges, and you may be responsible for filing claims.

You receive 70% coverage for most services during your first year in the plan. Your coverage will increase by 10% each year (to a maximum of 100%) provided you visit the dentist at least once during the year. If you do not use the plan in a given year, the percentage remains at the level attained the previous plan year. If you become ineligible for benefits and later regain eligibility, your coverage will start at 70%.

Provisions	DeltaCare HMO	Delta Dental PPO Plus Premier Plan	
	In-Network Only	In-Network	Out-of-Network
Calendar Year Deductible	None	None	
Calendar Year Maximum Benefit	Unlimited	\$1,700	\$1,500
Diagnostic and Preventive Care	Plan pays	Plan pays	
Exams, Cleanings, X-rays	100% covered	70% – 100%	70% – 100% of UCR
Basic Care	Plan pays	Plan pays	
Fillings, Simple Extractions, Sealants, Endodontics, Periodontics, Oral Surgery	Copays vary; see Plan Summary for details	70% – 100%	70% – 100% of UCR
Major Care	Plan pays	Plan pays	
Crowns, Inlays, Onlays, Cast Restorations	Copays vary; see Plan Summary for details	70% – 100%	70% – 100% of UCR
Prosthodontics	Plan pays	Plan pays	
Dentures, Bridges	Copays vary; see Plan Summary for details	70%	50% of UCR
Implants	Not covered	70%	50% of UCR
Orthodontia	Plan pays	Plan pays	
Children Up to Age 26 and Adults	Copays vary; see Plan Summary for details	Not covered	



Finding In-Network Dental Providers

Go to www.deltadentalins.com or call 1- (866) 499-3001 for a Delta Dental PPO provider. PPO participants should refer to the Delta Dental network when prompted.

Note: We strongly recommend you ask your dentist for a predetermination. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

Vision Benefits

EyeMed Vision

You receive vision coverage through EyeMed Vision Benefits. With this plan, you receive greater benefits if you utilize a network provider. If you access services from an out-of-network provider, you are responsible for paying all charges at the time of your appointment and will be required to file an itemized claim with EyeMed.

	EyeMed Vision Plan	
	In-Network (Insight)	Out-of-Network
Vision Exam		
Copay	No charge	Covered up to \$40
Frequency	Once every 12 months	
Eyeglasses		
Frames	Covered up to \$180, then 20% discount	Covered up to \$91
Lenses		
– Single Vision	No charge	Covered up to \$30
– Bifocal	No charge	Covered up to \$50
– Trifocal	No charge	Covered up to \$70
– Lenticular	No charge	Covered up to \$70
– Progressive Standard	No charge	Covered up to \$50
Frequency	Once every 12 months	
Contact Lenses		
Medically Necessary	No charge	Covered up to \$300
Elective	Covered up to \$130, then 15% discount	Covered up to \$91
Frequency	Once every 12 months in lieu of frames and lenses	



Finding In-Network EYEMED Vision Provider

Go to **www.EyeMed.com** or call **(866) 939-3633** and refer to the Insight Network when prompted.

Employee Assistance Program (EAP)

Employee Assistance Program

The Employee Assistance Program provided through UNUM provides you and your household members with free, confidential assistance to help with personal or professional problems that may interfere with work or family responsibilities



Accessing the EAP

To access EAP benefits, go to **www.unum.com/lifebalance** or call **1(800) 854-1446**

Income Protection

UNUM | Basic Life Insurance

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the company, Ventura County Community College District pays for coverage, offered through Unum, in the amount of:

Basic Life and AD&D Insurance

Carrier	Unum
Employee Plan Benefits – Life Insurance – Accidental Death & Dismemberment Insurance (AD&D)	\$50,000 \$50,000; partial benefits paid for accidents that result in serious injuries (e.g., loss of limbs or eyesight)
How Long Benefits Last – Employee	Employee plan benefits reduce by – 30% when you reach age 65 – 55% at age 70 – 70% at age 75 – 80% at age 80 Coverage stops when you retire or when your employment ends
Employee Contribution	None; cost for coverage paid by Ventura County Community College District

UNUM | Optional Life and Accident Insurance

Optional Group Life and AD&D Insurance

Carrier	UNUM
Plan Benefits – Employee – Spouse – Child(ren)	You may purchase coverage in increments of \$10,000 to a maximum of five times your annual earnings or \$500,000, whichever is less You may purchase coverage for your spouse in increments of \$5,000 to a maximum of \$250,000; coverage cannot exceed 100% of the employee coverage amount You may purchase coverage for your child(ren) age 15 days—26 years in increments of \$5,000 to a maximum of \$10,000
Evidence of Insurability	All elections above the guarantee issue amount require an Evidence of Insurability form to be submitted to Unum before coverage is approved
Accelerated Death Benefit	75% of benefit
Portability	If you leave employment for reasons other than retirement or disability, you may convert your Optional Life and AD&D Insurance into an individual policy
Waiver of Premium	If you become totally disabled while active and insured before your 60th birthday, the premium is waived
Employee Contribution	100% employee paid
Guarantee Issue amount	Employee: \$150,000 Spouse: \$25,000 Child(ren): \$10,000

Income Protection | Voluntary Benefits

American Fidelity Voluntary Plans

The District provides you with the opportunity to customize your financial protection coverage through American Fidelity voluntary plans. These plans can help protect your income, assets and family security in the event of an injury or illness.

POST TAX BENEFITS

Disability Income Insurance

This plan pays a monthly benefit amount based on a percentage of your gross income if you can't work due to a disability or illness. You pay for coverage on an after-tax basis and you can choose from several waiting periods (how long before disability benefits begin) and premiums are not required while you are disabled, based on the length of your disability.

Whole Life Insurance

Whole life insurance can pay money to your loved ones when you die, but it offers additional value as well. This plan features a "living" benefit. If you are diagnosed with a terminal illness with life expectancy of one year or less, you can request that some or all of the death benefit be paid to you while you are living.

With whole life insurance, your policy can build cash value over time. You can use this cash value later in life to buy a smaller "paid-up" policy with no more premiums due.

Term Life Insurance

Term life insurance is an affordable way to leave your loved ones money when you die. They can use it to help pay for housing and other expenses, including your final arrangements. This plan also includes the Accidental Death & Dismemberment (AD&D) benefit. With this benefit, the policy pays more money if you die in a covered accident. If you survive a serious accident, it can pay you money for certain severe injuries, such as loss of vision, hearing and limbs.

PRETAX BENEFITS

Cancer Insurance

If you or a family member are diagnosed with cancer, this plan may help ease the impact on your finances. Benefit payments are made directly to you. You choose the coverage option that fits best for you. There are more than 25 plan benefits available for cancer treatment, including wellness and early detection. Radiation, chemo and hormone therapy are covered, as is treatment related transportation and lodging.

Accident Only Insurance

This limited Benefit Accident Only Insurance plan can help pay for expenses that can result from a covered accident. The plan provides for 24-hour coverage for accidents that occur both on and off the job and can help offset your medical expenses. With over 30 plan benefits available, you have the opportunity to choose the plan that best fits you and your family.

403(b) Plan

Participating in a 403(b) plan allows you to prepare for your retirement so that you can enjoy things you may not have been able to during your working years. It allows you to put pretax contribution which reduces your federal taxable income. The money is automatically taken out from your check and you have the flexibility to change your contribution, as allowed by your plan.

For more information regarding any of these plans, contact 909.941.1175 x 326 or americanfidelity.com

Tax Savings Benefits

American Fidelity | Flexible Spending Accounts

You can set aside money in Flexible Spending Accounts (FSA) before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. You submit a claim along with your receipts online or via mobile app. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

American Fidelity can be contacted at 1 (800) 365-9180 or www.americanfidelity.com.

Health Care Spending Account

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. Employees may defer up to \$2,750 pre-tax per year.

Dependent Care Assistance Plan

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. Employees may defer up to \$5,000 pre-tax per year.

FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the use-it-or-lose-it rule. According to this rule, you must forfeit any money left in your account(s) after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances cannot be carried forward to a future plan year. If you are unable to estimate your health care expenses accurately, it is better to be conservative and underestimate rather than overestimate your expenses.



Video – Learn How Flexible Spending Accounts Can Help Save You Money

For a better understanding of how Flexible Spending Accounts work, watch this quick video at <http://video.burnhambenefits.com/fsa>.

Example: How You Can Save Money With an FSA

	Without the Health Care FSA	With the Health Care FSA
Gross Annual Pay	\$45,000	\$45,000
Pre-Tax Health Care FSA	Not Elected	\$1,200
Taxable Gross Income	\$45,000	\$43,800
Payroll Taxes (at 30%)	\$13,500	\$13,140
Health Care Cost	\$1,200	\$0
Net Pay	\$30,300	\$30,660
Annual Net Pay Increase	\$0	\$360

Important Note: Your FSA elections will expire each year on December 31st. Unused funds will be forfeited at the end of the plan year. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll.

403(b) and 457(b) Plan Highlights

Envoy Plan Services | 403(b) and 457(b)



We are pleased to offer the 403(b) Tax Sheltered Annuity Plan and the 457(b) Deferred Compensation Plan to eligible employees in order to help save for retirement. This notice provides a brief explanation of the provisions, policies and rules that govern the 403(b) and 457(b) Plans offered. Plan administration services for the 403(b) and 457(b) Plans are provided by Envoy Plan Services, Inc. (Envoy). Visit the Envoy website (www.envoyplanservices.com) for information about enrollment in the Plan, investment product providers available, distributions, exchanges or transfers, loans, and rollovers.

Employees may make voluntary pre-tax elective deferrals to the 403(b) and/or 457(b) Plans. Participants are fully vested in their voluntary contributions and earnings at all times. The IRS imposes a limit on the amount a participant may contribute each year. See the chart below for the maximum contribution limits.

Year	403(b) TSA	457(b) DCP	Total
2021 Basic Limit	\$19,500.00	\$19,500.00	\$39,000.00
*Age 50+ Catch-up	\$6,500.00	\$6,500.00	\$13,000.00
Total	\$26,000.00	\$26,000.00	\$52,000.00

*Participants who are age 50 or older any time during the year qualify to make an additional contribution to their 403(b) and/or 457(b) accounts. Please note that if you also make contributions, or have contributions made for you, to a 401(a) or 401(k) plan, you are limited by the overall 415(c)(1)(A) limit for all plans including 403(b), 401(a), and 401(k). If you are a participant in another retirement plan (excluding your State Retirement Program), please advise Envoy Plan Services, Inc.

Eligibility and Entry Date: Most employees are eligible to participate in the 403(b) and 457(b) Plans immediately upon employment; however, private contractors, appointed/elected trustees, and/or school board members and student workers may not be eligible to participate. Eligible employees can participate and enroll in either or both Plans upon employment or at any time after. Note: If you have a 403(b) or 457(b) account with a previous employer, you must establish a new account to enroll in these Plans. Your salary deferral contribution into this Plan cannot be invested in the 403(b) or 457(b) Plan of a previous employer.

Important Information

Annual Notices

Various state and federal laws require that employers provide disclosure and annual notices to their plan participants.

The District posts all federally required annual notices on <https://www.vcccd.edu/departments/human-resources/benefits/ascc-benefits> for you to download and read at your convenience. The District also distributes all federally required annual notices upon hire and during each annual open enrollment period.

Annual notices include the following:

- Medicare Part D Notice of Creditable Coverage
- HIPAA Notice of Privacy Practices
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Special Enrollment Rights
- Medicaid & Children's Health Insurance Program

Employee Contributions

Health Benefit Contributions

Your cost for coverage will vary depending on the option and level of coverage you choose. Employee contributions for Medical are deducted from your paycheck. Rates listed in RED are deposited in your paycheck.

HMO Medical Plans	2022 Medical Premium Rates	PPO Medical Plans	2022 Premium Rates
Anthem Blue Cross HMO Select – Employee Only – Employee + 1 Dependent – Employee + 2 or more	(\$169.75) (\$200.00) (\$200.00)	PERS Gold PPO (Anthem) CA Only – Employee Only – Employee + 1 Dependent – Employee + 2 or more	(\$200.00) (\$200.00) (\$200.00)
Anthem Blue Cross HMO Traditional – Employee Only – Employee + 1 Dependent – Employee + 2 or more	\$ 62.48 \$124.95 \$162.44	PERS Platinum PPO (Anthem) CA and Out of State – Employee Only – Employee + 1 Dependent – Employee + 2 or more	\$0.00 \$0.00 \$0.00
Blue Shield Access + HMO – Employee Only – Employee + 1 Dependent – Employee + 2 or more	\$ 9.02 \$18.04 \$23.45	Opt out of Medical If other medical coverage is provided, Employee may waive medical coverage and receive \$300 per month with benefit waiver indicated on form.	
Blue Shield Trio HMO – Employee Only – Employee + 1 Dependent – Employee + 2 or more	(\$139.48) (\$200.00) (\$200.00)		
Health Net Salud y Ma's HMO – Employee Only – Employee + 1 Dependent – Employee + 2 or more	(\$200.00) (\$200.00) (\$200.00)	Dental Plans	2022 Cost
Health Net SmartCare HMO – Employee Only – Employee + 1 Dependent – Employee + 2 or more	(\$36.49) (\$72.98) (\$94.87)	Delta Care Dental HMO – Employee Only – Employee + 1 Dependent – Employee + 2 or more	\$0.00 \$0.00 \$0.00
Kaiser Permanente HMO – Employee Only – Employee + 1 Dependent – Employee + 2 or more	(\$176.16) (\$200.00) (\$200.00)	Delta Dental PPO – Employee Only – Employee + 1 Dependent – Employee + 2 or more	\$0.00 \$0.00 \$0.00
United Healthcare HMO – Employee Only – Employee + 1 Dependent – Employee + 2 or more	(\$107.09) (\$200.00) (\$200.00)	Vision Plan	2022 Cost
SHARP HMO – Employee Only – Employee + 1 Dependent – Employee + 2 or more	(\$182.97) (\$200.00) (\$200.00)	EyeMed Vision Benefits – Employee Only – Employee + 1 Dependent – Employee + 2 or more	\$0.00 \$0.00 \$0.00

Resources and Contacts

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact Human Resources.

	Phone	Website
Medical - HMO Plans – Anthem Blue Cross – OptumRx Home Delivery – Blue Shield of CA – Health Net – Kaiser Permanente – United Healthcare – Sharp	(855) 839-4524 (855) 505-8110 (800) 334-5847 (888) 926-4921 (800) 464-4000 (877) 359-3714 (855) 995.5004	www.anthem.com/ca/calpers www.optumrx.com/calpers www.blueshieldca.com/calpers www.healthnet.com/calpers www.kp.org/calpers www.uhc.com/calpers www.calpers.sharphealthplan.com
Medical - Anthem PPO Plans – PERS Gold and Platinum – NurseLine 24/7 – OptumRx Home Delivery – Online Visits	(877) 737-7776 (800) 700-9185 (855) 505-8110 (888) 548-3432	www.anthem.com/ca/calpers www.optumrx.com/calpers www.livehealthonline.com
Delta Dental – DeltaCare HMO – Delta Dental PPO	(800) 422-4234 (866) 499-3001	www.deltadentalins.com www.deltadentalins.com
EyeMed Vision – Vision PPO	(866) 939-3633	www.EyeMed.com
UNUM – Employee Assistance Plan – Life Insurance: Basic and Optional	(800) 854-1446 (800) 275-8686	www.unum.com/lifebalance www.unum.com
American Fidelity – FSA Health Care and Dependent Care – Disability, Cancer, 403(b) plans	(800) 365-9180 ext 326	www.americanfidelity.com
Envoy Plan Services c/o TSACG – 403(b) Tax Sheltered Annuity Plan – 467(b) Deferred Comp Plan	(800) 248-8858	www.envoyplanservices.com





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Learn more at www.burnhambenefits.com

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the Risk Management Department.