



# 2024

# Open Enrollment

*Live Meeting* *Active Employees*



## Benefit Period:

## Medical & FSA: January 1<sup>st</sup> – September 30<sup>th</sup>

## Dental, Vision, Voluntary Benefits: January 1<sup>st</sup> – December 31<sup>st</sup>

# Presenters

- **SISC** – Nicole Henry, Frank Impastato
- **Navitus** – Jeff Bogardus, Chris Mead, Athena Eggers
- **American Fidelity** – Staci Austin, Daniel Rodriguez, Barry Healy
- **VCCCD Benefits** – Katy Lyon, Janice Endo
- **Burnham Benefits** – Maggie Lepore, Christian Hariot,  
Sheridan Eaddy, Laurine Wood

# Layout

## PART 1

### Presentation

- Burnham
- SISC
- Navitus
- American Fidelity

## PART 2

### Q&A Session

- **Indicate your question through the Zoom Chat Feature**  
*“Kaiser – Do I have to switch my doctors, and will my member ID stay the same under SISC?”*

# Content

## Agenda

1. Important Dates
2. Benefit Information Resources
3. Steps to Enroll
4. Overview of Benefit Options
  - Medical, Dental, Vision, Voluntary Benefits
5. Transition of Care
6. What's Next?

# Important Update

## Benefit Changes

### Medical Plan Changes effective January 1, 2024

- **All CalPERS plans will terminate effective December 31, 2023**
- All medical plans will move to SISC (Self Insured Schools of California)
  - **You are required to complete Open Enrollment elections in BeneTrac.**
  - The medical plan year will run from January 1<sup>st</sup> through September 30<sup>th</sup> for 2024.
  - Networks will remain the same if you are currently enrolled in Anthem or Kaiser (living in California).
- ✓ **Dental Plans will remain with Delta Dental** *No Action Required*
- ✓ **Vision Plan will remain with EyeMed** *No Action Required*

# Important Dates

## October / November 2023

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1			

## Medical Plan Year

January 1, 2024  
through  
September 30, 2024

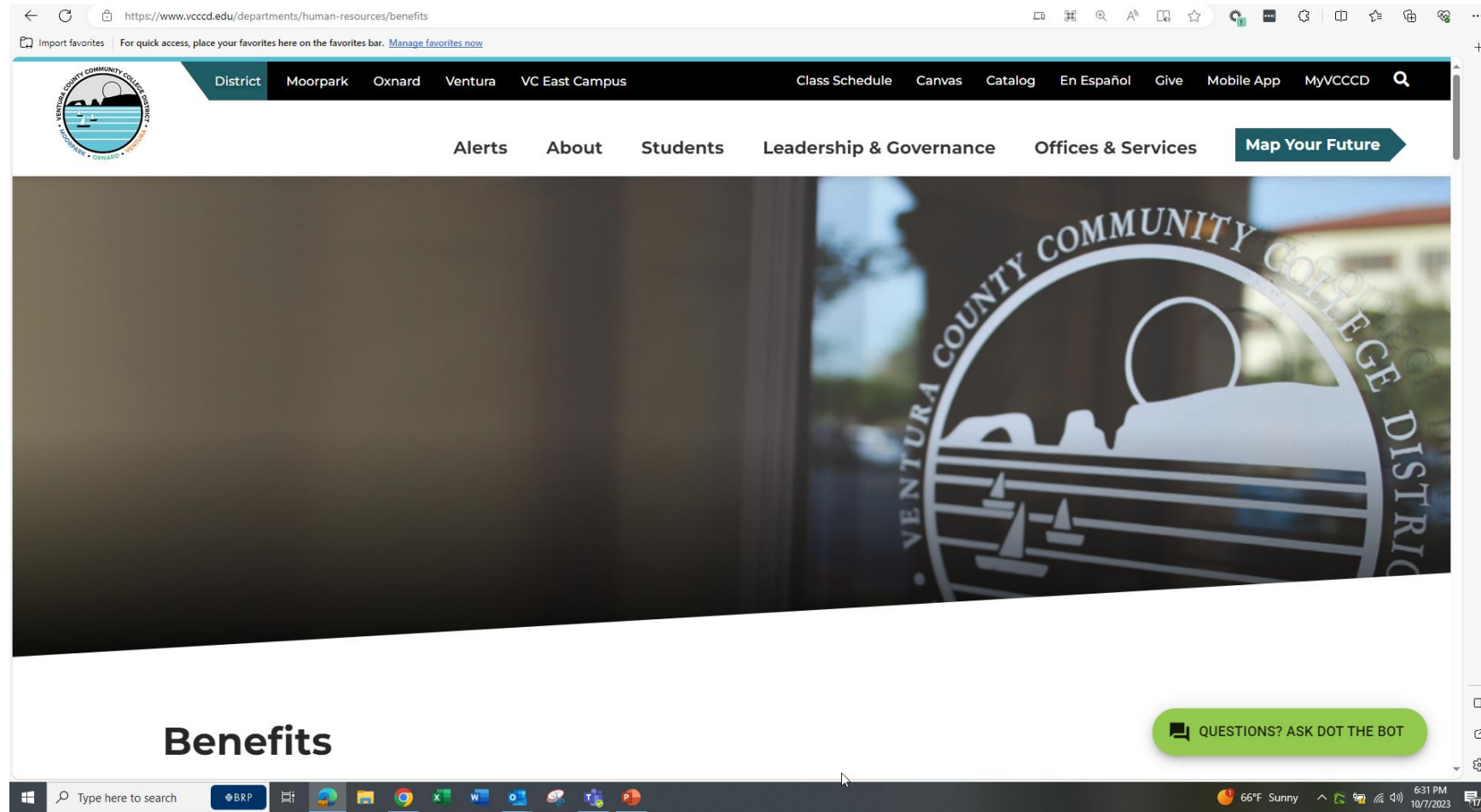
**Open Enrollment:** October 11, 2023 through November 1, 2023

**Medical & FSA:** January 1, 2024 – September 30, 2024

**Dental, Vision, Voluntary Benefits:** January 1, 2024 – December 31, 2024

Medical annual deductible and out-of-pocket maximums are based on a calendar year (January 1<sup>st</sup> – December 31<sup>st</sup>)

# Benefits Information Resources



**VCCCD Benefits Website**

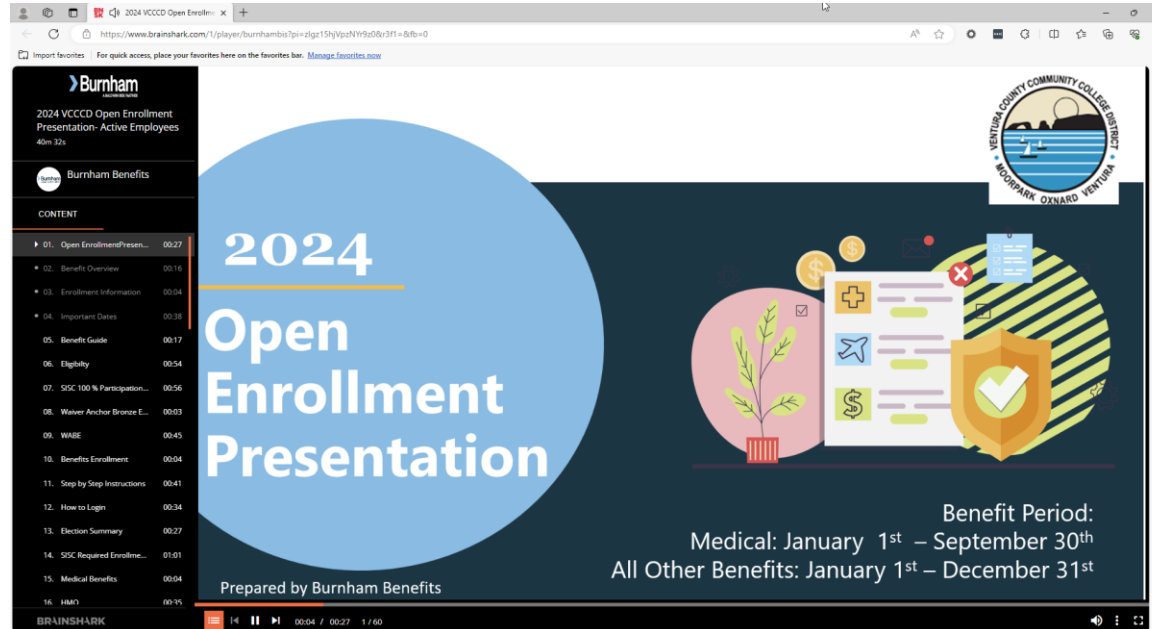
<https://www.vcccd.edu/departments/human-resources/benefits>

# Benefits Information Resources

## Benefits Guide



## Pre-Recorded Open Enrollment Presentation



<https://www.brainshark.com/burnhambis/vu?pi=zlgz15hjVpzNYr9z0>

- Online Enrollment
- Benefits Overview
- Resources and Contacts



# Benefits Information Resources

## Ventura County Community College District

### Contribution Grid - Full Time Employees

January 1, 2024

Full-Time Employees 2024 SISC	
PLAN	Empl
PPO Anthem SISC 80G 20 (Full Network)	\$
HMO Anthem Select (Limited Network)	\$
HMO Kaiser Permanente \$10	\$
HMO Anthem Traditional (Full Network)	\$
PPO Anthem SISC 90C (Full Network)	\$

## Ventura County Community College District

### Contribution Grids - SEIU Only

January 1, 2024

Full-Time Employees 2024 SISC						
PLAN	Employee Only	Employee Contribution (Refund)	Employee +1	Employee Contribution (Refund)	Family	Employee Contribution (Refund)
PPO Anthem SISC 80G 20 (Full Network)	\$771.00	(\$98.00)	\$1,495.00	(\$195.00)	\$2,087.00	(\$200.00)
HMO Anthem Select (Limited Network)	\$788.00	(\$81.00)	\$1,529.00	(\$161.00)	\$2,135.00	(\$200.00)
HMO Kaiser Permanente \$10	\$845.00	(\$24.00)	\$1,639.00	(\$51.00)	\$2,298.00	(\$68.00)
HMO Anthem Traditional (Full Network)	\$842.00	(\$27.00)	\$1,636.00	(\$54.00)	\$2,289.00	(\$77.00)
PPO Anthem SISC 90C (Full Network)	\$869.00	\$0.00	\$1,690.00	\$0.00	\$2,366.00	\$0.00

## Crosswalk to a like plan?

### SEIU Only January - June 2024

2023 CalPERS Plan	
PPO Anthem PERS Gold (PERS Select)	PPO An
HMO Kaiser Permanente	HMO Ka
HMO Anthem Select	HMO Ai
HMO Blue Shield Trio	HMO Ai
HMO UnitedHealthcare	HMO Ai
HMO Blue Shield Access+	HMO Ai
HMO Anthem Traditional	HMO Ai
PPO Anthem PERS Platinum	PPO An

## Ventura County Community College District

### Contribution Grid - Part Time Faculty

January 1, 2024

Part-Time Faculty 2024 SISC						
PLAN	Employee Only	Employee Contribution (Monthly)	Employee +1	Employee Contribution (Monthly)	Family	Employee Contribution (Monthly)
PPO Anthem SISC 80G 20 (Full Network)	\$771.00	\$36.50	\$1,495.00	\$350.00	\$2,087.00	\$604.00
HMO Anthem Select (Limited Network)	\$788.00	\$53.50	\$1,529.00	\$384.00	\$2,135.00	\$652.00
HMO Kaiser Permanente \$10	\$845.00	\$110.50	\$1,639.00	\$494.00	\$2,298.00	\$815.00
HMO Anthem Traditional (Full Network)	\$842.00	\$107.50	\$1,636.00	\$491.00	\$2,289.00	\$806.00
PPO Anthem SISC 90C (Full Network)	\$869.00	\$134.50	\$1,690.00	\$545.00	\$2,366.00	\$883.00

# Benefits Enrollment



# Next Steps

## Review Benefit Options

- ✓ Benefit Guide
- ✓ Pre-Recorded Open Enrollment Presentation
- ✓ Contribution Grid
- ✓ EOCs & Summaries

## Enroll in Benefits Required Steps *October 11th – November 1st*

1. Make an appointment with American Fidelity through Online Scheduler
2. Prepare Dependent Documentation
3. Meet with American Fidelity
  - Complete Enrollment in BeneTrac
  - Provide American Fidelity Representative with Dependent Documentation

# Enrolling Dependents

## Documentation Required

- **To Enroll a Spouse**

- ✓ **Prior year's 1040 Federal Tax form** (face page only) that shows the couple was married (financial information may be blocked out). If taxes were not filed jointly, you can complete an Affidavit of Marriage with a copy of the **marriage certificate**. A marriage certificate will be accepted for newly married couples (within 1 year) where prior year tax return is unavailable.

- **To Enroll a Domestic Partner**

- ✓ **Certificate of Registered Domestic Partnership** issued by the State of California

- **To Enroll a Child**

- ✓ **Legal Birth Certificate or Hospital Birth Certificate** (to include full name of child, Parent(s) name, and child's date of birth)
- ✓ **Legal Adoption Documentation**

- **To Enroll a Child of which you are Legal Guardian (up to age 18)**

- ✓ **Legal U.S. Court Documentation** establishing Guardianship

- **To Enroll a Unmarried Disabled Dependent (over age 26)**

- Anthem**

- ✓ **Legal Birth Certificate or Hospital Birth Certificate** (to include full name of child, Parent(s) name, and child's date of birth)
  - ✓ **Prior year's Federal Tax Form** that shows child is claimed as an IRS dependent (First page only, financials can be blocked out)
  - ✓ **Proof of 6 months prior creditable coverage** under the retiree's plan. There can be no break in coverage.
  - ✓ **Completed Anthem Disabled Dependent Certification Form**

- Kaiser**

- ✓ **Legal Birth Certificate or Hospital Birth Certificate** (to include full name of child, Parent(s) name, and child's date of birth)
  - ✓ **Prior year's Federal Tax Form** that shows child is claimed as an IRS dependent (First page only, financials can be blocked out)
  - ✓ **Proof of 6 months prior creditable coverage** under the retiree's plan. There can be no break in coverage.

# Appointment Scheduler

https://enroll.americanfidelity.com/B34E99FF



For quick access, place your favorites here on the favorites bar. [Manage favorites now](#)

## Ventura County Community College District Benefit Site

[Schedule Appointment](#)

### Information About Your Enrollment

Ventura County Community College District is excited to be offering you NEW medical options with SISCI! As we transition from CalPERS to SISC, all benefit eligible employees are required to meet with American Fidelity to provide eligibility documentation. Additionally, AF will assist you in enrolling into like plans and will review the new benefits associated with our new carrier.



### Prepare for Enrollment

When did you last review your benefits? Even if it seems like yesterday, there's probably a lot that's changed, from within your family to the benefit options available to you. The benefits you picked last year may not be the best fit for this year. Check out this video for how to get the most out of your enrollment this year.

[Learn About Your Benefit Options](#)

**Make an enrollment appointment with an American Fidelity Representative.**

**Go To >>**

<https://enroll.americanfidelity.com/B34E99FF>

**Or, Scan this QR Code >>**



# How to Login



To login to BeneTrac to make your open enrollment selections, please go to the following website:

<https://www.eenroller.net/btrac/broker.asp>

**Employer ID:** cseb2121

**Username:** VCCCD username (if that does not work, please see “Alternate Login”)

**Password:** VCCCD + lowercase first initial last name + last 4 SSN

For example, if employee name is Enrollment Example, SSN 333-33-3336, the default password would be:

VCCCDe3336

A screenshot of the BENEIRAC login interface. The form is titled "LOGIN" in bold, black, uppercase letters. It contains three input fields: "Employer ID:" with the value "cseb2121", "User Name:" which is empty, and "Password:" which is filled with 12 dots. Below the password field is a "LOG IN" button. At the bottom of the form, there are two links: "Click here to bookmark this page." and "Forgot your User Name or Password?". The form has a light blue background and a subtle drop shadow.

**LOGIN**

Employer ID: cseb2121

User Name:

Password:

LOG IN

[Click here to bookmark this page.](#) | [Forgot your User Name or Password?](#)

# Selecting a Plan



? Proceed to Log Out

## BENEFITS

Election Summary

Edit Family

Resource Library

News & Alerts

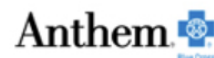
[Your Personal Information](#) > [Benefits](#)

Manage Medical: Add or View Plan/Options

### Plan 1:

Select plan: ☐

**SISC Anthem HMO Full Network (VCCC)**



Contact your Benefits Administrator for description  
[Provider Directory](#)



**Employer Cost:** \$842.00 (Monthly)  
**Employee Cost:** \$0.00 (Monthly)

Additional provider details required upon selection of this plan

### Plan 2:

Select plan: ☐

**SISC Anthem HMO Select Network (VCCC)**



Contact your Benefits Administrator for description  
[Provider Directory](#)



**Employer Cost:** \$788.00 (Monthly)  
**Employee Cost:** \$0.00 (Monthly)

Additional provider details required upon selection of this plan

### Plan 3:

Select plan: ☐

**SISC Anthem PPO 80-G Plan (VCCC)**



Contact your Benefits Administrator for description  
[Provider Directory](#)

**Employer Cost:** \$771.00 (Monthly)  
**Employee Cost:** \$0.00 (Monthly)

### Plan 4:

Select plan: ☐

**SISC Anthem PPO 90-C Plan (VCCC)**

### Plan 5:

Select plan: ☐

**SISC Kaiser HMO (VCCC)**

### Plan 6:

Select plan: ☐

**SISC Wabe Waiver (VCCC)**

# Election Summary



## Election Summary

Employee: Example, Enrollment  
Address: 1234 Main Street  
Camarillo, CA 93012

SSN:  
Birth Date:  
Status:

Benefits as of: 10/1/2016

### Plan Elections

Amounts shown are per (Monthly) pay period

Benefit Category	Plan Description	Coverage
Medical	Anthem Blue Cross HSA 709 Plan	Employee + Fam
Medical 2	Will be declined if finalized	Declined
Dental	Delta Dental PPO Plan	Employee + Fam
Dental 2	Will be declined if finalized	Declined
Vision	VSP Vision Buy-Up Plan	Employee + Fam
EE Assistance Program	Optum Employee Assistance Program	N/A
Voluntary AD&D	Prudential Voluntary AD&D Plan (Family)	\$250,000.00
Supplemental Life	Will be declined if finalized	Declined

### Summation

Amounts shown are per (Monthly) pay period

Total out of pocket expense: \$19.50

### Family Members

Name	Relation	SSN	Birth Date	Medical
Spouse Example	Spouse	333-33-3322	1/1/1950	Y
Dependent Example	Dependent	333-33-3344	1/1/2000	Y

### Primary Beneficiaries

Benefit	Name	Relationship	%
Voluntary AD&D	Spouse Example	Spouse	50
Voluntary AD&D	Dependent Example	Daughter	50

### Contingent Beneficiaries

Benefit	Name	Relationship	%
Voluntary AD&D	Spouse Example	Spouse	100

I hereby certify that all the information entered is true and correct to the best of my knowledge. VCCCD reserves the right to rescind coverage should the information prove to be incomplete or inaccurate. I understand that I must notify my employer within 30 days if I experience a qualifying event.

8/2/2016 6:14:14 PM

[RETURN TO MY BENEFITS](#)

[LOG OUT](#)

[AGREE TO ABOVE AND FINALIZE MY SELECTIONS](#)



# Medical, Dental, Vision Benefits



# Benefit Options

## Medical

1. Anthem PPO 90-C
2. Anthem PPO 80-G
3. Anthem Premier HMO – *Full Network*
4. Anthem Premier HMO – *Select Network*
5. Kaiser HMO

## Dental

1. Delta Dental HMO
2. Delta Dental PPO

## Vision

1. EyeMed Vision Plan

# Medical Plan Comparison



	Anthem Blue Cross 90-C PPO		Anthem Blue Cross 80-G PPO	
	Prudent Buyer	Non-Network	Prudent Buyer	Non-Network
Calendar Year Deductible - Individual - Family	\$200 \$500		\$500 \$1,000	
Calendar Year Out-of-Pocket Maximum - Individual - Family	\$1,000 \$3,000	No limit No limit	\$2,000 \$4,000	No limit No limit
Office Visits - PCP - <i>1<sup>st</sup> three visits \$0</i> - Specialist - Urgent Care	\$20 Copay \$20 Copay \$20 Copay	All billed amounts exceeding the maximum allowed amount.	\$20 Copay \$20 Copay \$20 Copay	All billed amounts exceeding the maximum allowed amount
Hospitalization	Ded, 90%		Ded, 80%	
Emergency Room Waived if Admitted	\$100 Copay + Ded then 10%		\$100 Copay + Ded then 20%	
Prescription Drugs Generic/Brand/Specialty	\$5 / \$20 / \$20	Copay + 50%	\$5 / \$20 / \$20	Copay + 50%

# Medical Plan Comparison



	<b>Anthem Blue Cross HMO</b> <b>Full (California Care) Network Only</b>	<b>Anthem Blue Cross HMO</b> <b>Select HMO Network Only</b>	<b>Kaiser HMO</b> <b>Kaiser Network Only</b>
<b>Calendar Year Deductible</b> - Individual - Family	None None	None None	None None
<b>Calendar Year Out-of-Pocket Max</b> - Individual - Family	\$1,000 \$2,000	\$1,000 \$2,000	\$1,500 \$3,000
<b>Office Visits</b> - PCP - Specialist - Urgent Care	\$10 Copay \$10 Copay \$10 Copay	\$10 Copay \$10 Copay \$10 Copay	\$10 Copay \$10 Copay \$10 Copay
<b>Hospitalization</b> -Inpatient / Outpatient	No Charge / \$10 Copay	No Charge / \$10 Copay	No Charge / \$10 Copay
<b>Emergency Room</b> Waived if Admitted	\$100 Copay	\$100 Copay	\$100 Copay
<b>Prescription Drugs</b> Generic/Brand/Non-Form	\$5 / \$20	\$5 / \$20	\$10 / \$10

# Medical – Prescriptions for PPO Plans

- The Pharmacy Benefit Manager for SISC PPO plans is Navitus Health Solutions
- Mail Order is through Costco Mail Order
- Most pharmacies are in-network with the exception of Walgreen's
- Kaiser members will use Kaiser Pharmacies
- Members may use the mail order pharmacy for their maintenance medications. A member can order a 90-day supply and have the convenience of having the medications shipped directly to their home (or alternate address).



# WABE

100%  
DISTRICT  
PAID

Waiver Anchor Bronze Enrollment (WABE) is available for employees working 36+ hours per week and decline medical coverage for the reason of being insured under another employer's plan. Employees enrolled in WABE are still considered a SISC member for the following services:

- MDLIVE: 24/7 physician line
- EAP: Employee Assistance Program
- Advance Medical: Expert Medical Opinion
- Biometric Screenings

**Current Medical Opt-Outs are Grandfathered and are not required to enroll in WABE**



# Transition of Care

## Medical

### New insurance ID cards will be sent by mail

- ✓ **Anthem PPO subscribers and spouses** will receive new cards by mail. ID cards for **Dependent children**, the subscriber must call to request in if they want one.
- ✓ **Anthem HMO members** will all receive new cards. It will be critical that the card is reviewed for medical group/PCP selection. If it is not correct, members must call to have it updated.
- ✓ **Kaiser members** only receive a new card if they haven't gotten one **in the past year**.

# Transition of Care

## Medical

- ✓ When you **seek care after 1/1/24**, make sure to let your providers know that you are covered under a **new insurance policy** and provide them with your new ID card
- ✓ If you are **currently undergoing treatment or have a surgery/procedure scheduled**, **contact your provider** and let them know you will be insured through a new policy
- ✓ If necessary, your provider will **submit the paperwork needed** to transition your care under your new policy



# Transition of Care

## Prescriptions

- ✓ All members will receive new insurance ID cards by mail, which indicate **pertinent Rx coverage information**
- ✓ If you are on a **regular maintenance medication**, you may request a transition of these prescriptions to the new plan by contacting one of the following;
  - Navitus – (866) 333-2757
  - Your Doctor
  - Your Pharmacy

*Any one of these, can facilitate the transition of your approved medication to the new plan*

# Transition of Care

## Prescriptions

- ✓ If you are taking a prescription that requires a **Prior Authorization**
  - **Fill your Rx** as close to the end of your current plan as possible prior to December 31, 2023
  - **Once the new plan becomes active**, you may either
    - Ask your **doctor** to submit the Prior Authorization to Navitus
    - OR you may call **Navitus\*** to initiate the Prior Authorization and they will contact your doctor on your behalf

\*Navitus (866) 333-2757

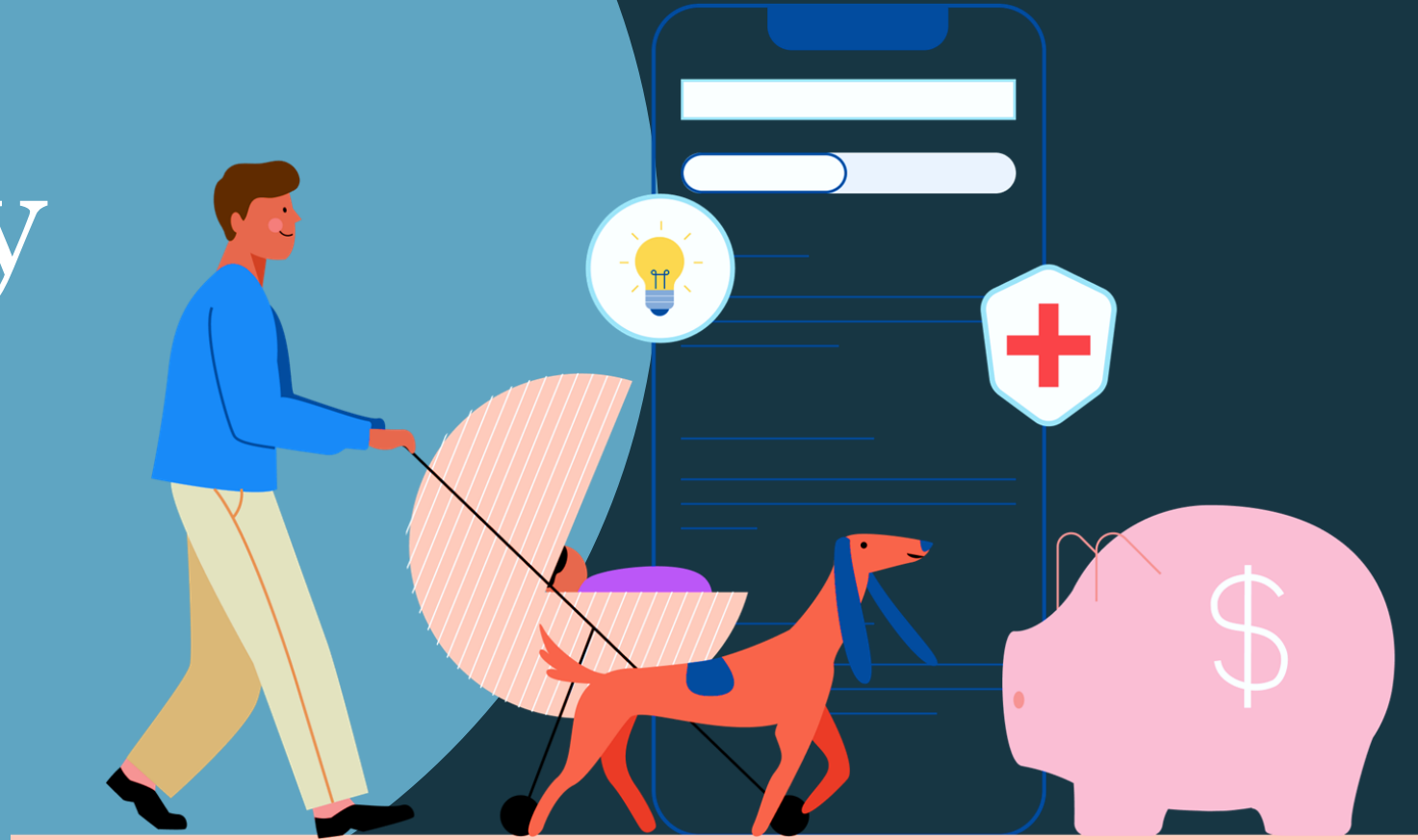
# Transition of Care

## Prescriptions

If you have questions regarding if your medication is covered before you are enrolled:

- ✓ Call Navitus Health Solutions at 1-866-333-2757
- ✓ Tell Customer Care you are **“New to SISC but not active in the system”**
- ✓ Provide Navitus with this code:
  - **RXPID 5x20, SISC Formulary G.** Make sure you mention **“SISC”**

# Voluntary Benefits



# Voluntary Benefits

AMERICAN FIDELITY  
a different opinion

100%  
EMPLOYEE  
PAID

- Disability Income
- Whole Life Insurance
- Term Life Insurance
- Cancer Insurance
- Accident Only Insurance
- 403(b) Retirement Savings Plan
- 457(b) Deferred Compensation Plan



# What's Next?

## ACTION ITEMS

### Review Benefit Options

- ✓ Benefit Guide
- ✓ Pre-Recorded Open Enrollment Presentation
- ✓ Contribution Grid

### Enroll in Benefits Required Steps **October 11th – November 1st**

1. Make an appointment with American Fidelity through Online Scheduler
2. Prepare Dependent Documentation
3. Meet with American Fidelity
  - Complete Enrollment in BeneTrac
  - Provide American Fidelity Representative with Dependent Documentation

### Medical Plan Year:

Your coverage period will be *January 1, 2024 - September 30, 2024*

### Questions?

Contact the VCCCD Benefits Department at [benefits@vcccd.edu](mailto:benefits@vcccd.edu)



THANK YOU!

