

SOUTHWESTERN COMMUNITY COLLEGE
900 OTAY LAKES ROAD
CHULA VISTA, CA 91910

BENEFITS DEPARTMENT

HEALTH AND WELFARE BENEFITS 2018

WELCOME TO SOUTHWESTERN
COMMUNITY COLLEGE DISTRICT



NEW HIRE PACKET

SUMMARY

This summary is designed to give you an overview of the health and welfare benefits available to you and your family as part of your employment with Southwestern College. Once you have reviewed and considered the options available please contact your Benefits Specialist for an appointment to sign up for your choices.

You have 30 days from your date of hire to sign up for any benefits you choose. After that 30 day period you will need to wait for the next open enrollment period to sign up for any benefits.

BENEFITS DEPARTMENT CONTACT INFORMATION

Shelley Carbajal	Benefits Specialist	(619) 421-6700 ext. 5174	scarbajal@swccd.edu
Diana Haskins	Benefits Specialist	(619) 421-6700 ext. 5225	dhaskins@swccd.edu

The Benefits Department is located in Room 1600. Office hours are 8:00am to 5:00pm Monday through Friday. Documents can be emailed to a Benefits Specialist or faxed to (619) 482-6387.

BENEFITS

- The school district will provide the following depending on your tier selection 100% paid Kaiser Employee only coverage, pay 80% of the two-person and family, or pay the cost for United Healthcare Network #1 Employee Only except for \$50 per month assuming your Full-time Equivalency (FTE) is 100%. Please see payroll deduction grid on Page 4 for your cost per month. If you are hired at a lower FTE, these amounts will be prorated to fit your work load.
- These funds will be directly applied to the benefits that you choose here at Southwestern College. If you are an Academic employee hired after January 1, 2005 or Classified after January 1, 2002, any funds not used for your benefits will be kept by the district.
- The items listed on the front cover of your Health and Welfare Selection form are benefits that can be covered under your cafeteria plan entitlement and can only be applied for or changed only during an open enrollment period. Items listed on the back of the Selection form under the title “Non Cafeteria Plan” are voluntary deductions.
- Flexible Spending Accounts (Medical and Dependent Care) are also available. To have this benefit, you must re-enroll every year during the FSA open enrollment.

MANDATORY COVERAGES

There are two coverages that are mandatory for all employees which are listed under “Mandatory Coverages”.

- (1) Life Insurance
 - Classified employees receive \$25,000 in life insurance
 - Academic, Administrative, Confidential and Supervisory employees receive \$50,000 in life insurance
- (2) Dental Insurance – you have two choices (MetLife Dental or Delta Dental). You must elect one of the plans whether or not you have other coverage.

OVERVIEW OF DENTAL COVERAGES

METLIFE DENTAL	DELTA DENTAL
<ul style="list-style-type: none"> • MUST CHOOSE A METLIFE DENTIST. • COVERAGE IS BASED ON A SCHEDULE OF BENEFITS WHERE A CO-PAY IS LISTED FOR EACH SERVICE THAT IS INTENDED. • SPECIALTY CARE HANDLED THROUGH A REFERRAL PROCESS. • COVERS ORTHODONTIC TREATMENTS (BRACES). • MONTHLY PREMIUM IS SUPERCOMPOSITE, MEANING IT WILL COVER THE EMPLOYEE PLUS FAMILY FOR ONE LOW RATE. 	<ul style="list-style-type: none"> • ABILITY TO CHOOSE ANY DENTIST. • COVERAGE FOR MOST PROCEDURES IS AT 70% OF THE DELTA DENTIST’S FEE FOR EMPLOYEE AND ANY FAMILY MEMBERS COVERED. THIS PERCENTAGE INCREASES EACH YEAR (MAXIMUM 100%) FOR EACH ENROLLED, PROVIDED EACH SEE THE DENTIST AT LEAST ONCE A YEAR. OTHERWISE THE PERCENTAGE REMAINS THE SAME. • \$25 PER PERSON DEDUCTIBLE PER CALENDAR YEAR. • ORTHODONTIC TREATMENT IS <u>NOT</u> COVERED. • MONTHLY PREMIUM IS 3 TIER. THERE IS ONE RATE FOR EMPLOYEE ONLY, ONE FOR EMPLOYEE +1, AND ONE FOR EMPLOYEE+2 OR MORE DEPENDENTS.

OPTIONAL SELECTIONS

- The main choices include medical and vision insurance.
- These are optional and you do not have to enroll in any of the plans. (If a waiver form is not completed, you will automatically be enrolled in the Kaiser plan.)

Please see additional flyer that provides a benefit summary comparison for all of the medical plans available.

PAYROLL DEDUCTIONS FOR JANUARY 1, 2018 – DECEMBER 31, 2018

10 month employees*						
Coverage	Kaiser	United HealthCare				
		Network #1 HMO	Network #2 HMO	Network #3 HMO	Alliance HMO	PPO
Employee Only	\$0	\$60.00	\$317.00	\$516.00	\$231.00	\$975.00
Employee + 1	\$275.80	\$547.80	\$1,058.80	\$1,445.80	\$818.80	\$2,344.80
Employee + 2 or more	\$388.60	\$762.60	\$1,482.600	\$2,028.60	\$1,116.60	\$3,278.60

12 month employees*						
Coverage	Kaiser	United HealthCare				
		Network #1 HMO	Network #2 HMO	Network #3 HMO	Alliance HMO	PPO
Employee Only	\$0	\$50.00	\$264.00	\$430.00	\$192.00	\$812.00
Employee + 1	\$229.60	\$457.60	\$883.60	\$1,205.60	\$683.60	\$1,954.60
Employee + 2 or more	\$323.80	\$634.80	\$1,235.80	\$1,690.80	\$930.80	\$2,731.80

*These payroll deductions will pay for medical, dental and life insurance coverages for full-time contracted employees (if you have less than a full-time contract, your share will be greater).

VISION INSURANCE

MEDICAL EYE SERVICES (MES)

- Most of the medical plans offer discounted vision insurances, but if you are looking for a more comprehensive plan, MES is the right choice.
- MES monthly premiums are three tiered and are listed on the Health and Welfare Selection form.

BENEFITS

- MUST USE PARTICIPATING PROVIDERS ON THE MES NETWORK
- \$20 CO-PAY FOR ONE COMPREHENSIVE EYE EXAM IN ANY 12 CONSECUTIVE MONTHS
- ONE PAIR OF STANDARD LENSES IN ANY 12 CONSECUTIVE MONTHS (UP TO 61MM)
- ONE STANDARD FRAME IN ANY 24 CONSECUTIVE MONTHS (UP TO \$125.00 RETAIL COST)
- ONE PAIR OF CONTACT LENSES, IN LIEU OF OTHER EYEWEAR, IN ANY 12 CONSECUTIVE MONTHS.

AFLAC – ACCIDENT, CANCER, INTENSIVE CARE AND PERSONAL ACCIDENT

AFLAC offers a variety of insurances for each employee and their families. Rates are listed in the brochures that can be obtained from your Benefits Specialist.

Accident Plan – AFLAC’s Accident Indemnity Plan is designed to provide funds to help cover the extra expenses associated with those unexpected expenses associated with an accident: accident emergency treatment, accident follow-ups, accident hospitalization and specific –sum injuries. AFLAC pays you directly, in addition to any other insurance that you may have.

Intensive Care – AFLAC’s Intensive Care Protection insurance policy is designed to provide funds to help cover the extra expenses associated with a stay in intensive care: daily hospital intensive care unit benefit, sub-acute intensive care unit benefit, human organ transplant benefit, and ambulance benefit. AFLAC pays you directly, in addition to any other insurance that you may have.

Cancer Care – AFLAC’s cancer care is offered in different levels. Level 3 insurance gives a higher amount of money to employee for incurred services. Some of these services under the cancer care consist of Immunotherapy, Anti-Nausea, Surgical/Anesthesia, transportation benefits among others that are listed in the brochure.

Personal Sickness – AFLAC’s Personal Sickness plan Level 1 insurance helps you ease financial burden of a hospital stay. Additional benefits also address ambulance transportation, major diagnostic exams and surgeries. In addition it also provides preventative benefits.

Various Non-Cafeteria Plan Benefits

DISABILITY INSURANCE

Your income is a very important asset. Disability insurance will provide you the income protection that you may need in the event that you are not able to work due to accident or illness. You may review these plans and choose one that works for you or decide not elect one at this time.

AFLAC	AMERICAN FIDELITY	PACIFIC EDUCATORS
<ul style="list-style-type: none"> • CREATE A PLAN DESIGN SPECIFIC TO YOUR INDIVIDUAL NEEDS BY SELECTING A MONTHLY BENEFIT AMOUNT UP TO \$5,000. • CHOOSE FROM A WAITING PERIOD OF 0, 7 OR 30 DAYS FROM DATE OF DISABILITY. • RENEWABLE COVERAGE TO AGE 70. • MAY NOT EXCEED 50% OF AVERAGE EARNINGS PER MONTH. 	<ul style="list-style-type: none"> • CREATE A PLAN DESIGN SPECIFIC TO YOUR INDIVIDUAL NEEDS BY SELECTING A MONTHLY BENEFIT AMOUNT UP TO \$6,000. • CHOOSE FROM A WAITING PERIOD OF 15, 30 OR 60 DAYS FROM DATE OF DISABILITY. • RENEWABLE COVERAGE TO AGE 70. • MAY NOT EXCEED 60% OF YOUR MONTHLY WAGE OR SALARY. 	<ul style="list-style-type: none"> • TAILOR MADE PERSONAL COVERAGE BASED ON CHOICE OF MONTHLY BENEFITS AND HOW LONG YOU WOULD WANT YOUR BENEFITS TO CONTINUE. • MAY NOT EXCEED 60% OF YOUR MONTHLY WAGE OR SALARY (UP TO \$3,500 PER MONTH). • COMBINED PAYOUT COULD BE 100% OR ABOVE SALARY WHEN ALL DISABILITY INSURANCES ARE CONSIDERED (DIFFERENTIAL PAY, EXTENDED SICK LEAVE, S.T.R.S. DISABILITY).

Supplemental Life insurance

In addition to the mandatory life insurance, you can also purchase supplemental life insurance, above and beyond the mandatory amount.

HARTFORD	METLIFE
<ul style="list-style-type: none">• WILL REDUCE AT AGE 70 TO 50% OF THE INSURANCE AMOUNT AND AGE 75 IT WILL REDUCE TO 30% OF AMOUNT.• AMOUNT DECREASES WITH AGE, BUT PREMIUM REMAINS THE SAME.• FOR ALL BENEFIT AMOUNTS, A HEALTH QUESTIONNAIRE OR MEDICAL EXAMINATION MUST BE APPROVED.• 3 UNIT MAXIMUM PER EMPLOYEE, NOT TO EXCEED \$250,000.	<ul style="list-style-type: none">• COVERS EMPLOYEE, SPOUSE AND DEPENDENT CHILDREN. REDUCES AT AGE 65, 70 AND 75.• AMOUNT STAYS THE SAME BUT PREMIUM INCREASES WITH AGE IN JANUARY OF EACH YEAR.• FOR ALL BENEFIT AMOUNTS, A HEALTH QUESTIONNAIRE MUST BE FILLED OUT.• MAY NOT EXCEED \$300,000 OR 5 TIMES HIGHER THAN ANNUAL SALARY. SPOUSE IS ENTITLED TO 50% OF EMPLOYEE'S INSURANCE.

ACCIDENT INSURANCE

Accident insurance can help you pay expenses if you or your spouse are seriously injured or killed in a covered accident.

AMERICAN FIDELITY	METLIFE
<ul style="list-style-type: none"> • FAMILY PLAN INSURES SPOUSE 50% AND CHILDREN ARE ENTITLED TO 20% OF THE EMPLOYEE'S AMOUNT. • CHOOSE FROM ONE OF FOUR DIFFERENT PLAN DESIGNS. • RENEWABLE UP TO AGE 70. • SUBJECT TO EXCLUSIONS AND LIMITATIONS. 	<ul style="list-style-type: none"> • COVERAGE AVAILABLE UP TO \$500,000, NOT TO EXCEED 10 TIMES YOUR ANNUAL SALARY. • FAMILY PLAN INSURES SPOUSE 50-60%, DEPENDING ON IF CHILDREN ARE COVERED. CHILDREN ARE ENTITLED TO 10% OF EMPLOYEE'S AMOUNT. • AMOUNT REDUCES AT AGE 70. • SUBJECT TO EXCLUSIONS AND LIMITATIONS.

LONG TERM CARE INSURANCE

- Offers long term care to employee and employee's family members (spouse, parents (in law), and grandparents (in law) in case of chronic illness, injury, or advancing age.
- You have 30 days to sign up for Guarantee Issue (meaning you do not have to fill out a medical questionnaire).
- Eligible family members must complete medical questionnaire and in some cases, a face-to-face assessment.
- Waiting period of 90 days before benefits become payable.
- You can choose from Long Term Care/Nursing Facility and Assisted Living Facility. LTC/Nursing Home Facility can be \$1,000 - \$6,000. Assisted Living Facility is 60% of LTC Facility monthly amount.
- Individual cost of insurance depends on age and options that you choose.

TAX-SHELTERED ANNUITIES (TSA's)

- You are also given the opportunity to participate in 403b and 457 plans.
- TSA's offer you the ability to defer money, tax-free from your paycheck to begin saving for retirement.
- The forms are available in Benefits Department that you can give to your broker and/or financial consultant to fill out. If you do not have a broker/financial consultant, we have a district representative, for the Empower Fringe Benefits Consortium plan (FBC) that is able to come out to campus and meet with you to help answer any questions and get a plan started for you.
- If you would like to contact our representative, Joel Romero, please call 619-315-9653.

THE FINAL DECISIONS

You have now had a glance at the insurances and benefits available to you as an employee of Southwestern College. Please review them as much as you need to and once you have an idea of the benefits you would like to elect, contact your Benefits Specialist at extension 5174 or 5225 to set up an appointment.

You may find that you need more time to spend with the actual materials. Please come by the Benefits Department, Room 1600, and ask for any of the enrollment packets that you would like to review and compare. You have 30 days from your date of hire to make your selections.

Medical, dental, life and vision insurance begin on the first of the month following your date of hire.

If you will be enrolling dependents, you will need to submit proof of dependent status by submitting the following:

- Spouse – Marriage certificate (if married within the last two years) or tax return (first page of 1040)
- Child – Birth certificate

WHAT DO I DO IN THE FUTURE FOR CHANGES? **OPEN ENROLLMENT**

- You are locked into the choices that you make for each plan year, unless you have a qualifying event (marriage, divorce, etc.). The plan year runs from January 1st – December 31st.
- If you find that you are not happy with your benefits or would like to change them and do not have a qualifying event, you must wait for our OPEN ENROLLMENT period.
- Open Enrollment occurs each October. Through interoffice mail you should receive a memo that overviews the changes being made to each plan. Attached to this memo is your Health and Welfare Selection Sheet that you filled out when you first began working. It should list all the insurance you currently are enrolled in.
- If you have decided that you want to make changes to your Selection Form, and therefore make changes in your insurances, you must obtain the correct forms to fill out. **YOU CANNOT CHANGE YOUR INSURANCE SELECTIONS WITHOUT THE PROPER CHANGE/ENROLLMENT FORMS.**
- The Selection form, along with any change/enrollment forms are sent back to the Benefits Department. You will not receive a response from Benefits if all forms are filled out properly. If you made no changes to your insurances, they will continue as usual. If you changed or enrolled into a new plan, these will be effective January 1st. Any voluntary insurances requiring approval will begin when approved by the particular company.