SAN DIEGO COMMUNITY COLLEGE DISTRICT
Benefit Services Summary

San Diego Community College District values its employees' health and welfare and is pleased to offer full-range benefits plans and programs that assist in maintaining health and financial security. The District's benefit program provides 100% district paid Kaiser, dental, and vision premiums for all eligible employees and their eligible dependents.

Additional voluntary programs are also available such as a Section 125 Flexible Spending Plan with Health Care and Dependent Care reimbursement, Commuter Benefits for Parking and Transportation expenses, Legal Services, and additional Life Insurance options.

The District also offers a voluntary Deferred Compensation plan administered by the San Diego County Office of Education. Participants of the program select a designated monthly amount to deduct from their paychecks and select investment options from the approved vendors. The Deferred Compensation Plan is a supplemental retirement plan option in addition to your Pension retirement plan.

Please contact the Benefits Office for additional information or any questions at 619-388-6587

SAN DIEGO COMMUNITY COLLEGE DISTRICT

CITY COLLEGE • MESA COLLEGE • MIRAMAR COLLEGE • CONTINUING EDUCATION

Enroll/Make Changes

Many events in your work or personal life can impact your benefits. Several of the benefit programs require that you enroll within a specified period of time. Employees have 30 days from the date of a qualifying life event to enroll or make changes in their health, dental, vision, and reimbursement accounts or 30 days from their eligibility date to enroll in the health, dental, vision, and reimbursement accounts.

Open Enrollment

If you fail to enroll during the 2-week eligibility period and experience no qualifying life event, you cannot enroll until the next annual open enrollment period. SDCCD employees will be notified directly of an upcoming open enrollment period before it begins.

Qualifying Life Events: 30 Days

If you experience a qualifying event you may make changes to some of your San Diego Community College District benefits within 30 days of the event. Any change you make must be consistent with your qualifying event. For example, if you marry you may add your new spouse to your Health Care Plan, but you may not enroll in the Dental Plan if you had not been previously participating.

Qualifying events include, but are not limited to:

- Marriage or divorce,
- Birth, adoption, or placement of a child for adoption
- Death of spouse or covered dependent,
- Loss of eligibility for insurance coverage for employee or a covered dependent (loss of an individual policy due to non-payment does not qualify)
- Gain of eligibility for insurance coverage for employee or a covered dependent (gain of an individual policy does not qualify)
- Change in spouse's employment status which results in a loss or gain of insurance coverage
- Change in health insurance eligibility for the employee or a family member due to a relocation of residence or work place.

If you experience a qualifying life event, you have 30 days from the date of the event to request changes to your health, dental, vision, and reimbursement accounts. Additionally, you will be required to provide documentation or written proof of the

qualifying event, such as a birth, marriage or death certificate, divorce decree, or letter from an employer indicating the loss or gain of coverage. To update your benefits selections, you must contact the Benefits Department at 619-388-6587 or hrbenefits@sdccd.edu to receive the necessary enrollment forms within 30 days of the event. If the 30 day deadline is missed, you will need to wait until San Diego Community College District's next open enrollment period (November 1st – November 15th) to make changes to your health, dental, vision, and reimbursement accounts.

Please contact the Human Resources Benefits Department at (619) 688.6587 or email hrbenefits@sdccd.edu for additional information or assistance.

Newly Eligible: 30 Days

Your first opportunity to enroll in benefits is during your first 30 days of eligibility. For many, the eligibility date is their date of employment, which is usually the first day at work, or it is the date of transfer into a benefits eligible position. During this 30 day time period, you should decide on your health*, dental and vision insurance and whether to enroll in the reimbursement accounts. If you miss this deadline, then your next opportunity to enroll or make changes to your health, dental, vision, and reimbursement accounts is during the annual open enrollment period. The only other time you can make changes to these plans is if you experience a qualifying life event.

Also, within 30 days of your eligibility date, you need to make decisions on Voluntary Supplemental Life Insurance,

You may enroll in the 403(b) and/or 457(b) Retirement Savings Plan at anytime.

**Note: Faculty and staff eligible for an employer contribution towards health insurance will receive it effective for coverage the first of the month after the date of employment or eligibility.*

SAN DIEGO COMMUNITY COLLEGE DISTRICT

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DUAL HEALTH INSURANCE FAQ'S

Having two health plans doesn't mean you get reimbursed twice for your strep throat visit, or that you get two bottles of medicine at the pharmacy instead of one.

There are a few downsides to what, on the surface, seems like health insurance heaven:

- Double coverage often means you're paying for redundant coverage.
- You must make your claim with your "primary" plan first. The other plan can pick up the tab for anything not covered, but it won't pay anything toward the primary plan's deductible.
- If both plans have deductibles, you'll have to pay both before coverage kicks in.
- You don't get to choose which health plan is primary, meaning the one that pays first. You don't get to choose which insurer will pay a certain claim. However, if the first insurer doesn't cover a certain treatment, or covers it only partially, you can then submit the remainder of the claim to your secondary insurer for payment, assuming the treatment is covered under the second plan.

Coordination of benefits rules: Who pays first when you have two group health plans?	
Primary	**Secondary**
Your workplace plan	Your parent's plan
Your workplace plan	Your spouse's workplace plan

So who pays first? "The place you are employed is primary. If you're covered under your spouse's plan and one at your work, your workplace plan is primary. Please Note: if you do NOT utilize services on your workplace plan and only utilize services on your spouse's plan this can become problematic as your spouse's plan can deny payment for services that you had encumbered once they discover you have other insurance through your workplace. You may Waive your medical insurance by completing a Waiver Form and still enroll in the District's Dental and Vision as these plans coordinate benefits. Please ask for a Waiver Form by contacting the Benefits Office at 619-388-6587.

These rules are known as "coordination of benefits." The rules for adults shouldn't be confused with the rules for children who are dependents on two parents' group health plans. In the case of children with double health insurance coverage, the "birthday rule" applies. This practice says that the group plan of the parent with the first birthday in the calendar year is primary.

RATES FOR BENEFITS EFFECTIVE 01/01/20

Active Contract Employees

Health Plan Choice	Per-Paycheck Contribution		
	10-Month Rate	11-Month Rate	12-Month Rate
Kaiser HMO	$0.00	$0.00	$0.00
UHC Performance HMO Network 1	$245.44	$223.12	$204.53
UHC Performance HMO Network 2	$769.84	$699.85	$641.53
UHC Journey Harmony Deductible Plan	$0.00	$0.00	$0.00
UHC Signature Value Alliance $20/$30	$245.44	$223.12	$204.53
UMR Nexus ACO Select Plus PPO SD 80/50	$2093.44	$1903.12	$1744.53
Delta Dental Premier	$0.00	$0.00	$0.00
Vision Service Plan	$0.00	$0.00	$0.00

Domestic Partner Taxation

For income tax purposes only, the monthly taxable amount for enrolling a domestic partner will be:

Health Plan Choice	Per-Paycheck Taxable Amount		
	10-Month Rate	11-Month Rate	12-Month Rate
Kaiser HMO	$784.80	$713.45	$654.00
UHC Performance HMO Network 1	$868.80	$789.82	$724.00
UHC Performance HMO Network 2	$1129.20	$1026.55	$941.00
UHC Journey Harmony Deductible Plan	$736.80	$669.82	$614.00
UHC Signature Value Alliance $20/$30	$888.00	$807.27	$740.00
UMR Nexus ACO Select Plus PPO SD 80/50	$1810.80	$1646.18	$1509.00
Delta Dental Premier	$66.91	$62.18	$57.00
Vision Service Plan	$9.34	$8.49	$7.78

San Diego Community College District

2020 HMO Plans

Important Notes: Plan changes indicated in red

Feature	NEW! UHC SignatureValue Alliance HMO $20/$30 What You Pay	NEW! UHC Journey Harmony What You Pay	UHC Performance HMO B Network 1 What You Pay	UHC Performance HMO B Network 2 What You Pay	Kaiser 0 $5/$10, 30 Day What You Pay
Deductible *(individual/family)*	None	$2,000/$4,000	None	None	None
Medical Out-of-Pocket Maximum *(individual/family)*	$3,000/$6,000	$3,500/$7,000	$1,500/$3,000	$5,000/$10,000	$1,500/$3,000
RX Out-of-Pocket Maximum *(individual/family)*	$1,6000/$3,200	$1,600/$3,200	$3,000/$6,000	$1,600/$3,200	N/A
Health Reimbursement Account	None	$800/$1,600/$2,200	None	None	None
PCP Office Visit	$20 copay	$25 copay	$10 copay	$20 copay	No charge
Specialist Office Visit	$30 copay	$40 copay	$10 copay	$20 copay	No charge
Preventive Care	No charge	No charge	No charge	No charge	No charge
Inpatient Hospital Care	$500 copay	20% coinsurance (after deductible)	No charge	$500 admit copay	No charge
Mental Health Services *(outpatient/inpatient)*	$20 copay/$500 copay	$25 copay / 20% coinsurance (after deductible)	$10 copay/No charge	$20 copay$500 copay	No charge
Substance Abuse Services *(outpatient/inpatient)*	No charge	No charge	No charge	No charge	No charge
Infertility	Not covered	Not covered	Not covered	Not covered	No charge
Outpatient Diagnostic Laboratory and Radiology *(standard procedures)*	No charge	No charge	No charge	No charge	No charge
Complex Radiology *(PET, MRI)*	$200 copay	$100 copay	No charge	No charge	No charge
Outpatient Surgery	$250 copay	20% coinsurance (after deductible)	No charge	$250 copay	No charge
Outpatient Physical/ Rehabilitation Therapy	$20 copay	$25 copay	$10 copay	$20 copay	No charge
Urgent Care *(your medical group/ other medical group)*	$20 copay/$75 copay	$25 copay / $50 copay	$10 copay/$50 copay	$20 copay/$100 copay	No charge
Emergency Room *(copay waived if admitted)*	$150 copay	20% coinsurance (after deductible)	$100 copay	$200 copay	$50 copay
Short-Term Prescription Drugs[1] *up to 30 day supply G: Generic P: Preferred NP: Non-Preferred*	G: $10 P: $30 NP: 50%*	G: $10 P: $30 NP: 50%*	G: $5 P: $25 NP: 50%*	G: $15 P: $30 NP: 50%*	G: $5 P: $10
Maintenance Prescription Drugs[2] *up to 90 day supply for UHC members*[3] *up to 100 day supply for Kaiser members G: Generic P: Preferred NP: Non-Preferred*	G: $20 P: $60 NP: 50%**	G: $20 P:$60 NP:50%**	G: $10 P: $50 NP: 50%**	G: $30 P: $60 NP: 50%**	G: $10 P: $20
Chiropractor & Acupuncture Service[4]	$20 copay	$30 copay	$10 copay	$20 copay	$10 copay
Available Medical Groups	Mercy Physicians, Primary Care Associates, Rady Children's Health Network, Scripps Clinic, Scripps Coastal Medical Center, Scripps Physicians Medical, UCSD Medical	Sharp Rees-Stealy, Sharp Community Medical Group, UCSD Medical	Sharp Rees-Stealy, Sharp Community, Primary Care Associated, Arch Health Partners, Encompass, Children's Physicians	Mercy Physicians, Greater Tri-Cities, Mid-County Physicians, Scripps Physicians Medical, Children's Physicians	Kaiser

1 UHC members pay standard copays plus $5/prescription at a non-EAN pharmacy (non-EAN pharmacies include CVS, Target, Walgreens and certain independent pharmacies).
2 UHC members pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill maintenance prescriptions at a network pharmacy other than Smart90.
3 **Copays waived for preferred generic hypertension and hypoglycemic purchased at mail or Smart 90. This does not include normal retail use or brand drugs.**
4 Services must be medically necessary and may be subject to prior authorization from OptumHealth.
*Subject to a $40 minimum and $175 maximum.
** Subject to a $80 minimum and $350 maximum.

San Diego Community College District

2020 PPO Plan

Important Notes: Plan changes indicated in red

Feature	UHC CA Select Plus PPO+ 80/50 SD In Network What You Pay	 Out of Network What You Pay
Deductible *(individual/family)*	$2,000/$4,000	$2,000/$4,000
Medical Out-of-Pocket Maximum *(individual/family)*	$5,000/$10,000	$5,000/$10,000
RX Out-of-Pocket Maximum *(individual/family)*	$1,600/$3,200	N/A
Health Reimbursement Account	None	None
PCP Office Visit	**Tier 1 Physician:** $30 copay **Other In-Network Physician:** 20% coinsurance after deductible	50% coinsurance (after deductible)
Specialist Office Visit	**Tier 1 Physician:** $50 copay **Other In-Network Physician:** 20% coinsurance after deductible	50% coinsurance (after deductible)
Preventive Care	No charge	No coverage for non-network services
Inpatient Hospital Care	20% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)
Mental Health Services *(outpatient/inpatient)*	$30 copay/ 20% coinsurance (after deductible)	50% coinsurance (after deductible)
Substance Abuse Services *(outpatient/inpatient)*	$30 copay/ 20% coinsurance (after deductible)	50% coinsurance (after deductible)
Infertility	Not covered	Not covered
Outpatient Diagnostic Laboratory and Radiology *(standard procedures)*	**Freestanding Facility or Physician:** No charge **Hospital-based Lab or Radiology:** 20% coinsurance (deductible does not apply)	50% coinsurance (after deductible)
Complex Radiology *(PET, MRI)*	**Freestanding Physician:** 20% coinsurance (after deductible) **Hospital-based or Radiology:** 20% coinsurance plus $100 copayment (after deductible)	50% coinsurance (after deductible)
Outpatient Surgery	**Ambulatory Surgery Center or Physician's Office:** 20% coinsurance (after deductible) **Outpatient Hospital-based Surgical Center:** 20% coinsurance (after deductible) and $100 copayment	50% coinsurance (after deductible) Pre-authorization is required
Outpatient Physical/Rehabilitation Therapy	$30 copay	50% coinsurance (after deductible)
Urgent Care *(your medical group/other medical group)*	$50 copay	50% coinsurance (after deductible)
Emergency Room *(copay waived if admitted)*	$100 copay	$100 copay
Short-Term Prescription Drugs[1] *up to 30 day supply* *G: Generic* *P: Preferred* *NP: Non-Preferred*	G: $10 P: $30 NP: 50%*	No coverage for non-network pharmacy
Maintenance Prescription Drugs[2] *up to 90 day supply for UHC members*[3] *up to 100 day supply for Kaiser members* *G: Generic* *P: Preferred* *NP: Non-Preferred*	G: $20 P: $60 NP: 50%**	No coverage for non-network pharmacy
Chiropractor & Acupuncture Service[4]	$30 copay	50% coinsurance (after deductible)
Available Medical Groups	Check umr.com to find Tier 1 physicians near you	All Others

Surgeries for orthopedic, spinal and coronary artery bypass graft require pre-certification with Carrum Health or a $1,000 penalty will apply for Select Plus PPO.

1 UHC members pay standard copays plus $5/prescription at a non-EAN pharmacy (non-EAN pharmacies include CVS, Target, Walgreens and certain independent pharmacies).

2 UHC members pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill maintenance prescriptions at a network pharmacy other than Smart90.

3 **Copays waived for preferred generic hypertension and hypoglycemic purchased at mail or Smart 90. This does not include normal retail use or brand drugs.**

4 Services must be medically necessary and may be subject to prior authorization from OptumHealth.

+ NexusACO administered by UMR.

CALIFORNIA SCHOOLS

veba

WELCOME TO VEBA

Welcome to the California Schools Voluntary Employee Benefits Association (VEBA), a joint labor-management trust. VEBA was formed to purchase the highest quality benefits at the lowest cost for school district employees like you. Your benefits are highlighted below.

YOUR HEALTH BENEFITS

Save time, visit **www.vebaonline.com**

Click VEBA Members Click Health Benefits Click Active Members

Find: • District Benefits • Plan Documents • Carrier Links

VEBA provides high-quality health benefits at the most reasonable cost for you and your eligible family members. Your district will give you the specifics about your health plan choices through Kaiser and United-Healthcare. Your other health benefits are described below.

Chiropractic Benefits

You get chiropractic benefits (and acupuncture if your district offers it) through OptumHealth (Optum). Your benefits include:

- Unlimited visits, as long as medically necessary
- Radiological X-rays as authorized
- $50 annual chiropractic appliance benefit

It's important to verify that your provider still participates with Optum Plans, **before** you receive services. Here's what to do:

- Ask the provider if he/she still participates with Optum
- Contact Optum to verify network providers

PLEASE NOTE: Services must be medically necessary and may be subject to prior authorization from Optum.

YOUR WELLNESS BENEFITS

Save time, visit **www.vebaonline.com**

Click VEBA Members Click Wellness Benefits

Find: • Activities • Coaching • Rewards • Worksite Wellness

VEBA provides the following Wellness benefits to help you and your eligible family members develop healthy habits and stay well.

Health Coaching

If you have certain health risks, or chronic conditions, VEBA's Health Coaches can help you stay well. If eligible, you will be paired with a Health Coach who will provide weekly phone calls and email coaching. Your Health Coach will help you set health-related goals and develop strategies to reach them. Areas of focus include nutrition, fitness, behavior modification, disease and injury management, stress management and more.

Wellness Activities

If you find it hard to motivate yourself to eat right and exercise, then VEBA's Wellness Activities are for you! Each activity provides measurable milestones so you can see your results! Plus, after you complete an activity, you get points to earn FREE GIFTS (such as gift cards, juicing blenders, individual yoga and cooking classes, and much more).

Workplace Wellness Programs

VEBA provides all the information, tools and support your district needs to launch and sustain a successful Workplace Wellness program. Our wellness experts will help you set up a Wellness Committee, attend meetings to get you started, and provide suggestions about events and activities to keep your employees motivated.

YOUR ADVOCACY BENEFITS

Save time, visit **www.vebaonline.com**

Click VEBA Members Click Advocacy Benefits

Find: • Advocacy Services • Best Doctors • EAP

VEBA provides the following Advocacy benefits that include resources, education and support to empower you to make informed decisions about your health care and lifestyle choices. They also help you get appropriate health care information and services when you need them.

VEBA Advocacy Program

Sometimes it's hard to know where to turn when doctors or the health plan can't answer your questions. VEBA's Advocacy Program, headed by a registered nurse and knowledgeable staff members, is your best support system when you are faced with challenges in accessing the care you need.

VEBA's Advocacy Program helps protect your right to obtain the services you need while avoiding costly, inappropriate care and delays in diagnosis and treatment. It helps you resolve issues related to access to care, quality of care, getting timely appointments and questions about a diagnosis or second opinion.

Best Doctors® Program

The Best Doctors® program provides free consultation with medical experts if you have a question about your health or are diagnosed with a serious, complex or rare medical condition. Best Doctors® will review your care, confirm your diagnosis and recommend treatment.

(Advocacy benefits continue on next page)

YOUR ADVOCACY BENEFITS

(continued from page 1)

Employee Assistance Program (EAP)

There may be times in your life when you need help and don't know where to turn. Whatever the problem, you do not need to handle it alone. VEBA has arranged to provide confidential EAP services to you and your family members.

When you call the EAP, you will be connected with a licensed EAP counselor who will help you determine the most appropriate type of assistance to resolve your concerns. The EAP can help with life issues through a wide range of services, including face-to-face counseling sessions or a referral to community resources. Here are just a few examples of how the EAP can help.

Counseling Services

- Depression and stress
- Co-worker conflicts
- Grief and loss
- Marital or family issues
- Alcohol/substance abuse issues
- ADHD assessment

Dependent Care Referral

- Referrals to child or elder care providers
- Referrals to home health care providers
- Tips on interviewing and monitoring caregivers
- Adoption information
- Child care/summer day camp

Legal Consultation

- Free and confidential half-hour legal consultation through a nationwide network of attorneys
- Wills trusts and estate planning
- Divorce and Custody
- Small claims or personal injury
- Real estate transactions
- Drunk driving offenses
- Criminal offenses

CARRIER CONTACT INFORMATION

Save time, visit **www.vebaonline.com**

Click VEBA Members Click Health Benefits

Download: • Contact Information Flyer

We encourage you to contact the carriers below when you have questions about your benefits. You can also visit their websites below to:

- Find a participating provider
- Print an ID card
- Learn about their Discount Programs
- And, much more!

CARRIER/WEBSITE	PHONE
Best Doctors www.bestdoctors.com	888-362-8677
Delta Dental www.deltadentalins.com	PPO 866-499-3001 HMO 800-422-4234
Employee Assistance Program (EAP) www.liveandworkwell.com Access code:veba	888-625-4809
Express Scripts www.express-scripts.com	800-918-8011 (Mail order) 800-633-2662
Kaiser www.kp.org	800-464-4000
Optum Heath (Chiropractic/Acupuncture) www.myoptumhealthphysicalhealthofca.com	
Kaiser Members UHC Members	800-428-6337 888-586-6365*
UnitedHealthcare HMO: www.uhcwest.com PPO: www.myuhc.com	888-586-6365*
VEBA Advocacy www.vebaonline.com	888-276-0250
Vision Service Plan www.vsp.com	800-877-7195

**Please note: This is a new UHC HMO and PPO Customer Service phone number. It will be effective October 1, 2014.*

CALIFORNIA SCHOOLS veba

The VEBA Vision:

To enable California public employees and their families to achieve and maintain wellness.

The VEBA Mission:

To collaboratively provide health care benefits and related services that are effective, affordable and of the highest quality and value.

DELTA DENTAL PREMIER®: YOUR SMILE IS COVERED

ENJOY THE LARGEST NETWORK

Visit a Premier dentist[1] to maximize your savings and enjoy access to the largest dentist network in the U.S.[2] These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.[3] Find a Premier dentist at **deltadentalins.com**.[4]

ACCESS ONLINE SERVICES

Get information about your plan anytime, anywhere by signing up for an Online Services account at **deltadentalins.com**. This free service lets you check benefits and eligibility information, find a network dentist and more.

CHECK IN WITH EASE

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or social security number. If your family members are covered under your plan, they will need your name, birth date and enrollee or social security number. Prefer to take a paper or electronic ID card with you? Simply sign in to Online Services, where you can print or view your card with the click of a button. If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

UNDERSTAND TRANSITION OF CARE

Did you start on a dental treatment plan before your Premier coverage kicked in? Multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.[5] You can find this date by logging in to Online Services.

NEWLY COVERED? Visit **deltadentalins.com/welcome**.

SAVE WITH A PREMIER DENTIST

PREMIER

NON-PREMIER

LEGAL NOTICES: Access federal and state legal notices related to your plan at deltadentalins.com/about/legal/index-enrollee.html

[1] You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose an out-of-network dentist. Network dentists are subject to contracted fees.

[2] NetMinder Dental Network Trend Report, March 2015. Based on total unique dentists nationwide.

[3] Enrollees are responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.

[4] Verify that your dentist is a Premier dentist before each appointment.

[5] Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier will be responsible for any costs. Group- and state-specific exceptions may apply. Active orthodontic treatment may be eligible for coverage. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

HL_PRE #94542 (rev 11/15)

DELTA DENTAL®

deltadentalins.com/enrollees

WE KEEP YOU SMILING®

Plan Benefit Highlights for: San Diego Community College District

Group No: 06714 - 02010, 02011, 02012, 02013, 02014 & 02015

DELTA DENTAL PREMIER®

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month that dependent turns age 26			
Deductibles	$25 per person / $75 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes			
Maximums	$2,000 per person each calendar year			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	**Delta Dental Premier dentists****	**Non-Delta Dental dentists****
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100 %	100 %
Basic Services Fillings, simple tooth extractions and sealants	80 %	80 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %
Oral Surgery Covered Under Basic Services	80 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	60 %	60 %
Prosthodontics Bridges, dentures and implants	60 %	60 %
Orthodontic Benefits Dependent children	75 %	75 %
Orthodontic Maximums	$1,500 Lifetime	$1,500 Lifetime
Dental Accident Benefits	100 % (separate $1,000 maximum per person each calendar year)	

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

** Fees are based on Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California
100 First St.
San Francisco, CA 94105

Customer Service
866-499-3001

Claims Address
P.O. Box 997330
Sacramento, CA 95899-7330

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Your Vision Benefits Summary

Get the best in eyecare and eyewear with San Diego Community College District and VSP® Vision Care.

Using your VSP benefit is easy.

- **Register at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eyecare provider who's right for you.** The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider. To find a VSP provider, visit **vsp.com** or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on **vsp.com**.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Best EyeCare

You'll get the highest level of care, including a WellVision Exam®– the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more[1]. Visit **vsp.com** to find a VSP provider who carries these brands.

Plan Information

VSP Provider Network: VSP Signature

Visit **vsp.com** or call **800.877.7195** for more details on your vision coverage and exclusive savings and promotions for VSP members.

[1]Brands/Promotion subject to change

Benefit	Description	Copay
Your Coverage with a VSP Provider		
WellVision Exam	• Focuses on your eyes and overall wellness • Every 12 months	$25 for exam and glasses
Prescription Glasses		
Frame	• $115 allowance for a wide selection of frames • $135 allowance for featured frame brands • 20% savings on the amount over your allowance • $70 allowance at Costco • Every 12 months	Combined with exam
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 12 months	Combined with exam
Lens Enhancements	• Tints/Photochromic adaptive lenses • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 35-40% on other lens enhancements • Every 12 months	$0 $50 $80 - $90 $120 - $160
Contacts (instead of glasses)	• $105 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation) • Every 12 months	$0
Extra Savings	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. **Retinal Screening** • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam **Laser Vision Correction** • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor	

Your Coverage with Out-of-Network Providers

Visit **vsp.com** for details, if you plan to see a provider other than a VSP network provider

Exam	up to $40	Lined Trifocal Lenses	up to $80
Frame	up to $45	Progressive Lenses	up to $80
Single Vision Lenses	up to $40	Contacts	up to $105
Lined Bifocal Lenses	up to $60	Tints	up to $5

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details.
Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

OPTUMHealth™

Physical Health of California

CALIFORNIA SCHOOLS veba

VEBA Chiropractic/Acupuncture California Member Benefits

As part of VEBA, you receive chiropractic and/or acupuncture benefits as long as you receive care from participating OptumHealth Physical Health of California (Optum) providers. Your benefits include:

- Unlimited visits (subject to medical necessity)
- Copays that align with your PCP office visit copay
- X-rays as authorized
- 100% coverage for durable medical equipment up to $50

If your PCP copay is:	Your Chiropractic/Acupuncture copay is:
$0, $5, or $10	$10
$15, $20, or $25	$20
$30, $35, or $40	$30

Only Optum chiropractors and acupuncturists are eligible for reimbursement under the plan. So, before you receive services, please verify that your chiropractor or acupuncturist still participates with Optum.

Three ways to find a provider.

Your health plan coverage gives you access to more than 3,000 network providers in California. Here are three easy ways to find a contracted provider near you:

1. Go to the Provider Locator search at **www.myoptumhealthphysicalhealthofca.com**
   a. To identify a participating provider, look for "VEBA" in the list in the column headed "Participating Provider for:"
2. **Call Optum Member Services at 1.800.428.6337** (5 a.m. to 5 p.m., Pacific Time, Monday – Friday) for the most current and up to date information.
3. **Call the provider directly** to schedule an appointment, and verify they are part of the Optum network for VEBA.

How do my benefits work?

At the time of your appointment:

- Your provider will verify your eligibility using your Optum ID Card. Then, simply pay your designated co-pay. If you have misplaced your ID card or don't have an ID card, you can still access services. Just tell your provider you are covered under VEBA, and they can verify your benefits with Optum.
- Your provider may also ask you to complete a Patient Summary Form*. This form makes it easy for you to share important information about your condition with your provider. It also helps them determine what type of treatment to provide so you can improve as quickly as possible.

  Note: Most patients only complete this form once; but if your condition requires prolonged treatment, you may need to complete the form again with updated information.
- When your provider submits the Patient Summary Form information to Optum, you and your provider may receive a recovery milestone document, which represents a number of treatments within which most patients with a similar condition have recovered.

  Note: This is not an authorized number of treatments or a limit on the number of treatments available to you. It simply helps your provider set a point when your condition should be reviewed again to determine the level of improvement you have made with the treatment you have already received.
- If you need additional treatment, your provider will advise you and Optum.

IMPORTANT:

If you are having trouble reading this document and have language needs other than English, we can have somebody help you. You may call 1-800-428-6337 Monday through Friday, 5 a.m. to 5 p.m. Pacific Time. There is no fee for this service. Because this document may require action by you, you are encouraged to call as soon as possible.

Questions?
Call Optum Member Services at 1.800.428.6337 (5 a.m. to 5 p.m., Pacific Time, Monday – Friday).

*The Patient Summary Form applies to the Chiropractic Clinical Support Program.

The information provided on included programs is for informational purposes only and is not a substitute for your doctor's care. Please discuss with your doctor how the information provided is right for you. Always refer to your plan documents for specific benefit coverage and limitations.

Health plan coverage provided by or through UnitedHealthcare of California, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Washington, Inc. Administrative services provided by UnitedHealthcare Services, Inc., Optum Rx, Inc. or OptumHealth Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC) or United Behavioral Health (UBH).

Chiropractic services administered through Optum, a UnitedHealth Group company.

OPTUMHealth™

Physical Health of California

T 800.428.6337 | **www.myoptumhealthphysicalhealthofca.com**

P.O. Box 880009, San DIego, California 92168

OPTUMHealth™

WorkLife Services

Work, children, friends, family—it all adds up to lack of time, and sometimes overwhelming stress.

Let us do your legwork.

We can provide you and your loved ones with information and referrals for many of your personal needs. Just call. We'll do the research and provide a list of service options in your area, or wherever you need them.

Look to us for information on a variety of services, including:

- **Household services.** Plumbers who work evenings, housekeepers, carpenters, dry cleaners, auto repair shops, electricians, landscapers
- **Shopping.** Clothing, antiques, sporting goods, specialty stores, shopping services for the elderly or disabled
- **Entertainment.** Theater tickets, golf, travel arrangements, kid-friendly restaurants, nightclubs, horseback riding, concerts, skydiving lessons
- **Health and wellness.** Fitness centers, urgent care clinics, all-night pharmacies
- **Personal services.** Apartment brokers, caterers, tailors, translators, dog walkers

When times are tough, WorkLife Services can help, with referrals including:

- **Adult/Elder Support Services.** For people who are aging or caring for adult and elder dependents, including caregiving, housing, transportation, meal services, senior activity groups
- **Child/Parenting Support Services.** Answers to parenting questions, resources for daycare, summer camps, adoption, sick-child care
- **Chronic Condition Support.** Non-medical support and resources for employees and dependents who have a condition like diabetes, arthritis or asthma

Our referrals are reliable.

Our Resource specialists conduct searches using our extensive database and make phone calls to find options that meet your needs. You'll get up-to-date details—including what services are offered, how much they cost, professional credentials and contact information—by telephone, fax or e-mail. What might have taken you hours takes just one call!

Save time. Enjoy life. One quick call. Hundreds of real-world solutions.

Simply call the toll-free number provided by your health benefits representative or log on to www.liveandworkwell.com and enter your access code. All calls and use of services are confidential in accordance with applicable law. Contact us today.

Please note: While WorkLife Services and all referrals are included as part of your benefits, you will have to pay for any WorkLife Services you decide to use. OptumHealth Behavioral Solutions specialists cannot book or purchase services on your behalf. This is an educational referral-based service only. Certain services may not be available in some benefit plans. Consult your benefit plan to know what is available.

OPTUMHealth™

WorkLife Services

Save time. Enjoy life. One quick call. Hundreds of real-life solutions.

More than 100 Ways to Help You Manage Your Life!

Here is a sample of the services available to you. Call today and receive personalized consultation and referrals in the following areas.

CONVENIENCE SERVICES

Business Travel
Health and Well-Being
Home Improvements
Household Services
Yard and Lawn Care
Shopping
Entertainment
Dining
Nightlife
Recreation
Pet Services
Travel
Repair: auto, home
Relocation
Personal services:
massage, spa services, acupuncture, etc.

CHILD, FAMILY AND PARENTING SUPPORT SERVICES

Adoption
At-Risk Pregnancy Support
Before and After School Programs
Certified Nurse Midwives
Childbirth Issues
Childcare Options
Child Development
Cooperative Preschools
Dad's Groups
Day/Residential Camps
Doula Services
Emergency/Sick-Child Care
Extended Day Programs
Help with Parenting Questions
Home Alone Services
Infertility Resources
Newborn Issues
New Parent Support Groups
Parent/Child Interactive Classes
Parent Education Classes
Postpartum Depression Support
Prenatal Services
Preschools
Recreational Activities
Sibling Support
Special Needs Care
State and Federal Government
Nutrition and Health Programs for At-Risk and Low Income Parents
State Subsidy Programs
Step-Family Support Groups
Summer Camps and Activities
Summer Childcare
Teen Parent Assistance Program
Transportation Services
Community Programs for Teens

EDUCATIONAL RESOURCES

(from kindergarten through adult)

Adult Education Classes
Alternative Educational Programs
College Solutions
Career Consulting
Community College Programs
Early Childhood Curriculums
Early Intervention Programs
Educational Advocacy Groups
Enrichment Classes
Home Schooling
Individual Educational Plan
International Study
Kindergartens
Nursery Schools
Private School Resources
Residential Schools
Schools/Programs for At-Risk Youth
Special Needs Programs
Sports and Recreation Programs
Technical Schools

ADULT AND ELDERCARE SUPPORT SERVICES

Adult Day Care Programs
Alzheimer's and Related Disorders
Case Management
Community Resources and Programs
Disaster Support
Elder Abuse
Elder Law Attorneys
Financial Issues
Government Programs
Grief/Loss
Health and Older Adults
Home/Health Assessment
Homemaker Service
Housing Options
In-Home/Nursing Care Options
Legal Issues
Meals on Wheels
Ombudsman
Recreation/Social Programs
Retirement Planning
Skilled Nursing Facility Information
Travel
Volunteer Opportunities

CHRONIC ILLNESSES AND CONDITIONS SUPPORT SERVICES

Advocacy
Affordable Housing
Assistive Technology
Caregiving
Condition-Specific Support
Food Service and Nutrition Help Lines
Living with a Disability
Remodeling for Accessibility
Respite Services
Transportation
Travel/Special Needs
Work Issues

Contact us any time you need help with any of life's concerns. Ask your health benefits representative for your access code to liveandworkwell.com and the toll-free number.

Making Health Care Better for Everyone

Employee Assistance Plan (EAP)

As a member of the California Schools VEBA (VEBA), you are eligible for the Employee Assistance Program (EAP). This program is designed to provide confidential support for life's challenges or more serious problems. Help is available whenever you need it, 7 days a week, 24 hours a day, 365 days a year.

What Can My EAP Benefit Do For Me?

You may be struggling with stress at work, seeking financial or legal advice, or coping with the death of a loved one. Maybe you just want to strengthen your relationships with your family. Your EAP Benefit offers assistance and support for all these concerns and more:

- Depression, anxiety and stress
- Substance abuse
- Relationship problems
- Workplace conflicts
- Parenting and family issues
- Living with chronic conditions
- Childcare and eldercare support

How Do I Get Started?

The EAP is available to you toll-free, 24 hours a day, 7 days a week.

- All services are CONFIDENTIAL
- Services are available to all household and dependent family members
- You get 5 FREE face-to-face counseling sessions (per incident) with an EAP provider

Phone: 888-625-4809
TDD/TTY: 888-842-9489
Website: www.liveandworkwell.com access code: VEBA

What Will Happen When I Call?

A specialist will ask you a few questions to help identify the nature of your problem and the appropriate resources needed to address it. If you need financial or legal services, the specialist will refer you to an expert in that field. If you want to see a clinician, the specialist will match you with one in the network who has the appropriate experience to help. They will work to satisfy your preferences with respect to gender and language/cultural requirements.

Can I Access Services Online?

Yes. liveandworkwell.com is an interactive website that provides access to your benefits and tools to help you enhance your work, health and life. You can:

- Check your benefits information and submit online requests for services
- Search their online directory of clinicians
- Access information and resources for hundreds of everyday work and life issues in one of their many virtual help centers
- Participate in interactive, customizable self-improvement programs

4914

2017 Express Scripts Prescription Drugs

Network Pharmacies

There are several types of Express Scripts network pharmacies. Your copay and coinsurance amounts are based on which network your pharmacy is in. Choose from the networks shown below.

Short-Term Drugs *(up to a 30-day supply)*

- Use Express Scripts Advantage Network (EAN) pharmacy (for lowest cost) or non-EAN pharmacy

Maintenance Drugs *(up to a 90-day supply)*

- Use Express Scripts Smart90 pharmacy or Express Scripts Home Delivery for lowest cost

EAN Pharmacies

COSTCO PHARMACY, Ralphs, RITE AID, VONS, Haggen, K kmart, Walmart, MANY INDEPENDENT PHARMACIES

Non-EAN Pharmacies

Walgreens, SOME INDEPENDENT PHARMACIES, TARGET, CVS/pharmacy

Smart90 Pharmacies

COSTCO PHARMACY, RITE AID

Home Delivery

EXPRESS SCRIPTS®

Your Costs

Your benefits are based on the type of drug you receive and where you receive it. For the lowest copays:

- Ask your doctor to prescribe Generic drugs[1]
- Use an EAN pharmacy for short-term drugs[2]
- Use a Smart90 pharmacy or Express Scripts Home Delivery for maintenance drugs and get 3 fills for the cost of 2 fills[3]

ID Cards

You must show your Express Scripts ID card when you go to the pharmacy.

- You get 2 ID Cards in the mail for your entire family
- You can print additional ID cards when you register at express-scripts.com
- Do NOT show your UHC ID card at the pharmacy, that card is only for doctor/hospital visits

Resources

To find network pharmacies and cost information about drugs that are available over-the-counter.

- *Call Express Scripts Customer Service: 800-918-8011*
- *Register online at: Express-Scripts.com*
- *Download the Express Scripts app*

Notes

[1]If you purchase a brand-name drug when a generic is available, you will pay the generic drug copay plus the difference in cost between the brand-name and the generic drug, even if your doctor writes "dispense as written" on the prescription.

[2]If you use a non-EAN pharmacy, you will pay an extra $5 for short-term medications.

[3]You must fill the 4th and following prescription of a maintenance drug at a Smart90 pharmacy or through Express Scripts Home Delivery to avoid paying a penalty (equal to 2 times the short-term drug copay for up to a 30-day supply).

CALIFORNIA SCHOOLS veba

Best Doctors®

I can't imagine what I would have done if I didn't have Best Doctors as a free benefit.

Congratulations! As a Best Doctors member, you have the expertise of more than 53,000 of the world's best doctors at your fingertips!

Simply by contacting Best Doctors, you can have your medical diagnoses and treatment plans reviewed by carefully selected expert physicians. All services are conveniently provided by phone or online so there is no need for additional travel. And Best Doctors' services are 100% confidential and completely free to you!

Services Available:

Expert Second Opinion Service

A Review of Your Medical Case by a World-Leading Doctor

The Best Doctors **InterConsultation**® service lets you get a second opinion from one of the world's most well respected doctors. We match your case to the most appropriate medical expert, who reviews your diagnosis and treatment plan in great detail. You don't visit a doctor or leave home. Just give us permission to collect your medical records and we do the rest—in complete confidence, at no cost.

You'll receive an in-depth, easy-to-understand report with our expert's opinions and, if necessary, recommended changes. Even if your medical condition doesn't seem serious at the time, it's worth calling Best Doctors just to be sure.

Ask the Expert™

Fast Answers to Your Medical Questions

A brief doctor's visit doesn't give you enough time to get all your questions answered. And the Internet can be confusing and scary. The next time you have questions about a medical condition or treatment, ask an Expert. With Best Doctors Ask the Expert™ service, you can discuss your questions and concerns with a nurse over the phone. Then the nurse will share them with the most appropriate Best Doctors specialist. You'll quickly receive the Expert's written answers in an easy-to-understand report. No needless worrying, wondering or wandering the web.

Critical Care Support

Expert Second Opinions for Catastrophic Medical Events

The Critical Care Support service lets you call on a Best Doctors expert for guidance during accidents or medical events that require emergency treatment, intensive care or extended hospital stays. After you call Best Doctors, an expert immediately gets involved in your case, working with your local medical team to provide his or her recommendations. It's an early-intervention version of InterConsultation® specifically for extreme situations. So you can be sure that the right decisions are being made when time is critical.

Find a Best Doctor™

Finding a Best Doctor, local to you.

The exclusive Best Doctors database is made up of the top 5% of physicians in the US. Each Expert has been peer nominated and designated as the best by other doctors in a Gallup®-certified process. While many of our Experts are located near major teaching facilities and centers of medical excellence, Best Doctors is happy to search our database on your behalf for a specific specialist who meets your search criteria.

For more information, or to take advantage of any of the Best Doctors services, call 866.904.0910 or visit members.bestdoctors.com.

OVERVIEW OF HEALTH COVERAGE FOR EMPLOYEES' DOMESTIC PARTNERS

How Does an Employee Qualify for This Benefit?

- If an employee and his or her partner are "domestic partners", they can qualify for medical benefits by filing an Affidavit of Domestic Partnership with the District Plan Administrator or designated representative.
    - "Domestic Partners" are defined in the affidavit as "two adults who have chosen to share their lives in an intimate and committed relationship, reside together, and share a mutual obligation of support for the basic necessities of life."
    - Specifically, the affidavit asks employees seeking this benefit to:
        - acknowledge that they and their domestic partner are not related by blood to a degree of closeness that would prohibit legal marriage
        - are mutually responsible for the cost of basic living expenses
        - are both at least the minimum age of consent in the state in which they reside
        - reside together and intend to do so indefinitely; and that neither is married to anyone else.
    - Enrollment of domestic partners may only occur during the District's annual enrollment period. The effective date must coincide with the beginning of the District's plan year.
- If an employee chooses to exercise this option, he or she will be able to choose from medical care plans offered by insurers that have agreed to provide coverage of domestic partners.
- The effective date of coverage may only be on the annual enrollment date for the District that next follows the receipt of the signed Health Care Enrollment Statement and Affidavit of Domestic Partnership.

What Happens to the Domestic Partner's Coverage When the Employee Leaves Employment or Dies?

- Although a domestic partner does not have the right to COBRA coverage under current federal law, the District has decided to offer continued coverage in certain cases in which COBRA coverage would not be available to a domestic partner and his or her eligible dependents, if any.
- Districts may allow a covered domestic partner, and his or her dependents, if any, to continue coverage at the COBRA rate applicable to the plan following:
    - The employee's termination of employment, until the expiration of the employee's COBRA coverage, for up to 18 months
    - The death of the employee, for up to 36 months.
- Except in the event of the employee's death, the domestic partner shall not be permitted to continue coverage beyond the date of the termination of the domestic partner relationship, or beyond the date that the domestic partner becomes eligible for coverage under Medicare.

What are the Tax Consequences of Electing This Benefit?

- **The district cannot provide tax or legal advice on the implications of adding domestic partner coverage. Individuals should review the implications with their own legal or tax counsel.**

Are There Other Legal Consequences to Electing This Benefit?

Employees wishing to opt for this benefit are advised to consult an attorney regarding the possibility that the filing of Domestic Partnership may have other legal consequences. Including, it may, in the event of termination of the Domestic Partner relationship, be regarded as a factor leading a court to treat the relationship as the equivalent of marriage for the purpose of establishing and dividing community property, or for ordering payment of support.

SAN DIEGO COMMUNITY COLLEGE DISTRICT
HUMAN RESOURCES – BENEFITS OFFICE
3375 CAMINO DEL RIO SOUTH
SAN DIEGO, CA 92108-3883
(619) 388-6587

ENROLLMENT/CHANGE FORMS & REQUIRED DOCUMENTATION

If you were recently married, divorced or acquired new dependent(s) (birth, adoption, or dependents acquired through marriage) you need to complete for medical and dental change forms to add or delete dependent(s) or spouse.

Your spouse or dependent(s) may be added only ***within 30 days*** after marriage or of custody, adoption or birth of dependent(s).

Are you changing your name or address? You must complete change forms!

REQUIRED DOCUMENTATION

A certified copy of:

1. Marriage Certificate; or
2. Final Judgment of Dissolution; or
3. Certificate of Birth - The certificate of birth issued by the hospital or Temporary Newborn Identification Card issued by Kaiser Permanente will be accepted temporarily; or
4. Legal documents for custody or adoption will be required.

It is the employee's responsibility to notify Benefits Services **immediately** when a divorce is final.

Failure to notify Benefits Services will result in the employee being responsible for any costs incurred on the plans.

If you need to change any of your beneficiary forms (i.e. STRS, PERS, life insurance or last pay warrant), please contact Benefits Services at (619)388-6587.

San Diego Community College District
3375 Camino del Rio South
San Diego, CA 92108

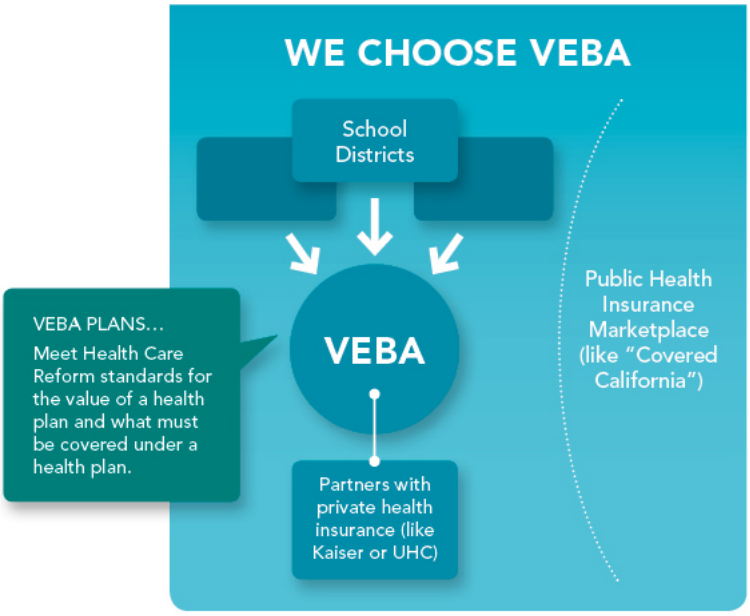
AFFORDABLE CARE ACT: WHAT YOU NEED TO KNOW

Dear New Employee:

You've probably heard about the Affordable Care Act, also called the Health Care Reform law. This letter describes what the Affordable Care Act means to you as a school district employee. Starting January 1, 2014, the law requires most Americans to be covered under a health plan — whether they get it from an employer, a private insurance company or from the government. This is called the "Individual Mandate." If you do not have health insurance as of this date, you may have to pay a tax penalty.

The good news is, if you are eligible for benefits through your school district, **your school district benefits through VEBA meet the Individual Mandate requirement.** To find out if you are eligible for benefits, contact your school district's benefits department.

You will probably hear a lot about "exchanges" or "marketplaces." In California, the public, state-sponsored Health Insurance Marketplace is called Covered California™. This marketplace is intended to help people without coverage find a health plan for 2015. But, if you're benefits-eligible, you have coverage available through your school district.



There's a lot we don't know yet about Covered California. That's why, for now, we believe the best choice is to offer comprehensive health plan options at the most cost-effective price, directly through VEBA.

We will monitor the changes related to the Affordable Care Act over the coming months and years and continue to use the collective bargaining process for represented employees, as the elements of the law become clearer.

What You Need To Do

The Affordable Care Act makes it clear: it's up to you to make sure you have health insurance beginning in 2014. If eligible, be sure to enroll in the district health plan that works best for you and your family — *so that you're covered in 2015.* If you are not eligible, you may be able to enroll in coverage through your spouse's/domestic partner's employer, Covered California (www.coveredca.com), Medicare (if eligible) or Medicaid benefits, if you qualify. (Find out if you are eligible for Medicaid by contacting Medicaid in your state (Medi-Cal in the State of California). Contact information can be found at www.medicaid.gov.)

If you enroll in coverage elsewhere, be sure to review your coverage with your tax planner to ensure your coverage meets the Affordable Care Act requirements.

More information about the Affordable Care Act can be found at www.healthcare.gov, the website sponsored by the Department of Health and Human Services.

CALIFORNIA SCHOOLS veba
vebaonline.com

Your Flexible Spending Account (FSA)

Group Name:	SAN DIEGO COMMUNITY COLLEGE DISTRICT
Group Number:	BB1055
Plan Year Dates:	JANUARY 1, 2020 – DECEMBER 31, 2020
Flexible Spending Account Limit:	$2,700
Dependent Care Account Limit:	$5,000 *(unused funds will be forfeited at the end of the Plan Year)*
Transportation Reimbursement Account:	$255 per Month
Parking Reimbursement Account	$255 per Month
Grace Period:	You have until March 15, 2021 to incur claims using funds from the 2020 Plan Year
Filing Deadline:	You have until March 31, 2021 to submit claims for services incurred from January 1, 2020 through March 15, 2021.

My SmartCare Access

BCC's My SmartCare is your personal FSA management tool, available as a mobile app and online portal enabling you to freely and securely access your FSA 24/7/365. My SmartCare features real-time account balances, claims tracking, electronic claims submission, transaction history, push notifications via text or e-mail, contribution calculators, educational resources, FAQs and much more!

The My SmartCare mobile app is available for free from your iOS or Android device app store by searching 'BCC SmartCare' and installing the app. The My SmartCare online portal is available by visiting https://www.mywealthcareonline.com/bccsmartcare/. You can register from either platform and will be walked through a series of registration questions followed by a secure authentication process to validate you as a user. **Use your Social Security Number as your Employee ID and your FSA Benefits Debit Card number as your Registration ID.** Once registered, both platforms utilize the same log in credentials for your convenience.

Benefits Debit Card

Your FSA benefits debit card allows you to swipe for payment at the point of service. Your card can be used at all eligible locations wherever MasterCard® is accepted. You should not throw away your card at the end of a Plan year, as it remains active for future Plan years until the expiration date is reached.

If your card is lost or stolen, you should report the occurrence and order a new card in My SmartCare (or by calling BCC's Customer Service Center). Additional benefit debit cards are available for eligible dependents age 18 or older by completing the Additional Benefits Debit Card Request Form available from your HR Department and following the submission instructions on the form.

Fast & Easy Claims Processing

If you do not use your benefits debit card at the point of service, for the fastest reimbursement and trackable progress of claims, submit through My SmartCare. This can be done through the My SmartCare mobile app or My SmartCare Online Portal.

Claims can also be submitted through the following methods:

Mail:	Fax:	E-Mail:	Download:
Benefit Coordinators Corporation, Attn: FSA Two Robinson Plaza, Ste. 200 Pittsburgh, PA 15205	412-276-7185	fsa-claims@benxcel.com *PDF files only* *Attachments cannot exceed 5MB*	https://secure.benxcel.com

When submitting a claim through any method, always include all claim documentation (checks and credit card receipts are not recognized as valid receipts by the IRS). It's imperative that you sign the reimbursement form to avoid a denied request.

Direct Deposit

Your FSA reimbursements can be deposited directly into your checking or savings account with each transaction being reflected on the Explanation of Benefits. This optional feature is available by selecting and completing the direct deposit payment method in My SmartCare or by completing the authorization form available from your HR Department and following the submission instructions on the form.

Customer Service

BCC's call center is comprised of knowledgeable, licensed agents that are ready to answer your FSA questions. Call us toll-free at 800-685-6100. Agents are available Monday – Thursday from 5:00am – 5:00pm PT and Friday from 5:00am – 3:00pm PT.