



HEALTH & WELFARE ENROLLMENT PACKET

HUMAN RESOURCES

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HEALTH & WELFARE ENROLLMENT



GENERAL INFORMATION

INITIAL ENROLLMENT:

Welcome to Mt. San Antonio College! As a new benefit-eligible employee, you have the following options: 1) Enroll in medical, dental, vision, and life insurance plans offered by the District; **OR** 2) Elect to Opt-Out of medical coverage **only** with proof of comparable GROUP coverage elsewhere and enrollment in dental, vision and life insurance plan offered by the District. Instructions for enrollment are found on pages 11-12. **Completed enrollment forms must be returned by the 15th of the month. A delay will cause your insurance benefits, payroll deductions, and District's contribution to be adjusted as necessary.**

DISTRICT CONTRIBUTIONS & PAYROLL DEDUCTIONS

If your total premiums are **less than** the District Contribution, the remaining balance will be added to your monthly paycheck 10 months (Sept.–June). If your premiums cost **more than** the District Contribution, the remaining amounts of premiums due will be deducted on a pre-tax basis from your monthly paycheck over the 10 month period of September-June.

DEPENDENT(S) ELIGIBILITY:

SPOUSE:	Eligible until date of legal separation or final decree of divorce
CHILD(REN)*:	Medical, Dental & Vision Insurance: Until end of the month of 26 th birthday
DISABLED CHILD(REN):	Eligible for life; proof of disabled status must be established with Human Resources (HR) before the month of their 26 th birthday.

ADDING DEPENDENT(S):

Dependent(s) can be added in the following qualifying events. Enrollment forms are available in HR.

- A spouse, newborn, step-child(ren) or newly adopted child(ren) may be added if enrolled within 30 days of marriage, birth, or change of custody.
- If you do not enroll eligible dependent(s) within the initial 30 day period, you may add them the first of the following month, **if** done within 60 days of loss of other coverage.
- If not added during a qualifying event, you may add the dependent(s) during the next Open Enrollment period **or** after a 90-day waiting period.

DELETING DEPENDENT(S):

Deleting dependent(s) must be completed in HR. Although not required, it is recommended that you schedule an appointment with your assigned Benefits Specialist.

Mandatory Deletions: legal separation or divorce of a spouse and 26th birthday. It is **your** responsibility to notify HR within 60 days.

COBRA CONTINUATION:

COBRA is a federally mandated program which requires continuation of health coverage when an event occurs that normally would have terminated coverage for an employee or dependent. Generally, the employer must provide employees with COBRA rights within 45 days of separation from employment, or for dependent(s).



HEALTH BENEFITS SIGN UP INFORMATION

MEDICAL (CalPERS) & DENTAL (ASCIP) PLAN GUIDES:

Evidence of Coverage booklets detailing coverage for medical and dental plans are available in HR upon request.

The CalPERS Health Benefits Program package has a booklet designed to help you decide which **medical plan** is best for you. The “Health Benefit Summary” offers a side-by-side comparison of all CalPERS HMO and PPO plans, and can be accessed online at www.CalPERS.ca.gov

ASCIP provides a comparison sheet to help you decide which **dental plan** is best for you available at www.deltadentalins.com

WHAT TO DO NEXT:

Once you have reviewed the enclosed information packet, you must schedule an appointment with your assigned Benefits Specialist. Please make sure to bring your completed forms to your appointment. This appointment typically takes up to 30 minutes. Human Resources is located in Building 4 Room 1460 (1st Floor) and is open from Monday through Friday 7:30am-4:30pm.

QUESTIONS:

All General Questions:

A-K (last name): Norma Vizcarra – (909)274-5872

L-Z (last name): Melissa Aguirre – (909)274-5419

WHAT TO BRING TO YOUR ENROLLMENT APPOINTMENT:

Enrolling a Spouse/or Registered Domestic Partner:	Marriage Certificate/ Certificate of Domestic Partnership Spouse’s Social Security # Spouse’s Date of Birth
Enrolling dependent(s):	Dependent(s) Birth Certificate Social Security #s for each dependent Dates of Birth for each dependent

OPEN ENROLLMENT:

Open Enrollment is an annual event during which you may change your medical or dental insurance plan, add eligible dependent(s), or enroll in a flexible spending account. Mt. San Antonio College Annual Open Enrollment is typically held during the months of September through October, with changes becoming effective January 1 of the following year. Open enrollment announcements are sent via campus-wide email to all benefit-eligible employees.

DENTAL PLAN INSURANCE INFORMATION

DELTA PPO 2500:

Provider choice:	Any provider within the network
Annual maximum benefit:	\$2,500 per family member
Deductible:	None
Dependent Coverage:	Until 26th birthday, (whether or not dependent is enrolled in school, lives at home or is a tax "dependent")
Orthodontia:	Not covered, except extractions

DELTA PPO 1000:

Provider choice:	Any provider within the network
Annual maximum benefit:	\$1,000 per family member
Deductible:	None
Dependent Coverage:	Until 26th birthday, (whether or not dependent is enrolled in school, lives at home, or is a tax "dependent")
Orthodontia:	Not covered, except extractions

DELTACARE HMO:

Provider choice:	You must choose a DeltaCare provider; each family member may choose a different provider; specialists are available upon referral/approval
Annual maximum benefit:	Unlimited
Deductible:	None
Co-payments:	Under the DeltaCare USA program, many services are covered at no cost, while others have copayments (amount you pay your contract dentist) for certain benefits.
Dependent Coverage:	Until 26th birthday, (whether or not dependent is enrolled in school, lives at home, or is a tax "dependent")
Orthodontia:	A standard two-year plan is covered at a "discounted" rate (\$1,300 co-pay for children; \$1,600 for adults) plus \$350 in start-up costs. If correction takes longer than two years, member and orthodontist will agree on amount and payment plans for additional duration.

EXCEPTIONS:

Dependents unable to support themselves because of a mental or physical disability DO NOT lose coverage.

VISION & LIFE INSURANCE INFORMATION

VISION SERVICE PLAN (VSP):

Mt. San Antonio College vision insurance plan allows each qualified employee and their eligible family member(s) to have a refraction (annual exam), frames and lenses, or contact lenses **once every 12 months**. The 12-month period is counted from the month/date you or a family member last used covered benefits.

The VSP plan allows you to use any VSP provider. Using a *non-member* provider will entitle you to partial reimbursement.

An Information packet on how to use the plan will be mailed to the employee at the beginning of the first month of coverage. VSP providers may be found at vsp.com or by calling VSP at (800) 877-7195.

METLIFE LIFE INSURANCE:

All Mt. San Antonio College benefit eligible employee(s) will be automatically enrolled in the \$75,000 MetLife insurance/accidental death and dismemberment coverage. (see attached Schedule of Benefits)

The MetLife Supplemental policy also offers additional coverage for the employee, spouse, and child(ren), but only upon separate application. If you apply for this Optional insurance within 30 days of employment, you and/or your family are guaranteed coverage. The guaranteed coverage is up to three times the employee's salary, not to exceed \$250,000; and a spouse is guaranteed up to \$50,000 (but no more than 1/2 the employee's Optional coverage). Any additional premiums must be deducted from salary on a pre-tax basis. For additional questions, please ask your Benefits Specialist.

For amounts over the guaranteed coverage, you/your spouse must complete a Statement of Health (included in packet) and submit to MetLife as stated on the form.

After initial enrollment, you may only apply for an increase in coverage during Open Enrollment. A Statement of Health will be required in all cases.

FLEXIBLE BENEFIT PLANS

PHASE I: Payment of Premium(s)

Mt. San Antonio College offers a tax-saving feature from the Internal Revenue Service Code #125. It allows employees to pay health insurance premiums on a pre-tax basis.

- For eligible employees with out-of-pocket health benefit expenses (over and above the District contribution), your taxable income is reduced by the amount of the excess premiums.
- For eligible employees with money left over from the Health Benefits package (after the cost of premiums), the “fringe benefit” money is included in your paycheck, (subject to all payroll taxes), but not retirement contributions. In order to save state and federal withholding taxes on the “fringe benefit” portion, you can open a tax-shelter investment account and complete a Salary Reduction Agreement through the Schools First Federal Credit Union that will defer those taxes until retirement withdrawals.

PHASE II: Flexible Spending Accounts

The Section 125 Plan allows you to deduct the cost of eligible benefits from gross earnings before taxes. The money goes to a “flexible spending account” set up in your name with American Fidelity Assurance Company, a third party administrator. It is used to reimburse your **dependent care expenses** (\$5,000 annual maximum) and/or **medical expenses** (\$2,500 annual maximum) which are not covered by your health insurance plans.

Contact American Fidelity to enroll and answer questions regarding the flexible benefits plans at (800)365-9180. Any money withheld tax free and **not** claimed for reimbursement with valid receipts will be forfeited, so deciding appropriate deductions for your family(s) situation is important.

Although you can elect into this phase of the IRC 125 ONLY during Open Enrollment each year, you CAN make changes in your deduction amount if your family circumstances change during the year. You must enroll within 60 days of employment.

ANY INFORMATION PACKET REGARDING FLEXIBLE SPENDING ACCOUNTS IS AVAILABLE IN HUMAN RESOURCES.

TAX SHELTER INVESTMENTS

Mt. San Antonio College is a non-profit institution, therefore its employees are eligible to participate in a tax-shelter investment program. The IRS allows individuals to have voluntary contributions to long-term savings accounts, either through 403B or 457 retirement accounts, on a tax-deferred basis.

These tax shelter investment accounts are similar to IRAs, but all contributions must be made through your employer. Voluntary deductions (Salary Reduction Agreements) reduce your taxable income and usually earn interest at a higher rate than general savings accounts because they are long-term investments. The deposits and the interest earned on the accounts are not taxed until the money is withdrawn, and you may not withdraw the money until you retire or turn 59 1/2.

Most companies allow loans against your account balance, as long as you make repayments as agreed, the loan is not considered taxable income. If you use the loan as a down payment on your principal residence, you may have up to thirty years to repay the loan.

In order to participate in the 403B investment program, you must contact an agent or broker who is authorized to open an account for you. All paperwork must be submitted to the Schools First Federal Credit Union, who is providing support as our third party administrator. The Payroll Office has a list of agents/brokers and investment companies who may do business on campus. New brokers may be added by completing the Mt. SAC Company Agreement, which is available in the Payroll Office. Your agent/representative must complete and return the required Mt. SAC forms to the Payroll Office before contributions can begin.

To participate in the 457 retirement plan, you must contact the Schools First Federal Credit Union to initiate the paperwork. The salary reduction agreement must then be submitted to the Payroll Office for contributions to begin.

The maximum amount you may contribute each calendar year depends on the latest IRS rules. You and your agent are responsible for making sure you do not exceed IRS limits. Tax shelter investments are withheld **ten months** of the year. You may make TWO changes to the dollar-amount of your salary reduction agreement each calendar year, although you may cancel at any time. A change in company, same deduction amount, does not count as a change.

The District does not recommend nor sponsor any specific plan. As with any investment, you should investigate all provisions and ramifications before deciding which investment is appropriate for you.

VOLUNTARY DEDUCTIONS INFORMATION

UNION MEMBERSHIP DUES:

Payroll deduction for fair-share Union dues are mandatory for the California School Employees Association (CSEA) and the California Teachers Association (CTA). If you are interested in becoming a full, voting member, you must contact the campus representative for your Union. The Payroll Office will direct you to the appropriate person. If you are interested in joining the Association of California Community College Administrators (ACCCA) or Faculty Association of California Community Colleges (FACCC), please contact the Payroll Office for further information.

CHARITABLE CONTRIBUTIONS:

The **Mt. San Antonio College Foundation** is our campus fundraising organization which supports student scholarships, classroom equipment, capital improvement projects, etc. The **Classified Employee Scholarship Fund** and **United Way** contributions may also be made through one-time contributions or payroll deductions.

All three organizations conduct annual drives, during which you receive information and pledge cards at your work station. If you want to start a contribution before the annual drive, please contact the Payroll Office for more information.

OTHER INSURANCE:

Long and short-term disability (also called Salary Protection Insurance), Cancer, Long-Term Care and other insurance plans are offered through American Fidelity. If you are interested in obtaining information brochures are available in HR. You may apply any time during the year, once approved, your payroll deductions will start.

CREDIT UNION INFORMATION

Mt. San Antonio College has four credit unions available to its employees. See the list below.

To open an account, you must go to the credit union of your choice with your Mt. San Antonio College pay stub and any other required document(s). If you are a full-time, permanent employee, you may request a direct deposit to your checking, savings, or loan accounts by completing the Direct Deposit Authorization Form and submitting it to Mt. SAC Payroll Office. Changes to direct deposits may be made any time during the year.

ALL STAFF MEMBERS:

- CREDIT UNION OF SOUTHERN CALIFORNIA
(626)443-6013
www.cusocal.org
- SCHOOLS FIRST FEDERAL CREDIT UNION
(800)462-8328
www.sffcu.org

CLASSIFIED STAFF & CLASSIFIED MANAGEMENT ONLY:

- 1ST CITY CREDIT UNION
(800)944-2200
www.firstcitycu.org

CERTIFICATED FACULTY & CERTIFICATED MGMT. ONLY:

- FIRST FINANCIAL FEDERAL CREDIT UNION*
(800)537-8491
www.fffcu.org

* *Requires concurrent membership in the California Teachers' Association (CTA).*

HEALTH & WELFARE ENROLLMENT



INSURANCE CARRIERS/ADMINISTRATORS

MEMBERSHIP CONTACT/WEBSITE LINKS:

Mt. San Antonio College Human Resources/Health Benefits	A-K (last names) Norma Vizcarra: (909)274-5872 L-Z (last names) Melissa Aguirre: (909)274-5419	
Blue Shield Access+	(800)776-4466	www.blueshieldca.com/calpers
Kaiser Permanente	(800)464-4000	http://my.kaiserpermanente.org/ca/calpers
PERSCare/Choice/Select Anthem HMO Select/Traditional	(877)737-7776	www.anthem.com/ca/calpers
Health Net Salud Y Mas/ Smartcare	(888)926-4921	www.healthnet.com/calpers
Sharp Health	(800)359-2002	www.sharphealthplan.com
United Healthcare	(877)359-3714	www.calpers.welcometouhc.com
OptumRx	(855)505-8110	www.Optumrx.com/calpers
DeltaCare HMO	(800)422-4234	www.deltadentalins.com
Delta Dental PPO	(888)335-8227	www.deltadentalins.com
Vision Service Plan (VSP)	(800)877-7195	www.vsp.com
CalPERS Health Benefits Division (For side by side comparisons)	(888)225-7377	www.calpers.ca.gov

INSTRUCTIONS FOR HEALTH & WELFARE ENROLLMENT

IMPORTANT: The following steps **must be completed no later than the 15th of the month in which you began employment**, if you elect to enroll medical, dental, vision and life insurance plans offered by the District. A delay in completing the required steps will cause your insurance benefits, payroll deductions, and District's contributions to be adjusted as necessary. The District contribution and/or Opt Out payment will not be paid retroactively.

All enrollment forms can be accessed on the Human Resources - Benefits Webpage
<http://mitsac.edu/hr/benefits>

Required for Enrollment:

- Schedule an appointment with your assigned Benefits Specialist. **(REQUIRED)**

HEALTH PLAN:

- Complete the CalPERS Health Benefit Plan Enrollment Form. **(REQUIRED)**
- Provide copies of the following **required** document(s):
 - a. Birth Certificate - if adding dependent(s)
 - b. Marriage Certificate - if adding spouse
 - c. Certificate of Registration of Domestic Partnership – if adding domestic partner
 - d. Social Security Number(s) for all dependent(s)/spouse/registered domestic partner

DENTAL & VSP PLAN:

- Complete the Delta Dental Enrollment/Change Form. **(REQUIRED)**
- Provide copies of the following **required** document(s):
 - a. Birth Certificate - if adding dependent(s)
 - b. Marriage Certificate - if adding spouse
 - c. Certificate of Registration of Domestic Partnership – if adding domestic partner
 - d. Social Security Number(s) for all dependent(s)/spouse/registered domestic partner

METLIFE - LIFE INSURANCE:

- Complete the MetLife Beneficiary Form **(REQUIRED)**
- Complete the MetLife Supplemental Enrollment Form **(OPTIONAL)**
- Complete Statement of Health Form **(OPTIONAL)**
 - a. Statement of Health Form is completed and returned to:
 - Metropolitan Life Insurance Company
 - Statement of Health Unit
 - P.O. Box 14069
 - Lexington, KY 40512-4069
 - b. Retain copy of Statement of Health Form for your records.

HEALTH & WELFARE ENROLLMENT



INSTRUCTIONS FOR ELECTING TO DECLINE MEDICAL INSURANCE OFFERED BY THE DISTRICT WITH PROOF OF COMPARABLE GROUP HEALTH CARE COVERAGE AND TO BE PAID THE "OPT OUT" AMOUNT

IMPORTANT: The following steps **must be completed no later than the 15th of the month in which you began employment**, if you elect to decline medical insurance with proof of comparable group health care coverage, and in order to be paid the "opt out" amount as specified in your respective Collective Bargaining Agreement or MOU*, which must be used to purchase, dental, vision and life insurance plans offered by the District. A delay in completing the required steps will cause your insurance benefits, payroll deductions, and District's contributions to be adjusted as necessary. The District contribution and/or Opt Out payment will not be paid retroactively.

All enrollment forms can be accessed on the Human Resources - Benefits Webpage <http://mtsac.edu/hr/benefits>

Required for Enrollment:

- Schedule an appointment with your assigned Benefits Specialist. **(REQUIRED)**

OPT OUT:

- Complete the Medical Benefits Waiver Form. **(REQUIRED)**
- Provide proof of comparable coverage of group health care coverage. **(REQUIRED)**

DENTAL & VSP PLAN:

- Complete the Delta Dental Enrollment/Change Form. **(REQUIRED)**
- Provide copies of the following **required** document(s):
 - a. Birth Certificate - if adding dependent(s)
 - b. Marriage Certificate - if adding spouse
 - c. Certificate of Registration of Domestic Partnership – if adding domestic partner
 - d. Social Security Number(s) for all dependent(s)/spouse/registered domestic partner

METLIFE - LIFE INSURANCE:

- Complete the MetLife Beneficiary Form **(REQUIRED)**
- Complete the MetLife Supplemental Enrollment Form **(OPTIONAL)**
- Complete Statement of Health Form **(OPTIONAL)**
 - a. Statement of Health Form is completed and returned to:
 - Metropolitan Life Insurance Company
 - Statement of Health Unit
 - P.O. Box 14069
 - Lexington, KY 40512-4069
 - b. Retain copy of Statement of Health Form for your records.

* For more detailed information, please refer to your respective Collective Bargaining Agreement (or other employee group MOU).

HEALTH & WELFARE ENROLLMENT



ACKNOWLEDGMENT:

I acknowledge that I have received the Health & Welfare Enrollment packet. I also acknowledge the following:

1. I have attended a New Hire Benefit Enrollment Orientation meeting with Benefits Specialist _____ on _____.
2. I understand and agree that it is my responsibility to read, complete and return to Human Resources all required forms and documentation necessary to complete my enrollment in the health, dental, vision and life insurances offered by the District.
3. I understand and agree that it is my responsibility to read, complete and return to Human Resources all required forms and documentation necessary to elect to decline medical insurance with proof of comparable group health care coverage, and in order to be paid the "opt out" amount as specified in your respective Collective Bargaining Agreement or MOU*, which must be used to purchase, dental, vision and life insurance plans offered by the District.
4. I understand that after I make my elections, the insurance plans can only be changed during open enrollment and/or a qualifying event.

Required Forms and Documents:

HEALTH PLAN:

- Complete the CalPERS Health Benefit Plan Enrollment Form. **(REQUIRED)**
- Provide copies of the following **required** document(s):
 - a. Birth Certificate - if adding dependent(s)
 - b. Marriage Certificate - if adding spouse
 - c. Certificate of Registration of Domestic Partnership – if adding domestic partner
 - d. Social Security Number(s) for all dependent(s)/spouse/registered domestic partner

OPT OUT:

- a. Complete the Medical Benefits Waiver Form. **(REQUIRED)**
- b. Provide proof of comparable coverage of group health care coverage. **(REQUIRED)**

DENTAL & VSP PLAN:

- Complete the Delta Dental Enrollment/Change Form. **(REQUIRED)**
- Provide copies of the following **required** document(s):
 - a. Birth Certificate - if adding dependent(s)
 - b. Marriage Certificate - if adding spouse
 - c. Certificate of Registration of Domestic Partnership – if adding domestic partner
 - d. Social Security Number(s) for all dependent(s)/spouse/registered domestic partner

METLIFE - LIFE INSURANCE:

- Complete and return the MetLife Beneficiary Form to the Benefits Specialist in Human Resources **(REQUIRED)**
- Complete and return the MetLife Supplemental Enrollment Form to the Benefits Specialist in Human Resources **(OPTIONAL)**
- Complete Statement of Health Form **(OPTIONAL)**
 - a. Statement of Health Form is completed and returned to:
Metropolitan Life Insurance Company
Statement of Health Unit
P.O. Box 14069
Lexington, KY 40512-4069
 - b. Retain copy of Statement of Health Form for your records.

Pending forms and documents listed above must be received by the Benefits Specialist no later than: _____

NOTE: A delay in completing the required steps will cause your insurance benefits, payroll deductions, and District's contributions to be adjusted as necessary. Additionally, the District contribution and/or Opt Out payment will not be paid retroactively.

Employee: _____

Date: _____

Benefits Specialist: _____

Date: _____

Confirmation of electronic receipt will be used in absence of a signature