



Faculty Open Enrollment 2021

July 12, 2021 through September 16, 2021

Plan Changes for 2022

Health Maintenance Organization (HMO)

Blue Shield Access+	Reenter into eight Bay Area counties: Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Sonoma, and Solano
Blue Shield Trio	Expand into Santa Cruz, Stanislaus, and
UnitedHealthcare SignatureValue Harmony	New plan to be available in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties

Preferred Provider Organization (PPO)

PERSCare	Transition to PERS Platinum. Retains the same 90/10 benefit design, and network as PERSCare/PERS Choice
PERS Choice	Transition to PERS Platinum. Offers a 90/10 benefit design, and retains the network of PERSCare/PERS Choice
PERS Select	Transition to PERS Gold. Retains the same 80/20 benefit design and network as PERS Select

New Rates for 2022: January 1, 2022 through December 31, 2022

Basic	2022			Percent Change (+ / -)
	<u>Single</u>	<u>2-Party</u>	<u>Family</u>	
Basic Premium Rates - Region 2				
Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura Counties				
HMO's				
Anthem HMO Select	\$ 854.92	\$ 1,709.84	\$ 2,222.79	6%
Anthem Traditional	\$ 1,208.56	\$ 2,417.12	\$ 3,142.25	-4%
Blue Shield Access+	\$ 1,080.27	\$ 2,160.53	\$ 2,808.69	-4%
Blue Shield Trio	\$ 891.24	\$ 1,782.48	\$ 2,317.23	NA
Health Net Salud Y Mas	\$ 657.92	\$ 1,315.83	\$ 1,710.58	20%
Health Net Smartcare	\$ 1,014.83	\$ 2,029.66	\$ 2,638.56	10%
Kaiser Permanente	\$ 847.23	\$ 1,694.45	\$ 2,202.79	5%
Sharp (San Diego Only)	\$ 839.06	1678.11	\$ 2,181.54	11%
United Healthcare Alliance	\$ 930.11	\$ 1,860.22	\$ 2,418.29	7%
United Healthcare Harmony	\$ 939.29	\$ 1,878.58	\$ 2,442.15	NA
PPO's				
PERS PLATINUM Previous	\$ 1,058.62	\$ 2,117.24	\$ 2,752.41	-21%
PERS Care/PERS Choice				
PERS GOLD Previous PERS Select	\$ 705.34	\$ 1,410.68	\$ 1,833.88	23%

New Rates for 2022: January 1, 2022 through December 31, 2022

Basic	2022			Percent Change (+ / -)
	<u>Single</u>	<u>2-Party</u>	<u>Family</u>	
Basic Premium Rates - Region 3				
Los Angeles, Riverside, San Bernardino Counties				
HMO's				
Anthem HMO Select	\$ 811.78	\$ 1,623.56	\$ 2,110.62	6%
Anthem Traditional	\$ 1,122.69	\$ 2,245.37	\$ 2,918.98	-5%
Blue Shield Access+	\$ 935.15	\$ 1,871.69	\$ 2,433.20	-7%
Blue Shield TRIO	\$ 801.76	\$ 1,603.52	\$ 2,084.57	1%
Health Net Salud Y Mas	\$ 556.65	\$ 1,113.29	\$ 1,447.28	12%
Health Net Smartcare	\$ 917.96	\$ 1,835.91	\$ 2,386.68	11%
Kaiser Permanente	\$ 863.74	\$ 1,727.48	\$ 2,245.72	7%
United Healthcare Alliance	\$ 926.22	\$ 1,852.44	\$ 2,408.18	7%
United Healthcare Harmony	\$ 857.14	\$ 1,714.28	\$ 2,228.56	NA
PPO's				
PERS PLATINUM Care/PERS Choice	Previous PERS \$ 1,036.05	\$ 2,072.09	\$ 2,693.72	-17%
PERS GOLD Select	Previous PERS \$ 690.68	\$ 1,381.35	\$ 1,795.75	25%

New Rates for 2022: January 1, 2022 through December 31, 2022

Dental, Vision, and Basic Life

Tenthly Dental Rates			
Delta Dental - PPO 2500 Employee & All Dependents	\$ 165.11	0%	
Delta Dental - PPO 1000 Employee & All Dependents	\$ 108.69	0%	
Delta Care - HMO Employee & All Dependents	\$ 45.45	2%	
Tenthly VSP Vision Rates			
Employee & All Dependents	\$28.49	0%	
Tenthly METLIFE Basic/AD&D Rate			
Rates per \$1,000 = \$0.16	\$12.00	0%	



Benefit Allowance

Annual District Contribution

<u>Single</u>	<u>Two-Party</u>	<u>Family</u>
\$12,159.00	\$14,593.00	\$16,119.00

Monthly District Contribution

<u>Single</u>	<u>Two-Party</u>	<u>Family</u>
\$1,215.90	\$1,459.30	\$1,611.90



Supplemental Benefits

Basic Life and AD&D

Life and Accidental Death and Dismemberment Insurance is an important part of your comprehensive benefits package. The District provides \$75,000 of both Basic Life and AD&D to all eligible employees through MetLife.

Supplemental Life & Disability

You may apply for additional (supplemental) life insurance through MetLife for yourself, your spouse and/or your dependent children. If you are interested, please stop by Human Resources for the information packet, rates and application form. This will be an annual, Open Enrollment only, event. There are also other life insurance plans available for which you may apply anytime throughout the year.

Mt. SAC also offers three disability (salary protection) policies through a 3rd party administrator. Each of these has information and applications available throughout the year. The information may be picked up in the Health Benefits Office.

Other Payroll Deduction Changes

Just a reminder that all other voluntary deduction changes, such as deductions for credit unions, tax shelter investments, charitable contributions, etc. may be started, changed, or stopped throughout the year. These deduction changes are not tied to Open Enrollment deadlines and restrictions.

These changes must be made through the Mt. SAC Payroll Office: Ext. 4240.



Section 125 – Flexible Spending Account / Dependent Care

Utilizing Section 125 Flexible Spending Accounts (FSA's) for certain health care and dependent care expenses will reduce your taxable income.

How it works:

- Money is deducted from your paycheck and put into an FSA account before federal and state taxes are taken out. The maximum amount you may allocate annually on the medical reimbursement account is \$2,750.00. **(This amount is subject to change)**
- The maximum amount allowed for a single person or married couple filing jointly on the dependent care reimbursement account is \$5,000.
- Money spent on eligible expenses in health care and/or dependent care during the plan year will be reimbursed by submitting a claim form for the expenses. Since you are reimbursed from an account that is not subject to taxes, you save money!
- Changes cannot be made to FSA deductions unless a qualifying event occurs.

Log on to www.irs.gov/form-pub to view a listing of eligible expenses. Eligible expenses generally include deductibles, co-payments, expenses not covered by your medical, dental, or vision plan, and most things that qualify as a medical deduction under the Internal Revenue Code.

Note: You must re-enroll in the Section 125 plan each year in order to continue.



Supplemental Retirement: 403(b) and 457 Tax Shelter Investments

The 2020 & 2021 maximum 403B tax shelter contribution allowed by tax law for those employees with less than 15 years with the District is \$1,950 monthly (\$19,500 annually). Also, if you are 50 or more years of age at any time during the year, you may contribute an additional \$6,500 per year to your 403B tax shelter account.

For those that have been employed longer than 15 years at Mt. SAC, AND did not deposit their full tax shelter entitlement in prior years, you may see your tax shelter agency to determine if you are eligible for a catch-up provision, not to exceed a five year period and \$15,000 (\$3,000 x 5yrs.).

Along with these 403B maximum contributions, each employee may contribute an additional \$19,500 to our 457 retirement account.

If interested, please contact the School's First Credit Union: (800) 462-8328 or Mt. SAC Payroll Office: Ext. 4240 for further information. Enrollment or changes may be made anytime during the year.



Dependent Eligibility for Benefits

If you choose to enroll your family members in the CalPERS Health Program, you may select one of the following:

- Self and one eligible family member
- Self and two or more eligible family members*

*Once you've added two or more family members, additional dependents will not change your premium amount.

You can add the following family members at the time of your enrollment, during the annual [Open Enrollment](#), or with a qualifying event:

- Children age 18 or older
- Dependents in military, when they return to civilian life
- Eligible children who are not in your custody
- Spouse or registered domestic partner not living in your home

You also have the option to enroll only yourself, regardless of the status of your marriage or registered domestic partnership.



Dependent Eligibility for Benefits Documentation

To add your spouse or registered domestic partner to your health plan, you must:

- Add them within 60 days after the date of your marriage or registration of your domestic partnership.
- Provide a copy of your marriage certificate or Declaration of Domestic Partnership.
- Provide your spouse's or domestic partner's Social Security number.

Former spouses and domestic partners are not eligible.

To add your child/dependent to your health plan, you must:

- Your children, adopted children, stepchildren, or domestic partner's children who are under age 26 may be added to your health plan regardless of whether they live with you.
- Another person's child under age 26 may be eligible for coverage if a parent-child relationship exists. An [Affidavit of Parent-Child Relationship \(PDF\)](#) must be filed prior to enrollment and be updated upon request.

For a child to be eligible as a disabled dependent, they must be 26 years old or older, and the following must be true:

- The child is incapable of self-support because of a mental or physical condition.
- The disability existed prior to reaching age 26 and continuously since age 26, as certified by a licensed physician.

Please contact Human Resources at HRBenefits@mtsac.edu to initiate this process.



Qualified Life Event

Change in legal marital status: including marriage, divorce, legal separation, annulment, and death of a spouse

Change in number of dependents: including birth, adoption, placement for adoption, or death of a dependent child (adding dependents)

Change in employment status: including the start or termination of employment by you, your spouse, or your dependent child

Change in work schedule: including an increase or decrease in hours of employment by you, your spouse/registered domestic partner, or your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits

Change in a child's dependent status: either newly satisfying the requirements for dependent child status or ceasing to satisfy them

Change in your health coverage or your spouse's/registered domestic partner coverage attributable to your spouse's employment

Change in an individual's eligibility for Medicare or Medicaid

A court order resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring *coverage* for your child

An event that is a special enrollment event under HIPAA (the Health Insurance Portability and Accountability Act), including acquisition of a new dependent or spouse or loss of coverage under another health insurance policy or plan.

- Voluntary or involuntary termination of employment or reduction in hours of employment ,or death, divorce, or legal separation,
- Termination of employer contributions toward the other coverage, OR
- If the other coverage was COBRA Continuation Coverage, exhaustion of the coverage

The following is considered a qualified change in status for changing a health plan:

Change in place of residence or worksite including a change that affects the accessibility of network providers



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