

2022 Health, Vision, Dental, and Supplemental Life Benefits Summary

Full-Time Faculty Staff Only

What's Inside

Plan Changes for 2022.....	2
PERS Tenthly Medical Rates	3,4
Dental, Vision, & Basic Life Rates	5
Benefit Allowances.....	5
Basic, Supplemental Life & Disability	6
Other Payroll Deduction Changes.....	6
Flexible Spending Account	7
403B and 457 Tax Shelter Investments	7
Dependent Eligibility for Benefits.....	8
COBRA Continuation	9
Rules for Benefit Changes During the Year	10
Important Notice About Your Prescription Drug Coverage and Medicare.....	11,12
Additional Information	13

Open Enrollment for Full-Time Faculty July 12 to September 16

All changes will be effective January 1, 2022

Welcome to Open Enrollment 2022. As a benefits eligible employee, **Open Enrollment is your annual opportunity to review your benefits and make any changes.**

- ☒ Change your health plan carrier
- ☒ Change your dental plan carrier
- ☒ Opt-Out of your medical coverage
- ☒ Add or delete dependents to/from coverage
- ☒ Add or increase your MetLife supplemental insurance coverage (up to \$500,000)

New this year, Mt. SAC will be going green and transitioning to an online benefits enrollment! We have collaborated with American Fidelity, the District's Section 125 provider, to offer you a web-based enrollment system that will streamline your benefits selection. This system will be available to enroll or make changes to all health and welfare benefits.

To transition to this online enrollment, we are requiring that all employees meet with an American Fidelity benefit counselor. During your one-on-one appointment, American Fidelity will review the following:

- Introduce and walk you through completing your benefits election online.
- Review CalPERS medical plan changes and rates as well as all other health and welfare options.
- Verify your personal records for yourself and any eligible dependents listed on your coverage, including name(s), address, birthdate(s), social security number(s), and eligibility. If adding spouse/dependent(s), supporting documents such as birth certificate(s) and income tax 1040 form are required.
- Section 125. As a reminder, Section 125 is an employer sponsored plan that allows you to set aside pre-tax funds for qualified medical, dental, and vision expenses. Additionally, you are eligible to set aside pre-tax funds for dependent care expenses. ⁱ
- Review any additional voluntary coverages that may be of benefit to you and your family. *There is no obligation to enroll in additional voluntary coverage.* ⁱⁱⁱ

The enrollment begins on July 12, 2021 to September 16, 2021

Appointments can be scheduled online at

<https://enroll.americanfidelity.com/DFAFF435>

or by calling American Fidelity at 1-800-365-9180, ext. 0

If you have any additional questions about the plan designs for our medical/dental/vision coverage, feel free to contact hrbenefits@mtsac.edu



Helpful Hints For a Successful Enrollment

Read through this guide to familiarize yourself with what decisions you have to make.

Think about your current benefit plans. Are they still working for you? Have you experienced any changes or do you anticipate any changes that might make a different plan more suitable?

Gather additional information. Use the websites and the phone numbers on the back page to see which doctors and other healthcare providers you can use under the different plan choices.

Online Resources (www.calpers.ca.gov) are available. Search by entering zip code, select "Health Plan Chooser," and then select 2022 Member rating information.

If you are married or have a domestic partner, consult with your spouse or partner on any changes.

You may also set up an appointment to meet via Zoom or phone call with a Benefits Specialist to answer any questions by emailing hrcbenefits@mtsac.edu.

2022 Plan Changes:

Highlights of the 2022 benefit changes are listed below. Please refer to your plan's Evidence of Coverage booklet for a complete listing of changes.

You may also view health plan comparison information on the CalPERS website at www.calpers.ca.gov and check out their on-line 2022 Health Benefit Summary, the Health Plan Chooser, and the 2022 Member Rating information.

Significant 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 Orange counties
UnitedHealthcare SignatureValue Harmony	New plan to be available in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties

Preferred Provider Organization (PPO)

CalPERS three PPO plans, **PERSCare**, **PERS Choice**, and **PERS Select**, will transition to two plans, PERS Platinum and PERS Gold. The change is the result of a year-long analysis to stabilize the Basic plan portfolio, including engagement with members, employers, and stakeholders. The two PPO plans will offer more distinction in benefit design, networks, and premium pricing.

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

Vision Benefit Design Changes

- No change in rate
- Increased the contact lens allowance from \$140 to \$150

Dental Benefit Design Changes

- Dental PPO - No change in rate
- Dental HMO - 2% Increase new rate \$45.45

Tenthly Rates for the 2022 Plan Year

CalPERS 2022 TENTHLY RATE GRID

Basic	2022			Percent Change (+ / -)
	<i>Single</i>	<i>2-Party</i>	<i>Family</i>	
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 Previous PERS Care/PERS Choice	\$ 1,036.05	\$ 2,072.09	\$ 2,693.72	-17%
PERS GOLD Previous PERS Select	\$ 690.68	\$ 1,381.35	\$ 1,795.75	25%

Tenthly Rates for the 2022 Plan Year

CalPERS 2022 TENTHLY RATE GRID

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,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 PERS Care/PERS Choice	\$ 1,058.62	\$ 2,117.24	\$ 2,752.41	-21%
PERS GOLD Previous PERS Select	\$ 705.34	\$ 1,410.68	\$ 1,833.88	23%

Dental, Vision & 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%
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Tenthly METLIFE Basic/AD&D Rate

Rates per \$1,000 = \$0.16	\$12.00	0%
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Application & Rates for Supplemental Life are available
from the Benefits Specialist in Human Resources.

Mt. San Antonio College Tenthly Benefit Allowance

*2021-2022

Faculty:

Single Party	\$1,215.90
Two Party	\$1,459.30
Family Party	\$1,611.90
Opt-Out	\$781.40

* This is subject to change

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

Watch for the notice for an on-campus sign-up with AMERICAN FIDELITY, the District's Section 125 plan administrator, to set-up your account for the 2022 calendar year.

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 \$5,500; \$2,750 is allowed for married couples filing separately.
- 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.

Limitations on 403B 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 \$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 maybe made anytime during the year.

Dependent Eligibility for Benefits

- Your legal spouse.
- Your natural children, stepchildren, and/or adopted children for whom the employee is the legal guardian. In addition, such children must be:
 - ***Under age 26 for medical, dental, vision and supplemental life insurance coverage***
- Your disabled children age 26 or older. Such disabled children must meet the same conditions as listed above for natural children, stepchildren, adopted children, and in addition be physically or mentally handicapped on the date coverage would otherwise end because of age and continue to be handicapped.
- Your domestic partner: (must be registered with the State of California)
 - is your sole spousal equivalent (this means that you cannot be married to someone else or have another domestic partner);
 - is 18 years old or older;
 - is mentally competent to enter into contracts;
 - resides with you and intends to do so indefinitely;
 - is jointly responsible with you for common financial obligations;
 - is unmarried and not related to you by blood to a degree that would bar marriage in the state of residence;
 - the domestic partnership is registered with the state, and the domestic partner has not terminated another domestic partnership within the last 6 months; and
 - both parties must be the same sex or if of the opposite sex one party must be 62 or older.
- A child of a domestic partner who satisfies the same conditions as listed above for natural children, stepchildren, adopted children; and in addition, is not a “qualifying child” (as that term is defined in the Internal Revenue Code) of another individual.
- Other dependent enrollment depends upon financial and legal custody.
- **This is only a summary of the eligibility requirements and is not intended to modify or supersede the requirements of the plan documents, and the plan documents will govern in the event of any conflict between this summary and the plan documents.**

COBRA Continuation

COBRA is the Federal law that allows employees and their dependents who lose eligibility for group health insurance coverage to continue that coverage by paying for it themselves. Dependents that lose eligibility for group coverage, separate from the employee, may extend their benefits through COBRA continuation for as long as 36 months.

It is the employee's responsibility to notify the Benefits Specialist in Human Resources any time a dependent loses eligibility for insurance. These mandatory deletions include:

- Legal separation or final date of divorce from your spouse or domestic partner;
- Dependent child becoming age 26, for medical, dental, vision, and supplemental life insurance

NOTE: A dependent child getting married is no longer a mandatory deletion.

There may be other coverage options for your family. When key parts of the health care law take effect, you will be able to buy coverage through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums immediately. You will be able to see what your premium, deductibles, and out of pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for a tax credit through the Marketplace. Additionally, you may be qualified for a special enrollment opportunity for another group plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. For more information you can visit www.coveredca.com

Failure to give notice to the Benefits Specialist in Human Resources within 60 days of that loss of a dependent's loss of eligibility will result in canceling the dependent's rights to continued coverage.

Health plan continuation must be initiated through the Benefits Specialist in Human Resources.

Rules for Benefit Changes During the Year

You will not be allowed to add dependents until the next benefit year unless you have a qualified "change in status."

The following are considered qualified changes in status for adding a dependent:

- **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

Two rules apply to making changes to your benefits during the year:

1. Any changes you make must be consistent with the change in status **AND**
2. You must make the changes within 60 days of the date the *event* (marriage, birth, etc.) occurs.

Important Notice from Mt. San Antonio College About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it easily accessible. This notice has information about your current prescription drug coverage with Mt. San Antonio College and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and may help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

- Mt. San Antonio College has determined that the prescription drug coverage offered by CalPERS is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Individuals no longer eligible for Mt. SAC retiree benefits may enroll in a Medicare prescription drug plan when they first become eligible or annually from November 15th through December 31st. Beneficiaries leaving Mt. SAC may be eligible for a Special Enrollment period to sign up for a Medical prescription drug plan.

The Health Benefits Office can verify your prior eligibility so you do not have a lapse in coverage.

Note: If you are enrolled in, or are eligible for, Mt. SAC's medical plan with prescription drug coverage, you should not enroll in the Medicare prescription drug plan.

You should also know that if you lose your coverage with Mt. San Antonio College and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

Continued...

Important Notice from Mt. San Antonio College About Your Prescription Drug Coverage and Medicare

(Continued from Pg. 11)

If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

For more information about your options under Medicare prescription drug coverage:

- More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans.
- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

Name of Entity:	Mt. San Antonio College
Contact:	Human Resources
Address:	1100 North Grand Avenue, Walnut CA 91789-1399
Phone Number:	(909) 274-4225

Additional Information Regarding Your Benefits

The Newborns and Mothers Health

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean delivery. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

The Women's Health and Cancer Rights Act

Your health plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymph edema). Call your health plan's Member Services for more information.