

2021-2022

Employee Benefits Overview



TABLE OF CONTENTS

- Who Can You Cover? 3
- Dependent Eligibility Details 4
- Dependent Eligibility Verification 5
- When You Can Make Changes..... 6
- Medical..... 7
- PlushCare: Telehealth..... 8
- Prescription Drugs 9
- Getting Care When You Need It Now..... 10
- Vision 11
- Dental 12
- Dental and Vision Plan Costs 13
- Life Insurance 14
- Supplemental Life Insurance 15
- Disability Insurance 16
- Employee Assistance Program 17
- Travel Assistance 18
- Other Services Provided By VSP & Delta Dental..... 19
- Voluntary Benefits through Aflac 20
- For Assistance..... 22
- Words You Need to Know 23

Medicare Part D Notice: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices Guide for more details.

Benefits in Focus

At Monterey Peninsula College we value your contributions to our success and want to provide you with a benefits package that protects your health and helps your financial security, now and in the future. We continually look for valuable benefits that support your needs, whether you are single, married, raising a family, or thinking ahead to retirement. We are committed to giving you the resources you need to understand your options and how your choices could affect you financially.

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

A list of plan contacts is included at the back of this guide.

The benefits in this summary are effective:

July 1, 2021 - June 30, 2022

PlushCare Telehealth: Now Available at No Cost!

Monterey Peninsula College offers a telehealth solution that gives you access to board-certified doctors any day of the week, while letting you skip the waiting room. Monterey Peninsula College has reduced the cost of your PlushCare telehealth option to a \$0 Copay! For less than an office visit, you can get diagnosed and prescribed medication by phone, computer, or mobile app. See page 8 for more details.

Who Can You Cover?



WHO IS ELIGIBLE?

In general, full-time employees working 30 or more hours per week are eligible for the benefits outlined in this overview. You can enroll the following family members in our medical, dental and vision plans.

- Your current spouse (the person who you are legally married to under state law, including a same-sex spouse) or state-registered domestic partner.
- Your children (including your Adoptive Child):
 - o Under age 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
 - o Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
 - o Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Any individual who is covered as an employee of Monterey Peninsula College cannot also be covered as a dependent of Monterey Peninsula College.
- Employees who work fewer than 30 hours per week, temporary employees, contract employees, or employees residing outside the United States.

ENROLLMENT PERIODS

Coverage for new full-time employees begins on the 1st of month following date of hire.

After that, Open Enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

Notify Human Resources within 31 days if you have a qualifying life event and need to add or drop dependents outside of Open Enrollment. Life events include (but are not limited to):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage or divorce

Dependent Eligibility Details

Your dependents are eligible for coverage under your health and welfare benefits package as long as they meet the requirements specified for each plan. Reminder: Your dependents are eligible for the plan(s) based on the criteria below.

ELIGIBLE DEPENDENTS INCLUDE:

- Your current spouse or state-registered domestic partner.
Definition of domestic partner pursuant to Family Code Section 297-297.5: A domestic partnership shall be established in California when both persons file a Declaration of Domestic Partnership with the Secretary of State, and at the time of filing, all of the following requirements are met:
 - (1) Both persons have a common residence.
 - (2) Neither person is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity.
 - (A) Both persons are members of the same sex.
 - (B) One or both of the persons meet the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C section 402 (a) for old-age insurance benefits or Title XVI Section 1381 for aged individuals. Notwithstanding any other provision of this section, persons of opposite sexes may not constitute a domestic partnership unless one or both of the persons are over the age of 62.
 - (3) Both persons are capable of consenting to the domestic partnership.
 - (c) "Have a common residence" means that both domestic partners share the same residence.
- Your natural children, stepchildren, domestic partner's children, adoptive children of which the employee is the legal guardian. In addition, such children must be:
 - under age 26 for Medical and Prescription and Vision
 - under age 25 for Dental
- Your disabled children age 26 or older. Such disabled children must meet the same conditions as listed above and in addition are physically or mentally disabled on the date coverage would otherwise end because of age and continue to be disabled.
- A child for whom you are required to provide benefits by a court order and who satisfies the same conditions as listed above.

Dependent Eligibility Verification

All employees adding / removing dependents must submit documentation to verify their dependent's eligibility and / or Qualifying Life Event. The following chart is an easy guide to what documents must be submitted along with the Health Enrollment / Change form.

QUALIFYING LIFE CHANGES:

Required Documents	Enrollment Form	Marriage Certificate	State of California DP Registration	Birth Certificate /Certificate of Adoption
Employee only	•			
Employee & Spouse	•	•		
Employee & Domestic Partner	•		•	
Employee & Children	•			•
Employee, Spouse or DP & Children	•	•	•	•

You are responsible for ensuring that the health enrollment information about you and your family members is accurate, and for reporting any changes in a timely manner. If you fail to maintain current and accurate health enrollment information, you may be liable for the reimbursement of health premiums or health care services incurred during the entire ineligibility period.

For example, if your divorce or dissolution occurred in 2020, yet you did not report it until 2021, your former spouse or domestic partner will be retroactively canceled from coverage effective the first of the month following the divorce or dissolution.

On the following page, you will find a detailed list of Qualifying Life Events, which must be reported to the Human Resources Department so we can make the appropriate change to your health coverage. All Qualifying Life Event changes must be made within 30 days from the date of the event. Proper documentation is required, such as a copy of the marriage / domestic partnership certificate, birth / adoption certificate, or divorce / dissolution of domestic partnership decree.

For further clarification, please contact the Human Resources department at (831) 646-4016 or contact Kayla Valentine at kvalentine@mpc.edu.

When You Can Make Changes

You may make changes to your coverage / participation if you experience a Qualifying Life Event.

QUALIFYING LIFE EVENTS INCLUDE:

- Change in legal marital status, including marriage, divorce, legal separation, annulment, dissolution of domestic partnership, or death of a spouse.
- Change in number of dependents, including birth, adoption, placement for adoption, or death of a dependent child.
- 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, or your dependent child, including a switch between part-time and fulltime 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 coverage attributable to your spouse's employment.
- Change in an individual's eligibility for 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 or dependent foster 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 if the coverage is terminated because of:
 - 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

IMPORTANT—TWO RULES APPLY TO MAKING CHANGES TO YOUR BENEFITS DURING THE YEAR:

- Any changes you make must be consistent with the change in status, AND
- You must make the changes within 30 days of the date the event.

Medical

Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

PPO (Preferred Provider Organization) – The PPO plan is designed to provide choice, flexibility and value. Participants have a choice of using Preferred Providers (PPO) or going directly to any other physician (non-PPO provider) without a referral. Generally, there are annual deductibles to meet before benefits apply. You are also responsible for a certain percentage of the charges (co-insurance), and the plan pays the balance up to the agreed upon amount.

Medical PPO Plan (Anthem Network)

	In-Network	Out-Of-Network
Annual Deductible	\$250 per Individual \$750 per family	\$500 per Individual \$1,500 per family
Annual Out-of-Pocket Max	\$2,500 per Individual \$5,000 per family	\$3,500 per Individual \$7,000 per family
Lifetime Max	Unlimited	Unlimited
Office Visit		
Primary Provider	\$25 copay then plan pays 95%	\$25 copay then plan pays 70%
Specialist	\$25 copay then plan pays 95%	\$25 copay then plan pays 70%
PlushCare Telehealth	\$0 copay	N/A
Preventive Services	No Charge	No Charge
Chiropractic Care	\$25 copay then plan pays 95%	\$25 copay then plan pays 70%
Acupuncture	\$25 copay then plan pays 95% Max of 3 visits/week; 8 visits/diagnosis	\$25 copay then plan pays 95% Max of 3 visits/week; 8 visits/diagnosis
Lab and X-ray	Plan pays 95% after deductible	Plan pays 70% after deductible
Inpatient Hospitalization	Tier 1: No Charge Tier 2: plan pays 90% after deductible Tier 3: plan pays 80% after deductible	Plan pays 80% after deductible
Hospice	Plan pays 95% after deductible	Plan pays 70% after deductible
Outpatient Surgery	Plan pays 95% after deductible	Plan pays 70% after deductible
Urgent Care	\$25 copay then plan pays 95%	\$25 copay then plan pays 95%
Emergency Room	\$100 copay/visit (copay waived if admitted) then plan pays 95%	\$100 copay/visit (copay waived if admitted) then plan pays 95%

Tiered Hospital Network: Hospitals that are within the network are grouped into 1 of 3 different tiers based on the cost or efficiency of care that they provide. Tier I network hospitals have a lower co-insurance than Tier II hospitals and Tier II hospitals have a lower co-insurance than Tier III hospitals.

Get The Care You Need, When You Need It



Available to all Monterey Peninsula College employees and their dependents who are enrolled on the Monterey Peninsula College Medical Plan, FREE of cost to you!

PlushCare connects you to Board Certified physicians and pediatricians, trained at 25 top-ranking medical schools including Stanford University, University of California San Francisco, and University of Los Angeles.

PlushCare is simple and convenient for the diagnosis and treatment of many non-acute medical conditions. You can communicate with a physician telephonically/secure video, be diagnosed, and when appropriate have prescriptions electronically sent to a local pharmacy of your choice.

How to Access PlushCare!

- **CURRENT OR EXISTING USERS** will need to sign in using your unique *email* and *password*.
- **FIRST TIME USERS** will need to *create a profile* and provide your name, date of birth, gender, phone number, email address and create a password. It only takes a moment to register!

There are three convenient ways to access PlushCare:

- Call a **PlushCare Representative** at **866-692-1986**
- Visit www.plushcare.com
- Download the **PlushCare App**
(Apple App Store or Google Play Store)

1. Select "**Book Appointment**" to choose an available Physician & time that is convenient for you.
 - For "**Cost/Payment Option**" select, "**Use my insurance**"
 - For "**Insurance Provider**" search and select, "**Delta Health Systems**" & enter your full member ID to include ALL letters & #'s (Member ID is found on your Medical Benefits Card)
 - **DO NOT CLICK ANTHEM**
2. Once you confirm your appointment, you will receive email/text confirmation of your appointment and the doctor will call or video chat you, at the scheduled appointment time.
3. If necessary, prescriptions will be sent to the pharmacy you indicate.

PlushCare Treats:

- ✓ Bronchitis
- ✓ Chickenpox
- ✓ Common Cold & Stomach Flu
- ✓ Ear Infections
- ✓ Impetigo (skin infection)
- ✓ Kidney Infections & UTI's
- ✓ Lice
- ✓ Pink Eye
- ✓ Pneumonia
- ✓ COVID-19 Questions/Concerns
- ✓ Pre-travel Questions & Rx
- ✓ Rashes/Dermatitis
- ✓ Sinus Infection (Sinusitis)
- ✓ Sore Throat & Strep Throat
- ✓ And More!



For questions regarding your PlushCare contact **TeamCare** at **866-724-0032**.
To connect with a **PlushCare** representative call **866-692-1986**

Prescription Drugs



Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure. Here are the prescription drug benefits that are included with our medical plans.

Medical PPO Plan (Anthem Network)

	In-Network	Out-Of-Network
Annual Out-of-Pocket Limit	\$4,100 per Individual \$8,200 per family	\$4,100 per Individual \$8,200 per family
Pharmacy		
Generic	\$5 copay	\$5 copay
Preferred Brand	\$20 copay	\$20 copay
Non-preferred Brand	\$35 copay	\$35 copay
Supply Limit	30 days	30 days
Mail Order		
Generic	\$10 copay	\$10 copay
Preferred Brand	\$40 copay	\$40 copay
Non-preferred Brand	\$70 copay	\$70 copay
Supply Limit	90 days	90 days

Getting Care When You Need It Now



WHEN TO USE THE ER

The emergency room shouldn't be your first choice unless there's a true emergency—a serious or life-threatening condition that requires immediate attention or treatment that is only available at a hospital.

WHEN TO USE URGENT CARE

Urgent care is for serious symptoms, pain, or conditions that require immediate medical attention but are not severe or life-threatening and do not require use of a hospital or ER. Urgent care conditions include, but are not limited to: earache, sore throat, rashes, sprains, flu, and fever up to 104°.

WHEN YOU NEED CARE NOW

What do you do when you need care right away, but it's not an emergency?

Anthem Medical Plan Participants

- Call Anthem's 24/7 NurseLine at 800-977-0027
- Find an urgent care center by visiting anthem.com/ca
- Use Anthem LiveHealth Online

GET A VIDEO HOUSE CALL

Anthem members can video chat with a doctor from the comfort of their own homes, without an appointment. LiveHealth Online provides 24/7 access to U.S. board-certified physicians. Physicians can treat a host of

common illnesses quickly and effectively through a real-time video visit. They can even send prescription orders to your local pharmacy. For more information, visit livehealthonline.com.

PREVENTIVE OR DIAGNOSTIC?

Preventive care is intended to prevent or detect illness before you notice any symptoms. Diagnostic care treats or diagnoses a problem after you have had symptoms.

Be sure to ask your doctor why a test or service is ordered. Many preventive services are covered at no out-of-pocket cost to you. The same test or service can be preventive, diagnostic, or routine care for a chronic health condition. Depending on why it's done, your share of the cost may change.

Whatever the reason, it's important to keep up with recommended health screenings to avoid more serious and costly health problems down the road.

GOING ABROAD?

When you travel overseas, you can rely on Voya Travel Assistance. This program offers access to an international network of participating doctors and hospitals for a broad range of medical care services. For non-emergency medical care out-side the U.S, call Voya Travel Assistance collect at 800-859-2821 or 202-296-8355. The center is available 24/7, and is staffed with multilingual representatives who can help coordinate your medical care.

For more information, please see page 16 in this benefits guide.

Vision



Routine vision exams can not only correct vision, but also detect more serious health conditions. We offer you a vision plan through VSP.

VSP VISION PLAN

	In-Network	Out-Of-Network
Examination		
Benefit	Covered in Full	Plan pays up to \$45
Frequency*	1 x every 12 months	1 x every 12 months
Materials	Covered in Full	(see schedule below)
Eyeglass Lenses		
Single Vision Lens	Covered in Full	Plan pays up to \$45
Bifocal Lens **	Covered in Full	Plan pays up to \$65
Trifocal Lens **	Covered in Full	Plan pays up to \$85
Frequency*	1 x every 12 months	1 x every 12 months
Frames		
Benefit	\$120 Allowance	Plan pays up to \$47
Frequency*	1 x every 24 months	1 x every 24 months
Contacts (Elective) ***		
Benefit	\$120 Allowance	Up to \$105
Frequency*	1 x every 12 months	1 x every 12 months

At an additional cost, employees are now able to cover your spouse/domestic partner and/or children. Please refer to the Rate Sheet for Employee cost.

* Based on date of service.

** No-lined lenses are not a covered benefit under this plan. When requested, the lenses will be covered up to the value of the lined lenses and you will pay the additional cost.

*** When you choose contacts instead of glasses, your \$120.00 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts.

You may receive benefits when using non-VSP providers by submitting your claims directly to VSP. Reimbursements will be made as indicated in the Out-of-Network schedule above. Find a VSP network doctor at www.vsp.com or call 800-877-7195.

Dental



Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease. Monterey Peninsula College provides you with a comprehensive coverage through Delta Dental.

DELTA DENTAL BASE

DELTA DENTAL BUY-UP

	In-Network	Out-Of-Network **	In-Network	Out-Of-Network **
Calendar Year Deductible*	None	None	None	None
Annual Plan Maximum	\$1,700	\$1,500 (combined with in-network)	\$2,500	\$2,300 (combined with in-network)
Waiting Period	None	None	None	None
Diagnostic and Preventive	plan pays 70% - 100%	plan pays 70% - 100%	plan pays 70% - 100%	plan pays 70% - 100%
Basic Services	plan pays 70% - 100%	plan pays 70% - 100%	plan pays 70% - 100%	plan pays 70% - 100%
Major Services	plan pays 50%	plan pays 50%	plan pays 50%	plan pays 50%
Orthodontic Services				
Orthodontia	plan pays 50%	plan pays 50%	plan pays 50%	plan pays 50%
Lifetime Maximum	\$500	\$500	\$2,000	\$2,000
Dependent Children	Covered	Covered	Covered	Covered
Full-time Students	Not covered	Not covered	Not covered	Not covered
Accident	plan pays 100%	plan pays 100%	plan pays 100%	plan pays 100%
Calendar Year Maximum	separate \$1,000 for each enrollee	separate \$1,000 for each enrollee	separate \$1,000 for each enrollee	separate \$1,000 for each enrollee

At an additional cost, employees are now able to purchase more coverage on a pre-tax basis. Please refer to the Rate Sheet for Employee cost.

*Deductible waived for preventive and diagnostic services.

** Patient is responsible for amount over Usual Customary and Reasonable Rate

Limitations may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan Description for waiting periods and a list of benefit limitations and exclusions.

PPO Fee: The fees that participating PPO dentists have agreed to accept as payment in full, subject to any deductibles, cost sharing and benefits maximums. Covered expense for services from non-PPO providers is based on strictly limited schedule of allowances. Members must pay charges in excess of those scheduled amounts.

Delta Dental pays for three cleanings or a dental procedure that includes a cleaning each calendar year.

Dental and Vision Plan Costs

DELTA DENTAL Base Plan	Total Monthly Premium	MPC Monthly Contribution	Employee Cost (12 months)	Employee Cost (11 months)
Employee Only	\$51.52	\$51.52	\$0.00	\$0.00
Employee + 1	\$85.19	\$85.19	\$0.00	\$0.00
Employee + 2 or more	\$146.92	\$146.92	\$0.00	\$0.00
Buy-up Plan				
Employee Only	\$62.85	\$51.52	\$11.33	\$12.36
Employee + 1	\$103.93	\$85.19	\$18.74	\$20.44
Employee + 2 or more	\$179.54	\$146.92	\$32.32	\$35.26

Vision	Total Monthly Premium	MPC Monthly Contribution	Employee Cost (12 months)	Employee Cost (11 months)
Employee Only	\$7.01	\$7.01	\$0.00	\$0.00
Employee + 1	\$11.57	\$7.01	\$4.56	\$4.97
Employee + 2 or more	\$19.98	\$7.01	\$12.97	\$14.15

Life Insurance



If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security and pay for large expenses such as housing and education, as well as day-to-day living expenses.

Basic Life insurance provides protection for your beneficiary in the event of your death. The College currently provides Basic Life / AD&D insurance coverage at no cost to you. The chart below will outline the general benefits provided under the plan based on class and age. Please refer to your life insurance certificate of coverage for more details.

CARRIER	VOYA		THE STANDARD	
CLASS	Full-Time Classified, Confidentials, Managers, Supervisors, and Classified Administrators		Full-Time Certificated and Educational Administrators	
Employee Coverage Age Range	Life	AD&D	Life	AD&D
Under Age 25	Flat \$100,000		\$136,800	\$136,800
Age 25-29			\$120,000	\$120,000
Age 30-34			\$103,200	\$103,200
Age 35-39			\$88,200	\$88,200
Age 40-44			\$70,200	\$70,200
Age 45-49			\$52,800	\$52,800
Age 50-54			\$34,200	\$34,200
Age 55-59			\$27,600	\$27,600
Age 60-64			\$23,400	\$23,400
Age 65-69			\$14,400	\$14,400
Age 70-74			\$8,400	\$8,400
Age 75-79			\$8,400	\$8,400
Age 80-84			\$8,400	\$8,400
Age 85 and Over			\$8,400	\$8,400
Dependent Coverage				
Spouse	\$1,500		Dependents of Active Participants: The lesser of 50% of the Participant's Life Insurance, and b) 5,000	
Child(ren)	\$1,500			
Additional Benefit Provisions				
Waiver of Premium	Included for Employee Coverage – see Certificate of Coverage for details.		Totally disabled prior to age 60	
Accelerated Death Benefit	75% of group term life		80% of in force life insurance amount	
Conversion	Included		Included	

Supplemental Life Insurance



Supplemental Life Insurance give you the opportunity to buy additional Life and AD&D insurance for yourself, spouse and child. The cost for Supplemental Life is calculated based on the age of the employee at the start of the plan’s current policy year.

All Active employees under the age of 80 are now eligible. Coverage is provided by Voya. Please refer to the Voya Supplemental Enrollment form to calculate the cost.

Voluntary Life and AD&D

Voya

Employee Life Benefit	You can elect up to \$500,000 not to exceed 5 times your annual earnings in increments of \$10,000. If you enroll at your initial eligibility date, you’ll automatically be guaranteed up to \$100,000 without completing an evidence of insurability document.	
Spouse Life Benefit	You can elect up to \$250,000 for your spouse in increments of \$10,000. If you enroll your spouse at your initial eligibility date, you’ll automatically be guaranteed up to \$25,000 without completing an evidence of insurability document.	
Dependent Child(ren) Life Benefit	You can elect up to \$10,000 for your dependent children.	
Benefit Reduction Schedule	Age	% of Original Benefit
	65	65%
	75	35%
	Retirement	0%
AD&D Benefit	Same as Life	
Portability	Included	

Disability Insurance



If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind.

LONG-TERM DISABILITY INSURANCE

Long-Term Disability (LTD) coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security.

Coverage is provided by Voya Financial.

Eligibility	
Class 1 - Certified Employees	Certified Employees An active F/T certified employees with 5 years of credited STRS service and working at least 20 hours per week
Class 2 - Academic Employees	Academic Employees An active F/T academic employee with less than 5 years of credited STRS service and working at least 20 hours per week; and all other full-time employees working 30 hours each week
Monthly Benefit Amount	Plan pays 66.67% of covered monthly earnings
Minimum Monthly Benefit	Greater of \$100 or 10% of Monthly Earnings
Maximum Monthly Benefit	\$3,500
Benefits Begin After:	
Accident	150 days of disability
Sickness	150 days of disability
Maximum Payment Period*	Class 1: 24 Month Duration Class 2: SSNRA

*The age at which the disability begins may affect the duration of the benefits.

Employee Assistance Program



PROVIDED BY VOYA

As an added value to your life insurance plan, Voya offers a counseling and referral service to Monterey Peninsula College employees through ComPsych. (Note: This is separate from the Magellan employee assistance program.)

The Employee Assistance Program (EAP) benefit offered through ComPsych includes confidential counseling for you and your dependents at no charge as well as the following services:

- **Employee Assistance:** FamilySource®, a work-life and personal convenience service.
- **Legal Services:** Your GuidanceResources benefit includes a free, 30-minute consultation with a local network attorney, plus a 25 percent reduction in the attorney's customary legal fees thereafter.
- **Estate Planning Services:** Log on to EstateGuidance to complete a customized will for your estate, utilize an intelligent online questionnaire to guide you through the process, name a guardian for your children, name an executor(s) to settle your estate, specify funeral and burial wishes, make revisions at no cost for up to 30 days.
- **Financial Benefit:** In-house staff includes Certified Public Accountants (CPAs), Certified Financial Planners (CFPs) and other professionals who are exclusively dedicated to providing financial information by phone.
- **Travel Assistance Benefit:** The Travel Assistance program through Voya provides important travel assistance services when you or your covered dependents are 100 miles or more from home, whether domestic or international. (See next page for more information).
- **Funeral Concierge Benefit:** Everest, a funeral planning and concierge service, can be used to plan a funeral for an employee; a spouse or domestic partner; or an employee's dependents up to age 26. For more information on this benefit, call (800) 913-8318 or visit www.everestfuneral.com/voya

To access these benefits, contact ComPsych at (877) 533-2363 or visit www.guidanceresources.com and use Web ID MY5848i to register. When prompted, enter the first five (5) characters of the company code CITY (followed by a space).

Travel Assistance



SECURITY WHEN YOU TRAVEL

We live in a highly connected world where frequent domestic and international travel is the norm. Voya Travel Assistance offers you enhanced security for your leisure and business trips. You and your dependent will have toll-free or collect-call access to the Voya Travel Assistance customer service center or access to the services provided on the website 24 hours a day, 365 days a year—from anywhere in the world.

COVERED SERVICES

When traveling more than 100 miles from home, Voya Travel Assistance offers you and your dependents four types of services: Pre-Trip Information, Emergency Personal Services, Medical Assistance Services, and Emergency Transportation Services.

Pre-Trip Information—these valuable services help you start your trip the right way. Voya Travel Assistance can provide you with important, up-to-date travel information including:

- Immunization requirements
- Visa & passport requirements
- Foreign exchange rates
- Embassy/consular referral
- Travel/tourist advisories
- Temperature & weather conditions
- Cultural information

Emergency Personal Services—In the event of an unexpected situation of a non-medical nature, Voya Travel Assistance offers access to several valuable services, including:

- Urgent message relay
- Interpretation/translation services
- Emergency travel arrangements
- Recovery of lost or stolen luggage or personal possessions
- Legal assistance and/or bail bond

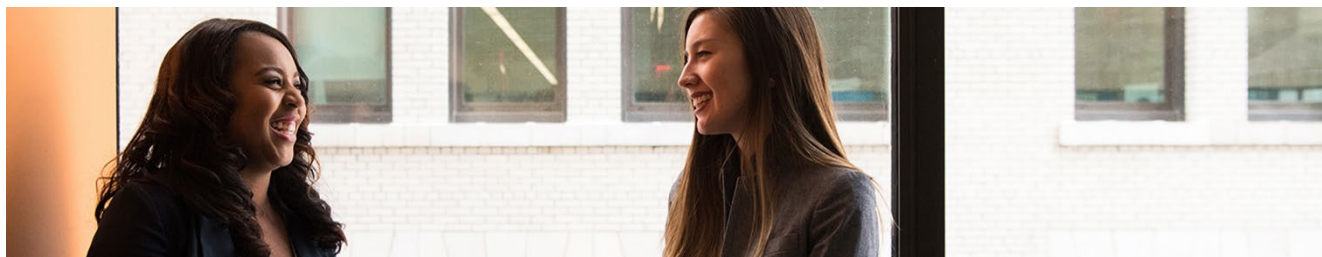
Medical Assistance Services Include:

- Medical referrals for local physicians and dentists
- Medical case monitoring
- Prescription assistance and eyeglass replacement
- Arrangement and payment of emergency medical services (up to \$10,000 with a written guarantee of reimbursement from the eligible participant).

Emergency Transportation Services—should you need medical care or assistance while traveling, Voya Travel Assistance can help. When deemed medically necessary by a Voya Travel Assistance designated physician, evacuation and

transportation to the nearest adequate medical facility that can properly treat your condition will be arranged and paid for on your behalf.

Other Services Provided By VSP & Delta Dental



DELTA DENTAL: TOOTHPIC

Toothpic is an innovative app that offers virtual dental screenings for non-urgent issues from a Delta Dental PPO dentist – right from your smartphone, in under 24 hours. Delta Dental has partnered with Toothpic to provide virtual assessments from in-network dentists as a covered benefit for Plan members. Delta Dental will provide you a registration link to download the toothpic app - visit deltadental.toothpic.com to get started.

DELTA DENTAL: VIRTUAL CONSULTS

Virtual Consult connects Delta Dental members and dentists for real-time video appointments. It's totally secure and HIPAA-compliant, and it's available for free with your existing Delta Dental plan. When you have an urgent issue, even if it's after hours, Virtual Consult makes getting a dentist's advice simple. Even if you don't have a dentist that you see regularly, Virtual Consult makes urgent care, e-prescriptions and check-ins with Delta Dental dentists accessible from the comfort of your own home.

Visit deltadentalins.com/virtual-consult for more information and to learn how to download and use Virtual Consult. For best results, please use Chrome as your browser and close any VPN or firewall connections before your appointments.

DELTA DENTAL: AMPLIFON HEARING AID DISCOUNT

You now have access to discounts on hearing aids through Amplifon Hearing Health Care. Delta Dental selected Amplifon, a leader in hearing health care, to act as your personal concierge. They'll guide you through every step, from using your discounts to finding the right products and care to match your hearing needs. Call Amplifon at **888-779-1429** to be connected to a **Patient Care Advocate**.

DELTA DENTAL: QUALSIGHT LASIK

Because Delta Dental has selected QualSight to offer you access to discounts on LASIK services. Through QualSight, you can save 40-50% off the national average price of Traditional LASIK along with big savings on Custom and Custom Bladeless LASIK procedures! Call QualSight at **(855) 248-2020** for more information.

VSP TRUHEARING

VSP Vision Care members can save up to 60% on the latest brand name hearing aids. Dependents and even extended family members are eligible for exclusive savings, too! Call TruHearing at **(877) 396-7194** and mention **VSP**.

Voluntary Benefits through Aflac



In addition to the Voluntary Buy-Up Dental and Vision plans, Monterey Peninsula College is pleased to offer you a selection of voluntary benefit programs. Voluntary benefits are supplemental to your core health insurance and are optional coverages that help you customize your benefits package to your individual needs. You pay the entire cost for these plans, but you get the added convenience of paying through payroll deduction.

NOTE: The Dental and Vision options below are separate from the Dental and Vision options MPC offers.

<p>Short-term disability Provides a source of income if the covered person becomes disabled due to a covered accident or illness.</p>	<ul style="list-style-type: none"> Guaranteed-issue options available with monthly benefit amounts up to \$4,000 (subject to income requirements) and three- or six-month benefit periods. 	<ul style="list-style-type: none"> Monthly benefit amounts \$500-\$6,000 (subject to income requirements). Portable coverage.
<p>Hospital confinement indemnity Helps ease the financial burden of hospital stays due to a covered accident or illness by providing cash benefits.</p>	<ul style="list-style-type: none"> \$500-\$3,000 hospital confinement benefit. Medical diagnostic and imaging benefit. 	<ul style="list-style-type: none"> Surgical, hospital and emergency room benefits. Ambulance benefit.
<p>Dental Provides benefits for periodic checkups and cleanings, x-rays, fillings, crowns and more.</p>	<ul style="list-style-type: none"> Guaranteed issue. Guaranteed renewable for life. No network. No precertification requirements. 	<ul style="list-style-type: none"> No annual deductible. Optional orthodontic rider. Optional cosmetic benefit rider.
<p>Vision Helps with the costs of eye exams, treatments and vision-correction materials.</p>	<ul style="list-style-type: none"> Three vision correction benefit options. Comprehensive eye-care benefits. 	<ul style="list-style-type: none"> No provider network. No coordination of benefits.
<p>Accident Helps reduce the financial impact of a covered accident by providing cash benefits.</p>	<ul style="list-style-type: none"> Four options of coverage for injuries such as fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries and surgical procedures. 	<ul style="list-style-type: none"> Organized sporting activity benefit provides an additional benefit payout for injuries sustained while playing an organized sport.
<p>Cancer/specified disease Helps with the costs of cancer treatment.</p>	<ul style="list-style-type: none"> One rate for all ages. Dependent children are covered at no additional cost. 	<ul style="list-style-type: none"> Several plan options. Guaranteed renewable for life.
<p>Critical illness/specified health event Helps with the costs of treatment if you experience a covered health event, such as a heart attack, stroke or paralysis.</p>	<ul style="list-style-type: none"> Three coverage options. First occurrence and subsequent specified health event coverage. Continuing care benefit. 	<ul style="list-style-type: none"> Ambulance, transportation and lodging benefits. Waiver of premium and continuation of coverage benefits.

Voluntary Benefits Continued



Aflac Plus Rider

Can be attached to select Aflac Insurance policies to provide additional benefits if diagnosed with a covered health event such as heart attack, stroke, type 1 diabetes and more.

- Guaranteed-issue and HSA-compatible options available.
- Adds extra cash payouts — up to \$5,000 — to existing/eligible accident, hospital and short-term disability policies.
- Includes hospitalization coverage for infectious diseases such as certain human coronaviruses (including COVID-19), pneumonia and influenza.

Lump sum critical illness

Provides a lump-sum cash benefit if you're diagnosed or treated for a covered critical illness event, such as a heart attack, stroke or paralysis.

- Guaranteed issue available to all applicants for \$10,000 of coverage.
- Dependent children are covered at no additional cost.
- Guaranteed renewable for life. (Benefits reduce by 50% at age 75.)
- HSA-compatible option available.

Lump sum cancer

Provides a lump-sum cash benefit if you're diagnosed with cancer.

- Benefit options available between \$10,000 - \$30,000 (available in \$5,000 increments) payable to policyholder upon diagnosis of internal cancer.
- Portable coverage.
- Guaranteed renewable to age 75.

For Assistance



Plan Contacts

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website	Policy/Group #
Medical	Delta Health Systems	800-556-7265	www.deltahealthsystems.com	PPO 7565725
Prescription	OptumRx	800-356-3477	www.optum.com	610011 Use Member ID #
Dental	Delta Dental PPO	(866) 499-3001	www.deltadentalins.com	15932
Vision	VSP PPO	(800) 877-7195	www.vsp.com	104565-0193
Long Term Disability	Voya	(800) 328-4090	www.voya.com	701670
Life/AD&D	Voya (Classified, Confidential and Manager-Supervisor)	(800) 955-7736	www.voya.com	701670
Life/AD&D	The Standard (Faculty and Administrators)	(800) 628-8600	www.standard.com	503000-D

Words You Need to Know

Health insurance seems to have its own language. You will get more out of your plans if understand the most common terms, explained below in plain English.

MEDICAL

OUT-OF-POCKET COST - A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

DEDUCTIBLE - The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

COINSURANCE - After you meet the deductible amount, you and your health plan share the cost of covered expenses. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70% coinsurance, you are responsible for paying your coinsurance share, 30% of the cost.

COPAY - A set fee you pay whenever you use a particular healthcare service, for example, when you see your doctor or fill a prescription. After you pay the copay amount, your health plan pays the rest of the bill for that service.

IN-NETWORK / OUT-OF-NETWORK - Network providers (doctors, hospitals, labs, etc.) are contracted with your health plan and have agreed to charge lower fees to plan members, as negotiated in their contract with the health plan. Services from out-of-network providers can cost you more because the providers are under no obligation to limit their maximum fees. With some plans, such as HMOs and EPOs, services from out-of-network providers are not covered at all.

OUT-OF-POCKET MAXIMUM - The most you would pay from your own money for covered healthcare expenses in one year. Once you reach your plan's out-of-pocket maximum dollar amount (by paying your deductible, coinsurance and copays), the plan pays for all eligible expenses for the rest of the plan year.

PRESCRIPTION DRUG

BRAND NAME - A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. You generally pay a higher copay for brand name drugs.

GENERIC DRUG - A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor. You generally pay a lower copay for generic drugs.

PREFERRED DRUG - Each health plan has a list of prescription medicines that are preferred based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

DENTAL

BASIC SERVICES - Dental services such as fillings, routine extractions and some oral surgery procedures.

DIAGNOSTIC AND PREVENTIVE SERVICES - Generally include routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

MAJOR SERVICES - Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Important Plan Notices and Documents

CURRENT HEALTH PLAN NOTICES

Notices must be provided to plan participants on an annual basis and are available on our benefits website and include:

- [Medicare Part D Notice](#)
Describes options to access prescription drug coverage for Medicare eligible individuals.
- [Women's Health and Cancer Rights Act](#)
Describes benefits available to those that will or have undergone a mastectomy.
- [Newborns' and Mothers' Health Protection Act](#)
Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.
- [HIPAA Notice of Special Enrollment Rights](#)
Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.
- [HIPAA Notice of Privacy Practices](#)
Describes how health information about you may be used and disclosed.
- [Michelle's Law](#)
Describes right to extended dependent medical coverage during student leaves.
- [Premium Assistance Under Medicaid and the Children's Health Insurance Program \(CHIP\)](#)
Describes availability of premium assistance for Medicaid eligible dependents.
- [Nondiscrimination and Accessibility Requirements Notice](#)
Describes organization's compliance with Federal non-discrimination laws along with communication and language assistance services.

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this Notice carefully to make sure you understand your rights and obligations.



Rev. 02/1/2022