



EXPLORE YOUR BENEFITS

Medical Plan Features	Medical PPO Anthem Blue Cross Network	
	In-Network	Out-of-Network
Calendar Year Deductible Individual/Family	\$250 / \$750	\$500/ \$1,500
Annual Out-of-Pocket Maximum Individual/Family	\$2,500 / \$5,000	\$3,500 / \$7,000
Physician Office Visit PCP or Specialist	\$25 Copay, then 95%	\$25 Copay, then 70%
Emergency Room (waived if admitted)	\$100 per visit, then 95%	
Inpatient Hospital • Facility Fee	100% Tier 1 (now includes Salinas Valley) 90% Tier 2 (now includes hospitals that were in Tier 3)	
Outpatient Surgery	95%	70%
Urgent Care	\$25 Copay, then 95%	\$25 Copay, then 70%
Pharmacy – Retail	30-day supply	30-day supply
Tier 1 / Tier 2 / Tier 3	\$5 / \$20 / \$35	\$5 / \$20 / \$35



Member Perks:

- In-Network Preventive care is 100% covered
- Save money using an in-network provider, but have the flexibility to see any provider in Anthem's network
- Healthcare coverage available when you are traveling or living abroad through Blue Cross Global Core.
- Mobile app available to view benefits and contact information, and more!

NEW! Anthem LiveHealth Online:

Phone and online visits are available 24/7, 365 days a year!

- Call 888-548-3432
- Visit <u>www.livehealthonline.com</u>
- Download the LiveHealth Online app

Dental Plan Features	Delta Dental Base PPO		Delta Dental Buy-Up PPO	
	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				
Fillings	plan pays 70% - 100%	plan pays 70% - 100%	plan pays 70% - 100%	plan pays 70% - 100%
Root Canals	plan pays 70% - 100%	plan pays 70% - 100%	plan pays 70% - 100%	plan pays 70% - 100%
Periodontics	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

Delta Dental pays 70% of the contract allowance for covered diagnostic, preventive, and basic services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year.



Vision Plan Features	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
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

VSP Extras

Glasses and Sunglasses

Extra \$20 to spend on featured frame brands. 30% savings on additional glasses and sunglasses 20% from any VSP provider within 12 months of your last exam.

Retinal Screening

No more than a \$39 copay on routine retinal screening

Laser Vision Correction

Average 15% off the regular price or 5% off the promotional price

Basic Life and AD&D	Voya (Full-Time Classified, Confidential, Managers, Supervisors, and Classified Administrators)		The Standard (CTA) (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
e 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 and over			\$8,400	\$8,400
Dependent Coverage				
Spouse	\$1,	,500	Dependents of Active Participants:	
Child(ren)	\$1,	500	The lesser of 50% of the Participant's Life Insurance, and 5,000	

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 \$150,000 without completing an evidence of insurability document. Enrollment after initial eligibility is subject to evidence of insurability (EOI).		
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.		
AD&D Benefit	Same as Life		
Portability	Included		

Long Term Disability	Voya
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:	150 days of disability

Employee Assistance Program

Your ComPsych® EAP Program through your Voya Life and Disability plan offers someone to talk to and resources to consult whenever and wherever you need them. Up to 3 face-to-face sessions available per issue.

Additional benefits available through Monterey Peninsula College:

Paid days off, disease management programs, wellness alerts, educational incentives, retirement, travel assistance, and more!

Monterey Peninsula College pays 100% of the cost for Medical, Dental Base Plan, VSP Employee Only, Basic Life/AD&D, and Long-Term Disability.