2017-2018

Employee Benefits Overview

ACTIVE EMPLOYEES

South Orange County Community College District
1967

We've Got You Covered

At South Orange County Community College District, we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain good health ---physical, emotional and financial --- is the reason South Orange County Community College District offers you a benefit package. We are providing you with this overview to help you understand the benefits that are available to you and how to best use them. Please review it carefully and make sure to ask about any important issues that are not addressed here. A list of plan contacts is provided at the back of this summary.

While we've made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For specific details and limitations, please refer to the plan documents which may include Summary Plan Descriptions (SPDs), Evidence of Coverages (EOCs) and/or insurance policies. The plan documents determine how all benefits are paid. The information in this brochure is a general outline of the benefits offered under the South Orange County Community College District benefits program. If the information in this guide differs from the plan documents, the plan documents will prevail.

TABLE OF CONTENTS

The benefits in this summary are effective:

October 1, 2017 - September 30, 2018

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 page 26-27 for more details.

Who Can You Cover?

WHO IS ELIGIBLE?

Employees working at least 75% per week are eligible for the benefits outlined in this overview. Academic Administrators, Classified Management, Police Officers Association (POA), Board Members, Faculty, and Classified employees are included in the active employee category.

You can enroll the following family members in our medical, dental and vision plans.

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse or common law spouse).
- Your registered same or opposite (age 62+) sex domestic partner is eligible for coverage. Any premiums for your domestic partner by South Orange County Community College District are taxable income and will be included on your W-2. Any premiums you pay for your domestic partner will be deducted on an after-tax basis.
- Your children:
    - Under the age of 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.
    - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
    - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

WHO IS NOT ELIGIBLE?

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

- Parents, grandparents, and siblings.
- Employees who work less than 75% per week, temporary employees, contract employees, or employees residing outside the United States.

WHEN CAN I ENROLL?

Coverage for new employees begins on the 1st of month following your date of hire or date of eligibility. New employees must make an election within 30 days of becoming eligible.

Open enrollment is generally held in August. Open enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

Make sure to notify Benefits right away if you do have a qualifying life event and need to make a change (add or drop) to your coverage election. These changes 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
- Divorce

You have 30 days to make your change.

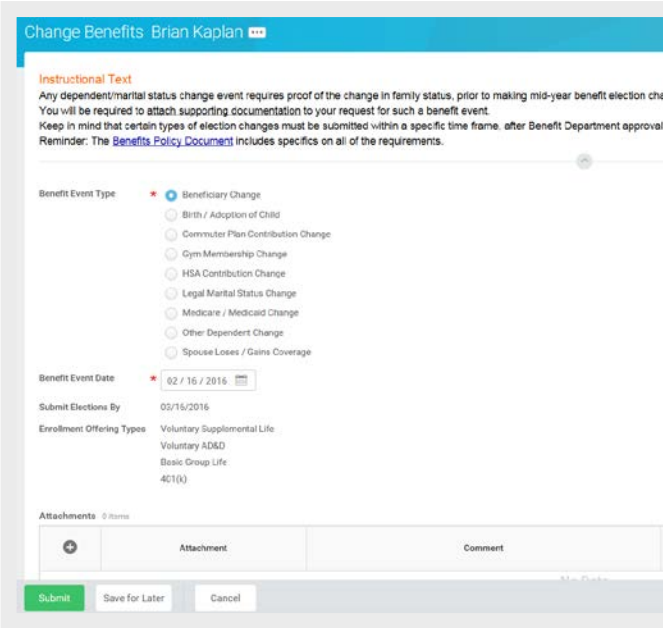
How Do I Enroll or Make Changes?

Enrollments and changes should all be submitted through Workday by following the instructions below:

REPORT A COVERAGE CHANGE EVENT

From the Benefits worklet:

1. Click **Benefits**.
2. Select the Benefit Event Type.
3. Click the **Calendar** icon to enter the date of the Benefit event.
4. Attach required documents, if applicable.



5. Click **Submit > Done**. A task will route to your Inbox, if applicable.
6. Click your **Profile Icon > Inbox**.
7. Click the Benefit Event task.
8. Complete and continue through all required screens and check the **I Agree** box to provide an electronic signature confirming your changes.
9. Click **Submit**.
10. Click **Done** to complete the task or **Print** to launch a printable version of the summary for your records.

VIEW OR CHANGE EXISTING BENEFIT ELECTIONS

From the Benefits worklet:

1. Click **Benefit Elections**.
2. Review your benefit elections and costs.

3. Click your **Related Actions** .
4. Select **Benefits** > **Change Benefits**.
5. Enter all required information denoted by an asterisk and make any permitted changes.
6. Click **Submit**.

VIEW DEPENDENTS' BENEFIT ELECTIONS

From the Benefits worklet:

1. Click **Dependents**.
2. Review your existing dependents and their benefit plan coverage.

MANAGE DEPENDENTS

From the Benefits worklet:

1. Click **Dependents**.
2. Click **Add**.
3. Click the **Edit** icon or click in the field to modify. Required fields are denoted by red asterisks.
4. Click the **Add** button to add new information.
5. Click **Submit**.

MANAGE BENEFICIARIES

From the Benefits worklet:

1. Click **Beneficiaries**.
2. View existing beneficiaries for enrollment benefit plans, or modify the existing information by clicking **Edit**.
3. Click **Add** to add a new beneficiary. The Add Beneficiary page displays.
4. Select **Existing Dependent or Emergency Contact**, **New Person as Beneficiary**, or **New Trust as Beneficiary**.
5. Click **OK**
6. Enter all required information denoted by an asterisk.
7. Click **Submit**.

Once you add an additional dependent, you may need to update your Federal Tax elections, as well as your Benefit elections. Click the **Skip** button if you want to do this later. Once you add an additional beneficiary, you may need to update your Benefit elections.

PRINT BENEFITS STATEMENT

From the Home page:

1. Click the **Profile Icon** > **View Profile**.
2. Click the **Related Actions** icon .
3. Select **Benefits** > **View My Benefit Statement**.
4. Click the **prompt icon** in the Benefit Event field.
5. Select the desired Benefit Event you would like to view and print.
6. Click **Print**. The selected Benefit Event will open as an Adobe PDF document which can be saved and printed.

workday. EDUCATION

Making the Most of Your Benefits Program

Helping you and your family members stay healthy and making sure you use your benefits program to its best advantage is our goal in offering this program. Here are a few things to keep in mind.

STAY WELL!

Harder than it sounds, of course, but many health problems are avoidable. Take action—from eating well, to getting enough exercise and sleep. Taking care of yourself takes care of a lot of potential problems.

ASK QUESTIONS AND STAY INFORMED

Know and understand your options before you decide on a course of treatment. Informed patients get better care. Ask for a second opinion if you're at all concerned.

GET A PRIMARY CARE PROVIDER

Having a relationship with a PCP gives you a trusted person who knows your unique situation when you're having a health issue. Visit your PCP or clinic for non-emergency healthcare.

USING THE EMERGENCY ROOM

Did you know most ER visits are unnecessary? Use them only in a true emergency—like any situation where life, limb, and vision are threatened. Otherwise, call your doctor, your nurse line, or go to an Urgent Care clinic. You'll save a lot of money and time.

AN APPLE A DAY

Eating moderately and well really does help keep the doctor away. Stay away from fat-heavy, processed foods and instead focus on whole grains, vegetables, and lean meats to be the healthiest you can be.

TAKE YOUR PILLS!

Always follow your doctor's and pharmacist's instructions when taking medications. You can worsen your condition(s) by not taking your medication or by skipping doses. If your medication is making you feel worse, contact your doctor.

GOING TO THE DOCTOR?

To get the most out of your doctor visit, being organized and having a plan helps. Bring the following with you:

- Your plan ID card
- A list of your current medications
- A list of what you want to talk about with your doctor

If you need a medication, you could save money by asking your doctor if there are generics or generic alternatives for your specific medication.

GOING ABROAD?

If you're a PPO member, you may use the BlueCard Program for access to covered medical benefits. You and your enrolled dependents may access these PPO benefits when you're traveling or temporarily living outside your home state with the BlueCard program. The BlueCard also covers enrolled dependents, including students and family members, who temporarily reside outside your home state. To locate BlueCard providers, call BlueCard Access® at 800-810-BLUE (2583) or call collect at 804-673-1177.

1. Call your Blue Cross Blue Shield Plan.
2. Visit www.bcbsglobalcore.com
3. Call the Blue Cross Blue Shield Global Core

HMO plan members have coverage for emergency and urgent care services, or authorized medical follow-up care, when they are out of their HMO service area.

Medical

South Orange County Community College District gives you a choice between three medical plans through either Blue Shield of California/SISC or Kaiser/SISC. You can find in-network providers by visiting **blueshieldca.com/sisc** or **blueshieldca.com** directly and selecting "Find a provider." You will search under the "Access+ HMO" network for the HMO plan and "Blue Shield of California PPO Network" for the PPO plan.

	Blue Shield HMO (SISC)	Blue Shield PPO (SISC)		Kaiser Permanente HMO (SISC)
	In-Network	In-Network	Out-Of-Network	In-Network
Annual Deductible	None	$100/individual $300/family	$100/individual* $300/family*	None
Annual Out-of-Pocket Max	$1,000/individual $2,000/family	$500/individual $1,500/family	$500/individual* $1,500/family*	$1,500 Self-Only Coverage $1,500 Individual within a Family (each member within a family) $3,000 Family Coverage (entire family of 2+ members)
Office Visit Primary/Specialist Access+Specialist	 $5 copay $30 copay for self-referred Access+ Specialist	 $10 copay[3] N/A	 10%[1] N/A	 $10 copay per visit N/A
Preventive Services	No Charge	No Charge[3]	Not Covered	No Charge
Chiropractic Care	$10 copay (up to 30 visits per year combined w/ Acu)[4]	$25 copay (up to 20 visits per year)	10% (up to 20 visits per year)[1]	$10 copay per visit (up to 30 visits per year combined w/ Acu)
Acupuncture	$10 copay (up to 30 visits per year combined with Chiro)[4]	$25 copay (up to 20 visits per year)	$25 copay (up to 20 visits per year)[1]	$10 copay (up to 30 visits per year combined with Chiro)
Lab & X-Ray	No Charge	$10 copay	10%[1]	No Charge
Inpatient Hospitalization	No Charge	10%	No Charge (up to $600/day)[2]	No Charge
Outpatient Surgery	No Charge	10%	No Charge (up to $350/day)[2]	$10 per procedure
Emergency Room	$100 copay (waived if admitted)	$100 copay plus 10% (waived if admitted)	$100 copay plus 10% (waived if admitted)	$100 copay per visit (waived if admitted)

* combined with in-network

1. Copayments/Coinsurance marked with this footnote do not accrue to Calendar Year out-of-pocket maximum. Copayments/Coinsurance and charges for services not accruing to the member's Calendar Year out-of-pocket maximum continue to be the member's responsibility after the Calendar Year out-of-pocket maximum is reached. This amount could be substantial. Please refer to the Plan Contract for exact terms and conditions of coverage.
2. Members are responsible for all charges in excess of the per day maximum payment.
3. Not subject to the calendar-year deductible.
4. Chiropractic Care and Acupuncture providers must be part of the American Specialty Health Network. Providers can be found by accessing the blueshieldca.com website or visiting https://www.ashlink.com/ASH/public/applications/providersearch/default.aspx.

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.

If you enroll in medical coverage, you will automatically receive coverage for prescription drugs. Employees enrolled in the Blue Shield HMO plan will have prescription drug coverage through Navitus. If you are taking prescription medications on a regular basis, you may save time and money by using the mail service pharmacy. If you have any questions, you may call Navitus Member Services 24 hours a day, seven days a week toll free at (866) 333-2757 or visit the Navitus website at **navitus.com**.

Employees enrolled in the Blue Shield PPO plan will have prescription drug coverage through Blue Shield Pharmacy. Blue Shield members can use Blue Shield's mail service pharmacy by calling (866) 346-7200 or visiting their website at **Caremark.com**. **Please note:** Prior authorization is required for specialty medications, including self-administered injectables. CVS Caremark is Blue Shield's exclusive Network Specialty Pharmacy and offers the convenience of home delivery or pickup. You can locate a Network Specialty Pharmacy at **cvscaremarkspecialtyrx.com** by selecting "pharmacy locator" or calling (800) 237-2767. You may also call the customer service phone number listed on your Blue Shield ID card for additional details.

	Blue Shield HMO (SISC) through Navitus[1]	Blue Shield PPO (SISC) through Blue Shield Pharmacy		Kaiser Permanente HMO (SISC)
	In-Network	In-Network	Out-Of-Network	In-Network
Prescription Drug Deductible	None	None	None	None
Annual Out-of-Pocket Limit	$1,500/individual[2] $2,500/family[2]	Medical Out-of-Pocket Limit Applies	Medical Out-of-Pocket Limit Applies	Medical Out-of-Pocket Limit Applies
Pharmacy/Retail				
Generic	$5 copay	$3 copay	$3 copay plus 25%	$10 copay
Costco Generic	$0 copay	N/A	N/A	N/A
Brand	$10 copay[3]	$15 copay	$15 copay plus 25%	$10 copay
Specialty Item	N/A	N/A	N/A	$10 copay
Supply Limit	30 Days	30 Days	30 Days	Up to 100 Days (Generic & Brand) Up to 30 Days (Specialty Item)
Mail Order				
Generic	$0 copay	$3 copay	Not covered	$10 copay
Costco Generic	$0 copay	N/A	N/A	N/A
Brand	$20 copay	$35 copay	Not covered	$10 copay
Supply Limit	90 Days	90 Days	N/A	Up to 100 Days

1. Members may receive up to 30 days and/or up to 90 days supply of medication at participating pharmacies. Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs. Navitus contracts with most independent and chain pharmacies with the exception of Walgreens. Due to Medicare Part D restrictions, this program does not apply to the CompanionCare pharmacy benefit.
2. Out-of-Pocket Limit has been added due to the Affordable Care Act.
3. If the member requests a brand-name drug and a generic drug equivalent is available, the member is responsible for paying the difference between the cost to Blue Shield of California of the brand-name drug and its generic drug equivalent, as well as the applicable generic drug copayment.

Dental

Regular visits to your dentists can help more than protect 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.

South Orange County Community College District provides employees with comprehensive dental coverage through Delta Dental of California/ACSIG. Log on to Delta's website at **deltadentalins.com** or call (866) 499-3001 for more information.

	Delta Dental PPO (ACSIG)	
	In-Network	Out-Of-Network
Calendar Year Deductible	$25/individual $75/family	$25/individual (combined with in-network) $75/family (combined with in-network)
Annual Plan Maximum	$3,200	$3,000
Diagnostic and Preventive	Plan pays 90%	Plan pays 90%
Basic Services		
Fillings	Plan pays 90% after deductible	Plan pays 90% after deductible
Root Canals	Plan pays 90% after deductible	Plan pays 90% after deductible
Periodontics	Plan pays 90% after deductible	Plan pays 90% after deductible
Major Services		
Crowns	Plan pays 90% after deductible	Plan pays 90% after deductible
Inlays/Onlays	Plan pays 90% after deductible	Plan pays 90% after deductible
Prosthodontics	Plan pays 90% after deductible	Plan pays 90% after deductible
Orthodontic Services		
Orthodontia (Adult & Children)	Plan pays 50%	Plan pays 50%
Lifetime Maximum	$2,000	$2,000 (combined with in-network)

Delta Dental's mobile app gives you access to dentist search, claims and coverage on your mobile device. It even has a toothbrush timer built in to make sure you keep up with your daily oral health routine!

Delta Dental's free mobile app can be downloaded to your mobile device from the App Store (Apple) or Google Play (Android). Or, scan the code on the right to download.

Vision

Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions.

South Orange County Community College District provides Retirees 65+ with a voluntary comprehensive vision coverage through Vision Service Plan (VSP). If you are a Retiree under age 65, vision benefits will continue to be paid by the District for you and your eligible dependents until the 1st of the month in which you turn 65.

Log on to VSP's website at vsp.com or call (800) 877-7195 for more information.

	Vision Service Plan Vision (ACSIG) VSP Vision	
	In-Network	Out-Of-Network
Examination	$10 copay (once per 12 months)	Plan pays up to $45
Materials	Combined with exam	Varies based on materials selected
Eyeglass Lenses		
Single Vision Lens	Plan pays 100% of basic lens	Plan pays up to $45
Bifocal Lens	Plan pays 100% of basic lens	Plan pays up to $65
Trifocal Lens	Plan pays 100% of basic lens	Plan pays up to $85
Frames	Up to $120 + 20% off over your allowance	Plan pays up to $47
Contacts (Elective)	$50 copay (in addition to eyeglasses, eyeglasses and contacts are allowed in the same year)	$50 copay then plan pays up to $250 (in addition to eyeglasses, eyeglasses and contacts are allowed in the same year)
Second Pair of Glasses	$20 copay (once per 12 months)	N/A

	Kaiser Vision Care
	In-Network
Examination for Eyeglasses	$10 copay per visit
Glaucoma Testing	$10 copay per visit
Standard frame/lenses every 24 months	$150 frame and lens allowance every 24 months

Extra Savings:

- Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details and information on additional discounts.
- 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from your VSP provider within 12 months of your last WellVision Exam.

Retinal Screening

- No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam.

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

Hearing Aids

- Save up to $2,400 on a pair or hearing aids with TruHearing pricing. Go to truhearing.com/vsp/ or call (877) 396-7194 with questions.

Life & Disability 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. Protecting your income stream can provide you and your family with peace of mind. Both our Life & Disability coverage is offered through Reliance Standard Life Insurance Company. For more information, call Reliance Standard at (800) 351-7500 or visit **reliancestandard.com**.

LIFE AND AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. All benefit eligible employees and their dependents are automatically enrolled in Basic Life and AD&D, which is 100% paid for by SOCCCD.

Employee Basic Life Amount	At least 2x annual earnings, up to a maximum amount (varies based on current negotiated contracts)
Employee Basic AD&D Amount	At least 2x annual earnings, up to a maximum amount (varies based on current negotiated contracts)
Spouse Basic Life Amount	$2,000
Child(ren) Basic Life Amount	$2,000

VOLUNTARY LIFE

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security.

Employee Voluntary Life Amount	Minimum of $10,000 up to a maximum of $500,000 in increments of $10,000 (not to exceed 5x earnings)
Spouse Voluntary Life Amount	Minimum of $5,000 up to a maximum of $500,000 in increments of $5,000 (not to exceed 100% employee amount)
Child(ren) Voluntary Life Amount	Minimum of $2,500 to a maximum of $10,000

Evidence of Insurability: Depending on the amount of coverage you select, you may need to submit an Evidence of Insurability form, which involves providing the insurance company with additional information about your health.

Guaranteed Issue: The following amounts are guaranteed, without Evidence of Insurability (EOI), only during your initial eligibility period.

- Employee – $200,000
- Spouse – $35,000
- Child(ren) – All amounts

In addition, employees can increase up to $40,000 in insurance coverage each year during open enrollment without having to provide an EOI.

Beneficiary Reminder: Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

LONG-TERM DISABILITY INSURANCE

Long-Term Disability 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 California State Disability, workers' compensation and Social Security.

Monthly Benefit Amount	Plan pays 66 2/3% of covered monthly earnings
Maximum Monthly Benefit	$10,000
Benefit Begins Accident & Sickness	90 days
Maximum Payment Period*	Varies based on current negotiated contracts

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

Other Programs

Here are some other valuable programs, 100% paid for by SOCCCD, that eligible employees are automatically enrolled in:

EMPLOYEE ASSISTANCE PROGRAM

There are times when everyone needs a little help or advice. The confidential Employee Assistance Programs (EAP) through Anthem Blue Cross and Reliance Standard/ACI Specialty Benefits can help you with things like stress, anxiety, depression, chemical dependency, relationship issues, legal issues, parenting questions, financial counseling, and dependent care resources. Best of all, it's free.

Our EAP with Anthem Blue Cross can arrange up to six free visits with licensed professionals for each issue you are facing.

Our EAP with Reliance Standard and ACI Specialty Benefits provides employees and family members up to three face to face or telephonic sessions per issue.

Both programs also offer legal and financial assistance.

Help is available 24/7, 365 days a year by calling (800) 999-7222 for Anthem or (855) 775-4357 for Reliance/ ACI Specialty Benefits. Other resources are available online at **anthemeap.com** for Anthem or **http://rsli.acieap.com** for Reliance/ACI Specialty Benefits (members can register and create their own logins). EAPs are available to ALL household members, even if they are not an eligible tax dependent.

BEREAVEMENT COUNSELING

Though you may not suffer lasting effects from a loss, you may benefit from the assistance of talking with a professional counselor experienced in dealing with grief and loss. Reliance Standard and ACI Specialty Benefits offer access to a toll to all household members who experience the loss of a loved one.

LEGAL PLAN

Hyatt Legal Plan membership provides participating employees and family members with access to legal advice and services including: telephonic advice and office consultations on an unlimited number of matters with an attorney of your choice. Available services include: Will & Estate Matters, Document Preparation, Traffic Offenses, Lawsuits, Real Estate & Financial Matters, Consumer Protection, Immigration Assistance, and more.

To access services call the Hyatt Legal at (800) 821-6400. Employees/dependents can also log into **legalplans.com** by entering the last 4 digits of the employee's Social Security Number and 5 digit zip code to verify eligibility. Once logged in, you can review covered benefits, use the attorney locator to find the most convenient network attorney, and obtain a case number your network attorney will need to provide service. You then call the network attorney, also available on evenings and Saturdays, to schedule an appointment.

IDENTITY THEFT

Identity Theft is the fastest growing crime in the United States. To protect you from this devastating event, Reliance Standard provides you with a full service ID Recovery Program that will perform the recovery process for you should you or a family member fall victim to identity theft. WalletArmor® provides 24/7 Online Credential Monitoring on the Internet's Underground economy. WalletArmor® encrypted vault secures and monitors user IDs & passwords, ATM cards, credit cards, checking accounts, driver's licenses, health insurance cards, vehicle insurance cards and records, etc. InfoArmor® Identity Protection Experts will provide restoration services including dedicated advocates, investigations and confirmation of fraudulent activity, preparing appropriate documentation on your behalf for any disputes, and more! Call (855) 246-7347 for assistance.

Blue Shield members (PPO or HMO) who would like additional protection also have the option of enrolling in the automatic AllClear Credit Monitoring at no cost. This service offers layers of protection, including credit monitoring, identity theft insurance, and ChildScan services for minors. To enroll, visit **blueshieldca.allclearid.com/**. AllClear ID can also help in cases where identity theft repair is needed. Members may call (855) 904-5733 and an AllClear representative will work to restore their identity.

Other Programs, continued

TRAVEL ASSISTANCE

Through your group coverage with Reliance Standard, you automatically receive travel assistance services provided by On Call International. On Call is a 24-hour, toll-free service that provides a comprehensive range of information, referral, coordination and arrangement services designed to respond to most medical care situations and many other emergencies you may encounter when you travel. On Call also offers pre-trip assistance including passport/visa requirements, foreign currency and weather information. Call (800) 456-3893 (in the U.S., toll free) or (603) 328-1966 (worldwide, collect).

ADVANCE MEDICAL

Advance Medical is available to all subscribers and covered dependents enrolled in any SISC PPO, HMO, or Kaiser medical plan. The services are free to our members.

Advance Medical can assist patients with medical conditions by providing answers to their healthcare questions and ensuring they are receiving the best possible care. Patients' medical cases are reviewed by doctors identified as world-leading experts in their fields of specialty. Members who access this service are able to speak directly with a specialist once their case is established. It is ideally suited to help members when they:

- Are dealing with complex medical conditions
- Are considering surgery or a major procedure
- Have questions about managing a health condition
- Would like to get a second opinion regarding a documented diagnosis or treatment plan
- Members may reach Advance Medical by phone 1-855-201-9925 or online at www.advance-medical.net/sisc

LONG TERM CARE

The District provides basic Long Term Care coverage through Unum. Long Term Care Insurance provides assistance with daily living activities such as bathing, eating, and dressing when you or a family member are no longer able to perform these activities. The Plan provides options for care in a variety of settings, including nursing homes, assisted living facilities, adult day care facilities, hospices, or your own home. If you would like even more protection, you may purchase Buy-Up Long Term Care coverage. Premiums are based on age, type of care, and benefit amount. Please note that you may purchase this benefit for your in-laws as well. For more information, contact Unum at (800) 227-4165 or visit **unuminfo.com/socccd/index.aspx** for Academic staff and **unuminfo.com/socccd-classified/index.aspx** for Classified staff.

Employer Paid LTC Base Plan	Academic Administrators, Classified Management, Board Members & Faculty	Classified & POA Employees
Facility Benefit Amount	$1,000	$2,000
Facility Benefit Duration	4 Years	3 Years
Daily Assistant Living Benefit	60%	75%
Home Care Benefit	50%	75%
Elimination Period	180 Days	180 Days
Lifetime Maximum	$48,000	$72,000

Other Programs, continued

CARRUM HEALTH BENEFITS

Carrum Health will now provide PPO members with access to an enhanced benefit with selected physicians at Scripps Health in San Diego for Hip Replacements, Knee Replacements and many Inpatient Spine Surgeries. Use of this benefit is optional. This benefit is separate from and in addition to the benefits already provided under the Blue Shield PPO plan. This benefit is not administered by Blue Shield. This benefit must be accessed through Carrum.

Under the Carrum benefit with Scripps:

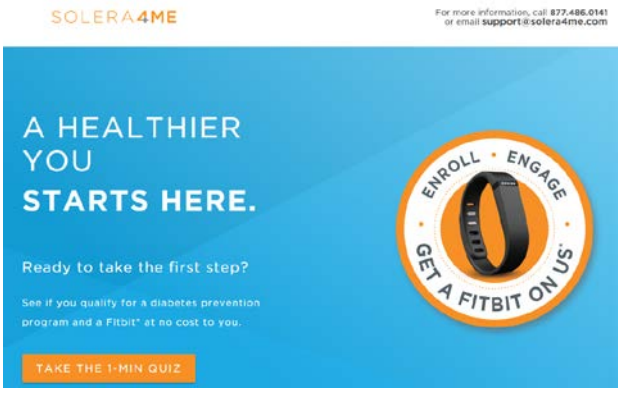
- There are no medical bills! Co-insurance and deductibles will be waived*
- Travel expenses will be covered for the patient and an adult companion
- A personal Carrum Care Concierge will:
    - help complete forms;
    - gather and transfer medical records;
    - assist in the selection of a surgeon;
    - schedule the surgery;
    - make travel arrangements and
    - coordinate post-discharge recovery care.

How your Carrum Health surgery benefit works:

1. Call Carrum Health at 1-888-855-7806
2. Meet your personally assigned Care Concierge
3. Review and select your top-quality surgeon
4. Receive full support preparing for your surgery
5. Recover smoothly with total care coordination

Carrum provides access to "Centers of Excellence". Carrum has vetted hospitals and surgeons who provide top-quality care and achieve better outcomes.

Getting started is as easy as calling Carrum toll free at 1-888-855-7806.



HEAL DR. HOUSE CALL SERVICE

Heal is now available for Blue Shield PPO (SISC) members. Heal provides SISC PPO members with access to an on-demand doctor house call service. This service is only available in certain eligible ZIP Codes in the following areas:

- ✓ Los Angeles
- ✓ Long Beach
- ✓ Orange County
- ✓ San Diego
- ✓ San Francisco Bay Area

With Heal, you can book a house call with a licensed doctor 7 days a week, including holidays, any time between 8AM to 8PM for reasons such as:

- Flu Shots
- Annual Physicals or Well Visits
- In-Home Lab Draws
- Pediatric Care
- Prescription Refills
- Health managing Diabetes, Hypertension etc.
- Cold, cough, Bronchitis
- Fever, Flu, and Headache

Regular plan cost sharing and/or co-payments will apply for the visit and/or other services performed during the visit.

The easiest way to get started is to use the Heal app. The app will ask the member to enter in their ZIP Code to verify availability for this service. Other options to get started are:

1. Visit Heal's website at heal.com/
2. Call Heal at 844.644.4325 or
3. Email support@heal.com. This benefit must be accessed through Heal.

SOLERA4ME DIABETES PREVENTION PROGRAM

SOLERA4ME is a diabetes prevention benefit for Blue Shield HMO and PPO members. It's a 16- week, cutting-edge program that can help members with prediabetes lose weight, adopt healthy habits and significantly reduce their risk of developing diabetes. It's available at no cost to members that qualify. If you qualify, programs may include health coaching, weekly lessons, integrated devices such as the Fitbit, and group support.

For more information and to see if you qualify, visit www.solera4me.com to take a quick, 1-minute test.

Flexible Spending Account (FSA)

A Flexible Spending Account lets you set aside money—before it's taxed—through payroll deductions. The money can be used for eligible healthcare and dependent day care expenses you and your family expect to have over the next year. The main benefit of using an FSA is that you reduce your taxable income, which means you have more money to spend. The catch is that you have to use the money in your account by the end of our grace period which extends our plan year by 2.5 months. Although our plan year ends on December 31st of each year, the grace period allows you to **incur** claims until March 15th of the following year. Otherwise, that money is lost, so plan carefully. You must re-enroll in this program each year.

IMPORTANT CONSIDERATIONS

- Expenses must be incurred between January 1st of each year and March 15th of the following year and submitted for reimbursement no later than March 31st.
- Elections cannot be changed during the plan year, unless you have a qualified change in family status (and the election change must be consistent with the event).
- Unused amounts will be lost at the end of the grace period, so it is very important that you plan carefully before making your election.
- FSA funds can be used for you, your spouse, and your tax dependents only.
- You can obtain reimbursement for eligible expenses incurred by your spouse or tax dependent children, even if they are not covered on the South Orange County Community College District health plan.
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents (Important: questions about the tax status of your dependents should be addressed with your tax advisor).
- Keep your receipts. In most cases, you'll need to provide proof that your expenses were considered eligible for IRS purposes.

HEALTHCARE FSA ACCOUNT

This plan allows you to pay for eligible out-of-pocket healthcare expenses with pre-tax dollars. Eligible expenses include medical, dental, or vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election from the first day of the plan year and you can set aside up to $2,600 this year.

DEPENDENT CARE FSA ACCOUNT

This plan allows you to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible expenses may include daycare centers, in-home child care, and before or after school care for your dependent children under age 13. Other individuals may qualify if they are considered your tax dependent and are incapable of self-care. It is important to note that you can access money only after it is placed into your dependent care FSA account.

All caregivers must have a tax ID or Social Security number, which must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan. You can set aside up to $5,000 per household for eligible dependent care expenses for the year.

NAVIA BENEFITS DEBIT CARD

The first year you enroll in FSA, you will a debit card. If you would like additional cards, you can request them from Navia. The cards are good for 3 years and are reloaded annually with your new election amount. Your Navia Benefits Card cannot be used at dependent care facilities. Even though the front of your Navia Benefits Card will state "Debit," it should be used as a credit card. The card does not have a PIN so you must select credit when making a purchase. You cannot get cash back with the card. If debit is used, your purchase will be declined. Claim submission instructions are available on Navia's website at **naviabenefits.com**. Log in credentials will be sent to you when you enroll so you can view your account information.

Key Terms

MEDICAL/GENERAL TERMS	
Allowable Charge	The negotiated amount that in-network providers have agreed to accept as full payment.
Balance Billing	A practice where out-of-network providers bill a member for charges that exceed the plan's allowable charge.
Coinsurance	The percentage cost share between the insurance carrier and a member.
Copay	The dollar amount a member must pay directly to a provider at the time of service.
Explanation of Benefits (EOB)	The statement you receive from the insurance carrier that details how much the provider billed, how much the plan paid (if any) and how much you owe (if any). In general, you should not pay your provider until you have received this statement.
Family Deductible	The maximum dollar amount any one family will pay out in individual deductibles in a year.
Health Maintenance Organization (HMO)	Requires you to select a primary care physician (PCP) from a medical group or IPA for each enrolled dependent. The PCP will coordinate and provide all of your care, including hospital admissions and referring you to specialists.
Individual Deductible	The dollar amount a member must pay each year before the plan will pay benefits for certain services.
In-Network	Services received from providers (doctors, hospitals, pharmacies, labs, etc.) who participate in your carrier's network and have agreed to pre-negotiated reduced rates.
Out-of-Network	Services received from providers (doctors, hospitals, etc.) who have not agreed to limit their fees to a negotiated allowable charge. Out-of-network benefits are usually lower and additional balance billing charges often apply.
Out-of-pocket Limit	That maximum amount that you will pay each year for covered services.
Preferred Provider Organization (PPO)	Designed to provide you with choice and flexibility. This plan allows you to see any provider of your choice (in and out-of-network providers); however, by choosing to access care with a participating (in-network) provider, you will significantly reduce your out-of-pocket expenses. Generally, there are annual deductibles to meet before benefits apply. You are also responsible for a co-insurance and the plan will pay the remaining balance, up to the agreed upon amount.
Preventive Care	Measures taken to prevent or detect common healthcare conditions when no symptoms are present. Services covered under preventive care include routine physical examinations, immunizations and routine tests for cancer.

PRESCRIPTION DRUG TERMS	
Brand Prescription Drug	A drug which is produced and distributed under patent protection with a trademarked name from a single drug manufacturer. A generic drug may be available if the patent has expired.
Dispense as Written (DAW)	A prescription that does not allow for substitution of an equivalent generic or similar brand drug.
Maintenance Medications	Medications taken on a regular basis for an ongoing condition. Examples of maintenance medications include oral contraceptives, blood pressure medication and asthma medications.
Non-Preferred Brand Drug	A brand drug for which alternatives are available from either the insurance carrier's preferred brand drug or generic drug list. There is generally a higher copayment for a non-preferred brand drug.
Preferred Brand Drug	A brand drug that an insurance carrier has selected for its preferred drug list. Preferred drugs are generally chosen based on a combination of their clinical effectiveness and their cost.
Specialty Pharmacy	Provide special drugs that are used to treat complex conditions such as multiple sclerosis, cancer and HIV/AIDS.
Step Therapy	The practice of beginning drug therapy for a medical condition with the most cost effective and safest drug therapy and progressing to other more costly or risky therapy, only if necessary.

DENTAL TERMS	
Basic Services	Basic services generally include coverage for fillings and oral surgery.
Diagnostic and Preventive Services	Diagnostic and preventive services generally include services such as routine cleanings, oral exams, x-rays, sealants and fluoride treatments. Most plans limit the frequency of preventive exams and cleanings to two times a year.
Endodontics	Commonly known as root canal therapy.
Implants	Dental implants are surgically implanted replacements for the natural tooth root of missing teeth. Many dental plans do not cover implants.
Major Services	Generally include coverage for restorative dental work such as crowns, bridges, dentures, inlays and onlays.
Orthodontia	A benefit that is offered under some dental plans. It generally includes services for the treatment of alignment of the teeth. Orthodontia services are typically limited to a lifetime maximum.
Periodontics	The diagnosis and treatment of gum disease.
Pre-Treatment Estimate	An estimate that the insurance company provides detailing how much they will pay for treatment. A pre-treatment estimate is not a guarantee of payment.

Frequently Asked Questions

HOW DO I ADD/DROP DEPENDENTS TO/FROM MY INSURANCE IF I HAVE A CHANGE IN STATUS?

Log into **Workday** to make your changes and submit supporting documents.

HOW DO I MAKE CHANGES TO MY PERSONAL INFORMATION SUCH AS ADDRESS CHANGE, BENEFICIARIES, ETC.?

You can update your personal information by logging into **Workday**. You may also want to update your beneficiaries for Basic Life and/or AD&D. If so, this can also be completed in **Workday**.

HOW DO I KNOW IF MY DOCTOR IS IN THE BLUE SHIELD NETWORK?

You can find a list of contracted doctors on the Blue Shield website at **blueshieldca.com/SISC**. Click on "Find a Provider". At this point you have the option to log-in with your name and password or you can elect to skip the log-in and search for a provider. You can search for doctors, hospitals or other facilities. In addition, it is important to also check with your doctor to confirm that they are a contracted doctor with Blue Shield.

HOW WILL I BE AFFECTED IF MY PRIMARY CARE PHYSICIAN (PCP) LEAVES THE NETWORK (HMO PLAN ONLY)?

If your doctor leaves the network, you will be asked to select another Blue Shield participating provider. You can find a new PCP who participates in your network on your secure member website by clicking on "Find a Provider". You will have the option to log-in with your name and password or you can elect to skip the log-in and search for a provider. You can search for doctors, hospitals or other facilities. It is important to also check with your doctor to confirm that they are a contracted doctor with Blue Shield.

HOW CAN I GET A NEW ID CARD, CHANGE MY PCP (HMO PLAN) OR VIEW DETAILED CLAIM INFORMATION?

You can either call the number on the back of your ID card or log onto Blue Shield's website at **blueshieldca.com** or click on the "Log in/Register" link located in the top right corner. You will need your Subscriber ID which is located on your Blue Shield ID card. Follow the step-by-step instructions. Once you have completed the registration process, you can log in by entering your user name and password (located on the left hand side under "I'm a member") and immediately access your account and begin taking full advantage of your personalized website. You will be able to print a temporary ID card, change your PCP, view detailed claim information and more.

WHAT IS COVERED OUT OF THE HMO SERVICE AREA?

If you are out of the service area (out-of-state), the only coverage available is for emergency treatment for potential life and limb-threatening conditions. Out-of-state coverage on the HMO plan is always subject to approval by Blue Shield before the claims will be paid as an emergency.

WHAT IS COVERED OUT OF THE SERVICE AREA ON THE PPO PLAN?

Many states have Blue Cross/Blue Shield networks called "BlueCard". If you are out of California, it is important to utilize the BlueCard network so benefits will be paid at the higher in-network level. If you see a provider who's not in the BlueCard Program, you may be responsible for a higher share of costs. A non-BlueCard provider may require full payment at the time of service. Plus, you may have to submit the claim yourself, since non-network providers aren't obligated to submit claims on your behalf. If you get care from a BlueCard provider, you don't need to send us your bill. Your claim will be paid directly to the local participating BlueCard provider. We'll send you an Explanation of Benefits, which details what Blue Shield paid on your behalf. BlueCard information can be obtained by calling (800) 810-2583.

Frequently Asked Questions, continued

I WOULD LIKE TO UTILIZE THE MAIL ORDER OPTION FOR MY PRESCRIPTIONS. HOW DO I SUBMIT A PRESCRIPTION?

SISC PPO plan participants who take stabilized doses of covered long-term maintenance medications for conditions such as diabetes can order a mail-service refill of up to a 90-day supply. Visit the Pharmacy Benefits section of blueshieldca.com/sisc to learn how to register for the mail service pharmacy. To receive medications, you must first register at caremark.com. Once your prescription is on file, you can order your refills online, by phone or mail. If you have any questions, you can call the mail service pharmacy at CVS Caremark® at (866) 346-7200.

HOW DO I KNOW IF A PROCEDURE OR TEST WILL REQUIRE PREAUTHORIZATION AND IF SO, HOW TO I OBTAIN PREAUTHORIZATION?

Often your doctor will know whether or not Blue Shield requires preauthorization and will obtain that authorization for you. However, any time you are unsure, you can call Customer Service at (800) 642-6155 and inquire. If preauthorization is required, you should ask your doctor to request it. The doctor can best communicate the type of test or procedure and the medical necessity for the procedure. Please note that Blue Shield is contracted with National Imaging Associates, Inc. (NIA) to provide medical necessity reviews and prior authorization for selected outpatient radiology procedures (PET/CAT Scans, MRI's, etc).

WHO DO I CONTACT WITH CLAIMS/BILLING QUESTIONS?

You should call the number on the back of your ID card.

WHAT NETWORK DO I USE IF I AM SEARCHING FOR A MENTAL HEALTH CARE PROVIDER?

If you are enrolled in the Blue Shield PPO plan, you can access Mental Health Care providers under the Blue Shield PPO network. If you are on the HMO plan, you can find a provider through Blue Shield of California's Mental Health Service Administrator (MHSA) provider network. You can access a listing of providers for both the Blue Shield Network and MHSA network at **blueshieldca.com** and click on "Find a Provider". If you are a PPO member, the website will provide you with two network choices: Blue Shield and MHSA. It is important that you elect the Blue Shield network for your search of Network providers.

CAN I USE ANY BLUE SHIELD CONTRACTED DOCTOR TO PERFORM BARIATRIC SURGERY?

Bariatric surgery is covered when preauthorized by Blue Shield. However, for members residing in Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura Counties ("Designated Counties"), bariatric surgery services are covered only when performed at designated contracting bariatric surgery facilities and by designated contracting surgeons; coverage is not available for bariatric services from any other preferred provider and there is no coverage for bariatric services from non-preferred Providers. In addition, if prior authorized by Blue Shield of California, a member in a Designated County who is required to travel more than 50 miles to a designated bariatric surgery facility will be eligible for limited reimbursement for specified travel expenses for the member and one companion. Refer to the Evidence of Coverage for further benefit details.

Frequently Asked Questions, continued

HOW DO I FIND A KAISER DOCTOR?

Browse Kaiser Doctor profiles at kp.org/finddoctors to see education, specialties, photos, and more. You can also narrow your search by gender, languages spoken, and location. And if you change your mind, you can switch doctors at any time, for any reason.

DO I FIND A CONVENIENT KAISER LOCATION?

You can search by ZIP code or keyword at **kp.org/locations** or use our free Kaiser Permanente app to find a facility near your home or work.

HOW DO I TRANSFER PRESCRIPTIONS FROM A NON-KAISER PHARMACY TO A KAISER PHARMACY?

You may transfer a prescription from a non-Kaiser Permanente pharmacy to any of our pharmacies. Simply give your Kaiser Permanente pharmacist your prescription number and the pharmacy's name and phone number in-person or over the phone. Your Kaiser Permanente Pharmacist will handle the rest. Please allow approximately two or more working days to process the transfer.

WHERE CAN I GET ASSISTANCE FOR TRANSITIONING MEDICAL TO KAISER?

Southern CA New Members can contact the New Member Entry Department toll free at 888-956-1616 Monday-Friday 7am-7pm. The New Member Entry departments are located within each of the SCAL Appointment Call Centers and are the "best resource" for New Members to obtain immediate assistance for medical care within the Southern California Permanente Medical Group (SCPMG). The New Member Entry department can assist the Member with selection of a Primary Care Physician, scheduling of appointments, general health appraisal and where possible even Fast-Track the scheduling of Appointments to see Specialists.

HOW DO I USE MY CHIROPRACTIC AND ACUPUNCTURE BENEFITS?

Kaiser Permanente HMO

You can obtain Services from any American Specialty Health (ASH) Plans Participating Providers without a referral from a Kaiser Permanente Plan Physician.

When you need chiropractic or acupuncture care, follow these simple steps:

1. Find an American Specialty Health Plans (ASH) Plans Participating Provider near you:
   - Go to ashlink.com/ash/kp, or
   - Call 1-800-678-9133 (TTY 711), Monday through Friday, from 5 a.m. to 6 p.m. PST
2. Schedule an appointment.
3. Pay for your office visit when you arrive for your appointment.

Blue Shield HMO

Chiropractic Care and Acupuncture providers must be part of the ASH Network. Providers can be found by accessing the blueshieldca.com website, or by visiting www.ashlink.com/ASH/public/applications/providersearch/

You can visit any participating chiropractors or acupuncturists in California from the ASH Plans network without a referral from your HMO or POS Personal Physician. Simply call a participating provider to schedule an initial exam. At the time of your first visit, you'll present your Blue Shield ID card and pay only your copayment. Because participating chiropractors and acupuncturists bill ASH Plans directly, you'll never have to file claim forms.

Blue Shield PPO

Chiropractic Care and Acupuncture providers do not have to be within in the ASH Network. To find a provider visit blueshieldca.com/SISC, click **Find a provider**, under Find a PPO Network provider , click **Doctor specialist**, click **Alternative medicine**, enter you location, and select either **Acupuncture** or **Chiropractor**.

Cost of Coverage

South Orange County Community College District pays for the full cost of most coverages for both employees and dependents. Buy-Up Long Term Care and Voluntary Life are paid for by employees.

In general, you pay for health coverage before federal, state and social security taxes are withheld, so you pay less in taxes. Please note that domestic partner contributions, are regulated by the IRS and generally must be made on an after-tax basis. Similarly, the company contribution toward the cost of domestic partner coverage and his/her dependents is taxable income to you. Contact your tax advisor for more details on how this tax treatment applies to your specific situation.

EMPLOYER PAID*				
	Employee	Employee + 1	Employee + Family	Composite
Blue Shield PPO	N/A	N/A	N/A	$1,884.00
Blue Shield HMO	N/A	N/A	N/A	$1,576.00
Kaiser HMO	N/A	N/A	N/A	$1,559.00
Delta Dental DPPO	$155.50			
VSP Vision	$46.32			

Basic Life/AD&D, LTD, Legal Plan, EAP, and Base Long Term Care are also employer paid. Costs are not shown above.

EMPLOYEE PAID				
	Employee	Employee + 1	Employee + Family	Composite
Unum Buy-Up Long Term Care	Age Banded			

Employee/Spouse Age	Voluntary Life Rate*
Under age 20-34	$.05 per $1,000 of coverage
Age 35-39	$.07 per $1,000 of coverage
Age 40-44	$.11 per $1,000 of coverage
Age 45-49	$.19 per $1,000 of coverage
Age 50-54	$.29 per $1,000 of coverage
Age 55-59	$.47 per $1,000 of coverage
Age 60-64	$.78 per $1,000 of coverage
Age 65-69	$1.31 per $1,000 of coverage
Age 70+	$2.22 per $1,000 of coverage
Children	Voluntary Life Rate*
Birth to age 21 (or 25 if full-time student)	$.18 per $1,000 of coverage

Your Flexible Spending Account election amount would also be included as payroll deductions.

*Cost are shown monthly.

For Assistance

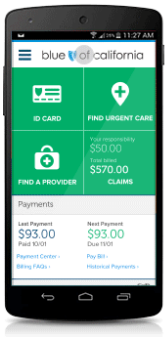
Provider	Phone Number	Website	Policy/Group #
Advance Medical	(855) 201-9925	http://advance-medical.net/sisc/	N/A
Anthem EAP/SISC	(800) 999-7222	anthemeap.com	N/A
Bereavement Counseling by Reliance Standard/ACI Specialty Benefits	(855) 775-4357	N/A	N/A
Blue Shield/SISC HMO	(800) 642-6155	blueshieldca.com/SISC	See ID Card
Blue Shield Mail Order Pharmacy (for Blue Shield PPO members)	(866) 346-7200	Caremark.com	N/A
Blue Shield/SISC PPO	See ID Card	blueshieldca.com/SISC	See ID Card
CalPERS	(888) 225-7377	calpers.ca.gov	N/A
Carrum Health	(888) 855-7806	carrumhealth.com	N/A
CostCo Mail Order Pharmacy (for Blue Shield HMO members)	(800) 607-6861	pharmacy.costco.com	N/A
Delta Dental/ACSIG DPPO	(866) 499-3001	deltadentalins.com	0928
District Benefits	(949) 582-4898	socccd.edu/humanresources/EmployeeBenefits.html	N/A
Flexible Spending Account by Navia Benefit Solutions	(866) 535-9227	naviabenefits.com	N/A
Hyatt Legal	(800) 821-6400	legalplans.com	3160010
Identity Theft by Reliance Standard and InfoArmor®	(855) 246-7347	reliancestandard.com	N/A
Identity Theft by Blue Shield and AllClear	(855) 904-5733	blueshieldca.allclearid.com/	N/A
Kaiser Permanente	(800) 464-4000	kp.org	231876
MDLIVE 24/7 Program (for Blue Shield PPO and HMO members)	(888) 632-2738	mdlive.com/sisc	N/A
Navitus Prescriptions (for Blue Shield HMO members)	(866) 333-2757	navitus.com	N/A
NurseHelp 24/7 Program (for Blue Shield HMO members)	See ID Card	blueshieldca.com	N/A
Reliance Standard Life/AD&D and LTD	(800) 351-7500	reliancestandard.com	02387
Reliance Standard/ACI Specialty Benefits EAP	(855) 775-4357	rsli.acieap.com	N/A
SchoolsFirst Federal Credit Union	(800) 462-8328	schoolsfirstcu.org	N/A
STRS	(800) 228-5453	https://www.calstrs.com/	N/A
Travel Assistance by Reliance Standard	(800) 456-3893 (U.S.) (603) 328-1966	reliancestandard.com	N/A
Unum Long Term Care	(800) 227-4165	unuminfo.com/socccd/index.aspx (Academic) unuminfo.com/socccd-classified/index.aspx (Classified)	542983/90900
Vision by VSP/ACSIG	(800) 877-7195	vsp.com	00104565
WalletArmor (InfoArmor)	(855) 246-7347	reliancestandard.com/walletarmor	N/A

Mobile Resources

Did you know that most of our carriers & vendors offer mobile applications allowing you to access your benefits information on the go? Make sure to download these apps on your phone and share with your dependents!

BLUE SHIELD

Blue Shield members have quick and easy access to important benefits information anytime, anywhere with the Blue Shield of California mobile website and mobile apps.



Features include:

- View your deductible and co-payment year-to-date totals
- Benefits information
- View claims
- View ID card
- Find a provider or urgent care

Visit the mobile website by entering **blueshieldca.com** in your mobile device's browser.

Visit the iTunes App Store for iPhone or the Google Play Store for Android and search for Blue Shield of California Mobile to download the app today!

DELTA DENTAL

Delta Dental's mobile website and mobile application allows members to:

- Find a dentist
- Use musical timer to brush teeth for the recommended 2 minutes
- View your benefits, eligibility, deductibles and maximums
- Check claims

Visit the mobile site at **deltadentalins.com** or download the free app titled **Delta Dental** by Delta Dental Plan Association on the App Store or Google Play.

VSP

VSP's mobile website, **vsp.com**, allows members to find a doctor, access your member vision card, view exclusive member extras, and get important information on a variety of topics regarding eye care to maintain optimal eye health.

BEN-IQ

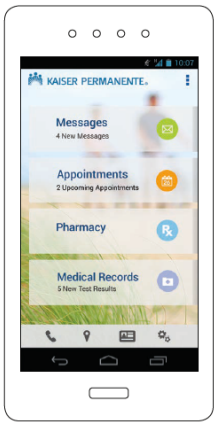
Ben-IQ is a free app that includes much of the information that's listed in this overview, but in a place that's always at your fingertips - your smartphone. With Ben-IQ, you can review plan summaries, important contacts, store ID cards for all your carriers using your phone's camera and much more! Make sure to share Ben-IQ with your covered family members too. Ben-IQ is available for Android and iPhone. Search for Ben-IQ in your mobile app store and download it today. **Your username is "SOCCCD".**

WORKDAY

Workday's mobile application allows you to have all of the Workday functions on the go! The app is available for both Android and iPhone.

KAISER

The new Kaiser Permanente app and an updated version of m.kp.org put your favorite features of My Health Manager in the palm of your hand. With alternate ways to communicate with caregivers, it's not only easier to engage in your own well-being – you can also avoid unnecessary office visits and time away from work.



Use the convenient features of My Health Manager right from your smartphone or other mobile device.

- Email your doctor's office
- View most test results
- Schedule or cancel routine appointments
- Refill most prescriptions
- View past visits

Just download the Kaiser Permanente app at no cost from your preferred app site.

Required Federal Notices

NOTICE OF AVAILABILITY OF HIPAA PRIVACY NOTICE

The Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that we periodically remind you of your right to receive a copy of the HIPAA Privacy Notice. You can request a copy of the Privacy Notice by contacting Human Resources.

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS FOR MEDICAL/HEALTH PLAN COVERAGE

If you decline enrollment in a South Orange County Community College District health plan for your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in a South Orange County Community College District health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in South Orange County Community College District's medical plan if your dependent becomes eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act (WHCRA) requires employer groups to notify participants and beneficiaries of the group health plan, of their rights to mastectomy benefits under the plan. Participants and beneficiaries have rights to coverage to be provided in a manner determined in consultation with the attending Physician for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits are subject to the same deductible and co-payments applicable to other medical and surgical benefits provided under this plan. You can contact your health plan's Member Services for more information.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

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 section. 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator.

AVAILABILITY OF SUMMARY INFORMATION

As an employee, the health benefits provided by South Orange County Community College District represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

South Orange County Community College District offers a variety of benefit plans to eligible employees. The federal health care reform law requires that eligible members of an employer plan receive a Summary of Benefits and Coverage (SBC) for any medical and pharmacy plans available. The SBC is intended to provide important plan information to individuals, such as common benefit scenarios and definitions for frequently used terms. The SBC is intended to serve as an easy-to-read, informative summary of benefits available under a plan. SBCs and any revisions or

amendments of the plans offered by South Orange County Community College District are available by contacting Benefits.

NOTICE OF CHOICE OF PROVIDERS

The Blue Shield HMO plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in their network and who is available to accept you or your family members. Until you make this designation, Blue Shield will designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your insurance carriers directly.

MEDICARE PART D

Important Creditable Coverage Notice from South Orange County Community College District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with South Orange County Community College District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. South Orange County Community College District has determined that the prescription drug coverage offered by the Blue Shield HMO and Blue Shield PPO is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan and drop your current South Orange County Community College District prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

Since the existing prescription drug coverage under South Orange County Community College District is creditable (e.g. as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your South Orange County Community College District prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with South Orange County Community College District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the office listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through South Orange County Community College District changes. You also may request a copy of this notice at any time.

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'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit **medicare.gov**
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call (800) MEDICARE or (800) 633-4227. TTY users should call (877) 486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **socialsecurity.gov**, or call them at (800) 772-1213. TTY users should call (800) 325-0778.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 1, 2017

Name of Entity: South Orange County Community College District

Contact: Benefits

Address: 28000 Marguerite Parkway
Mission Viejo, CA 92692

Phone: (949) 582-4898

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or **insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at **askebsa.dol.gov** or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: http://www.myalhipp.com
Phone: 1-855-692-5447

ALASKA – Medicaid
Website:
http://health.hss.state.ak.us/dpa/programs/medicaid/
Phone (Outside of Anchorage): 1-888-318-8890
Phone (Anchorage): 907-269-6529

COLORADO – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf
Medicaid Customer Contact Center: 1-800-221-3943

FLORIDA – Medicaid
Website: http://flmedicaidtplrecovery.com/hipp/
Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: http://dch.georgia.gov/medicaid
Click on Health Insurance Premium Payment (HIPP)
Phone: 404-656-4507

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: http://www.hip.in.gov
Phone: 1-877-438-4479
All other Medicaid
Website: http://www.indianamedicaid.com
Phone 1-800-403-0864

IOWA – Medicaid
Website: www.dhs.state.ia.us/hipp/
Phone: 1-888-346-9562

KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/
Phone: 1-785-296-3512

KENTUCKY – Medicaid
Website: http://chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570

LOUISIANA – Medicaid
Website:
http://dhh.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1-888-695-2447

MAINE – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: http://www.mass.gov/MassHealth
Phone: 1-800-462-1120

MINNESOTA – Medicaid
Website: http://mn.gov/dhs/ma/
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website:
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid
Website:
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP

Phone: 1-800-694-3084

NEBRASKA – Medicaid
Website:
http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx
Phone: 1-855-632-7633

NEVADA – Medicaid
Medicaid Website: http://dwss.nv.gov/
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website:
http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: http://www.ncdhhs.gov/dma
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website:
http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP
Website: http://www.oregonhealthykids.gov
http://www.hijossaludablesoregon.gov
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: http://www.dpw.state.pa.us/hipp
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid
Website: http://www.eohhs.ri.gov/
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid
Website: http://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: https://www.gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Website Medicaid: http://health.utah.gov/Medicaid
Website CHIP: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT– Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Medicaid Website:
http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website:
http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid
Website:
http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid
Website:
http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx
Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid and CHIP
Website:
https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://wyequalitycare.acs-inc.com/
Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
(866) 444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
www.cms.hhs.gov
(877) 267-2323, Menu Option 4 Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2017)

Notes

Rev. 9/12/2017