



San Diego Community College District

2018 Enrollment Guide



2018 Benefits Enrollment Guide

Making Informed Decisions



OPEN ENROLLMENT IS HERE

During annual benefits enrollment, which runs from **November 1 to November 15**, you will have the opportunity to choose your benefits for the next plan year. Open Enrollment is your opportunity to carefully evaluate your choices and make informed decisions that give you the coverage you need. Remember, your decisions during enrollment will stay in effect for the entire plan year — January 1 through December 31, 2018 — unless you experience a qualified life event.

Qualified life events include:

- Adding eligible dependents – spouse, domestic partner, children up to age 26 (the Health Care Reform Act extends coverage to children up to their 26th birthday without restrictions on the adult child’s financial dependency, marital status, residency, student status or employment. Coverage ends on the last day of the month of the adult child’s birth month).
 - Appropriate certificates will be required for dependents: marriage, birth and legal documents for custody or adoption.
- Delete ineligible dependent: ex-spouse (with a divorce decree).

As health care costs continue to rise, we continue to look for ways to manage costs for everyone. Your responsibility is to carefully evaluate your options and make informed choices. The San Diego Community College District has a responsibility, too — working together with the California Schools Voluntary Employees Benefits Association (the VEBA), the benefits trust that manages our benefits program, we offer you coverage options and the tools and resources to help you make important benefits decisions.

How the VEBA, The San Diego Community College District and You Work Together

The VEBA	District	You
<ul style="list-style-type: none"> ■ Designs and administers plans for quality and cost control ■ Develops tools and resources to help you manage your benefits and improve your health 	<ul style="list-style-type: none"> ■ Offers plan options ■ Sets your costs ■ Provides additional support to help you make benefits decisions 	<ul style="list-style-type: none"> ■ Use available tools and resources to understand options ■ Make informed benefits decisions

Your Next Steps

Even if you are satisfied with your current coverage, be sure to take a fresh look at your options, costs and your coverage needs, so you can make informed decisions. Review this Enrollment Guide carefully to help you think through your options.



If you would like to view specific benefit details and compare your medical options, be sure to see the plan inserts included with this booklet for more information. If you have questions about the medical plan designs you may attend one of the Open Enrollment Fairs listed on page 7.

What If I Am Happy With My Current Medical Plan Choices?

If you are currently a Kaiser, United HealthCare HMO Performance Network 1, 2, or 3, or United HealthCare PPO member and do not wish to make any changes for you or your dependents, you do not have to do anything. However, it is strongly recommended that you evaluate your benefits information on the VEBA website at <http://www.vebaonline.com> for accuracy of enrolled dependents and plan selection. Please review page 4 for your contribution towards your particular medical plan for 2018.

What If I Am Planning on Changing My Medical Plan Choice?

This year the Benefits office is going green – no open enrollment packets! To obtain essential open enrollment information which will contain the available plan options and changes for the 2018 year will be available online at the District's Benefits website at <http://hr.sdccd.edu/benefits/beneindex.cfm>. Please note, if you would like to make any changes to your current benefits, please visit the VEBA website at <http://www.vebaonline.com>. The last day to make changes for the 2018 plan year will be November 15, 2017. If you are a Kaiser, United HealthCare HMO Performance Network 1, 2, or 3, or a United HealthCare PPO plan member and do not wish to make any changes, you will remain in that plan for the 2018 year. Please review page 8 for further information on enrollment and Benefit Fairs.

What If I Need to Contact VEBA?

For direct assistance you may call VEBA at 619-278-0021. For Customer Service press 0 to be transferred to a Customer Service Representative. For more VEBA resources or information about the Advocacy Office, see page 11.

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MAKING THE RIGHT ENROLLMENT DECISIONS FOR YOU

You're ready to make informed benefits decisions ... but where do you start? Begin by following the steps outlined below to evaluate your choices, think about your needs and consider which option will strike the balance between your coverage needs and your budget for the next plan year. Remember, your choices at enrollment are effective from January 1 through December 31, 2018, so be sure to make the right choice for you and your family.

Review your current benefits usage and coverage. Once you have a good sense of your current coverage and why you chose it, you will be better equipped to make informed decisions for next year. Ask yourself these important questions:

- Choice: Are you basing your choices on “what if” situations rather than on realistic projections of your needs?
- Features: Are you familiar with the features of your plan and how you are using them (or not using them)?
- Costs: Are you really using the coverage that you are paying for? Have you used the services covered by your plan? How many times have you visited the doctor? Have you met the annual deductible?

Estimate your needs for next year and evaluate which option is right for you. After you have reviewed your current benefits needs and usage, think about how your situation may change next year. For example, are you planning on visiting a physician that is currently not in your HMO Network plan? Maybe the United HealthCare PPO plan will best serve your needs. Please contact the Benefits Department for a Physician Directory if needed, by calling 619-388-6587, or see page 10 for instructions on selecting a primary care physician.

Take advantage of the information, tools and resources available to you. No matter how many times you've been through open enrollment, be sure to take advantage of all the information, such as the other materials in this package and the enrollment meetings scheduled for the week prior to Open Enrollment, in late October. For exact dates and times, see page 12. You also have resources through the California Schools Voluntary Employees Benefits Association (the VEBA), the benefits trust that manages our benefits program.

USING BENEFITS WISELY

In the current environment of health care cost increases and reduced education budgets, every dollar counts. Here are some ways you can help keep your current costs down as well as help control future cost increases for everyone.

Choose well — Before you choose a medical plan, carefully evaluate your health care usage. Are you paying for coverage you don't need or use?

Use well — Keep up with preventive care. Getting regular physical exams can help detect problems before they become serious (and expensive to treat).

Save well — Set aside a budget to cover health care costs. Having money to offset deductibles and other out-of-pocket medical expenses will give you peace of mind. Consider using the District's Medical Reimbursement Flexible Spending Savings Account to realize tax savings while you save for health care, dental and vision expenses.

For more information on Medical or Dependent Care Reimbursement Flexible Spending Accounts, contact the Benefits Department at 619-388-6587 for Orientation Meeting schedules during the Open Enrollment Health Fairs at various campuses, or see page 11, Health Fair schedules.

Live well — Don't forget to take care of yourself! Eat well, squeeze in some exercise (even walking briskly across the parking lot counts), and get as much rest as you can. Be sure to stay on top of your preventive care — as of January 2009, routine care, such as an annual physical exam — is 100% covered under all United HealthCare plans. It all goes toward taking care of your most important asset: your health!

Your Contributions for 2018

Listed below are the 2018 per-paycheck contributions for your United HealthCare plan options. These contributions are automatically deducted from each contract paycheck on a pre-taxed basis. All Kaiser, Delta Dental and Vision Service Plan premiums will remain cost-free for employees during the 2018 plan year.

2018 RATES

Active Contract Employees

Health Plan Choice	Per-Paycheck Contribution		
	10-Month Rate	11-Month Rate	12-Month Rate
Kaiser HMO	\$0.00	\$0.00	\$0.00
UnitedHealthcare HMO Network 1	\$25399	\$230.90	\$211.66
UnitedHealthcare HMO Network 2	\$727.99	\$661.81	\$606.66
UnitedHealthcare HMO Network 3	\$1119.19	\$1007.45	\$932.66
Scripps Alliance HMO	\$370.39	\$336.72	\$308.66
UnitedHealthcare PPO SD-1	\$1756.39	\$1596.72	\$1443.66
Delta Dental Premier	\$0.00	\$0.00	\$0.00
Vision Service Plan	\$0.00	\$0.00	\$0.00

Domestic Partner Taxation

Health Plan Choice	Per-Paycheck Taxable Amount		
	10-Month Rate	11-Month Rate	12-Month Rate
Kaiser HMO	\$720.00	\$654.55	\$600.00
UnitedHealthcare HMO Network 1	\$819.60	\$745.09	\$683.00
UnitedHealthcare HMO Network 2	\$1054.80	\$958.91	\$879.00
UnitedHealthcare HMO Network 3	\$1251.60	\$1137.82	\$1043.00
UnitedHealthcare Choice Plus PPO CA	\$1590.00	\$1445.45	\$1325.00
Scripps Alliance HMO	\$909.60	\$826.91	\$758.00
Delta Dental Premier	\$68.40	\$62.18	\$57.00
Vision Service Plan	\$4.63	\$4.21	\$3.86

Shared Premium Monthly Cost

Health Plan Choice	Shared Premium Rate
Kaiser HMO	\$1136.34 *
UnitedHealthcare HMO Network 1	\$1348.00 *
UnitedHealthcare HMO Network 2	\$1743.00 *
UnitedHealthcare HMO Network 3	\$2069.00 *
UnitedHealthcare Choice Plus PPO CA	\$2600.00 *
Scripps Alliance HMO	\$1445.00 *

- Monthly deduction amount is calculated based on Shared Premium Rate and FTE and will be mailed in January

YOUR TOTAL COMPENSATION FOR 2018

Here is a look at the medical, dental, vision and other benefits provided for you in 2018. Below you can see your portion of the medical premium coverage along with the District paid benefits provided to each Contract employee for all of the health and welfare and statutory benefits that will be provided for you in 2018. Along with your annual salary, include these monthly benefits and you will be able to calculate your total compensation for 2018. Please remember, some employees may receive stipends or other incentives not noted below, which increase the annual total compensation.

CONTRACT EMPLOYEES

IN 50 PERCENT OR MORE OF A FULL-TIME EQUIVALENT POSITION

<u>Benefit Description</u>	12-Month Rated Monthly Contributions	
	<i>District Cap</i>	<i>Employee</i>
Medical Insurance :		
Kaiser HMO	\$1136.34	\$0.00
United HealthCare HMO Network 1	\$1136.34	\$211.66
United HealthCare HMO Network 2	\$1136.34	\$606.66
United HealthCare HMO Network 3	\$1136.34	\$932.66
United HealthCare Choice Plus PPO CA	\$1136.34	\$1463.66
United HealthCare Scripps Alliance	\$1136.34	\$308.66
Dental Insurance	\$111.29	\$0.00
Vision Services Plan	\$14.99	\$0.00
Basic Life Insurance		
	<u>Coverage</u>	
Management, Supervisory, Confidential, POA	100,000	\$22.60
AFT College Continuing Education Faculty,	50,000	\$11.30
Office Technical, Food Services	50,000	\$11.30
Maintenance and Operations	50,000	\$5.65
Military Programs	12,000	\$2.72
Long-Term Disability Insurance		
.20 per \$100 of salary max \$108.00 per year		
STRS Members - LTD paid until 6 year of service credit		
<u>Other Contributions</u>	<u>Percentage of Wages</u>	
Retirement Systems	<u>District</u>	<u>Employee</u>
for employees in STRS	14.430%	10.25%
for employees in PERS	15.531%	7.00%
New PERS PERPA employees	15.531%	6.50%
NEW STRS PEPRPA employees	14.430%	9.205%
FICA, (first \$106,800) Not applicable for STRS members	7.65%	7.65%
Medicare	1.45%	1.45%
Unemployment Insurance, California employees	0.05%	0.00%
Workers Compensation, California employees	2.175%	0.00%

ELIGIBLE DEPENDENTS

You may choose coverage for yourself and your eligible dependents. Eligible dependents include:

Your spouse/domestic partner

Your adult children who are under age 26

Your unmarried children over age 26, who are deemed disabled by their physician and approved by your carrier. The disability must have occurred prior to age 19.

Eligible children include:

- Your natural and adopted children
 - Stepchildren, if you are married to your stepchildren's parent. If you and your spouse divorce, your former dependent stepchildren are no longer eligible for coverage
 - Children of your domestic partner. If you and your domestic partner separate, the children of your former domestic partner are no longer eligible for coverage
 - Children for whom you have permanent legal guardianship issued by a court of law
 - Your children who must be covered under a Qualified Medical Child Support Order
 - Stepchildren who must be covered under a Qualified Medical Child Support Order will be eligible at open enrollment.
-
- Please note you will be required to provide documentation of your dependent's eligibility via appropriate certificates for dependents: marriage and/or birth, legal documents for custody or adoption, student declaration of dependent eligibility.

WHEN AND HOW TO ENROLL

Be sure to enroll for your 2016 benefits between **November 1st** and **November 15th**. Please enroll by the deadline, to ensure that you receive any follow-up communications and materials (such as new ID cards) before the new plan year begin. The ways to change to a different medical plan, make dependent changes, or change your address, please follow these instructions:

- To view essential open enrollment information which will contain essential information to the available options and changes for the 2016 plan year, please visit the District's Benefits website at <http://hr.sdccd.edu/benefits/beneindex.cfm>. To make plan changes and add or delete dependents during this open enrollment period please visit the VEBA website at

<http://www.vebaonline.com>. If you have additional questions or need assistance with the online enrollment process you may call the Benefits Department at 619-388-6587.

DISTRICT BENEFIT FAIRS

District Office – Room #245 – Monday, October 23rd – 9:00 a.m. – 11:00 a.m.

Miramar College – Room #K1-107– Tuesday, October 24th – 12:00 p.m. – 2:00 p.m.

Mesa College – Room #LRC-435 – Wednesday, October 25th – 12:00 p.m. – 2:00 p.m.

City College – Room #MS-140 – Thursday, October 26th – 12:00 p.m. – 2:00 p.m.

Cesar Chavez – Room #101– Friday, October 27th– 12:00 p.m. – 2:00 p.m

WHAT HAPPENS IF YOU DO NOT ENROLL

Medical Plan Selection:

If you are happy with your current medical plan, Kaiser, United HealthCare HMO Performance Network 1, 2, or 3, or the United HealthCare PPO plans and do not need to make any other changes – you do not have to do anything! However, we strongly recommend that you evaluate your current benefits information by visiting the VEBA website at <http://www.vebaonline.com> which contains your current plan selection and enrolled dependents. Your current coverage for you and your dependents will continue into the new plan year as-is, with premium increases to United HealthCare HMO Performance Network 1, 2, or 3 / United HealthCare PPO members as described on page 8.

FLEXIBLE SPENDING SEMINARS

District Office, Room #245 – 12:00 p.m. – 3:00 p.m. - Monday, October 2nd

Miramar College, Room #K1-107 - 12:00 p.m. – 3:00 p.m. - Tuesday, October 3rd

Mesa College, Room #LRC-208 - 12:00 p.m. – 3:00 p.m. - Wednesday, October 4th

City College, Room #MS-163 - 12:00 p.m. – 3:00 p.m. - Thursday, October 5th

Cesar Chavez, Room #101 - 12:00 p.m. – 3:00 p.m. - Friday, October 6th

Flexible Spending Account Elections:

You need to re-enroll annually for medical and dependent care reimbursement flexible spending accounts. If you do not re-enroll by November 15th, you will not have the opportunity to do so after that date. You will not have access to the tax savings benefits for 2018.

SELECTING A UNITEDHEALTHCARE PRIMARY CARE PHYSICIAN

Your Primary Care Physician (PCP) can be a family practice doctor, a general practice doctor, a pediatrician, or an internal medicine physician. Each family member may choose a different primary care physician. When choosing a physician for you and your family members, however need to be in the same HMO Network. Please consider your needs, preferences, and situation:

Specific medical condition or special need

Board certification

Hospitals at which physician treats patients

Preference for office location (e.g., close to home or work)

Special language or cultural considerations

Preference for male or female physician.

If you do not select a PCP, UnitedHealthcare will assign one to you. Please note that you **must** select a PCP within 30 miles of your address on record with United HealthCare. You may use either your home or work location address, so be sure your address information is up to date.

What Network is your Current Medical Group or Primary Care Physician in?

To find out what Network your Medical Group is in, or find out which doctors participate in a specific Network, please follow the directions below. Go to www.uhcwest.com

To find a Medical Group within a Network:

- On the right side, mid-screen of the page, click "Find a Doctor",
- Choose State, click "Continue"
- At the top, select "Search by Medical Group/Network" in the box tab,
- Click Box 2 "Select Plan or Service Type",
- Scroll down to CS VEBA Performance HMO Network 1, 2 or 3.
- Click Box 3 "Select a Medical Group/Network". You will be able to see what Medical Groups are attached to the Network that you selected.

During Open Enrollment you may use a paper directory to also review the Network physicians for the Performance HMO plan. You may pick one up at the District Benefits Department or call 619-388-6587 for any questions or assistance

How to Change Your PCP

If you are changing your PCP during the year, you must make the change via phone by the 15th of the month in order to have the change be effective by the first of the following month. You must remain within the same United HealthCare HMO Performance Network during the plan year. Restrictions may apply with certain medical groups.

MAKING PLAN CHANGES DURING THE 2018 YEAR

Marriage, birth, adoption, divorce or death:

Within 30 days of a life change dependents can be added or removed from the plan. We cannot add a dependent after the 30-day period due to VEBA Policies and Procedures. They will need to be added during the open enrollment period if you miss the 30-day window. Supporting documentation will be required.

Waiving Medical Benefits:

VEBA Policies and Procedures no longer allow district members to waive benefits. You must be enrolled in at least the Kaiser Plan. This ensures that all members have access to healthcare if needed. The **ONLY** reason medical benefits can be waived is if a member is concurrently enrolled in military benefit plans (TriCare) that do not coordinate with our plans. Or the district member chooses to utilize Medicare benefits.

Loss of Other Health Care Plan during the Plan Year:

If you have waived your medical benefits and lose your coverage with another plan, you may enroll yourself and your dependents onto the districts medical plan within 30 days. You will need to wait until the next open enrollment period if you do not meet the 30-day requirements.

OUT-OF-AREA STUDENTS

If you are enrolled in a United HealthCare medical plan and you have an eligible dependent student who lives outside of your coverage area, you can take special steps to ensure that your dependent receives coverage in his or her area. Please refer to the following table for a summary of out-of-area coverage guidelines.

Scenario	Your dependent may enroll in...	What you need to do
<p>You are enrolled in the Performance HMO, your dependent lives in California and has access to United HealthCare Performance HMO Network</p>	<p>A full-network United HealthCare plan that corresponds to the Performance HMO Network 1 plan your district offers.</p>	<p>Work with your child to select a Primary Care Physician (PCP) in his or her area.</p> <p>Contact United HealthCare at 800-624-8822 to confirm that the PCP is accepting new patients and provide additional enrollment information.</p> <p>Contact the VEBA Advocacy Programs office at 619-278-0021. Ask the representative to change your eligible dependent student's medical plan from "Performance HMO" to "Signature Value".</p>
<p>Your dependent does NOT have access to the United HealthCare Performance HMO Network or lives outside of California</p>	<p>Your dependent is automatically assigned to a United HealthCare PPO plan. Your dependent must remain in the PPO for the entire plan year. If they return home for the summer, they will remain in the PPO plan.</p>	<p>Complete a United HealthCare Change of Address Form at the District Office Benefits Department.</p>

Your Tools and Resources

As a VEBA member, you have a variety of tools and resources available year-round to help you manage your benefits and make informed decisions.

VEBAonline: At VEBAonline, you can manage your benefits and your health at the click of a mouse. Here are just some of the things you can do at VEBAonline:

- Dynamically compare and print your district's medical plans, as well as find detailed plan information
- Use tools and resources to help manage your wellness (e.g., Best Doctors, WebMD Personal Health Manager, VEBA Advocacy Programs and more)
- Read various publications



- Stay up-to-date on news, including new programs and benefit updates, through the “What’s New” section on the home page
- Find contact information for plan carriers, VEBA Advocacy Programs, Best Doctors and other initiatives.
- Your Tools and Resources Continued ...

Your Tools and Resources Continued ...

The VEBA Advocacy Programs: The VEBA Advocacy Programs provide resources and information that empower you to make informed decisions about your health care and lifestyle choices, as well as help you obtain appropriate health care information and services when and where you need it. Examples of services provided by the VEBA Advocacy Programs are:

- Coordination of special VEBA programs, such as Best Doctors
- Coordination and promotion of health initiatives
- One-stop shop for health resources and programs
- Information and support for patients’ rights.
- The VEBA Advocacy Programs

When should you contact the VEBA Advocacy Programs?	Through contact with the VEBA Advocacy Programs office, you can ...
<ul style="list-style-type: none"> ■ When you have problems with obtaining medical care that cannot be resolved through your physician or health plan ■ When you have concerns about the quality of medical care you are receiving that cannot be resolved through your physician or health plan ■ When you have been diagnosed with a complex or serious health condition and need information or assistance with Best Doctors services ■ When you need information and/or programs to assist you in managing health problems ■ When you need information and/or programs to help keep you healthy 	<ul style="list-style-type: none"> ■ Learn about the relationship between lifestyle, health and quality of life ■ Take control of your health and medical treatment ■ Experience fewer disruptions to work and personal life due to health issues ■ Know what to expect in health care situations ■ Make informed health care decisions



Information provided to the VEBA Advocacy Programs remains confidential. For more information, visit www.vebaonline.com or call 619-278-0021.

About the California Schools VEBA

The California Schools VEBA is a cooperative labor–management trust program that manages health care benefits for participating districts and associations by positively influencing the quality, affordability, and accessibility of care delivered by contracted health plans and their providers. Learn more about the VEBA at www.vebaonline.com.

QUESTIONS?

If you have any questions after reviewing this guide and the other materials in this package, please contact:

The Benefits Department Staff at 619-388-6587

If you have a question for the insurance plan carriers, please refer to the following table:

Carrier Contact List

Insurance Plan Carrier	Phone Number	Web Site
Kaiser Permanente	800-464-4000	kaiserpermanente.org
United Healthcare	800-624-8822 HMO 800-377-5154 UHC PPO	uhcwest.com myuhc.com
Express Scripts	800-918-8011	express-scripts.com
Delta Dental	888-335-8227	deltadentalins.com
Vision Service Plan (VSP)	800-877-7195	vsp.com
Employee Assistance Program	888-625-4809	liveandworkwell.com

OptumHealth Acupuncture and Chiropractic	Kaiser Members:800-428-6337 UHC HMO Members:800-624-8822 UHC PPO Members: 800-377-5154	myoptumhealthphysicalhealthofca.com
Optum Behavioral Health	888-625-4809	liveandworkwell.com
Best Doctors	888-362-8677	bestdoctors.com



The VEBA manages health care benefits for member school districts and labor associations. It was established in 1993 to gain control of the escalating costs of employee benefit programs. Today, the VEBA continues to deliver on its mission, but the trust also provides health care education, quality initiatives, communication support, innovative tools and resources and assistance with problem resolution with health insurance companies.

