



# NEW HIRE BENEFITS ORIENTATION

Grossmont-Cuyamaca  
Community College District





# Hello!

## Our goals for this presentation

- Helping you understand your options
- Giving you the tools you need to make decisions

## Our disclaimer

- Our presentation is not a guarantee of plan coverage or benefits
- Particular rules and eligibility requirements must be met before benefits can be received



# Employee Benefits Overview

# Agenda

Eligibility

District Paid Benefits

Medical

Dental

Vision

Employee Assistance Program

Life & Disability

Additional Voluntary Plans

Enrollment



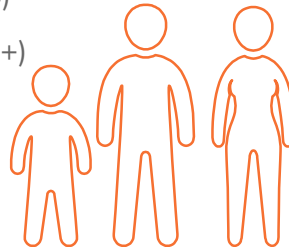
# Eligibility and Eligible Dependents

## Employee Groups

- Collective bargaining groups
  - CSEA (classified)
  - AFT (faculty)
  - Administrators' Association (managers/supervisors)
- Confidential Administrators
- Confidential Assistants
- Foundation

## Eligible Dependents

- Legal spouse
- Registered domestic partner
- Children (up to age 26)
- Disabled child (age 26+)



## Employee Status

- Full-time regular
- Part-time regular
  - FTE is 0.50+
- Temporary interim
  - FTE is 0.50+
- Temporary classified substitute
  - FTE is 0.50+

## Plan Level Eligibility

You may not be eligible for all benefits in this presentation.

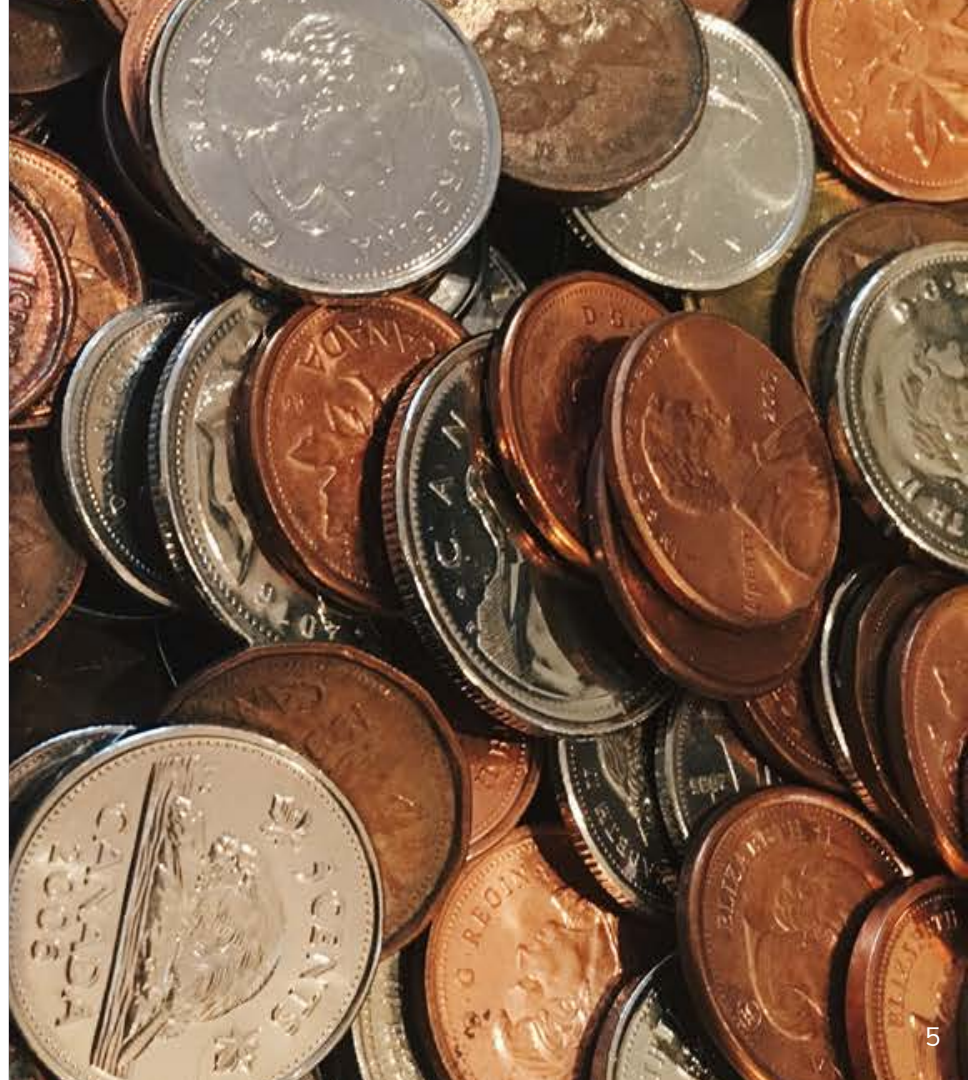
Your benefits welcome letter will state the plans you can enroll in.

# 100% District Paid Benefits

At **no charge** to you:

- Medical – Choice of 7 plans (HMO and PPO)
- Dental – Choice of HMO or PPO
- Vision – PPO
- Basic Term Life and Accidental Death & Dismemberment
- Long Term Disability

Your contribution is **\$0** for these plans **and** any eligible dependents you enroll in medical, dental and vision.



# MEDICAL



# 1. Networks



# Understanding Networks

## HMO

Health Maintenance  
Organization

### Network

Care limited to a specific network of doctors and hospitals

Exceptions: medical emergencies or medically necessary services not available in the network

### Primary Care Physician (PCP)

HMOs often require you to choose a PCP to help manage your care

A PCP can play a valuable role in helping you evaluate the best plan of action for your health goals

### Lower Costs

HMOs, in general, offer affordable cost-sharing payments for services

Preventive care is a focus within an HMO as regular check-ups and screenings keep patients healthy which in turn keep costs controlled

### Specialist

HMOs often require you to get a referral from your primary care physician to see a specialist

The specialist is often also in the same specific network as the PCP



# Understanding Networks

## PPO

Preferred Provider Organization

### Network

Offers a preferred network but also the freedom to use any doctor or hospital outside the preferred network

Referred to as “in-network” or “out-of-network” coverage

### Primary Care Physician (PCP)

PCP is not required

You have more control over health choices as your care does not have to be managed by a PCP

### Higher Costs

PPOs tend to have higher costs as a participant has the flexibility to use a provider both in- and out-of-network without a referral

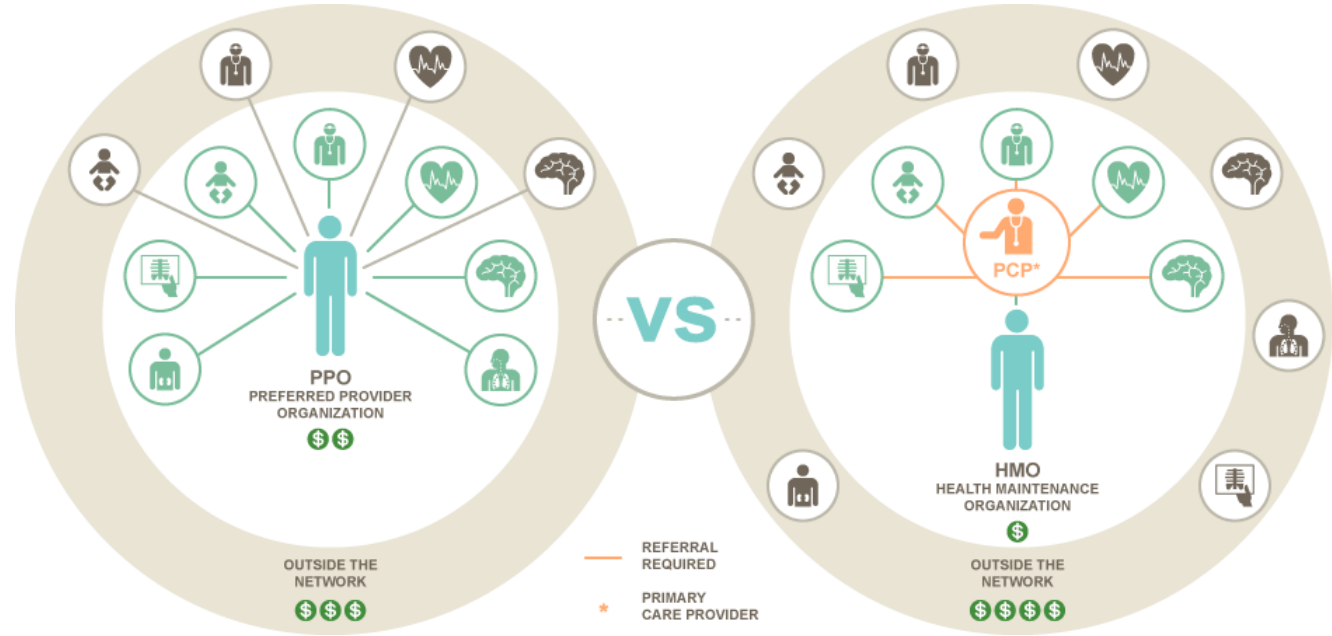
### Filing a Claim

When seeking care from out-of-network providers, you may need to pay for services directly and then file a claim to get reimbursed

### Specialist

PPO plans do not require referrals

# Compare Networks Side-by-Side



In a PPO, going outside the network is allowed but is at a higher cost.

You can decide where to seek your care – both inside or outside of the network.

In an HMO, going outside the network is not covered by the insurance plan.

Your care is managed by a PCP and specialists require a referral.

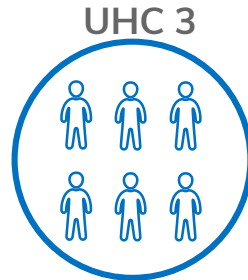
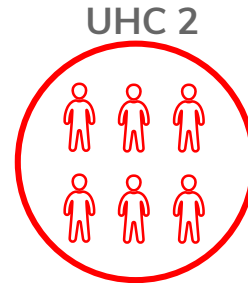
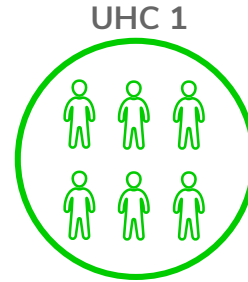
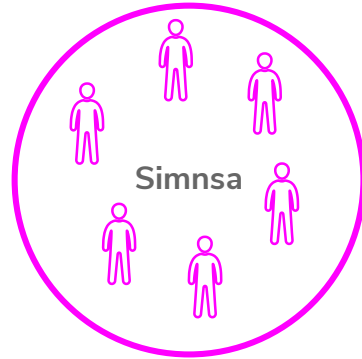
# Networks

**Simnsa** HMO

**Kaiser** HMO

**United Healthcare (UHC)**

HMO and PPO



**UHC PPO**  
Providers in  
UHC 1, 2, 3 and Alliance  
**PLUS** Out-of-Network

Check which tier your  
provider is in as the plan  
design varies by tier

A legend showing four colored human icons: green, red, blue, and black. Below them is a black icon of a person running.



## What's a copay?

A copay is a flat rate you'll pay for a specific service. Once the copay is paid, the insurance company usually handles the remainder of the covered medical expenses.

### How does a copay work?



## What's coinsurance?

Coinsurance is the amount you are required to pay for a medical claim, apart from any copayments or deductible.

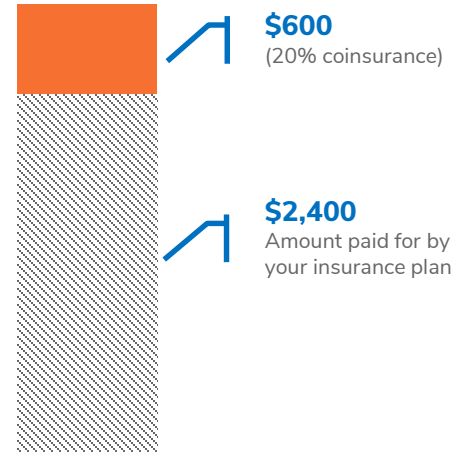
### How does coinsurance work?

Let's assume you have a health plan with a **20% coinsurance** benefit cost share for complex image screenings such as an MRI.

The cost for an MRI at the hospital you visited was \$3,000.

20%  
coinsurance

MRI bill  
\$3,000



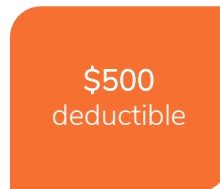
## What's a deductible?

A deductible is the amount of money that you pay before the insurance company will start to help with your medical bill. Deductibles are typically applied by calendar year.

### How does a deductible work?

Let's assume you have a health plan with a **\$500 deductible** for emergency room visits with no additional copays or coinsurance after the deductible.

You visited the ER for a broken arm and the bill came to \$800.



ER bill  
\$800



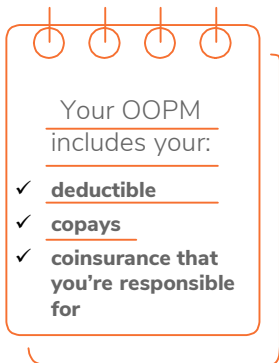
**\$500**  
You pay your share of the cost up to the full deductible

**\$300**  
Having met your deductible, your insurance will pay for the difference

# What's an out-of-pocket maximum?

An out-of-pocket maximum (OOPM) is the most you pay for your share during a policy period, typically calendar year, before your insurance begins to pay 100% of the allowed amount.

## How does an out-of-pocket maximum work?

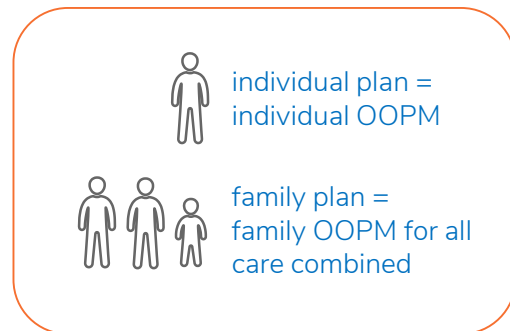


Your OOPM includes your:

- ✓ deductible
- ✓ copays
- ✓ coinsurance that you're responsible for



Your OOPM does NOT include premiums or payments for non-covered services



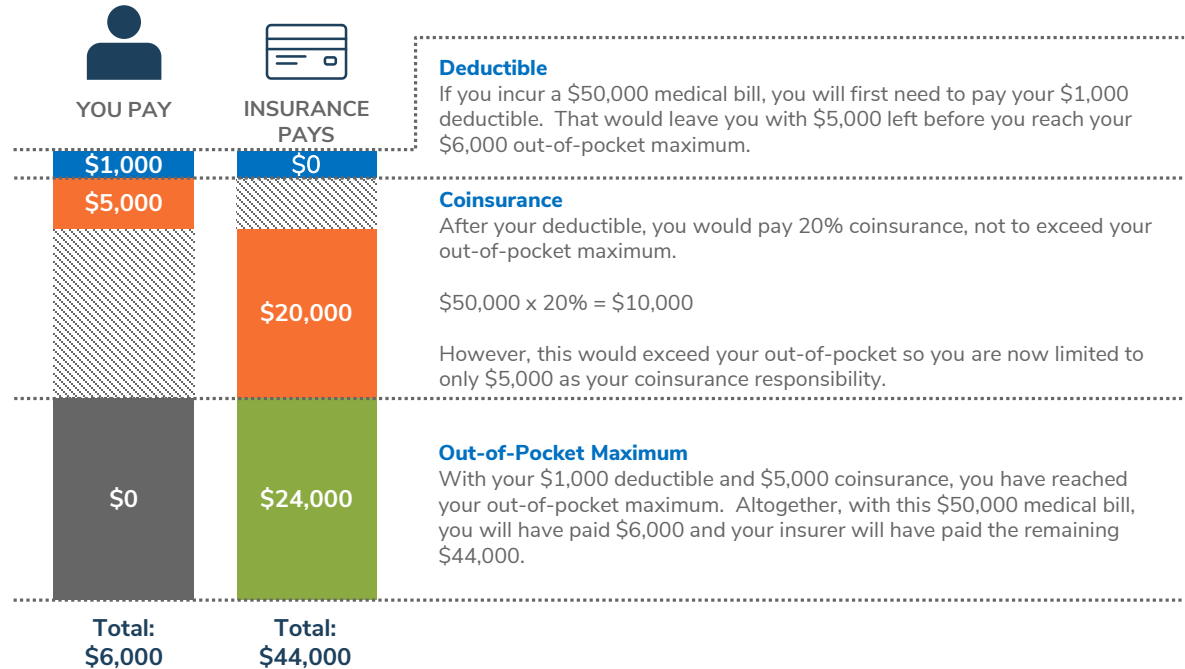
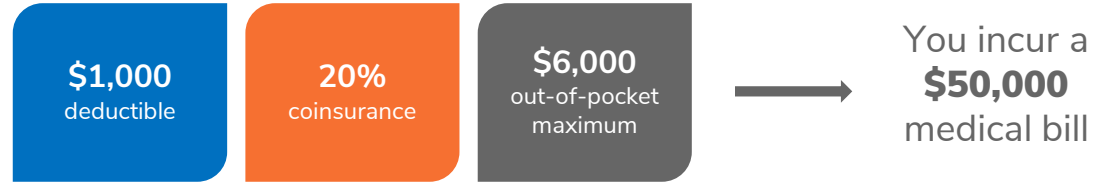
individual plan = individual OOPM

family plan = family OOPM for all care combined



# How insurance cost-sharing works

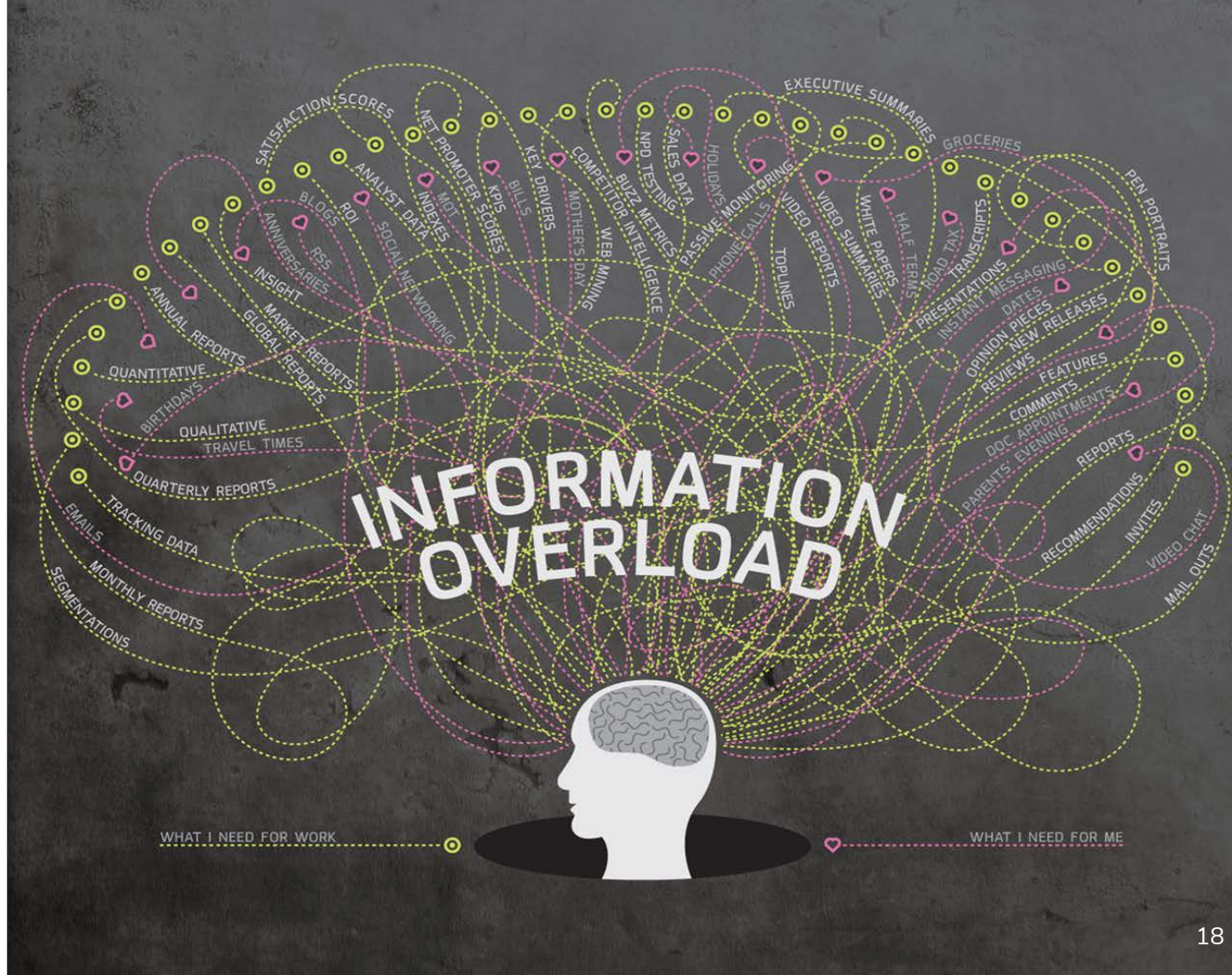
Let's assume you have a health plan with a **\$1,000 deductible**, **20% coinsurance**, and a **\$6,000 out-of-pocket maximum**.





# Still with me?

Let's look at the actual plans.



### 3. Prescription Drug Coverage

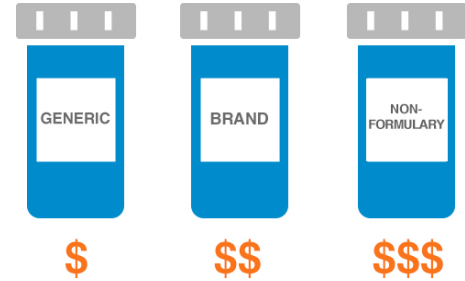


# More definitions!

## Part 1

### Formulary (aka drug list)

Every health insurance plan comes with a formulary. This formulary is the official list of medicines that your health insurance plan will pay for.



### Tiers

#### Generic

A generic drug is created to be the same as an existing approved brand-name drug in dosage form, safety, strength, quality, route of administration, and performance characteristics.

This tier is your lowest copay.

#### Brand Preferred

These are brand-name drugs listed within the formulary.

Cost is the main difference between generic and brand.

#### Brand Non-Preferred

These are brand-name drugs NOT listed within the formulary.

You pay the most in this tier.

# More definitions!

## Part 2

### Retail

In general, when picking up prescriptions from a retail establishment, you are charged the 30-day supply copay.

### Mail Order

When participating in mail order, you generally get a 90-day supply for the cost of two copays. Mail order is often used for maintenance drugs.

### Dispense as Written

Your physician will issue a prescription to notify the pharmacist to not substitute with a generic.

### Prior Authorization

Some medications are not covered unless you first receive approval through a coverage review (prior authorization).

### Brand Deductible

Just as in medical, a drug plan may require a deductible to be met first. This is typically applied to brand name drugs.

# What is the Network?

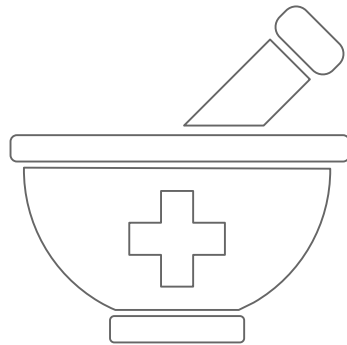
## Kaiser

When enrolled in Kaiser, you may only fill your prescriptions at a Kaiser pharmacy. Exceptions exist for emergencies only.

## United Healthcare ⇒ Express Scripts

When enrolled in a United Healthcare plan, your prescription drug coverage is through Express Scripts. There is a wide range of providers to choose from that participate in this network.

Within Express Scripts, some pharmacies have negotiated special pricing.



Let's review the benefits guide to learn more about the Smart90 and ESI Advantage Network through Express Scripts

# 4. Additional Benefits under Medical

Review the summary of employee benefits booklet or benefits website for these additional benefits:

### **Chiropractic and Acupuncture**

- Included in the Kaiser and UHC plans through Optum Health. The cost is equal to an office visit copay.

### **VEBA Advocacy Services**

- The Advocacy Program, headed by a registered nurse and knowledgeable staff members, is your best support system when you are faced with challenges in accessing the care you need.

### **Best Doctors Program**

- The program provides free consultation with medical experts if you have a question about your health or are diagnosed with a serious, complex or rare medical condition.





**DENTAL**

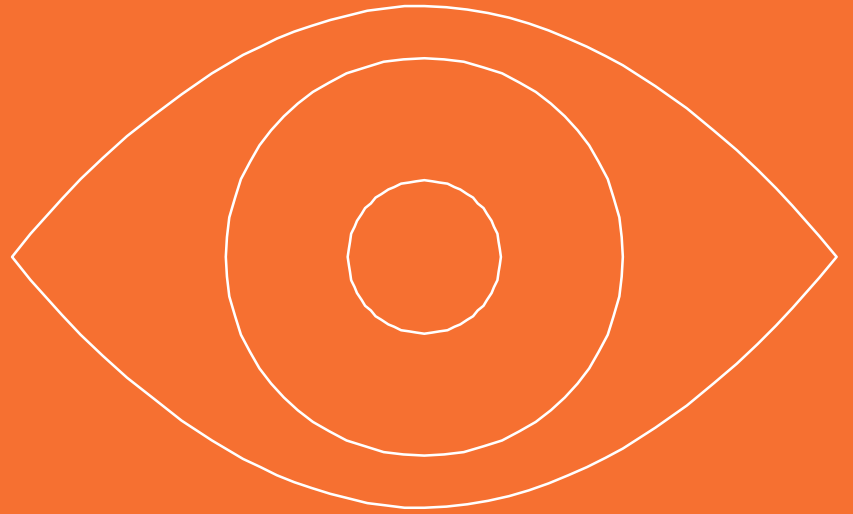


## Delta Dental HMO & PPO

# Dental Plan Comparison

	HMO DeltaCare USA	PPO Delta Dental
Network	In-network Only	In & Out-network
Deductible	\$0	\$0
Orthodontia	Adults Children (up to age 19)	Not covered
Your Cost Share	Mostly \$0 copay	Four year step progression 30% to 0%
Calendar Year Maximum Benefit	n/a	\$2,000 per covered member
Assigned Dentist/Office	Required	Not required

# VISION



# VSP PPO



## Exams

Every 12 months

Vision Exam: \$10 copay



## Frames

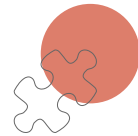
Every 24 months

Hardware/Materials: \$25 copay  
Standard Allowance: \$120



## Out-of-Network

When you seek services out-of-network, there is a schedule of what is allowed to be reimbursed back to you.



## Lenses/Glasses

Every 12 months

Single Vision: \$0 copay  
Lined Bifocal, Trifocal: \$0 copay  
Standard Progressive: \$55 copay



## Contact Lenses\*

Every 12 months

Lenses/Materials: \$25 copay  
Fitting & Allowance: \$120

(\*in lieu of glasses)

# EMPLOYEE ASSISTANCE PROGRAM



# Confidential services are available to you and your family.

Here is a sample of the WorkLife Services available through OptumHealth.

## Counseling Services

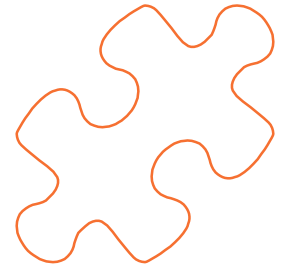
- Up to 5 free face-to-face counseling sessions per issue
- Depression
- Stress
- Grief and loss

## Dependent Care Referral

- Child care summer camps
- Elder care and Home health care
- Relocation and adoption information

## Legal Consultation

- Free 30-minute legal consult
- Wills, trusts and estates
- Small Claims
- Personal Injury



This benefit is at **no charge** to you!



# LIFE & DISABILITY

# Coverage for YOU

## 100% District Paid Benefits

**\$50,000**

Basic  
Term Life

**\$50,000**

Basic  
AD&D

**66<sup>2</sup>/<sub>3</sub> % of  
base salary  
up to \$7,000  
Long Term  
Disability**

Be sure to designate your beneficiary for the term life and accidental death & dismemberment (ad&d) benefits!



# Voluntary Life Insurance

## You pay the cost

When purchasing more coverage for yourself, you can also purchase coverage for your spouse and/or child(ren).

### Term Life Insurance

#### Employee

- Increments of \$10,000 up to \$300,000

#### Spouse

- Increments of \$5,000 up to \$100,000
- 50% of employee life amount

#### Child

- \$2,500, \$5,000 or \$10,000 coverage for each child

### Accidental Death & Dismemberment Insurance

#### Employee or Employee + Family

- Increments of \$10,000 up to \$300,000
- See benefits booklet for family coverage benefit



One Time  
Offer

# Guaranteed Issue (GI) Coverage

## New Hire or Newly Eligible

Only at this time can you sign up for the following with no medical questions asked. If you wish to enroll after this period has passed, you will always be asked to complete a medical questionnaire and can potentially be denied coverage.

- Employee: GI up to \$150,000
- Spouse: GI up to \$50,000

## Plans with Guaranteed Issue at All Times

- Child Life
- Accidental Death & Dismemberment

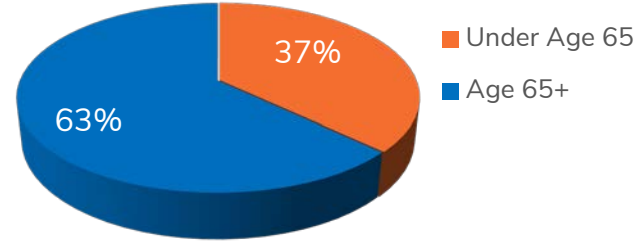
# ADDITIONAL VOLUNTARY PLANS



# Some statistics to think about

In 2010, almost 10M people needed some form of long-term care in the US

\*longtermcare.acl.gov



# 5

Average length of days for a hospital confinement for adults under age 65

\*National Center for Health Statistics

**\$2,500**  
average cost  
to hire an  
attorney to  
create a trust  
\*info.legalzoom.com

# Voluntary Plans

## You pay the cost

### Colonial Life Insurance

- Income protection plans because life happens
  - hospital confinement
  - critical illness insurance
  - accident plan
  - short-term disability
  - cancer wellness

### Hyatt Legal Plan

- Prepaid legal services include:
  - living trusts and wills
  - identity theft defense
  - civil litigation defense

### UNUM Long Term Care

- A range of services and assistance to meet your basic personal tasks of everyday life over an extended period of time; insurance is often applied to long term care provided as home care or within a facility



One Time  
Offer

# Guaranteed Issue (GI) Coverage

## New Hire or Newly Eligible

Only at this time can you sign up for the following with no medical questions asked. If you wish to enroll after this period has passed, you will always be asked to complete a medical questionnaire and can potentially be denied coverage.

- Colonial Life Short-term Disability: GI up to \$4,000 monthly benefit
- Colonial Life Critical Illness: GI up to \$10,000 lump sum benefits
- Colonial Life Hospital Confinement: GI up to \$1,000
- UNUM Long Term Care: GI up to \$1,000 facility amount, 2 year duration

## Plans with Guaranteed Issue at All Times

- Colonial Life Accident
- Colonial Life Cancer

# Flexible Spending Accounts

These accounts help you redirect a portion of your salary on a **pre-tax** basis into reimbursement accounts.

- health care spending account
- dependent care spending account

Watch the videos on our website!



## Will your pension plan cover all your expenses when you retire?

The District offers two plans that you can participate in to save even more towards retirement.

- **403(b)**
- **457(b)**

Contact our retirement plan advisor to find out more about your options!



\* Foundation employees are not eligible



# ENROLLMENT



# Complete Your Enrollment

## Completed forms should be sent to the Benefits Technician by the deadline.



### Required Forms

You were given a checklist of required forms. Please be sure to submit in a timely manner.

- Medical and dental forms
- Documentation for dependents you are enrolling
- Beneficiary form



### Voluntary Plans

Contact the Benefits Technician as soon as possible to obtain additional forms.

Remember – some plans have a “one-time offer” and medical questions are not asked.

### Coverage Effective Date

Full-time employees: first of the month following date of hire

All other employees: varies

Choose  
Carefully



**The coverage you elect stays in place for the rest of the plan year.**

When can I make changes? You only have two options.

**OPTION 1** – At the next **Open Enrollment**

- Period runs late October to mid-November
- Changes are effective the following January 1st

**OPTION 2** – Within 31 days of a **Qualified Life Event**

- This is discussed in the next slide

# Qualified Life Events and Mid-Year Changes



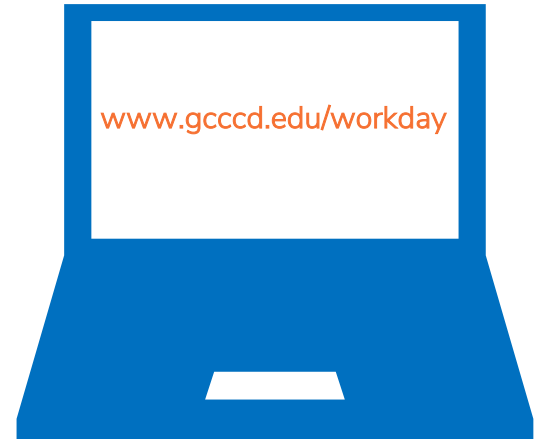
Notify Human Resources within **31** days of your life event!

## Qualified life events include:

- Birth, adoption or legal guardianship
- Court-ordered coverage
- Change in status such as marriage or domestic partnership, divorce or legal separation
- Dependent's loss of employer-sponsored group coverage



At any time, you can log into Workday to review what benefits you are enrolled in!





**Questions?**

Thank you  
very much  
for your time!

If you have any additional  
questions regarding your  
benefits, please contact:

[jenny.aquino@gcccd.edu](mailto:jenny.aquino@gcccd.edu)

**619.644.7643**

