



HR
HUMAN RESOURCES DEPARTMENT

BENEFITS

Benefits Overview Guide Faculty July 2016 – June 2017



Medical – Dental - Vision - FSAs - Life/AD&D – Disability – EAP - Retirement



CLAREMONT EAP

Provided to Employees and Covered Dependents of West Valley Mission Community College District

The Claremont Employee Assistance Program (EAP) helps you resolve personal issues before they become more serious and difficult to manage. You and your eligible family members can receive professional, confidential counseling at no cost. We also provide access to resources that can help you address virtually any personal concern or question.

Who provides the EAP? Claremont is a firm of select professionals who can help you with life's challenges. You will be referred to a conveniently located counselor or resource with expertise in your area of concern.

Who will know? The EAP is a confidential service. Claremont understands the importance of maintaining your privacy. Your involvement with Claremont is afforded the maximum confidentiality permitted under the law.

At what cost? There is no cost to you or your covered dependents for EAP services.

What's the first step? Call 800-834-3773 to discuss your question or issue with an experienced counselor who will refer you to the resources most appropriate for your needs.

Call toll-free, 24 hours a day, seven days a week: **800-834-3773**

Or visit us at: www.claremonteap.com

CLAREMONT EAP

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What's Inside

This brochure provides a summary of your benefit options and is designed to help you make your choices and enroll for your coverage. If you have any questions after you enroll, please call the benefit plan providers directly or log on to their Web sites. Please refer to the Contact Information section of this booklet for details.

Frequently Asked Benefit Questions

Q. Will there be a deduction taken from my paycheck for my benefit coverage?

A. Beginning 7/01/2011, WVMCCD implemented a Benefits Cap of \$18,050 annually to contribute towards each employees' annual health care premiums (medical, dental, vision and long term disability), including covered dependents. If you are a Percentage Employee the Benefits Cap will be pro-rated to the percentage you work full-time. Please review the Health Care Plan Options & Costs sheet or your Benefit Summary in SmartBen to determine your monthly contribution. Voluntary plans (i.e. flexible spending accounts, life insurance, AD&D) are subject to employee deductions.

Q. What documentation will I need to submit to add a dependent?

A. In addition to their basic information:

- Child dependent - birth certificate
- Spouse - marriage certificate
- Domestic Partner – documents listed in the Domestic Partner Affidavit

Q. What is the difference between an HMO and a PPO?

A. HMO (Health Maintenance Organization) offers specific participating network providers that members select for their health care. Providers outside of the network are not covered, unless the provided services are considered emergency in nature. PPO (Preferred Provider Organization) also offers participating network providers, however, a member may access care outside of the designated network. An advantage in utilizing network providers is benefits are covered at a higher rate than non-network providers.

Q. How do I choose my medical and dental plans to ensure that I select the best plan(s)?

A. It is recommended that you review the informational materials in your benefits packet and on the SmartBen website under "Plans & Policies" to evaluate which plans would meet you/your family's current medical and dental needs. Some individuals prefer the convenience of having a co-payment and decide to choose an HMO plan while others prefer to pay deductibles and coinsurance for the flexibility of going to participating and non-participating providers and therefore enroll in PPO plans. Regardless of which plans you choose, please keep in mind that all of the plans, whether they are HMO or PPO, are designed to provide comprehensive health coverage to you and your family.

Q. How do I find participating providers who are on my plans?

A. Please refer to pages 18 and 19 of this Benefits Overview Guide.

Q. What are my benefit policy numbers, customer service numbers, and web addresses?

A. Please refer to page 20 of this Benefits Overview Guide.

Q. When will I receive my benefit identification cards?

A. Kaiser/Blue Shield/Envision Rx Options/Delta Care HMO- Your identification cards will arrive in 2-3 weeks from the date that you complete your enrollments in SmartBen. Delta Dental (PPO) and VSP – Cards are not issued by these carriers. Please provide your health care practitioners with your social security and your group number.

Q. What if I'm not happy with the medical and/or dental plan? May I change my plans?

A. The opportunity to change your plans is offered during our open enrollment period. Medical open enrollment is held in the spring for a July 1 effective date. Dental open enrollment is held in the fall for a January 1 effective date.

Q. May I extend my benefit coverage if I leave the District?

A. Yes, you have the option to continue your health care coverage through COBRA. Details on COBRA are mailed to your home address by our COBRA Administrator, Employee Benefits Corporation (EBC).

Eligibility

You are eligible for the benefits program if you meet the minimum eligible employee guidelines as defined by WVMCCD. You are eligible for benefits with WVMCCD the first of the month following your date of hire. Your eligible dependents are defined as:

- Legally married spouses
- Qualified domestic partners
- Children up to age 26 for the medical plan
- Children up to age 25 for the dental and vision plans
- Stepchildren
- Legally adopted children
- Disabled children (Social Security determination required/no age maximum)
- Children of qualified Domestic Partnerships
- Any child for whom a Qualified Medical Child Support Order that complies with all applicable laws has been issued

Certification of Dependents

If you would like to enroll your spouse or domestic partner for coverage, you must provide one of the following documents at the time of your request:

- a. Marriage Certificate*
- b. Domestic Partnership State Registration or Affidavit*

To enroll Children, you must provide one of the following:

- a. Copy of Birth Certificate*
- b. Copy of Adoption Papers*

Before enrolling anyone as your dependent, verify that he or she qualifies under the plan rules.

Enrolling an ineligible person as your dependent is a serious offense that will result in disciplinary action, which may include termination of employment.

How and When to Enroll

Most enrollments are completed via our online benefits administration system, SmartBen. Enrollment in MetLife voluntary products do require the completion of paper enrollment forms. Enrollment forms are available on SmartBen under "**Plans & Policies**." If you do not enroll within 30 days of your eligibility date, you will not be able to enroll for coverage until the next open enrollment period, unless you experience a qualified change in family status. (See Making Changes During the Year for details.) This 30 day restriction does not apply to the voluntary retirement plans. Benefit plan information is located in SmartBen under "**Plans & Policies**" as well as on the District Website within the Human Resources page.

SmartBen Online Enrollment

SmartBen is our online enrollment tool that is available 24 hours a day, seven days a week. This system allows you to elect your benefit choices as a new hire or during Open Enrollment. After enrollment, SmartBen is available year-round to check your benefits information.

Logging In

1. Log onto www.smartben.com and enter your **Username** (wvm + datatel number) and **Password** (eight-digit date of birth MMDDYYYY format).
2. From the home page, click the **Enrollment** icon. TIP: Wait for all icons to appear before you click on Enrollment.
3. Click **Begin Enrollment**. You will now be able to review and elect your benefit options.
4. You will enter the enrollment process at the **Benefit Manager** page. To make changes to a benefit, click on a benefit name. To make an election, click on the option you want. Click the **Confirm Election** button at the bottom of the page when you are finished.

TIP: Use the TAB key to navigate. DO NOT use the ENTER key.

People Manager is where your personal, spouse/dependent/beneficiary information is stored. Adding people into the People Manager DOES NOT assign them to coverage. You will assign them in the enrollment process. To return to enrollment, simply click **Benefit Manager**.

Making Changes During the Year

The choices you make when you first become eligible remain in effect for the entire plan year. Once you are enrolled, you must wait until the next open enrollment period to change your benefits or add coverage for dependents, unless you have a qualified change in family status as defined by the IRS.

- Change in marital status
- Change in number of dependents (birth, adoption, death)
- Change in spouse or dependent's eligibility under an employer's plan
- Change in employment status that changes eligibility status (change in work schedule such as termination, a decrease in hours worked, change in residency that affects accessibility to current plan)
- Change in cost or coverage (significant cost increase, open enrollment of spouse under other employer's plan)
- Change in eligibility for a state program such as Medicaid

When you experience a family or employment status change, the benefit changes you request must be consistent with and due to your change in status. For example, if you have a newborn child, you may not also add other dependents that you did not previously add to the plan. If you need assistance determining what changes are allowed, contact Human Resources.

Any benefit change needed due to a qualifying status change event must be made within 30 days of the event (or within 60 days of a loss of Medicaid/CHIP coverage, or within 60 days of gaining eligibility for a state's premium assistance program under Medicaid or CHIP).

For example, if your child is born on November 15th, they would become effective on the plan December 1st. You would need to submit this change to Benefits no later than December 15th. If you miss this deadline, your dependent would not be eligible for coverage until the next open enrollment.

Exceptions:

You may enroll in a voluntary retirement plan at any time throughout the year. You may apply for MetLife voluntary life insurance at any time throughout the year, however, if you apply outside of your 30 day new hire window, you will be required to complete a Statement of Health. MetLife will approve or deny your request for coverage. See page 10 for more information about enrolling outside of your new hire window.

Cash in Lieu of Medical Benefits

Upon providing proof of coverage in another group health plan, employees of West Valley-Mission Community College District have the option to decline the district medical insurance and receive cash in lieu.

Employees may choose to deposit the cash into a Tax Shelter Annuity 403(b), CalPERS 457 plan or receive the cash as an addition to pay. Please note that this benefit will be subject to income tax. If you choose to deposit the contribution into a 403(b) or 457 plan, the only taxes that will be deducted are FICA (Social Security) and Medicare.

Qualifying employees will receive an amount of \$3,600 annually.



Stay Healthy with Medical Coverage

Nothing is more important than the health of you and your family. That is why West Valley-Mission Community College District offers you medical plan choices designed to help you get the care you need at a price you can afford. You have the choice between an HMO or a PPO plan with Blue Shield of California or the option to enroll with Kaiser Permanente. See the table below for a comparison of the plans and how they work:

blue  of california

 KAISER PERMANENTE.

	Blue Shield PPO		Blue Shield HMO	Kaiser Permanente HMO
	Preferred	Non-Preferred	In Network Only	In Network Only
How does my plan work?	This plan operates as a preferred provider organization (PPO). You choose which doctors and hospitals provide your care. Coverage may be higher and costs will be lower when you visit "In-Network" doctors and facilities. If you access providers Out-of-Network, they may bill you for amounts over the Blue Shield contracted rate (this is known as Balance Billing). These charges are your responsibility. In addition, it is your responsibility to ensure whether your providers are In-Network or Out-Of-Network.		A Health Maintenance Organization (HMO) requires you select a Primary Care Physician (PCP), who will be responsible for coordinating your care. Whenever you need to see a specialist, you must contact your PCP for a referral.	This plan requires that you access only Kaiser providers for your care. Only Emergencies are covered if non-Kaiser providers are utilized.
Can I choose my doctor?	Yes, you can choose any provider you prefer. However, you will save money if you choose Preferred doctors.		Yes, only those listed as Primary Care Physicians (PCP).	Yes, only those at Kaiser facilities.
What is my deductible?	\$250 individual \$750 family*	\$250 individual \$750 family*	None	None
What is the cost for preventive care services (e.g., well baby care, well woman exams, routine physicals)?	\$0 copay (deductible waived)	20% after deductible	\$0 copay	\$0 copay
What is the cost for a routine and specialist office visit?	\$10 copay (deductible waived)	20% after deductible	\$5 copay \$30 copay Access+ Specialists	\$5 copay
What is the cost for an emergency room visit?	\$50 copay (\$150 copay if admitted)	\$50 copay (\$150 if admitted) plus 20%	\$25 copay (waived if admitted)	\$5 copay
What is the cost for INPATIENT hospitalizations?	\$150 copay per admission after deductible	20% after deductible	\$0 copay	\$0 copay
What is the cost for OUTPATIENT hospitalizations?	\$0 copay after deductible	20% after deductible	\$0 copay	\$5 copay
What is the cost for prescription drugs?	THE BENEFIT IS THROUGH ENVISION RX: Retail (30 day supply) \$5 generic; \$10 brand; \$20 brand with generic equivalence; Mail-order (up to a 90 day supply \$0 copay)	THE BENEFIT IS THROUGH ENVISION RX: Pay full price at the pharmacy and you then submit the claim to Envision Rx for reimbursement	Retail or Mail-Order: \$6 copay Specialty drugs require a \$30 copay	\$5 copay for a 100-day supply
Other services	Benefits vary by service	Benefits vary by service	Benefits vary by service	Benefits vary by service
What are my out-of-pocket maximum costs?	\$0 single \$0 family*	\$1,000 single \$3,000 family*	\$1,000 single \$2,000 family*	\$1,500 individual \$3,000 family*

*Family denotes 2 or more covered members on the plan

Smile Brightly with Dental Coverage

The employees of West Valley-Mission Community College District have the ability to choose between two dental plans offered through Delta. Please review the options below regarding the PPO and DeltaCare HMO benefits offered through Delta.

	Delta PPO Incentive Plan ^{(1) (2)}		DeltaCare HMO Plan ^{(1) (2)}
	In Network	Out of Network	Preferred
How does my plan work?	This plan operates as a preferred provider organization (PPO). You choose which dentists provide your care. Coverage may be higher and costs will be lower when you visit "In-Network" providers. It is your responsibility to ensure whether your providers are In-Network or Out-of-Network.		Members must choose a primary care dentist who will be responsible for coordinating your dental care.
What does an "Incentive Plan" mean?	Most benefits start at 70% depending on the service. (Prosthodontics remain at 50% for the duration of the plan). If you visit the dentist one time during the year, the benefit will increase by 10% for the following year. This will occur each year until the benefit reaches 100%. If you do not visit the dentist during the year, your benefits will remain at the current level and will not decrease unless there is a lapse in coverage.		n/a
Annual Deductible (waived for preventive services)	\$100 single/\$300 family Members pay the first \$100 of Covered Services for each Enrollee in your family in each calendar year except for Diagnostic and Preventive Benefits, up to a limit of \$300 per family		None
Annual Maximum	\$1,600 per person	\$1,500 per person	None
Diagnostic & Preventive Oral exams, cleanings, x-rays, fluoride treatment	70% - 100%	70% - 100%	Scheduled copays based on services
Basic Services Fillings, extraction, root canals	70% - 100%	70% - 100%	Scheduled copays based on services
Major Services Crowns, inlays, onlays, cast restorations	70% - 100%	70% - 100%	Scheduled copays based on services
Prosthodontics Dentures and bridges	50%	50%	Scheduled copays based on services
Orthodontics ⁽³⁾ up to age 18	Not Covered	Not Covered	\$1,600 Copay
over age 18	Not Covered	Not Covered	\$1,800 copay

(1) Pre-treatment estimates are recommended for any services that cost \$300 or more.

(2) Please refer to the plan summary for a complete listing of copays.

(3) Please refer to the plan summary for a complete listing of Orthodontia coverage, limitations, and exclusions.

See Clearly with Vision Coverage

West Valley-Mission Community College District is pleased to offer you a vision plan with a comprehensive benefit through VSP. This is a PPO plan and it is recommended that In-Network providers are accessed to ensure you receive the most cost effective benefits. There are cost savings and discounts on sunglasses, retinal screening and laser vision correction through a VSP doctor. When accessing services out of network, you will pay for the services out of your pocket and then file a claim for reimbursement up to a defined dollar limit.



	In Network	Out of Network
	You pay:	Plan reimburses you up to:
Exam every 12 months	\$25 copay	\$45
Frames every 24 months	Amounts over \$120 allowance	\$47
Lenses every 24 months		
Single vision	\$0 after copay	\$45
Bifocal	\$0 after copay	\$65
Trifocal	\$0 after copay	\$85
Contact lenses every 24 months - in lieu of lenses		
Medically necessary	\$0 after copay	\$210
Elective	Amounts over \$120 allowance	\$105



Accessing care is simple! If you do not already have a VSP contracted provider, you may search for one at www.vsp.com or by calling VSP at (800) 877-7195. Once you've found a doctor, call their office to make an appointment. When making the appointment, you will need to provide the following information:

- Your name and that you are a VSP member
- Your VSP member group or employer
- Your Social Security number or other identification number
- Your date of birth

If you are making an appointment for a dependent, provide the member's name, member's SSN and dependent's date of birth. Please note that you will not receive an ID card for the VSP coverage.

Lower Your Taxes with Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) are a tax-saving way to pay health care and dependent care expenses that you would typically pay out-of-pocket (e.g., deductibles, copays, day care expenses). The FSAs let you pay these expenses with pre-tax dollars. Each year that you would like to participate in the FSAs, you must elect the amount you want to contribute to either or both of the FSAs. Your contributions will be deducted from your paychecks in equal installments throughout the year and deposited into your account(s). **You may contribute up to \$2,500 to the Health Care FSA and \$5,000 per household (\$2,500 if you are married and file your taxes separately) to the Dependent Care FSA.** Both accounts function separately. When you have eligible expenses, you submit a claim for reimbursement from your FSAs.

Eligible Expenses

Health Care FSA

Medical, dental and vision expenses for yourself, your spouse or your dependent children.

Dependent Care FSA

Expenses for services that allow you and your spouse (if you are married) to work or attend school full time. These services generally include day care, babysitters, most day camps, and caregivers for disabled dependents.

What is a Benny Card?

- *A Debit MasterCard that will debit your Health FSA when used to pay for eligible expenses at participating retailers. This eliminates you having to pay out-of-pocket for qualified expenses.*
- *Please note that you may be asked to substantiate claims per IRS Guidelines – SAVE ALL RECEIPTS so they can be submitted if requested.*

Important Rules to Keep in Mind

FSAs offer sizeable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the following:

- The IRS has a strict “use it or lose it rule”: If you do not use the full amount in your FSAs by the end of the plan year, you will lose any remaining funds.
- All claims must be submitted within 90 days of the end of the plan year.
- In the event of employment termination or unpaid leave, claims must be submitted within 90 days of termination date or first day of unpaid leave.
- Any unused funds can be rolled over for 2 1/2 months after the end of the plan year.
- Once you enroll in the FSAs, you cannot change your contribution amount during the year unless you experience a qualified status change.
- You cannot transfer funds from one FSA to another.



Why Enroll?

- By putting money aside pre-tax, this lowers your taxable income – which in turn may increase your spendable income!
- Funds can be used for planned and unplanned eligible health care expenses. You don't need to earmark funds for a specific purpose.

Access *My Account Assistant* on www.ebcflex.com to manage your FSA account, obtain account balances, download forms and review claims.

Transportation FSA/Commuter Plan

The Transportation FSA is another method allowed to use pre-tax dollars for your daily commuting expenses, including transit and parking. This could save you as much as 30% on transit and parking – which adds up to a very powerful benefit and a substantial take-home bonus to your paycheck. West Valley-Mission Community College District allows you to enroll in the Transit benefit or the Parking benefit.

Transit Benefit

When you use public transportation for your daily commute (e.g., trains, buses, subways, vanpooling), you're making a smart choice. You are choosing a commuting solution that reduces fuel, congestion and pollution. If you choose to enroll in this benefit, you are able to set aside \$255 per month on a pre-tax basis (amount is subject to change annually), to be used to purchase transit passes in either of two forms:

- Commuter Check Vouchers
 - Use to purchase transit passes, tickets, cards, etc.
 - Valid for 15 months
- Commuter Check Card PrePaid MasterCard
 - Participant uses card to pay for transit



If you access vanpooling, the monthly amount is combined with the \$255 above. A vanpool is considered:

- Transportation between residence and place of work in a Commuter Highway Vehicle (CHV)
- Seating capacity of at least 6 (not including driver)
- At least 80% of the miles are for transportation between residences and place of work
- At least half the seating capacity of that van must be filled
- The van can be employer operated, employee operated, private or public

Parking Benefit

Parking your vehicle can be expensive. Thanks to the Parking Benefit, now you can minimize that cost. You can use this benefit to pay for parking at or near the business premises or at or near a location from which the employee commutes to work via mass transit. If you enroll in this benefit, you can set aside \$255 per month on a pre-tax basis (amount is subject to change annually). This amount is separate from the Transit Benefit above. You can choose to receive the benefit as follows:

- Direct Pay – WiredCommute pays parking provider directly and participant chooses parking lot
- Commuter Check Voucher – WiredCommute provides voucher for participant to pay provider directly
- Commuter Check Card PrePaid MasterCard – Participant uses this card to pay for parking
- Cash Reimbursement – Reimbursements are done through an online reimbursement form

Important information regarding the Parking Benefit:

- The following parking situations are NOT eligible under this benefit: Temporary work locations, parking fee for a conference or meeting, a one day parking fee
- If you carpool and park, only the prime member (person with assigned parking spot) is entitled to the Parking Benefit

Access the **Commuter Ease/WiredCommute** ordering platform on www.ebcflex.com to manage your FSA account, obtain account balances, download forms and review claims.

Steps to Enroll: If you wish to enroll in the Transit benefit or Parking benefit, please notify the Human Resources Benefits Department and they will submit your information to EBC.

Protect Your Loved Ones with Life and Accidental Death and Dismemberment Coverage

Providing economic security for your family if you die, become disabled, or experience an injury or illness is a major consideration in personal financial planning.

Life and AD&D Insurance

West Valley-Mission Community College District allows you the ability to purchase coverage for yourself and your dependents. You may purchase the following amounts of coverage through payroll deductions. You may enroll in amounts up to the guarantee issue during your new hire window without completing a Statement of Health. Any election above the guarantee issue amount or outside your new hire window will require a Statement of Health. The only exception to this is that you may increase by \$10,000 increments for life insurance and \$50,000 increments for AD&D insurance, up to the guarantee issue amount, at open enrollment without a Statement of Health. Elections requiring a Statement of Health require approval from MetLife before being issued.

The application, rates and Statement of Health can be found on SmartBen, under **"Plans and Policies"** or on the district website.

	Life Insurance	Accidental Death & Dismemberment (AD&D)
Employee		
Maximum	\$500,000 or 5 times salary (whichever is lesser)	\$250,000
Guarantee Issue (amount that does not require MetLife Underwriting approval if a newly eligible employee)	\$250,000	\$250,000
Spouse and Child(ren)		
Maximum	n/a	40% of EE amount for spouse and 10% for each Child
Guarantee Issue	n/a	n/a
Spouse Only		
Maximum	\$150,000 or 100% of EE amount (whichever is lesser)	50% of EE amount
Guarantee Issue	\$20,000	n/a
Child(ren) Only		
Maximum	\$10,000	15% of EE amount
Guarantee Issue	\$10,000	n/a

Optional Employee Life Coverage

	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Monthly rate per \$10,000 of employee coverage*	\$0.50	\$0.60	\$0.80	\$1.00	\$1.30	\$1.90	\$3.10	\$5.50	\$7.40	\$13.90	\$22.50

Spouse Life Coverage (Rates Based on Spouse's Age)

	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
Monthly rate per \$10,000 of spouse coverage*	\$0.60	\$0.50	\$0.70	\$0.80	\$1.00	\$1.20	\$1.90	\$3.40	\$5.40	\$9.80	\$16.80

Dependent Child(ren) Coverage Monthly Rate per \$2,000 of Dependent Child(ren) \$0.20 per \$2,000 of coverage

*Age banded rate changes take effect on the first of the month following the birthdate.

Optional AD&D Coverage

	Employee	Family
Monthly rate per \$50,000	\$0.95	\$1.30

Prepare for the Unexpected with Disability Coverage

West Valley-Mission Community College District believes that long-term disability (LTD) coverage is important because anyone at any age may become injured or ill for an extended period of time. LTD coverage will replace 66 2/3% of your base salary to a monthly maximum of \$5,000 if you are disabled for more than 90 days or at the end of accumulated sick leave, whichever is later, and are unable to work. LTD benefits are offset with other sources of income, such as Social Security and Workers' Compensation. Employees are automatically enrolled in LTD via SmartBen. To request a copy of the Certificate of Coverage, please contact the Human Resources Benefits Department. *Pre-existing condition exclusions apply.*

Class 1	Certificated employees with 5+ years of credited California service	
	<u>Age at Disability</u>	<u>Maximum Benefit Period</u>
	All Ages	1 year
Class 2	All employees not eligible in another class	
	<u>Age at Disability</u>	<u>Maximum Benefit Period</u>
	< 60	To age 65 but not less than 5 years
	60 - 64	5 years
	65 - 69	To age 70 but not less than 1 year
	70+	1 year



Planning for your Future with Retirement Plans

It is never too early to plan for your retirement and West Valley-Mission Community College District offers you options to help you reach your goals. You may enroll in the 403(b) and/or the 457 plans at any time throughout the year. Both are voluntary retirement accounts where you may put away money on a tax-advantaged basis. The 457 allows pre-tax contributions. Pre-tax or post-tax (Roth) contributions may be allowed on the 403(b) plan, depending on your investment choices.

Please note that the annual limits for the 457 and 403(b) are subject to change annually.

2016 limit for participants <u>UNDER</u> age 50	457	403(b)	Total
	\$18,000	\$18,000	\$36,000
2016 limit for participants <u>OVER</u> age 50	457	403(b)	Total
	\$24,000	\$24,000	\$48,000

403(b) Steps to Enroll:

- 1) Go to www.403bcompare.com and select "West Valley-Mission CCD" as your employer
- 2) Select a vendor from the options available and set up a 403(b) account
 - a. You may set up your account directly with the vendor or you may enroll through a financial planner or tax consultant
- 3) Go to the Payroll Services section of the District webpage and click on "Forms" on the right hand side of the page
- 4) Complete the 403(b) Salary Reduction/Deduction Authorization & Amendment Form
 - a. This form is listed as the 403B Before Tax Traditional fillable and/or the 403B Roth After Tax fillable
- 5) Return your completed form to the Payroll Department

457 Steps to Enroll:

- 1) Go to the Payroll Services section of the District webpage and click on "Forms" on the right hand side of the page.
- 2) Complete the 457 Plan Enrollment Form and submit to the Payroll Department

*** The voluntary retirement plans are managed by the Payroll Department. If you have questions about the 403(b) or 457 please contact the Payroll Department at (408) 741-2141.**

Get Help from the Employee Assistance Program (EAP)

Because unresolved personal issues can affect every aspect of one's life, including work performance, West Valley-Mission Community College District automatically provides you and your family with an Employee Assistance Program (EAP) at no cost to you. Call the EAP at (800)834-3773 for confidential assistance with nearly any personal matter you may be experiencing. Licensed counselors are available 24 hours a day, 7 days a week, and can provide you with access to face-to-face counseling (up to three sessions per person per event), legal advice, financial consultation, medical advice, dependent care referrals, and other community referrals.

Counseling Services

- Depression and stress
- Co-worker conflicts
- Grief and loss
- Marital or family issues
- Alcohol/Substance abuse issues

Financial Consultation

- One 30-60 minute consultation per issue
- One credit report per intake year
- Budgeting
- Retirement planning
- Debt consolidation
- Financial Planning

Dependent Care Referral

- Referrals to child or elder care providers
- Referrals to home health care providers
- Tips on interviewing and monitoring caregivers
- Relocation and adoption information
- Child/Summer day camp

Legal Consultation

- Simple Will kit
- Divorce and custody
- Small claims or personal injury
- Drunk driving offenses
- Criminal offenses
- Adoption Assistance information

CLAREMONT EAP



Everyday Ease with Credit Unions

As an employee of West Valley-Mission Community College District, you have access to two Credit Unions: Santa Clara County Federal Credit Union and Commonwealth Central Credit Union.

Through these establishments, you have access to free/discounted checking accounts, auto and mortgage loans, credit cards, financial workshops and much more.

For more information see the website and phone information for each credit union on page 23.

Lynda.com

Lynda.com offers on-demand video-based online training on a wide variety of topics. To access lynda.com, go to <http://www.lynda.com/email-signup> and enter your @wvm.edu email address. Once lynda.com verifies your email domain, you will receive an email from lynda.com prompting you to create a profile. Upon registering your profile, you can log in to lynda.com anytime and anywhere using your email address and password.

Important Notices

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. Please contact the Human Resources Benefits Department for a copy of the full disclosure.

Following is a brief description of the Annual Disclosure Notices:

[ERISA Compliance Statement of Rights](#)

ERISA provides that a plan participant shall be entitled to receive information about his/her plan and benefits, continue group health plan coverage, prudent actions by plan fiduciaries, and enforce his/her rights.

[Notice of Special Enrollment Rights](#)

Plan participants are entitled to certain special enrollment rights outside of the company open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or addition of a new dependent.

[Patient Protection Notice](#)

Your plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. Until you make this designation, the medical carrier designates one for you.

[Women's Health and Cancer Rights Act](#)

The Women's Health and Cancer Rights Act (WHCRA) contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy. The US Departments of Labor and Health and Human Services are in charge of this act of law, which applies to group health plans if the plans or coverage provide medical and surgical benefits for a mastectomy.

[The Newborns' and Mothers' Health Protection Act](#)

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.

[Qualified Medical Child Support Orders](#)

A 1993 amendment to the Employee Retirement Income Security Act (ERISA) requires employment-based group health plans to extend health care coverage to the children of a parent-employee who is divorced, separated or never married when ordered to do so by state authorities.

[Notice of Privacy Practices](#)

This notice is intended to inform employees of the privacy practices followed by your company's group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.

[Children's Health Insurance Program \(CHIP\) Notice](#)

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. This notice provides information on how to contact your state Medicaid office to receive information on assistance.

[New Health Insurance Marketplace Coverage Options and Your Health Coverage](#)

Beginning in 2014, there are new ways to buy health insurance: the Health Insurance Marketplace. This notice provides basic information about the new Marketplace. (Page 15)

[Medicare Part D Disclosure Notice for Creditable or Non-creditable Coverage](#)

Plans are required to provide each covered participant and dependent with a Certificate of Creditable Coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified without a penalty. (Page 16)

Important Notices

New Health Insurance Marketplace Coverage Options and Your Health Coverage

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Important Notices

Medicare Part D - Important Notice about Your Prescription Drug Coverage and Medicare (Creditable Coverage)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with West Valley-Mission 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. West Valley-Mission Community College District has determined that the prescription drug coverage offered by Anthem, Blue Shield, Kaiser and United HealthCare 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, your current West Valley-Mission Community College District's coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your current West Valley-Mission Community College District coverage, be aware that you and your dependents will be able to enroll back into West Valley-Mission Community College District's benefit plan during the annual open enrollment period.

Important Notices

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 West Valley-Mission 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 November to join.

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

Contact Human Resources 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 West Valley-Mission 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 www.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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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).

Find a Provider

Medical Plans

Health Maintenance Organizations (HMOs)

Blue Shield of California - www.blueshieldca.com/findaprovider

(New members who are not currently registered)

- Click on "Select a Plan" and choose **Access+HMO** as your medical plan
- Under "Select Sub Plan", choose **Access+HMO** and then click "Set plan".
- Under Provider types, click **Doctors** or **Facilities** and the type of doctor/facility, if you'd like to narrow the list.
- Enter a ZIP Code or City and click "Find Now"

(For current members who are already registered)

- Sign in using your member ID
- The system automatically knows the plan you are on and will automatically give you providers only for your plan.

Kaiser Permanente – www.kp.org

- In the middle of the page, click on "Find a Doctor"
- On the next screen, select an area from the drop down list
- You can then search based on doctor name/type and location

Preferred Provider Organizations (PPOs)

Blue Shield of California - www.blueshieldca.com/findaprovider

(New members who are not currently registered)

- Click on "Select a Plan", choose **Blue Shield of California PPO Network** as your medical plan and then click "Set plan".
- Under Provider types, click **Doctors** or **Facilities** and the type of doctor/facility, if you'd like to narrow the list.
- Enter a ZIP Code or City and click "Find Now"

(For current members who are already registered)

- Sign in using your member ID
- The system automatically knows the plan you are on and will automatically give you providers only for your plan.



Find a Provider

Dental Plans

Preferred Provider Organization (PPO)

Delta Dental

www.deltadentalins.com

- On the right hand side of the page, complete the information under the “Find a Dentist” box
- Choose Delta Dental PPO under the “Select Network” drop down list and click “Search”

Health Maintenance Organization (HMO)

DeltaCare USA

www.deltadentalins.com

- On the right hand side of the page, complete the information under the “Find a Dentist” box
- Choose DeltaCare USA under the “Select Network” drop down list and click “Search”

Vision Plan

VSP

www.vsp.com

- On the right hand side of the page, enter the location Zip Code under “Find a VSP Doctor” and click “Search”
- Or call (800) 877-7195 and indicate

PLEASE NOTE: VSP Network is “Signature”



Benefits Advocate (800) 914-5096

Benefits Advocate is available to assist you with your benefits-related questions and issues. When there is confusion or concern with your insurance, reach out to Benefits Advocate for assistance. This service is brought to you by BB&T Insurance Services.

- Finding a contracted provider
- Resolving referral problems
- Researching denied claims
- Obtaining pre-authorizations
- Clarifying health coverage while traveling
- Explaining an Explanation of Benefits (EOB)
- Assisting with health insurance grievances or appeals

(800) 914-5096 or BenefitsAdvocate@BBandT.com Monday – Friday, 8:00 a.m. – 5:00 p.m., except major holidays

Contact Information

Benefit	Group Number	Contact	Telephone	Web Address
Medical				
Blue Shield PPO	W00029631	Blue Shield	(855) 599-2650	www.blueshieldca.com
PPO Prescription	2246AAA1	Envision Rx	(800) 361-4542	www.envisionrx.com
Blue Shield HMO	W00029631	Blue Shield	(855) 599-2650	www.blueshieldca.com
Kaiser Permanente	32010	Kaiser Permanente	(800) 464-4000	www.kaiserpermanente.org
Dental				
Delta PPO	7007	Delta Dental	(866) 499-3001	www.deltadentalins.com
DeltaCare HMO	1691	DeltaCare	(800) 422-4234	www.deltadentalins.com
Vision	12075324	VSP	(800) 877-7195	www.vsp.com
Flexible Spending Accounts		EBC	(800) 346-2126	www.ebcflex.com
Life and AD&D	KM5589969	MetLife	(800) 638-6420	www.metlife.com
Long Term Disability	366070	Unum	(800) 421-0344	www.unum.com
Employee Assistance Program (EAP)		Claremont EAP	(800) 834-3773	www.claremonteap.com
Retirement Plans				
403(b)		403b Compare		www.403bcompare.com
		EBSA (Third Party Administrator)	(866) 474-1144	www.ebenefitsservices.com
		Payroll Department	(408) 741-2141	
CalPERS 457 (administered by Voya)		Customer Service - Voya	(800) 260-0659	calpers.voyaplans.com
181 Metro Drive, Suite 520 San Jose, CA 95110				
CalPERS		CalPERS Planning Info	(888) 225-7377	www.calpers.ca.gov
CalSTRS		CalSTRS Planning Info	(888) 394-2060	www.calstrs.ca.gov
Credit Unions				
County Federal Credit Union			(800) 282-0700	www.sccfcu.org
Commonwealth Federal Credit Union			(800) 564-1588, option 1	www.wealthcu.org
SmartBen		SmartBen		www.smartben.com
Benefits Advocate		BB&T Benefits Advocate	(800) 914-5096	BenefitsAdvocate@BBandT.com



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Developer 	Design <u>Aa</u>	Web 	Photography
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Find out more under the District Resources drop down on the Portal at westvalley.edu/wvcportal

Revised April 2016

Prepared by:



The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.