



BENEFITS **GUIDE** **2024**

Southwestern College Benefits Department, 900 Otay Lakes Road, Room 43C-103, Chula Vista, CA 91910

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ISSUE DATE

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2024 OPEN ENROLLMENT

This guide is designed to give you an overview of the health and welfare benefits available to you and your family to help you understand your benefits. Please review the guide carefully and make sure to ask about any important issues not addressed. Each employee's benefits are personal to them and their situation. It is our goal to make sure you are getting the most from your benefit options.

THE BENEFITS IN THIS SUMMARY ARE **EFFECTIVE:**
JANUARY 1, 2024–DECEMBER 31, 2024

IMPORTANT INFORMATION ABOUT YOUR BENEFITS

The District will provide the following contribution depending on your tier selection:

- 100% paid Kaiser Employee only coverage,
- pay 90% of the two-person and family, or
- pay the cost for VEBA Direct HMO Employee only except for \$50 per month.

Please see payroll deduction grid on [page 11](#) for your cost per month.

- These funds will be directly applied to the benefits that you choose here at Southwestern College. If you are an Academic employee hired after January 1, 2005 or a Classified Employee hired after January 1, 2002, any funds not used for your benefits will be kept by the district.
- Flexible Spending Accounts (FSA) are also available. To continue this benefit, you must re-enroll every year during the FSA open enrollment. Please visit American Fidelity to schedule an appointment.





HOW AND WHEN TO ENROLL

OPEN ENROLLMENT RUNS FROM OCTOBER 23, 2023 THROUGH NOVEMBER 8, 2023.
 This is your opportunity to make changes to your benefits selections without a qualifying event. Online Open Enrollment changes can be made through Self-Service.

Enrollment for **Part-time Faculty** will take place in **JANUARY AND AUGUST.**

QUALIFYING LIFE EVENT

As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a "Qualifying Event." If you have a qualified life event, you may be allowed to add or drop coverage for yourself or your dependents. See chart below for deadline to notify the Benefits Department staff of your qualifying event. A qualifying life event may include*, but not limited to:

ADDING COVERAGE DUE TO:	DEADLINE TO MAKE CHANGES	REQUIRED DOCUMENTATION
Marriage/Divorce	30 Days	Marriage Certificate / Divorce Decree / Common Law Marriage Court-Certified Affidavit
Birth/Adoption	30 Days	Birth Certificate / Court Documents
Death	30 Days	Death Certificate
Gain/Loss of Other Coverage	30 Days	Enrollment Confirmation or Loss of Coverage Letter with Effective Date
Court Appointed Custody/Medical Support Order	30 Days	Copy of Judge Signed Court Documents
Change in Employment Status	30 Days	Letter from former employer indicating when coverage ends.

WHO IS ELIGIBLE?

As a full time employee, you are eligible to enroll in the benefits outlined in this guide. You are able to enroll the following family members in your medical, dental and vision plans

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your domestic partner (upon completion of a Domestic Partner Affidavit)
- Your children (including your domestic partner's children) who are:
 - Under the age of 26. They do not have to be living with you or currently attending school. They can be married and/or living on their own.
 - Over 26 years old ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
 - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.
 - Court ordered legal guardian.

Adding a dependent to your plan requires dependent verification. You are required to provide the following documentation when you add an eligible dependent to your plan.



WHO IS INELIGIBLE?

The following is a list of people who are not eligible for coverage (including but not limited to):

- Parents, grandparents, and/or siblings
- Residents of your household who are not listed above as an eligible dependent regardless of the fact that you claim them as a dependent on your taxes

Adding a dependent to your plan requires dependent verification. You are required to provide the following documentation when you add an eligible dependent to your plan.

REQUIRED DOCUMENTATION

PLEASE SUBMIT COPIES ONLY & BLACK OUT ALL SOCIAL SECURITY NUMBERS & FINANCIAL INFORMATION.

For your privacy and protection, any documents received will be destroyed.

ELIGIBLE DEPENDENT TYPE	ELIGIBLE DEPENDENT DEFINITION	REQUIRED DOCUMENTATION FOR PROOF OF ELIGIBILITY
Legal Spouse	Legally Married Spouse	<ul style="list-style-type: none"> • IF "MARRIED FILING JOINTLY": Main page of Federal Tax Return form (1040, 1040A, 1040EZ, 8879 or 4868 – Extension Request) • IF "MARRIED FILING SEPARATELY": first page Federal Tax Return form (1040, 1040A, 1040EZ, 8879 or 4868) – Extension Request • IF MARRIED WITHIN THE PAST TWO YEARS: government-issued marriage certificate • NOTE: Forms must be filed within the past two years, list names of both employee, AND spouse. If they do not, please contact us.
Domestic Partner	Partner as defined by the Domestic Partner Affidavit	<ul style="list-style-type: none"> • Government-issued Certificate of Domestic Partnership • Declaration of Domestic Partnership AND supporting documents to establish joint residence AND financial interdependence.
Child–Biological	Biological child under that age of 26	<ul style="list-style-type: none"> • Government-issued Birth Certificate • Consular Report of Birth Abroad (CRBA)
Child–Step	Biological child from a spouse’s prior family under the age of 26	<ul style="list-style-type: none"> • Child documentation(biological/adopted/guardianship/ disabled) AND • Legal spouse documentation
Child–Adopted	Child under the age of 18 for whom you have legal guardianship	<ul style="list-style-type: none"> • Court Order of Legal Guardianship AND • First page of Federal TaxReturn form filed within the past two years
Child–Disabled	Disabled child over the age of 26 for whom you have the legal responsibility to care	<ul style="list-style-type: none"> • Letter from health care provider or doctor specifying the diagnosis and how the condition prevents the dependent from working/attending school full-time AND • Child documentation(biological/ step/adopted/ guardianship) • Notice of disability determination from the Social Security Administration AND • Child documentation(biological/ step/adopted/ guardianship)



MANDATORY COVERAGES

The District offers **two mandatory coverages** for all employees and are listed below:

1. **HARTFORD GROUP LIFE INSURANCE:** Classified, Academic, Administrative, and Confidential employees receive \$50,000 in term life insurance.
2. **HARTFORD GROUP LIFE INSURANCE:** Administrators receive \$75,000 in term life insurance.
3. **DENTAL INSURANCE:** You have **two** choices (MetLife Dental or Delta Dental). You must elect one of the plans whether you have other coverage or not.
 - MetLife HMO or
 - Delta Dental PPO

WHAT IF I HAVE OTHER COVERAGE?

If you have other medical coverage, you can choose to waive coverage with the District. You will be required to submit a waiver form.

There are **NO PAYROLL DEDUCTIONS** for these mandatory coverages.

The Hartford coverage provided by the District provides Estate Guidance. Visit the [Benefits webpage](#) at to find more information on this added benefit.

DENTAL INSURANCE OPTIONS

MetLife Dental HMO	Delta Dental PPO
<ul style="list-style-type: none"> • Must choose a MetLife dentist. • Coverage is based on a schedule of benefits where a co-pay is listed for each service that is intended. • Specialty care handled through a referral process. • Covers Orthodontic treatments (braces). • Monthly premium is super composite, meaning it will cover the employee plus family for one low rate. <p>To find a provider click on the link below:</p> <ul style="list-style-type: none"> • MetLife Dental 	<ul style="list-style-type: none"> • Ability to choose any Dentist • Coverage for most procedures is at 70% of the delta dentist's fee for employee and any family members covered. This percentage increase each year (maximum 100%) for each enrolled, provided each see the dentist at least once a year. Otherwise, the percentage remains the same. • \$25 per person deductible per calendar year. • Orthodontic treatment is NOT covered. • Monthly premium is 3 tiers. There is one rate for employee only, one for employee+1, and one for employee+2 or more dependents. <p>To find an in-network dentist, click on the link below:</p> <ul style="list-style-type: none"> • Delta Dental

Dental ID cards are no longer issued by either insurance carrier however, if you would like to **PRINT A GENERIC PAPER ID CARD** please see below.

DELTA DENTAL

Enrollee Name:
Enrollee ID:
 SOUTHWESTERN COMM. COLLEGE DIS
Group Number: 00912-00001
 Delta Dental PPO

This card is for informational purposes and is not a guarantee of coverage. Please contact Delta Dental of California to confirm eligibility at the time of your appointment.

Submit claims to:

Delta Dental of California
 PO Box 997330
 Sacramento, CA 95899-7330

Web Site: <http://deltadentalins.com>

For Additional Information Please Call: 866-499-3001

For your convenience.

An identification card is not necessary to access benefits, but you will receive a personalized DHMO ID card shortly after your enrollment has been processed. In the meantime, if you choose to enroll, this temporary ID Card can be used if you see your dentist after the effective date of the program, but before your card arrives.

MetLife SafeGuard DHMO

Temporary Identification Card for Dental Benefits

Subscriber Name: _____ P/B/N Name: _____

Group: _____ Group Effective: _____

Dependent Coverage: _____

Customer Service: 1-800-880-1800

Benefits provided by SafeGuard Health Plans, Inc., a MetLife company.

If you have a dental emergency, you should first contact your selected SafeGuard General Dentist for an immediate appointment. If your Dentist is not available, contact Customer Service for assistance. If our office is closed, you can receive emergency dental care from any licensed dentist without prior authorization from SafeGuard. Please refer to your Evidence of Coverage for specific emergency care coverage.

This card does not guarantee eligibility.

TDD/TTY for the hearing impaired: 1-800-880-3165

www.metlife.com/mybenefits

When printing, please make sure your page scaling is adjusted to "None."

MEDICAL INSURANCE OPTIONS

The District will continue to offer Kaiser HMO, VEBA Direct HMO, Alliance HMO, and United Healthcare Select Plus PPO. Contribution levels from the District for medical coverage will continue the same as last year.

Payroll deductions are listed on the **following page**:



PAYROLL DEDUCTIONS FOR BENEFIT PERIOD JANUARY 1, 2024–DECEMBER 31, 2024

10 MONTH EMPLOYEES*					
Coverage	Kaiser	United HealthCare			
		Harmony HMO	VEBA Direct HMO	Alliance 20/30 HMO	PPO
Employee Only	\$0	\$0	\$60.00	\$156.00	\$1,419.00
Employee + 1 dep.	\$193.40	\$165.40	\$282.40	\$450.40	\$2,953.40
Employee + 2 or more	\$272.40	\$224.40	\$388.40	\$618.40	\$4,136.10

12 month employees*					
Coverage	Kaiser	United HealthCare			
		Harmony HMO	VEBA Direct HMO	Alliance 20/30 HMO	PPO
Employee Only	\$0	\$0	\$50.00	\$130.00	\$1,183.00
Employee + 1 dep.	\$161.10	138.10	\$236.10	\$376.10	\$2,462.10
Employee + 2 or more	\$227.00	187.00	\$324.00	\$515.00	\$3,447.00

These payroll deductions will pay for medical, dental and life insurance coverages for full-time contracted employees (if you have less than a full-time contract, your share will be greater).

Click on [United HealthCare](#) to find a provider.

VISION- MES		
Coverage	10 MONTH EMPLOYEE	12 MONTH EMPLOYEE
Employee Only	\$9.83	\$8.19
Employee+ 1 dep.	\$19.58	\$16.32
Employee + 2 or more	\$29.58	\$24.58

Click on [EyeMed](#) to find an in-network doctor.

***These payroll deductions will begin on the December 15, 2023. paycheck for January coverage.**



Southwestern Community College District

Effective Period: January 1, 2024 - December 31, 2024

Acupuncture added to all plans for 2024, other changes in red

Benefit Summary	NEW! VEBA Direct HMO \$10/100% What You Pay	UHC Harmony HMO \$10/100% What You Pay	UHC CS VEBA Alliance HMO \$20/\$30/\$500A What You Pay	Kaiser HMO \$10, Rx: \$10 / \$10 100-day What You Pay
Medical Deductible (individual/family)	None	None	None	None
Medical Out-of-Pocket Maximum (individual/family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$1,500 / \$3,000
Health Account	None	None	None	None
PCP Office Visit	\$10 copay	\$10 copay	\$20 copay	\$10 copay
Specialist Office Visit	\$10 copay	\$10 copay	\$30 copay	\$10 copay
Preventive Care	No charge	No charge	No charge	No charge
Inpatient Hospital Care	No charge	No charge	\$500 admit copay	No charge
Mental Health Services (outpatient/inpatient)	\$10 copay / No charge	\$10 copay / No charge	\$20 copay / \$500 admit copay	\$10 copay / No charge
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	No charge	\$10 copay / No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge	No charge
Complex Radiology (PET & MRI)	No charge	No charge	\$200 copay	No charge
Outpatient Surgery	No charge	No charge	\$250 copay	\$10 copay
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$10 copay	\$10 copay	\$20 copay	\$10 copay
Chiropractic and Acupuncture Services*	\$10 copay	\$10 copay	\$20 copay	\$10 copay
Urgent Care (Office Visit only)	\$10 copay	\$10 copay	\$20 copay	\$10 copay
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	\$150 copay	\$100 copay
Rx Deductible (individual/family)	None	None	None	None
Rx Out-of-Pocket Maximum (individual/family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$1,600 / \$3,200	N/A
Rx Formulary List	National Preferred	National Preferred	National Preferred	Kaiser
Rx Pharmacy Network	Express Advantage Network**	Express Advantage Network**	Express Advantage Network**	Kaiser
Short-Term Prescription Drugs*** (up to 30-day supply)	\$5 Generic \$25 PB 50% \$40 min \$175 max NPB	\$5 Generic \$25 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	G / B: \$10 copay (up to a 100-day supply)
Long-Term Prescription Drugs*** (up to 90-day supply)	\$10 Generic \$50 PB 50% \$80 min \$350 max NPB	\$10 Generic \$50 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	G / B: \$10 copay (up to a 100-day supply)
Available Medical Groups	Rady Children's Health Network, Sharp Community Medical Group, Sharp Rees-Stealy Medical Group, UC San Diego Medical Group	Sharp Community Medical Group, Sharp Rees-Stealy Medical Group, UC San Diego Medical Group	Mercy Physicians Medical Group, Rady Children's Health Network, Scripps Clinic, Scripps Coastal, Scripps Physician Medical Group, UC San Diego Medical Group	Kaiser

In fertility services are excluded/not covered under non-Kaiser HMO plans and are included/covered under Kaiser HMO (excluding Kaiser Bronze) plans, please see your policies for details.

*Chiropractic and Acupuncture services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth.

**Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Rite Aid, Costco, Kmart, Vons, Haggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit www.Express-scripps.com for a complete list of EAN pharmacies.

**Pay standard copays plus \$5/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, and certain independent pharmacies).

**You will pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill long-term prescriptions at a network pharmacy other than Smart90 (Rite-Aid, Costco, and Sharp Rees Stealy Pharmacies).

**Copays waived for preferred generic hypertension, hypoglycemic, and cholesterol medications purchased at mail or Smart 90. This does not include normal retail use or brand drugs.

***G = Generic, P = Preferred, B = Brand, PB = Preferred Brand, NPB = Non-preferred Brand, S = Specialty

Disclaimer: Prepared by RPA San Diego on behalf of CS VEBA.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.



Southwestern Community College District

Effective Period: January 1, 2023 - December 31, 2024

Acupuncture added to all plans for 2024, other changes in red

Benefit Summary	Kaiser HMO \$10, Rx: \$10 / \$10 100-day What You Pay	UMR NexusACO PPO - No HRA	
		In Network What You Pay	Out of Network What You Pay
Medical Deductible (individual/family)	None	\$2,000 / \$4,000	\$2,000 / \$4,000
Medical Out-of-Pocket Maximum (individual/family)	\$1,500 / \$3,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Health Account	None	None	
PCP Office Visit	\$10 copay	Tier 1 Physician: \$30 copay Tier 2 Physician: 20% coinsurance (after deductible)	50% coinsurance (after deductible)
Specialist Office Visit	\$10 copay	Tier 1 Physician: \$50 copay Tier 2 Physician: 20% coinsurance (after deductible)	50% coinsurance (after deductible)
Preventive Care	No charge	No charge	No coverage for non-network services
Inpatient Hospital Care	No charge	20% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)
Mental Health Services (outpatient/inpatient)	\$10 copay / No charge	\$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	\$10 copay / No charge	\$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)
Outpatient Diagnostic Laboratory and Radiology (standard procedures) <i>Freestanding Facility or Physician Office OR</i>	No charge	No charge	50% coinsurance (after deductible)
<i>Hospital-based Lab or Radiology</i>	No charge	20% coinsurance (deductible does not apply)	
Complex Radiology (PET & MRI) <i>Freestanding Facility or Physician Office OR</i>	No charge	20% coinsurance (after deductible)	50% coinsurance (after deductible)
<i>Hospital-based Complex Radiology</i>	No charge	20% coinsurance (after deductible)	
Outpatient Surgery <i>Ambulatory Surgery Center or Physician's Office</i>	\$10 copay	20% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)
<i>Outpatient Hospital-based Surgical Center</i>	\$10 copay	20% coinsurance (after deductible) and \$100 copayment	
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$10 copay	\$30 copay	50% coinsurance (after deductible)
Chiropractic and Acupuncture Services*	\$10 copay	\$30 copay	50% coinsurance (after deductible)
Urgent Care (Office Visit only)	\$10 copay	\$50 copay	50% coinsurance (after deductible)
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	\$100 copay
Rx Deductible (individual/family)	None	None	
Rx Out-of-Pocket Maximum (individual/family)	N/A	\$1,600 / \$3,200	
Rx Formulary List	Kaiser	National Preferred	
Rx Pharmacy Network	Kaiser	Express Advantage Network**	
Short-Term Prescription Drugs*** <i>(up to 30-day supply)</i>	G / B: \$10 copay (up to a 100-day supply)	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	Retail: with submission of a paper claim, member will be reimbursed at the rate the Plan would have paid had the member used an in-network pharmacy less the member's copay.
Long-Term Prescription Drugs*** <i>(up to 90-day supply)</i>	G / B: \$10 copay (up to a 100-day supply)	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	No coverage for non-network pharmacy
Available Medical Groups	Kaiser	Check umr.com to find Tier 1 physicians near you	All others

Infertility services are excluded/not covered under PPO and non-Kaiser HMO plans and are included/covered under Kaiser HMO (excluding Kaiser Bronze) plans, please see your policy for details.

*Chiropractic and Acupuncture services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth for HMO, UMR for PPO, and Kaiser.

**Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Rite Aid, Costco, Kmart, Vons, Haggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit www.Express-scripts.com for a complete list of EAN pharmacies.

**Pay standard copays plus \$5/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, and certain independent pharmacies).

**You will pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill long-term prescriptions at a network pharmacy other than Smart90 (Rite-Aid, Costco, and Sharp Rees Stealy Pharmacies).

**Copays waived for preferred generic hypertension, hypoglycemic, and cholesterol medications purchased at mail or Smart 90. This does not include normal retail use or brand drugs.

***G = Generic, P = Preferred, B = Brand, PB = Preferred Brand, NPB = Non-preferred Brand, S = Specialty

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DISABILITY INSURANCE

Your income is a very important asset. Disability insurance will provide you the income protection that you may need in the event that you are not able to work due to accident or illness. You may review these plans and choose one that works for you or decide not to elect one at this time.

AFLAC	AMERICAN FIDELITY	PACIFIC EDUCATORS
<ul style="list-style-type: none"> • Create a plan design specific to your individual needs by selecting a monthly benefit amount up to \$5,000. • Waiting period of 0 or 7 days from date of disability. • Renewable coverage to age 75. • May not exceed 60% of average earnings per month. • Short-term period of 6 months. • Combined payout could be 100% or above salary when all disability insurances are considered (differential pay, extended sick leave) • extended sick leave) 	<ul style="list-style-type: none"> • Create a plan design specific to your individual needs by selecting a monthly benefit amount up to \$6,000. • Choose from a waiting period of 15, 30, or 60 days from date of disability. • Renewable coverage to age 70. • May not exceed 60% of your monthly wage or salary. 	<ul style="list-style-type: none"> • Tailor made personal coverage based on choice of monthly benefits and how long you would want your benefits to continue. • May not exceed 60% of your monthly wage or salary (up to \$3,500 per month). • Combined payout could be 100% or above salary when all disability insurances are considered (differential pay, extended sick leave, S.T.R.S., disability)

VEBA

CHIROPRACTIC/ ACUPUNCTURE

CALIFORNIA MEMBER BENEFITS

As part of VEBA, you receive chiropractic and/or acupuncture benefits as long as you receive care from participating OptumHealth Physical Health of California (Optum) providers. Your benefits include:

- Unlimited visits (subject to medical necessity)
- Copays that align with your PCP office visit copay
- X-rays as authorized
- 100% coverage for durable medical equipment up to \$50



If your PCP copay is:	Your Chiropractic/ Acupuncture Copay is:
\$0, \$5, or \$10	\$10
\$15, \$20, or \$25	\$20
\$30, \$35, or \$40	\$30

Only Optum chiropractors and acupuncturists are eligible for reimbursement under the plan. So, before you receive services, please verify that your chiropractor or acupuncturist still participates with Optum.

THREE WAYS TO FIND A PROVIDER.

Your health plan coverage gives you access to more than 3,000 network providers in California. Here are three easy ways to find a contracted provider near you:

1. Go to the Provider Locator search at:
www.myoptumhealthphysicalhealthofca.com
 - a. To identify a participating provider, look for "VEBA" in the list in the column headed "Participating Provider for:"
2. **Call Optum Member Services at:** 1 (800) 428-6337 (5 a.m. to 5 p.m., Pacific Time, Monday-Friday) for the most current and up to date information.
3. **Call the provider directly** to schedule an appointment, and verify they are part of the Optum network for VEBA.



WHAT IS CALIFORNIA SCHOOLS VEBA?

When you enroll in a medical plan **you are automatically a member of California Schools VEBA**. Below is a snapshot of what VEBA offers:



THINGS TO KNOW ABOUT YOUR VEBA BENEFITS

MOBILE BENEFITS MAKE YOUR HEALTH CARE INTERACTIVE

1. VEBA WEBSITE

Log on to VEBAonline.com and check out our new look! The refreshed site features a personalized member experience and improved functionality.

Go to: VEBAonline.com

2. VEBA MOBLE APP

Take your health care on the go! Your one-stop shop for all of your benefit information. Get personalized reminders, contact favorite providers and track your upcoming health events.

DOWNLOAD NOW:



3. VIRTUAL CARE

VIRTUAL VISITS (UHC members)

A virtual visit lets you see and talk to a doctor from your mobile device or computer. Cost share will vary depending on your plan.

VISIT:
doctorondemand.com
amwell.com

HEALTH BENEFITS BE THE BEST YOU CAN BE

4. FREE SCREENINGS

Call your doctor to schedule your free wellness visit. Keep track of the screenings you need. Call your health plan for benefits information.

5. TARGET CLINIC

(Provided by Kaiser)
Get convenient care from Kaiser staff. No appointment necessary and non-Kaiser members are welcome.

VISIT:
kp.org/scal/targetclinic

KAISER TELEHEALTH (Kaiser members)

Schedule a phone or video appointment to connect to a doctor at your convenience. Your regular office copay will apply. Call anytime to receive clinical care in the moment.

VISIT:
kp.org/getcare

Kaiser Members: 800-464-4000

UnitedHealthcare Members: 888-586-6365

Out of network urgent care facility for non-Kaiser members.

ACCESS MORE BENEFITS INFORMATION BY VISITING VEBAonline.com



ADVOCACY BENEFITS *WORK TOGETHER*

6. VEBA ADVOCACY SERVICE

When your doctor or health plan can't help you, call VEBA's Advocacy Office. They'll help you resolve benefit issues and find ways to get more timely appointments.

Call: 888-276-0250 or email: VEBAadvocacy@mcgregorinc.com

7. EMPLOYEE ASSISTANCE PROGRAM (EAP)

Get through life's challenges with counseling, budgeting and legal advice, child and eldercare support, and more.

Call: 888-625-4809 or visit: LiveAndWorkWell.com (access code: VEBA)

8. BEST DOCTORS

Expert second opinion service to ensure members receive the right treatment at no cost. Oncology Insight with Watson is a new offering from Best Doctors that partners leading oncologists with the most advanced in cognitive technology.

Call: 866-904-0910 or

VISIT:
members.bestdoctors.com

WELL-BEING BENEFITS *TREAT YOUR MIND, BODY AND SPIRIT*

9. MOBILE HEALTH SCREENINGS

Take advantage of the most comprehensive body composition testing on the market with our SECA machine. Assess your health risks and learn about wellness solutions. Contact your district to see if the machine is coming your way or schedule a personal screening by emailing VEBA directly.

Email: VEBAwellness@mcgregorinc.com

10. VEBA RESOURCE CENTER (VRC)

The VRC offers comprehensive well-being care by addressing emotional, social, financial and physical health. Services include holistic care, yoga, cooking classes, health coaching and more.

Email: VRC@mcgregorinc.com

VISION INSURANCE



EYEMED

- Most of the medical plans offers discounted vision insurances, but if you are looking for a more comprehensive plan, EyeMed is the right choice.
- EyeMed monthly premiums are three-tiered and are listed on the Health and Welfare Selection form.

BENEFITS

- Ability to use the frame and contact lens allowances in the same benefit year – worth up to an extra \$125.
- Separate contact lens fit & follow-up coverage (leaving the entire allowance for materials).
- Click on [EyeMed](#) to find an in-network doctor.

VOLUNTARY BENEFITS

ACCIDENT, CANCER AND PERSONAL ACCIDENT

ACCIDENT PLAN	CANCER CARE	HOSPITAL/SICKNESS INDEMNITY
<p>Accident Indemnity Plans are designed to provide funds to help cover the extra expenses associated with an accident: accident emergency treatment, accident follow-ups, accident hospitalization and specific injuries. Each plan pays you directly in addition to any other insurance that you may have.</p>	<p>Cancer care plans assist with out-of-pocket costs often associated with a covered cancer diagnosis. Coverage is available for you and any eligible dependent. The plans pay in addition to your health insurance and pay depending upon different plan levels. Preventative "wellness" benefits are also a part of most plans.</p>	<p>Hospital/Sickness Indemnity plans are designed to provide funds to cover the extra expenses associated with a hospital stay or illness. The plan pays in addition to your health insurance. Different levels of coverage are available depending on your needs.</p>
<p>Offered by:</p> <p>AFLAC American Fidelity</p>	<p>Offered by:</p> <p>AFLAC American Fidelity Pacific Educators</p>	<p>Offered by:</p> <p>AFLAC</p>

SUPPLEMENTAL LIFE INSURANCE

In addition to the mandatory life insurance, you can also purchase supplemental life insurance, above and beyond the mandatory amount. Enrollment forms and pricing can be found online on the Benefits Department website under Life Insurance.

HARTFORD	METLIFE	AMERICAN FIDELITY
<ul style="list-style-type: none"> • Amount decreases with age, but premium remains the same. • Will reduce at age 70 to 50% of the insurance amount and age 75 it will reduce to 30% of amount. • For all benefit amounts, a health questionnaire or • medical examination must be approved. • 3 unit maximum per employee, not to exceed \$250,000. 	<ul style="list-style-type: none"> • Amount stays the same but premium increases with age in January of each year. • For all benefit amounts, a health questionnaire must be filled out. • May not exceed \$500,000 or 5 times higher than annual • salary. Spouse is entitled is 50% of employee's insurance. 	<ul style="list-style-type: none"> • Whole and term life for employee and spouse. • Amounts and premiums stay the same. • Minimum health questions. • Must meet with an AFA representative to enroll.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

Accident insurance can help you pay expenses if you and your spouse are seriously injured or killed in a covered accident.

AMERICAN FIDELITY	METLIFE
<ul style="list-style-type: none">• Family plan insures spouse 50% and children are entitled to 20% of the employee's amount.• Choose from one of four different plan designs.• Renewable up to age 70.• Subject to exclusions and limitations.	<ul style="list-style-type: none">• Coverage available up to \$500,000, not to exceed 10 times your annual salary.• Family plan insurance 50-60%, depending on if children are covered. Children are entitled to 10% of employee's amount.• Subject to exclusions and limitations.

LONG-TERM CARE INSURANCE



- Offers long-term care to employee and employee's family members (spouse, parents (in law), and grandparents (in law)), in case of chronic illness, injury, or advancing age.
- Eligible family members must complete medical questionnaire and in some cases, a face-to-face assessment.
- Waiting period of 90 days before benefits become payable.
- You can choose from Long-Term Care/Nursing Facility and Assisted Living Facility. LTC/Nursing Home Facility can be
- \$1,000 - \$6,000. Assisted Living Facility is 60% of LTC Facility monthly amount.
- Individual cost of insurance depends on age and options that you can choose.

Click on [UNUM](#) for information regarding long-term care, policy details, and enrollment materials.

TAX-SHELTERED ANNUITIES (TSA'S)

- You are also given the opportunity to participate in 403b and 457 plans.
- TSA's offer you the ability to defer money, tax-free from your paycheck to begin saving for retirement.
- The forms are available in the Benefits Department that you can give to your broker and/or financial consultant to fill out. If you do not have a broker/financial consultant, we have a district representative, for the Empower Fringe Benefits Consortium plan (FBC) that is able to come out to campus and meet with you to help answer any questions and get a plan started for you.
- If you would like to contact our **FBC representative, Anna Bernardo**, please call (619) 417-4122 or email at anna.bernardo@empower-retirement.com

Changes to your TSA can be made at any time not just during open enrollment. If making changes to your current 403(b) and/or 457 please submit a Salary Reduction Agreement (SRA) to the Benefits Department.

All SRAs must be submitted by the first of the month in which you are requesting the change.

The 2024 Maximum contribution for TSA's is \$22,500 per year. If you are over the age of 50, you may contribute up to \$30,000 per year.

Please click on [Fringe Benefit Consortium](#) to learn more about these plans.



FLEXIBLE SPENDING ACCOUNTS (FSA)



The District will continue to offer an FSA plan through American Fidelity. You will need to re-enroll on an annual basis during open enrollment to continue this benefit. Any election you make during this open enrollment will take place January 1, 2024.

WHAT IS A HEALTH CARE FLEXIBLE SPENDING ACCOUNT?

HealthCare FSAs allow you to contribute pre-tax dollars to pay for qualified health care related expenses. Simply choose the amount you would like to be deducted, and the funds are set aside to be used for eligible expenses throughout the year. The maximum amount you may contribute for 2024 is \$3,050.

Dependent Daycare Account FSAs can save you money by allowing you to set aside part of your pay, on a pre-tax basis, to reimburse yourself for incurred eligible dependent care expenses. Because your money goes into the account before income taxes are withheld you pay less in taxes. The maximum amount you may contribute for 2024 is \$5,000.

If you are interested in enrolling in either account you can schedule your appointment online at [American Fidelity](#).

Please keep in mind that if you do not file claims for reimbursement, you may lose the unused amount remaining in your account at the end of the plan year. This is often referred to as the "use-it-or-lose" rule. You will have a grace period of 90 days after the plan year ends to submit claims to American Fidelity.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Managed Health Network (MHN) EAP is designed to assist with short-term counseling needs, as well as tools to manage the challenges of everyday life. EAP offers quick and easy access to confidential, professional relationships, substance abuse, legal and financial concerns.

You and everyone who lives in your household, regardless of their relationship to you, are eligible to utilize their service. You may be entitled to face-to-face or telephonic consultations for a wide range of emotional health, family, and work issues including:

- Alcohol and drug dependency
- Depression
- Domestic violence
- Grief and loss
- Marriage, relationship and family problems
- Stress and anxiety

In addition, the EAP provides the telephonic consultation on the following work and life services:

- Childcare and eldercare assistance
- Daily living services
- Financial services
- Identity theft recovery services
- Legal services

All services are confidential and in accordance with professional ethics and federal and state laws.

Online Member Services

EAP information and tools are available online.

AETNA EAP Plan

(For employees **NOT** enrolled in the districts medical plan)

CALL TOLL-FREE, 24 HOURS A DAY, SEVEN DAYS A WEEK 1 (800)342-8111, TTY: 711 **OR**

Visit: resourcesforliving.com

Username: SWC and **Password:** EAP

OPTUM EAP Plan

(For employees enrolled in the districts medical plan)

CALL TOLL -FREE ,24 HOURS A DAY, SEVEN DAYS A WEEK 1-888-625-4809 **OR**

Logon to: liveandworkwell.com

Access Code: VEBA



MetLife

LEGAL PLANS



THE METLIFE LEGAL PLAN & METLIFE LEGAL PLAN PLUS PARENTS

As a benefit eligible employee of Southwestern Community College District, you are eligible to participate in a newly offered pre-paid legal plan available through MetLife Legal Plans.

MetLife Legal Plans, a MetLife company, is the nation's leading provider of group legal plans. A MetLife legal plan is now available at over 3,000 organizations in the U.S. including over 200 Fortune 500® companies.

The plan includes unlimited telephone advice and office consultation with a local attorney. By using a Participating Attorney, there are no claims forms or out-of-pocket expenses for the attorney's fees. Please refer to the attached flyer for services.

If you elect to enroll, you must remain enrolled in the plan for a minimum of one full plan year (12 months).

Portability Option:

- Members who leave the district for reasons other than retirement can call MetLife's Client Service Center and advise the representative that he/she wishes to continue coverage on an individual basis. Individual plan coverage is good for 12-month maximum.
- Retirees can continue coverage through the Fringe Benefits Consortium on a yearly basis.

Plan sponsored by SDCOE/San Diego & Imperial County Schools
FBC Insurance Services, LLC

#0D87958

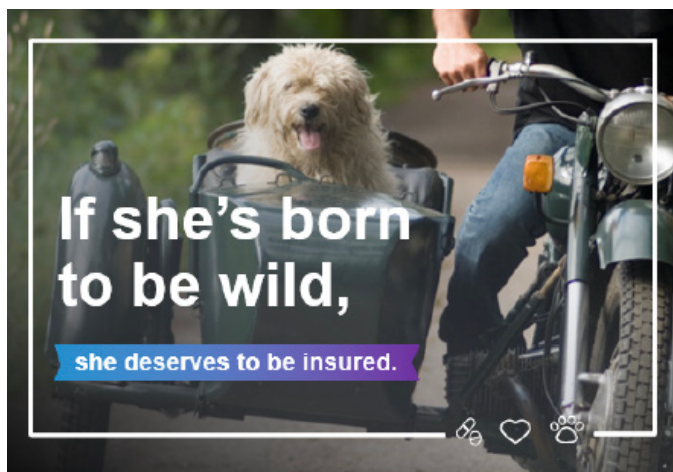
 **MetLife** | Legal Plans

MetLife PET INSURANCE¹

Whether your pets want to be on your lap at all times or prefer their own space on the sofa, their unpredictable antics enhance your family dynamic. However, when the unexpected happens to them, you may need coverage that can help ease the burden of veterinary expenses. With MetLife Pet Insurance¹, you can help protect their health and well-being.

We believe that every individual and their pet have unique needs – enjoy benefits like flexible coverage with up to 100% reimbursement² and the freedom to visit and U.S. licensed vet, optional Preventive Care coverage³, 24/7 access to Telehealth Concierge Services, and discounts and offers on pet care⁴. Plus, with the MetLife Pet mobile app, you can manage your pet's health and wellness and submit and track claims.

Get a quote or enroll by visiting www.metlife.com/getpetquote or calling [1-800-GET-MET8].



LEARN MORE



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Disclaimer:

1. Coverage underwritten and issued by Independence American Insurance Company ("IAIC"), a Delaware insurance company, and Metropolitan General Insurance Company ("MetGen"), a Rhode Island insurance company, in those states where MetGen's policies are available. Coverage subject to restrictions, exclusions and limitations. See policy or contact MetLife Pet Insurance Solutions LLC for complete details. MetLife Pet Insurance Solutions LLC is the authorized policy administrator for this coverage.
2. Reimbursement options include: 70%, 80%, 90% and 100%. In addition, there is also a 50% option for MetGen underwritten policies only and a 65% option for IAIC underwritten policies only.
3. Can be purchased at an additional cost. For IAIC underwritten policies, optional Preventive Care coverage is based on a Schedule of Benefits. For MetGen underwritten policies, optional Preventive Care coverage is included in the annual limit.
4. May not be available in all states.

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kindbody +



CALIFORNIA SCHOOLS
VEBA



California Schools VEBA offers Kindbody as your fertility, family-building, and menopause benefit

If you are looking to grow your family or need assistance in your post-reproductive years, there is support. Kindbody provides end-to-end fertility services, as well as menopause support through dedicated Kindbody care navigation, clinical guidance, digital tools, and education to help you maneuver through these reproductive health stages. You can take comfort in knowing the full spectrum of benefits are provided in a safe, welcoming, and confidential environment.

Employees and spouses/partners who are enrolled on the California Schools VEBA-sponsored Cigna, UHC, UMR or SIMNSA plans are eligible for the Kindbody benefit.

Your Kindbody Benefit Includes

- Up to 1 full KindCycle including in vitro fertilization (IVF), intrauterine insemination (IUI) with fertility medication through KindbodyRx
- Conception, fertility, and male assessments to help you learn more about your fertility
- 6 sessions of virtual holistic health services; support includes menopause, mental well-being, nutrition, doula/birth coaches, lactation support, back-to-work care, and more
- Access to Kindbody's menopause program offering specialty providers who will support women experiencing menopause; services include lifestyle assessment, hormone testing, and virtual holistic sessions
- Dedicated Kindbody Care Navigation Team
- Access to Kindbody's full suite of services and network of partner clinics
- Access to Kindbody's library of resources, videos, events, and support groups
- A personalized patient portal

Note: Employees and spouses/partners enrolled on the California Schools VEBA-sponsored Kaiser plan will have access to VEBA discounted rates at Kindbody Signature clinics. Additionally, VEBA members seeking services for fertility preservation (i.e., egg freezing) will have access to discounted rates at Kindbody Signature clinics. These direct discounts are offered directly by Kindbody and not through the California Schools VEBA benefit program.

How to Get Started with Kindbody

- 1 Head to kindbody.com/activate
- 2 Create your Kindbody account using your first name and last name as it appears in your employer's system and any email address
- 3 Confirm eligibility by entering your Access Code: **KINDCSVEBA** and Unique User ID as follows:
 - Employee: First Name + Last Name + -E + last four digit of your social security number (Example: JaneDoe-E1234)
 - Spouse/domestic partner: First Name + Last Name + -D + last four digit of the spouse/domestic partner's social security number (Example: JonDoe-D5678)

For more information, or if you have any questions, email
employeebenefits@kindbody.com

JAWS

JAGUAR AQUATICS, WELLNESS & SPORTS

Southwestern College students, faculty, and staff, our goal is to help our members pursue a life of fitness and wellness.

JOIN US!

MEMBERSHIP IS **FREE** FOR
FULL TIME FACULTY AND
SWCCD STAFF

SIGN UP!

www.swcjaws.com



GET ACTIVE. LIVE LIFE.
OPEN TO THE PUBLIC



BENEFITS DEPARTMENT

CONTACT INFORMATION

Contact Information

Southwestern Community College District Benefits Department
Room 43C-103

Email: swcbenefits@swccd.edu

Phone: (619) 421-6700 ext. 5260

Fax: (619) 482-6387

RICARDO GODOY

Benefits Specialist

(619) 421-6700, ext. 5174

rgodoy@swccd.edu

GABBY ESQUIVEL

Benefits Specialist

(619) 421-6700, ext. 5225

gesquivel@swccd.edu



CARRIER CONTACT INFORMATION

MEDICAL INSURANCE		
Kaiser		
Customer Service	(800) 464-4000	My.kp.org/veba
San Diego Appointment Center	(800) 290-5000	
United Healthcare (UHC)		
Customer Service	(888) 586-6365	Whyuhc.com/csveba
Express Scripts		
Customer Service	(800) 918-8011	www.express-scripts.com
Optum Health Acupuncture/Chiro		
Customer Service	(800) 428-6337	www.myoptumhealthphysicalhealthofca.com
VEBA Services		
Advocacy Services	(888) 276-0250	Vebaonline.com/contact
Employee Well-being	(619) 398-4230	wellbeing@vebaonline.com
VEBA Resource Center	(619) 398-4220	vrc@vebaonline.com
DENTAL INSURANCE		
Delta Dental of California		
Customer Service	(866) 499-3001	www.deltadentalins.com
MetLife Dental		
Customer Service	(800) 942-0854	www.mybenefits.metlife.com
VISION INSURANCE		
EyeMed		
Customer Services	(800) 988-4221	www.eyemed.com
TAX SHELTERED ANNUITIES (TSA)		
Fringe Benefit Consortium (FBC)		
Information		www.MyFBCretirement.com
FBC/Empower 403(b)/457 plan		
Anna Bernardo	(619) 417-4122	anna.bernardo@empower-retirement.com
Schools First Credit Union		
Third Party Administration	(800) 462-8328 x4727	www.rpa@schoolsfirstfcu.org
VOLUNTARY INSURANCE		
AFLAC		
Customer Service	(619) 504-1754	www.aflac.com
American Fidelity (AFA)		
Customer Service	(800) 662-1113	www.americanfidelity.com
Pacific Educators		
Customer Service	(800) 722-3365	www.peinsurance.com
PENSION/RETIREMENT PLANS		
APPLE	(800) 634-1178	www.mymidamerica.com
CalPERS	(888) 225-7377	www.calper.ca.gov
CalSTRS	(800) 228-5453	www.calstrs.com

