



ACTIVE BENEFITS GUIDE

October 1, 2024 - September 30, 2025

Welcome to Your Employee Benefits!

Welcome to your Ventura County Community College District Benefits!

This guide provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact Human Resources.

Contents

3 | Important Information

- Affordable Care Act and You
- Summary of Benefits and Coverage SBC

4 | Enrollment Information

- Who May Enroll
- Required Enrollment Information
- When You Can Enroll
- How to Enroll
- Changes to Enrollment

5 | Medical Benefits

- Medical Insurance
 - **Anthem Blue Cross:** HMO Medical Plans
 - **Kaiser Permanente:** HMO Medical Plans
 - **Anthem Blue Cross:** PPO Medical Plans
- Prescription Drug Coverage
 - **Anthem Blue Cross** Pharmacy Benefits
 - **Kaiser Permanente** Pharmacy Benefits
 - Video– Understand Benefits Terminology

9 | SISC “Benefit Extras”

- “Benefit Extras” for **All SISC** Medical Plan Members
 - SISC: Quest Wellness Screening
 - SISC: Teladoc: Expert Second Opinion
- “Benefit Extras” for **All Anthem** Medical Plan Members
 - SISC: Vida Digital Coaching Application
 - SISC: Costco Retail Pharmacy/Mail Order Program
 - SISC: MDLIVE
 - SISC: Active&Fit
 - SISC: Lark Diabetes Prevention
- “Benefit Extras” for **Anthem PPO** Medical Plan Members
 - SISC: Eden Health
 - SISC: Contigo Health Cancer Benefit
 - Lower Pricing for Certain Surgical Procedures
 - SISC: Hinge Health
 - SISC: Enhanced Hip and Knee Replacement and Spine Surgery Benefit for PPO Members
 - SISC: Maven Maternity and Postpartum Support
- Life Balance Benefits
 - Anthem EAP
 - Kaiser Mental Health & Wellness Apps

13 | Life Balance Benefits

- **Anthem** Employee Assistance Program
- **Kaiser** Mental Health & Wellness Apps
- **UNUM** EAP

16 | Dental Benefits

- **DeltaCare** HMO Dental Plan
- **Delta Dental** PPO Dental Plan
- **Delta Dental** PPO Additional Dental Benefits

18 | Vision Benefits

- **EyeMed** PPO Vision Plan

19 | Income Protection Benefits

- Life and AD&D Insurance
 - **Unum** Basic Life and AD&D Insurance
 - **Unum** Optional Life and AD&D Insurance
- **American Fidelity** Voluntary Insurance Plans
 - Short Term Disability (STD)
 - Long Term Disability (LTD)
 - Group Critical Illness Insurance
 - Accident Only Insurance
 - Cancer Insurance
 - Life Insurance

20 | Tax Savings Benefits

- **American Fidelity** Flexible Spending Accounts
 - Health Care Spending Account (HCSA)
 - Dependent Care Assistance Plan (DCAP)

20 | Retirement Savings Benefits

- 403(b) and 457(b) Plans

21 | Resources and Contacts

- Carrier Contact Information

The Affordable Care Act and You

Even though the Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been reduced to zero, if you are a taxpayer in California, you will still be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2022 tax year. In addition, several other states, including Massachusetts, New Jersey, and Vermont, as well as the District of Columbia, have reinstated an individual mandate requirement, and others are considering doing so. You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by the district or another group medical plan;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.
- Have no coverage and incur a tax penalty;

Because the District's medical plans are considered affordable and meet minimum value under Health Care Reform, you will not generally see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost if you choose to purchase coverage through the marketplace.



For More Information on the Affordable Care Act

To learn more about the Affordable Care Act and your coverage options, visit www.healthcare.gov.

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage, referred to as a Summary of Benefits and Coverage (SBC). This guide is designed to help you understand the medical plan options offered to you by the District. Please refer to the SBCs and carrier contracts provided by our health plan carriers for additional plan details.



Enrollment Information

Who May Enroll

If you are a regular employee working at least 20 hours per week, you and your eligible dependents may participate in the Ventura County Community College District benefits program. Your eligible dependents include:

- Legally married spouse
- Registered domestic partner
- Children under age 26 regardless of student or marital status or employment.

Required Enrollment Documentation

To enroll your spouse/domestic-partner or dependent children, you will need to provide completed enrollment forms as well as the following supporting documents, as applicable, within thirty (30) calendar days:

- 1040 Tax Form (most recent year)
- Marriage Affidavit (If married filing separately)
- Marriage Certificate (only for new marriages)
- Birth Certificate (for children)
- Declaration of Domestic Partnership issued by the State of California
- Proof of legal Guardianship or adoption

When You Can Enroll

As an eligible employee, you may enroll at the following times:

- As a new hire, you may participate in the company's benefits program. EyeMed Vision coverage begins the first day of employment; Medical, Dental and Life will begin the first of the month following employment if enrollment forms are received before the first of the month.
- Each year, during open enrollment.
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment below).
- You may enroll in Voluntary Life and AD&D insurance as a new hire and during open enrollment, subject to proof of good health and carrier approval.

How to Enroll

You must complete the enrollment process within 30 days of your hire date or a status change (described under *Changes to Enrollment* below).

Changes To Enrollment

Our benefit plans are effective January 1st through December 31st of each year. There is an annual open enrollment period each year, during which you can make new benefit elections for the following January 1st effective date. Once you make your benefit elections, you cannot change them during the year unless you experience a qualifying event as defined by the IRS. Examples include, but are not limited to the following:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a state's premium assistance program under Medicaid or CHIP

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. Please contact Human Resources immediately following a qualifying event to complete the appropriate election forms as needed. If you do not update your coverage within 30 days from the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

Medical Benefits

Medical Insurance

Anthem Blue Cross | PPO & HMO Medical Plans

The Anthem Blue Cross Preferred Provider Organization (PPO) plans allows you to direct your own care. If you receive care from a physician who is a member of the PPO network, a greater percentage of the entire cost will be paid by the insurance plan. However, you are not limited to the physicians within the network and you may self-refer to specialists. If you obtain services using a non-network provider, please note that you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims.

HMO plans require you to select a Primary Care Provider (PCP) who will direct your care to a specialist when needed.

Kaiser Permanente | HMO Medical Plan

With the Kaiser Permanente Health Maintenance Organization (HMO) plan, all of your care must be directed through a Kaiser Permanente facility, including any specialty care. You will receive benefits only if you use the doctors, clinics, and hospitals that belong to the Kaiser medical group, except in the case of an emergency.



Finding a Medical Provider

- Anthem PPO or HMO participants should go to www.anthem.com/ca/sisc or call (800) 322-5709.
- Kaiser Permanente HMO participants should go to www.kp.org or call (800) 464-4000.

Prescription Drug Coverage

Anthem Blue Cross | Pharmacy Benefits

Navitus Health Solutions is the Pharmacy Benefits Manager (PBM) for our Medical plans. You are urged to use generic drugs when they are available. If you or your physician requests a brand name drug when a generic equivalent is available, you will pay the generic copay plus the difference in cost between the brand name drug and the generic drug. In addition, the difference in cost between the brand name drug and generic drug will not count toward your annual out-of-pocket maximum.

Costco Retail Pharmacy and Mail Order Program For Anthem Blue Cross Members

Costco makes it easy for SISC Anthem Blue Cross PPO members to receive a 90 day supply of your long-term or maintenance medications. In addition, when you use the Costco pharmacy, your generic medications will be free of charge. Visit any Costco retail location or use the mail order feature and benefit by having your prescriptions delivered to your door, saving you a trip to the pharmacy.

Here's how it works:

- Take your prescription to any Costco pharmacy. You do not need to be a Costco member.
- Present your insurance card to the pharmacist.
- Get your generic medications (excluding some narcotic plan medications and some cough medications) for free. You will pay \$20 for a 30 day supply of brand name drugs or \$90 for a 90 day supply of brand name drugs.

Kaiser Permanente | Pharmacy Benefits

You must obtain covered items at a Kaiser Plan Pharmacy or Kaiser mail-order service (unless you obtain the item as part of covered Emergency Services, Post-Stabilization Care, or Out-of-Area Urgent Care). Please refer to the facility directory on Kaiser Permanente's website at kp.org for a list of Plan Pharmacies in your area (note that plan pharmacies are subject to change at any time without notice). Mail-order services vary by item and are also subject to change at anytime without notice. For the current locations of Plan Pharmacies, please call the Member Service Contact Center at **800-464-4000**.

Enrollment Information

Who May Enroll

If you are a regular employee working at least 20 hours per week, you and your eligible dependents may participate in the Ventura County Community College District benefits program. Your eligible dependents include:

- Legally married spouse
- Registered domestic partner
- Children under age 26 regardless of student or marital status or employment.

When You Can Enroll

As an eligible employee, you may enroll at the following times:

- As a new hire, you may participate in the company's benefits program. EyeMed Vision coverage begins the first day of employment; Medical, Dental and Life will begin the first of the month following employment if enrollment forms are received before the first of the month.
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment below)
- You may enroll in Voluntary Life and AD&D insurance as a new hire and during open enrollment, subject to proof of good health and carrier approval

How to Enroll

You must complete the enrollment process within 30 days of your hire date or a status change (described under *Changes to Enrollment* below).

Changes To Enrollment

Our benefit plans are effective January 1st through December 31st of each year. There is an annual open enrollment period each year, during which you can make new benefit elections for the following January 1st effective date. Once you make your benefit elections, you cannot change them during the year unless you experience a qualifying event as defined by the IRS. Examples include, but are not limited to the following:

- Marriage, divorce, legal separation or annulment
 - Ex-spouses are ineligible for insurance through SISC. It is the responsibility of the employee to insure the ex-spouse through a different pool if mandated by the courts.
- Birth or adoption of a child
- A qualified medical child support order
- Death of a dependent
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a state's premium assistance program under Medicaid or CHIP
- Becoming eligible for State premium subsidy (MediCal) or Medicare

Important Note: Please note that coverage for a new dependent is not automatic. If you experience a qualifying event, you have **30 days** to update your coverage. Please contact Human Resources immediately following a qualifying event to complete the appropriate election forms as needed. As a retiree, if you do not update your coverage within 30 days from the qualifying event, you will not be able to add coverage for your spouse or dependent in the future.



Online Carrier Resources

Take advantage of the online resources available through our insurance carriers. You can locate network providers, manage your claims, obtain health and wellness information, and much more. Insurance carrier website addresses are located on page **21** of this guide.

Medical Benefits

Plan Name	Anthem PPO 90-C \$20, Rx 5-20	Anthem PPO 80-G \$20, Rx 5-20
	In-Network (Prudent Buyer PPO)	In-Network (Prudent Buyer PPO)
Health Benefits		
Calendar Year Deductible - Individual / Family	\$200 / \$500	\$500 / \$1,000
Co-Insurance (Plan Pays)	90%	80%
Office Visit Copay - Primary Care Physician - Specialist Office Visit	\$20 Copay* \$20 Copay	\$20 Copay* \$20 Copay
Out-of-Pocket Maximum - Individual / Family	\$1,000 / \$3,000	\$2,000 / \$4,000
Hospitalization - Inpatient / Outpatient	Ded, 10%	Ded, 20%
Lab and X-Ray	Ded, 10%	Ded, 20%
Emergency Services	\$100 Copay, then Ded, 10%	\$100 Copay, then Ded, 20%
Urgent Care	\$20 Copay	\$20 Copay
Preventive Care (annual exams, flu shots etc.)	100% covered	100% covered
Chiropractic (subject to medical necessity) <i>Through American Specialty Health (ASH)</i>	Ded, 10% (Prior Auth required after 5th visit)	Ded, 20% (Prior Auth required after 5th visit)
Pharmacy Benefits		
Pharmacy Deductible - Individual / Family	\$0	\$0
Out of Pocket Maximum	\$1,500 / \$2,500	\$1,500 / \$2,500
Retail Pharmacy - Generic Formulary - Brand Name Formulary - Costco (30 day) - Generic-Brand	\$5 Copay \$20 Copay \$0 / \$20	\$5 Copay \$20 Copay \$0 / \$20
Mail Order Pharmacy - Generic Formulary—Costco - Brand Name Formulary—Costco - Specialty Copay (Navitus Mail-In)	\$0 Copay \$50 Copay \$20 Copay / 30 days	\$0 Copay \$50 Copay \$20 Copay / 30 days

*PPO plans feature \$0 copay for the first three primary care visits each calendar year.

Annual deductible and out-of-pocket maximums are based on a calendar year (January 1st –December 31st)

Medical Benefits

California Residents Only

	Kaiser Permanente HMO \$10, RX \$10	Anthem HMO Premier \$10 5/20
	In-Network (Kaiser Permanente)	In-Network Full (California Care) or Select (Select HMO)
Health Benefits		
Calendar Year Deductible		
- Individual	\$0	\$0
- Family	\$0	\$0
Co-Insurance (Plan Pays)	100%	100%
Office Visit Copay		
- Primary Care Physician	\$10 Copay	\$10 Copay
- Specialist Office Visit	\$10 Copay	\$10 Copay
Out-of-Pocket Maximum		
- Individual	\$1,500	\$1,000
- Family	\$3,000	\$2,000
Hospitalization		
- Inpatient	100% covered	100% covered
- Outpatient	\$10 Copay	100% covered
Lab and X-Ray	100% covered	100% covered
Emergency Services	\$100 Copay	\$100 Copay
Urgent Care	\$10 Copay	\$10 Copay
Preventive Care (annual exams, flu shots, etc.)	100% covered	100% covered
Chiropractic & Acupuncture Benefit <i>Administered through American Specialty Health (ASH)</i>	\$10 Copay Services must be prior approved	\$10 Copay Services must be prior approved
	Max 30 Visits combined/Year	Max 50 Visits/Year*
Hearing Aids	\$500 allowance /aid	50% coinsurance
Frequency	Every 3 years	Every 3 years
Pharmacy Benefits		
Pharmacy Deductible		
- Individual / Family	\$0	\$0
Out of Pocket Maximum	\$0	\$1,500 / \$2,500
Retail Pharmacy		
- Generic Formulary	\$10 Copay	\$5 Copay
- Brand Name Formulary	\$10 Copay	\$20 Copay \$0 / \$20 Costco
Mail Order Pharmacy		(Costco Mail-In)
- Generic Formulary	\$10 Copay / 100 days	\$0 Copay
- Brand Name Formulary	\$10 Copay / 100 days	\$50 Copay
- Specialty Copay	\$10 Copay / 30 days	\$20 Copay / 30 days (Navitus Mail-In)

* 20 combined visits through the designated IPA, 30 combined visits through ASH

Medical Benefits: SISC “Benefit Extras”

All SISC Medical Plan Members

New for 2024! Quest Wellness Screening

All SISC medical plan members are eligible for a free wellness screening through Quest Diagnostics. This biometric screening can provide important insights into your health risks. When you complete this screening, you will know your health numbers and can connect with your doctor to help manage health risks and prevent chronic disease.



Quest Diagnostics has more than 2,250 Patient Service Centers nationwide where you can get your screening. Here’s how to schedule an appointment:

- Go to My.QuestForHealth.com.
- Use Registration Key: SISC2024.
- In the **Wellness Screening** section, under Patient Service Center, select **Schedule a Screening**,
- If you schedule as a walk-in, you may be required to make an appointment upon check-in.
- You will receive an email when your results are ready to view online.

If you’d like to speak with Quest, you can reach them at [\(855\) 623-9355](tel:8556239355).

Please note, any member awards will be distributed to the email used at registration within 30 days of the completed appointment.

Teladoc Expert Second Opinion

This benefit provides all SISC medical plan members with free support for making clear, informed medical decisions from leading medical experts. Teladoc can help answer medical questions, double-check a diagnosis, provide when help deciding on a treatment plan, or give guidance about surgery. Benefits include:



- Unlimited access to a top physician if you or a family member receive a difficult diagnosis.
- Your Physician Case Manager is backed by a team of leading doctors around the world, and the team collaborates to determine/confirm the correct diagnosis and the optimal plan for treatment.
- Your Physician Case Manager helps navigate the ins and outs of the healthcare system, making care more efficient and helping ease stress.
- Receive on-demand support in understanding the course of treatment, what to expect, and what the likely results are.
- You can access Teladoc at [\(855\) 201-9925](tel:8552019925) or by visiting teladoc.com/SISC.

Active & Fit Direct Discounted Gym Memberships

Active and Fit Direct allows you to enroll in 12,000+ participating fitness centers and YMCAs nationwide for only \$25/month (plus \$25 enrollment fee and taxes). There are no annual fees or long-term contracts, and you can switch gyms at any time. In addition:

- You have access to 9,300+ On-Demand Fitness videos.
- 5,700+ Premium Gym Options at exercise studios, outdoor experiences, and others, with 20% - 70% discounts at most locations.
- Use the online fitness tracking feature, which uses a variety of wearable devices and apps.
- To learn more:
 - **Anthem plan members:** <https://www.anthem.com/ca/sisc/health-wellness>.
 - **Kaiser members:** kp.org/choosehealthy.



Anthem



Kaiser

Medical Benefits: SISC “Benefit Extras”

Anthem HMO and PPO Members

Vida Therapy and Health Coaching

- Anthem plan members have free access to Vida. This virtual care platform can help with nutrition, weight loss, building healthy habits, mental health, and overall wellbeing.
- With Vida, your coach or therapist will personalize a plan for you, and help guide you every step of the way.
- To learn more, call [855-442-5885](tel:855-442-5885) or visit vida.com/sisc.



Costco Free Generic Medications and Discounts

- Anthem plan members can receive free generic medications at Costco in addition to standard Costco discount pricing on other prescription drugs (narcotics, pain relievers and cough syrup with pain reliever are not eligible for the free generic medication offer).
- 90 day supplies of free generic medications are available through the Costco mail order program. Costco membership is not required.
- For more information, call [\(800\) 774-2678](tel:800-774-2678) (press 1) or visit costco.com.



MDLive

Anthem plan members have access to MDLIVE visits for a \$10 copay. This telemedicine service provides convenient 24/7 access to board certified doctors, pediatricians, and licensed therapists via online video, phone or secure email. You can use MDLive:

- When you'd like to access mental health support and resources.
- If you're considering a visit to an emergency room or urgent care center for a non-emergency medical issue.
- When your primary care doctor is not available.
- When you are traveling and in need of medical care.
- During or after normal business hours, nights, weekends and holidays.
- To request prescription drugs or to get refills.



To access MDLive, visit www.mdlive.com/sisc or call [\(888\) 632-2738](tel:888-632-2738). Be prepared to provide your name, the patient's name, your member identification number and your phone number.

Lark Diabetes Prevention Program

Anthem Blue Cross has partnered with Lark to offer a diabetes prevention program that can help you determine if you're at risk for prediabetes and if needed, take steps to address it.

- You can participate in this program at no extra cost as part of your SISC health plan.
- Track your progress, check in with your coach, and learn more about prediabetes right in Lark's free mobile app. This program is flexible, convenient, and follows guidelines from the Centers for Disease Control and Prevention (CDC) to help you make small changes that can improve your health and decrease your risk over time.
- As part of the program, you will also receive a wireless scale that uploads your information to the app automatically so you can easily track your progress and share it with your coach.
- Lark will also send you a personal activity tracker, as long as you stay active in the program.
- Go to www.lark.com/anthemBC and take a quick one-minute survey to see if you could benefit from Lark's diabetes prevention program.



Medical Benefits: SISC “Benefit Extras”

Anthem PPO Members Only

Eden Health App

Anthem PPO plan members have free, 24/7 access to a Care Team who works together to offer you primary care, mental health support, and answers to follow-up care questions through the Eden Health app. The app is available to you and your dependents at no cost. You can receive help with:

- Diagnoses and treatments
- Prescription refills
- Scheduled video visits or live chat with a primary care physician
- Special referrals
- Mental health support



The App Store



Google Play

Simply download the Eden Health app from the App Store or Google Play and register.

Contigo Health — Enhanced Cancer Benefit

- **Anthem** PPO plan members can access the highest level of cancer specialists and obtain expert comprehensive care throughout the process.
- Benefit includes care coordination services with at home provider, transportation, and more.
- To access your Enhanced Cancer Benefit, call (877) 220-3556 or visit sisc.contigohealth.com.



Lower Pricing for Certain Surgical Procedures

- Reference pricing for five common procedures that can be performed safely at an Ambulatory Surgery Center (ASC) at costs significantly lower than at a hospital are listed below.
- If you choose to have your procedure at an in-network outpatient facility, only the amounts below will be paid for the procedure. You will be responsible for paying the remaining amount in full.
- There is no benefit limit when you obtain these procedures at an in-network Ambulatory Service Center.
- For questions, please contact the customer service number on your medical ID card.

Value Based Purchasing	Maximum Benefit at an in-network outpatient hospital facility	There is no limit at an in-network Ambulatory Service Center (ASC)
	In-Network	ASC Facility
Arthroscopy	\$4,500	n/a
Cataract Surgery	\$2,000	n/a
Colonoscopy	\$1,500	n/a
Upper GI Endoscopy with Biopsy	\$1,250	n/a
Upper GI Endoscopy without Biopsy	\$1,000	n/a

Medical Benefits: SISC “Benefit Extras”

Anthem PPO Members Only

Hinge Health — Physical Therapy for Back and Joint Pain

- Anthem PPO plan members can receive free, personalized, digitally delivered therapy for back and joint pain.
- Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching, and personalized exercise therapy.
- Reduce your back and joint pain in just 15 minutes a day.
- To access your Hinge Health benefit, call (855) 902-2777 or visit hingehealth.com/sisc.



Carrum Health — No-Cost Hip, Knee, and Spine Surgical Options

- Anthem PPO plan members can access top-quality surgeons at Scripps with no out-of-pocket cost through Carrum Health.
- All medical bills, including deductibles, coinsurance and even travel expenses are covered.
- To learn more, call Carrum Health at (888) 855-7806 or visit info.carrumhealth.com/sisc.



Maven Maternity and Postpartum Support

Anthem PPO plan members can access virtual care for pregnancy and postpartum support through Maven at no cost. Use Maven for unlimited, on-demand care from doctors, specialists, and coaches.

- Consult with a care advocate who connects you with trustworthy content delivered by doctors, specialists, coaches and other maternity providers to help deal with pregnancy and postpartum concerns.
- Maven provides comprehensive support through pregnancy, postpartum, return-to-work transitions, and potential miscarriage.
- Video chat or message with 30+ types of providers at no charge, from OB-GYNs and Pediatricians to Lactation Consultants and Infant Sleep Coaches.
- Free 6-month diaper subscription when you:
 1. Enroll during the first or second trimester
 2. Have an intro call with a Care Advocate
 3. Have two appointments with Maven providers during pregnancy
 4. Complete the exit survey after your baby is born



To activate your membership, download the Maven Clinic app or visit mavenclinic.com/join/SISC.



Life Balance Benefits

Anthem Employee Assistance Program

The District provides employees with support for a wide variety of challenges through the SISC Anthem Employee Assistance Program (EAP). If you or a family member needs assistance with personal, family or work-life balance issues, you can contact the EAP for confidential assistance. You can access the EAP by calling (800) 999-7222 or by visiting www.anthemEAP.com (to log in, enter SISC as the program name). EAP benefits include the following:



Support and Counseling

The Employee Assistance Program (EAP) provides confidential support in balancing a wide array of challenges with up to 6 free counseling sessions per issue per benefit year, plus unlimited phone support for:

- Relationship difficulties
- Marriage, family or parenting concerns
- Managing change and stress
- Depression and anxiety
- Addiction and recovery
- Grief and loss
- Work/life balance
- Personal growth
- And more

Talkspace

You have the option to access your six free counseling sessions through Talkspace. You can also have unlimited messaging with a counselor, including text, voice, and video message. Talkspace's clinical network includes thousands of licensed counselors specializing in stress, anxiety, depression, eating disorders, substance use, sleep, identity struggles, chronic issues, trauma, grief, relationships, healthy living, and more. Self-guided exercises such as journaling and meditation are available to supplement counseling.

To access Talkspace, call the Anthem EAP at 800-999-7222 or visit talkspace.com/associatecare and use "SISC" as your organization name. You can download the Talkspace app on your mobile phone or access it on your desktop computer using a Chrome, Firefox, Safari, or Edge browser.

Identity Monitoring and Theft Resolution

- 24/7/265 free identity monitoring and theft resolution services through IDnotify.
- Your IDnotify specialist will help you determine if an identity theft event has occurred and guide you through any necessary restoration activities.

Legal and Financial Resources

- A library of articles on legal topics and issues.
- 100 legal forms for a variety of family and consumer situations, plus State-specific legal forms.
- Articles and resources that address estate planning questions.
- Financial Calculators that help you to get answers and explore different options regarding home and personal financing, investing, and retirement.

Learn to Live Wellbeing Support

- Access free, customized online programs based on proven principals of Cognitive Behavioral Therapy (CBT) to manage stress, depression, anxiety, substance use and sleep issues

Seminars and Articles

- Online resources for a wide array of topics, including both a library of articles and on-demand seminars.

Savings Center

- Discount shopping program provided through Perks At Work, with discounts of up to 25% on name brand, practical, and luxury items.

Life Balance Benefits

Kaiser Mental Health and Wellness Apps

Kaiser offers three apps to help support your mental/emotional wellbeing at <https://kp.org/selfcareapps>.

- **Calm** is the #1 app for meditation, mental resilience, and sleep — designed to help lower stress, reduce anxiety, and more. Kaiser Permanente members can access all the great features of Calm at no cost, including:
 - The Daily Calm, exploring a fresh mindful theme each day
 - More than 100 guided meditations
 - Sleep Stories to soothe you into deeper and better sleep
 - Video lessons on mindful movement and gentle stretching
- **Headspace Care** (formerly Ginger) is available to all Kaiser members at no cost for up to 90 days. The Headspace Care app offers immediate 1 on 1 support for coping with many common challenges such anxiety, stress, low mood, issues with work or relationships and more. With Headspace Care, you can:
 - Text with a coach anytime, anywhere, 24/7
 - Discuss goals, share challenges, and create an action plan with your coach
 - Get personalized, interactive skill-building tools from a library of more than 200 activities
 - View recaps from each texting session, track progress, and work your coach to adjust you action plans
- The **myStrength** app is a personalized program that helps you improve your awareness and change behaviors. Kaiser Permanente members can explore interactive activities, in-the-moment coping tools, community support, and more at no cost.
 - Mindfulness and meditation activities
 - Tailored programs for managing depression, stress, anxiety, and more
 - Tools for setting goals and preferences, tracking current emotional states and ongoing life events, and viewing your progress





Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- Family and parenting problems
- And more



WORK/LIFE BALANCE

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Financial services, debt management, credit report issues
- Identity theft
- Legal questions
- Even reducing your medical/dental bills!
- And more

Who is covered?

Unum's EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™ — helps you save on medical bills

Help is easy to access:

Phone support: 1-800-854-1446

Online support: unum.com/lifebalance

In-person: You can get up to three visits, available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority. Unum's Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details. Insurance products are underwritten by the subsidiaries of Unum Group.

Dental Benefits*

Delta Dental | DHMO Plan

With the Dental Health Maintenance Organization (DHMO) plan through Delta Dental, you are required to select a general dentist to provide your dental care, such as routine check-ups and emergency situations. If specialty care is needed, your general dentist will provide the necessary referral. For covered procedures, you'll pay the pre-set copay or coinsurance fee described in your DHMO plan booklet. Please keep a copy of your booklet to refer to when utilizing your dental care. This will show the applicable copays that apply to all of the dental services that are covered under this plan.

Delta Dental | PPO Plus Premium Plan

This plan allows you to access services from any dentist you wish. When you utilize in-network dentists, your out-of-pocket expenses will be less. When you obtain services from out-of-network dentists, you will be responsible for the difference between the covered amount (Usual, Customary and Reasonable, or UCR) and the actual charges, and you may be responsible for filing claims. You receive 70% coverage for most services during your first year in the plan. Your coverage will increase by 10% each year (to a maximum of 100%) provided you visit the dentist at least once during the year. If you do not use the plan in a given year, the percentage remains at the level attained the previous plan year. If you become ineligible for benefits and later regain eligibility, will start at 70%.

	DeltaCare HMO (CSEBO)	Delta Dental PPO Plus Premier Plan (CSEBO)	
	In-Network Only	In-Network PPO and Premier	Out-of-Network
Calendar Year Deductible	None	None	None
Calendar Year Maximum Benefit	Unlimited	\$2,500	\$2,500
Diagnostic and Preventive Care	Plan pays	Plan pays	Plan pays
Exams, Cleanings, X-rays	100% covered	100%	100% of UCR
Basic Care	Plan pays	Plan pays	Plan pays
Fillings, Simple Extractions, Sealants, Endodontics, Periodontics, Oral Surgery	Copays vary; see Plan Summary for details	70% – 100%	70% – 100% of UCR
Major Care	Plan pays	Plan pays	Plan pays
Crowns, Inlays, Onlays, Cast Restorations	Copays vary; see Plan Summary for details	70% – 100%	
Prosthodontics	Plan pays	Plan pays	
Dentures, Bridges	Copays vary; see Plan Summary for details	70%	
Implants	Not covered	70%	
Orthodontia	Plan pays	Plan pays	
Children Up to Age 26 and Adults	Copays vary; see Plan Summary for details	Not covered	

Note: We strongly recommend that you ask your dentist for a predetermination if total charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.



Finding In-Network Dental Providers

Go to www.deltadentalins.com or call (866) 499-3001 for a **Delta Dental PPO provider**. PPO participants: refer to the Delta Dental network when prompted.

*Dental plans renew 1/1, plan designs subject to change.

Dental Benefits

Additional Dental PPO Benefits

When you enroll in a district-sponsored medical plan, you receive a number of additional dental benefits as outlined below.

SmileWay Program*

Oral health issues can exacerbate other medical conditions, including heart disease. If you have medical conditions that affects your oral health. Delta Dental's SmileWay program can help support your good health with free access to additional teeth and gum cleanings.



To be eligible for SmileWay, you must be diagnosed with one of the following conditions:

- Amyotrophic lateral sclerosis
- Diabetes
- Huntington's disease
- Opioid misuse and addiction
- Sjogren's syndrome
- Cancer
- Heart Disease
- Joint replacement
- Parkinson's disease
- Stroke
- Chronic kidney disease
- HIV/AIDS
- Lupus
- Rheumatoid Arthritis

SmileWay benefits include:

- 100% coverage for one scaling and root planning procedure per quadrant and 100% coverage for four of the following in any combination:
 - Prophylaxis
 - Periodontal maintenance procedure
 - Scaling in the presence of moderate or severe gingival inflammation

To learn more about SmileWay, visit www1.deltadentalins.com/members/smileway-wellness-benefits.html.

* *This coverage is subject to any applicable maximums and deductibles under the terms and conditions outlined in your plan's Evidence of Coverage.*



Vision Benefits

EyeMed | PPO Vision Plan*

You receive vision coverage through EyeMed vision. With this plan, you receive greater benefits if you utilize a network provider. If you access services from an out-of-network provider, you are responsible for paying all charges at the time of your appointment and will be required to file an itemized claim with EyeMed.

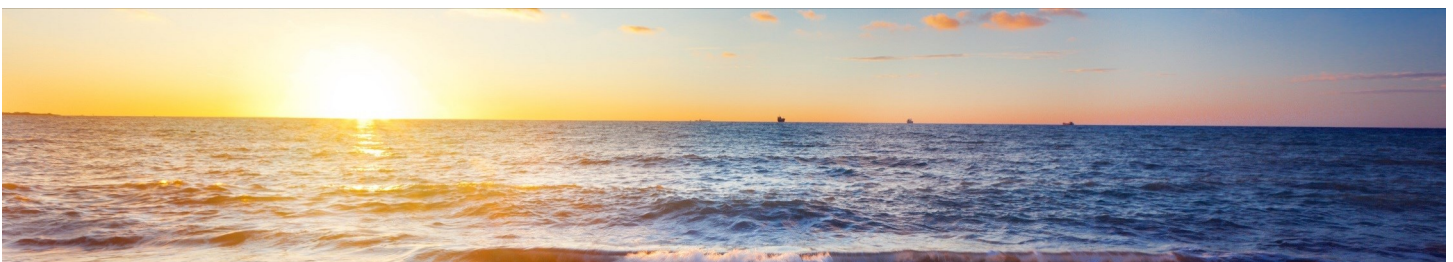
	EyeMed Vision Plan	
	In-Network	Out-of-Network
Vision Exam		
Copay	No charge	Covered up to \$40
Frequency	Once every 12 months	
Eyeglasses		
Frames PLUS Provider Retail Wholesale (Costco Optical)	Covered up to \$180 PLUS Provider Covered up to \$130; 20% off balance Covered up to \$91	N/A Covered up to \$91 Covered up to \$91
Lenses Single Vision Bifocal Trifocal Standard Progressive	No charge No charge No charge No charge	Covered up to \$30 Covered up to \$50 Covered up to \$70 Covered up to \$50
Frequency	Once every 12 months	
Contact Lenses		
Medically Necessary	No charge	Covered up to \$300
Elective	Covered up to \$130	Covered up to \$91
Frequency	Once every 12 months in lieu of frames and lenses	



Finding a Vision Provider

Find a provider from the **Insight Network**.
Go to www.eyemed.com or call (866) 939-3633.

Eye360 provides enhanced benefits when members visit a PLUS Provider—a select group of providers in the EyeMed network. With Eye360, members receive an additional \$50 frame allowance at PLUS Providers—on top of their base plan’s benefits.



*EyeMed plan renews 1/1, plan designs are subject to change.

Income Protection Benefits

Unum Basic Life and AD&D Insurance

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the company, Ventura County Community College District pays for coverage, offered through Unum, as follows:

	Basic Life and AD&D Insurance
Carrier	Unum
Employee Plan Benefits <ul style="list-style-type: none"> Life Insurance Accidental Death & Dismemberment Insurance (AD&D) 	\$50,000 \$50,000; partial benefits paid for accidents that result in serious injuries (e.g., loss of limbs or eyesight)
How Long Benefits Last <ul style="list-style-type: none"> Employee 	Employee plan benefits reduce by: <ul style="list-style-type: none"> 30% when you reach age 65 55% at age 70 70% at age 75 80% at age 80 Coverage stops when you retire or when your employment ends
Employee Contribution	None; cost for coverage paid by Ventura County Community College District

Unum Optional Life and Accident Insurance

	Optional Group Life and AD&D Insurance
Carrier	UNUM
Plan Benefits <ul style="list-style-type: none"> Employee Spouse Child(ren) 	You may purchase coverage in increments of \$10,000 to a maximum of five times your annual earnings or \$500,000, whichever is less You may purchase coverage for your spouse in increments of \$5,000 to a maximum of \$250,000; coverage cannot exceed 100% of the employee coverage amount You may purchase coverage for your child(ren) age 15 days—26 years in increments of \$5,000 to a maximum of \$10,000
Evidence of Insurability	All elections above the guarantee issue amount and any amount for enrollment after your initial eligibility period require an Evidence of Insurability form to be submitted to Unum before coverage is approved
Accelerated Death Benefit	75% of benefit
Portability	If you leave employment for reasons other than retirement or disability, you may convert your Optional Life and AD&D Insurance into an individual policy
Waiver of Premium	If you become totally disabled while active and insured before your 60th birthday, the premium is waived
Employee Contribution	100% employee paid
Guarantee Issue amount	Employee: \$150,000 Spouse: \$25,000 Child(ren): \$10,000

Income Protection Benefits | Supplemental Benefits

American Fidelity Voluntary Plans

The District provides you with the opportunity to customize your financial protection coverage through American Fidelity voluntary plans. These plans can help protect your income, assets and family security in the event of an injury or illness.

POST TAX BENEFITS

Disability Income Insurance

This plan pays a monthly benefit amount based on a percentage of your gross income if you can't work due to a disability or illness. You pay for coverage on an after-tax basis and you can choose from several waiting periods (how long before disability benefits begin) and premiums are not required while you are disabled, based on the length of your disability.

Whole Life Insurance

Whole life insurance can pay money to your loved ones when you die, but it offers additional value as well. This plan features a "living" benefit. If you are diagnosed with a terminal illness with life expectancy of one year or less, you can request that some or all of the death benefit be paid to you while you are living.

With whole life insurance, your policy can build cash value over time. You can use this cash value later in life to buy a smaller "paid-up" policy with no more premiums due.

Term Life Insurance

Term life insurance is an affordable way to leave your loved ones money when you die. They can use it to help pay for housing and other expenses, including your final arrangements. This plan also includes the Accidental Death & Dismemberment (AD&D) benefit. With this benefit, the policy pays more money if you die in a covered accident. If you survive a serious accident, it can pay you money for certain severe injuries, such as loss of vision, hearing and limbs.

PRETAX BENEFITS

Cancer Insurance

If you or a family member are diagnosed with cancer, this plan may help ease the impact on your finances. Benefit payments are made directly to you. You choose the coverage option that fits best for you. There are more than 25 plan benefits available for cancer treatment, including wellness and early detection. Radiation, chemo and hormone therapy are covered, as is treatment related transportation and lodging.

Accident Only Insurance

This limited Benefit Accident Only Insurance plan can help pay for expenses that can result from a covered accident. The plan provides for 24-hour coverage for accidents that occur both on and off the job and can help offset your medical expenses. With over 30 plan benefits available, you have the opportunity to choose the plan that best fits you and your family.

403(b) Plan

Participating in a 403(b) plan allows you to prepare for your retirement so that you can enjoy things you may not have been able to during your working years. It allows you to put pretax contribution which reduces your federal taxable income. The money is automatically taken out from your check and you have the flexibility to change your contribution, as allowed by your plan.

For more information regarding any of these plans, contact (909) 941-1175 x 326 or visit [americanfidelity.com](https://www.americanfidelity.com).

Tax Savings Benefits

American Fidelity| Flexible Spending Accounts

You can set aside money in Flexible Spending Accounts (FSA) before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. You submit a claim along with your receipts online or via mobile app. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines. Additional information: www.americanfidelity.com/info/fsa.

American Fidelity can be contacted at (800) 325-0654

Health Care Spending Account

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. Employees may defer up to \$3,200 pre-tax per year.

Dependent Care Assistance Plan

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. Employees may defer up to \$5,000 pre-tax per year.

FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the use-it-or-lose-it rule. According to this rule, you must forfeit any money left in your account(s) after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances



Video – Learn How Flexible Spending Accounts Can Help Save You Money

For a better understanding of how Flexible Spending Accounts work, watch this quick video at <http://video.burnhambenefits.com/fsa>.

Example: How You Can Save Money With an FSA

	Without the Health Care FSA	With the Health Care FSA
Gross Annual Pay	\$45,000	\$45,000
Pre-Tax Health Care FSA	Not Elected	\$1,200
Taxable Gross Income	\$45,000	\$43,800
Payroll Taxes (at 30%)	\$13,500	\$13,140
Health Care Cost	\$1,200	\$0
Net Pay	\$30,300	\$30,660
Annual Net Pay Increase	\$0	\$360

Important Note: Your FSA elections will expire September 30, 2024. Unused funds will be forfeited at the end of the plan year. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll.

Retirement Benefits: 403(b) and 457(b) Plan Highlights

Envoy Plan Services | 403(b) and 457(b)

We are pleased to offer the 403(b) Tax Sheltered Annuity Plan and the 457(b) Deferred Compensation Plan to eligible employees in order to help save for retirement. This notice provides a brief explanation of the provisions, policies and rules that govern the 403 (b) and 457(b) Plans offered. Plan administration services for the 403(b) and 457(b) Plans are provided by Envoy Plan Services, Inc. (Envoy). Visit the Envoy website (www.envoyplanservices.com) for information about enrollment in the Plan, investment product providers available, distributions, exchanges or transfers, loans, and rollovers.

Employees may make voluntary pre-tax elective deferrals to the 403(b) and/or 457(b) Plans. Participants are fully vested in their voluntary contributions and earnings at all times. The IRS imposes a limit on the amount a participant may contribute each year. See the chart below for the maximum contribution limits.

Year	403(b) TSA	457(b) DCP	Total
2024 Basic Limit	\$23,000	\$23,000	\$46,000
Age 50+ Catch-up	\$7,500	\$7,500	\$15,000
Total	\$30,500	\$30,500	\$61,000

*Participants who are age 50 or older any time during the year qualify to make an additional contribution to their 403(b) and/or 457(b) accounts. Please note that if you also make contributions, or have contributions made for you, to a 401(a) or 401(k) plan, you are limited by the overall 415(c)(1)(A) limit for all plans including 403(b), 401(a), and 401(k). If you are a participant in another retirement plan (excluding your State Retirement Program), please advise Envoy Plan Services, Inc.

Eligibility and Entry Date: Most employees are eligible to participate in the 403(b) and 457(b) Plans immediately upon employment; however, private contractors, appointed/elected trustees, and/or school board members and student workers may not be eligible to participate. Eligible employees can participate and enroll in either or both Plans upon employment or at any time after. Note: If you have a 403(b) or 457(b) account with a previous employer, you must establish a new account to enroll in these Plans. Your salary deferral contribution into this Plan cannot be invested in the 403(b) or 457(b) Plan of a previous employer.

Annual Notices

Various state and federal laws require that employers provide disclosure and annual notices to their plan participants. The District posts all federally required annual notices on <https://www.vcccd.edu/departments/human-resources/benefits/ascc-benefits> for you to download and read at your convenience. The District also distributes all federally required annual notices upon hire and during each annual open enrollment period.

Annual notices include the following:

- Medicare Part D Notice of Creditable Coverage
- HIPAA Notice of Privacy Practices
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Special Enrollment Rights
- Medicaid & Children's Health Insurance Program

Resources and Contacts

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact **Human Resources**.

Anthem Blue Cross—Medical

Member Services (800) 825-5541
 Carrier Website www.anthem.com/ca/sisc

Kaiser Permanente — Medical

Member Services (800) 464-4000
 Carrier Website www.kp.org

Delta Dental — Dental

Member Services PPO - (866) 499-3001
 HMO - (800) 422-4234
 Carrier Website www.deltadentalins.com

EyeMed—Vision

Member Services (866) 939-3633
 Carrier Website www.eyemed.com

Navitus—Pharmacy

Member Services (866) 333-2757
 Carrier Website www.navitus.com

Costco-Pharmacy (Anthem plans only)

Member Services..... (800) 774-2678 (find location; press 1)

Employee Assistance Plan (EAP)

Member Services (800) 999-7222 (program name: SISC)
 Carrier Website www.anthemep.com

Additional Benefits Provided by SISC

MDLive Member Services (888) 632-2738
 MDLive Website www.mdlive.com/sisc
 Expert Medical Opinion Member Services (800) 835-2362
 Expert Medical Opinion Website www.teladoc.com/sisc
 Carrum Health Member Services (888) 855-7806
 Carrum Health Website..... <https://info.carrumhealth.com/sisc>





2211 Michelson Drive, Suite 1200 | Irvine, California 92612
Telephone: (949) 833-2983 | Fax: (949) 833-9549

Learn more at www.burnhambenefits.com

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the district's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact Human Resources.