



PASADENA  
CITY COLLEGE

# Employee Benefits Open Enrollment Meeting

Plan Year: 2017 - 2018

# Introductions

A white ECG (heart rate) line graphic is positioned in the top right corner of the slide, set against a teal background with a light grid pattern.

- Presented by:
  - Boyd Horan – PCC Health and Wellness Coordinator
  - Michael Muheisen – Sr. Vice President at BrightPath Consulting Services (BCS)
  - Armando Cabrera – Account Manger at Self-Insured School of California JPA (SISC III)

# Today's Agenda



- Review health care coverage
  - Who is eligible for benefits?
  - Qualifying Change in Status
  - Overall Benefit Highlights
  - How to enroll
  - HR/Benefit & Carriers Contact Information
  - Questions

# Benefit Open Enrollment



Annual enrollment for 2017/2018 is from **Monday, August 21<sup>st</sup> through Friday, September 15<sup>th</sup>**.

Benefits changes made during Open Enrollment will go into effect on **October 1, 2017**.

Health Care Reform (HCR) requires EVERYONE to have health coverage or you will be incur a penalty. Be assured, PCC's medical plans meet the various Affordable Care Act requirements.

All enrollment forms or changes in enrollment must be received by HR/Benefits Department no later than noon on **Friday, September 15<sup>th</sup>**.

This is an "active" open enrollment where all employees will have to re-enroll, otherwise you will not have any benefits starting October 1, 2017.

*Remember, the annual enrollment period is **your only chance** to make changes, **UNLESS** you experience a qualified change in status change.*

# Who is Eligible for Benefits?



Full time employees of PCC as well as qualified variable hour employees are eligible for health and welfare benefits as well as their eligible dependents.

## **Dependent Eligibility**

Your eligible dependents for coverage include:

- Your legal spouse and registered domestic partner
- Children include your natural children, adopted children and step-children to age 26
- Fully disabled children defined as (a) incapable of self-sustaining employment by reason of mental or physical handicap and (b) chiefly dependent upon the eligible employee for economic support and maintenance
- Legal guardianship with court filed documents (must be shown as a dependent on most recent federal income tax return)

*When adding a spouse/domestic partner or a child to PCC plans you will be required to provide a proof within 30 days from your request or your dependent will be removed from coverage immediately*

# Qualifying Change in Status



Employees cannot change their pre-tax benefits after they make their elections for the plan year unless they experience a qualifying event:

## Qualifying Change In Status

*Examples of a qualifying changes include:*

- Family member/domestic partner loses or gains benefit coverage
- Marriage or creation of a domestic partnership
- Divorce, legal separation, or dissolution of a domestic partnership
- Birth or adoption
- Death of a spouse/domestic partner or dependent

Employees must submit their change form(s) to Human Resources **within 30 days** of the date of the qualifying status change.

# Overall Benefits Highlights & Changes

## 2017 – 2018

(Effective October 1, 2017)

<b>Medical (through SISC III JPA)</b>	<ul style="list-style-type: none"><li>✓ Anthem Blue Cross HMO</li><li>✓ Anthem Blue Cross PPO</li><li>✓ Anthem Blue Cross Bronze</li><li>✓ Kaiser Permanente HMO</li></ul>
<b>Dental (through ACSIG JPA)</b>	<ul style="list-style-type: none"><li>✓ Delta Dental – PPO</li><li>✓ MetLife Dental – HMO</li></ul>
<b>Vision</b>	<ul style="list-style-type: none"><li>✓ EyeMed</li></ul>
<b>Basic and Supplemental Life, AD&amp;D and LTD</b>	<ul style="list-style-type: none"><li>✓ Voya</li></ul>
<b>Employee Assistance Program (EAP) –</b>	<ul style="list-style-type: none"><li>✓ Anthem EAP Program through SISC III JPA</li></ul>
<b>Flexible Spending Account (FSA) &amp; Voluntary Benefits</b>	<ul style="list-style-type: none"><li>✓ TakeCare/WageWorks</li></ul>

# SISC III Services & Plan Enhancements

SISC's goal is to provide the best coverage and service to our members while keeping costs affordable and stable

- 2<sup>nd</sup> largest pool in California with over 430 educational entities
- More than 385,591 members
- Stable renewal history
- SISC will offer the following services for PCC:
  - Anthem Blue Cross of California with **Navitus Health Solutions as PBM**
  - Kaiser Permanente
- Added value services:
  - Employee Assistance Program
  - MD Live -24/7 Physician Line
  - Costco \$0 generics – retail and mail order (some restrictions may apply)
  - Advance Medical – Expert Medical Opinions
  - Diabetes Prevention Program (DPP)
  - Health Smarts Wellness program



# Moving to SISC – What to expect October 1



- Anthem will be available to assist with the following during/after OE
  - Claims
  - Benefits Questions
  - Network Concerns
  - HMO Guest Membership Program
  - HMO PCP selection
  - Enrollment into health management programs
- Prescription Drugs
  - SISC Rx plans, ***through Navitus Health Solutions***, feature standard cost containment measures such as prior authorizations and step therapy
  - New Mail order prescriptions will be needed
  - Don't forget to fill prescriptions prior to 10/1
  - Contact Navitus with any concerns after 10/1

# Moving to SISC – What to expect October 1 (cont.)

- **Your New Anthem Blue Cross and Kaiser member ID cards** Will arrive at your home near or after October 1<sup>st</sup>.
  - Be sure to destroy your old card once the new card is received
  - The new Medical ID card will be used for both Medical and Rx
- **Notify your physician and pharmacy** that you have a new ID card and present your new ID card starting on October 1
  - Your old card will not work at the pharmacy after 10/1/2017
- Anthem HMO members
  - Your PCP will be transferred if you utilize the online enrollment.
  - You must include the name and number if using the form
  - When you receive your ID card, verify the selection is correct and contact Anthem directly with any updates.
- New copay/coinsurance will apply to all services rendered on and after October 1, 2017
  - Please contact Anthem, Navitus, or Kaiser with any post-enrollment benefit questions.

# Required Documents

For the upcoming plan year, you will need to provide one or more of the following documents in order for your dependents to continue on PCC health and welfare plans.

DEPENDENT TYPE	REQUIRED DOCUMENTATION
Spouse	<ul style="list-style-type: none"> <li>• Prior year's Federal Tax Form that shows the couple was married (financial information may be blocked out)</li> <li>• Marriage Certificate for newly married couple where tax return is not available</li> </ul>
Domestic Partner	<ul style="list-style-type: none"> <li>• Certificate of Registered Domestic Partnership issued by State of California</li> <li>• SISC Affidavit of Domestic Partnership (when applicable)</li> </ul>
Children, Stepchildren, and/or Adopted Children up to age 26	<ul style="list-style-type: none"> <li>• Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name &amp; child's DOB)</li> <li>• Legal Adoption Documentation</li> </ul>
Guardianship up to age 18	<ul style="list-style-type: none"> <li>• Legal Court Documentation establishing Guardianship</li> </ul>
Disabled Dependents over age 26	<b>Anthem Blue Cross (All items listed below are required)</b>
	<ul style="list-style-type: none"> <li>• Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name &amp; child's DOB) blocked out)</li> <li>• Completed Anthem Disabled Dependent Certification Form</li> </ul>
	<b>Kaiser (All items listed below are required)</b>
	<ul style="list-style-type: none"> <li>• Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name &amp; child's DOB)</li> <li>• Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out)</li> <li>• Proof of 6 months prior creditable coverage</li> <li>• Completed Disabled Dependent Enrollment Application</li> <li>• Most recent Kaiser Certification notice (if available)</li> </ul>

# HMO Plans Highlights

<i>HMO Plans Features</i>	Anthem Premier HMO	Kaiser Permanente HMO																													
Office Visits / Exam	\$10/Visit	100%																													
Outpatient Specialist Visit	\$10/Visit	100%																													
Out-of-Pocket Maximum ( <i>Individual / Family</i> )	\$1,000 / \$2,000	\$1,500 / \$3,000																													
Lifetime Plan Maximum	Unlimited	Unlimited																													
Preventive Services	100%	100%																													
Diagnostic X-Ray and Lab Tests	(\$100 co-pay for advanced imaging)	100%																													
Semi-Private Room & Board; including Services and Supplies	100%	100%																													
Surgical Services ( <i>Outpatient Facility</i> )	100%	100%																													
Emergency Services ( <i>Emergency Room</i> )	\$100/Visit (waived if admitted)	\$100/visit (waived if admitted)																													
Urgent Care Facility	\$100/Visit (waived if admitted) \$10 copay per visit (office setting)	100%																													
Durable Medical Equipment	20% Coinsurance No charge for Prosthetics	100%, in accord with DME formulary guidelines																													
Chiropractic and Acupuncture Services American Specialty Health Plans of California (ASH Plans)	\$10 / visit maximum of 30 combined Chiropractic and Acupuncture visits per calendar year	\$10 / visit maximum of 30 combined Chiropractic and Acupuncture visits per calendar year																													
<b>Prescription Drugs Benefit</b>	<table border="1"> <thead> <tr> <th rowspan="2">Prescription Drugs -</th> <th colspan="2">Walk-in</th> <th colspan="2">Mail</th> </tr> <tr> <th>Network</th> <th>Costco</th> <th>Costco</th> <th>Navitus</th> </tr> </thead> <tbody> <tr> <td>Days Supply</td> <td>30</td> <td>30 90</td> <td>90</td> <td>30</td> </tr> <tr> <td>Generic</td> <td>\$5</td> <td>Free Free</td> <td>Free</td> <td>N/A</td> </tr> <tr> <td>Brand</td> <td>\$20</td> <td>\$20 \$50</td> <td>\$50</td> <td>N/A</td> </tr> <tr> <td>Specialty</td> <td>N/A</td> <td>N/A N/A</td> <td>N/A</td> <td>\$20</td> </tr> </tbody> </table>		Prescription Drugs -	Walk-in		Mail		Network	Costco	Costco	Navitus	Days Supply	30	30 90	90	30	Generic	\$5	Free Free	Free	N/A	Brand	\$20	\$20 \$50	\$50	N/A	Specialty	N/A	N/A N/A	N/A	\$20
Prescription Drugs -				Walk-in		Mail																									
			Network	Costco	Costco	Navitus																									
Days Supply			30	30 90	90	30																									
Generic			\$5	Free Free	Free	N/A																									
Brand			\$20	\$20 \$50	\$50	N/A																									
Specialty	N/A	N/A N/A	N/A	\$20																											
Separate Out-of-Pocket Maximum	\$1,500 Individual / \$2,500 Family																														
	Plan Pharmacy or through our mail-order service: \$5 for up to a 100-day supply Most specialty items at a Plan Pharmacy: \$5 for up to a 30-day supply																														

Note: Some restrictions apply for Costco “free” generic drugs

# PPO Plan Highlights

<i>PPO Plan Features</i>	<i>Anthem Blue Cross</i>	
	<i>In-Network</i>	<i>Out-Network</i>
<b>Annual Deductible (individual / Family)</b>	\$0 / \$0	
<b>Coinsurance</b>	100%	Varies as indicated below
<b>Office Visits / Exam</b>	100% after \$10 copay	Member responsible for 100% above fee schedule
<b>Outpatient Specialist Visit</b>		
<b>MDLive Consultation</b>	General Consultation: \$5, Behavioral Health: \$10	
<b>Out-of-Pocket Maximum (Individual / Family)</b>	\$1,000 / \$3,000	No Maximum
<b>Lifetime Plan Maximum</b>	Unlimited	
<b>Outpatient Services / Preventive Services</b>		
Adult Periodic Exams with Preventive Tests	100%	not covered
Diagnostic X-Ray and Lab Test	100%	not covered
<b>Inpatient Hospital</b>		
Pre-Authorization of Services Required	Yes	Yes
Semi-Private Room & Board; including Services and Supplies	100%	Covered up to \$600 / day
<b>Outpatient Facility Services</b>	100% Outpatient medical care, surgical services & supplies (hospital care other than emergency room care)	50% of maximum allowed amount (based on a reasonable charge, not the scheduled amount.)
<b>Emergency Services (Emergency Room)</b>	\$100 copay, Waived if admitted	\$100 copay, Waived if admitted
<b>Urgent Care Facility (physician services)</b>	\$10/visit Copay applies only to visit itself. An additional copay applies for services performed in office (i.e., X-ray, lab, surgery), after applicable deductible.	100% of fee schedule. Member responsible for exceeding amounts
<b>Durable Medical Equipment</b>	100% Rental or purchase of DME and medical supplies (breast pump/supplies are covered under preventive care at no charge for in-network only)	Not Covered
<b>Chiropractic Services</b> No copay; (pre auth. required by American Specialty Health)	100%,	Not covered
<b>Acupuncture</b> Treatment of disease, illness or injury (up to 12 visits/cal yr)	100%,	50% of maximum allowed amount (based on a reasonable charge, not the scheduled amount.)

# PPO Plan Pharmacy Highlights

<i>PPO Plan Features - Prescription Drug Benefit</i>	<i>Anthem Blue Cross (Classified and Board Members)</i>					
Prescription Drugs	Walk-in				Mail	
	Network Pharmacy		Costco		Costco	Navitus
Days Supply	<u>30</u>	<u>90</u>	<u>30</u>	<u>90</u>	<u>90</u>	<u>30</u>
Generic	\$5	N/A	FREE	FREE	FREE	N/A
Brand	\$10	N/A	\$10	\$20	\$20	N/A
Specialty	N/A	N/A	N/A	N/A	N/A	\$10
Separate Out-of-Pocket Maximum	\$1,500 Individual / \$2,500 Family					

<i>PPO Plan Features - Prescription Drug Benefit</i>	<i>Anthem Blue Cross (Management, Faculty, Confidential and Associated Retirees)</i>					
Prescription Drugs -	Walk-in				Mail	
	Network Pharmacy		Costco		Costco	Navitus
Days Supply	<u>30</u>	<u>90</u>	<u>30</u>	<u>90</u>	<u>90</u>	<u>30</u>
Generic	\$7	N/A	FREE	FREE	FREE	N/A
Brand	\$25	N/A	\$25	\$60	\$60	N/A
Specialty	N/A	N/A	N/A	N/A	N/A	\$25
Separate Out-of-Pocket Maximum	\$1,500 Individual / \$2,500 Family					

Note: Some restrictions apply for Costco “free” generic drugs

# Bronze Plan Highlights

<i>PPO Plan Features</i> <i>SISC Anchor Bronze PPO Plan and</i> <i>SISC Minimum Value PPO Plan</i>	<i>Anthem Blue Cross</i>	
	<i>In-Network</i>	<i>Out-Network</i>
Annual Deductible ( <i>Individual / Family</i> )	\$5,000/individual member; \$10,000/family	
Coinsurance	30%	Varies as indicated below
Office Visits / Exam	First 3 visits: \$60 copay (deductible waived); After first 3 visits: 30%	Member responsible for 100% above fee schedule
Outpatient Specialist Visit		
Out-of-Pocket Maximum ( <i>Individual / Family</i> )	\$6,350/individual member; \$12,700/family (PPO Providers Only)	
Lifetime Plan Maximum	Unlimited	
Outpatient Services / Preventive Services	No copay (deductible waived)	Not covered
Adult Periodic Exams with Preventive Tests	No copay (deductible waived)	Not covered
Diagnostic X-Ray and Lab Test	30%	Not covered
Pre-Authorization of Services Required	Yes	Yes
Semi-Private Room & Board; including Services and Supplies	30%	0% (benefit limited to \$600/day)
Pregnancy & Maternity Care ( <i>Pre-Natal Care</i> )	30%	0%
Outpatient Facility Services	30%	50%
Emergency Services ( <i>Emergency Room</i> )	30% after \$100 copay	0% after \$100 co-pay
Urgent Care Facility (physician services)	30%	0%
Durable Medical Equipment	30%	Not covered
Chiropractic Services <small>No copay; (pre auth. required by American Specialty Health)</small>	30%	Not covered
Acupuncture <small>Treatment of disease, illness or injury (up to 12 visits/cal yr)</small>	30%	50% of maximum allowed amount

<i>PPO Plan Features</i>	<i>Anthem Blue Cross</i>					
	<i>In-Network</i>				<i>Out-Network</i>	
	Walk-in		Mail			
Prescription Drugs	Network		Costco		Costco	Navitas
Days Supply	<b>30</b>	<b>90</b>	<b>30</b>	<b>90</b>	<b>90</b>	<b>30</b>
Generic	\$9	N/A	Free*	Free*	Free*	N/A
Brand	\$35	N/A	\$35	\$90	\$90	N/A
Specialty	N/A	N/A	N/A	N/A	N/A	\$35
Separate Out-of-Pocket Maximum	\$6,350 Individual / \$12,700 Family					

\*Deductible applies to medical and pharmacy benefits. Free generics at Costco will only apply after deductible is satisfied.

Note: Some restrictions apply for Costco "free" generic drugs

# MetLife Dental HMO Highlights

<b><i>Dental Plans Features</i></b>	<b>SafeGuard (MetLife) DHMO</b>
<b>Annual Deductible (<i>Individual / Family</i>)</b>	\$0
<b>Annual Plan Maximum</b>	N/A
<b>Orthodontia Maximum</b>	N/A
<b>Covered Services</b>	
<b>Diagnostic and Preventive Services</b>	100%
<b>Basic Services</b>	Various Copays Apply
<b>Major Services</b>	Various Copays Apply
<b>Crowns and Cast Restorations</b>	Various Copays Apply
<b>Prosthodontics</b>	Various Copays Apply
<b>Implants</b>	Various Copays Apply
<b>Orthodontia Services</b>	
<b>Adult</b>	\$1,695
<b>Dependent Children</b>	\$1,695



# Delta Dental PPO Highlights

<b><i>Dental Plans Features</i></b>	<b>Delta Dental (PPO)</b>	
	<b>PPO Network</b>	<b>Premier Network / Out-of-Network</b>
<b>Annual Deductible (<i>Individual / Family</i>)</b>	\$0	\$0
<b>Annual Plan Maximum</b>	\$2,500	\$2,200 / \$2,200
<b>Orthodontia Maximum</b>	N/A	N/A
<b>Covered Services</b>		
<b>Diagnostic and Preventive Services</b>	70-100%	70-100%
<b>Basic Services</b>	70-100%	70-100%
<b>Major Services</b>	70-100%	70-100%
<b>Crowns and Cast Restorations</b>	70-100%	70-100%
<b>Prosthodontics</b>	50%	50%
<b>Implants</b>	Not Covered	Not Covered
<b>Orthodontia Services</b>		
<b>Adult</b>	Not Covered	Not Covered
<b>Dependent Children</b>	Not Covered	Not Covered

# Vision Plans Highlights

Plan Features	EyeMed			
	Eye Wear Only		Full Service	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam Copay	N/A	N/A	100%	Up to \$40
Frequency:				
Eye Exam	N/A	N/A	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months	Once every 12 months	Once every 12 months
Frames	Once every 12 months	Once every 12 months	Once every 12 months	Once every 12 months
Contacts	Once every 12 months (in lieu of lenses)	Once every 12 months (in lieu of lenses)	Once every 12 months (in lieu of lenses)	Once every 12 months (in lieu of lenses)
Lenses:				
Single Vision	100%	Up to \$30	100%	Up to \$30
Bifocal	100%	Up to \$50	100%	Up to \$50
Trifocal	100%	Up to \$70	100%	Up to \$70
Standard Progressive	\$65 Copay	Up to \$56	\$65 Copay	Up to \$56
Contact Lenses:				
Non-elective	100%	Up to \$210	100%	Up to \$210
Elective	\$0 copay, \$180 allowance 15% off balance over \$180	Up to \$180	\$0 copay, \$180 allowance 15% off balance over \$180	Up to \$180
Frames	\$0 Copay; \$250 allowance, 20% off balance over \$250	Up to \$175	\$0 Copay; \$250 allowance, 20% off balance over \$250	Up to \$175

For complete benefits – review EyeMed benefit Summary. EyeMed Vision plan document (SPD) booklets override any other benefit documents.

# Basic & Supplemental Life and AD&D Highlights

	VOYA
Basic Life/AD&D	Employer Paid
Basic Life Benefit Amount	\$50,000
Basic AD&D Benefit Amount	\$50,000
Supplemental Life/AD&D	Employee Paid
Supplemental Life – Employee	
Benefit Amount	Increments of \$10,000
Benefit Maximum	Lesser of \$500,000 or 5x annual earnings
Guarantee Issue	Lesser of \$300,000 or 3x annual earnings
Supplemental Life – Spouse	
Benefit Amount	Increments of \$5,000
Benefit Maximum	\$250,000; Not to exceed 50% of Employee Amount
Guarantee Issue	\$50,000
Supplemental Life – Child	Increments of \$1,000 to a maximum of \$10,000
Supplemental AD&D	
Employee	Increments of \$10,000 (same as Supplemental Life)
Spouse / Child(ren)	Spouse: Increments of \$5,000 (same as Supplemental Spouse Life) Child(ren): Increments of \$1,000 (same as Supplemental Child Life)

# Long-Term Disability Highlights

<b>Plan Benefit</b>	<b>Long Term Disability Insurance</b>
Benefit Begins/Elimination Period	140 calendar days
Percentage of Income Replaced	66.67% of your monthly earnings up to \$3,000
Minimum Monthly Benefits	\$100
Maximum Benefit Period	<u>Your Maximum Benefit Duration</u>
Class 1	12 months
Class 2	
<b>Age When Disability Begins</b>	<b>Maximum Period of Payment</b>
Less than 60	To age 65, but not less than 5 years
60-64	5 years
65-69	To age 70, but not less than 1 year
70 and over	1 year

# Flexible Spending Account (FSA) Highlights

- Pre-tax program for medical and dependent care expenses that is provided through **TakeCare by WageWorks**
- **Medical expenses:** you can contribute up to \$2,600 per year
  - Set aside pre-tax dollars for healthcare-related expenses not covered by your health plan.
  - Eligible medical expenses include deductibles, co-insurance, copays, dental care, vision care, etc.
  - Over-the counter medications now require a prescription to qualify for reimbursement.
- **Dependent care expenses:** you can contribute up to \$5,000 per year
- **You MUST re-enroll each year. Open enrollment is November 1, 2017 through November 30, 2017**
- **Effective date of the plan is January 1, 2018**

# Benefits of Using an FSA

	Without an FSA	With an FSA
1. Annual pay	\$25,000	\$25,000
2. Less: pre-tax out-of-pocket medical expense	\$0	- \$500
3. Taxable income	\$25,000	\$24,500
4. Less: federal taxes (based on 28%)	- \$7,000	- \$6,860
5. Less: state taxes (based on 5.3%)*	- \$1,325	- \$1,299
6. Less: FICA taxes (based on 7.65%)	- \$1,913	- \$1,874
7. Less: Out-of-pocket medical expenses after-tax	- \$500	\$0
8. Income after medical expenses	\$14,262	\$14,467
9. Taxes saved	\$0	\$205

# Employee Assistance Program



## WHO OFFERS THESE SERVICES?

Services are provided by Anthem through SISC III JPA. It is offered to all PACCD employees and their household members. These services are not affiliated with any of the medical plans offered by PACCD. There's no need to sign up – you and your household members are automatically enrolled.

## WHAT KINDS OF CONCERNS ARE COVERED?

The EAP is designed to help with any concern or problem affecting your behavioral health, well-being, or even job performance. Typical concerns may include, but are not limited to:

### Relationship Issues

- Marital Stress
- Family
- Conflict Resolutions

### Emotional Well-Being

- Depression
- Stress
- Grief

### Legal/Financial

- Legal Resources
- Financial Planning

### Workplace Challenges

- Dealing with Conflict
- Balancing Work/Life
- Time Management

### Concierge

- Event Planning and Reservations
- Tickets
- Travel
- Moving & Relocation
- Home Repairs
- Car Repairs and Rental
- Entertainment

# How to Enroll



Employees will have the option to either complete a paper enrollment or electronic enrollment via PCC online portal.

- **Paper Enrollment:**

- You must complete each carrier application/waiver form. You will also need to attach the required documents for your dependents.
- Carrier applications were mailed to all employees. Copies are also available in HR/Benefit Department – Room C-204.

- **Electronic Enrollment:**

- PCC is excited to roll-out our new online benefit enrollment system for the upcoming plan year. This is a secure website with easy to follow steps to enroll and upload required dependent documents.
- Step-by-step instruction is provided in the Benefit Guide.
- For any questions on how to enroll you can contact HR/Benefits .
- [www.plansource.com](http://www.plansource.com)
  - User Name - if your name is Taylor Williams, and the last four digits of your SSN are 1234, your username would be twillia1234
  - Password - Your initial password is your birthdate in the YYYYMMDD format. So, if your birthdate is June 4, 1979, your password would be 19790604. The first time you log in, you will be prompted to change your password.



# HR/Benefits & Carriers Contact Information

## Pasadena Area Community College District Benefits Department

<b>Boyd Horan</b>	(626) 585.3194	<a href="mailto:bhoranjr@pasadena.edu">bhoranjr@pasadena.edu</a>
<b>Conna Bain</b>	(626) 585-7719	<a href="mailto:clbain@pasadena.edu">clbain@pasadena.edu</a>

<b>Anthem Blue Cross of California</b>		<b>Delta Dental PPO</b>	
HMO / PPO Customer Service	(800) 393.6130	Customer Service	(866) 499.3001
PPO Customer Service	(800) 227.3771	<a href="http://www.deltadental.com">www.deltadental.com</a>	
Costco Mail Order	(800) 607.6861		
Specialty Pharmacy - Navitus	(855) 847.3553	<b>MetLife Dental HMO</b>	
<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>		Customer Service	(800) 880.1800
<a href="http://www.navitus.com">www.navitus.com</a>		<a href="http://www.metlife.com/dental">www.metlife.com/dental</a>	
<b>Kaiser Permanente California</b>		<b>Employee Assistance Program</b>	
Customer Service	(800) 464.4000	Customer Service	(800) 999.7222
Mail Order Pharmacy	(866) 523.6059	<a href="http://www.anthemeap.com">www.anthemeap.com</a>	
<a href="http://www.kp.org">www.kp.org</a>			
<b>EyeMed Vision</b>		<b>Voya Life &amp; Disability</b>	
Customer Service	(866) 939.3633	Life and AD&D	(888) 238.4840
<a href="http://www.eyemed.com">www.eyemed.com</a>		Long Term Disability	(888) 305.0602
		Travel Assistance	(800) 659.2821
		Funeral Planning & Concierge Services	(800) 913.8318

# Next Steps



- Open enrollment deadline: **Friday September 15, 2017 on or before 12:00 PM – All forms to be returned to HR/Benefits**
  - Medical, dental, vision, life and disability benefits (see Employee Benefits Enrollment Guide for details).
  - You will need to re-enroll or you will not be covered as of October 1, 2017.
  - You can enroll via paper forms or online.
- Guidelines for waiving coverage
  - You will need to sign a waiver form and return to HR/Benefits
- Guidelines to continue covering your dependents
  - You will need to provide the requirement documents to HR/Benefits or upload to PlanSource by September 15, 2017. If you do not provide this information your dependents will be removed from the health and welfare plans effective October 1, 2017 and we cannot re-enroll them unless there is a qualifying event.
- Forms
  - ***All forms to be returned to the Benefit Department no later than Friday September 15<sup>th</sup>.***

# Questions?



Please direct questions regarding employee benefits to:

- Boyd Horan – (626) 585-3194
- Conna Bain – (626) 585-7719

Thank you for your time!