



[reepforbenefits.org](http://reepforbenefits.org)

# EMPLOYEE BENEFITS *Guide*



**2026  
2027**

**MSJC**  
Mt. San Jacinto College

## General Information

Welcome to Open Enrollment!	1
Who Can Enroll?	2
BenefitBridge	3

## Updates, Changes, and Program Highlights

2026-2027 Benefit Updates & Policy Changes	4
REEP Instagram Page	8

## Medical Plan Overview

Medical: Plan Options	9
-----------------------	---

## Rates

Rates: Full Time Employees – Classified	10
Rates: Full Time Employees - Faculty, Sup/Conf, Administrators	12
Rates: Part Time Employees	13

## Medical Plan Comparison

Anthem & Kaiser Medical Plan Comparisons	18
--	----

## Medical

Find a Doctor Online	31
----------------------	----

Transcarent	32
Marathon Health Center	33
Kaiser - REEP Members Website	34

## Dental and Vision

Dental Plan Comparison	36
Dental - Anthem	40
Dental - Delta Dental	41
Vision Plan Comparison	42

## Other Benefits

Employee Assistance Programs (EAP)	45
CompleteCare	46
REEP Wellness Program	47
SimpliCollege	48
MetLife Legal Plans	49
Madison National Life	51
ID Theft	57

## Miscellaneous

Additional Voluntary Programs Sponsored by REEP	58
Nationwide Pet Insurance	59
Important Notices	60
Coordination of Benefits (COB)	76
Glossary	77
Contact Information	79



The information in this brochure is a general outline of the benefits offered under Mt. San Jacinto Community College's benefits program. Specific details and plan limitations are provided in the Summary Plan Descriptions (SPD), which is based on the official Plan Documents that may include policies, contracts and plan procedures. The SPD and Plan Documents contain all the specific provisions of the plans. In the event the information in this brochure differs from the Plan Documents, the Plan Documents will prevail.

# Welcome to Open Enrollment!



Mt. San Jacinto Community College strives to provide our employees a comprehensive benefits program designed to protect you and your family from costs associated with illness, injury or accident. We are pleased to continue to provide a suite of quality benefit plans to all benefit eligible employees for the 2026-2027 plan year. This booklet is designed to provide information about the benefits available through Mt. San Jacinto Community College.

Mt. San Jacinto Community College offers medical, dental, vision and life coverage along with other voluntary plans and tax-favored flexible spending accounts. Whether you're enrolling for the first time or adjusting your existing coverage, this guide is designed to help you understand your choices and make informed decisions for the upcoming plan year.

## How to Use This Guide

Please take time to review this guide carefully. It includes important plan details, helpful tips, and resources to support your decision-making. We encourage you to keep it on hand as a reference throughout the year.

## Open Enrollment Overview

Our benefit plans renew each year on July 1. In the weeks leading up to this date, we hold an annual Open Enrollment period that gives you the opportunity to review your benefit options and make any updates to your current elections.

## Key Dates

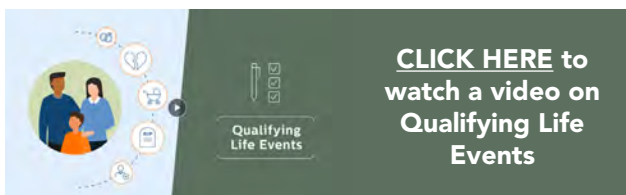
**Open Enrollment Period:** May 1 – May 15, 2026

## General Enrollment Information

### When First Eligible – New Hires

If you are eligible for benefits, the District Benefits Department will direct you to **BenefitBridge** to make your benefit plan selections and enroll. You must enroll for benefits within 30 days of the date you are first eligible. Coverage is effective the first of the month following your date of hire.

The effective date for voluntary plans will vary by plan. Voluntary payroll deductions are taken August through May.



## Annual Enrollment

During Open Enrollment, you may change your current benefit elections with new coverage effective July 1 each year.

## What You Can Do During Annual Open Enrollment

- Enroll in or make changes to your medical, dental, vision, and other voluntary plans
- Add or remove dependents
- Update your beneficiary information

## Effective Date for New Elections/Changes: July 1, 2026

All elections and changes must be submitted online through **BenefitBridge**. Step-by-step instructions for logging in and navigating the system are included in this guide. Enrollment information submitted that is not complete or is missing documents will cause a delay in access to benefits effective July 1, 2026.

Once you make your benefit elections, coverage will remain in effect for the full plan year, July 1, 2026 through June 30, 2027.

## Changes Outside of Open Enrollment

Changes to your benefits outside of the Open Enrollment window are only permitted if you experience a **Qualifying Life Event** such as marriage, divorce, birth or adoption of a child, or loss of other coverage. If you believe you've experienced a qualifying event, please contact the Benefits Department for guidance.

You cannot change plans until the next Open Enrollment period unless you (or a family member) experience an IRS approved qualifying event in family status such as losing health coverage under another plan, marriage, divorce or legal separation, death, birth, adoption (or placement of adoption), entitlement to Medi-Cal, or loss of entitlement to Medi-Cal.

You must notify the Benefits Department within 30 days of a qualified status change in order to make a benefit change or wait until the next Open Enrollment period to make a change. Any benefit change must be consistent with the status change (for example, you may add dependent coverage after the birth of a child).

## Employee Benefit Questions

If you have questions, please contact the Benefits Department at [benefits@msjc.edu](mailto:benefits@msjc.edu) or you can also visit BenefitBridge at for additional information [www.benefitbridge.com/msjc](http://www.benefitbridge.com/msjc).

# Who Can Enroll?



The District provides medical, dental, vision and life insurance benefits to all benefit eligible employees. You can enroll the following family members in the medical, dental and vision plans.

- **Your spouse**
- **Your domestic partner** – is eligible once you complete a Domestic Partner Affidavit. The affidavit outlines important rules for adding a partner, ending coverage and making changes to partner eligibility.
- **Your children (including your spouse or domestic partner’s children)**
  - **Under age 26**
    - They do *not* need to live with you.
    - They do *not* need to be in school.
    - They may be married, employed, or living independently.
    - They remain eligible **as long as they do not have other coverage.**
  - **Age 26 or older – eligible only if**
    - They are incapacitated due to a disability, **and**
    - They are primarily dependent on you for support.
  - **Children covered by a Qualified Medical Child Support Order (QMCSO)**
    - A QMCSO is a federal legal order requiring coverage for a child.

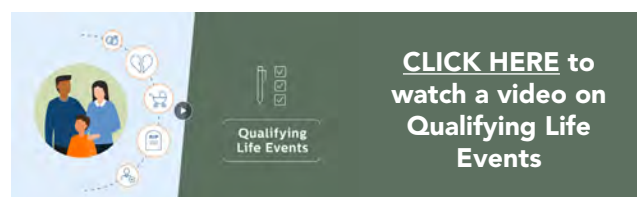
## Required Documentation

**If you are adding an eligible dependent, the following documents are required:**

Spouse, Domestic Partner (AB205) or Domestic Partner (Non-AB205):

In addition to the documentation listed below, a copy of last year’s tax return(s) will be required. Please redact financial information and the first five digits of your Social Security Number. If taxes were filed separately, a copy of both returns is required.

- **Spouse** – Photocopy of the legal Certificate of Marriage or officiate-issued certificate
- **Domestic Partner (AB205)** – Photocopy of a certified copy of the Declaration of Domestic Partnership that was filed with California Secretary of State (once filed, the form is stamped by the state)
- **Domestic Partner (Non-AB205)** – Photocopy of a notarized copy of the Declaration of Domestic Partnership form
- **Dependent Child** – Photocopy of the legal birth certificate, hospital certificate, adoption paperwork, or legal guardianship paperwork issued by a court (documentation must include both child and parents’ names and the dependent relationship to the employee). Grandchildren are only eligible if they are the employee/retiree’s dependent through adoption or legal guardianship, with the exception of Kaiser. Kaiser will allow a covered dependent child under your plan to include their dependent child(ren).



## Mt. San Jacinto Community College Online Benefits Enrollment is easy with BenefitBridge!

### Need Help?

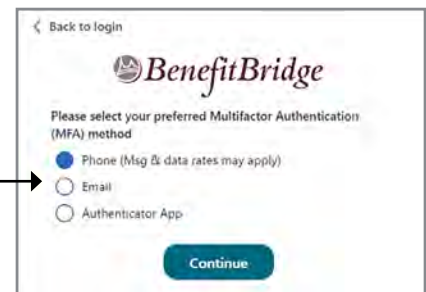
For all questions related to your benefits, please contact your employer's benefits administrator. For BenefitBridge technical assistance **only**, please contact BenefitBridge Customer Care at 800.814.1862; Mon – Fri, 8:00 a.m. – 5:00 p.m., PST or email [benefitbridge@keenan.com](mailto:benefitbridge@keenan.com).

A Multifactor Authentication (MFA) code is required to confirm your identity each time before you can log in to the system. Below are instructions to help you obtain your MFA code.

## Registration and Login

### Already have login credentials?

1. Login to BenefitBridge at [www.benefitbridge.com/msjc](http://www.benefitbridge.com/msjc)
2. **For your first login only**, you will be asked to change your password.
  - If you have forgotten your password, click on **Forgot User Name/Password?** And follow the prompts.
3. The MFA selection popup will appear.
4. Select the MFA method you would like to use and select "Continue".
5. Different popup windows will appear, depending on your selection.



### MFA Methods:

1. Select your preferred Multifactor Authentication Method: **Phone, Email or Authenticator App** and follow the prompts.

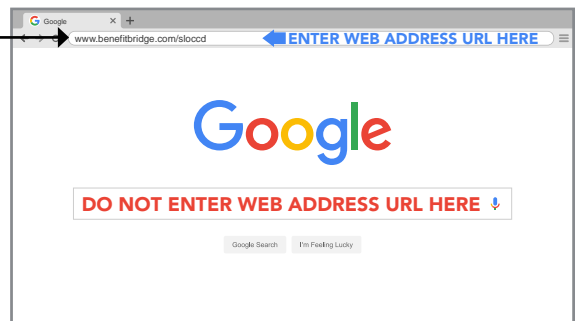
#### Download the Authenticator App

- Download the Microsoft Authenticator app (or the authenticator app of your choice) to your phone device using the Google Play Store or the Apple App Store.

**NOTE:** If you do not have a phone number or email listed in BenefitBridge, those options **will not be available** to you as preferred methods. Please contact your Benefits department to have your phone number and email address updated in BenefitBridge.

### Need to create login credentials?

1. In the **address bar**, type [www.benefitbridge.com/msjc](http://www.benefitbridge.com/msjc) (Not in the Bing, Google, Yahoo search engine field)
2. Click the **Enter** key, then follow the instructions below to register:
  - **STEP 1:** Select "Register" to **Create an Account**
    - You will need to create an account using your first and last names as they appear on your payroll statement.
  - **STEP 2:** Create a **Username** and **Password**
  - **STEP 3:** Select a picture, as instructed. You will be redirected to the User Login page to sign in.
  - **STEP 4:** Follow instructions in the **MFA Methods** section above.



## Enrolling in Benefits

Access your enrollment via the "Make Changes to My Benefits" button

For BenefitBridge technical assistance only, please contact BenefitBridge Customer Care at

**800.814.1862**

Monday – Friday, 8:00 AM - 5:00 PM, PST or email [benefitbridge@keenan.com](mailto:benefitbridge@keenan.com).



Once again, the REEP JPA has been hard at work, acting to implement plans and benefit enhancements designed to provide the REEP member districts with more options and reduce overall costs. Below is an overview of the updates and policy changes for the 2026-2027 plan year.



## NEW! Wondering which plan to choose this year?

Feeling stressed about the benefits selection process? Good news: you have access to your very own benefits pro, ALEX. All you have to do is answer a few short questions about your anticipated health insurance needs, and ALEX will help you find the best plan for your needs and budget. - <https://start.myalex.com/msjcc>

## REEP Health Center for Anthem PPO, HSA and MVP Members

As part of your benefits through REEP, you and your eligible family members now have access to Marathon Health virtual care.

Available for REEP members on Anthem PPO/HSA/MVP health plans!

Virtual care at no cost with Marathon Health:

- Little to no cost
- See a provider virtually through our secure portal
- Same-and next-day visits for immediate care needs
- 24/7 virtual access to manage your care
- More time with your provider
- Annual wellness review
- Condition management
- Diet and nutrition review and counseling
- Lab test recommendations
- Medication management
- Sick and immediate care

Our Health Center has updated its hours to better accommodate our members' schedules. Additionally, we have welcomed a new provider to our team, enhancing the quality of care available to our members. See the flyer on the Marathon Health Center on page 33 for additional information.

The Marathon Health Center covers up to 90% of your comprehensive and primary care needs with virtually no out-of-pocket costs (\$0 copay for all preventive services for PPO and HSA plan participants. \$0 copay for non-preventive services for PPO members and only a \$10 copay for HSA plan participants). REEP participating school district/college employees and dependents on **PPO, HSA or MVP** plans can access Marathon Health services including virtual care and 24/7 access to your provider for emergencies.

Marathon Health Center services include, but are not limited to the following:

- Annual physical exams
- Chronic condition management
- Full-scope family medicine
- Men's and women's health
- Mental health screenings
- No cost onsite lab work
- School and sports physicals
- Select onsite medications at little to no cost
- Sick and urgent care
- Same and next day appointments
- 24/7 phone access to your care team for urgent needs

To learn more, visit <https://marathon.health/>

## Plan Updates for 2026:

### Anthem and Kaiser Medical Changes

In compliance with federal mandates, we have updated the deductibles for our HSA plans. The HSA 1650 plan will now be known as HSA 1.

## Kaiser Treatment for infertility and fertility services

For plans renewed on or after July 1, 2025, Kaiser Permanente will cover:

- Services required to diagnose infertility, including laboratory and imaging services
- Services to treat infertility, including medications, artificial insemination, and in vitro fertilization

Members will have the same cost share for fertility services (such as imaging or lab tests) as they do when they receive those services for other conditions. Deductibles, copayments, and coinsurance for fertility services will be applied to any out-of-pocket maximums for their benefit plan.

### SB 729: Infertility & Fertility Coverage

Kaiser Permanente is committed to continuing to provide our members with high-quality care to help them start or grow a family.

We will comply with all applicable requirements of California's SB 729, which imposes new coverage requirements for infertility and fertility services for fully insured large group plans, effective upon the plan's renewal date on or after January 1, 2026.

SB 729 includes coverage for the diagnosis and treatment of infertility and fertility services, including artificial insemination, IVF, and fertility drugs as medically indicated. Cost sharing for fertility services will match the plan's cost sharing for non-fertility medical services. Once we receive final guidance from the California regulator on what SB 729 coverage entails, we will share more details.

### AB 904 Doula Services

What is a doula? A doula is a nonmedical, trained professional who supports people during pregnancy, labor and postpartum.

As of January 1, 2026, members must select a Kaiser Permanente contracted doula to receive covered services. However, members who began working with a non-contracted doula prior to January 1, 2026, can continue to receive covered services from that doula until they exhaust their doula benefit for their pregnancy.

### SB 40: Insulin Cost Share Requirements

Prohibits health plans and health insurers from imposing a copayment, coinsurance, deductible (including High Deductible Health Plans (HDHP), or any other cost sharing on self-administered outpatient insulin prescription drugs that exceeds \$35 for a 30-day supply.

### New Home Medical Equipment Vendor

Starting December 1, 2025, Kaiser Permanente switched from Apria Healthcare to AdaptHealth

- The transition to Kaiser Permanente's new Home Medical Equipment vendor, AdaptHealth, continues to roll out across all KP regions
- On February 1, members in the Southern California, Colorado, and Northwest regions transitioned to AdaptHealth.

## Anthem IVF Legislation

### Executive Summary

Infertility and fertility services coverages will be effective July 1, 2026. This bill requires large group health care plans to cover infertility and fertility services, removing the ban on in-vitro fertilization, and revises the definition of "infertility."

### Key Requirements

#### 1. Large Group Plans:

- Cover infertility and fertility services, effective July 1, 2026.
- Include up to three oocyte retrievals with unlimited embryo transfers.
- Excludes specialized contracts.

#### 2. Notices:

- All group plans must inform members of fertility coverage in their evidence of coverage.

#### 3. Infertility Definition:

- Based on medical history, inability to reproduce, or unsuccessful conception after set periods depending on age.

#### 4. Coverage Prohibitions:

- No exclusions or restrictions on fertility medications differing from other prescriptions.
- No denial of coverage due to participation by a third party (e.g., donor, surrogate).
- Standardized cost-sharing with other services.

#### 5. Rights Preservation:

- Does not remove existing rights or benefits for infertility coverage.

#### 6. Non-Discrimination:

- Coverage must be irrespective of various personal characteristics except as per clinical judgment.

#### 7. Religious Employer Exemption:

- Excludes religious employers, defined under current codes.

#### 8. Applicability:

- Applies to all policies for California residents, regardless of the contract location.

### Feedback from Compliance

- **Financial Impact:** The financial impact on FI rates and ASO claims is still being evaluated. Under the mandate, Large Group plans must cover infertility diagnosis and treatment for plans issued, amended, or renewed on or after July 1, 2025. Small Groups must offer the same coverage, potentially as a rider instead of a benefit expansion.
- **Benefits Changes:** The mandate removes the exclusion of in vitro fertilization from coverage and redefines "infertility." Additional guidance from the CA regulator, DMHC, will be provided in an upcoming All Plan Letter. (expected in the next few weeks)
- **CA Plan Implementation Status:** The statutory effective date is July 1, 2025. However, the Governor has shown interest in delaying it to January 1, 2026, which would require legislative action. The Government Relations team is seeking further clarity.

## Transcarent

For PPO, HSA and MVP Members Only

### Understanding Your Surgical Benefit with Anthem and Transcarent

REEP has partnered with Transcarent to help members make confident, informed decisions when planning a surgical procedure.

Every year, unnecessary or misaligned surgeries can lead to higher costs, avoidable complications, and additional follow-up care. Transcarent is here to help you better understand your options and connect with high-quality surgical care that delivers excellent outcomes — often at low or no out-of-pocket cost to you.

Transcarent works alongside Anthem to:

- Connect you with top-tier facilities that specialize in your procedure
- Help you understand how your surgical benefits work
- Provide concierge support for scheduling, billing, and questions

This support is designed to complement your Anthem medical coverage and make the surgical experience easier to navigate.

### How Transcarent Can Support You

If you're planning an elective surgery, you're encouraged to speak with a Transcarent Care Coordinator. This conversation is optional but can be a helpful step in understanding your benefits and care choices.

## What You Can Expect

During a consultation, a Transcarent Care Coordinator can:

- Learn more about your planned procedure
- Review your Anthem surgical benefits
- Share high-quality, cost-effective care options
- Answer questions and help you feel confident about next steps

Many members find this support valuable as they prepare for surgery and explore their options.

## Your Choice, Your Care

After speaking with Transcarent, you decide how to move forward:

- You may choose a Transcarent Surgical Center of Excellence, which can offer high-quality care and potential cost savings, **or**
- You can continue with your traditional Anthem provider and network options

Using Transcarent is entirely your choice and does not limit your access to Anthem benefits.

## How to Connect with Transcarent

Getting started is easy and on your schedule:

- Download the Transcarent app
- Visit [member.transcarent.com](https://member.transcarent.com)
- Call [844-643-0606](tel:844-643-0606)

Transcarent is available to support you whenever questions come up — whether you're early in the decision-making process or already planning your surgery.



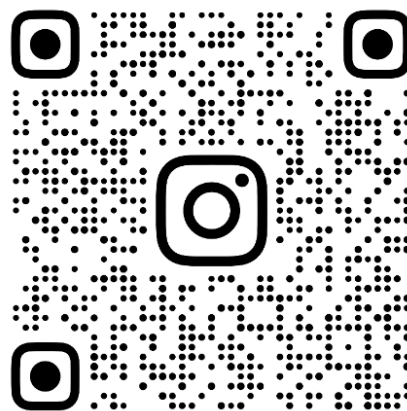


**REEP has a new Instagram Page! Follow to stay up to date on REEP Employee Benefits!**

Click the URL: [https://www.instagram.com/reep\\_benefits/](https://www.instagram.com/reep_benefits/), scan the QR code, or look us up on the app @reep\_benefits to follow.

**Bi-weekly random follower drawings for \$100!**

\*Must fill out form in bio to enter



**REEP\_BENEFITS**

# Medical: Plan Options



Whether you have a common cold or will be undergoing surgery, medical benefits cover a range of services and can provide peace of mind to help you offset health care costs.

You have several health plans options to choose from under the REEP umbrella. The main difference between the plans are network of providers and copays for services. There is Kaiser plan options and Anthem HMO plan options to choose from.

Kaiser Medical Plans	
<ul style="list-style-type: none"> <li>• HMO 20</li> <li>• DHMO 500</li> </ul>	<ul style="list-style-type: none"> <li>• HSA</li> <li>• MVP</li> </ul>

Anthem Medical Plans		
<ul style="list-style-type: none"> <li>• Anthem HMO 20</li> </ul>	<ul style="list-style-type: none"> <li>• Anthem PPO 500 90/70</li> </ul>	<ul style="list-style-type: none"> <li>• Anthem HSA 1 (1700)</li> </ul>
<ul style="list-style-type: none"> <li>• Anthem HMO 30</li> </ul>	<ul style="list-style-type: none"> <li>• Anthem PPO 750</li> </ul>	<ul style="list-style-type: none"> <li>• Anthem PPO MVP 5900</li> </ul>
<ul style="list-style-type: none"> <li>• Anthem DHMO 500</li> </ul>	<ul style="list-style-type: none"> <li>• Anthem PPO 1250</li> </ul>	

## NEW! Wondering which plan to choose this year?

Feeling stressed about the benefits selection process? Good news: you have access to your very own benefits pro, ALEX. All you have to do is answer a few short questions about your anticipated health insurance needs, and ALEX will help you find the best plan for your needs and budget. - <https://start.myalex.com/msjcc>

## Selecting a Plan that's Right for You

When choosing a health plan, it's important to consider several key factors:

- **Choice:** If you have preferred doctors, specialists, or medical facilities, ensure that the plan you select covers services from these providers. Some health plans limit your choice of providers, while others offer more flexibility.
- **Cost:** Cost is often a significant factor in selecting a plan. Be sure to look at various cost components such as deductibles, copayments, and coinsurance, as well as the amount deducted from your payroll for the plan.

**CLICK HERE to watch a video on Health Maintenance Organizations (HMO)**

**CLICK HERE to watch a video on Preferred Provider Organizations (PPO)**

**CLICK HERE to watch a video on PPO vs HMO**

**CLICK HERE to watch a video on How to Optimize Your HSA**

**CLICK HERE to watch a video on Health Savings Accounts (HSA)**

# Rates: Full Time Employees – Classified



## Full Time Employees - Faculty, Sup/Conf, Administrators Employee Contribution Rates for 2026-2027

The amount listed is the employee's share of the monthly premium and includes District contribution for coverage beginning 7/1/2026 through 6/30/2027.

**\*\* For 10 month pay, premiums will be deducted in August through May \*\***

Pay Cycle	Anthem HMO Plan Packages	Employee	Employee + Spouse/RDP	Employee + Children	Family
12 month	Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$808.96	\$514.78	\$1,251.81
11 month	Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$882.50	\$561.58	\$1,365.61
10 month	Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$970.75	\$617.74	\$1,502.17
12 month	Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$ 0.00	\$672.51	\$397.83	\$1,060.13
11 month	Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$ 0.00	\$733.65	\$434.00	\$1,156.50
10 month	Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$ 0.00	\$807.01	\$477.40	\$1,272.15
12 month	Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$492.39	\$243.44	\$807.12
11 month	Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$537.15	\$265.57	\$880.49
10 month	Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$590.87	\$292.13	\$968.54

Pay Cycle	Anthem PPO Plan Packages	Employee	Employee + Spouse/RDP	Employee + Children	Family
12 month	Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$997.12	\$3,206.70	\$2,569.99	\$4,620.07
11 month	Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$1,087.77	\$3,498.22	\$2,803.63	\$5,040.07
10 month	Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$1,196.54	\$3,848.04	\$3,083.99	\$5,544.08
12 month	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$786.64	\$2,764.69	\$2,191.13	\$3,999.14
11 month	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$858.15	\$3,016.03	\$2,390.32	\$4,362.69
10 month	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$943.97	\$3,317.63	\$2,629.36	\$4,798.96
12 month	Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO	\$274.40	\$1,688.98	\$1,252.73	\$2,488.04
11 month	Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO	\$299.35	\$1,842.52	\$1,384.48	\$2,714.22
10 month	Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO	\$329.28	\$2,026.78	\$1,522.93	\$2,985.64
12 month	Anthem PPO HSA 1650 / VSP Vision / Delta Dental PPO	\$60.06	\$1,238.89	\$883.30	\$1,855.76
11 month	Anthem PPO HSA 1650 / VSP Vision / Delta Dental PPO	\$65.52	\$1,351.52	\$963.60	\$2,024.46
10 month	Anthem PPO HSA 1650 / VSP Vision / Delta Dental PPO	\$72.07	\$1,486.67	\$1,059.96	\$2,226.91

Pay Cycle	Kaiser HMO Plan Packages	Employee	Employee + Spouse/RDP	Employee + Children	Family
12 month	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$783.02	\$598.39	\$1,130.89
11 month	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$854.20	\$652.79	\$1,233.69
10 month	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$939.62	\$718.07	\$1,357.06
12 month	Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$450.58	\$296.21	\$677.59
11 month	Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$491.54	\$323.14	\$739.18
10 month	Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$540.70	\$355.45	\$813.10
12 month	Kaiser HSA 1600 / VSP Vision / Delta Dental PPO	\$ 0.00	\$302.60	\$161.63	\$475.76
11 month	Kaiser HSA 1600 / VSP Vision / Delta Dental PPO	\$ 0.00	\$330.11	\$176.32	\$519.01
10 month	Kaiser HSA 1600 / VSP Vision / Delta Dental PPO	\$ 0.00	\$363.12	\$193.96	\$570.91

Pay Cycle	Minimum Value Plan Packages	Employee	Employee + Spouse/RDP	Employee + Children	Family
12 month	Kaiser MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$37.92	\$ 0.00	\$114.89
11 month	Kaiser MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$41.37	\$ 0.00	\$125.33
10 month	Kaiser MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$45.50	\$ 0.00	\$137.86
12 month	PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
11 month	PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
10 month	PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00



For questions, please email our Benefits Department at [benefits@msjc.edu](mailto:benefits@msjc.edu). For more information on medical, dental, vision, life insurance, and other voluntary plans, and to review Benefit Plan Summaries, please visit our website [MSJC Employee Benefits](#). Employee paid premiums are processed on post-tax basis unless enrolled in pre-tax basis through American Fidelity. RDP=Registered Domestic Partner

# Rates: Full Time Employees – Classified (continued)



## Full Time Employees – Classified Employee Contribution Rates for 2026-2027

The amount listed is the employee's share of the monthly premium and includes District contribution for coverage beginning 7/1/2026 through 6/30/2027.

Anthem HMO Plan Packages	Employee	Employee+ Spouse/RDP	Employee+ Children	Family
Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$808.96	\$514.78	\$1,251.81
Anthem HMO 20 / VSP Vision / Anthem PPO	\$ 0.00	\$783.62	\$489.44	\$1,226.47
Anthem HMO 20 / VSP Vision / MetLife DHMO	\$ 0.00	\$736.36	\$444.17	\$1,181.20
Anthem HMO 20 / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$802.09	\$507.91	\$1,244.94
Anthem HMO 20 / EyeMed Vision / Anthem PPO	\$ 0.00	\$776.75	\$482.57	\$1,219.60
Anthem HMO 20 / EyeMed Vision / MetLife DHMO	\$ 0.00	\$729.49	\$437.30	\$1,174.33
Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$ 0.00	\$672.51	\$397.83	\$1,060.13
Anthem HMO 30 / VSP Vision / Anthem PPO	\$ 0.00	\$647.17	\$372.49	\$1,034.79
Anthem HMO 30 / VSP Vision / MetLife DHMO	\$ 0.00	\$599.91	\$327.22	\$989.52
Anthem HMO 30 / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$665.64	\$390.96	\$1,053.26
Anthem HMO 30 / EyeMed Vision / Anthem PPO	\$ 0.00	\$640.30	\$365.62	\$1,027.92
Anthem HMO 30 / EyeMed Vision / MetLife DHMO	\$ 0.00	\$593.04	\$320.35	\$982.65
Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$492.39	\$243.44	\$807.12
Anthem DHMO 500 / VSP Vision / Anthem PPO	\$ 0.00	\$467.05	\$218.10	\$781.78
Anthem DHMO 500 / VSP Vision / MetLife DHMO	\$ 0.00	\$419.79	\$172.83	\$736.51
Anthem DHMO 500 / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$485.52	\$236.57	\$800.25
Anthem DHMO 500 / EyeMed Vision / Anthem PPO	\$ 0.00	\$460.18	\$211.23	\$774.91
Anthem DHMO 500 / EyeMed Vision / MetLife DHMO	\$ 0.00	\$412.92	\$165.96	\$729.64

Anthem PPO Plan Packages	Employee	Employee + Spouse/RDP	Employee+ Children	Family
Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$997.12	\$3,206.70	\$2,569.99	\$4,620.07
Anthem PPO 500 / VSP Vision / Anthem PPO	\$971.78	\$3,181.36	\$2,544.65	\$4,594.73
Anthem PPO 500 / VSP Vision / MetLife DHMO	\$908.60	\$3,134.10	\$2,499.38	\$4,549.46
Anthem PPO 500 / EyeMed Vision / Delta Dental PPO	\$990.25	\$3,199.83	\$2,563.12	\$4,613.20
Anthem PPO 500 / EyeMed Vision / Anthem PPO	\$964.91	\$3,174.49	\$2,537.78	\$4,587.86
Anthem PPO 500 / EyeMed Vision / MetLife DHMO	\$901.73	\$3,127.23	\$2,492.51	\$4,542.59
Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$786.64	\$2,764.69	\$2,191.13	\$3,999.14
Anthem PPO 750 / VSP Vision / Anthem PPO	\$761.30	\$2,739.35	\$2,165.79	\$3,973.80
Anthem PPO 750 / VSP Vision / MetLife DHMO	\$698.12	\$2,692.09	\$2,120.52	\$3,928.53
Anthem PPO 750 / EyeMed Vision / Delta Dental PPO	\$779.77	\$2,757.82	\$2,184.26	\$3,992.27
Anthem PPO 750 / EyeMed Vision / Anthem PPO	\$754.43	\$2,732.48	\$2,158.92	\$3,966.93
Anthem PPO 750 / EyeMed Vision / MetLife DHMO	\$691.25	\$2,685.22	\$2,113.65	\$3,921.66
Anthem PPO ESS 1250 / VSP Vision / Delta Dental PPO	\$274.40	\$1,688.98	\$1,269.11	\$2,488.04
Anthem PPO ESS 1250 / VSP Vision / Anthem PPO	\$249.06	\$1,663.64	\$1,243.77	\$2,462.70
Anthem PPO ESS 1250 / VSP Vision / MetLife DHMO	\$185.88	\$1,616.38	\$1,198.50	\$2,417.43
Anthem PPO ESS 1250 / EyeMed Vision / Delta Dental PPO	\$267.53	\$1,682.11	\$1,262.24	\$2,481.17
Anthem PPO ESS 1250 / EyeMed Vision / Anthem PPO	\$242.19	\$1,656.77	\$1,236.90	\$2,455.83
Anthem PPO ESS 1250 / EyeMed Vision / MetLife DHMO	\$179.01	\$1,609.51	\$1,191.63	\$2,410.56
Anthem PPO HSA 1650 / VSP Vision / Delta Dental PPO	\$60.06	\$1,238.89	\$883.30	\$1,855.76
Anthem PPO HSA 1650 / VSP Vision / Anthem PPO	\$34.72	\$1,213.55	\$857.96	\$1,830.42
Anthem PPO HSA 1650 / VSP Vision / MetLife DHMO	\$ 0.00	\$1,166.29	\$812.69	\$1,785.15
Anthem PPO HSA 1650 / EyeMed Vision / Delta Dental PPO	\$53.19	\$1,232.02	\$876.43	\$1,848.89
Anthem PPO HSA 1650 / EyeMed Vision / Anthem PPO	\$27.85	\$1,206.68	\$851.09	\$1,823.55
Anthem PPO HSA 1650 / EyeMed Vision / MetLife DHMO	\$ 0.00	\$1,159.42	\$805.82	\$1,778.28



For questions, please email our Benefits Department at [benefits@msjc.edu](mailto:benefits@msjc.edu). For more information on medical, dental, vision, life insurance, and other voluntary plans, and to review Benefit Plan Summaries, please visit our website [MSJC Employee Benefits](#). Employee paid premiums are processed on post-tax basis unless enrolled in pre-tax basis through American Fidelity. RDP=Registered Domestic Partner

# Rates: Full Time Employees - Faculty, Sup/Conf, Administrators



## Full Time Employees – Classified Employee Contribution Rates for 2026-2027

The amount listed is the employee's share of the monthly premium and includes District contribution for coverage beginning 7/1/2026 through 6/30/2027.

Kaiser HMO Plan Packages	Employee	Employee+ Spouse/RDP	Employee + Children	Family
Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$ 0.00	\$783.02	\$598.39	\$1,130.89
Kaiser HMO 20 / VSP Vision / Anthem PPO	\$ 0.00	\$757.68	\$573.05	\$1,105.55
Kaiser HMO 20 / VSP Vision / MetLife DHMO	\$ 0.00	\$710.42	\$527.78	\$1,060.28
Kaiser HMO 20 / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$776.15	\$591.52	\$1,124.02
Kaiser HMO 20 / EyeMed Vision / Anthem PPO	\$ 0.00	\$750.81	\$566.18	\$1,098.68
Kaiser HMO 20 / EyeMed Vision / MetLife DHMO	\$ 0.00	\$703.55	\$520.91	\$1,053.41
Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$ 0.00	\$450.58	\$296.21	\$677.59
Kaiser DHMO 500 / VSP Vision / Anthem PPO	\$ 0.00	\$425.24	\$270.87	\$652.25
Kaiser DHMO 500 / VSP Vision / MetLife DHMO	\$ 0.00	\$377.98	\$225.60	\$606.98
Kaiser DHMO 500 / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$443.71	\$289.34	\$670.72
Kaiser DHMO 500 / EyeMed Vision / Anthem PPO	\$ 0.00	\$418.37	\$264.00	\$645.38
Kaiser DHMO 500 / EyeMed Vision / MetLife DHMO	\$ 0.00	\$371.11	\$218.73	\$600.11
Kaiser HSA / VSP Vision / Delta Dental PPO	\$ 0.00	\$302.60	\$161.63	\$475.76
Kaiser HSA / VSP Vision / Anthem PPO	\$ 0.00	\$277.26	\$136.29	\$450.42
Kaiser HSA / VSP Vision / MetLife DHMO	\$ 0.00	\$230.00	\$91.02	\$405.15
Kaiser HSA / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$295.73	\$154.76	\$468.89
Kaiser HSA / EyeMed Vision / Anthem PPO	\$ 0.00	\$270.39	\$129.42	\$443.55
Kaiser HSA / EyeMed Vision / MetLife DHMO	\$ 0.00	\$223.13	\$84.15	\$398.28

Minimum Value Plan Packages	Employee	Employee + Spouse/RDP	Employee + Children	Family
Kaiser MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$37.92	\$ 0.00	\$114.89
Kaiser MVP / VSP Vision / Anthem PPO	\$ 0.00	\$12.58	\$ 0.00	\$89.55
Kaiser MVP / VSP Vision / MetLife DHMO	\$ 0.00	\$ 0.00	\$ 0.00	\$44.28
Kaiser MVP / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$31.05	\$ 0.00	\$108.02
Kaiser MVP / EyeMed Vision / Anthem PPO	\$ 0.00	\$ 5.71	\$ 0.00	\$82.68
Kaiser MVP / EyeMed Vision / MetLife DHMO	\$ 0.00	\$ 0.00	\$ 0.00	\$37.41
PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PPO CHOICE MVP / VSP Vision / Anthem PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PPO CHOICE MVP / VSP Vision / MetLife DHMO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PPO CHOICE MVP / EyeMed Vision / Delta Dental PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PPO CHOICE MVP / EyeMed Vision / Anthem PPO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PPO CHOICE MVP / EyeMed Vision / MetLife DHMO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00



For questions, please email our Benefits Department at [benefits@msjc.edu](mailto:benefits@msjc.edu). For more information on medical, dental, vision, life insurance, and other voluntary plans, and to review Benefit Plan Summaries, please visit our website [MSJC Employee Benefits](http://MSJC Employee Benefits). Employee paid premiums are processed on post-tax basis unless enrolled in pre-tax basis through American Fidelity. RDP=Registered Domestic Partner

# Rates: Part Time Employees



## Part Time Employees Employee Contribution Rates for 2026-2027

The amount listed is the employee's share of the monthly premium and includes District contribution for coverage beginning 7/1/2026 through 6/30/2027.

Hours	Anthem HMO Plan Packages	Employee	Employee+ Spouse/RDP	Employee+ Children	Family
32 hours	Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$221.07	\$1,083.96	\$789.78	\$1,604.93
30 hours	Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$276.34	\$1,152.71	\$858.53	\$1,693.21
29 hours	Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$303.97	\$1,187.09	\$892.91	\$1,737.35
27.5 hours	Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$345.42	\$1,238.65	\$944.47	\$1,803.56
20 hours	Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$552.67	\$1,496.46	\$1,202.28	\$2,134.62
19 hours	Anthem HMO 20 / VSP Vision / Delta Dental PPO	\$580.30	\$1,530.84	\$1,236.66	\$2,178.76
32 hours	Anthem HMO 20 / VSP Vision / Anthem PPO	\$216.00	\$1,058.62	\$764.44	\$1,579.59
30 hours	Anthem HMO 20 / VSP Vision / Anthem PPO	\$270.00	\$1,127.37	\$833.19	\$1,667.87
29 hours	Anthem HMO 20 / VSP Vision / Anthem PPO	\$297.00	\$1,161.75	\$867.57	\$1,712.01
27.5 hours	Anthem HMO 20 / VSP Vision / Anthem PPO	\$337.50	\$1,213.31	\$919.13	\$1,778.22
20 hours	Anthem HMO 20 / VSP Vision / Anthem PPO	\$540.00	\$1,471.12	\$1,176.94	\$2,109.28
19 hours	Anthem HMO 20 / VSP Vision / Anthem PPO	\$567.00	\$1,505.50	\$1,211.32	\$2,153.42
32 hours	Anthem HMO 20 / VSP Vision / MetLife DHMO	\$203.36	\$1,011.36	\$719.17	\$1,534.32
30 hours	Anthem HMO 20 / VSP Vision / MetLife DHMO	\$254.21	\$1,080.11	\$787.92	\$1,622.60
29 hours	Anthem HMO 20 / VSP Vision / MetLife DHMO	\$279.63	\$1,114.49	\$822.30	\$1,666.74
27.5 hours	Anthem HMO 20 / VSP Vision / MetLife DHMO	\$317.76	\$1,166.05	\$873.86	\$1,732.95
20 hours	Anthem HMO 20 / VSP Vision / MetLife DHMO	\$508.41	\$1,423.86	\$1,131.67	\$2,064.01
19 hours	Anthem HMO 20 / VSP Vision / MetLife DHMO	\$533.83	\$1,458.24	\$1,166.05	\$2,108.15
32 hours	Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$208.07	\$947.51	\$672.83	\$1,413.25
30 hours	Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$260.09	\$1,016.26	\$741.58	\$1,501.53
29 hours	Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$286.10	\$1,050.64	\$775.96	\$1,545.67
27.5 hours	Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$325.11	\$1,102.20	\$827.52	\$1,611.88
20 hours	Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$520.18	\$1,360.01	\$1,085.33	\$1,942.94
19 hours	Anthem HMO 30 / VSP Vision / Delta Dental PPO	\$546.19	\$1,394.39	\$1,119.71	\$1,987.08
32 hours	Anthem HMO 30 / VSP Vision / Anthem PPO	\$203.00	\$922.17	\$647.49	\$1,387.91
30 hours	Anthem HMO 30 / VSP Vision / Anthem PPO	\$253.76	\$990.92	\$716.24	\$1,476.19
29 hours	Anthem HMO 30 / VSP Vision / Anthem PPO	\$279.13	\$1,025.30	\$750.62	\$1,520.33
27.5 hours	Anthem HMO 30 / VSP Vision / Anthem PPO	\$317.19	\$1,076.86	\$802.18	\$1,586.54
20 hours	Anthem HMO 30 / VSP Vision / Anthem PPO	\$507.51	\$1,334.67	\$1,059.99	\$1,917.60
19 hours	Anthem HMO 30 / VSP Vision / Anthem PPO	\$532.89	\$1,369.05	\$1,094.37	\$1,961.74
32 hours	Anthem HMO 30 / VSP Vision / MetLife DHMO	\$190.37	\$874.91	\$602.22	\$1,342.64
30 hours	Anthem HMO 30 / VSP Vision / MetLife DHMO	\$237.96	\$943.66	\$670.97	\$1,430.92
29 hours	Anthem HMO 30 / VSP Vision / MetLife DHMO	\$261.76	\$978.04	\$705.35	\$1,475.06
27.5 hours	Anthem HMO 30 / VSP Vision / MetLife DHMO	\$297.45	\$1,029.60	\$756.91	\$1,541.27
20 hours	Anthem HMO 30 / VSP Vision / MetLife DHMO	\$475.92	\$1,287.41	\$1,014.72	\$1,872.33
19 hours	Anthem HMO 30 / VSP Vision / MetLife DHMO	\$499.72	\$1,321.79	\$1,049.10	\$1,916.47
32 hours	Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$190.92	\$767.39	\$518.44	\$1,160.24
30 hours	Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$238.65	\$836.14	\$587.19	\$1,248.52
29 hours	Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$262.52	\$870.52	\$621.57	\$1,292.66
27.5 hours	Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$298.31	\$922.08	\$673.13	\$1,358.87
20 hours	Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$477.30	\$1,179.89	\$930.94	\$1,689.93
19 hours	Anthem DHMO 500 / VSP Vision / Delta Dental PPO	\$501.17	\$1,214.27	\$965.32	\$1,734.07
32 hours	Anthem DHMO 500 / VSP Vision / Anthem PPO	\$185.85	\$742.05	\$493.10	\$1,134.90
30 hours	Anthem DHMO 500 / VSP Vision / Anthem PPO	\$232.32	\$810.80	\$561.85	\$1,223.18
29 hours	Anthem DHMO 500 / VSP Vision / Anthem PPO	\$255.55	\$845.18	\$596.23	\$1,267.32
27.5 hours	Anthem DHMO 500 / VSP Vision / Anthem PPO	\$290.39	\$896.74	\$647.79	\$1,333.53
20 hours	Anthem DHMO 500 / VSP Vision / Anthem PPO	\$464.63	\$1,154.55	\$905.60	\$1,664.59
19 hours	Anthem DHMO 500 / VSP Vision / Anthem PPO	\$487.86	\$1,188.93	\$939.98	\$1,708.73
32 hours	Anthem DHMO 500 / VSP Vision / MetLife DHMO	\$173.22	\$694.79	\$447.83	\$1,089.63
30 hours	Anthem DHMO 500 / VSP Vision / MetLife DHMO	\$216.52	\$763.54	\$516.58	\$1,177.91
29 hours	Anthem DHMO 500 / VSP Vision / MetLife DHMO	\$238.17	\$797.92	\$550.96	\$1,222.05
27.5 hours	Anthem DHMO 500 / VSP Vision / MetLife DHMO	\$270.65	\$849.48	\$602.52	\$1,288.26
20 hours	Anthem DHMO 500 / VSP Vision / MetLife DHMO	\$433.04	\$1,107.29	\$860.33	\$1,619.32
19 hours	Anthem DHMO 500 / VSP Vision / MetLife DHMO	\$454.69	\$1,141.67	\$894.71	\$1,663.46



For questions, please email our Benefits Department at [benefits@msjc.edu](mailto:benefits@msjc.edu). For more information on medical, dental, vision, life insurance, and other voluntary plans, and to review Benefit Plan Summaries, please visit our website [MSJC Employee Benefits](http://MSJC Employee Benefits). Employee paid premiums are processed on post-tax basis unless enrolled in pre-tax basis through American Fidelity. RDP=Registered Domestic Partner

# Rates: Part Time Employees (continued)



## Part Time Employees - Employee Contribution Rates for 2026-2027

The amount listed is the employee's share of the monthly premium and includes District contribution for coverage beginning 7/1/2026 through 6/30/2027.

Hours	Anthem PPO Plan Packages	Employee	Employee+ Spouse/RDP	Employee+ Children	Family
32 hours	Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$1,247.12	\$3,481.70	\$2,844.99	\$4,973.19
30 hours	Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$1,309.62	\$3,550.45	\$2,913.74	\$5,061.47
29 hours	Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$1,340.87	\$3,584.83	\$2,948.12	\$5,105.61
27.5 hours	Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$1,387.75	\$3,636.39	\$2,999.68	\$5,171.82
20 hours	Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$1,622.12	\$3,894.20	\$3,257.49	\$5,502.88
19 hours	Anthem PPO 500 / VSP Vision / Delta Dental PPO	\$1,653.37	\$3,928.58	\$3,291.87	\$5,547.02
32 hours	Anthem PPO 500 / VSP Vision / Anthem PPO	\$1,221.78	\$3,456.36	\$2,819.65	\$4,947.85
30 hours	Anthem PPO 500 / VSP Vision / Anthem PPO	\$1,284.28	\$3,525.11	\$2,888.40	\$5,036.13
29 hours	Anthem PPO 500 / VSP Vision / Anthem PPO	\$1,315.53	\$3,559.49	\$2,922.78	\$5,080.27
27.5 hours	Anthem PPO 500 / VSP Vision / Anthem PPO	\$1,362.41	\$3,611.05	\$2,974.34	\$5,146.48
20 hours	Anthem PPO 500 / VSP Vision / Anthem PPO	\$1,596.78	\$3,868.86	\$3,232.15	\$5,477.54
19 hours	Anthem PPO 500 / VSP Vision / Anthem PPO	\$1,628.03	\$3,903.24	\$3,266.53	\$5,521.68
32 hours	Anthem PPO 500 / VSP Vision / MetLife DHMO	\$1,158.60	\$3,409.10	\$2,774.38	\$4,902.58
30 hours	Anthem PPO 500 / VSP Vision / MetLife DHMO	\$1,221.10	\$3,477.85	\$2,843.13	\$4,990.86
29 hours	Anthem PPO 500 / VSP Vision / MetLife DHMO	\$1,252.35	\$3,512.23	\$2,877.51	\$5,035.00
27.5 hours	Anthem PPO 500 / VSP Vision / MetLife DHMO	\$1,299.23	\$3,563.79	\$2,929.07	\$5,101.21
20 hours	Anthem PPO 500 / VSP Vision / MetLife DHMO	\$1,533.60	\$3,821.60	\$3,186.88	\$5,432.27
19 hours	Anthem PPO 500 / VSP Vision / MetLife DHMO	\$1,564.85	\$3,855.98	\$3,221.26	\$5,476.41
32 hours	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$1,036.64	\$3,039.69	\$2,466.13	\$4,352.26
30 hours	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$1,099.14	\$3,108.44	\$2,534.88	\$4,440.54
29 hours	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$1,130.39	\$3,142.82	\$2,569.26	\$4,484.68
27.5 hours	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$1,177.27	\$3,194.38	\$2,620.82	\$4,550.89
20 hours	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$1,411.64	\$3,452.19	\$2,878.63	\$4,881.95
19 hours	Anthem PPO 750 / VSP Vision / Delta Dental PPO	\$1,442.89	\$3,486.57	\$2,913.01	\$4,926.09
32 hours	Anthem PPO 750 / VSP Vision / Anthem PPO	\$1,011.30	\$3,014.35	\$2,440.79	\$4,326.92
30 hours	Anthem PPO 750 / VSP Vision / Anthem PPO	\$1,073.80	\$3,083.10	\$2,509.54	\$4,415.20
29 hours	Anthem PPO 750 / VSP Vision / Anthem PPO	\$1,105.05	\$3,117.48	\$2,543.92	\$4,459.34
27.5 hours	Anthem PPO 750 / VSP Vision / Anthem PPO	\$1,151.93	\$3,169.04	\$2,595.48	\$4,525.55
20 hours	Anthem PPO 750 / VSP Vision / Anthem PPO	\$1,386.30	\$3,426.85	\$2,853.29	\$4,856.61
19 hours	Anthem PPO 750 / VSP Vision / Anthem PPO	\$1,417.55	\$3,461.23	\$2,887.67	\$4,900.75
32 hours	Anthem PPO 750 / VSP Vision / MetLife DHMO	\$948.12	\$2,967.09	\$2,395.52	\$4,281.65
30 hours	Anthem PPO 750 / VSP Vision / MetLife DHMO	\$1,010.62	\$3,035.84	\$2,464.27	\$4,369.93
29 hours	Anthem PPO 750 / VSP Vision / MetLife DHMO	\$1,041.87	\$3,070.22	\$2,498.65	\$4,414.07
27.5 hours	Anthem PPO 750 / VSP Vision / MetLife DHMO	\$1,088.75	\$3,121.78	\$2,550.21	\$4,480.28
20 hours	Anthem PPO 750 / VSP Vision / MetLife DHMO	\$1,323.12	\$3,379.59	\$2,808.02	\$4,811.34
19 hours	Anthem PPO 750 / VSP Vision / MetLife DHMO	\$1,354.37	\$3,413.97	\$2,842.40	\$4,855.48
32 hours	Anthem PPO ESS / VSP Vision / Delta Dental PPO	\$524.40	\$1,963.98	\$1,544.11	\$2,841.16
30 hours	Anthem PPO ESS / VSP Vision / Delta Dental PPO	\$586.90	\$2,032.73	\$1,612.86	\$2,929.44
29 hours	Anthem PPO ESS / VSP Vision / Delta Dental PPO	\$618.15	\$2,067.11	\$1,647.24	\$2,973.58
27.5 hours	Anthem PPO ESS / VSP Vision / Delta Dental PPO	\$665.03	\$2,118.67	\$1,698.80	\$3,039.79
20 hours	Anthem PPO ESS / VSP Vision / Delta Dental PPO	\$899.40	\$2,376.48	\$1,956.61	\$3,370.85
19 hours	Anthem PPO ESS / VSP Vision / Delta Dental PPO	\$930.65	\$2,410.86	\$1,990.99	\$3,414.99
32 hours	Anthem PPO ESS / VSP Vision / Anthem PPO	\$499.06	\$1,938.64	\$1,518.77	\$2,815.82
30 hours	Anthem PPO ESS / VSP Vision / Anthem PPO	\$561.56	\$2,007.39	\$1,587.52	\$2,904.10
29 hours	Anthem PPO ESS / VSP Vision / Anthem PPO	\$592.81	\$2,041.77	\$1,621.90	\$2,948.24
27.5 hours	Anthem PPO ESS / VSP Vision / Anthem PPO	\$639.69	\$2,093.33	\$1,673.46	\$3,014.45
20 hours	Anthem PPO ESS / VSP Vision / Anthem PPO	\$874.06	\$2,351.14	\$1,931.27	\$3,345.51
19 hours	Anthem PPO ESS / VSP Vision / Anthem PPO	\$905.31	\$2,385.52	\$1,965.65	\$3,389.65
32 hours	Anthem PPO ESS / VSP Vision / MetLife DHMO	\$435.88	\$1,891.38	\$1,473.50	\$2,770.55
30 hours	Anthem PPO ESS / VSP Vision / MetLife DHMO	\$498.38	\$1,960.13	\$1,542.25	\$2,858.83
29 hours	Anthem PPO ESS / VSP Vision / MetLife DHMO	\$529.63	\$1,994.51	\$1,576.63	\$2,902.97
27.5 hours	Anthem PPO ESS / VSP Vision / MetLife DHMO	\$576.51	\$2,046.07	\$1,628.19	\$2,969.18
20 hours	Anthem PPO ESS / VSP Vision / MetLife DHMO	\$810.88	\$2,303.88	\$1,886.00	\$3,300.24
19 hours	Anthem PPO ESS / VSP Vision / MetLife DHMO	\$842.13	\$2,338.26	\$1,920.38	\$3,344.38
32 hours	Anthem PPO HSA / VSP Vision / Delta Dental PPO	\$310.06	\$1,513.89	\$1,158.30	\$2,208.88
30 hours	Anthem PPO HSA / VSP Vision / Delta Dental PPO	\$372.56	\$1,582.64	\$1,227.05	\$2,297.16
29 hours	Anthem PPO HSA / VSP Vision / Delta Dental PPO	\$403.81	\$1,617.02	\$1,261.43	\$2,341.30
27.5 hours	Anthem PPO HSA / VSP Vision / Delta Dental PPO	\$450.69	\$1,668.58	\$1,312.99	\$2,407.51
20 hours	Anthem PPO HSA / VSP Vision / Delta Dental PPO	\$685.06	\$1,926.39	\$1,570.80	\$2,738.57
19 hours	Anthem PPO HSA / VSP Vision / Delta Dental PPO	\$716.31	\$1,960.77	\$1,605.18	\$2,782.71
32 hours	Anthem PPO HSA / VSP Vision / Anthem PPO	\$284.72	\$1,488.55	\$1,132.96	\$2,183.54
30 hours	Anthem PPO HSA / VSP Vision / Anthem PPO	\$347.22	\$1,557.30	\$1,201.71	\$2,271.82
29 hours	Anthem PPO HSA / VSP Vision / Anthem PPO	\$378.47	\$1,591.68	\$1,236.09	\$2,315.96
27.5 hours	Anthem PPO HSA / VSP Vision / Anthem PPO	\$425.35	\$1,643.24	\$1,287.65	\$2,382.17
20 hours	Anthem PPO HSA / VSP Vision / Anthem PPO	\$659.72	\$1,901.05	\$1,545.46	\$2,713.23
19 hours	Anthem PPO HSA / VSP Vision / Anthem PPO	\$690.97	\$1,935.43	\$1,579.84	\$2,757.37
32 hours	Anthem PPO HSA / VSP Vision / MetLife DHMO	\$221.54	\$1,441.29	\$1,087.69	\$2,138.27
30 hours	Anthem PPO HSA / VSP Vision / MetLife DHMO	\$284.04	\$1,510.04	\$1,156.44	\$2,226.55
29 hours	Anthem PPO HSA / VSP Vision / MetLife DHMO	\$315.29	\$1,544.42	\$1,190.82	\$2,270.69
27.5 hours	Anthem PPO HSA / VSP Vision / MetLife DHMO	\$362.17	\$1,595.98	\$1,242.38	\$2,336.90
20 hours	Anthem PPO HSA / VSP Vision / MetLife DHMO	\$596.54	\$1,853.79	\$1,500.19	\$2,667.96
19 hours	Anthem PPO HSA / VSP Vision / MetLife DHMO	\$627.79	\$1,888.17	\$1,534.57	\$2,712.10



For questions, please email our Benefits Department at [benefits@msjc.edu](mailto:benefits@msjc.edu). For more information on medical, dental, vision, life insurance, and other voluntary plans, and to review Benefit Plan Summaries, please visit our website [MSJC Employee Benefits](#). Employee paid premiums are processed on post-tax basis unless enrolled in pre-tax basis through American Fidelity. RDP=Registered Domestic Partner

# Rates: Part Time Employees (continued)



## Part Time Employees Employee Contribution Rates for 2026-2027

The amount listed is the employee's share of the monthly premium and includes District contribution for coverage beginning 7/1/2026 through 6/30/2027.

Hours	Kaiser Plan Packages	Employee	Employee + Spouse/RDP	Employee+ Children	Family
32 hours	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$210.05	\$1,058.02	\$873.39	\$1,484.01
30 hours	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$262.56	\$1,126.77	\$942.14	\$1,572.29
29 hours	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$288.82	\$1,161.15	\$976.52	\$1,616.43
27.5 hours	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$328.20	\$1,212.71	\$1,028.08	\$1,682.64
20 hours	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$525.12	\$1,470.52	\$1,285.89	\$2,013.70
19 hours	Kaiser HMO 20 / VSP Vision / Delta Dental PPO	\$551.38	\$1,504.90	\$1,320.27	\$2,057.84
32 hours	Kaiser HMO 20 / VSP Vision / Anthem PPO	\$204.98	\$1,032.68	\$848.05	\$1,458.67
30 hours	Kaiser HMO 20 / VSP Vision / Anthem PPO	\$256.23	\$1,101.43	\$916.80	\$1,546.95
29 hours	Kaiser HMO 20 / VSP Vision / Anthem PPO	\$281.85	\$1,135.81	\$951.18	\$1,591.09
27.5 hours	Kaiser HMO 20 / VSP Vision / Anthem PPO	\$320.28	\$1,187.37	\$1,002.74	\$1,657.30
20 hours	Kaiser HMO 20 / VSP Vision / Anthem PPO	\$512.45	\$1,445.18	\$1,260.55	\$1,988.36
19 hours	Kaiser HMO 20 / VSP Vision / Anthem PPO	\$538.07	\$1,479.56	\$1,294.93	\$2,032.50
32 hours	Kaiser HMO 20 / VSP Vision / MetLife DHMO	\$192.34	\$985.42	\$802.78	\$1,413.40
30 hours	Kaiser HMO 20 / VSP Vision / MetLife DHMO	\$240.43	\$1,054.17	\$871.53	\$1,501.68
29 hours	Kaiser HMO 20 / VSP Vision / MetLife DHMO	\$264.47	\$1,088.55	\$905.91	\$1,545.82
27.5 hours	Kaiser HMO 20 / VSP Vision / MetLife DHMO	\$300.54	\$1,140.11	\$957.47	\$1,612.03
20 hours	Kaiser HMO 20 / VSP Vision / MetLife DHMO	\$480.86	\$1,397.92	\$1,215.28	\$1,943.09
19 hours	Kaiser HMO 20 / VSP Vision / MetLife DHMO	\$504.90	\$1,432.30	\$1,249.66	\$1,987.23
32 hours	Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$179.83	\$725.58	\$571.21	\$1,030.71
30 hours	Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$224.78	\$794.33	\$639.96	\$1,118.99
29 hours	Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$247.26	\$828.71	\$674.34	\$1,163.13
27.5 hours	Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$280.98	\$880.27	\$725.90	\$1,229.34
20 hours	Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$449.57	\$1,138.08	\$983.71	\$1,560.40
19 hours	Kaiser DHMO 500 / VSP Vision / Delta Dental PPO	\$472.04	\$1,172.46	\$1,018.09	\$1,604.54
32 hours	Kaiser DHMO 500 / VSP Vision / Anthem PPO	\$174.76	\$700.24	\$545.87	\$1,005.37
30 hours	Kaiser DHMO 500 / VSP Vision / Anthem PPO	\$218.45	\$768.99	\$614.62	\$1,093.65
29 hours	Kaiser DHMO 500 / VSP Vision / Anthem PPO	\$240.29	\$803.37	\$649.00	\$1,137.79
27.5 hours	Kaiser DHMO 500 / VSP Vision / Anthem PPO	\$273.06	\$854.93	\$700.56	\$1,204.00
20 hours	Kaiser DHMO 500 / VSP Vision / Anthem PPO	\$436.90	\$1,112.74	\$958.37	\$1,535.06
19 hours	Kaiser DHMO 500 / VSP Vision / Anthem PPO	\$458.74	\$1,147.12	\$992.75	\$1,579.20
32 hours	Kaiser DHMO 500 / VSP Vision / MetLife DHMO	\$162.12	\$652.98	\$500.60	\$960.10
30 hours	Kaiser DHMO 500 / VSP Vision / MetLife DHMO	\$202.65	\$721.73	\$569.35	\$1,048.38
29 hours	Kaiser DHMO 500 / VSP Vision / MetLife DHMO	\$222.92	\$756.11	\$603.73	\$1,092.52
27.5 hours	Kaiser DHMO 500 / VSP Vision / MetLife DHMO	\$253.32	\$807.67	\$655.29	\$1,158.73
20 hours	Kaiser DHMO 500 / VSP Vision / MetLife DHMO	\$405.31	\$1,065.48	\$913.10	\$1,489.79
19 hours	Kaiser DHMO 500 / VSP Vision / MetLife DHMO	\$425.57	\$1,099.86	\$947.48	\$1,533.93
32 hours	Kaiser HSA / VSP Vision / Delta Dental PPO	\$166.37	\$577.60	\$436.63	\$828.88
30 hours	Kaiser HSA / VSP Vision / Delta Dental PPO	\$207.96	\$646.35	\$505.38	\$917.16
29 hours	Kaiser HSA / VSP Vision / Delta Dental PPO	\$228.76	\$680.73	\$539.76	\$961.30
27.5 hours	Kaiser HSA / VSP Vision / Delta Dental PPO	\$259.95	\$732.29	\$591.32	\$1,027.51
20 hours	Kaiser HSA / VSP Vision / Delta Dental PPO	\$415.93	\$990.10	\$849.13	\$1,358.57
19 hours	Kaiser HSA / VSP Vision / Delta Dental PPO	\$436.72	\$1,024.48	\$883.51	\$1,402.71
32 hours	Kaiser HSA / VSP Vision / Anthem PPO	\$161.30	\$566.82	\$411.29	\$803.54
30 hours	Kaiser HSA / VSP Vision / Anthem PPO	\$201.63	\$635.57	\$480.04	\$891.82
29 hours	Kaiser HSA / VSP Vision / Anthem PPO	\$221.79	\$669.95	\$514.42	\$935.96
27.5 hours	Kaiser HSA / VSP Vision / Anthem PPO	\$252.03	\$721.51	\$565.98	\$1,002.17
20 hours	Kaiser HSA / VSP Vision / Anthem PPO	\$403.26	\$979.32	\$823.79	\$1,333.23
19 hours	Kaiser HSA / VSP Vision / Anthem PPO	\$423.42	\$1,013.70	\$858.17	\$1,377.37
32 hours	Kaiser HSA / VSP Vision / MetLife DHMO	\$148.67	\$505.00	\$366.02	\$758.27
30 hours	Kaiser HSA / VSP Vision / MetLife DHMO	\$185.83	\$573.75	\$434.77	\$846.55
29 hours	Kaiser HSA / VSP Vision / MetLife DHMO	\$204.42	\$608.13	\$469.15	\$890.69
27.5 hours	Kaiser HSA / VSP Vision / MetLife DHMO	\$232.29	\$659.69	\$520.71	\$956.90
20 hours	Kaiser HSA / VSP Vision / MetLife DHMO	\$371.67	\$917.50	\$778.52	\$1,287.96
19 hours	Kaiser HSA / VSP Vision / MetLife DHMO	\$390.25	\$951.88	\$812.90	\$1,332.10



For questions, please email our Benefits Department at [benefits@msjc.edu](mailto:benefits@msjc.edu). For more information on medical, dental, vision, life insurance, and other voluntary plans, and to review Benefit Plan Summaries, please visit our website [MSJC Employee Benefits](#). Employee paid premiums are processed on post-tax basis unless enrolled in pre-tax basis through American Fidelity. RDP=Registered Domestic Partner

# Rates: Part Time Employees (continued)



## Part Time Employees Employee Contribution Rates for 2026-2027

The amount listed is the employee's share of the monthly premium and includes District contribution for coverage beginning 7/1/2026 through 6/30/2027.

Hours	Minimum Value Plan Packages	Employee	Employee + Spouse/RDP	Employee+ Children	Family
32 hours	Kaiser MVP / VSP Vision / Delta Dental PPO	\$142.31	\$312.92	\$196.03	\$468.01
30 hours	Kaiser MVP / VSP Vision / Delta Dental PPO	\$177.89	\$381.67	\$264.78	\$556.29
29 hours	Kaiser MVP / VSP Vision / Delta Dental PPO	\$195.68	\$416.05	\$299.16	\$600.43
27.5 hours	Kaiser MVP / VSP Vision / Delta Dental PPO	\$222.36	\$467.61	\$350.72	\$666.64
20 hours	Kaiser MVP / VSP Vision / Delta Dental PPO	\$355.78	\$725.42	\$608.53	\$997.70
19 hours	Kaiser MVP / VSP Vision / Delta Dental PPO	\$373.56	\$759.80	\$642.91	\$1,041.84
32 hours	Kaiser MVP / VSP Vision / Anthem PPO	\$137.24	\$287.58	\$170.69	\$442.67
30 hours	Kaiser MVP / VSP Vision / Anthem PPO	\$171.55	\$356.33	\$239.44	\$530.95
29 hours	Kaiser MVP / VSP Vision / Anthem PPO	\$188.71	\$390.71	\$273.82	\$575.09
27.5 hours	Kaiser MVP / VSP Vision / Anthem PPO	\$214.44	\$442.27	\$325.38	\$641.30
20 hours	Kaiser MVP / VSP Vision / Anthem PPO	\$343.11	\$700.08	\$583.19	\$972.36
19 hours	Kaiser MVP / VSP Vision / Anthem PPO	\$360.26	\$734.46	\$617.57	\$1,016.50
32 hours	Kaiser MVP / VSP Vision / MetLife DHMO	\$124.61	\$240.32	\$125.42	\$397.40
30 hours	Kaiser MVP / VSP Vision / MetLife DHMO	\$155.76	\$309.07	\$194.17	\$485.68
29 hours	Kaiser MVP / VSP Vision / MetLife DHMO	\$171.33	\$343.45	\$228.55	\$529.82
27.5 hours	Kaiser MVP / VSP Vision / MetLife DHMO	\$194.70	\$395.01	\$280.11	\$596.03
20 hours	Kaiser MVP / VSP Vision / MetLife DHMO	\$311.52	\$652.82	\$537.92	\$927.09
19 hours	Kaiser MVP / VSP Vision / MetLife DHMO	\$327.09	\$687.20	\$572.30	\$971.23
32 hours	PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$0.00	\$76.80	\$0.00	\$190.12
30 hours	PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$0.00	\$145.55	\$0.00	\$278.40
29 hours	PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$0.00	\$179.93	\$29.65	\$322.54
27.5 hours	PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$0.00	\$231.49	\$81.21	\$388.75
20 hours	PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$0.00	\$489.30	\$339.02	\$719.81
19 hours	PPO CHOICE MVP / VSP Vision / Delta Dental PPO	\$32.00	\$523.68	\$373.40	\$763.95
32 hours	PPO CHOICE MVP / VSP Vision / Anthem PPO	\$0.00	\$51.46	\$0.00	\$164.78
30 hours	PPO CHOICE MVP / VSP Vision / Anthem PPO	\$0.00	\$120.21	\$0.00	\$253.06
29 hours	PPO CHOICE MVP / VSP Vision / Anthem PPO	\$0.00	\$154.59	\$4.30	\$297.20
27.5 hours	PPO CHOICE MVP / VSP Vision / Anthem PPO	\$0.00	\$206.15	\$55.87	\$363.41
20 hours	PPO CHOICE MVP / VSP Vision / Anthem PPO	\$0.00	\$463.96	\$313.68	\$694.47
19 hours	PPO CHOICE MVP / VSP Vision / Anthem PPO	\$6.66	\$498.34	\$348.06	\$738.61
32 hours	PPO CHOICE MVP / VSP Vision / MetLife DHMO	\$0.00	\$4.20	\$0.00	\$119.51
30 hours	PPO CHOICE MVP / VSP Vision / MetLife DHMO	\$0.00	\$72.95	\$0.00	\$207.79
29 hours	PPO CHOICE MVP / VSP Vision / MetLife DHMO	\$0.00	\$107.33	\$0.00	\$251.93
27.5 hours	PPO CHOICE MVP / VSP Vision / MetLife DHMO	\$0.00	\$158.89	\$10.60	\$318.14
20 hours	PPO CHOICE MVP / VSP Vision / MetLife DHMO	\$0.00	\$416.70	\$268.41	\$649.20
19 hours	PPO CHOICE MVP / VSP Vision / MetLife DHMO	\$0.00	\$451.08	\$302.79	\$693.34



For questions, please email our Benefits Department at [benefits@msjc.edu](mailto:benefits@msjc.edu). For more information on medical, dental, vision, life insurance, and other voluntary plans, and to review Benefit Plan Summaries, please visit our website [MSJC Employee Benefits](#). Employee paid premiums are processed on post-tax basis unless enrolled in pre-tax basis through American Fidelity. **RDP**=Registered Domestic Partner

# ANTHEM & KAISER MEDICAL PLANS

# Anthem & Kaiser Medical Plan Comparisons

## Summary of Anthem HMO 20, HMO 30 & DHMO 500 Select Plans

	Anthem Blue Cross		
	HMO 20 - \$5/25/40 Rx	HMO 30 - \$10/30/60 Rx	DHMO 500 Select - \$10/30/60 Rx
<b>General Plan Information</b>			
• Annual Deductible/Individual	\$0	\$0	\$500
• Annual Deductible/Family	\$0	\$0	\$1,000
• Coinsurance	100%	100%	100%
• Office Visit/Exam	\$20 copay	\$30 copay	\$40 copay
• Outpatient Specialist Visit	\$20 copay	\$30 copay	\$40 copay
• Annual Out-of-Pocket Limit/Individual	\$500 Rx not included	\$500 Rx not included	\$1,500 Rx not included
• Annual Out-of-Pocket Limit/Family	\$1,500 Rx not included	\$1,500 Rx not included	\$4,500 Rx not included
• Deductible Included in Out-of-Pocket Limits	N/A	N/A	Yes
• Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited
• Primary Care Physician Election Required	Yes	Yes	Yes
<b>Outpatient Services</b>			
<b>Preventive Services</b>			
• Well-Child Care	100%	100%	100%
• Immunizations	100%	100%	100%
• Well Woman Exams	100%	100%	100%
• Mammograms	100%	100%	100%
• Adult Periodic Exams with Preventive Tests	100%	100%	100%
• Diagnostic X-Ray and Lab Tests	100% \$20 copay for CT/SPECT/PET/MRA/MRI	100% \$30 copay for CT/SPECT/PET/MRA/MRI	100% \$40 copay for CT/SPECT/PET/MRA/MRI
<b>Maternity Care</b>			
• Pregnancy and Maternity Care (Pre-Natal Care)	\$20 copay	\$30 copay	\$40 copay
<b>Inpatient Hospital Services</b>			
• Inpatient Hospitalization	100%	100%	\$250 admit fee after deductible is met
• Pre-Authorization of Services Required	Yes	Yes	Yes
• Semi-Private Room & Board; Including Services and Supplies	100%	100%	100%

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

# Anthem & Kaiser Medical Plan Comparisons (continued)



## Summary of Anthem HMO 20, HMO 30 & DHMO 500 Select Plans

	Anthem Blue Cross		
	HMO 20 - \$5/25/40 Rx	HMO 30 - \$10/30/60 Rx	DHMO 500 Select - \$10/30/60 Rx
<b>Surgical Services</b>			
• Outpatient Facility Charge	100%	100%	100% after \$250 copay per admit after deductible has been met
<b>Emergency Services</b>			
• Emergency Room	\$100 copay waived if admitted	\$100 copay waived if admitted	\$100 copay waived if admitted
<b>Ambulance</b>			
• Air	100%	100%	100%
• Ground	100%	100%	100%
<b>Urgent Care</b>			
• Urgent Care Facility	\$20 copay	\$30 copay	\$40 copay
<b>Mental Health Benefits</b>			
• Inpatient Care	100% (subject to utilization review; waived for emergency admissions)	100% (subject to utilization review; waived for emergency admissions)	100% (subject to utilization review; waived for emergency admissions)
• Outpatient Care	100% (Behavioral Health treatment for autism or pervasive development disorders require pre-service review.)	100% (Behavioral Health treatment for autism or pervasive development disorders require pre-service review.)	100% (Behavioral Health treatment for autism or pervasive development disorders require pre-service review.)
<b>Substance Abuse</b>			
<b>Inpatient Care</b>			
• Inpatient Hospitalization	100% (subject to utilization review; waived for emergency admissions)	100% (subject to utilization review; waived for emergency admissions)	100% (subject to utilization review; waived for emergency admissions)
• Inpatient Detoxification Services	100% (subject to utilization review; waived for emergency admissions)	100% (subject to utilization review; waived for emergency admissions)	100% (subject to utilization review; waived for emergency admissions)
<b>Outpatient Care</b>			
• Outpatient Services	100%	100%	100%

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

# Anthem & Kaiser Medical Plan Comparisons (continued)



## Summary of Anthem HMO 20, HMO 30 & DHMO 500 Select Plans

	Anthem Blue Cross		
	HMO 20 - \$5/25/40 Rx	HMO 30 - \$10/30/60 Rx	DHMO 500 Select - \$10/30/60 Rx
<b>Prescription Drug Benefits</b>			
• Prescription Drug Deductible	N/A	N/A	N/A
• Prescription Drug Annual Out-of-Pocket Limit/Individual	\$1,000	\$1,000	\$1,000
• Prescription Drug Annual Out-of-Pocket Limit/Family	\$3,000	\$3,000	\$3,000
• Generic	\$5 copay/Tier 1 Pharmacy; \$5 copay + \$15/Tier 2 Pharmacy provided by ESI	\$10 copay/Tier 1 Pharmacy \$10 copay + \$15/Tier 2 Pharmacy provided by ESI	\$10 copay/Tier 1 Pharmacy 10 copay + \$15/Tier 2 Pharmacy provided by ESI
	(see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)		
• Brand (Formulary/Preferred)	\$25 copay/Tier 1 Pharmacy \$25 copay + \$15/Tier 2 Pharmacy provided by ESI	\$30 copay/Tier 1 Pharmacy \$30 copay + \$15/Tier 2 Pharmacy provided by ESI	\$30 copay/Tier 1 Pharmacy \$30 copay + \$15/Tier 2 Pharmacy provided by ESI
	(see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)		
• Brand (Non-Formulary/Non-preferred)	\$40 copay/Tier 1 Pharmacy \$40 copay + \$15/Tier 2 Pharmacy provided by ESI	\$60 copay/Tier 1 Pharmacy \$60 copay + \$15/Tier 2 Pharmacy provided by ESI	\$60 copay/Tier 1 Pharmacy \$60 copay + \$15/Tier 2 Pharmacy provided by ESI
	(see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)		
• Number of Days Supply	30 days	30 days	30 days
<b>Mail Order</b>			
• Generic	\$10 copay provided by Express Scripts	\$20 copay provided by Express Scripts	\$20 copay provided by Express Scripts
• Brand (Formulary/Preferred)	\$50 copay provided by Express Scripts	\$60 copay provided by Express Scripts	\$60 copay provided by Express Scripts
• Brand (Non-Formulary/Non-preferred)	\$80 copay provided by Express Scripts	\$120 copay provided by Express Scripts	\$120 copay provided by Express Scripts
• Number of Days Supply for Mail Order	90 days	90 days	90 days
<b>Other Services and Supplies</b>			
• Durable Medical Equipment & Prosthetic Devices	100%	100%	100%
• Home Health Care	100% limited to 100 visits/calendar year; one visit equals four hours or less	100% limited to 100 visits/calendar year; one visit equals four hours or less	100% limited to 100 visits/calendar year; one visit equals four hours or less
• Skilled Nursing or Extended Care Facility	100% limited to 100 days/calendar year	100% limited to 100 days/calendar year	100% limited to 100 days/calendar year
• Hospice Care	100%	100%	100%
• Chiropractic Services	Not covered	Not covered	Not covered
• Acupuncture	\$20 copay; when approved by your medical group	\$30 copay when approved by your medical group	\$40 copay when approved by your medical group

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

# Anthem & Kaiser Medical Plan Comparisons (continued)



## Summary of Anthem HMO 20, HMO 30 & DHMO 500 Select Plans

	Anthem Blue Cross		
	HMO 20 - \$5/25/40 Rx	HMO 30 - \$10/30/60 Rx	DHMO 500 Select - \$10/30/60 Rx
<b>Vision</b>			
<b>Copay</b>			
• Examination	100%	100%	100%
<b>Benefit Frequency</b>			
• Examination	Once every 12 months	Once every 12 months	Once every 12 months
<b>Hearing</b>			
• Screening	100%	100%	100%
• Aid(s)	100% limited to one hearing aid per ear every 3 years	100% limited to one hearing aid per ear every 3 years	100% limited to one hearing aid per ear every 3 years
<b>Infertility</b>			
• Diagnosis	See plan certificate	See plan certificate	See plan certificate
• Treatment	See plan certificate	See plan certificate	See plan certificate
<b>Outpatient Rehabilitative Therapy Services</b>			
• Physical	100% limited to a 60-day period of care after illness or injury. Phys./occ/chiro/speech combined	100% limited to a 60-day period of care after illness or injury. Phys./occ/chiro/speech combined	100% limited to a 60-day period of care after illness or injury. Phys./occ/chiro/speech combined
• Occupational	100% limited to a 60-day period of care after illness or injury. Phys./occ/chiro/speech combined	100% limited to a 60-day period of care after illness or injury. Phys./occ/chiro/speech combined	100% limited to a 60-day period of care after illness or injury. Phys./occ/chiro/speech combined
• Speech	100% limited to a 60-day period of care after illness or injury. Phys./occ/chiro/speech combined	100% limited to a 60-day period of care after illness or injury. Phys./occ/chiro/speech combined	100% limited to a 60-day period of care after illness or injury. Phys./occ/chiro/speech combined

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

# Anthem & Kaiser Medical Plan Comparisons (continued)



## Summary of Anthem PPO 500, PPO 750, PPO Essentials & PPO MVP Plans - All Employees

	Anthem Blue Cross							
	PPO 500 90/70 - \$10/30/10 Rx + Cost		PPO 750 - \$15/50/15 Rx + Cost		PPO Essentials - \$15/50/15 Rx + Cost		PPO MVP 5900	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>General Plan Information</b>								
• Annual Deductible/ Individual	\$500	\$1,000	\$750	\$1,500	\$1,250	\$1,250	\$5,900	\$11,800
• Annual Deductible/ Family	\$1,500	\$3,000	\$2,250	\$4,500	\$3,750	\$3,750	\$11,800	\$23,600
• Coinsurance	90%	70%	80%	60%	70%	50%	100% after the deductible has been satisfied	50%
• Office Visit/Exam	\$30/Visit; deductible waived	70%	\$40/Visit; deductible waived	60%	\$40 copay; deductible waived	50%	\$35 copay; deductible waived first 3 visits/ combined services	50%
• Outpatient Specialist Visit	\$30/Visit; deductible waived	70%	\$40/Visit; deductible waived	60%	\$40 copay; deductible waived	50%	\$35 copay; deductible waived first 3 visits/ combined services	50%
• Annual Out-of-Pocket Limit/Individual	\$3,000 Rx not included	\$6,000 Rx not included	\$3,000 Rx not included	\$6,000 Rx not included	\$3,000 Rx not included	\$6,000 Rx not included	\$6,100 Rx not included	\$12,700 Rx not included
• Annual Out-of-Pocket Limit/Family	\$9,000 Rx not included	\$18,000 Rx not included	\$9,000 Rx not included	\$18,000 Rx not included	\$9,000 Rx not included	\$18,000 Rx not included	\$12,200 Rx not included	\$25,400 Rx not included
• Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Inpatient Hospital Services</b>								
• Inpatient Hospitalization	90%	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	80%	60% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	70%	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	100% after the deductible has been satisfied	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

# Anthem & Kaiser Medical Plan Comparisons (continued)



## Summary of Anthem PPO 500, PPO 750, PPO Essentials & PPO MVP Plans - All Employees

	Anthem Blue Cross							
	PPO 500 90/70 - \$10/30/10 Rx + Cost		PPO 750 - \$15/50/15 Rx + Cost		PPO Essentials - \$15/50/15 Rx + Cost		PPO MVP 5900	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<ul style="list-style-type: none"> <li>Semi-Private Room &amp; Board; Including Services and Supplies</li> </ul>	90%	70%	80%	60%	70%	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	100% after the deductible has been satisfied	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)
<b>Emergency Services</b>								
<ul style="list-style-type: none"> <li>Emergency Room</li> </ul>	90%	90%	80%	80%	70%	70%	100%	100%
<b>Mental Health Benefits</b>								
<ul style="list-style-type: none"> <li>Inpatient Care</li> </ul>	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained.	70% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)	100% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)
<ul style="list-style-type: none"> <li>Outpatient Care</li> </ul>	90%	70% facility care. Physician visits behavioral health treatment for autism or pervasive development disorders requires pre-service review.	90%	70% facility care. Physician visits behavioral health treatment for autism or pervasive development disorders requires pre-service review.	\$40 copay; deductible waived (Behavioral Health treatment for Autism or Pervasive Development disorders require pre-service review)	50%	\$35 copay/visit with deductible waived for the first 3 visits (Behavioral Health treatment for Autism or Pervasive Development disorders require pre-service review)	50%

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

# Anthem & Kaiser Medical Plan Comparisons (continued)



## Summary of Anthem PPO 500, PPO 750, PPO Essentials & PPO MVP Plans - All Employees

	Anthem Blue Cross							
	PPO 500 90/70 - \$10/30/10 Rx + Cost		PPO 750 - \$15/50/15 Rx + Cost		PPO Essentials - \$15/50/15 Rx + Cost		PPO MVP 5900	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Substance Abuse</b>								
<b>Inpatient Care</b>								
• Inpatient Hospitalization	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained.	70% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)	100% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)
• Inpatient Detoxification Services	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained.	70% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)	100% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)
<b>Outpatient Care</b>								
• Outpatient Services	90%	70%	90%	70%	\$40 copay; deductible waived	50%	\$35 copay/visit with deductible waived for the first 3 visits	50%

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

# Anthem & Kaiser Medical Plan Comparisons (continued)



## Summary of Anthem PPO 500, PPO 750, PPO Essentials & PPO MVP Plans - All Employees

	Anthem Blue Cross							
	PPO 500 90/70 - \$10/30/10 Rx + Cost		PPO 750 - \$15/50/15 Rx + Cost		PPO Essentials - \$15/50/15 Rx + Cost		PPO MVP 5900	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Prescription Drug Benefits</b>								
• Generic	\$10 copay/Tier 1 Pharmacy \$10 copay + \$15/Tier 2 Pharmacy provided by ESI (	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI	\$15 copay/Tier 1 Pharmacy; \$15 copay + \$15/Tier 2 Pharmacy provided by ESI	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI	\$15 copay/Tier 1 Pharmacy; \$15 copay + \$15/Tier 2 Pharmacy provided by ESI	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI	\$19 copay/Tier 1 Pharmacy; \$19 copay + \$15/Tier 2 Pharmacy provided by ESI	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI
(see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)								
• Brand (Formulary/ Preferred)	\$30 copay/Tier 1 Pharmacy \$30 copay + \$15/Tier 2 Pharmacy provided by ESI	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI	\$50 copay/Tier 1 Pharmacy; \$50 copay + \$15/Tier 2 Pharmacy provided by ESI	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI	\$50 copay/Tier 1 Pharmacy; \$50 copay + \$15/Tier 2 Pharmacy provided by ESI	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI	\$50 copay/Tier 1 Pharmacy; \$50 copay + \$15/Tier 2 Pharmacy provided by ESI	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI
(see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)								
• Brand (Non-Formulary/ Non-preferred)	\$10 copay/Tier 1 Pharmacy \$10 copay + \$15/Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available;	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available;	\$15 copay/Tier 1 Pharmacy; \$15 copay + \$15/Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available;	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available;	\$15 copay/Tier 1 Pharmacy; \$15 copay + \$15/Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available;	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available;	\$75 copay/Tier 1 Pharmacy; \$75 copay + \$15/Tier 2 Pharmacy provided by ESI	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI
(see <a href="http://www.express-scripts.com">www.express-scripts.com</a> for a list of pharmacies)								
• Number of Days Supply	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

# Anthem & Kaiser Medical Plan Comparisons (continued)



## Summary of Anthem PPO 500, PPO 750, PPO Essentials & PPO MVP Plans - All Employees

	Anthem Blue Cross							
	PPO 500 90/70 - \$10/30/10 Rx + Cost		PPO 750 - \$15/50/15 Rx + Cost		PPO Essentials - \$15/50/15 Rx + Cost		PPO MVP 5900	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Mail Order</b>								
• Generic	\$20 copay provided by Express Scripts	Not covered	\$30 copay provided by Express Scripts	Not covered	\$30 copay provided by Express Scripts	Not covered	\$38 copay provided by Express Scripts	Not covered
• Brand (Formulary/ Preferred)	\$60 copay provided by Express Scripts	Not covered	\$100 copay provided by Express Scripts	Not covered	\$100 copay provided by Express Scripts	Not covered	\$100 copay provided by Express Scripts	Not covered
• Brand (Non-Formulary/ Non-preferred)	\$20 copay plus cost difference between generic and brand when generic equivalent is available; provided by Express Scripts	Not covered	\$30 copay plus cost difference between generic and brand when generic equivalent is available; provided by Express Scripts	Not covered	\$30 copay plus cost difference between generic and brand when generic equivalent is available; provided by Express Scripts	Not covered	\$150 copay provided by Express Scripts	Not covered
• Number of Days Supply for Mail Order	90 days	Not covered	90 days	N/A	90 days	N/A	90 days	N/A
<b>Other Services and Supplies</b>								
• Chiropractic Services	90% limited to 24 visits/ calendar year; chiro/phys/ occ therapy combined; in/out of network combined	70% chiro/phys/ occ therapy combined; in/out of network combined	80% limited to 24 visits/ calendar year; chiro/phys/ occ therapy combined; in/out of network combined	60% limited to 24 visits/ calendar year; chiro/phys/ occ therapy combined; in/out of network combined	70% limited to 24 visits/ calendar year; chiro/phys/ occ therapy combined; in/out of network combined	50% limited to 24 visits/ calendar year; chiro/phys/ occ therapy combined; in/out of network combined	Not covered	Not covered

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

# Anthem & Kaiser Medical Plan Comparisons (continued)



## Summary of Anthem HSA 1600 Plan - All Employees

	Anthem Blue Cross	
	HSA 1 1700 - \$10/30 Rx	
	In-Network	Out-of-Network
<b>General Plan Information</b>		
• Annual Deductible/Individual	\$1,700 medical/prescription/MH-SA in/out of network combined	\$1,700 medical/prescription/MH-SA in/out of network combined
• Annual Deductible/Family	\$3,400 medical/prescription/MH-SA in/out of network combined	\$3,400 medical/prescription/MH-SA in/out of network combined
• Coinsurance	90%	70%
• Office Visit/Exam	90%	70%
• Outpatient Specialist Visit	90%	70%
• Annual Out-of-Pocket Limit/Individual	\$3,000	\$9,000
• Annual Out-of-Pocket Limit/Family	\$6,000	\$18,000
• Lifetime Plan Maximum	Unlimited	Unlimited
<b>Inpatient Hospital Services</b>		
• Inpatient Hospitalization	90%	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)
• Semi-Private Room & Board; Including Services and Supplies	90%	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)
<b>Emergency Services</b>		
• Emergency Room	90%	90%
<b>Mental Health Benefits</b>		
• Inpatient Care	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained.
• Outpatient Care	90%	70% facility care. Physician visits behavioral health treatment for autism or pervasive development disorders requires pre-service review.
<b>Substance Abuse</b>		
<b>Inpatient Care</b>		
• Inpatient Hospitalization	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained.
• Inpatient Detoxification Services	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained.
<b>Outpatient Care</b>		
• Outpatient Services	90%	70%

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

# Anthem & Kaiser Medical Plan Comparisons (continued)



## Summary of Anthem HSA 1600 Plan - All Employees

	Anthem Blue Cross	
	HSA 1 1700 - \$10/30 Rx	
	In-Network	Out-of-Network
<b>Prescription Drug Benefits</b>		
• Prescription Drug Deductible	\$1,700 ind/\$3,400 fam medical/prescription/MH-SA in/out of network combined	\$1,700 ind/\$3,400 fam medical/prescription/MH-SA in/out of network combined
• Generic	\$10 after deductible Tier 1 Pharmacy \$10 copay after deductible + \$15/Tier 2 Pharmacy provided by ESI	50% after deductible + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI
• Brand (Formulary/Preferred)	\$30 after deductible /Tier 1 Pharmacy \$30 copay after deductible + \$15/Tier 2 Pharmacy provided by ESI	50% after deductible + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI
• Number of Days Supply	30 days	30 days
<b>Mail Order</b>		
• Generic	\$20 copay after deductible; provided by Express Scripts	Not covered
• Brand (Formulary/Preferred)	\$60 copay after deductible; provided by Express Scripts	Not covered
• Number of Days Supply for Mail Order	90 days	Not covered
<b>Other Services and Supplies</b>		
• Chiropractic Services	90% limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined	70% limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

# Anthem & Kaiser Medical Plan Comparisons (continued)



## Summary of Kaiser HMO 20, DHMO 500, HMO MVP & DHMO HSA Plans - All Employees

	Kaiser Permanente			
	HMO 20	DHMO 500	HMO MVP	DHMO HSA
<b>General Plan Information</b>				
• Annual Deductible/Individual	\$0	\$500	\$4,500	\$1,600 medical/prescription combined
• Annual Deductible/Family	\$0	\$1,000	\$9,000	\$3,200 medical/prescription combined
• Coinsurance	100%	80%	60%	90%
• Office Visit/Exam	\$20 copay	\$20 copay	\$50 copay; after deductible	90% after deductible
• Outpatient Specialist Visit	\$20 copay	\$20 copay	\$50 copay; after deductible	90% after deductible
• Annual Out-of-Pocket Limit/Individual	\$1,500	\$3,000	\$6,000	\$3,200
• Annual Out-of-Pocket Limit/Family	\$3,000	\$6,000	\$12,000	\$6,400
• Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited
<b>Inpatient Hospital Services</b>				
• Inpatient Hospitalization	100%	80% after deductible	60% after deductible	90% after deductible
• Semi-Private Room & Board; Including Services and Supplies	100%	80% after deductible	60% after deductible	90% after deductible
<b>Emergency Services</b>				
• Emergency Room	\$100 copay waived if admitted	80% after deductible	\$250 copay; after deductible	90% after deductible
<b>Mental Health Benefits</b>				
• Inpatient Care	100%	80% after deductible	60% after deductible	90% after deductible
• Outpatient Care	\$20 copay	\$20 copay; deductible waived	\$50 copay; after deductible	90% after deductible
<b>Substance Abuse</b>				
<b>Inpatient Care</b>				
• Inpatient Hospitalization	100%	80% after deductible	60% after deductible	90% after deductible
• Inpatient Detoxification Services	100%	80% after deductible	60% after deductible	90% after deductible
<b>Outpatient Care</b>				
• Outpatient Services	\$20 copay	\$20 copay; deductible waived	\$50 copay; after deductible	90% after deductible

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

# Anthem & Kaiser Medical Plan Comparisons (continued)



## Summary of Kaiser HMO 20, DHMO 500, HMO MVP & DHMO HSA Plans - All Employees

	Kaiser Permanente			
	HMO 20	DHMO 500	HMO MVP	DHMO HSA
<b>Prescription Drug Benefits</b>				
• Prescription Drug Deductible		\$100 per Member/calendar year	\$250 per Member/calendar year	\$1,600 ind/\$3,200 fam; medical/prescription combined
• Generic	\$10 copay	\$10 copay; deductible waived	\$15 copay; deductible waived	\$10 copay; after deductible
• Brand (Formulary/Preferred)	\$20 copay	\$30 copay; after \$100 prescription deductible	\$35 copay; after prescription deductible	\$30 copay; after deductible
• Brand (Non-Formulary/Non-preferred)				
• Number of Days Supply	30 days	30 days	30 days	30 days
<b>Mail Order</b>				
• Generic	\$20 copay	\$20 copay; deductible waived	\$30 copay; deductible waived	\$20 copay; after deductible
• Brand (Formulary/Preferred)	\$40 copay	\$60 copay; after \$100 prescription deductible	\$70 copay; after prescription deductible	\$60 copay; after deductible
• Brand (Non-Formulary/Non-preferred)				
• Number of Days Supply for Mail Order	100 days	100 days	100 days	100 days
<b>Other Services and Supplies</b>				
• Chiropractic Services	Not covered	Not covered	Not covered	Not covered

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.



## Find a doctor online

We believe that finding a doctor online is one of the top reasons many of you visit our website. That's why we keep working on our Find a Doctor tool to make it better. Here's how you can get information about doctors in your area.

1. Go to <http://www.anthem.com/ca>
2. Click on Find Care
3. Click on **BASIC SEARCH AS A GUEST**
4. Under **SELECT THE TYPE OF PLAN OR NETWORK**, select MEDICAL PLAN OR NETWORK
5. Under **SELECT THE STATE WHERE THE PLAN OR NETWORK IS OFFERED**, select CALIFORNIA
6. Under **SELECT HOW YOU GET HEALTH INSURANCE**, select MEDICAL - EMPLOYER-SPONSORED
  - A. **California Members** - Under **SELECT A PLAN OR NETWORK**:
    - 1) **HMO Full Network**: Select [Blue Cross HMO \(CACARE\) – Large Group](#)
    - 2) **Select or Priority Select HMO Network**: Select [Select HMO or Priority Select HMO](#)
    - 3) **PPO and Anthem PPO HSA-California**: Select [Blue Cross PPO \(Prudent Buyer\) – Large Group](#)
  - B. **Non-California Members** – Select a Non-California State.
    - 1) **PPO/Anthem PPO HSA/Lumenos HSA-Non-California**: Select [National PPO \(Blue Card PPO\)](#)
7. Click **CONTINUE**
8. Next, **Enter the CITY, COUNTY or ZIP**
9. Next, choose who you like to see. You can search for a doctor nearby or use the doctors name
10. Next, select a provider to see more details

**\*\*\*Primary Medical Group/Primary Care Physician code is located under PCP ID/ENROLLMENT ID. Code is either a 3 or 6 digit code**

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross names and symbols are registered marks of the Blue Cross Association.



## Activate Your Transcarent Surgery Benefit

Planning for surgery, now or in the future, can be overwhelming. But it doesn't have to be. With Transcarent, you get the support and resources you need to make informed decisions and access high-quality surgical care at little to no cost—all as part of your benefits.



### It's Quick

Registration only takes a minute



### Expert Guidance

Get answers to all your surgery-related questions from a Care Coordinator and/or medical expert.



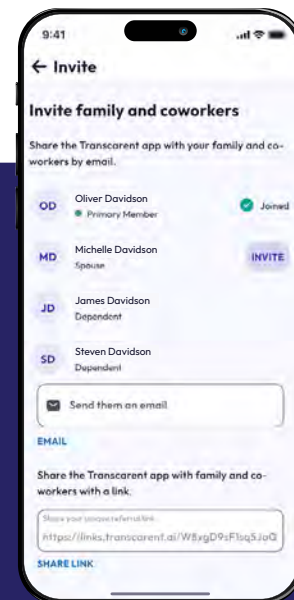
### Peace of Mind

Be prepared for any future health needs with easy access to support, expert second opinion and care options.

## Get Started



Download the Transcarent app or visit [member.transcarent.com](https://member.transcarent.com) to activate your account in minutes. A dedicated Care Coordinator is ready to assist you!



## Share with covered family members

Don't forget to share Transcarent with your covered dependents! Once you sign up, go to your profile and click **"Invite others"** to give your family members access to these great benefits.

Common covered surgeries include:



Bariatric



Cardiac



General



Neurological



Orthopedic



Spine



Vascular



Women's Health



## Marathon Health is part of your benefits package

REEP members enrolled in Anthem PPO, HSA, MVP, or HPN plans are automatically eligible to use the Marathon Health Center for primary care services, including many labs and medications provided onsite at no copays and no insurance deductibles.

Exception: HSA plan members have a \$10 copay for in-person, non-preventative visits until the deductible is met. Virtual visits are always \$0 for all plans.

### Who is Marathon Health

Marathon Health is a low to no cost healthcare benefit available to you. With same-day or next-day appointments for immediate care needs, you'll have little to no wait times and not be rushed.

### REEP with Marathon Health Center

25395 Hancock Ave, Suite 200  
Murrieta, CA 92562  
951-229-0708 | my.marathon.health

### Hours of Operation

Mon. 7am - 3:30pm  
Tues. 10am - 7pm  
Wed. 10am - 7pm  
Thur. 7am - 3:30pm  
Fri. 7am - 2pm

### Services you can count on

- In-person or virtual appointments
- Annual physical exams, back to school & sports physicals
- Sick and immediate care
- Preventive screenings
- Mental health screening and support
- Chronic condition management
- Family care ages 3+
- Men's and women's health
- Onsite labs, vaccines, & pharmacy at no extra cost

<https://clients.marathon.health/reep>

©2025 Marathon Health, LLC. All rights reserved. MHBR-25-133 (9/1/25) Q



### Next steps:

1. Enroll in an eligible Anthem plan during Open Enrollment
2. Activate your Marathon Health account (instructions sent after enrollment)
3. Schedule your first visit—same or next day availability

### Meet Your Provider-

Abigail Kent PA-C



## KAISER PERMANENTE MICROSITE



## Rediscover Kaiser Permanente on a website just for **REEP for Benefits Members**

Whether you are a current member or considering Kaiser Permanente for the first time, you can get all the information you need at [choose.kaiserpermanente.org/reep](https://choose.kaiserpermanente.org/reep).

- View detailed information about your health plan benefits
- Wellness Tools and Resources
- Personal telephonic wellness coaching
- See how easy it is to stay on top of your health online
- Fitness program discount
- On-demand videos



# DENTAL & VISION PLANS

# Dental Plan Comparison



## Anthem Dental PPO, Delta Dental PPO & MetLife Safeguard DHMO Plan Comparison - **Classified**

	Anthem Blue Cross		Delta Dental		MetLife Inc
	PPO		PPO		Managed Dental
	In-Network	Out-of-Network	In-Network	Out-of-Network	Schedule of Benefits
<b>General Plan Information</b>					
• Annual Deductible/ Individual	\$0	\$0	\$0	\$0	\$0
• Annual Deductible/Family	\$0	\$0	\$0	\$0	\$0
• Waived for Preventive	Yes	Yes	N/A	N/A	N/A
• Annual Plan Maximum	\$2,500 In/Out of Network Combined	\$2,500 In/Out of Network Combined	Unlimited	Unlimited	Unlimited
• Lifetime Orthodontia Plan Maximum	\$2,000 In/Out of Network Combined	\$2,000 In/Out of Network Combined	50% to \$2,500 lifetime maximum in and out of network combined	50% to \$2,500 lifetime maximum in and out of network combined	\$1,950 Copay to age 19; \$2,250 Copay from Age 20 & up
<b>Covered Services</b>					
<b>Diagnostic and Preventive Services</b>					
• Diagnostic and Preventive	100% of Negotiated Fee	100% of Reasonable & Customary	100%	50%	
• Oral Exams	100% of Negotiated Fee 2/calendar year separated by 6 month period	100% of Reasonable & Customary 2/calendar year separated by 6 month period	100%	50%	No Charge
• Bitewing X-Rays	100% of Negotiated Fee once/cal yr adult; once/6 mo. child	100% of Reasonable & Customary once/cal yr adult; once/6 mo. child	100%	50%	No Charge Full Set, Every 3 Years, 100% Single x-ray; \$5 Copay Each Additional
• Full Mouth X-Rays	100% of Negotiated Fee	100% of Reasonable & Customary	100%	50%	
• Cleaning and Scaling	100% of Negotiated Fee 4 cleanings per calendar year in and out of network combined	100% of Reasonable & Customary 4 cleanings per calendar year in and out of network combined	100% (teeth whitening included, one treatment per 24 months)	50% 4 cleanings per calendar year (teeth whitening included, one treatment per 24 months)	No Charge 1 cleaning allowed every six months

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

# Dental Plan Comparison (continued)



## Anthem Dental PPO, Delta Dental PPO & MetLife Safeguard DHMO Plan Comparison - **Classified**

	Anthem Blue Cross		Delta Dental		MetLife Inc
	PPO		PPO		Managed Dental
	In-Network	Out-of-Network	In-Network	Out-of-Network	Schedule of Benefits
• Fluoride Treatments	100% of Negotiated Fee	100% of Reasonable & Customary	100%	50%	No Charge
• Sealants	100% of Negotiated Fee Dependent Children Under 14	100% of Reasonable & Customary Dependent Children Under 14	100% Dependent Children Under 14	50% Dependent Children Under 14	\$5 Copay
<b>Basic Services</b>					
• Basic	90% of Negotiated Fee	80% of Reasonable & Customary	100%	50%	
• Oral Surgery: Extractions and Other Surgical Procedures	90% of Negotiated Fee	80% of Reasonable & Customary	100%	50%	\$0 to \$175
• Restorative: Amalgam, Synthetic Porcelain and Plastic Restorations (Fillings)	90% of Negotiated Fee	80% of Reasonable & Customary	100%	50%	\$0 to \$85
• Endodontic Treatment	90% of Negotiated Fee once per tooth/24 months	80% of Reasonable & Customary once per tooth/24 months	100%	50%	\$0 to \$160
• Periodontic Treatment	90% of Negotiated Fee once per quadrant/36 months	80% of Reasonable & Customary once per quadrant/36 months	100%	50%	\$0 to \$300
<b>Major Services</b>					
• Major	60% of Negotiated Fee; occlusal guard included, one per 24 months in and out of network combined	50% of Reasonable & Customary; occlusal guard included, one per 24 months in and out of network combined	50% - \$500 lifetime maximum for occlusal guard in and out of network combined	50% - \$500 lifetime maximum for occlusal guard in and out of network combined	\$0 to \$125
• Crowns, Jackets and Cast Restoration Benefits	60% of Negotiated Fee once/5 years	50% of Reasonable & Customary once/5 years	100%	50%	\$85 Copay

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

# Dental Plan Comparison (continued)



## Anthem Dental PPO, Delta Dental PPO & MetLife Safeguard DHMO Plan Comparison - **Classified**

	Anthem Blue Cross		Delta Dental		MetLife Inc
	PPO		PPO		Managed Dental
	In-Network	Out-of-Network	In-Network	Out-of-Network	Schedule of Benefits
<ul style="list-style-type: none"> <li>Prosthodontic Benefits (Fixed Bridges, Partial / Complete Dentures)</li> </ul>	60% of Negotiated Fee once in 60 months	50% of Reasonable & Customary once in 60 months	50%	50%	No Charge
<ul style="list-style-type: none"> <li>Implants</li> </ul>	60% of Negotiated Fee once/60 months; maintenance & repair/12 months	50% of Reasonable & Customary once/60 months; maintenance & repair/12 months	Not covered	Not covered	
<b>Orthodontia Services</b>					
<ul style="list-style-type: none"> <li>Orthodontia</li> </ul>	50% of Negotiated Fee	50% of Negotiated Fee	50%	50%	Lifetime Maximum
<ul style="list-style-type: none"> <li>Dependent Children</li> </ul>	\$2,000 lifetime maximum (in and out of network combined)	\$2,000 lifetime maximum (in and out of network combined)	\$2,500 lifetime maximum in and out of network combined	\$2,500 lifetime maximum in and out of network combined	\$1,950 Copay to Age 19
<ul style="list-style-type: none"> <li>Adult Lifetime Maximum</li> </ul>	\$2,000 lifetime maximum (in and out of network combined)	\$2,000 lifetime maximum (in and out of network combined)	\$2,500 lifetime maximum in and out of network combined	\$2,500 lifetime maximum in and out of network combined	\$2,250 Copay from Age 20 & Up

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

# Dental Plan Comparison (continued)



## Dental PPO Plan - Administration, Faculty and Supervisory/Confidential Employees

	Delta Dental	
	PPO	
	In-Network	Out-of-Network
<b>General Plan Information</b>		
• Annual Deductible/Individual	\$0	\$0
• Annual Deductible/Family	\$0	\$0
• Annual Plan Maximum	Unlimited	Unlimited
• Lifetime Orthodontia Plan Maximum	50% to \$2,500 lifetime maximum, in and out of network combined	50% to \$2,500 lifetime maximum, in and out of network combined
<b>Covered Services</b>		
<b>Diagnostic and Preventive Services</b>		
• Diagnostic and Preventive	100%	50%
• Oral Exams	100%	50%
• Bitewing X-Rays	100%	50%
• Full Mouth X-Rays	100%	50%
• Cleaning and Scaling	100% 4 cleanings per calendar year (teeth whitening included, one treatment per 24 months) in and out of network combined	50% 4 cleanings per calendar year (teeth whitening included, one treatment per 24 months) in and out of network combined
• Fluoride Treatments	100%	50%
• Sealants	100% Dependent Children Under 14	50% Dependent Children Under 14
<b>Basic Services</b>		
• Basic	100%	50%
• Oral Surgery: Extractions and Other Surgical Procedures	100%	50%
• Restorative: Amalgam, Synthetic Porcelain and Plastic Restorations ( <i>Fillings</i> )	100%	50%
• Endodontic Treatment	100%	50%
• Periodontic Treatment	100%	50%
<b>Major Services</b>		
• Major	50% - \$500 lifetime maximum for occlusal guard in and out of network combined	50% - \$500 lifetime maximum for occlusal guard in and out of network combined
• Crowns, Jackets and Cast Restoration Benefits	100%	50%
• Prosthodontic Benefits ( <i>Fixed Bridges, Partial / Complete Dentures</i> )	50%	50%
• Implants	Not covered	Not covered
<b>Orthodontia Services</b>		
• Orthodontia	50% to \$2,500 lifetime maximum, in and out of network combined	50% to \$2,500 lifetime maximum, in and out of network combined
• Adults & Dependent Children	Covered	Covered

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

## Mobile and online tools help make the most of your dental plan



Your dental plan includes digital tools and resources to help you learn about the health of your mouth and make dental care decisions that are right for you. These tools are available at no extra cost through our Sydney Health mobile app and [anthem.com/ca](https://www.anthem.com/ca).

### Dental Health Assessment tool

Dental health conditions such as gum disease are common and can lead to more serious issues, including losing a tooth. Good dental habits can help reduce the risk of developing gum disease, tooth decay, and mouth cancer.

The **Dental Health Assessment** tool can help you **understand your own dental health and risk for disease**. To take the assessment, answer a few questions about dental health habits, such as brushing, flossing, and how often you see the dentist. You will receive a personalized report with dental health scores that show how you're doing and areas where you may need to improve. You can bring the report to your next dental appointment and talk with your dentist about the results.

### Ask a Hygienist

If you have questions about your dental health, you can **ask them directly** to a licensed hygienist. To do so, log in to the Sydney Health app or [anthem.com/ca](https://www.anthem.com/ca) and select **Ask a Hygienist**. You will receive an email response from a dental professional with expertise in preventing and treating diseases of the mouth, usually within 24 hours. They can help answer questions and offer dental health tips.

### Help estimating dental costs in advance

With Anthem's **Find Care** tool, you can search for common dental treatments such as crowns and **compare estimated costs** at providers in your plan's network. This can help you make more informed choices before receiving care and potentially save money.

### Discover solutions to help take charge of your dental health

To start using these digital tools, log in to the Sydney Health mobile app or visit [anthem.com/ca](https://www.anthem.com/ca).



Sydney Health and Sydney Care are service marks of CareMarket Inc., Sydney Care is offered through an arrangement with CareMarket, Inc. ©2020-2021.  
Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.  
104466CAMENABC VP00 BV 01/21



## Resources at your fingertips

Go online to manage your plan



Whether you need to check your benefits or select a new dentist, you can do it all with Delta Dental's online tools.

### Create an account

What you can do:

- Check your plan details and eligibility.
- Browse claim history.
- Download plan documents.
- Find an in-network dentist.
- View your member ID card or print a paper copy.
- Update your settings to go paperless.



**Try it out:** Go to [deltadentalins.com](https://deltadentalins.com) and choose **Log in** to create an account or log in to your existing account.

**Tip:** Access your benefits info on mobile, tablet or desktop!

### Find an in-network dentist

What you can do:

- Search by distance, specialty, language spoken, extended office hours, wheelchair accessibility and more.
- Browse Yelp ratings and reviews from real patients, and check out DentaQual scores for an objective quality metric based on actual claims data.



**Try it out:** Go to [deltadentalins.com](https://deltadentalins.com), enter your address or ZIP code and select your network. Not sure which network to choose? Log in to your account first and follow the prompts to find a dentist.



[deltadentalins.com/members](https://deltadentalins.com/members)

# Vision Plan Comparison



## Summary of EyeMed and VSP Vision Benefits - All Employees

	EyeMed Vision		Vision Service Plan (VSP)	
	CLOSED TO NEW ENROLLMENT			
	Plan D 12/12/24/\$20		Plan B 12/12/24/\$20 (CSVC)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>General Plan Information</b>				
• Deductible	\$20	\$20	\$20 applies to exam and prescription glasses	\$20 applies to exam and prescription glasses
• Deductible Amount	\$20	\$20	\$20	\$20
• Allowance				
• Annual Allowance Amount				
• Examination	100%	Up to \$40	100%	up to \$50
• Materials			100%	Allowances
<b>Benefit Frequency</b>				
• Examination	12 months	12 months	12 months	12 months
• Lenses	12 months	12 months	12 months	12 months
• Frames	24 months	24 months	24 months	24 months
• Contacts	12 months	12 months	12 months	12 months
<b>Covered Services</b>				
<b>Lenses</b>				
• Single Vision Lens	100%	Up to \$30	100% up to 61mm	up to \$50
• Bifocal Lens	100%	Up to \$50	100%	up to \$75
• Lenticular	100%	Up to \$70	100% for aphakic monofocal/multifocal	up to \$125
• Basic Progressive	100%	Up to \$50	100%	Up to \$75
<b>Lens Options</b>				
• UV Coating	Up to \$15	Not covered	100%	Not covered
• Tint (Solid and Gradient)	Up to \$15	Not covered	Not covered	Not covered
• Scratch Resistance	Up to \$15	Not covered	Not covered	Not covered
• Basic Polycarbonate	Up to \$40, 100% for anyone under 19 years of age	Up to \$20 for anyone under 19 years of age	Not covered, Covered for children	Not covered

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

# Vision Plan Comparison (continued)



## Summary of EyeMed and VSP Vision Benefits - All Employees

	EyeMed Vision		Vision Service Plan (VSP)	
	CLOSED TO NEW ENROLLMENT			
	Plan D 12/12/24/\$20		Plan B 12/12/24/\$20 (CSVC)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
• Standard Anti-Reflective	\$45 copay	Up to \$23	All Anti-reflective coatings covered after \$35	Not covered
• Other Add-Ons and Services	20% off retail price	Not covered	Average 40% discount for all other enhancements	Not covered
<b>Contact Lenses</b>				
• Medically Necessary	100%	Up to \$300	100% (in lieu of all other eyewear; requires prior authorization)	up to \$210 (in lieu of all other eyewear)
• Elective	100% up to \$125 retail	Up to \$88	up to \$105 (in lieu of all other eyewear)	up to \$105 (in lieu of all other eyewear)
• Frames	100% up to \$125 retail	Up to \$88	up to \$150; \$170 Featured Brands	Up to \$70
<b>Other Services</b>				
• Corrective Vision Services (e.g. Laser Surgery)	15% off retail or 5% off promo price	Not covered	Discounts see <a href="https://www.vsp.com/offers">VSP.com/offers</a>	Not covered
• Second Pair of Glasses	Not covered	Not covered	20% discount	Not covered

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

# REEP VALUE-ADD BENEFITS

GuidanceResources®

## For Employees: What is the Employee Assistance Program?



The Employee Assistance Program is provided by ComPsych® GuidanceResources® and offers counseling, legal and financial consultation, work-life assistance and crisis intervention services to all our employees and their household family members.

### Why provide an EAP?

Because we care about our employees and their dependents. The EAP can be used free of charge as needed when you or your dependents are facing emotional, financial, legal or other concerns.

### Are the services confidential?

Yes, the EAP is strictly confidential. No information about your participation in the program is provided to your employer.

### Why might my family or I use the services?

There are many reasons to use these services. You may wish to contact the EAP if you:

- Are feeling overwhelmed by the demands of balancing work and family
- Are experiencing stress, anxiety or depression
- Are dealing with grief and loss
- Need assistance with child or elder care concerns
- Have legal or financial questions
- Have concerns about substance abuse for yourself or a dependent

### What happens when I call?

When you call, you will speak with a GuidanceConsultant<sup>SM</sup>, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultant<sup>SM</sup> will provide the name of a counselor who can assist you. You can then set up an appointment to speak with the counselor over the phone or schedule a face-to-face visit.

### What counseling services does the EAP provide?

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns. If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

### Can my children use the EAP?

Yes. The EAP is a confidential benefit for employees and their household family members.



COMPSYCH®  
GuidanceResources® Worldwide

## 24/7 Live Assistance

Call: 855.459.6512 | TRS: Dial 711

Online: [guidanceresources.com](https://guidanceresources.com) | App: GuidanceNow<sup>SM</sup> | Web ID: REEPEAP

Copyright © 2025 ComPsych Corporation. All rights reserved. This information is for educational purposes only.





## Get reimbursed with REEP CompleteCare®



### What is CompleteCare?

CompleteCare reimburses you (the employee) and your dependents for eligible health care expenses and premium expenses incurred under alternate group health coverage.

\$100/single, \$200/2-party and \$300/family. If the cost of alternate coverage is less than you would have paid for the REEP medical plan, the premium contribution reimbursement is \$0.

### CompleteCare Benefits

- Copays, deductibles and co-insurance reimbursed by CompleteCare up to \$10,600/single and \$21,200/family per year.
- No premium contribution deducted from your paycheck.
- You will be reimbursed for the premium contribution paid for the alternate coverage if it exceeds the premium contribution that you would have paid to remain on the REEP medical plan up to a monthly maximum of

### IRS Rules

- You may be enrolled in an HRA or FSA. You CANNOT be reimbursed from both CompleteCare and your HRA or FSA.
- You are NOT eligible for CompleteCare if your alternate coverage is:
  - a high deductible health plan (HDHP) with active contributions to a Health Savings Account (HSA);
  - Medicare, Medicaid, Tricare or an Individual Policy.

### How Does CompleteCare Work?



*(continued on back)*



## Invest in Your Health – Get Rewarded. Free digital wellness programs + cash rewards

REEP continues to offer a streamlined program with wellness offerings for both Anthem Blue Cross and Kaiser Permanente medical plan members.

### Omada Health Digital Programs

#### Personalized Support for:

- Diabetes & Pre-Diabetes
- Hypertension & Pre-Hypertension
- Joint & Muscle Pain



Scan the QR code to learn more and apply today

#### Perks of Participating:

##### FREE Smart Devices

Eligible participants receive devices such as:

- Smart scale
- Blood pressure monitor
- Glucose monitor
- Joint & muscle support kit

Provided based on program eligibility



#### Earn Rewards

- **\$150 e-Gift Card** - For eligible member employees who enroll in an Omada condition management program
- **\$100 e-Gift Card Monthly Drawings** - 3 eligible member employee winners selected every month who apply to an Omada Health program

### Wellness Challenges

- Two online wellness challenges each year
- Fun, inclusive activities
- District-wide friendly competition
- Incentives for participation



### Want to Get More Involved?

#### Join the REEP Wellness District Coordinators Group

Help shape future wellness offerings.

Contact [vtorres@keenan.com](mailto:vtorres@keenan.com)



## Your employees get exclusive access to:

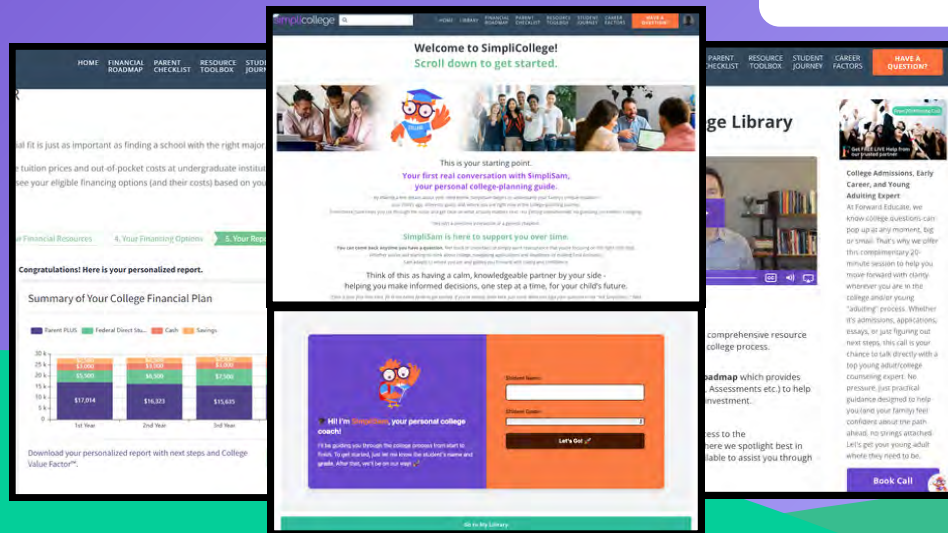
- ✓ **On-demand coaching** with our AI-powered CoachBot!
- ✓ **The Financial Roadmap:** SimpliCollege's proprietary approach to get the biggest return on investment for college.
- ✓ **Help with every part of the college process:** Choosing a career, finding a college, paying for school, getting in, and getting the most from the college experience.
- ✓ **Exclusive access** to the College Budget Calculator, The College Checkup, and The Career Factors for Students.

**SimpliCollege is a benefit now available to all of your employees**

Scan the QR code above to learn more!

### Bonus for schools:

When you provide this to your employees, you can give it to your parents at no additional cost!



## What can SimpliCollege do for your employees?

- ➔ Reduce stress and anxiety
- ➔ Provide strategies for lowering the cost of college
- ➔ Help make confident decisions
- ➔ Help prevent costly mistakes
- ➔ Help find grants & scholarships
- ➔ Teach how to appeal for additional financial aid



## Cover the costs on a wide range of common legal issues with a Legal Plan.

Access experienced attorneys to help with estate planning, home sales, tax audits and more.

### Powerful legal protection on your side

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you can trust. With MetLife Legal Plans, you have access to the expert guidance and tools you need to navigate a broad range of personal legal needs. Whether you're buying or selling a home, starting a family, or caring for aging parents, the benefit provides protection at every step.

**Reduce the out-of-pocket cost of legal services with MetLife Legal Plans.**

#### How it works

Our service is tailored to your needs. With network attorneys available in person, by phone or by email and online tools to do-it-yourself — we make it easy to get legal help. And, you will always have a choice in which attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.<sup>1</sup>

Best of all, you have confidential access to our attorneys for all legal matters covered under the plan. For a rate of **\$22.20 tenthly** conveniently paid through payroll deduction, an expert is on your side as long as you need them.

#### Estate planning at your fingertips

Our website provides you with the ability to create wills, living wills and powers of attorney online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly. In states where available, you also have access to sign and notarize your documents online through our video notary feature.<sup>2</sup>

#### How to use the plan

##### 1. Find an attorney

Create an account at [members.legalplans.com](https://members.legalplans.com) to see your coverages and select an attorney for your legal matter. Or, give us a call at **800-821-6400** for assistance.

##### 2. Make an appointment

Call the attorney you select and schedule a time to talk or meet.

##### 3. That's it!

There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.



## Helping you navigate life's planned and unplanned events.




For **\$22.20 tenthly**, you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney for a covered matter. And, for non-covered matters that are not otherwise excluded, your plan provides four hours of network attorney time and services per year.<sup>3</sup>

<b>Money Matters</b>	<ul style="list-style-type: none"> <li>Debt Collection Defense</li> <li>Identity Theft Defense</li> <li>Identity Restoration<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>Negotiations with Creditors</li> <li>Personal Bankruptcy</li> <li>Promissory Notes</li> </ul>	<ul style="list-style-type: none"> <li>Tax Audit Representation</li> <li>Tax Collection Defense</li> </ul>
<b>Home &amp; Real Estate</b>	<ul style="list-style-type: none"> <li>Boundary or Title Disputes</li> <li>Deeds</li> <li>Eviction Defense</li> <li>Foreclosure</li> </ul>	<ul style="list-style-type: none"> <li>Home Equity Loans</li> <li>Mortgages</li> <li>Property Tax Assessments</li> <li>Refinancing of Home</li> </ul>	<ul style="list-style-type: none"> <li>Sale or Purchase of Home</li> <li>Security Deposit Assistance</li> <li>Tenant Negotiations</li> <li>Zoning Applications</li> </ul>
<b>Estate Planning</b>	<ul style="list-style-type: none"> <li>Codicils</li> <li>Complex Wills</li> <li>Healthcare Proxies</li> <li>Living Wills</li> </ul>	<ul style="list-style-type: none"> <li>Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li> </ul>	<ul style="list-style-type: none"> <li>Revocable &amp; Irrevocable Trusts</li> <li>Simple Wills</li> </ul>
<b>Family &amp; Personal</b>	<ul style="list-style-type: none"> <li>Adoption</li> <li>Affidavits</li> <li>Conservatorship</li> <li>Demand Letters</li> <li>Garnishment Defense</li> <li>Guardianship</li> </ul>	<ul style="list-style-type: none"> <li>Immigration Assistance</li> <li>Juvenile Court Defense, Including Criminal Matters</li> <li>Name Change</li> <li>Personal Property Protection</li> </ul>	<ul style="list-style-type: none"> <li>Prenuptial Agreement</li> <li>Protection from Domestic Violence</li> <li>Review of ANY Personal Legal Document</li> <li>School Hearings</li> </ul>
<b>Civil Lawsuits</b>	<ul style="list-style-type: none"> <li>Administrative Hearings</li> <li>Civil Litigation Defense</li> </ul>	<ul style="list-style-type: none"> <li>Disputes Over Consumer Goods &amp; Services</li> <li>Incompetency Defense</li> </ul>	<ul style="list-style-type: none"> <li>Pet Liabilities</li> <li>Small Claims Assistance</li> </ul>
<b>Elder-Care Issues</b>	Consultation & Document Review for your parents: <ul style="list-style-type: none"> <li>Deeds</li> <li>Leases</li> </ul>	<ul style="list-style-type: none"> <li>Medicaid</li> <li>Medicare</li> <li>Notes</li> <li>Nursing Home Agreements</li> </ul>	<ul style="list-style-type: none"> <li>Powers of Attorney</li> <li>Prescription Plans</li> <li>Wills</li> </ul>
<b>Traffic &amp; Other Matters</b>	<ul style="list-style-type: none"> <li>Defense of Traffic Tickets<sup>5</sup></li> </ul>	<ul style="list-style-type: none"> <li>Driving Privileges Restoration</li> </ul>	<ul style="list-style-type: none"> <li>Repossession</li> </ul>

To learn more about your coverages, view our attorney network or grant your dependents access, create an account.

Your account will also give you access to our self-help document library to complete simple legal forms. The forms are available to you, regardless of enrollment.



**Create an account at**  
[members.legalplans.com](https://members.legalplans.com)  
 or scan the QR code.

**Questions? Call the MetLife Legal Plans Client Service Center at 800-821-6400**  
 Monday—Friday, 8:00 a.m. to 8:00 p.m., ET.

- The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. You will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.
- Digital notary and signing is not available in all states.
- No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.
- Aura is a product of Aura Sub, LLC. Aura Sub, LLC is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.
- Does not cover DUI.

Legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. For costs and complete details of the coverage, call or write the company. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) filing fees, costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. [MLP4]



MetLife Legal Plans | 1111 Superior Avenue, Suite 800 | Cleveland, OH 44114  
 L0225046503[exp0227][All States][DC, GU, PR] © 2026 MetLife Services and Solutions, LLC

Madison National Life has been selected to provide life insurance to our employees.

In the event of your death, Life Insurance will provide your family members or other beneficiaries with financial protection and security. Additionally, if your death is a result of an accident or if you become dismembered, your Accidental Death & Dismemberment (AD&D) coverage may apply.

## Basic Life & Accidental Death & Dismemberment (AD&D)

District paid benefit to cover each eligible employee with this term group life and AD&D insurance. Madison National Life underwrites this insurance policy.

The Accidental Death & Dismemberment (AD&D), included in the Basic Life plan, is available to you even if you already have accident insurance. It provides benefits beyond your disability or life insurance for losses due to covered accidents — while commuting, traveling by public or private transportation and during business trips. A benefit plan description is available at the Benefits Department.

## Voluntary Life & Voluntary Accidental Death & Dismemberment

If you would like to supplement your employer paid insurance, additional Life coverage for you and/or your dependents is available for purchase through Madison National Life. Premiums will be deducted from employee's paycheck. Enrollments can be made using the BenefitBridge platform. Evidence of Insurance will be required during open enrollment. Follow the instructions provided in BenefitBridge.

### Select Your Beneficiary

**Beneficiaries are individuals or entities that you select to receive benefits from your policy.**

- **You can change your beneficiary designation at any time.**
- **You may designate a sole beneficiary or multiple beneficiaries to receive payment in the amount you specify.**
- **Make any changes via Benefit Bridge.**



## Mt. San Jacinto Community College

**Full-Time and Permanent Part-Time Employees and Associate Faculty not covered by the Certificated Bargaining unit (excluding the President)**

### How much Basic Life and Accidental Death and Dismemberment (AD&D), and Supplemental Life Insurance is available?

<b>For You:</b>	
<b>Basic Life and AD&amp;D</b>	\$50,000
<b>Supplemental Life</b> (if elected)	Increments of \$10,000 to a maximum of \$500,000; not to exceed 5 times your Basic Annual Salary, rounded to the next higher \$10,000
<b>For Your Spouse:</b>	
<b>Dependent Supplemental Life</b> (if elected)	Increments of \$10,000 to a maximum of \$500,000; not to exceed 100% of your Employee Supplemental Life.
<b>For Your Child(ren):</b>	
<b>Dependent Supplemental Life</b> (if elected)	Options of \$2,500, \$5,000, and \$10,000

### Are there any medical questions or tests needed to qualify for this insurance?

Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering medical questions.

<b>For You:</b>	
<b>Basic Life and AD&amp;D</b>	\$50,000
<b>Supplemental Life</b> (if elected)	\$100,000 not to exceed 2 times Annual Salary, rounded to the next higher \$10,000 if not already an increment of \$10,000
<b>For Your Spouse:</b>	
<b>Dependent Supplemental Life</b> (if elected)	\$20,000

**For Your Child(ren):**  
**Dependent Supplemental Life** (if elected) \$10,000

*Please note: To elect Dependent Spouse Supplemental Life and/or Dependent Child Supplemental Life coverage, you must elect Employee Supplemental Life Insurance coverage.*

## Who is eligible for this insurance?

**For Employee Basic Life and AD&D:** Full-Time and Permanent Part-Time Employees and Associate Faculty not covered by the Certificated Bargaining unit (excluding the President) working at least 15 hours per week.

**For Employee and Dependent Supplemental Life:** Full-Time and Permanent Part-Time Employees and Associate Faculty not covered by the Certificated Bargaining unit (excluding the President) working at least 20 hours per week

**Dependent Life Insurance:** No person may be considered a Dependent of more than one Eligible Employee. No person can be insured as an Employee and as a Dependent.

## How much is my premium?

Your Dependent Child Supplemental Life Premium is per dependent unit. Please see the table below:

Coverage Amount	Tenthly Premium
\$2,500	\$0.60
\$5,000	\$1.20
\$10,000	\$2.40

Your monthly premiums for Employee Supplemental Life and Dependent Spouse Supplemental Life are based on the Employee's age (please see the attached Monthly Premium Table to get the Monthly Premium).

## Who do I contact with questions?

Questions may be directed to National Insurance Services at 1-800-627-3660

Administered by:



**Corporate Headquarters:**  
 300 North Corporate Drive, Suite 300  
 Brookfield, WI 53005  
**Offices Nationwide**  
 800.627.3660



**Corporate Headquarters:**  
 2355 Crenshaw Blvd., Suite 200  
 Torrance, CA 90501  
 310-212-3344  
 800-654-8102

Underwritten by:



PO Box 5008, Madison, WI 53705

**This brochure is not the insurance contract. It is a brief description of your insurance underwritten by Madison National Life Insurance Company, Inc.**

Founded in 1961, Madison National Life is headquartered in Madison, the rapidly growing capital city of Wisconsin. Madison National Life is licensed in 49 states and specializes in group life, disability, and specialty health insurance. The company is a wholly owned subsidiary of Horace Mann Educators Corporation (NYSE:HMN), the largest financial services company focused on providing America's educators and school employees with insurance and retirement solutions.



### Employee Supplemental Life and Dependent Spouse Supplemental Life Tenthly Premiums

Benefit Amount	Under 34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$0.50	\$0.70	\$1.10	\$1.90	\$2.90	\$4.70	\$7.80	\$13.10	\$22.20
\$20,000	\$1.00	\$1.40	\$2.20	\$3.80	\$5.80	\$9.40	\$15.60	\$26.20	\$44.40
\$30,000	\$1.50	\$2.10	\$3.30	\$5.70	\$8.70	\$14.10	\$23.40	\$39.30	\$66.60
\$40,000	\$2.00	\$2.80	\$4.40	\$7.60	\$11.60	\$18.80	\$31.20	\$52.40	\$88.80
\$50,000	\$2.50	\$3.50	\$5.50	\$9.50	\$14.50	\$23.50	\$39.00	\$65.50	\$111.00
\$60,000	\$3.00	\$4.20	\$6.60	\$11.40	\$17.40	\$28.20	\$46.80	\$78.60	\$133.20
\$70,000	\$3.50	\$4.90	\$7.70	\$13.30	\$20.30	\$32.90	\$54.60	\$91.70	\$155.40
\$80,000	\$4.00	\$5.60	\$8.80	\$15.20	\$23.20	\$37.60	\$62.40	\$104.80	\$177.60
\$90,000	\$4.50	\$6.30	\$9.90	\$17.10	\$26.10	\$42.30	\$70.20	\$117.90	\$199.80
\$100,000	\$5.00	\$7.00	\$11.00	\$19.00	\$29.00	\$47.00	\$78.00	\$131.00	\$222.00
\$110,000	\$5.50	\$7.70	\$12.10	\$20.90	\$31.90	\$51.70	\$85.80	\$144.10	\$244.20
\$120,000	\$6.00	\$8.40	\$13.20	\$22.80	\$34.80	\$56.40	\$93.60	\$157.20	\$266.40
\$130,000	\$6.50	\$9.10	\$14.30	\$24.70	\$37.70	\$61.10	\$101.40	\$170.30	\$288.60
\$140,000	\$7.00	\$9.80	\$15.40	\$26.60	\$40.60	\$65.80	\$109.20	\$183.40	\$310.80
\$150,000	\$7.50	\$10.50	\$16.50	\$28.50	\$43.50	\$70.50	\$117.00	\$196.50	\$333.00
\$160,000	\$8.00	\$11.20	\$17.60	\$30.40	\$46.40	\$75.20	\$124.80	\$209.60	\$355.20
\$170,000	\$8.50	\$11.90	\$18.70	\$32.30	\$49.30	\$79.90	\$132.60	\$222.70	\$377.40
\$180,000	\$9.00	\$12.60	\$19.80	\$34.20	\$52.20	\$84.60	\$140.40	\$235.80	\$399.60
\$190,000	\$9.50	\$13.30	\$20.90	\$36.10	\$55.10	\$89.30	\$148.20	\$248.90	\$421.80
\$200,000	\$10.00	\$14.00	\$22.00	\$38.00	\$58.00	\$94.00	\$156.00	\$262.00	\$444.00
\$210,000	\$10.50	\$14.70	\$23.10	\$39.90	\$60.90	\$98.70	\$163.80	\$275.10	\$466.20
\$220,000	\$11.00	\$15.40	\$24.20	\$41.80	\$63.80	\$103.40	\$171.60	\$288.20	\$488.40
\$230,000	\$11.50	\$16.10	\$25.30	\$43.70	\$66.70	\$108.10	\$179.40	\$301.30	\$510.60
\$240,000	\$12.00	\$16.80	\$26.40	\$45.60	\$69.60	\$112.80	\$187.20	\$314.40	\$532.80
\$250,000	\$12.50	\$17.50	\$27.50	\$47.50	\$72.50	\$117.50	\$195.00	\$327.50	\$555.00
\$260,000	\$13.00	\$18.20	\$28.60	\$49.40	\$75.40	\$122.20	\$202.80	\$340.60	\$577.20
\$270,000	\$13.50	\$18.90	\$29.70	\$51.30	\$78.30	\$126.90	\$210.60	\$353.70	\$599.40
\$280,000	\$14.00	\$19.60	\$30.80	\$53.20	\$81.20	\$131.60	\$218.40	\$366.80	\$621.60
\$290,000	\$14.50	\$20.30	\$31.90	\$55.10	\$84.10	\$136.30	\$226.20	\$379.90	\$643.80
\$300,000	\$15.00	\$21.00	\$33.00	\$57.00	\$87.00	\$141.00	\$234.00	\$393.00	\$666.00
\$310,000	\$15.50	\$21.70	\$34.10	\$58.90	\$89.90	\$145.70	\$241.80	\$406.10	\$688.20
\$320,000	\$16.00	\$22.40	\$35.20	\$60.80	\$92.80	\$150.40	\$249.60	\$419.20	\$710.40
\$330,000	\$16.50	\$23.10	\$36.30	\$62.70	\$95.70	\$155.10	\$257.40	\$432.30	\$732.60
\$340,000	\$17.00	\$23.80	\$37.40	\$64.60	\$98.60	\$159.80	\$265.20	\$445.40	\$754.80
\$350,000	\$17.50	\$24.50	\$38.50	\$66.50	\$101.50	\$164.50	\$273.00	\$458.50	\$777.00
\$360,000	\$18.00	\$25.20	\$39.60	\$68.40	\$104.40	\$169.20	\$280.80	\$471.60	\$799.20
\$370,000	\$18.50	\$25.90	\$40.70	\$70.30	\$107.30	\$173.90	\$288.60	\$484.70	\$821.40
\$380,000	\$19.00	\$26.60	\$41.80	\$72.20	\$110.20	\$178.60	\$296.40	\$497.80	\$843.60
\$390,000	\$19.50	\$27.30	\$42.90	\$74.10	\$113.10	\$183.30	\$304.20	\$510.90	\$865.80
\$400,000	\$20.00	\$28.00	\$44.00	\$76.00	\$116.00	\$188.00	\$312.00	\$524.00	\$888.00
\$410,000	\$20.50	\$28.70	\$45.10	\$77.90	\$118.90	\$192.70	\$319.80	\$537.10	\$910.20
\$420,000	\$21.00	\$29.40	\$46.20	\$79.80	\$121.80	\$197.40	\$327.60	\$550.20	\$932.40
\$430,000	\$21.50	\$30.10	\$47.30	\$81.70	\$124.70	\$202.10	\$335.40	\$563.30	\$954.60
\$440,000	\$22.00	\$30.80	\$48.40	\$83.60	\$127.60	\$206.80	\$343.20	\$576.40	\$976.80
\$450,000	\$22.50	\$31.50	\$49.50	\$85.50	\$130.50	\$211.50	\$351.00	\$589.50	\$999.00
\$460,000	\$23.00	\$32.20	\$50.60	\$87.40	\$133.40	\$216.20	\$358.80	\$602.60	\$1,021.20
\$470,000	\$23.50	\$32.90	\$51.70	\$89.30	\$136.30	\$220.90	\$366.60	\$615.70	\$1,043.40
\$480,000	\$24.00	\$33.60	\$52.80	\$91.20	\$139.20	\$225.60	\$374.40	\$628.80	\$1,065.60
\$490,000	\$24.50	\$34.30	\$53.90	\$93.10	\$142.10	\$230.30	\$382.20	\$641.90	\$1,087.80
\$500,000	\$25.00	\$35.00	\$55.00	\$95.00	\$145.00	\$235.00	\$390.00	\$655.00	\$1,110.00



## Mt. San Jacinto Community College

All Eligible Employees

### How much Accidental Death & Dismemberment (AD&D) insurance is available?

For You:

Basic AD&D	\$2,000
Voluntary AD&D (if elected)	Options of \$10,000; \$25,000; \$50,000; \$100,000; \$250,000; or \$500,000; not to exceed 10 times your basic annual salary or \$500,000, whichever is lesser.

For Your Dependents: (if Family Plan is elected)

Spouse Only (if elected)	60% of Employee's Voluntary AD&D Benefit
Child(ren) Only (if elected)	25% of Employee's Voluntary AD&D Benefit; not to exceed \$50,000
Spouse and Child(ren) (if elected)	60% of Employee's Voluntary AD&D Benefit for your Spouse, and 25% of Employee's Voluntary AD&D Benefit, not to exceed \$50,000, for each of your children

### Who is eligible for this insurance?

Employees working at least 15 hours per week.

Dependent AD&D Insurance: No person may be considered a Dependent of more than one Eligible Employee. No person can be insured as an Employee and as a Dependent.

## Will the insurance benefit ever reduce?

For You: Your Employee Basic and Voluntary AD&D will not reduce and will terminate at retirement.

For Your Spouse: Your Spouse's Dependent Voluntary AD&D will not reduce and will terminate at the Employee's retirement.

For Your Child(ren): Your Child/ren's Dependent Voluntary AD&D will not reduce and will terminate at the earlier of Your child's marriage or attainment of age 26 unless legally incapacitated and unable to be self-supporting because of a medically ascertainable mental or physical handicap, or the Employee's retirement.

## How much is my premium?

Your Employee Basic AD&D is of no cost to you.

For the Employee Voluntary AD&D and Dependent Voluntary AD&D, please reference the Premium Table below.

Benefit Amount	Tenthly			
	Employee Only	Employee and Family	Employee and Spouse	Employee and Child
\$10,000	\$0.42	\$0.72	\$0.67	\$0.47
\$25,000	\$1.06	\$1.80	\$1.69	\$1.16
\$50,000	\$2.10	\$3.59	\$3.36	\$2.33
\$100,000	\$4.20	\$7.18	\$6.72	\$4.66
\$250,000	\$10.50	\$17.70	\$16.80	\$11.40
\$500,000	\$21.00	\$34.50	\$33.60	\$21.90

## Who do I contact with questions?

Questions may be directed to National Insurance Services at 1-800-627-3660

Administered by:



**Corporate Headquarters:**  
300 N Corporate Drive, Suite 300  
Brookfield, WI 53045  
**Offices Nationwide**  
800.627.3660



Corporate Headquarters:  
2355 Crenshaw Blvd., Suite 200  
Torrance, CA 90501  
310-212-3344  
800-654-8102

Underwritten by:



PO Box 5008, Madison, WI 53705

This brochure is not the insurance contract. It is a brief description of your insurance underwritten by Madison National Life Insurance Company, Inc.

Founded in 1961, Madison National Life is headquartered in Madison, the rapidly growing capital city of Wisconsin. Madison National Life is licensed in 49 states and specializes in group life, disability, and specialty health insurance. The company is a wholly owned subsidiary of Horace Mann Educators Corporation (NYSE:HMN), the largest financial services company focused on providing America's educators and school employees with insurance and retirement solutions.



**Don't**  
let thieves break your bank!

**Enroll today for just \$12 tenthly!**

### 24/7 Peace of Mind

ID Theft Protector offers unlimited identity theft restoration services for you and your family to help easily recover from identity theft.

24/7 "real time" access to credit bureau records allow specially trained and certified fraud resolution specialists to identify the crime, respond quickly to stop additional damage, remove fraudulent activity from the victim's name and regain control of your credit history.

With ID Theft Protector, resolution services happen much more quickly than with competitive programs. Whenever and wherever a victim's identity is stolen, ID Theft Protector begins to make it better right away - with only one call to our 24/7 emergency assistance center.





### Backed by Industry Leaders

ID Theft Protector is backed by industry leaders to help 24/7 at home or when you are traveling. The product is backed by two of the largest and most experienced companies of their type in the identity protection business: CLC, Incorporated, who provides Legal, Financial and Identity Theft protection services to over 27 million households and over 25,000 corporations, and Trans Union/True Credit, a leading provider of business intelligence, consumer information and Web-based services helping consumers prevent and resolve credit fraud and identity theft issues, supported by more than 3,600 employees in 25 countries worldwide.

### \$1,000,000 Cash Asset and Expense Reimbursement

Unlimited restoration and up to \$1,000,000 in identity theft insurance with a zero deductible for unauthorized electronic funds transfers from personal checking and savings accounts as well as certain fraud-related expenses, such as lost wages, reasonable attorney's fees (appointed by the insurance company) along with other out-of-pocket expenses that are related to the recovery of your identity. To establish eligibility you must enroll in Identity Theft Monitoring.

### Key Service Features

-  **Instant Alerts**  
Get immediate alerts of questionable activity
-  **Quick Response**  
Experts will work to assess any situation 24/7
-  **Quick Restore**  
Your identity is restored in record time
-  **Quick Relief**  
Get life back to normal as soon as possible



**For any product-related questions, please contact your Account Executive or Benefits Administrator!**

If you are already a member of ID Theft Protector powered by ID Theft Assist and have any activation questions or suspect your identity is compromised in any way, immediately call 1-866-262-5844.



**Keenan**

Keenan & Associates  
CA License No. 0451271

# Additional Voluntary Programs Sponsored by REEP

---

There are a variety of benefits you can purchase through payroll deductions ( no contributions are provided by the District). See the District Benefits Department or BenefitBridge for more information.

## Colonial Medical Bridge (Hospital Indemnity)

The District offers Hospital Indemnity plans to choose from which could help pay for out-of-pocket medical expenses, such as deductibles, co-payments and other expenses, and will also reimburse you for some preventive screenings. You can view the details of the available plans and/or elect to enroll in a Hospital Indemnity plan online through **BenefitBridge**.

## TruHearing Discount Program

All REEP members have access to hearing aids at a far reduced price through the TruHearing Discount Program. REEP members can shop state of the art hearing aid technology at a savings between 30% to 60% off. Call TruHearing at [\(844\) 524-3976](tel:8445243976) Monday through Friday, 8am – 8pm, For TTY, dial 711.



# Nationwide Pet Insurance

## Pet insurance from Nationwide®

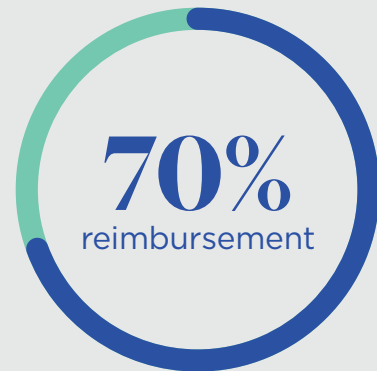
With two budget-friendly options, there's never been a better time to protect your pet.



### Our popular My Pet Protection® pet insurance plans now feature more choices and more flexibility

- ✓ **Get cash back on eligible vet bills:** Choose your reimbursement level of 50% or 70%<sup>1</sup>
- ✓ **Available exclusively for employees:** Plans with preferred pricing only offered through your company
- ✓ **Use any vet, anywhere:** No networks, no pre-approvals

Choose your level  
of coverage with  
My Pet Protection®



**How to use your  
pet insurance plan**

**1** Visit any vet,  
anywhere.

**2** Submit  
claim.

**3** Get reimbursed  
for eligible  
expenses.

Get a quote at <http://www.petinsurance.com/msjc> • Or Call: (877) 738-7874

<sup>1</sup>Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Reimbursement options may not be available in all states.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2021 Nationwide. 21GRP8437



**Nationwide®**

## No Surprises Act Notice

Our medical plans are subject to the No Surprises Act, which limits the amount covered persons may have to pay for some out-of-network surprise medical bills. More information about surprise billing requirements included under the No Surprises Act and similar state laws can be found on the medical insurance company's website or the Plan Sponsor's website. Additional information may be found in your Explanation of Benefits for any affected claims.

## Discrimination is Against the Law

Mt. San Jacinto Community College complies with the applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, and sex characteristics). Mt. San Jacinto Community College does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## Newborns' and Mothers' Health Protection Act (NMHPA)

Benefits for a pregnancy hospital stay (for delivery) for a mother and her newborn may not be restricted to less than 48 hours following a vaginal delivery or 96 hours following a cesarean section. Also, any utilization review requirements for inpatient hospital admissions will not apply to this minimum length of stay. Early discharge is permitted only if the attending health care provider, in consultation with the mother, decides an earlier discharge is appropriate.

## Women's Health and Cancer Rights Act (WHCRA) Annual Notice

Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. For more information, you should review the Summary Plan Description or call your Plan Administrator at (951) 487-3155 or (951) 405-1981.

## Patient Protections

The medical plan requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, the plan will designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, please contact Anthem or Kaiser Customer Service at the phone number on the back of your member ID card.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the plan or any other person (including a primary care provider) to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, please contact Anthem or Kaiser Customer Service on the back of your member ID card..

## Networks/Claims/Appeals

The major medical plans described in this booklet have provider networks with Anthem and Kaiser. The listing of provider networks will be available to you automatically and free of charge. A list of network providers can be accessed immediately by using the Internet address found in the Summary of Benefits and Coverage that relates to the Plan. You have a right to appeal denials of claims and a right to a response within a reasonable amount of time. Claims that are not submitted within a reasonable time may be denied. Please review your Summary Plan Description or contact the Plan Administrator for more details.

## Notice of Extended Coverage to Children Covered as Students

Michelle's Law generally extends eligibility for group health benefit plan coverage to a dependent child over age 26, who, as a condition of coverage, is enrolled in an institution of higher education. Please review the following information with respect to your dependent child's rights in the event student status is lost.

Michelle's Law requires the Plan to allow extended eligibility in some cases for a covered child over age 26, who would lose eligibility for Plan coverage due to loss of full-time student status.

There are two definitions that are important for purposes of determining whether the Michelle's Law extension of eligibility applies to a particular child:

- *Dependent child means a child over age 26 who is a dependent of a plan participant and who is eligible under the terms of the Plan based on their student status and enrollment at a post-secondary educational institution immediately before the first day of a medically necessary leave of absence.*
- *Medically necessary leave of absence means a leave of absence or any other change in enrollment:*
  - of a dependent child from a post-secondary educational institution that begins while the child is suffering from a serious illness or injury;
  - Which is medically necessary; and,
  - Which causes the dependent child to lose student status under the terms of the Plan.

The dependent child's treating physician must provide written certification of medical necessity (i.e., a certification that the dependent child suffers from a serious illness or injury that necessitates a leave of absence or other enrollment change that would otherwise cause loss of eligibility).

If a dependent child qualifies for the Michelle's Law extension of eligibility, the Plan will treat the dependent child as eligible for coverage until the earlier of:

- *One year after the first day of the leave of absence; or*
- *The date that Plan coverage would otherwise terminate (for reasons other than failure to be a full-time student).*

A dependent child on a medically necessary leave of absence is entitled to receive the same Plan benefits as other dependent children covered under the Plan. Further, any change to Plan coverage that occurs during the Michelle's Law extension of eligibility will apply to the dependent child to the same extent as it applies to other dependent children covered under the Plan.

## COBRA Continuation Coverage

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under covered medical, dental, and vision plans (the "Plan"). **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to receive it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally does not accept late enrollees.

### WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "Qualifying Event." Specific Qualifying Events are listed later in this notice. After a Qualifying Event, COBRA continuation coverage must be offered to each person who is a "Qualified Beneficiary." You, your spouse, and your dependent children could become Qualified Beneficiaries if coverage under the Plan is lost because of the Qualifying Event. Under the Plan, Qualified Beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a Qualified Beneficiary if you lose coverage under the Plan because of the following Qualifying Events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a Qualified Beneficiary if you lose your coverage under the Plan because of the following Qualifying Events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than their gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or,
- You become divorced or legally separated from your spouse.

Your dependent children will become Qualified Beneficiaries if they lose coverage under the Plan because of the following Qualifying Events:

- The parent-employee dies;
- The parent-employee's employment ends for any reason other than their gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or,
- The child stops being eligible for coverage under the Plan as a "dependent child."

## WHEN IS COBRA CONTINUATION COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to Qualified Beneficiaries only after the Plan Administrator has been notified of a Qualifying Event:

- The end of employment or reduction of hours of employment;
- Death of the employee; or,
- The employee becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other Qualifying Events (e.g., divorce or legal separation of the employee and spouse, or a dependent child losing eligibility for coverage as a dependent child, etc.), you must notify the Plan Administrator within 60 days after the Qualifying Event occurs. You must provide this notice to your employer.**

Life insurance, accidental death and dismemberment benefits, and weekly income or long-term disability benefits (if part of the employer's plan), are not eligible for continuation under COBRA.

## NOTICE AND ELECTION PROCEDURES

Each type of notice or election to be provided by a covered employee or a Qualified Beneficiary under this COBRA Continuation Coverage Section must be in writing, must be signed and dated, and must be mailed or hand-delivered to the Plan Administrator, properly addressed, or as otherwise permitted by the COBRA administrator, no later than the date specified in the election form, and properly submitted to the Plan Administrator.

Each notice must include all of the following items: the covered employee's full name, address, phone number, and Social Security Number; the full name, address, phone number, and Social Security Number of each affected dependent, as well as each dependent's relationship to the covered employee; a description of the Qualifying Event or disability determination that has occurred; the date the Qualifying Event or disability determination occurred; a copy of the Social Security Administration's written disability determination, if applicable; and the name of the Plan. The Plan Administrator may establish specific forms that must be used to provide a notice or election.

## ELECTION AND ELECTION PERIOD

COBRA continuation coverage may be elected during the period beginning on the date Plan coverage would otherwise terminate due to a Qualifying Event and ending on the later of the following: (1) 60 days after coverage ends due to a Qualifying Event, or (2) 60 days after the notice of the COBRA continuation coverage rights is provided to the Qualified Beneficiary.

If, during the election period, a Qualified Beneficiary waives COBRA continuation coverage rights, the waiver can be revoked at any time before the end of the election period. Revocation of the waiver will be an election of COBRA continuation coverage. However, if a waiver is revoked, coverage need not be provided retroactively (that is, from the date of the loss of coverage until the waiver is revoked). Waivers and revocations of waivers are considered to be made on the date they are sent to the employer or Plan Administrator.

## HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a Qualifying Event has occurred, COBRA continuation coverage will be offered to each of the Qualified Beneficiaries. Each Qualified Beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation on behalf of their dependent children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain Qualifying Events, or a second Qualifying Event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

## **DISABILITY EXTENSION OF THE 18-MONTH PERIOD OF COBRA CONTINUATION COVERAGE**

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. This disability would have to have started some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. (See Notice and Election Procedures.)

## **SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF COBRA CONTINUATION COVERAGE**

If your family experiences another Qualifying Event during the 18 months of COBRA continuation of coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation of coverage, for a maximum of 36 months, if the Plan is properly notified about the second Qualifying Event. This extension may be available to the spouse and any dependent children receiving COBRA continuation of coverage if the employee or former employee dies; becomes entitled to Medicare (Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second Qualifying Event would have caused the spouse or the dependent child to lose coverage under the Plan had the first Qualifying Event not occurred. (See Notice and Election Procedures.)

## **OTHER OPTIONS BESIDES COBRA CONTINUATION COVERAGE**

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

## **ENROLLMENT IN MEDICARE INSTEAD OF COBRA**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an eight-month special enrollment period<sup>1</sup> to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer), and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information, visit <https://www.medicare.gov/medicare-and-you>.

## **IF YOU HAVE QUESTIONS**

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans subject to ERISA, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Address and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

<sup>1</sup> <http://www.socialsecurity.gov/>

## KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## EFFECTIVE DATE OF COVERAGE

COBRA continuation coverage, if elected within the period allowed for such election, is effective retroactively to the date coverage would otherwise have terminated due to the Qualifying Event, and the Qualified Beneficiary will be charged for coverage in this retroactive period.

## COST OF CONTINUATION COVERAGE

The cost of COBRA continuation coverage will not exceed 102% of the Plan's full cost of coverage during the same period for similarly situated non-COBRA beneficiaries to whom a Qualifying Event has not occurred. The "full cost" includes any part of the cost which is paid by the employer for non-COBRA beneficiaries.

The initial payment must be made within 45 days after the date of the COBRA election by the Qualified Beneficiary. Payment must cover the period of coverage from the date of the COBRA election retroactive to the date of loss of coverage due to the Qualifying Event (or the date a COBRA waiver was revoked, if applicable). The first and subsequent payments must be submitted and made payable to the Plan Administrator or COBRA Administrator. Payments for successive periods of coverage are due on the first of each month thereafter, with a 30-day grace period allowed for payment. Where an employee, organization or any other entity that provides Plan benefits on behalf of the Plan Administrator permits a billing grace period greater than the 30 days stated above, such period shall apply in lieu of the 30 days. Payment is to be made on the date it is sent to the Plan or Plan Administrator.

The Plan will allow the payment for COBRA continuation coverage to be made in monthly installments, but the Plan can also allow for payment at other intervals. The Plan is not obligated to send monthly premium notices.

The Plan will notify the Qualified Beneficiary, in writing, of any termination of COBRA coverage based on the criteria stated in this Section that occurs prior to the end of the Qualified Beneficiary's applicable maximum coverage period. Notice will be given within 30 days of the Plan's decision to terminate.

Such notice shall include the reason that continuation coverage has terminated earlier than the end of the maximum coverage period for such Qualifying Event and the date of termination of continuation coverage.

**See the Summary Plan Description or contact the Plan Administrator for more information.**

## Uniformed Services Employment and Reemployment Rights Act (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including your spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

## Flexible Spending Accounts (FSAs) – Termination and Claims Submission Deadlines

**Note:** If you lose eligibility for any reason during the Plan Year, your contributions to your Health and/or Dependent Care FSAs will end as of the date your eligibility terminates. You may submit claims for reimbursement from your FSAs for expenses incurred during the Plan Year prior to your eligibility termination. You must submit claims for reimbursement from your Health and/or Dependent Care FSAs no later than 90 days after the date your eligibility terminates. Any balance remaining in your FSAs will be forfeited after claims submitted prior to this date have been processed.

## Special Enrollment Rights Notice

### CHANGES TO YOUR HEALTH PLAN ELECTIONS

Once you make your benefits elections, they cannot be changed until the next Open Enrollment. Open Enrollment is held once a year.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if there is a loss of other coverage. However, you must request enrollment no later than 30 days after that other coverage ends.

If you declined coverage while Medicaid or the Children's Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment no later than 60 days after Medicaid or CHIP coverage ends.

If you or your dependents become eligible for Medicaid or CHIP premium assistance, you may be able to enroll yourself and/or your dependents into this plan. However, you must request enrollment no later than 60 days after the determination to remain eligible for such assistance.

If you have a change in family status such as a new dependent resulting from marriage, birth, adoption or placement for adoption, divorce (including legal separation and annulment), death, or a Qualified Medical Child Support Order, you may be able to enroll yourself and/or your dependents. However, you must request enrollment no later than 30 days after the marriage, birth, adoption, or placement for adoption or divorce (including legal separation and annulment).

For information about Special Enrollment Rights, please contact:

Erica Gomez/Veronica Contreras  
Human Resources/Benefit Technicians  
(951) 487-3155 or (951) 405-1981

## Availability of Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices

Mt. San Jacinto Community College's Anthem and Kaiser Group Health Plans maintain a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact Erica Gomez or Veronica Contreras at (951) 487-3155 or (951) 405-1981.

## Important Notice Regarding Wellness Information

REEP Omada is a voluntary program available to all employees who participate in The Anthem or Kaiser Permanente medical plans and is subject to federal law including the Americans with Disabilities Act and the Genetic Information Nondiscrimination Act.

If you choose to participate, you may be asked to complete a voluntary health risk assessment that asks questions about your health-related activities and behaviors and whether you have or have had certain medical conditions. You may also be asked to complete a voluntary biometric screening which includes certain tests.

The information gathered from your health risk assessment and/or biometric screening will be used to provide you with information to help you understand your current health, potential risks, and may also be used to offer you services through the wellness program. You are also encouraged to share your results or concerns with your own doctor.

The law requires us to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Mt. San Jacinto Community College may use aggregate, non-employee-specific information to design a program to address health risks in the workplace, your personally identifiable information will never be disclosed publicly or to your employer. Medical information that personally identifies you in connection with the wellness program will not be disclosed to your supervisors or managers and will never be used to make decisions regarding your employment. Anyone (e.g., a registered nurse, a doctor, a health coach, etc.) who receives information about you for the purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

All medical information obtained through the wellness program will be maintained by Omada.

If you have any questions or concerns, please contact Erica Gomez or Veronica Contreras at (951) 487-3155 or (951) 405-1981.

## Health Insurance Marketplace Coverage Options and Your Health Coverage

### PART A: GENERAL INFORMATION

This notice provides you with information about Mt. San Jacinto Community College in the event you wish to apply for coverage on the Health Insurance Marketplace. All the information you need from Human Resources is listed in this notice. If you wish to have someone assist you in the application process or have questions about subsidies that you may be eligible to receive, (for California residents only) you can contact KeenanDirect at 855-653-3626 or at [www.KeenanDirect.com](http://www.KeenanDirect.com), or (for everyone) contact the Health Insurance Marketplace directly at [www.Healthcare.gov](http://www.Healthcare.gov).

#### WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget by offering “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away.

Open Enrollment for health insurance coverage through Covered California begins on November 1 of each year and ends on January 31 of each year. For more information on Open Enrollment and other opportunities to enroll, visit [www.coveredca.com](http://www.coveredca.com), KeenanDirect at 855-653-3626 or [www.KeenanDirect.com](http://www.KeenanDirect.com).

Open Enrollment for most other states begins on November 1 and closes on January 15 of each year. For more information on Open Enrollment and other opportunities to enroll, visit [www.healthcare.gov](http://www.healthcare.gov).

#### CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer you coverage, offers medical coverage that is not “Affordable,” or does not provide “Minimum Value.” If the lowest cost plan from your employer that would cover you (and not any other members of your family) is more than 9.96% (for 2026) of your household income for the year, then that coverage for you is not Affordable. Affordability for dependent family members is determined separately and is based on the total cost of family coverage. Moreover, if the medical coverage offered covers less than 60% of the benefits costs, then the plan does not provide Minimum Value.

#### DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of medical coverage from your employer that is both Affordable and provides Minimum Value, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s medical plan. If you receive premium savings for Marketplace coverage, the IRS may seek reimbursement of those funds.

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

#### STATES WITH INDIVIDUAL MANDATE

Taxpayers in CA, DC, MA, NJ, RI, and VT (this list is neither complete nor exhaustive) are reminded that your state imposes an individual mandate penalty (tax) should you, your spouse, and children choose to not have (and keep) medical/Rx coverage for each tax year. Please consult your tax advisor for how a non-election for health coverage may affect your tax situation.

# Important Notices (continued)



## PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

In the event you wish to apply for coverage on the Exchange, all the information you need from Human Resources is listed below. If you are located in California and wish to have someone assist you in the application process or have questions about subsidies that you may be eligible to receive, you can contact KeenanDirect at 855-653-3626 or at [www.KeenanDirect.com](http://www.KeenanDirect.com). The information is numbered to correspond to the Marketplace application.

<b>3. Employer name</b> Mt. San Jacinto Community College District	<b>4. Employer Identification Number (EIN)</b> 33-0813328	
<b>5. Employer address</b> 41888 Motor Car Parkway	<b>6. Employer phone number</b> (951) 487-3155 or (951) 405-1981	
<b>7. City</b> Temecula	<b>8. State</b> CA	<b>9. ZIP code</b> 92591
<b>10. Who can we contact about employee health coverage at this job?</b> Benefits Analysts		
<b>11. Phone number (if different from above)</b>	<b>12. Email address</b> <a href="mailto:benefits@msjc.edu">benefits@msjc.edu</a>	

As your employer, we offer coverage that meets the minimum value standard to the employees as described in this Guide. The coverage offered to you meets the minimum value standard and the cost of this coverage to you is intended to be affordable based on employee wages.

## Notice of Creditable Coverage: Information About Medicare Part D and Your Prescription Drug Coverage

Mt. San Jacinto Community College has determined that the prescription drug coverage offered by the Mt. San Jacinto Community College is, on average for all plan participants, expected to pay out [the same or more than] what the standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.

Please read this notice carefully and keep it where you can find it. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. NOTE: You are responsible for providing this notice to all Medicare eligible family members (or those about to become Medicare eligible).

### WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

When someone first becomes eligible to enroll in a government-sponsored Medicare "Part D" prescription drug plan, enrollment is considered timely if completed by the end of his or her "Initial Enrollment Period" which ends three months after the month in which he or she turned 65.

Unfortunately, if you choose not to enroll in Medicare Part D during your Initial Enrollment Period, when you finally do enroll, you may be subject to a late enrollment penalty added to your monthly Medicare Part D premium. Specifically, the extra cost, if any, increases based on the number of full, uncovered months during which you went without either Medicare Part D or without "Creditable" prescription drug coverage from another plan, such as our plan.

Eligible individuals can enroll in a Medicare Part D prescription drug plan during Medicare's "Annual Coordinated Election Period" (a.k.a. "Open Enrollment Period") running from October 15 through December 7 of each year, as well as during what is known as a "Medicare Special Enrollment Period" which is triggered by certain qualifying events, including the loss of creditable group prescription drug coverage. Those who miss these opportunities are generally unable to enroll in a Medicare Part D plan until another enrollment period becomes available. Finally, please be cautioned that even if you elect our coverage, you could be subject to a payment of higher Part D premiums if you subsequently experience a break in coverage of 63 continuous days or longer before you enroll in the Medicare Part D plan. Carefully coordinating your transition between plans is therefore essential.

### WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current Mt. San Jacinto Community College coverage will not be affected. If you keep this coverage and elect Medicare, the Mt. San Jacinto Community College coverage will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current Mt. San Jacinto Community College coverage, be aware that you and your dependents may be unable to get this coverage back.

It is important for those eligible for both Medicare and our group health plan to look ahead and weigh the costs and benefits of the various options on a regular, if not annual, basis. Based on individual facts and circumstances, some choose to elect Medicare only, some choose to elect coverage under the group health plan only, while some choose to enroll in both coverages. When both are elected, please note that benefits coordinate according to the Medicare Secondary Payer Rules. That is, one plan or the other would reduce their payment to prevent you from being reimbursed the full amount from both sources. Your age, the reason for your Medicare eligibility and other factors determine which plan is primary (pays first, generally without reductions) versus secondary (pays second, generally with reductions).

### WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

If you are Medicare eligible and go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have creditable coverage. For example, if you go 19 months without creditable coverage, your premium may be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) the entire time you have Medicare prescription drug coverage.

### FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

If you have questions about your Medicare eligibility or how you can get help to pay for it, you can call the Social Security Administration at 1-800-772-1213 or visit [www.socialsecurity.gov](http://www.socialsecurity.gov).

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office, dial 1-877-KIDS-NOW, or visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance with paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility.

### ALABAMA - Medicaid

Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

### ALASKA - Medicaid

The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility:  
<https://health.alaska.gov/dpa/Pages/default.aspx>

### ARKANSAS - Medicaid

Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (1-855-692-7447)

### CALIFORNIA - Medicaid

Health Insurance Premium Payment (HIPP) Program Website:  
<http://dhcs.ca.gov/hipp>  
Phone: 1-916-445-8322  
Fax: 1-916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

### COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:  
<https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center: 1-800-221-3943/  
State Relay 711  
CHP+: <https://hcpf.colorado.gov/chp>  
CHP+ Customer Service: 1-800-359-1991/ State Relay 711  
Health Insurance Buy-In Program (HIBI):  
<https://www.mycohibi.com/>  
HIBI Customer Service: 1-855-692-6442

### FLORIDA - Medicaid

Website:  
<https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

### GEORGIA - Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/programs/third-party-liability/health-insurance-premium-payment-program-hipp>  
Phone: 1-678-564-1162, Press 1  
GA CHIPRA Website:  
<https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
Phone: 1-678-564-1162, Press 2

### INDIANA - Medicaid

Website: <https://www.in.gov/medicaid/> or  
<http://www.in.gov/fssa/dfr/>  
Family and Social Services Administration  
Phone: 1-800-403-0864  
Member Services Phone: 1-800-457-4584

### IOWA – Medicaid & CHIP (Hawki)

Medicaid Website: <https://hhs.iowa.gov/medicaid>  
Medicaid Phone: 1-800-338-8366  
Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>  
Hawki Phone: 1-800-257-8563  
HIPP Website: <https://hhs.iowa.gov/medicaid/plans-programs/fee-service/health-insurance-premium-payment-program>  
HIPP Phone: 1-888-346-9562

# Important Notices (continued)



## **KANSAS - Medicaid**

Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884  
HIPAA Phone: 1-800-967-4660

## **KENTUCKY - Medicaid**

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  
<https://www.chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
Phone: 1-855-459-6328  
Email: [KIHIPPProgram@ky.gov](mailto:KIHIPPProgram@ky.gov)  
KCHIP Website: <https://kynect.ky.gov>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

## **LOUISIANA - Medicaid**

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or  
1-855-618-5488 (LaHIPP)

## **MAINE - Medicaid**

Enrollment Website:  
[https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
Phone: 1-800-442-6003 | TTY: Maine relay 711  
Private Health Insurance Premium Webpage:  
<https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 1-800-977-6740 | TTY: Maine relay 711

## **MASSACHUSETTS - Medicaid & CHIP**

Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840 | TTY: 711  
Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

## **MINNESOTA - Medicaid**

Website: <https://mn.gov/dhs/health-care-coverage/>  
Phone: 1-800-657-3672

## **MISSOURI - Medicaid**

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 1-573-751-2005

## **MONTANA - Medicaid**

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084  
Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

## **NEBRASKA - Medicaid**

Website: <http://www.accessnebraska.ne.gov/>  
Phone: 1-855-632-7633  
Lincoln: 1-402-473-7000  
Omaha: 1-402-595-1178

## **NEVADA - Medicaid**

Medicaid Website: <https://dhcftp.nv.gov>  
Medicaid Phone: 1-800-992-0900

## **NEW HAMPSHIRE - Medicaid**

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
Phone: 1-603-271-5218  
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218  
Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

## **NEW JERSEY - Medicaid & CHIP**

Medicaid Website:  
<https://www.nj.gov/humanservices/dmahs/clients/medicaid/>  
Phone: 1-800-356-1561  
CHIP Premium Assistance Phone: 1-609-631-2392  
CHIP Website: <https://njfamilycare.dhs.state.nj.us/>  
CHIP Phone: 1-800-701-0710 (TTY 711)

## **NEW YORK - Medicaid**

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

## **NORTH CAROLINA - Medicaid**

Website: <https://medicaid.ncdhhs.gov/>  
Phone: 1-919-855-4100

## **NORTH DAKOTA - Medicaid**

Website: <https://www.hhs.nd.gov/healthcare>  
Phone: 1-844-854-4825

## **OKLAHOMA - Medicaid and CHIP**

Website: <http://www.insureoklahoma.org/>  
Phone: 1-888-365-3742

## **OREGON - Medicaid**

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
Phone: 1-800-699-9075

## **PENNSYLVANIA - Medicaid & CHIP**

Website: <https://www.pa.gov/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp>  
Phone: 1-800-692-7462  
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>  
CHIP Phone: 1-800-986-KIDS (5437)

## **RHODE ISLAND - Medicaid and CHIP**

Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or 1-401-462-0311 (Direct RItte Share Line)

## **SOUTH CAROLINA - Medicaid**

Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

## **SOUTH DAKOTA - Medicaid**

Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

# Important Notices (continued)



## TEXAS - Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>  
Phone: 1-800-440-0493

## UTAH - Medicaid & CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>  
Email: [upp@utah.gov](mailto:upp@utah.gov)  
Phone: 1-888-222-2542  
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>  
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>  
CHIP Website: <https://chip.utah.gov/>

## VERMONT - Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>  
Phone: 1-800-250-8427

## VIRGINIA - Medicaid & CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  
Medicaid/CHIP Phone: 1-800-432-5924

## WASHINGTON - Medicaid

Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

## WEST VIRGINIA - Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/http://mywvhpp.com/>  
Medicaid Phone: 1-304-558-1700  
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

## WISCONSIN - Medicaid & CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

## WYOMING - Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

## U.S. Department of Labor

Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

## U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, ext. 61565

## HIPAA NOTICE OF PRIVACY PRACTICES

Mt. San Jacinto College

41888 Motor Car Pkwy,  
Temecula, CA 92591

[WWW.MSJC.EDU](http://WWW.MSJC.EDU)

### YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

**Please review it carefully.**

#### YOUR RIGHTS

When it comes to your health information, you have certain rights under the Health Insurance Portability and Accountability Act (HIPAA). This Section explains your rights and some of our responsibilities to help you.

<b>Get a copy of your health and claims records</b>	<ul style="list-style-type: none"><li>▪ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.</li><li>▪ We will provide a copy of a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li></ul>
<b>Ask us to correct health and claims records</b>	<ul style="list-style-type: none"><li>▪ You can ask us to correct your health and claims records if you think we are incorrect or incomplete. Ask us how to do this.</li><li>▪ We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li></ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"><li>▪ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li><li>▪ We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.</li></ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"><li>▪ You can ask us not to use or share certain health information for treatment, payment, or our operations.</li><li>▪ We are not required to agree to your request, and we may say “no,” for example, if it would affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.</li></ul>
<b>Get a list of those with whom we’ve shared information</b>	<ul style="list-style-type: none"><li>▪ You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.</li><li>▪ We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li></ul>

## YOUR RIGHTS *CONTINUED*

- |  |  |
|--|--|
| <b>Get a copy of this privacy notice</b>                     | <ul style="list-style-type: none"><li>▪ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li></ul>   |
| <b>Choose someone to act for you</b>                         | <ul style="list-style-type: none"><li>▪ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li><li>▪ We will make sure the person has this authority and can act for you before we take action.</li></ul>  |
| <b>File a complaint if you feel your rights are violated</b> | <ul style="list-style-type: none"><li>▪ You can complain if you feel we have violated your rights by contacting us using the information on page 1.</li><li>▪ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting</li><li>▪ <a href="https://www.hhs.gov/hipaa/filing-a-complaint/index.html">https://www.hhs.gov/hipaa/filing-a-complaint/index.html</a></li><li>▪ We will not retaliate against you for filing a complaint.</li></ul> |

## YOUR CHOICES

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- |   |   |
|---|---|
| <b>In these cases, you have both the right and choice to tell us to:</b>                      | <ul style="list-style-type: none"><li>▪ Share information with your family, close friends, or others involved in payment for your care</li><li>▪ Share information in a disaster relief situation</li><li>▪ If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</li></ul> |
| <b>In these cases, we never share your information unless you give us written permission:</b> | <ul style="list-style-type: none"><li>▪ Marketing purposes</li><li>▪ Sale of your information</li></ul>   |



## OUR USES AND DISCLOSURES

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

<b>Help manage the health care treatment you receive</b>	<ul style="list-style-type: none"> <li>▪ We can use your health information and share it with professionals who are treating you.</li> </ul>	<p>Example: A doctor sends us information about your diagnosis and treatment plan, so we can arrange additional services.</p>
<b>Run our organization</b>	<ul style="list-style-type: none"> <li>▪ We can use and disclose your information to run our organization and contact you when necessary.</li> <li>▪ We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.</li> </ul>	<p>Example: We use health information about you to develop better services for you.</p>
<b>Pay for your health services</b>	<ul style="list-style-type: none"> <li>▪ We can use and disclose your health information as we pay for your health services.</li> </ul>	<p>Example: We share information about you with your dental plan to coordinate payment for your dental work.</p>
<b>Administer your plan</b>	<ul style="list-style-type: none"> <li>▪ We may disclose your health information to your health plan sponsor for plan administration.</li> </ul>	<p>Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.</p>

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR Part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"> <li>▪ We can share health information about you for certain situations such as:             <ul style="list-style-type: none"> <li>▪ Preventing disease</li> <li>▪ Helping with product recalls</li> <li>▪ Reporting adverse reactions to medications</li> <li>▪ Reporting suspected abuse neglect, or domestic violence</li> <li>▪ Preventing or reducing a serious threat to anyone’s health or safety</li> </ul> </li> </ul>
<b>Do research</b>	<ul style="list-style-type: none"> <li>▪ We can use or share your information for health research.</li> </ul>

## OUR USES AND DISCLOSURES *CONTINUED*

<b>Comply with the law</b>	<ul style="list-style-type: none"><li>▪ We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.</li></ul>
<b>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"><li>▪ We can share health information about you with organ procurement organizations.</li><li>▪ We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li></ul>
<b>Address workers' compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"><li>▪ We can use or share health information about you:<ul style="list-style-type: none"><li>▪ For workers' compensation claims</li><li>▪ For law enforcement purposes or with a law enforcement official</li><li>▪ With health oversight agencies for activities authorized by law</li><li>▪ For special government functions such as military, national security, and presidential protective services</li></ul></li></ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"><li>▪ We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li></ul>

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

## OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective Date of Notice: February 13, 2026

41888 Motor Car Pkwy, Temecula, CA 92591

[WWW.MSJC.EDU](http://WWW.MSJC.EDU)

(951) 487-3155

## What is COB?

Coordination of Benefits (COB) applies to District members who are covered by more than one health care plan. COB helps ensure that you receive the benefits you are entitled to with more than one plan while avoiding overpayment by either plan. This avoids delay in processing your claim payments.

## How COB Works

When you are covered by more than one health plan (for example, when you are covered under the District's plan as well as your spouse's health plan), one plan is considered to be the primary carrier and the other is considered to be the secondary carrier. The primary carrier covers the major portion of the bill according to plan allowances, and the secondary carrier covers any remaining allowable expenses.

The COB provisions of your plan determine which plan is primary. That plan's benefits are applied to the claim first. The unpaid balance is usually paid by the secondary plan to the limit of its responsibility. Benefits are thus "coordinated" among all of the health plans, and payments do not exceed 100% of charges for the covered services.

## Primary vs. Secondary Carrier

The following rules apply when determining which plan will be the primary payer:

- Any plan without a COB provision always pays first.
- If the person receiving benefits is the participant under the contract, that plan will be primary. The spouse's plan will become secondary.
- If a dependent child is covered under two or more plans, the plan of the member covering the child whose birthday occurs earlier in the calendar year will be primary (known as the birthday rule). If both have the same birthday, the policy that has been in effect longer will be primary. The birthday rule is superseded when a court order or custody rule applies.

## Dependent Coverage When Parents Are Divorced

If the dependent is a child of divorced or separated parents, primary payer status is determined according to the following:

- If the divorce decree places responsibility on one parent, that parent's plan is primary.
- Otherwise, the custodial parent's plan is primary and the other parent's plan becomes secondary.
- If there is joint custody, the birthday rule applies and the plan of the parent whose birthday occurs earlier in the calendar year is primary.

## Other COB Issues

Often, some or all of the costs of medical care are the responsibility of your health plan carrier except for:

- Members who are injured or become ill as a result of work-related accidents or environment are eligible for benefits under the Workers' Compensation Law.
- Injuries as a result of car accidents. Auto insurance companies will pay for medical expenses.
- In certain situations, Medicare may be a participant's primary or secondary coverage. Your plan carrier will coordinate benefits with Medicare according to the Medicare Secondary Payer rules.

**It is your responsibility to inform your plan carriers if you have another medical, dental or vision group plan coverage.**

**Make sure to respond promptly to requests for Coordination of Benefits/Other Health Information that you receive in the mail from your carriers to ensure timely claim payments.**

## Affordable Care Act and Patient Protection (ACA)

Also called Health Care Reform, the ACA requires health plans to comply with certain requirements. The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage—like covering dependent children to age 26, no lifetime limits on medical benefits, covering preventive care without cost-sharing, etc, among other requirements.

## Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

## Balance Billing

When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider may not balance bill you.

## Brand Name Drug

The original manufacturer’s version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

## COBRA (Consolidated Omnibus Budget Reconciliation Act)

The Consolidated Omnibus Budget Reconciliation Act allows people who lose their jobs to continue their employer-sponsored insurance coverage for up to 18 months.

## Children’s Health Insurance Program (CHIP)

The government program that provides free or low-cost health coverage for children up to age 19 in families whose income is too high to qualify for Medicaid but too low to afford private insurance. CHIP covers U.S. citizens and eligible immigrants. In some states, CHIP covers pregnant people. CHIP goes by different names in some states.

## Claim

A request for payment that you or your health care provider submits to your health insurer to be paid or reimbursed for items or services you have received. Most often, you will not be responsible for making claim requests. Usually, billing and claims specialists employed by the health care provider (e.g. primary care office, hospital) will make the claim on your behalf.

## Coinsurance

A percentage of costs you pay “out-of-pocket” for covered expenses after you meet the deductible.

## Copayment (Copay)

A fee you have to pay “out-of-pocket” for certain services, such as a doctor’s office visit or prescription drug.

## Comprehensive Coverage

A health insurance plan that covers the full range of care that you may need. This may include preventive services (like flu shots), physical exams, prescription drugs, and doctor or hospital care.

## Deductible

The amount you pay “out-of-pocket” before the health plan will start to pay its share of covered expenses.

## Formulary

A list of prescription drugs covered by the health plan, often structured in tiers that subsidize low-cost generics at a higher percentage than more expensive brand-name or specialty drugs.

## Generic Drug

Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

## High-Deductible Health Plan (HDHP)

High-deductible health plans (HDHPs) are health insurance plans with lower premiums and higher deductibles than traditional health plans. Only those enrolled in an HDHP are eligible to open and contribute tax-free to a health savings account (HSA).

## Health Savings Account (HSA)

A health savings account (HSA) is a portable savings account that allows you to set aside money for health care expenses on a tax-free basis. State taxes may apply. You must be enrolled in a high-deductible health plan in order to open an HSA. An HSA rolls over from year to year, pays interest, can be invested, and is owned by you—even if you leave the company.

## Health Reimbursement Arrangements (HRAs)

Unlike HSAs, only an employer may fund an HRA and the funds revert back to the employer when the employee leaves the organization. HRAs are not subject to the same contribution limits as HSAs, and they may be paired with either high-deductible plans or traditional health plans.

## In-Network

Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.

## Non-Preferred Provider

A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider.

## Out-of-Pocket Maximum

The most you pay each year "out-of-pocket" for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

## Out-Of-Network

A health plan may not cover treatment for doctors, clinics, hospitals and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network providers.

## Out-Of-Pocket Limit

The most an employee could pay during a coverage period (usually one year) for his or her share of the costs of covered services, including co-payments and co-insurance.

## Plan Year

The year for which the benefits you choose during Annual Enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next Annual Enrollment.

## Preferred Provider

A provider who has a contract with your health insurer or plan to provide services to you at a discount.

## Premium

The amount that must be paid for a health insurance plan by covered employees, by their employer, or shared by both. A covered employee's share of the annual premium is generally paid periodically, such as monthly, and deducted from his or her paycheck.

## Preventive Care

Health care services you receive when you are not sick or injured— so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the American Medical Association.

## Qualifying Life Event

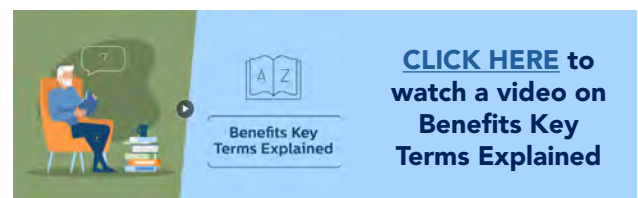
A change in your life that can make you eligible for a Special Enrollment Period to enroll in health coverage. Examples of qualifying life events include moving to a new state, certain changes in your income, and changes in your family size.

## Skilled Nursing Care

Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

## Urgent Care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.



# Contact Information



Below is a listing of the telephone numbers you can call with questions about the plans available to you. You can also use the website (if available) to access information from providers for the various plans.

Carrier	Phone Number	Website
<b>Benefits Department</b>		<a href="mailto:benefits@msjc.edu">benefits@msjc.edu</a>
<b>BenefitBridge Customer Care</b>	<a href="tel:800-814-1862">800-814-1862</a>	<a href="mailto:benefitbridge@keenan.com">benefitbridge@keenan.com</a>
<b>REEP General</b>		<a href="http://www.reepforbenefits.org">www.reepforbenefits.org</a>
<b>Medical</b>		
• Kaiser	<a href="tel:800-464-4000">800-464-4000</a>	<a href="http://choose.kaiserpermanente.org/reep">choose.kaiserpermanente.org/reep</a>
• Anthem	<a href="tel:866-837-4388">866-837-4388</a>	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
• Marathon	<a href="tel:951-229-0708">951-229-0708</a>	<a href="https://marathon.health/">https://marathon.health/</a>
• Express Scripts	<a href="tel:888-806-4969">888-806-4969</a>	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
• ComPsych EAP	<a href="tel:855-459-6512">855-459-6512</a>	<a href="http://www.compsych.com/services">www.compsych.com/services</a>
<b>Dental</b>		
• Delta Dental	<a href="tel:866-499-3001">866-499-3001</a>	<a href="http://deltadentalins.com/members">deltadentalins.com/members</a>
• Anthem Dental	<a href="tel:877-567-1804">877-567-1804</a>	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
<b>Vision</b>		
• VSP	<a href="tel:800-877-7195">800-877-7195</a>	<a href="http://eyeconic.com">eyeconic.com</a>
• EyeMed	<a href="tel:866-939-3633">866-939-3633</a>	<a href="http://member.eyemedvisioncare.com">member.eyemedvisioncare.com</a>
<b>Basic Life AD&amp;D</b>		
• Madison National	<a href="tel:800-356-9601">800-356-9601</a>	
<b>Ancillary</b>		
• Simplicollege		<a href="https://www.simplicollege.com/">https://www.simplicollege.com/</a>
• Colonial	<a href="tel:800-325-4368">800-325-4368</a>	<a href="http://ColonialLife.com">ColonialLife.com</a>
• Transcarent	<a href="tel:844-643-0606">844-643-0606</a>	<a href="http://member.transcarent.com">member.transcarent.com</a>
• TruHearing	<a href="tel:877-396-7194">877-396-7194</a>	<a href="http://truhearing.com/vsp">truhearing.com/vsp</a>
• CompleteCare	<a href="tel:877-872-4232">877-872-4232</a>	<a href="https://britehr.app/REEP">https://britehr.app/REEP</a>
• Omada Wellness	<a href="tel:888-987-8337">888-987-8337</a>	<a href="http://www.omadahealth.com/reep">www.omadahealth.com/reep</a>
• Metlife Legal	<a href="tel:800-821-6400">800-821-6400</a>	<a href="http://members.legalplans.com">members.legalplans.com</a>
• American Fidelity	<a href="tel:800-365-9180">800-365-9180</a>	<a href="http://americanfidelity.com">americanfidelity.com</a>

