



Dear Valued Employee, Mt. San Jacinto Community College is committed to providing comprehensive benefit package options to our employees at an affordable cost. This includes health, dental, vision, life insurance, wellness programs, voluntary plans at a discount, and retirement benefits to help meet the diverse needs of our employees and families. All benefit eligible employees have the opportunity to decide what plans are most suitable to meet your needs now and in the future during our open enrollment period.

During Open Enrollment, you have the opportunity to:

- ☐ Add/change benefit selections
- ☐ Add or delete dependents
- ☐ Enroll or re-enroll in the Flexible Spending Account (FSA) plan(s)
- ☐ Increase or decrease your Voluntary Life and AD&D plans
- ☐ Update your beneficiary(ies)

Online Open Enrollment – May 01 – May 31, 2019

We are pleased to announce online open enrollment begins May 01, 2019 and will continue through May 31, 2019 at 4:00 p.m. All benefit eligible employees are required to log into our online benefits portal through **BenefitBridge** at www.benefitbridge.com/msjc during this time if you are making any changes to your current elections. Online enrollment can be done at home and is faster and easier than completing numerous carrier enrollment forms.

If you do not wish to make any changes to your current health benefits, dependents, or personal information, your current benefit selections and covered dependents will continue. We encourage everyone to login and view your current information to ensure accuracy and make any necessary changes. If you have any questions about the plans you are currently enrolled in, you can access the portal at any time during the year. Instructions on how to access **BenefitBridge** are provided with this announcement package.

NOTE: If you are enrolling a spouse, domestic partner, or child(ren) for the first time, you will need to provide supporting documentation to the Benefits Office showing proof of eligibility.

- ☐ **DEADLINE** to complete enrollment is **May 31, 2019 at 4:00 pm**

Annual Benefits Health Fairs

Date	Time	Location
Monday, May 6, 2019	8:00 a.m. to 11:30 a.m.	Menifee Campus Bldg. 1011, Rm. 1011 28237 La Piedra Rd., Menifee, CA 92584
	1:00 p.m to 4:30 p.m.	San Jacinto Campus , Bldg. 200, Board Room 1499 North State Street, San Jacinto, CA 92583
Wednesday, May 8, 2019	8:00 a.m. to 11:30 a.m.	San Jacinto Campus , Bldg. 200, Board Room 1499 North State Street, San Jacinto, CA 92583
	1:00 p.m to 4:30 p.m.	Menifee Campus Bldg. 3000, Rm. 3020 28237 La Piedra Rd., Menifee, CA 92584

Knowledgeable representatives from Keenan & Associates and our benefit carriers will be available to provide information and answer questions about our plans. **Opportunity drawings, giveaways, and more will be available at the event.**
Come join us for some fun!



Medical, Rx, Dental and Vision Plan Offerings

Anthem Blue Cross

Plan name changes to REEP Anthem Deductible HMO plans (Name change only)

- REEP offers an Anthem deductible HMO plan that include a \$500 deductible with most copays @ \$40. This plan has been referred to previously as Anthem HMO 40 Select. In order to align with industry standards and differentiate the Anthem HMO 40 from other REEP Anthem HMO plans that do not carry a deductible, the name has been changed to include a “D” representing that it has a deductible. The new name is as follows:
 - **Anthem DHMO 40 Select**

To determine if your medical group is in the Anthem Select network, visit www.anthem.com/ca/findadoctor

- ☐ Think of it this way: HMO is the full HMO provider network and Select is a subset of the full HMO network.
- **IMPORTANT** – Your medical plan election is valid from July 1, 2019 to June 30, 2020. If you are considering the Anthem Select HMO plan (DHMO 40 Select), it is important to know Anthem Blue Cross may “refresh” their narrow network providers on January 1st each year. While it doesn’t happen often, changes can occur in the network providers on January 1st. You will be notified in advance of January 1st if your provider is leaving the Anthem Select Network. On or before January 1, you will be required to select a new medical provider, however you cannot change your medical plan until the next open enrollment.
- ☐ You must remain enrolled in your selected plan until July 1, 2020. Changes to other medical plans or insurance carriers are not allowed outside open enrollment.

Traditional PPO Plans through Anthem Blue Cross

PPO 500, PPO 750 and PPO 1250 Essentials - There are no changes to these medical benefits for 2019-20.

Health Savings Account Compatible PPO Plans through Anthem Blue Cross

REEP Anthem HSA 1 and HSA 2 - There are no changes to these medical benefits for 2019-20.

New - BridgeHealth Program for PPO/HSA/MVP Members Only

Effective July 1, 2019, REEP is including the BridgeHealth program for Anthem HSA, PPO, and MVP members. This program incentivizes the use of Centers of Excellence for Elective Surgeries such as Cardiac, General, Joint Replacement, Orthopedic, Spinal, Women’s Health, etc. If PPO/HSA/MVP members are referred for surgery, they can contact BridgeHealth to be guided to facilities and providers who are performing in the top 25% for that specific surgery.

If the member opts to use the BridgeHealth program for their surgery, PPO/MVP members will have their deductible and coinsurance waived. HSA members will be subject to their deductible, but their coinsurance will be waived, and they will receive a care allowance. The care allowance is an incentive remitted to the member if they choose to have the surgery through BridgeHealth. The care allowance amounts are for HSA members, and are based on the plan you are on:

- HSA 1 Care Allowance: \$1,500
- HSA 2 Care Allowance: \$3,000

If traveling to a facility over 100 miles away, travel expenses are covered for member and a companion to travel with them (includes airfare, lodging, incidentals).

Members can call and receive the second opinion at no charge, and can decide not to move forward if they would rather pursue a different course of action (This is a great benefit of the program)

Members must call to begin the process, there is no outreach. Bundled contracts cover all costs from pre-op to post-op. Note that this includes anesthesiology, so this removes the surprise bill that comes from non-contracted anesthesiologists.

Express Scripts Prescription Drug Plans

Keenan Pharmacy Care Management (KPCM) Program for Anthem members – *Specialty Medications now included*

- KPCM is a prescription intervention program that targets high cost prescriptions where lower cost alternatives are available (for REEP Anthem members). When a high cost medication is prescribed it automatically triggers a call to the prescribing doctor to determine whether the doctor agrees that the member could consider taking a lower cost alternative. If so, the member is contacted to see if they would like to consider filling an alternative prescription approved by their doctor. Ultimately it is up to the doctor and the member to make the decision to change. Effective July 1, 2019, this program will also target Specialty Drugs where there are lower cost alternatives.

There are no changes to REEP ESI prescription drug plans other than the above-mentioned change to KPCM

Kaiser HMO Plans

In order to align with industry standards and differentiate the Kaiser HMO High and Low plans, the plan names have been changed to better describe the plan benefits of the plan. The deductible plans now include a “D” representing that they have a deductible, and the corresponding deductible.

- Kaiser plans are renamed as follows:
 - **Kaiser High Option 1 = Kaiser HMO 20**
 - **Kaiser Low Option 2 = Kaiser DHMO 500**

There are no changes to the naming of the Kaiser HSA plan or the Kaiser MVP plan

There are no benefit changes to Kaiser plan benefits for the 2019-20 program year

Mental Health Substance Abuse (MHSA) / EAP

- We anticipate no changes to the REEP MHSA program for 2019-20.
- The EAP offers up to five (5) face-to-face counseling visit for all employees, even if you are not eligible for other health benefits through the district. The EAP covers all immediate family members living in your household. For more information, visit a representative at the Health Fair.

Dental

Employees have a choice of three Dental Carriers. There are differences in benefits offered, networks of dentists as well as cost of the plan. You can compare plans in ***BenefitBridge***.

Delta Dental, Anthem Dental and MetLife (Old Safeguard) DHMO Dental

There are no changes to the Dental plan designs for 2019-20.

Vision

Employees have a choice of two Vision Carriers. There are differences in benefits offered, networks of doctors as well as cost of the plan. You can compare plans in **BenefitBridge**.

Medical Eye Services (MES) Vision

There are no changes to the Medical Eye Services (MES) plans.

Vision Service Plan (VSP) Vision

Effective July 1, 2019, VSP plans will no longer have a copay for **Standard** Progressive Lenses.

Otherwise, there are no changes to the vision plan.

Group Life and Accidental Death & Dismemberment (AD&D) Insurance

The district provides life insurance to all benefit eligible employees. We encourage you to view your beneficiary designation in **BenefitBridge** and make any necessary updates.

Additional Voluntary Benefits

The district offers all active full-time regular employees and their dependents, the opportunity to purchase voluntary benefits, as outlined below.

If you are currently enrolled in any of these voluntary plans, these benefits do not require re-enrollment. To enroll in a new voluntary plan or increase your current Voluntary Life or Voluntary AD&D coverage, you can do so online through **BenefitBridge**. All employees currently enrolled in the Voluntary Life or Voluntary AD&D plans are encouraged to review their beneficiary(ies) designation in BenefitBridge and update if needed.

American Fidelity – Section 125 Re-Enrollment

AFA benefit counselors will be available to meet individually with those employees who are interested in updating their records, and will provide information on the Section 125 enhancements.

MetLife Supplemental Voluntary Life Insurance

During open enrollment you may elect additional life insurance or increase your existing coverage for yourself and your eligible dependents. If you're enrolling in life coverage, you may apply for spousal life coverage up to 100% of your amount of coverage, not to exceed \$500,000 or 5 times the employee's annual salary. The coverage must be in increments of \$10,000. If you're enrolling in life coverage, you may also apply for supplemental life coverage for your child(ren) to a maximum of \$10,000. **Please Note:** Children can be covered up to the age of 26.

Election of additional life insurance will require the completion of a MetLife Statement of Health (SOH) form. You will be prompted, as you are completing your online enrollment on **BenefitBridge**, to download the form. The completed SOH form should be returned to the Benefits Office to forward to MetLife for approval. If you do not complete the required Statement of Health Form (SOH), you and/or your dependents will not be approved and will not be enrolled in Voluntary Life insurance coverage.

MetLife Voluntary Accidental Death & Dismemberment Insurance (AD&D)

If you missed the opportunity to purchase Voluntary AD&D, you may elect this insurance or increase your current benefit, by purchasing additional coverage not to exceed 10 times your annual income at an affordable cost. The basic purpose of AD&D insurance is to provide for many of the unexpected expenses that a family faces following a tragedy. This plan is available to enroll in online through **BenefitBridge**. Should you decide you do not wish to purchase additional Voluntary AD&D coverage, you are encouraged to still name a beneficiary as you will be provided with a "no cost" \$2,000 benefit as long as you enroll online for the basic \$2,000 no cost benefit.

CompleteCare Plan – Spousal Advantage Medical Expense Reimbursement

Did you know you may be eligible to receive up to 100% medical coverage for your dependents at no additional cost by participating in the CompleteCare plan?

Do you or your dependents have access to group health coverage through your spouse? This plan may be a great cost savings for you.

CompleteCare plan option is available to all benefit eligible Classified and Management employees! The CompleteCare plan is a medical expense reimbursement plan designed for employees who have access to group health coverage through a spouse or domestic partner. Under the CompleteCare plan, you could potentially have no out-of-pocket costs for you or your dependents when covered by your spouse's employer health plan. Copays, deductibles, coinsurance, etc. will be reimbursed up to 100% when you and/or your dependents enroll in the CompleteCare plan through REEP and enroll in your spouse's employer health plan. This plan could not only mitigate, or eliminate, your district payroll deduction, if you have one, but it could cover you and your dependents for up to 100% of out-of-pocket medical costs. To be eligible:

- You must currently be enrolled in one of the district's health plans
- You or your dependents must have access to group health coverage through your spouse's employer
- Your spouse or domestic partner's employer cannot be another REEP medical district

If you are interested in enrolling in the CompleteCare program, you must meet with the District Benefits office, or a Keenan representative, at the Health Fair or Open Enrollment meetings to learn more. Don't miss out on this wonderful opportunity and mark your calendar to attend your Open Enrollment and obtain the information you need!

HRA Plan Offering

Are you retiring soon? Do you want more choice when looking for the right health insurance coverage? The Health Reimbursement Arrangement (HRA) may be for you.

For benefit eligible employees, who are retiring soon, (i.e. July 1, 2019), you have the opportunity to voluntarily shop for health care coverage outside of the medical plans offered by the District. This program provides you the opportunity to comparison shop for more affordable health care coverage that fits your health care needs and your budget. If you find a more affordable health care plan that you would like to enroll in, you can access your negotiated District contribution to purchase that coverage through a Health Reimbursement Arrangement (HRA). The HRA offers you several tax advantages and the opportunity to stretch your District paid benefits even farther.

If you are interested in HRA program, you must meet with the District Benefits office, or a Keenan representative, at the Health Fair or Open Enrollment meetings to learn more.

Colonial Medical Bridge

We are very pleased to announce Colonial will be offering the Medical Bridge Plan once again this year. This plan could help pay for out-of-pocket medical expenses, such as deductibles, co-payments and other expenses. You can elect to enroll in the Medical Bridge Plan online through BenefitBridge. Detailed information and available plan options are included on ***BenefitBridge***.

MetLaw from Hyatt Legal

A comprehensive Legal and Identity Theft program to protect employees and their families. Unlimited services covered under this plan include: wills, living wills and trust preparation; purchase, sale and refinancing of primary residence, debt collection defense, identity theft assistance, landlord/tenant problems, civil litigation defense, document preparation, adoptions and more. MetLaw, administered by Hyatt Legal Plans, is a smart, simple, affordable solution for you. MetLaw legal services plan provides legal representation for you, your spouse and dependent children at a price of \$22.20 Tenthly. Information on this plan option will be available on ***BenefitBridge***.

Identity TheftPROTECTOR Plan

REEP is offering the most comprehensive and affordable identity fraud and resolution service available today. Offers unlimited theft restoration services for you and your family to help easily recover from identity theft. 24/7 access to credit bureau records allow specially trained and certified fraud resolution specialists to identify the crime and respond quickly to stop additional damage. For \$12.00 Tenthly you can protect your entire family against identity theft and fraud. **REEP ID TheftPROTECTOR** is available to you and your family during Open Enrollment. Information on this valuable benefit option will be available on *BenefitBridge*.

UNUM Long Term Care (LTC)

If you need long term care for a period of time, this policy may help you be prepared for the financial impact. This coverage can also help you maintain control of some important decisions, such as:

- ☐ Who would take care of me?
- ☐ Where can I choose to receive care?

What is long term care?

It is the type of care you may need if – due to a Chronic Illness – you are unable to perform, without Substantial Assistance from another individual, two or more Activities of Daily Living.

Why buy coverage at work?

You may get more affordable rates when you buy this coverage through your employer and can apply for coverage for your parents and spouse. Information packets are available at the

REEP Wellness Programs

Anthem Blue Cross Subscribers

Anthem Blue Cross subscribers can earn one \$125 gift card after completing all of the identified wellness steps and challenges. Please refer to the Anthem Blue Cross Wellness Program flyer included in your enrollment packet.

Kaiser Permanente Subscribers

The 2019-20 REEP Kaiser Wellness Program has been revitalized to incentivize members to make lasting lifestyle changes. By completing all required activities of the program, Kaiser subscribers can earn one \$125 gift card. More detailed information on this program will be available at the Open Enrollment meeting.

***Please note:** Gift cards earned through the Wellness programs are considered taxable income by the IRS and will be reported to the IRS at the end of the calendar year.

REEP Preventing Diabetes Programs (NEW)

Anthem Blue Cross Subscribers

REEP Employees covered under the Anthem medical plan who successfully complete the program can earn a **Fitbit Flex 2, and Wireless Scale**. All REEP Anthem Members are encouraged to complete the survey and see if they qualify for the program. Flyers and instructions were sent early in 2019. www.solera4me.com/REEP

Kaiser Permanente Subscribers

The first 250 REEP Employees covered under the Kaiser medical plan who successfully complete the program can earn a \$125 Gift Card. While only REEP Employees are eligible for the \$125 gift card, all REEP Members are encouraged to complete the survey and see if they qualify for the program. Flyers and instructions were sent early in 2019.

***Please note:** Gift cards earned through the REEP Preventing Diabetes Programs are considered taxable income by the IRS and will be reported to the IRS at the end of the calendar year.

Important Reminders

1. Governmental regulations require all employees carry medical insurance. Therefore, any employee who declines Mt. San Jacinto Community College's group medical insurance plan each year **MUST** denote on **BenefitBridge** that you are waiving medical insurance, electing not to enroll in the plan(s) offered by the district.
2. Qualified events allow you to make changes to your benefits during the plan year rather than waiting for the next annual open enrollment period. If you experience a special enrollment circumstance or change in family status such as birth of a child, marriage or divorce, please contact the Benefits Office to discuss. It is important to note, you must make this change within 30 days of the qualifying event.
3. Once you make your plan elections, you cannot change to a different plan until the next open enrollment period without a qualifying event. A loss or change of provider is not considered a qualifying event.
4. If your physician is no longer an eligible provider for the plan you have chosen, you must choose a new participating provider, or the carrier will select one on your behalf.
5. Eligible dependents include your spouse, registered domestic partner, and your children up to their 26th birthday (or your dependent child(ren) of any age who is totally disabled prior to age 26). This includes natural children, step-children, adopted children and children for whom you are a court appointed guardian. This also includes any child for whom you are required to provide coverage under a Qualified Medical Child Support Order (QMCSO).
6. All employees enrolled in one of the Voluntary Life or Voluntary AD&D plans should log on to **BenefitBridge** and update your beneficiary information to ensure your designated beneficiary(ies) is/are current.
7. You must remain enrolled in your selected plan until July 1, 2020. Changes to other medical plans or insurance carriers are not allowed outside open enrollment.

What Should I do Next?

1. Review your insurance benefits and decide what is best for you and your family.
2. Log on to BenefitBridge at www.benefitbridge.com/msjc.edu to elect the plans of your choice, update your beneficiary(ies) on the life plan(s), and verify your elections are accurate. A flyer on how to navigate **BenefitBridge** is included in this enrollment guide.

If you have questions, please contact the District Benefits Office at 951.487.3155 or Keenan & Associates at 800-654-8347 ext. 1168, 1140 or 1033.

