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IMPORTANT NOTICE

Los Rios Community College District (Los Rios) has made every attempt to ensure the accuracy of the information described in this guide. Any discrepancy between this guide and the insurance contracts or other legal documents that govern the plans of benefits described in this guide will be resolved according to the insurance contracts and legal documents. Los Rios reserves the right to amend or discontinue the benefits described in this guide in the future, as well as change how eligible employees and Los Rios share plan costs at any time. This guide creates neither an employment agreement of any kind nor a guarantee of continued employment with Los Rios.

Los Rios truly appreciates your contribution to making our community one of learning and success. We strive to provide a comprehensive, competitive benefits package that offers you and your family flexibility and security each year.

For further details about the benefits outlined in this guide, please visit the Employee Benefits website at https://employees.losrios.edu/employee-groups/certificated-employees/adjunct-Ircft-benefits. Contact the Employee Benefits Department at benefits@losrios.edu or 916.568.3070.



TERMS TO KNOW



Plan Year

The period of time when your coverage is active (July 1 - June 30).



Premium

The amount of money that's paid for your health insurance every month. Los Rios pays a portion of this amount and you pay the rest.



Deductible

The amount of money you need to pay out-of-pocket before your insurance begins contributing money to your health care costs.



Network

A group of doctors, hospitals, labs, and other providers that your health insurance contracts so you can make visits at a pre-negotiated (and often discounted) rate.



Copay

A predetermined dollar amount you pay for visits to the doctor, prescriptions and other health care (as specified by your plan).



Coinsurance

The percentage you pay for the cost of covered health care services after you've met your deductible. For example, if the coinsurance under your plan is 10%, you would pay 10% of the cost of the service and your insurance would pay the remaining 90%.



Out-of-Pocket Maximum

The cap on your out-of-pocket costs for the plan year. Once you've reached this amount, your plan will cover 100% of your qualified medical expenses for the plan year.

Eligibility

Los Rios offers medical and dental coverage to adjunct faculty members who are hired on a semester to semester basis, have a minimum semester assignment of 30% of full-time (.30 FTE) or 4.5 formula hours, are members of the LRCFT bargaining unit, do not have other group coverage, and are in their 3rd or subsequent semester. Review the information on the current and following page to determine your eligibility. Eligible dependents include your:

- Spouse or domestic partner¹
- Unmarried child(ren) to age 25 for dental insurance, regardless of student status; child(ren) to age 26 regardless of student or marital status for all other plans
- Unmarried child(ren) of any age if they are incapable of self-support due to mental or physical disability

Please contact the Employee Benefits Department for more information.

PROOF OF DEPENDENT ELIGIBILITY

You may be required to provide proof of eligibility for your dependents. Attempting to enroll an ineligible dependent could lead to discipline and possible termination of employment. If your dependent becomes ineligible for coverage during the year, you must contact the Employee Benefits Department within 31 days. Failure to provide notification may lead to discipline and possible termination of employment.

If you have an FTE of 0.60 or higher, you will receive the full District contribution toward benefits for that semester. If you have an FTE between 0.30 and 0.599, you will receive a pro-rated District contribution. (See also the Joint District Medical Insurance Program on the next page for inclusion of Sierra College FTE.)

You can enroll in medical and dental benefits if you meet all applicable requirements set forth below:

- You qualify as a member of the certificated employee unit (LRCFT), have worked 2 of the last 5 semesters with a minimum of a .300 FTE (summer sessions not included), and have a Tentative Class Schedule (TCS) for the current semester.
- You do not have other group medical or dental coverage.
- You complete all of the enrollment forms and original forms are received in Employee Benefits by the established deadlines.

 You will be working* on September 1st or March 1st of each academic year based upon an approved and processed TCS providing for a total of at least 30% of full time (.30 FTE) or 4.5 formula hours.

*Assignments which begin later in the semester qualify provided the TCS is in place by the deadline and all other eligibility criteria are met.

» Note: workload assignments of other types (e.g. Employment Service Agreements, Personal Service Agreements, etc.) do NOT count toward the FTE requirement for medical and dental benefits.

PLEASE NOTE: It is your responsibility to monitor your eligibility and to follow the benefits enrollment procedures if you wish to enroll. The Employee Benefits Department will not send direct notification regarding gaining benefits eligibility.

¹ Due to federal and state tax regulations, benefits provided to domestic partners are generally taxable and therefore deducted from your pay on an after-tax basis. Additionally, any premium contributions made by Los Rios on behalf of your domestic partner are generally considered taxable income to you. Contact the Employee Benefits Department if you believe your domestic partner is exempt from federal or state taxes.



HELP WITH INDIVIDUAL INSURANCE PLANS

If you do not meet the above eligibility requirements or are otherwise interested in individual (self-paid) medical or dental insurance, assistance is available through Keenan & Associates. KeenanDirect is a one-stop source to the Covered California Exchange and direct access to all major California carriers and health plans outside the Exchange. KeenanDirect offers assistance with other types of insurance coverage as well, such as vision and life insurance. For more information, please visit https://employees.losrios.edu/Irccd/employee/doc/benefits/health-ins/keenan-direct-brochure.pdf. In addiiton, their contact information can be found on page 19.

CONFIRMATION OF FTE

The Employee Benefits Department will confirm all TCSs on file with the Human Resources Department as of August 24th (for benefits beginning September 1st) and February 10th (for benefits beginning March 1st). FTE changes after the enrollment deadline will not affect monthly premiums unless the TCS is canceled in its entirety. (See Termination of Coverage section on page 8.) It is the employee's responsibility to ensure the TCS is in place prior to this deadline.

The Employee Benefits Department will notify you of your qualifying FTE (including Sierra College FTE) if the FTE change results in a change to your premium(s). If this FTE is incorrect, you must notify the Employee Benefits Department and provide copies of the TCS showing the correct FTE within 10 calendar days of the date of the notice. To be considered, the TCS provided must be dated on or before August 24th for the fall or February 10th for the spring.

PLEASE NOTE: It is your responsibility to monitor your cost for coverage each semester--you will not be permitted to terminate coverage based on cost and affordability after the semester's enrollment deadline.

JOINT DISTRICT MEDICAL INSURANCE PROGRAM

If you meet the eligibility requirements for adjunct faculty benefits (i.e. you have a minimum assignment of 0.30 FTE, you have worked 2 of the last 5 semesters, etc.) and you also teach credit courses at Sierra College, you may include such courses to qualify for the full District contribution toward Los Rios medical benefits **provided** the combined credit workload is greater than 60% of full-time (>0.60 FTE).

The joint District program applies to medical insurance benefits only. The joint District program does not affect dental premiums.

You must file a Request for Inclusion of Sierra College FTE form <u>each semester</u> to the Los Rios Employee Benefits Department by August 24th (for fall semester benefits) and February 10th (for spring semester benefits). The information is verified with Sierra College prior to final approval. The form can be found online at: https://employees.losrios.edu/lrccd/employee/doc/bs/forms/bs-51.pdf. Late forms will not be accepted.

Enrolling and Making Changes to Benefits

Your opportunity to make changes to your benefits.



ADJUNCT ENROLLMENT PERIOD

Your 2020-2021 elections will remain in effect throughout the plan year unless you experience a change in status that affects eligibility for benefits or another qualified status change event (in accordance with Internal Revenue Code rules). You must request an election change and submit associated forms to the Employee Benefits Department within 31 days.

Examples of qualified status change events include (but are not limited to) a change in:

- Marital status, including marriage, death of a spouse, divorce, annulment, or legal separation
- Domestic partnership status, including establishment or termination of the partnership
- Number of your eligible children, including by birth, adoption, placement for adoption, or death
- Eligibility status of your children (e.g., due to age)

HOW TO ENROLL

Enroll in benefits following these simple steps:

- Visit the Employee Benefits website at https://employees.losrios.edu/employee-groups/certificated-employees/adjunct-Ircft-benefits
 for all necessary enrollment information
 - » Medical Plan Waiver Form: This is required if you are eligible but do not enroll in Los Rios medical benefits (https://employees.losrios. edu/lrccd/employee/doc/bs/forms/bs-216. pdf)
 - » Additional Forms: Required if you're making election changes during open enrollment (https://employees.losrios.edu/hr-andbenefits/employee-benefits/benefits-formsactive)

Action	Form
Enrolling in a new plan or adding a dependent	Enrollment/change form for each planPayroll deduction form
Additional paperwork required for spouse/domestic partner	 Copy of marriage license/ certificate Affidavit of domestic partnership or copy of domestic partner registration with state (whichever is applicable)
Dropping a dependent from coverage	 Enrollment/change form for each plan
Canceling coverage	 Adjunct cancelation form (medical/ dental) Medical plan waiver form (if waiving medical or dental coverage)

 Submit completed original signature forms to the Employee Benefits Department

Enrolling and Making Changes to Benefits

ADJUNCT ENROLLMENT PERIOD CONTINUED

As you are hired from semester to semester, you have the opportunity to elect coverage, change coverage for dependents (children and/or spouse/domestic partner), switch between plans, or cancel coverage between July 1st and August 24th for the fall semester and between January 2nd and February 10th for the spring semester.

Coverage will be as follows:

- If you are eligible for and elect adjunct benefits for the fall and the spring semesters, the coverage period is from September 1st through August 31st (12 months of coverage).
- If you are eligible for and elect adjunct benefits for the fall semester, the coverage period is from September 1st through February 28th (6 months of coverage).
- If you are eligible for and elect adjunct benefits for the Spring semester, the coverage period is from March 1st through August 31st (6 months of coverage).

Once you elect benefits, they will remain in effect for the coverage periods noted above *regardless of any FTE* and/or premium changes until you cancel your benefits, terminate employment, or otherwise lose eligibility. <u>It</u> is your responsibility to know your FTE and the corresponding effect on your contribution each semester. You will NOT be allowed to drop coverage or make election changes outside an adjunct enrollment period unless you experience a mid-year qualifying event outlined on page 6.

Monthly premium deductions are calculated based upon eligible FTE for the semester. To determine your monthly cost, please visit the adjunct premium calculator at: https://employees.losrios.edu/human-resources-and-benefits/employee-benefits/adjunct-contribution-calculator.

Changes made during the fall adjunct enrollment period will be effective September 1st, and changes made during the spring enrollment period will be effective March 1st. The first deduction for your new premium amounts will occur on your pay warrant dated September 10th and February 10th, respectively.

Paperwork is required to make elections or changes, and <u>original forms</u> must be received in the Employee Benefits Department prior to 4:30 p.m. on Monday, August 24, 2020 for the fall semester and 4:30 p.m. on Wednesday, February 10, 2021, for the spring semester. After these deadlines, barring any change-in-status or Health Insurance Portability and Accountability Act of 1996 (HIPAA) qualifying event, the next opportunity to change medical or dental coverage as an adjunct employee will be during the next enrollment period prior to the next semester.



Enrolling and Making Changes to Benefits

TERMINATION OF COVERAGE

Medical and/or dental coverage which is canceled at the request of the employee will be terminated effective the first day of the month following the enrollment period or the qualifying event. If employment is terminated and you are rehired, or if you choose to drop coverage, there may be a waiting period before you can re-enroll.

- **Dropping Coverage:** If you choose to drop medical or dental benefits through Los Rios, you will be eligible to re- enroll in the Los Rios medical or dental plans only if you have been continuously enrolled in other group health coverage and subsequently lost that other group coverage. If there was a break in coverage, you will be ineligible to re-enroll until the enrollment period for March 1st or September 1st following 18 months from the last day of the month in which coverage was terminated.
- Break in Service: If there is a break in service (termination of employment), you will be eligible to re-enroll only if you elected COBRA coverage (or had other group health coverage) upon conclusion of the Los Rios coverage and continued that other coverage to the beginning of the new employment period (provided all other eligibility criteria are met). If there was a break in coverage, you will be ineligible to re-enroll until the enrollment period for March 1st or September 1st following 18 months from initial loss of coverage.
- Loss of Eligibility: If you are continually employed by Los Rios but lose eligibility due to FTE of less than 0.30, you can re-enroll the first semester you regain eligibility even if you do not continue coverage through COBRA or have other group health coverage during that same period. However, if you do not re-enroll when you regain eligibility, you will be treated as if you voluntarily dropped coverage (above), and you will be ineligible to re-enroll until the enrollment period for March 1st or September 1st following 18 months from the initial loss of coverage. (FTE changes after the semester's enrollment deadline will not affect eligibility or monthly premiums unless the TCS is canceled in its entirety.)¹

Medical and/or dental coverage will be canceled by the District upon termination of employment, if you lose eligibility (FTE drops below 0.30) prior to the beginning of the semester, or if your paycheck is insufficient to cover the premium and payment arrangements have not been made. For termination and loss of eligibility, you may be eligible to continue coverage for up to 36 months through COBRA.



¹ Enrollment must be done during the adjunct enrollment period for the semester you become eligible.

The information below is a summary of coverage only. You can find the appropriate enrollment forms at https://employees.losrios.edu/hr-and-benefits/employee-benefits/benefits-forms-active.

KAISER HMO PLANS			
General Plan Provisions	Kaiser HMO	Kaiser DHMO	
Calendar Year Deductible	None	Individual: \$500 Family: \$1,000	
Calendar Year Out-of-Pocket Limit	Individual: \$1,500 Family: \$3,000	Individual: \$3,000 Family: \$6,000 (includes deductible)	
Lifetime Maximum	None	None	
Outpatient Services	,		
Doctor Office Visit Copay	\$15 copay	\$10 copay (deductible waived)	
Preventive Care	No charge	No charge	
Well-Baby & Well-Child Care	No charge	No charge	
Most Lab & X-ray	No charge	\$10 copay (after deductible)	
Chiropractic	Not covered	Not covered	
Acupuncture	\$15 copay ¹	\$10 copay¹	
Outpatient Surgery	\$15 copay per procedure	10% coinsurance (after deductible)	
Inpatient Services	,		
Hospitalization	No charge	10% coinsurance (after deductible)	
Emergency Services			
Emergency Room	\$100 (waived if admitted)	10% coinsurance (after deductible)	
Ambulance	No charge	\$150 per trip (after deductible)	
Mental Health Services			
Inpatient	No charge	10% coinsurance (after deductible)	
Outpatient	\$15 copay per individual visit \$7 copay per group visit	\$10 copay per individual visit \$5 copay per group visit (deductible waived)	
Durable Medical Equipment (DME)	,		
DME	No charge	20% (deductible waived)	
Prescription Drugs	Up to a 30-day supply	Up to a 30-day supply	
Generic	\$10	\$10	
Brand - Formulary	\$20	\$30	
Brand - Non-formulary	N/A	N/A	
Specialty Medications	10% coinsurance not to exceed \$100	10% coinsurance not to exceed \$100	
Mail Order	\$20 Generic / \$40 Brand Name (up to 100-day supply)	\$20 Generic / \$60 Brand Name (up to 100-day supply)	

¹ Typically provided only for the treatment of nausea or chronic pain.

Please Note: To more thoroughly compare plans, please review the detailed disclosure/summary documents for each plan available from the Employee Benefits Department or at https://pcms.plansource.com/entities/12465/pub_nodes/1019. For questions about a specific procedure, service or provider, please contact the medical carrier directly.

Medical

The information below is a summary of coverage only. You can find the appropriate enrollment forms at https://employees.losrios.edu/hr-and-benefits/employee-benefits/benefits-forms-active.

KAISER HMO PLANS			
General Plan Provisions	Kaiser HDHP HMO (HSA Compatible)		
Calendar Year Deductible	Individual: \$1,800 Individual with Family: \$2,800 Family: \$3,600		
Calendar Year Out-of-Pocket Limit	Individual: \$3,600 Individual with Family: \$3,600 Family: \$7,200 (includes deductible)		
Lifetime Maximum	None		
Outpatient Services			
Doctor Office Visit Copay	No charge (after deductible)		
Preventive Care	No charge (deductible waived)		
Well-Baby & Well-Child Care	No charge (deductible waived)		
Most Lab & X-ray	No charge (after deductible)		
Chiropractic	Not covered		
Acupuncture	No charge (after deductible)¹		
Outpatient Surgery	No charge (after deductible)		
Inpatient Services			
Hospitalization	No charge (after deductible)		
Emergency Services			
Emergency Room	No charge (after deductible)		
Ambulance	No charge (after deductible)		
Mental Health Services			
Inpatient	No charge (after deductible)		
Outpatient	No charge (after deductible)		
Durable Medical Equipment (DME)			
DME	No charge (after deductible)		
Prescription Drugs	Up to a 30-day supply		
Generic	\$10 (after deductible)		
Brand - Formulary	\$30 (after deductible)		
Brand - Non-formulary	N/A		
Specialty Medications	\$50 (after deductible)		
Mail Order	\$20 Generic / \$60 Brand Name (after deductible, up to 100-day supply)		

¹ Typically provided only for the treatment of nausea or chronic pain.

Please Note: To more thoroughly compare plans, please review the detailed disclosure/summary documents for each plan available from the Employee Benefits Department or at https://pcms.plansource.com/entities/12465/pub_nodes/1019 For questions about a specific procedure, service or provider, please contact the medical carrier directly.

The information below is a summary of coverage only. You can find the appropriate enrollment forms at https://employees.losrios.edu/hr-and-benefits/employee-benefits/benefits-forms-active.

SUTTER HEALTH PLUS (SHP) HMO PLANS			
General Plan Provisions	SHP ML52 HMO	SHP HDHP HMO (HSA Compatible)	
Calendar Year Deductible	None	Individual: \$1,500 Individual with Family: \$2,800 Family: \$3,000	
Calendar Year Out-of-Pocket Limit	Individual: \$1,500 Family: \$3,000	Individual:: \$3,000 Individual with Family: \$3,000 Family: \$6,000 (includes deductible)	
Lifetime Maximum	None	None	
Outpatient Services			
Doctor Office Visit Copay	\$15 copay	No charge (after deductible)	
Annual Adult Physical Exams	No charge	No charge (deductible waived)	
Well-Baby & Well-Child Care	No charge	No charge (deductible waived)	
Most Lab & X-ray	No charge	No charge (after deductible)	
Chiropractic	Not covered	Not covered	
Acupuncture	\$15 copay ¹	No charge (after deductible) ¹	
Outpatient Surgery	\$15 copay	No charge (after deductible)	
Inpatient Services			
Hospitalization	No charge	\$50 copay per admittance (after deductible)	
Emergency Services			
Emergency Room	\$35 copay (waived if admitted)	No charge (after deductible)	
Ambulance	No charge	No charge (after deductible)	
Mental Health Services			
Inpatient	No charge	\$50 per admittance (after deductible)	
Outpatient	\$15 copay	No charge (after deductible)	
Durable Medical Equipment (DME)	,		
DME	No charge	No charge (after deductible)	
Prescription Drugs	Up to a 30-day supply	Up to a 30-day supply	
Tier 1	\$10	No charge (after deductible)	
Tier 2	\$20	No charge (after deductible)	
Tier 3	\$35	No charge (after deductible)	
Specialty Medications	20% coinsurance not to exceed \$100	No charge (after deductible)	
Mail Order	\$20 Tier 1/ \$40 Tier 2 / \$70 Tier 3 (up to 90-day supply)	No charge (after deductible) (up to a 100-day supply)	

¹ Typically provided only for the treatment of nausea or chronic pain.

Please Note: To more thoroughly compare plans, please review the detailed disclosure/summary documents for each plan available from the Employee Benefits Department or at https://pcms.plansource.com/entities/12465/pub_nodes/1019. For questions about a specific procedure, service or provider, please contact the medical carrier directly.

Medical

The information below is a summary of coverage only. You can find the appropriate enrollment forms at https://employees.losrios.edu/hr-and-benefits/employee-benefits/benefits-forms-active.

WESTERN HEALTH ADVANTAGE (WHA) HMO PLANS			
General Plan Provisions	WHA Premier 20 HMO	WHA 1800/0 HDHP HMO (HSA Compatible)	
Calendar Year Deductible	None	Individual: \$1,800 Individual with Family: \$2,800 Family: \$3,600	
Calendar Year Out-of-Pocket Limit	Individual: \$1,500 Family: \$2,500	Individual: \$3,600 Individual with Family: \$3,600 Family: \$7,200 (includes deductible)	
Lifetime Maximum	None	None	
Outpatient Services			
Doctor Office Visit Copay	\$20 copay	No charge (after deductible)	
Annual Adult Physical Exams	No charge	No charge (deductible waived)	
Well-Baby & Well-Child Care	No charge	No charge (deductible waived)	
Most Lab & X-ray	No charge	No charge (after deductible)	
Chiropractic	\$15 copay (up to 20 visits/calendar year)	No charge (after deductible) (up to 20 visits/calendar year)	
Acupuncture	\$15 copay (up to 20 visits/calendar year)	No charge (after deductible) (up to 20 visits/calendar year)	
Outpatient Surgery	Office Setting: \$20 copay Outpatient Facility: \$100 copay	No charge (after deductible)	
Inpatient Services			
Hospitalization	No charge	No charge (after deductible)	
Emergency Services			
Emergency Room	\$100 copay / waived if admitted	No charge (after deductible)	
Ambulance	No charge	No charge (after deductible)	
Mental Health			
Inpatient	No charge	No charge (after deductible)	
Outpatient	\$20 copay	No charge (after deductible)	
Durable Medical Equipment (
DME	20% coinsurance	No charge (after deductible)	
Prescription Drugs	Up to a 30-day supply	Up to a 30-day supply	
Tier 1	\$10	No charge (after deductible)	
Tier 2	\$30	\$30 (after deductible)	
Tier 3	\$50	\$50 (after deductible)	
Specialty Medications	20% coinsurance not to exceed \$100	No Charge (after deductible)	
Mail Order	\$25 Tier 1 / \$75 Tier 2 / \$125 Tier 3 (up to 90-day supply)	No Charge Tier 1/\$75 Tier 2/\$125 Tier 3 (after deductible, up to 90-day supply)	

¹ Typically provided only for the treatment of nausea or chronic pain.

Please Note: To more thoroughly compare plans, please review the detailed disclosure/summary documents for each plan available from the Employee Benefits Department or at https://pcms.plansource.com/entities/12465/pub_nodes/1019. For questions about a specific procedure, service or provider, please contact the medical carrier directly.

With an HDHP, you're responsible for the cost of covered services until you meet the annual deductible.

For example, if you go to the doctor for something other than your annual preventive visit (which is always paid for you by the plan), you'll be responsible for the cost of that visit and any prescriptions and/or labs your doctor might order or prescribe. These payments count toward the annual deductible.

Maximum HSA Contributions

The IRS sets limits on how much you can contribute to an HSA each year:

Single: \$3,550Family: \$7,100

 Catch-up Contribution (age 55 and older): \$1,000

HEALTH SAVINGS ACCOUNT (HSA)*

As a participant in an HDHP, you may be able to contribute to an HSA if you meet all criteria outlined by the IRS, which includes:

- You must be covered by a high deductible health plan (HDHP).
- You have no other non-HDHP medical coverage (such as a traditional HMO through WHA, Kaiser, etc.)
- You are not enrolled in Medicare.
- You cannot be claimed as a dependent on someone else's tax return.
- You do not participate in a medical flexible spending account (FSA), with the exception of a limited use FSA.
- If you're over age 65 and will be enrolling in Medicare, you cannot contribute to an HSA six months prior to retirement.

Here are some of the great benefits:

- HSAs allow you to save pretax contributions from your paycheck. You
 determine how much you'd like to contribute per paycheck, and that
 amount is added to your HSA.**
- Because money is added before taxes are taken out, you save money on what you would have paid in federal taxes. This lowers your taxable income.**
- You can use HSA funds to pay for qualified expenses such as deductibles, coinsurance, prescriptions, as well as dental and vision care.

*For an HSA enrollment form, click here: https://employees.losrios.edu/docs/lrccd/employees/benefits/hsa/hsa-enrollment.pdf.

**HSA contributions are not deductible for California state income tax.

Is an HDHP Right for Me?

As you think about your health care coverage decisions, here are a few ways to decide if an HDHP might be a good fit for you and your family.



You're generally healthy. If you rarely visit the doctor outside of preventive visits, you'll benefit from lower monthly coverage costs.



You want to save better for health care expenses. An HSA is a great way to plan ahead for out-of-pocket costs, but you can only have access to an HSA if you're enrolled in the HDHP. Use an HSA to save additional pre-tax dollars for medical expenses you may experience in the future.

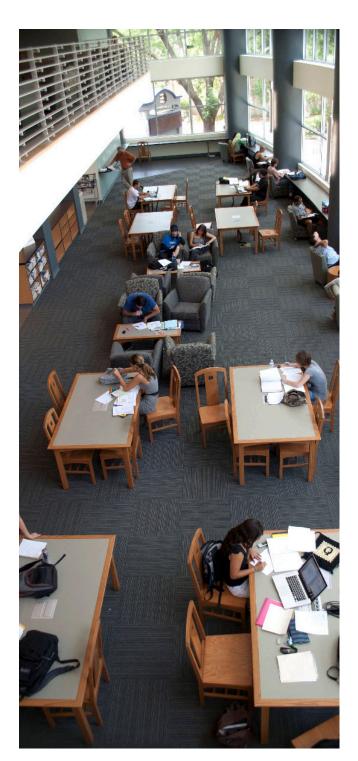


You're ready to shop for the best care. It's important to understand the cost of health care and to ask questions about the services you need. You'll quickly learn about lower-cost options that can provide you the same level of quality care.



You're prepared for the unexpected. With the HDHP, it's important to make sure you have the means (including HSA funds) to pay your deductible if unexpected medical expenses arise.

Ways to Save on Health Care and Wellness



*HSA contributions are not deductible for California state income tax.

KAISER AND WHA DISCOUNTS

Kaiser members have access to gym memberships for \$25 per month through Active&Fit Direct. To learn more about this and other great discounts available as a Kaiser member, visit <u>choosehealthy.com</u>. Members may be eligible for additional discounts on Fitbits, Sketchers shoes, acupuncture, chiropractic and massage services, Vitamixes, BodyBoss 2.0 and more!

WHA has teamed up with 9,000+ fitness centers to make exercise convenient. WHA members can enjoy working out at any gym in the Active&Fit Direct network for a \$25 enrollment fee and \$25 per month. Participants can use a free guest pass, online fitness tracking and change gyms at any time. Learn more at activeandfitdirect.com/fitness/WHA.

GENERIC PRESCRIPTIONS

Each medical plan has tiered copays for prescription drugs, so it's important to know which will save you the most money for the same quality medication.

Generic and Tier 1 drugs always have the lowest copays, so when prescribed a medication, always ask your doctor if there's a generic version available. Non-formulary brand name and Tier 2/3 drugs always have the highest copays.

PREVENTIVE CARE

Take advantage of free preventive care, such as your annual medical and dental exams, vaccines and screenings to stay as healthy as possible – and to detect any potential risks. When you catch preventable diseases early, it can save you money and keep you well.

TAX-ADVANTAGED ACCOUNTS*

Los Rios offers tax-advantaged accounts such as the health savings account (HSA) and the retirement savings plans. Tax-advantaged accounts let you save pre-tax dollars for qualified expenses or for retirement. Because money is saved before taxes are taken out, you save money on what you would have paid in taxes. Please see pages 13 and 17 for more information.

UNDERSTAND WHAT YOU'LL PAY

Be sure you know what your deductibles, copays and coinsurance will be before receiving care. Visit your medical carrier's website for access to a cost estimator tool.

PREPARE FOR EMERGENCIES

Evaluate the impact of out-of-pocket expenses to prepare for emergency care if needed.

Your dental benefits are provided through Delta Dental and are available to you and your dependents. The dental plan features a network of dental care providers whose services you can access at a discounted rate. When you go to a PPO dentist, you'll typically save money.

The information below is a summary of coverage only. You can find the appropriate enrollment forms at https://employees.losrios.edu/employee-groups/certificated-employees/adjunct-lrcft-benefits.

Please refer to adjunct premium calculator to determine your monthly cost.

Please Note: Enrollment in the Los Rios dental plan is a two-year commitment, and you cannot cancel coverage until 24 months have passed (unless you have a qualified change in status event). Employees who cancel their dental coverage for any reason will have a required minimum 24-month waiting period before re-enrolling, and the benefit level will restart at 70% due to the break in coverage under this incentive plan (unless the employee remained continuously enrolled under a non-Los Rios Delta Dental incentive plan).

DELTA DENTAL PPO PLAN				
General Plan Provisions	PPO Premier/Non-Delta			
Calendar Year Deductible	None			
Calendar Year Plan Maximum	\$2,200 \$2,000			
Diagnostic & Preventive Care	Covered at 70-100%			
Basic Care	Covered at 70-100%			
Crowns, Inlays, Onlays & Cast Restoration Benefits	Covered at 70-100%			
Prosthodontic Benefits	Covered at 50%			
Dental Accident Benefits	Covered at 100% (calendar year maximum of \$1,000 per enrollee)			
Orthodontic Care	Not covered			

^{*}Our rates are composite, which means the rate you pay will not increase when you cover eligible family members.

^{**}Final monthly premium to be determined after end of current plan year (June 30, 2020).



Valuable Voluntary Benefits

LONG-TERM CARE (LTC)

LTC insurance can help cover the cost of personal and medical services for those who can no longer care for themselves over a period of time. Services can be provided in a nursing home, residential care facility or at your own home.

Your dependents, family members and in-laws may apply for this benefit, even if you don't enroll yourself. Benefit amounts range from \$3,000 to \$9,000 after 90 days. These accounts are subject to medical underwriting and are on a direct pay basis. Enrollment is done directly with Unum. For more information regarding the plans and enrollment, please visit the Adjunct Benefits page at https://employees.losrios.edu/employee-groups/certificated-employees/adjunct-lrcft-benefits.

CAREGIVER RESOURCES

This AGIS Network benefit offers resources and tools to help you organize caregiving needs. This benefit provides expert advice and guidance for planning and even urgent circumstances. Visit <u>www.LosRiosLTC.com</u> to learn more.



403(B) AND 457 RETIREMENT SAVINGS PLAN

As an employee of an educational institution, you may participate in a tax-deferred retirement savings program as authorized by Sections 403(b) and 457 of the Internal Revenue Code.

Through these programs, you can save a portion of your pay before federal and state income taxes. Funds are only taxed when withdrawn (usually at retirement – you may face penalties for early withdrawals). There is risk associated with 403(b) and 457 programs, as funds are not insured and are subject to earnings (or losses) based on investment choices and market performance.

Investment Options

Your investment vendor must be listed on the CalSTRS website, www.403bcompare.com/.

For the 457 plan, specific companies are eligible for Los Rios' program: CalPERS, CalSTRS, Schools Financial Credit Union and TIAA-CREF. CalPERS members may invest in the CalSTRS 457 program, and CalSTRS members may invest in the CalPERS 457 program.

Visit https://envoy.tsacg.com/index.php?e=3835 or contact the Employee Benefits Department for a list of eligible companies.



How to Enroll

You must first establish a 403(b) or 457 account under Los Rios with one of the companies on the approved vendor list. Once you select a company, ask for information on their 403(b) or 457 plan. They'll provide an account application for you to complete.

During this process, complete the online Salary Reduction Agreement (SRA) form on the Envoy website. This form provides the necessary information for Los Rios to initiate your payroll deduction.

You may enroll or change your deduction anytime by submitting a new online SRA form to Envoy, but are subject to month-to-month cutoff dates to meet specific IRS and payroll deadlines. Please keep copies of all of your completed forms.

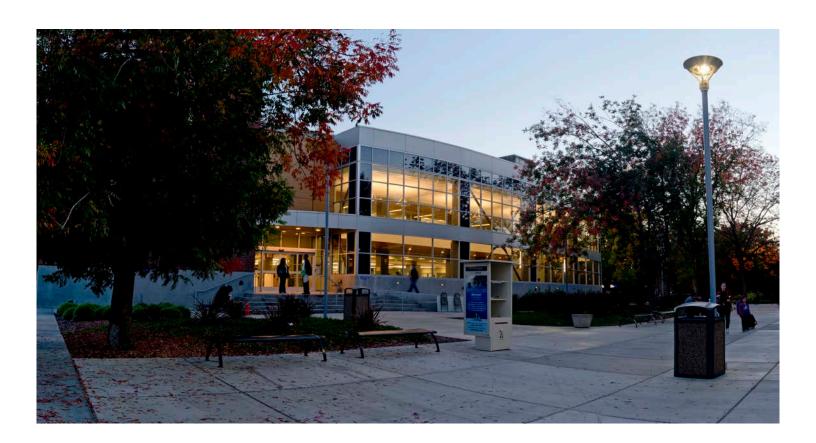
Maximum Contribution

The 2020 maximum contribution for 403(b) and 457 plans is \$19,500 per calendar year for employees under age 50, and \$26,000 per calendar year for employees age 50 or over as of the last day of the year. These plans have separate limits, so you may contribute twice the amount listed if contributing to both types of plans.

Additional Los Rios Provided Benefits

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Through this no-cost, 100% confidential plan you and your dependents may receive assistance with managing work/life balance. This MHN program may help with a wide array of concerns, including finding elder care, relationship and family issues, general stress, depression, personal loss, legal support, financial hardship and parenting. You may access this benefit 24/7 by calling **800.535.4985** or visiting **members.mhn.com** (company code LRCCD).



EMPLOYEE BENEFITS DEPARTMENT			
Employee Benefits Department	916.568.3070	benefits@losrios.edu	
Website & Forms	https://employees.losrios.edu/benefits		

PLAN	GROUP#	TELEPHONE	WEBSITE
MEDICAL			
Kaiser Permanente HMO, DHMO & HDHP HMO	233	800.464.4000	www.kp.org
Sutter Health Plus HMO & HDHP HMO	030007	855.315.5800	www.sutterhealthplus.org
Western Health Advantage HMO & 1800/0 HDHP HMO	107423	888.563.2250	www.westernhealth.com
DENTAL			
Delta Dental PPO Plan	6632	888.335.8227	www.deltadentalins.com
HSA			
BASIC pacific	Los Rios	800.574.5448	www.basicpacific.com
403(b) & 457 Plan			
Envoy Plan Services - 403(b) & 457	Los Rios	866.873.4240 800.248.8858	https://envoy.tsacg.com/index. php?e=3835
OTHER BENEFITS			
Employee Assistance Program - MHN	LRCCD	800.535.4985	members.mhn.com
Claims Issues & Plan Questions - EPIC	Los Rios	877.374.2151	csr@epicbrokers.com https://bit.ly/KRnHQI
KeenanDirect - Assistance with Individual Insurance Plans	Los Rios	855.653.3626	www.KeenanDirect.com
Long Term Care Insurance & Caregiver Resources - Unum	145431	800.227.4165	www.LosRiosLTC.com



