Welcome to Open Enrollment 2014. As a benefits eligible employee, Open Enrollment is your annual opportunity to review your benefits and make any changes. You will need to make an appointment at the health benefits Office if you would like to:

- Change your health plan carrier
- Change your dental plan carrier
- Opt-Out of your medical coverage
- Add or delete dependents to/from coverage
- Add or increase your MetLife supplemental insurance coverage (up to $500,000)

If you are adding dependents to any of the plans, please be prepared to provide a copy of your marriage certificate or certificate of registration of domestic partnership, social security numbers, and a copy of your children's birth certificates.

If you do not wish to make any changes to your current Health Benefits elections, there is nothing you need to do at this time. Your current health plans will remain in effect for the 2014 plan year and an updated Benefit Statement will be available for you to certify on your Portal (my.mtsac.edu) by March 1, 2014.

Employees enrolled in a CalPERS health plan after July 1, 2013 will not receive an Open Enrollment packet from CalPERS. The packet may be obtained from the Benefits Department in Human Resources or online at www.calpersca.gov. Select the Members tab, Health Benefits and finally 2014 Heath Plan Information.

Even if you are satisfied with your Mt. SAC benefits, it is a good idea to use the Open Enrollment period to review your current coverage, the plan changes for the coming year, and ensure that basic information such as your address and phone, eligible dependent and beneficiary data is up to date. Consider it your annual checkup.

If you would like to make any of the above changes, or have unanswered questions regarding any information contained in this document, please call for an appointment with:

Hawk Yao (last names A-K): Ext. 5522
Karen Pilling (last names L-Z): Ext. 5478
Bernice Rose, Auxiliary Services (A-Z): Ext. 5606
2014 Plan Changes:

Highlights of the 2014 benefit changes are listed below. Please refer to your plan’s Evidence of Coverage booklet for a complete listing of changes.

You may also view health plan comparison information on the CalPERS website at www.calpers.ca.gov and check out their on-line 2014 Health Benefit Summary, the Health Plan Chooser, and the 2014 Member Rating information. Web videos will be available in early September to find information on all new and existing CalPERS health plans.

_____________________________________________________

Expanded HMO Health Care Options

- Anthem Blue Cross—Traditional
- Anthem Blue Cross—Select
- Health Net—Smartcare
- Health Net—Salud Y Mas
- Sharp Health—San Diego only
- United Healthcare

HMO/PPO Benefit Design Changes

- Sex Reassignment Surgery for Gender Identity Disorder (GID)

HMO only Benefit Design Changes

- Blue Shield - Teledoc $15.00 co-pay
- Kaiser—New facilities in Anaheim, San Diego and Thousand Oaks; a revamped website; Smartphone access to lab results, filling prescriptions and more...

_____________________________________________________

PPO only Benefit Design Changes

- Applied Behavior Analysis (ABA) Therapy
- Dental Services for Cleft Lip/Palate
- Specialty Preferred Drug Strategy (SPDS)

CVS Caremark will be the pharmacy provider for:

- Anthem Blue Cross—HMO and PPO
- Health Net—HMO
- Sharp—HMO
- United Healthcare—HMO

To order additional information about other CalPERS health plans, use the information to your left.
## Tenthly Rates for the 2014 Plan Year

**CalPERS 2014 TENTHLY RATE GRID**

<table>
<thead>
<tr>
<th>Basic</th>
<th>2014</th>
<th>Percent Change (+ / -)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single</td>
<td>2-Party</td>
</tr>
<tr>
<td>HMO’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthem HMO Select</td>
<td>$572.92</td>
<td>$1,145.84</td>
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<tr>
<td>Anthem Traditional</td>
<td>$661.89</td>
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<tr>
<td>Blue Shield Access+</td>
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<tr>
<td>Blue Shield NetValue</td>
<td>$476.17</td>
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<tr>
<td>Health Net Salud Y Mas</td>
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</tr>
<tr>
<td>Health Net Smart Care</td>
<td>$653.41</td>
<td>$1,306.81</td>
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<tr>
<td>Kaiser</td>
<td>$652.30</td>
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</tr>
<tr>
<td>United Healthcare</td>
<td>$587.25</td>
<td>$1,174.49</td>
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<tr>
<td>PPO’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERS Care</td>
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<tr>
<td>PERS Choice</td>
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<tr>
<td>PERS Select</td>
<td>$690.87</td>
<td>$1,381.74</td>
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</table>
# Tenthly Rates for the 2014 Plan Year

## CalPERS 2014 TENTHLY RATE GRID

<table>
<thead>
<tr>
<th>Basic Premium Rates - Other Southern Counties</th>
<th>Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, Riverside, San Deigo, San/ Luis Obisoi, Santa Barbara, Tulare Counties</th>
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</thead>
<tbody>
<tr>
<td><strong>HMO’s</strong></td>
<td></td>
</tr>
<tr>
<td>Anthem HMO Select</td>
<td>$646.52</td>
</tr>
<tr>
<td>Anthem Traditional</td>
<td>$712.99</td>
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<tr>
<td>Blue Shield Access+</td>
<td>$654.01</td>
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<tr>
<td>Blue Shield NetValue</td>
<td>$550.42</td>
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<tr>
<td>Health Net Salud Y Mas</td>
<td>$589.73</td>
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<tr>
<td>Health Net Smartcare</td>
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<tr>
<td>Kaiser</td>
<td>$725.74</td>
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<tr>
<td>Sharp (San Diego Only)</td>
<td>$648.45</td>
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<tr>
<td>United Healthcare</td>
<td>$627.28</td>
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<tr>
<td><strong>PPO’s</strong></td>
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<tr>
<td>PERS Care</td>
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<tr>
<td>PERS Choice</td>
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<tr>
<td>PERS Select</td>
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## Tenthly Dental Rates

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Rate</th>
<th>Increase</th>
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</thead>
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<tr>
<td>Delta Dental - PPO</td>
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<tr>
<td>Employee &amp; All Dependents</td>
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<td></td>
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<tr>
<td>Delta Care - HMO</td>
<td>$44.28</td>
<td>0%</td>
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<tr>
<td>Employee &amp; All Dependents</td>
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<td></td>
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</table>

## Tenthly VSP Vision Rates

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Rate</th>
<th>Increase</th>
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</thead>
<tbody>
<tr>
<td>Employee &amp; All Dependents</td>
<td>$31.71</td>
<td>+1%</td>
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## Tenthly METLIFE Basic/AD&D Rate

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Rate per $1,000 = $0.16</th>
<th>Rate per $1,000 = $0.16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$12.00</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Application & Rates for Supplemental Life are available in the Health Benefits Office.**

## Mt. San Antonio College
### Tenthly Benefit Allowance

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>2012-13</th>
<th>2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management/Aux Mgmt.</td>
<td>$629.54</td>
<td>$629.54</td>
</tr>
<tr>
<td><strong>Opt-Out</strong></td>
<td>$629.54</td>
<td>$629.54</td>
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<tr>
<td>Confidential</td>
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<td>$904.25</td>
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<tr>
<td><strong>Opt-Out</strong></td>
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<td>$904.25</td>
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<tr>
<td>Faculty</td>
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<td>$1,200.00</td>
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<tr>
<td><strong>Opt-Out</strong></td>
<td>$550.00</td>
<td>$700.00</td>
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<tr>
<td>Unit A-CSEA 262/Aux</td>
<td>$956.34</td>
<td>$1,106.34</td>
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<tr>
<td><strong>Opt-Out</strong></td>
<td>$500.00</td>
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<tr>
<td>Unit B-CSEA 651</td>
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<tr>
<td><strong>Opt-Out</strong></td>
<td>$580.00</td>
<td>$730.00</td>
</tr>
</tbody>
</table>
Basic Life and AD&D

Life and Accidental Death and Dismemberment Insurance is an important part of your comprehensive benefits package. The District provides $75,000 of both Basic Life and AD&D to all eligible employees through MetLife.

Supplemental Life & Disability

You may apply for additional (supplemental) life insurance through MetLife for yourself, your spouse and/or your dependent children. If you are interested, please stop by the Health Benefits Office for the information packet, rates and application form. This will be an annual, Open Enrollment only, event. There are also other life insurance plans available for which you may apply anytime throughout the year.

Mt. SAC also offers three disability (salary protection) policies through a 3rd party administrator. Each of these has information and applications available throughout the year. The information may be picked up in the Health Benefits Office.

Other Payroll Deduction Changes

Just a reminder that all other voluntary deduction changes, such as deductions for credit unions, tax shelter investments, charitable contributions, etc. may be started, changed, or stopped throughout the year. These deduction changes are not tied to Open Enrollment deadlines and restrictions.

These changes must be made through the Mt. SAC Payroll Office: Ext. 4240.
Section 125-Flexible Spending Account

Utilizing Section 125 Flexible Spending Accounts (FSA’s) for certain health care and dependent care expenses will reduce your taxable income.

How it works:

- Money is deducted from your paycheck and put into an FSA account before federal and state taxes are taken out. The maximum amount you may allocate annually on the medical reimbursement account is $2,500.00.
- The maximum amount allowed for a single person or married couple filing jointly on the dependent care reimbursement account is $5,000; $2,500 is allowed for married couples filing separately.
- Money spent on eligible expenses in health care and/or dependent care during the plan year will be reimbursed by submitting a claim form for the expenses. Since you are reimbursed from an account that is not subject to taxes, you save money!
- Changes cannot be made to FSA deductions unless a qualifying event occurs.

Log on to www.irs.gov/form-pub to view a listing of eligible expenses. Eligible expenses generally include deductibles, co-payments, expenses not covered by your medical, dental, or vision plan, and most things that qualify as a medical deduction under the Internal Revenue Code.

Watch for the notice for an on-campus sign-up with AMERICAN FIDELITY, the District’s Section 125 plan administrator, to set-up your account for the 2014 calendar year.

Note: You must re-enroll in the Section 125 plan each year in order to continue.

Limitations on 403B and 457 Tax Shelter Investments

The 2014 maximum 403B tax shelter contribution allowed by tax law for those employees with less than 15 years with the District is $1750 tenthly($17,500 annually). Also, if you are 50 or more years of age at any time during the year, you may contribute an additional $5,500 per year to your 403B tax shelter account.

For those that have been employed longer than 15 years at Mt. SAC, AND did not deposit their full tax shelter entitlement in prior years, you may see your tax shelter agency to determine if you are eligible for a catch-up provision, not to exceed a five year period and $15,000 ($3,000 x 5yrs.).

Along with these 403B maximum contributions, each employee may contribute an additional $17,000 to our 457 retirement account. If interested, please contact the School’s First Credit Union: (800) 462-8328 or Mt. SAC Payroll Office: Ext. 4240 for further information.
Dependent Eligibility for Benefits

- Your legal spouse.

- Your natural children, stepchildren, and/or adopted children for whom the employee is the legal guardian. In addition, such children must be:
  - Under age 26 for medical, dental, vision and supplemental life insurance coverage

- Your disabled children age 26 or older. Such disabled children must meet the same conditions as listed above for natural children, stepchildren, adopted children, and in addition be physically or mentally handicapped on the date coverage would otherwise end because of age and continue to be handicapped.

- Your domestic partner: (must be registered with the State of California)
  - is your sole spousal equivalent (this means that you cannot be married to someone else or have another domestic partner);
  - is 18 years old or older;
  - is mentally competent to enter into contracts;
  - resides with you and intends to do so indefinitely;
  - is jointly responsible with you for common financial obligations;
  - is unmarried and not related to you by blood to a degree that would bar marriage in the state of residence;
  - the domestic partnership is registered with the state, and the domestic partner has not terminated another domestic partnership within the last 6 months; and
  - both parties must be the same sex or if of the opposite sex one party must be 62 or older.

- A child of a domestic partner who satisfies the same conditions as listed above for natural children, stepchildren, adopted children; and in addition, is not a “qualifying child” (as that term is defined in the Internal Revenue Code) of another individual.

- Foster children are not eligible for coverage. Foster children will be eligible in 2015.

- Other dependent enrollment depends upon financial and legal custody.

- This is only a summary of the eligibility requirements and is not intended to modify or supersede the requirements of the plan documents, and the plan documents will govern in the event of any conflict between this summary and the plan documents.
Amnesty Period ended June 30, 2013

Verification Period started July 1, 2013

**Verification Timeline**

State (5 cycles): Late July 2013 – June 2014


**Schools (1 cycle): December 2014 – February 2015.**

- An independent project administered by an external contracted vendor (HMS Employer Solutions)

- Parent-Child Recertification is a parallel but separate project administered by CalPERS Health Account Services HAS) Section.

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**Defense of Marriage Act (DOMA)**

One June 28, 2013, the United States Supreme Court struck down the portion of the Defense of Marriage Act (DOMA) that barred same-sex married couples from recognition as spouses. With this ruling, an impediment to same-sex marriages was removed which may have caused some couples to reconsider enrolling their eligible spouses and children. For those employees that chose not to enroll their spouses and children, CalPERS is offering a one time exception to enroll in health coverage. Enrollment is limited to employees who married during the period in 2008 when California first issued same sex marriage licenses. This special enrollment period continues through December 31, 2013.

Any new marriages will follow the same rules as adding a dependent on page 11.
General Information
When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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 coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

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 coverage. Also, this employer contribution—as well as any 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.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact Hawk Yao (A-K) (909) 274-5522 or Karen Pillina (L-Z) (909) 274-5478.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

For more information on the California Insurance Exchange please visit www.CoveredCA.com

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
Frequently Asked Questions for Employees about the New Health Insurance Marketplace

1. Q: What is the “Exchange” or “Marketplace” that I’ve been hearing about?
   A: The Exchange/Marketplace is a new health insurance marketplace in each state. The Marketplaces are established under the Healthcare Reform Act that was passed in 2010. The Marketplace is an on-line site where individuals and smaller employers may go to purchase health insurance coverage for 2014.

2. Q: Why is the Marketplace being established?
   A: Under federal law, beginning January 1, 2014 individuals will be required to have minimum essential health coverage, or else be subject to a penalty. This is referred to as the “individual mandate.” The Marketplace is intended to help individuals meet the individual mandate requirement by providing another place to purchase coverage, and possibly qualify for federal assistance to do so.

3. Q: Do I have to purchase health coverage through the Marketplace?
   A: No. You may still obtain health coverage from other sources if you are eligible. To avoid the individual mandate penalty, you will want to confirm that the coverage you obtain provides “minimum essential coverage” under the rules.

4. Q: What are some possible other sources of coverage?
   A: Your employer, your spouse’s employer, Medicare (if eligible in your state), the individual market, etc.

5. Q: What if I am covered under my employer’s plan? Can I keep it?
   A: Yes. Most employer plans will qualify as the coverage required under the individual mandate requirements. You do not need to purchase coverage through the Marketplace in order to avoid the individual mandate penalty. You may, if you would like, however.

6. Q: Can I drop myself or my dependents from my group plan to purchase a plan through the Marketplace or outside of the Marketplace?
   A: Maybe yes. Maybe no. Employers and Marketplaces have very specific rules around enrollment and disenrollment. In general, both have an annual open enrollment period (which will usually be different) and permit special enrollments during the year based on events such as marriage or birth of a child. Although these rules are similar, they are not identical. In addition, determining when you can change an election outside the annual open enrollment period will be determined by IRS regulations and the terms of the group health plan. Generally, employees may not change an election unless the employee experiences a change in status permitted by the IRS and allowed by the group health plan.
7. Q: How do I know if I qualify for assistance to purchase my coverage through the Marketplace?
A: Individuals who are not offered qualifying healthcare coverage through their employer may be eligible for government subsidies to help pay for health insurance premiums for plans purchased in the Marketplaces (based on income level and how many dependents you have). Generally, household income must be below 400% of the federal poverty level (which in 2013 is about $46,000 for an individual, or about $78,000 for a family of three), in addition to some other rules, in order to qualify. Whether you qualify will depend on what kind of coverage your employer offers. If your job-based coverage is considered affordable and meets minimum value requirements, you won’t be able to get lower costs on premiums or out-of-pocket costs in the Marketplace. This is true no matter what your income and family size are. As state Marketplace sites are launched over the next months, you will be able to get details about a possible subsidy.

8. Q: Will my employer subsidize my health coverage if I purchase it through the Marketplace?
A: Employers are not required to help you pay for coverage that you purchase through the Marketplace. With most employer-provided plans, the employer pays a portion of the premium cost. You should consider this when making decisions about where to obtain your health coverage.

9. Q: Will I be able to see my same doctor if I purchase coverage through the Marketplace instead of at work?
A: Maybe yes. Maybe no. Insurance purchased through the Marketplace may have different provider networks.

10. Q: When will the Marketplace in my state be open for business?
A: Open enrollment in the Marketplaces is scheduled to begin October 1, 2013, with coverage to generally become effective January 1, 2014. Please refer to the Marketplace in your state for further information.

11. Q: Do I have to enroll by January 1, 2014 in order to get coverage through the Marketplace?
A: No. In this first year of Marketplace coverage, you may enroll until March 31, 2014. But if you enroll after December 15th of this year, your coverage will have an effective date that is later than January 1, 2014. To avoid not having coverage beginning January 1, 2014, and potentially incurring a penalty, you should enroll by December 15, 2013 if you wish to satisfy the individual mandate with coverage obtained through the Marketplace.

12. Q: Will my employer’s health benefits program be available for purchase through the Marketplace?
A: Possibly, if your employer is considered to be a small employer under the rules, and has chosen to purchase its program for employees through the Marketplace. Generally, employers with over 100 employees, or in some states 50 employees, may not purchase their programs for employees through the Marketplace yet. Employers of any size may offer coverage through regular channels, however, just as they do today.

The intent of this analysis is to provide general information regarding the provisions of current healthcare reform legislation and regulation. It does not necessarily fully address all your organization’s specific issues. It should not be construed as, nor is it intended to provide, legal advice. You should contact your tax advisor or an attorney who specializes in this practice area should address questions regarding specific issues.
COBRA is the Federal law that allows employees and their dependents who lose eligibility for group health insurance coverage to continue that coverage by paying for it themselves. Dependents that lose eligibility for group coverage, separate from the employee, may extend their benefits through COBRA continuation for as long as 36 months.

It is the employee’s responsibility to notify the Health Benefits Office any time a dependent loses eligibility for insurance. These mandatory deletions include:

- Legal separation or final date of divorce from your spouse or domestic partner;
- Dependent child becoming age 26, for medical, dental, vision, and supplemental life insurance

**NOTE:** A dependent child getting married is no longer a mandatory deletion.

There may be other coverage options for your family. When key parts of the health care law take effect, you will be able to buy coverage through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums immediately. You will be able to see what your premium, deductibles, and out of pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for a tax credit through the Marketplace. Additionally, you may be qualified for a special enrollment opportunity for another group plan for which you are eligible (such as a spouse’s plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. For more information you can visit [coveredca.com](http://coveredca.com)

Failure to give notice to the Health Benefits Office within 60 days of that loss of a dependent’s loss of eligibility will result in canceling the dependent’s rights to continued coverage.

Health plan continuation must be initiated through the Health Benefits Office.
Rules for Benefit Changes During the Year

You will not be allowed to add dependents until the next benefit year (starting January 1, 2014) unless you have a qualified “change in status.”

The following are considered qualified changes in status for adding a dependent:

- **Change in legal marital status**: including marriage, divorce, legal separation, annulment, and death of a spouse
- **Change in number of dependents**: including birth, adoption, placement for adoption, or death of a dependent child (adding dependents)
- **Change in employment status**: including the start or termination of employment by you, your spouse, or your dependent child
- **Change in work schedule**: including an increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits
- **Change in a child’s dependent status**: either newly satisfying the requirements for dependent child status or ceasing to satisfy them
- **Change in your health coverage** or your spouse’s coverage attributable to your spouse’s employment
- **Change in an individual’s eligibility for Medicare or Medicaid**
- **A court order** resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child
- **An event that is a special enrollment event under HIPAA** (the Health Insurance Portability and Accountability Act), including acquisition of a new dependent or spouse or loss of coverage under another health insurance policy or plan.
  - Voluntary or involuntary termination of employment or reduction in hours of employment, or death, divorce, or legal separation,
  - Termination of employer contributions toward the other coverage, OR
  - If the other coverage was COBRA Continuation Coverage, exhaustion of the coverage

The following is considered a qualified change in status for changing a health plan:

- **Change in place of residence or worksite** including a change that affects the accessibility of network providers

**Two rules apply to making changes to your benefits during the year:**

1. Any changes you make must be consistent with the change in status **AND**
2. You must make the changes within 60 days of the date the event (marriage, birth, etc.) occurs.
Please read this notice carefully and keep it easily accessible. This notice has information about your current prescription drug coverage with Mt. San Antonio College and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and may help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Mt. San Antonio College has determined that the prescription drug coverage offered by CalPERS is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

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Individuals no longer eligible for Mt. SAC retiree benefits may enroll in a Medicare prescription drug plan when they first become eligible or annually from November 15th through December 31st. Beneficiaries leaving Mt. SAC may be eligible for a Special Enrollment period to sign up for a Medical prescription drug plan.

The Health Benefits Office can verify your prior eligibility so you do not have a lapse in coverage.

**Note:** If you are enrolled in, or are eligible for, Mt. SAC’s medical plan with prescription drug coverage, you should not enroll in the Medicare prescription drug plan.

You should also know that if you lose your coverage with Mt. San Antonio College and don’t enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

Continued...
If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare’s prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

For more information about your options under Medicare prescription drug coverage:

- More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You will receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans.

- Visit [www.medicare.gov](http://www.medicare.gov)

- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

- For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

Name of Entity: Mt. San Antonio College  
Contact: Health Benefits Office  
Address: 1100 North Grand Avenue, Walnut CA 91789-1399  
Phone Number: (909) 594-5611 Ext. 4225
Additional Information Regarding Your Benefits

The Newborns and Mothers Health

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean delivery. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

The Women’s Health and Cancer Rights Act

Your health plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymph edema). Call your health plan’s Member Services for more information.
Mt. San Antonio College takes pride in offering a rich benefits program for you and your family members.

The table here lists the benefits available to you as a valued member of Mt. San Antonio College. Toll free numbers and website addresses are provided for your convenience.

### DISCLAIMER

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

<table>
<thead>
<tr>
<th>INSURANCE CARRIERS/ADMINISTRATORS</th>
<th>Membership Contact #s/Website Links</th>
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| Mt. San Antonio College Health Benefits Office | Hawk Yao (last names A-K) Ext. 5522
Karen Pilling (last names L-Z) Ext. 5478
Bernice Rose, Aux Services (A-Z) Ext. 5606 |
| Blue Shield Access+ Blue Shield Net Value | (800) 776-4466  [www.blueshieldca.com/calpers](http://www.blueshieldca.com/calpers) |
| Kaiser Permanente | (800) 464-4000  [http://my.kaiserpermanente.org/ca/calpers](http://my.kaiserpermanente.org/ca/calpers) |
| PERSCare/Choice/Select Anthem HMO Select/Traditional | (877) 737-7776  [www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers) |
| Health Net Salud Y Mas/Smartcare | (888) 926-4921  [www.healthnet.com/calpers](http://www.healthnet.com/calpers) |
| Sharp Health | (800) 359-2002  [www.sharphealthplan.com](http://www.sharphealthplan.com) |
| DeltaCare HMO | (800) 422-4234  [www.deltadentalins.com](http://www.deltadentalins.com) |
| Delta Dental PPO | (888) 335-8227  [www.deltadentalins.com](http://www.deltadentalins.com) |
| Vision Service Plan (VSP) | (800) 877-7195  [www.vsp.com](http://www.vsp.com) |
| CalPERS Health Benefits Division | (888) 225-7377  [www.calpers.ca.gov](http://www.calpers.ca.gov) |

For more information on each plan, evidence of coverage booklets and pamphlets maybe found at http://inside.mtsac.edu/departments/admin/benefits/