

# Summary of Employee Benefits 2020



## About This Guide

Saint Mary's College of California provides comprehensive employee benefits as part of our total compensation program. Employees have the opportunity to choose benefit plans that offer protection, flexibility and security to their personal lifestyle. Your choices will be in effect for the plan year, and you will only be able to make changes during the plan year if you experience a qualifying life event.

## Benefits Eligibility

Please refer to the eligibility chart on page 4 to confirm your eligibility. Eligible employees may enroll in the medical, dental, vision and Flexible Spending Account (FSA) benefits on the first of the month following 30 days from their date of hire. Eligible employees will automatically be enrolled in the basic life AD&D, and long term disability insurance. Employees who waive coverage have the opportunity to enroll in our benefit plans during our annual open enrollment period and/or when you experience a qualifying life event.

### Blue Shield

**HMO:** Available to all California employees. Select a doctor in Blue Shield's Access+ or [Trio HMO](#) network that will manage your care.

**HSA:** Combines comprehensive coverage with flexibility and autonomy. When selecting the HSA plan you have access to Blue Shield's nationwide PPO network of physicians. You have the ability to self-refer to specialists and limited out-of-network coverage is available. A Health Savings Account (HSA) works in conjunction with a HDHP plan. When you open an HSA account you are able to deposit pre-tax dollars to pay for eligible medical, dental, vision and RX expenses. The 2020 IRS limits are \$3,550 for an individual and \$7,100 for a family.

### Kaiser Permanente

**HMO:** Available to all California employees. You have access to medical services and doctors at any Kaiser facility in your respective service area.

**HSA:** When selecting the HSA plan you have access to Kaiser's regional HMO network. A Health Savings Account (HSA) works in conjunction with a HDHP plan. When you open an HSA account you are able to deposit pre-tax dollars to pay for eligible medical, dental, vision and RX expenses. The 2020 IRS limits are \$3,550 for an individual and \$7,100 for a family.

**SMC will contribute \$1,500 into your HSA account at the start of the plan year.**

Reminder:  
The medical plan year will run 01/01/20-12/31/20

## Medical Plans



blue of california



| Medical Plan Features In Network       | Blue Shield Trio ACO HMO            | Blue Shield Access + HMO 20         | Blue Shield HSA 1500                | Kaiser HMO                          | Kaiser HSA 1500                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| SMC HSA contribution                   | N/A                                 | N/A                                 | \$1,500                             | N/A                                 | \$1,500                             |
| Calendar Year Deductible:              | <u>Trio HMO Network</u>             | <u>Access + HMO Network</u>         | <u>PPO Network</u>                  | <u>HMO Network</u>                  | <u>HMO Network</u>                  |
| Per Person                             | \$0                                 | \$0                                 | \$1,500                             | \$0                                 | \$1,500                             |
| Per Family                             | \$0                                 | \$0                                 | \$3,000<br>(\$2,800 indiv embedded) | \$0                                 | \$3,000<br>(\$2,800 indiv embedded) |
| Annual Out-of-Pocket Max: Per Person   | \$2,000                             | \$2,000                             | \$3,500                             | \$1,500                             | \$3,000                             |
| Per Family                             | \$4,000<br>(\$2,000 indiv embedded) | \$4,000<br>(\$2,000 indiv embedded) | \$7,000<br>(\$3,500 indiv embedded) | \$3,000<br>(\$1,500 indiv embedded) | \$6,000<br>(\$3,000 indiv embedded) |
| Preventive Care                        | \$0                                 | \$0                                 | \$0                                 | \$0                                 | \$0                                 |
| Office Visits: PCP                     | \$20                                | \$20                                | 10%*                                | \$20                                | 10%*                                |
| Specialist                             | \$20                                | \$20                                | 10%*                                | \$20                                | 10%*                                |
| Lab/ X-ray                             | \$0                                 | \$0                                 | 10%*                                | \$10                                | 10%*                                |
| MRI Outpatient                         | \$0                                 | \$0                                 | 10%*                                | \$50                                | 10%*                                |
| Chiropractic / Acupuncture             | \$10<br>(30 visits combined)        | \$10<br>(30 visits combined)        | 10%*<br>(20 / 20 visits)            | \$15 (chiro only)<br>(30 visits)    | N/A                                 |
| Hospital Medical Services: Inpatient   | \$250                               | \$250                               | 10%*                                | \$250                               | 10%*                                |
| Outpatient                             | \$50                                | \$50                                | 5%-15%*                             | \$20                                | 10%*                                |
| Mental Health / Substance Abuse:       |                                     |                                     |                                     |                                     |                                     |
| Inpatient                              | \$250                               | \$250                               | 10%*                                | \$250                               | 10%*                                |
| Outpatient                             | \$20                                | \$20                                | 10%*                                | \$20                                | 10%*                                |
| Telamedicine eVisit                    | \$0                                 | \$5                                 | \$5*                                | \$0                                 | 10%*                                |
| Urgent Care                            | \$20                                | \$20                                | 10%*                                | \$20                                | 10%*                                |
| Emergency Room                         | \$150                               | \$150                               | \$150 + 10%*                        | \$50                                | 10%*                                |
| Prescription Drugs (Rx): 30 day supply |                                     |                                     |                                     |                                     |                                     |
| Tier 1                                 | \$10                                | \$10                                | \$10*                               | \$10                                | \$10*                               |
| Tier 2                                 | \$30                                | \$30                                | \$25*                               | \$25                                | \$30*                               |
| Tier 3                                 | \$50                                | \$50                                | \$40*                               | N/A                                 | N/A                                 |
| Tier 4                                 | 20% up to \$200                     | 20% up to \$200                     | 30% up to \$200*                    | 20% up to \$150                     | 20% up to \$200*                    |

\* = calendar year deductible applies

# Dental Plans



SMC offers dental insurance through Delta Dental for all eligible employees and their dependents. Employees have the option to choose HMO or PPO dental care coverage through Delta Dental, regardless of which medical plan you choose. With the PPO plan, employees can see any dentist for eligible dental care services. Employees are not required to choose a Delta Dental network dentist, but if they do, they will have lower out-of-pocket costs. Benefit payments to non-Delta dentists are based on a fee allowance as defined by Delta Dental.

| Services  | PPO                                 | Premier                              | Non-PPO                              | DeltaCare HMO                                  |
|---|-------------------------------------|--------------------------------------|--------------------------------------|--|
| Calendar Year Deductible                                  | \$50 per person<br>\$150 per family | \$100 per person<br>\$300 per family | \$100 per person<br>\$300 per family | None - copay applies                           |
| Preventative<br>Cleanings, Exams, X-Rays                  | 100%                                | 100%                                 | 100% of UCR                          | No copay                                       |
| Basic Services<br>Fillings, Simple Extractions, Sealants  | 80%                                 | 80%                                  | 80% of UCR                           | \$0-\$280 copay                                |
| Major Services<br>Crowns, Inlays/Onlays, Cast Restoration | 50%                                 | 50%                                  | 50% of UCR                           | \$50 - \$325 copay                             |
| Calendar Year Maximum                                     |                                     | \$2,000                              |                                      | No Maximum                                     |
| Orthodontia   | 50%                                 | 50%                                  | 50% of UCR                           | Adult - \$1,900 copay<br>Child - \$1,700 copay |
| Orthodontia Lifetime Maximum                              |                                     | \$1,500                              |                                      | No Maximum                                     |

**Non-participating dentists can bill you for charges above the amount covered by your dental plan (balance billing). To maximize your benefits, we encourage you to visit a participating provider.**



# Vision Plans

SMC offers vision insurance through VSP for all eligible employees and their dependents. VSP's Choice Network has a network of doctors, located in rural and metropolitan areas throughout the nation. VSP doctors provide both eye exams and eye wear, making for a convenient "one-stop" means of obtaining eye care benefits.

| Services  | In-Network                    | Out-of-Network         |
|---|-------------------------------|------------------------|
| Exam: Every Calendar Year                                   | \$20 Copay                    | Reimbursed up to \$45  |
| Frames: Every Calendar Year                                 | \$130 Allowance               | Reimbursed up to \$105 |
| Lenses: Every Calendar Year                                 |                               |                        |
| Single  | \$20 Copay                    | Reimbursed up to \$30  |
| Bifocal   | \$20 Copay                    | Reimbursed up to \$50  |
| Trifocal  | \$20 Copay                    | Reimbursed up to \$65  |
| Contact Lenses in Lieu of Eyeglasses<br>Every Calendar Year | \$130 Allowance<br>\$60 Copay | Reimbursed up to \$105 |



# Life and Disability Plans

SMC provides a group Life/AD&D and a group disability plan to eligible employees through Mutual of Omaha. In the event that you suffer a long-term disability that prevents you from working, the plan will supplement a portion of your income to help you with your financial obligations. Eligible employees may also purchase Voluntary Life/AD&D for themselves and their dependents at a special open enrollment in the spring of 2020. Voluntary Accident and Voluntary Critical Illness plans are also available for employees to enroll in Benefitfocus.

| PLAN OFFERED         | BENEFIT AMOUNT  |
|----------------------|---|
| Group Life/AD&D      | 1X annual salary up to \$150,000  |
| Voluntary Life/AD&D  | Employee: \$50,000, \$100,000 or \$150,000<br>Spouse: \$50,000<br>Child: \$10,000 |
| Long Term Disability | 60% to \$10,000 per month<br>Elimination Period: 90 days                          |

*Also Available...*

**Employee Assistance Program:**

- 3 face-to-face sessions with a counselor
- Available to your family members too!
- 24/7 toll-free access to EAP professionals
- Personal, professional, and financial matters
- Free legal consultation

**Travel Assistance Program:**

- Available to you and family members when traveling to a foreign country, or at least 100 miles from home
- Hospital Admission Coordination
- Prescription Replacement Assistance

# Employee Assistance Program (EAP)



If employees or their family members need assistance with balancing life's demands, or require help with personal or financial management, they will benefit from the SMC Employee Assistance Program (EAP) through Claremont. The EAP benefits include:

- 8 face-to-face sessions with a counselor per incident per calendar year
- Available to family members including children and parents of employees too
- 24/7 toll-free access to EAP professionals
- Consultation on personal, professional, and financial matters
- Free legal consultation

# Flexible Spending Accounts (FSA)



Eligible employees may enroll in the employer sponsored FSA plan administered through Navia. You may make pre-tax contributions to your FSA account and use the funds for eligible health and family care expenses approved by the IRS. Please note that the FSA plans run on a calendar year January 1 - December 31. Only \$500 dollars may be rolled into the next plan year. Budget wisely!

**Health Care FSA** - You may set aside up to \$2,700 per family annually to use on eligible expenses, including physician fees, deductibles, copayments, dental and vision expenses. Refer to the Navia [list of eligible expenses](#).

**Limited Purpose Health Care FSA** - In 2020 HSA members may set aside up to \$2,700 per family annually to use on eligible dental and vision expenses.

**Dependent Care FSA** - You may set aside up to \$5,000 per household annually to use on eligible dependent care expenses. If you are married and filing separately, you may set aside up to \$2,500 annually. Refer to the [Navia Dependent Care FAQ's](#) for more information.

**Commuter and Parking** - You may set aside \$265 per month towards qualified parking expenses, and \$265 per month towards [transit expenses](#). For more information review the [GoNavia Program](#).

# Saint Mary's College of California Benefit Website

A personalized benefits website has been created for SMC employees: <http://benefits.filice.com/saintmarys/>

This website houses direct links to all the carriers' web sites, group numbers, detailed plan descriptions, and contact information. You can search for in-network doctors and dentists by following the links to directories for each carrier.

All documents relating to the SMC Employee Insurance Benefits Program, including the Summary Plan Descriptions, HIPAA Privacy Notice, General COBRA Notice and any other relevant Plan Documents or Notices, are available to employees and their dependents electronically through the dedicated benefits website. You may receive a paper copy of any of the above documents free of charge by contacting the SMC Human Resources department.

## Important Benefit Contact Information

| Carrier / Vendor   | Group Number         | Phone  | Website  |
|--|----------------------|--|--|
| Blue Shield: Medical   | W0067209             | PPO/Access + HMO 888-256-1915<br>Trio ACO HMO 855-829-3566 | <a href="http://www.blueshieldca.com">www.blueshieldca.com</a><br><a href="http://www.blueshieldca.com/trio">www.blueshieldca.com/trio</a>   |
| Kaiser Permanente: Medical   | 192-0004             | 800-464-4000   | <a href="http://www.kp.org">www.kp.org</a>   |
| Delta Dental PPO: Dental   | 18620                | 800-765-6003   | <a href="http://www.deltadentalins.com">www.deltadentalins.com</a>   |
| DeltaCare HMO: Dental  | 78818                | 800-422-4234   |  |
| VSP: Vision  | 30071092             | 800-877-7195   | <a href="http://www.vsp.com">www.vsp.com</a>   |
| Mutual of Omaha: Life AD&D / Vol Life AD&D<br>Long Term Disability           | TBD                  | 800-775-8805<br>800-811-5176                               | <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>   |
| Claremont: Employee Assistance Program                                       | Saint Mary's College | 800-834-3773   | <a href="http://www.claremonteap.com">www.claremonteap.com</a>   |
| Mutual of Omaha:<br>Travel Assistance Program<br>Employee Assistance Program | TBD                  | US: 800-856-9947<br>INTL: 312-935-3658<br>800-316-2796     | <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a><br><a href="http://www.mutualofomaha.com/eap">www.mutualofomaha.com/eap</a> |
| Flexible Spending Account (FSA): Navia                                       | SM1                  | 800-669-3539   | <a href="http://www.naviabenefits.com">www.naviabenefits.com</a>   |
| Health Savings Account (HSA): Optum  | N7074A               | 866-234-8913   | <a href="http://www.optumbank.com">www.optumbank.com</a>   |
| Filice Client Services Manager: Sara Packard, Filice Insurance Agency        |                      | 925-299-7213   | <a href="mailto:sara@filice.com">sara@filice.com</a>   |

*If you have* ... eligibility questions or unresolved claim issues and need assistance, please contact your Human Resources department, or your Filice Client Services Manager noted above.  
This summary is intended for reference only. Please refer to your official plan documents for more information.

# Saint Mary's College of California

## Benefit Eligibility by Employment Type

|   | Tenured | Tenured Track | Full-Time Staff<br>(30+ hrs/wk) | Salaried Adjunct<br>(6-7 Courses) | Salaried Adjunct<br>(5 Courses) | Per Course Faculty<br>Lookback | Part-Time Staff<br>(20 - 29 hrs/wk) | Temporary<br>Employee |
|---|---------|---------------|---------------------------------|-----------------------------------|---------------------------------|--------------------------------|-------------------------------------|-----------------------|
| <b>MEDICAL</b>                                |         |               |                                 |                                   |                                 |                                |                                     |                       |
| Kaiser HMO (CA Residents)                     | ✓       | ✓             | ✓                               | ✓                                 | ✓                               | ✓                              |                                     |                       |
| Kaiser HSA (CA Residents)                     | ✓       | ✓             | ✓                               | ✓                                 | ✓                               | ✓                              |                                     |                       |
| Blue Shield HMO (CA Residents)                | ✓       | ✓             | ✓                               | ✓                                 | ✓                               | ✓                              |                                     |                       |
| Blue Shield Trio (CA Residents)               | ✓       | ✓             | ✓                               | ✓                                 | ✓                               | ✓                              |                                     |                       |
| Blue Shield HSA                               | ✓       | ✓             | ✓                               | ✓                                 | ✓                               | ✓                              |                                     |                       |
| <b>DENTAL</b>                                 |         |               |                                 |                                   |                                 |                                |                                     |                       |
| Delta Dental PPO                              | ✓       | ✓             | ✓                               | ✓                                 | ✓                               | ✓                              |                                     |                       |
| DeltaCare HMO                                 | ✓       | ✓             | ✓                               | ✓                                 | ✓                               | ✓                              |                                     |                       |
| <b>VISION</b>                                 |         |               |                                 |                                   |                                 |                                |                                     |                       |
| VSP Vision                                    | ✓       | ✓             | ✓                               | ✓                                 | ✓                               | ✓                              |                                     |                       |
| <b>LIFE &amp; DISABILITY</b>                  |         |               |                                 |                                   |                                 |                                |                                     |                       |
| Mutual of Omaha Term Life Ins.                | ✓       | ✓             | ✓                               | ✓                                 |                                 |                                |                                     |                       |
| Mutual of Omaha Long Term Disability          | ✓       | ✓             | ✓                               | ✓                                 |                                 |                                |                                     |                       |
| <b>VALUE-ADD SERVICES</b>                     |         |               |                                 |                                   |                                 |                                |                                     |                       |
| Employee Assistance Program                   | ✓       | ✓             | ✓                               | ✓                                 | ✓                               |                                | ✓                                   |                       |
| Travel Assistance Program                     | ✓       | ✓             | ✓                               | ✓                                 | ✓                               |                                |                                     |                       |
| <b>VOLUNTARY PLANS</b>                        |         |               |                                 |                                   |                                 |                                |                                     |                       |
| Navia Flexible-Spending Account (FSA)         | ✓       | ✓             | ✓                               | ✓                                 | ✓                               |                                |                                     |                       |
| Navia Parking & Transit Benefit               | ✓       | ✓             | ✓                               | ✓                                 | ✓                               |                                |                                     |                       |
| Mutual of Omaha Vol. Accident                 | ✓       | ✓             | ✓                               | ✓                                 | ✓                               |                                |                                     |                       |
| Mutual of Omaha Vol. Critical Illness         | ✓       | ✓             | ✓                               | ✓                                 | ✓                               |                                |                                     |                       |
| Mutual of Omaha Vol. Term Life Ins.           | ✓       | ✓             | ✓                               | ✓                                 | ✓                               |                                |                                     |                       |
| Unum Vol. Whole Life Ins.                     | ✓       | ✓             | ✓                               | ✓                                 | ✓                               |                                |                                     |                       |
| <b>RETIREMENT PLANS</b>                       |         |               |                                 |                                   |                                 |                                |                                     |                       |
| TIAA Employer 2.25% Contribution <sup>^</sup> | ✓       | ✓             | ✓                               | ✓                                 | ✓                               |                                | ✓                                   |                       |
| TIAA Employee Voluntary Contribution          | ✓       | ✓             | ✓                               | ✓                                 | ✓                               | ✓                              | ✓                                   | ✓                     |
| Emeriti Retirement Health <sup>^</sup>        | ✓       | ✓             | ✓                               | ✓                                 | ✓                               |                                | ✓                                   |                       |
| <b>OTHER</b>                                  |         |               |                                 |                                   |                                 |                                |                                     |                       |
| Workers Comp                                  | ✓       | ✓             | ✓                               | ✓                                 | ✓                               | ✓                              | ✓                                   | ✓                     |
| Unemployment                                  | ✓       | ✓             | ✓                               | ✓                                 | ✓                               | ✓                              | ✓                                   | ✓                     |
| State Disability                              | ✓       | ✓             | ✓                               | ✓                                 | ✓                               | ✓                              | ✓                                   | ✓                     |
| Social Security                               | ✓       | ✓             | ✓                               | ✓                                 | ✓                               | ✓                              | ✓                                   | ✓                     |
| Medicare                                      | ✓       | ✓             | ✓                               | ✓                                 | ✓                               | ✓                              | ✓                                   | ✓                     |

\* Employee must meet eligibility requirements as described in the plan documents.

\*\* Lookback eligibility is determined in July of each year. A benefit offer (medical, dental, vision only) is extended to those that meet eligibility requirements as described in the College's ACA policy.

<sup>^</sup> TIAA Defined Contribution Plan and Emeriti Retirement Health Plan contributions have been suspended as of 7/6/20