

LTT Employees



LOS RIOS
COMMUNITY
COLLEGE DISTRICT



2024

Benefits Guide





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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 enrollment guide. This guide is not an official plan document and does not provide a complete description of your benefit plans. Any discrepancy between this guide and the insurance contracts, summary plan descriptions (SPDs) or any other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to those documents. Los Rios reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and Los Rios share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with Los Rios.

Welcome

We appreciate your contributions towards making learning and success a priority in our community. As a Los Rios employee, you have access to a comprehensive, competitive benefits package that offers you the flexibility and security to thrive both inside and outside of work.

EMPLOYEE BENEFITS DEPARTMENT AND WEBSITE

To learn more about the benefits outlined in this guide:



<https://employees.losrios.edu/benefits>



916.568.3070



benefits@losrios.edu

ELIGIBILITY

You're eligible for the benefits outlined in this guide if you are a full-time employee working a minimum of 30 hours per week. Eligible dependents include you:

- Spouse or domestic partner¹
- Unmarried child(ren) up to age 25 for dental insurance, regardless of student status; child(ren) up 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

For more information, contact the Employee Benefits Department.

PROOF OF DEPENDENT ELIGIBILITY

You are required to provide proof of eligibility for your dependents. If a dependent becomes ineligible during the year, you must contact the Employee Benefits Department within 31 days. Attempting to enroll or failing to notify us of an ineligible dependent could lead to discipline.

TERMS TO KNOW



Plan Year: The period of time when your coverage is active (January 1 - December 31).



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.

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.

Benefits Enrollment and Updates

WELCOME TO YOUR EMPLOYEE BENEFITS SUPERSITE!

You can enroll or make changes to your benefits by following these simple steps:

- Visit www.mybensite.com/losrios for direct access OR you can access the information on our employee benefits supersite through the Employee Self-Service (ESS) Benefits tile
 - » Step-by-step enrollment guidance
 - » Cost per paycheck is displayed for each benefit elected
 - » Add and manage covered dependents
 - » Review and submit final elections
 - » Print your Benefit Confirmation Statement (BCS) for your records

Review your benefits supersite and get to know your available options with the following:

- Benefit summaries
- Side-by-side comparisons
- Insurance carrier information
- Member service information
- Provider search directories
- Forms and plan documents



There are two opportunities to enroll in or make changes to your benefits.

1

AS A NEW HIRE

You have 31 days from your date of hire to complete your enrollment for benefits effective the first of the month following. However, if you are hired on the first work day of the month, your benefits are effective as of the first of that month. If you miss your initial enrollment window, your next opportunity to enroll will be the annual open enrollment period.

2

QUALIFIED STATUS CHANGE

The benefit choices you make will remain in effect for the entire plan year. You cannot change your benefits during the year unless you have a qualified status change (in accordance with Internal Revenue Code). 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
- **Change in eligibility status:** including aging out of coverage or a change of address

You must log into the supersite, complete the applicable enrollment changes and provide the required documentation within 31 days of the event.



Medical

The information below is a summary of coverage only. For a complete plan summary, visit www.mybensite.com/losrios.

KAISER HMO PLANS		
General Plan Provisions	Kaiser HMO	Kaiser DHMO
Calendar Year Deductible	None	Individual: \$500 Family: \$1,000
Calendar Year Out-of-Pocket Maximum	Individual: \$1,500 Family: \$3,000	Individual: \$3,000 Family: \$6,000 (includes deductible)
Lifetime Maximum	None	None
Outpatient Services		
Doctor Office Visit	\$25 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	\$25 copay ¹	\$10 copay ¹
Outpatient Surgery	\$25 copay per procedure	10% coinsurance (after deductible)
Inpatient Services		
Hospitalization	No charge	10% coinsurance (after deductible)
Emergency Services		
Emergency Room	\$250 copay (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	\$25 copay per individual visit \$12 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		
Generic	Up to 30-day supply: \$10 Up to 100-day supply (mail order): \$20	Up to 30-day supply: \$10 Up to 100-day supply (mail order): \$20
Brand - Formulary	Up to 30-day supply: \$25 Up to 100-day supply (mail order): \$50	Up to 30-day supply: \$30 Up to 100-day supply (mail order): \$60
Specialty Medications	20% coinsurance not to exceed \$150	10% coinsurance not to exceed \$100

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

To thoroughly compare plans, detailed disclosure/summary documents are available at www.mybensite.com/losrios or you may visit the Employee Benefits Department for a paper copy. For questions about a specific procedure, service or provider, please contact the medical carrier directly.

The information below is a summary of coverage only. For a complete plan summary, visit www.mybensite.com/losrios.

KAISER HMO PLANS	
General Plan Provisions	Kaiser HDHP HMO (HSA Compatible)
Calendar Year Deductible	Individual: \$1,800 Individual with Family: \$3,200 Family: \$3,600
Calendar Year Out-of-Pocket Maximum	Individual: \$3,600 Individual with Family: \$3,600 Family: \$7,200 (includes deductible)
Lifetime Maximum	None
Outpatient Services	
Doctor Office Visit	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	
Generic	Up to 30-day supply: \$10 (after deductible) Up to 100-day supply (mail order, after deductible): \$20
Brand - Formulary	Up to 30-day supply: \$30 (after deductible) Up to 100-day supply (mail order, after deductible): \$60
Specialty Medications	\$50 (after deductible)

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

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Medical

The information below is a summary of coverage only. For a complete plan summary, visit www.mybensite.com/losrios.

SUTTER HEALTH PLUS (SHP) HMO Plans		
General Plan Provisions	SHP ML52 HMO	SHP HDHP HMO (HSA Compatible)
Calendar Year Deductible	None	Individual: \$1,600 Individual with Family: \$3,200 Family: \$3,200
Calendar Year Out-of-Pocket Maximum	Individual: \$1,500 Family: \$3,000	Individual: \$3,200 Individual with Family: \$3,200 Family: \$6,400 (includes deductible)
Lifetime Maximum	None	None
Outpatient Services		
Doctor Office Visit	\$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	X-ray: No charge Lab: \$20 copay	No charge (after deductible)
Chiropractic (up to 20 visits/cal year)	\$15 copay	Not covered
Acupuncture (up to 20 visits/cal year)	\$15 copay	No charge (after deductible) ¹
Outpatient Surgery	\$20 copay	No charge (after deductible)
Inpatient Services		
Hospitalization	No charge	\$50 copay per admittance (after deductible)
Emergency Services		
Emergency Room	\$100 copay (waived if admitted)	No charge (after deductible)
Ambulance	\$50 copay	No charge (after deductible)
Mental Health Services		
Inpatient	No charge	\$50 per admittance (after deductible)
Outpatient	\$20 copay	No charge (after deductible)
Durable Medical Equipment (DME)		
DME	20% coinsurance	No charge (after deductible)
Prescription Drugs		
Tier 1	Up to 30-day supply: \$10 Up to 90-day supply (mail order): \$20	Up to 30-day supply or 100-day supply (mail order): no charge (after deductible)
Tier 2	Up to 30-day supply: \$30 Up to 90-day supply (mail order): \$60	
Tier 3	Up to 30-day supply: \$60 Up to 90-day supply (mail order): \$120	
Specialty Medications	20%, up to a \$250 max copay	

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

To thoroughly compare plans, detailed disclosure/summary documents are available at www.mybensite.com/losrios or you may visit the Employee Benefits Department for a paper copy. For questions about a specific procedure, service or provider, please contact the medical carrier directly.

The information below is a summary of coverage only. For a complete plan summary, visit www.mybensite.com/losrios.

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: \$3,200 Family: \$3,600
Calendar Year Out-of-Pocket Maximum	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	\$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)		
DME	20% coinsurance	No charge (after deductible)
Prescription Drugs		
Tier 1	Up to 30-day supply: \$10 Up to 90-day supply (mail order): \$25	Up to 30-day supply or 100-day supply (mail order): no charge (after deductible)
Tier 2	Up to 30-day supply: \$30 Up to 90-day supply (mail order): \$75	Up to 30-day supply: \$30 (after deductible) Up to 90-day supply (mail order): \$75 (after deductible)
Tier 3	Up to 30-day supply: \$50 Up to 90-day supply (mail order): \$125	Up to 30-day supply: \$50 (after deductible) Up to 90-day supply (mail order): \$125 (after deductible)
Specialty Medications	20% coinsurance not to exceed \$100	No charge (after deductible)

To thoroughly compare plans, detailed disclosure/summary documents are available at www.mybensite.com/losrios or you may visit the Employee Benefits Department for a paper copy. For questions about a specific procedure, service or provider, please contact the medical carrier directly.



HDHP Spotlight

If you enroll in the HDHP, you'll have access to a health savings account (HSA). Think of an HSA as a medical IRA for your health care dollars—you choose how much to contribute from each paycheck to save for qualified health care expenses, such as deductibles, coinsurance, prescriptions and dental/vision care. For a complete list of eligible expenses, visit <https://www.irs.gov/pub/irs-pdf/p502.pdf>.

To complete your HSA enrollment or to manage your investment options, visit www.netbenefits.com.



To make changes to your HSA contributions, visit www.mybensite.com/losrios.

HSA ELIGIBILITY

There are certain HSA eligibility requirements. You may not participate if you are:

- Covered as a dependent on another health plan
- **Age 65 or older and enrolled in Medicare or Social Security** (HSA contributions need to stop 6 months prior to retirement.)
- Enrolled in or covered by a flexible spending account (FSA) for health expenses (dependent care and limited purpose FSA are excluded)
- Covered by any other health coverage (e.g., under a military or college health plan)

HSA MAXIMUM CONTRIBUTIONS

Each year, the IRS sets limits on how much you can contribute to an HSA. This means that the combination of your paycheck contributions and Los Rios' contributions can't exceed the following amounts in 2024:

- **Single:** \$4,150
- **Family:** \$8,300
- **Catch up Contribution (age 55 and older):** \$1,000

KEY HSA BENEFITS IT'S TRIPLE TAX ADVANTAGED

Pay no taxes on what you contribute, on interest you earn or when you withdraw money.

THE HSA IS 100% YOURS

Take funds with you if you retire or switch jobs.

LOWERS YOUR TAXABLE INCOME

Because money is added before taxes are taken out, you save money on what you would have paid in taxes.*

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



Medical Savings and Discounts

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 [choosehealthy.com](https://www.choosehealthy.com). 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.

EMPLOYEE ASSISTANCE PROGRAM

We believe that a healthy work/life balance is critical to your mental health. Which is why we provide SupportLinc Employee Assistance Program (EAP) to you and your loved one, at no cost to you.

This 100% confidential plan can help you and your family with a wide array of resources, including:

- **In-the-moment support** - reach a licensed clinician 24/7/36
- **Short-term counseling** - you and your family have access to five counseling sessions, in person or virtual, per person, per issue per year, for resolution of stress, depression, work or relationship issues, or substance abuse
- **Financial and legal expertise** - consult with a financial counselor or local attorney
- **Referrals** - get resources for child and elder care, home repair, housing needs, education, pet care and more

- **Easy, convenient access via the mobile app or web** - you can conveniently access the program from your home or on-the-go
- **Textcoach and Animo** - access to personalized coaching via text and self-guided resources

You may access this benefit 24/7 by calling **888.881.5462** or visiting supportlinc.com (group code **los rios**). Get started with the short mental health navigator survey.

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

You don't need to be sick to see a doctor. Take advantage of free preventive care, such as annual medical and dental exams, vaccines and screenings. Getting regular preventive care is one of the best ways to stay on top of your and your family's health. Regularly seeing a doctor who is familiar with you can help catch preventable diseases early to keep you well and save money.

Dental

With our Delta Dental plan, you can access a network of dental care providers with discounted services. You have the freedom to see any dental provider you choose, but you'll typically save money with a PPO dentist.

Please note there is a two-year commitment with this plan. You cannot cancel during that time, unless you have a qualified status change. If you cancel for any reason, there is also a 24-month waiting period to re-enroll and the benefit level starts over at 70% (unless you're continuously enrolled under a different Delta Dental incentive plan).

This is also an incentive plan that requires at least one visit per year to be eligible for an increased benefit of 10% coverage (lower copay) each calendar year.

The information below is a summary of coverage only. For a complete plan summary, visit www.mybensite.com/losrios.

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	
Monthly Contributions	Employee	District
Employee/Family	\$0	\$117.00*

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



Contacts

EMPLOYEE BENEFITS DEPARTMENT

Employee Benefits Department	916.568.3070	benefits@losrios.edu
Nicole Keller, Supervisor	916.568.3197	kellern@losrios.edu
Benefits Website and Enrollment	www.mybensite.com/losrios	

PLAN	GROUP #	TELEPHONE	WEBSITE
MEDICAL			
Kaiser Permanente	233	800.464.4000	www.kp.org
Sutter Health Plus	030007	855.315.5800	www.sutterhealthplus.org
Western Health Advantage	107423	888.563.2250	www.westernhealth.com
DENTAL			
Delta Dental PPO Plan	6632	888.335.8227	www.deltadentalins.com
HEALTH SAVINGS ACCOUNT			
Fidelity Investments	Los Rios	800.544.3716	www.NetBenefits.com
OTHER BENEFITS			
Employee Assistance Program - SupportLinc	Los Rios	888.881.5462	supportlinc.com
Claims Issues & Plan Questions - EPIC	Los Rios	877.374.2151	csr@epicbrokers.com https://bit.ly/KRnHQI



