Summary of Employee Benefits 2024

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.

SAINT MARY'S

Benefits Eligibility

Please refer to the eligibility chart on page 4 to confirm your eligibility. As of January 1st, 2024 eligible employees may enroll in the medical, dental, vision, voluntary life insurance, and Flexible Spending Account (FSA) benefits on the first of the month following date of hire. Eligible employees will automatically be enrolled in the basic life/AD&D, short term disability, 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

Trio HMO: Available to California residents. Select a doctor in Blue Shield's <u>Trio HMO</u> network that will manage your care. **HRA:** When selecting the HRA plan you have access to Blue Shield's nationwide PPO network of physicians. You can refer yourself to specialists and limited out-of-network coverage is available. The Health Reimbursement Account (HRA) is funded and owned by SMC and works in conjunction with a High Deductible Health Plan (HDHP) to help you pay for eligible medical expenses.

Blue Shield HRA members: SMC contributes \$1,600 for an individual or \$3,000 for a family to the HRA account.

Kaiser Permanente

HMO: Available to California residents. Select a doctor in Kaiser's regional HMO network that will manage your care. **HRA:** When selecting the HRA plan you have access to Kaiser's regional HMO network. A Health Reimbursement Account (HRA) works in conjunction with a HDHP plan. SMC funds and owns the account for you to pay for eligible medical expenses. **Kaiser HRA members: SMC contributes \$3,500 for an individual or \$7,000 for a family to the HRA account.**

Blue Shield	Blue Shield	Kaiser	Kaiser		
Trio HMO	HRA 3200	Traditional HMO	Deductible/HRA 3500		
<u>Trio HMO Network</u> \$0 \$0	<u>PPO Network</u> \$3,200 \$6,000 (\$3,200 indv embedded)	HMO Network \$0 \$0	HMO Network \$3,500 \$7,000 (\$3,500 indv embedded)		
on \$3,000 \$3,200		\$1,500	\$6,000		
ily \$6,000 \$6,000		\$3,000	\$12,000		
(\$3,000 indv embedded) (\$3,200 indv embedded)		(\$1,500 indv embedded)	(\$6,000 indv embedded)		
\$0	\$0	\$0	\$0		
\$40	0% *	\$20	\$30 *		
\$40	0%*	\$20	\$50*		
\$0	0%*	\$10	\$10*		
\$0	0%*	\$50	20%* up to \$150		
\$10	0% *	\$15 (chiro only)	N/A		
(30 visits combined)	(20 / 20 visits)	(30 visits)			
\$1,000	0% *	\$250	30%*		
\$200-\$500	0% *	\$20	30%*		
\$1,000	0% *	\$250	20%*		
\$40	0%*	\$20	\$20*		
\$0	0%*	\$0	\$0*		
\$40	0%*	\$20	\$30*		
\$150	0%*	\$50	30%*		
\$10	\$0*	\$10	\$15*		
\$25	\$0*	\$25	\$35*		
\$40	\$0*	N/A	N/A		
20% up to \$250	\$0*	20% up to \$150	30% up to \$250*		
	Blue Shield Trio HMO Irio HMO Network \$0 \$0 \$0 \$3,000 \$6,000 (\$3,000 indv embedded) \$0 \$40 \$40 \$40 \$0 \$0 \$10 (30 visits combined) \$10 (30 visits combined) \$1,000 \$200-\$500 \$1,000 \$200-\$500 \$1,000 \$200-\$500 \$1,000 \$200-\$500 \$1,000 \$200-\$500 \$1,000 \$200-\$500 \$1,000 \$200-\$500 \$1,000 \$200-\$500 \$1,000 \$200-\$500 \$1,000 \$200-\$500	Trio HMO HRA 3200 Trio HMO Network \$0 PPO Network \$3,200 \$0 \$3,200 \$0 \$6,000 (\$3,200 indv embedded) (\$3,200 \$6,000 \$6,000 (\$3,000 indv embedded) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$10 0%* \$0 0%* \$10 0%* \$200-\$500 0%* \$1,000 0%* \$200-\$500 0%* \$1,000 0%* \$1,000 0%* \$1,000 0%* \$1,000 0%* \$1,000 0%* \$1,000 0%* \$1,000 0%* \$10 0%* \$10 0%* \$10 0%* \$10 0%* \$0 0%* \$0 0%* \$10 0%* \$150	Blue Shield Trio HMO Blue Shield HRA 3200 Kaiser Traditional HMO Irio HMO Network \$0 PPO Network \$3,200 HMO Network \$0 50 \$0 \$3,200 \$0 \$0 \$3,200 \$0 \$0 \$3,200 \$1,500 \$6,000 \$3,200 \$1,500 \$6,000 \$3,200 \$1,500 \$6,000 \$3,200 \$1,500 \$6,000 \$3,200 \$1,500 \$6,000 \$3,200 \$1,500 \$6,000 \$3,200 \$1,500 \$6,000 \$3,200 \$1,500 \$6,000 \$3,200 \$1,500 \$10 0%* \$20 \$0 9%* \$10 \$10 0%* \$15 (chiro only) \$10,000 0%* \$220 \$1,000 0%* \$220 \$1,000 0%* \$20 \$1,000 0%* \$20 \$1,000 0%* \$20 \$10 \$0%* \$20		

* 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	РРО	Premier	Non-PPO	DeltaCare HMO	
Calendar Year Deductible	\$50 per person \$150 per family	\$100 per person \$300 per family	\$100 per person \$300 per family	None - copay applies	
Preventative Cleanings, Exams, X-Rays	100%	100%	100% of UCR	No сорау	
Basic Services Illings, Simple Extractions, Sealants	80%	80%	80% of UCR	\$0-\$280 copay	
Major Services 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 Child - \$1,700 copay	
Orthodontia Lifetime Maximum		\$1,500		No Maximun	

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 eve 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 Bifocal Trifocal	\$20 Copay \$20 Copay \$20 Copay	Reimbursed up to \$30 Reimbursed up to \$50 Reimbursed up to \$65
Contact Lenses in Lieu of Eyeglasses Every Calendar Year	\$130 Allowance \$60 Copay	Reimbursed up to \$105

Life and Disability Plans 👕

SMC provides Life, AD&D, and Disability benefits to eligible employees through Mutual of Omaha. In the event that you suffer a disability that prevents you from working, these plans may supplement a portion of your income to help you with financial obligations. Short-Term disability benefits are offset by California's state disability program. Eligible employees may also purchase Voluntary Life/AD&D for themselves and their dependents.

PLAN OFFERED	BENEFIT AMOUNT	
Group Life/AD&D	1X annual salary up to \$150,000	
Voluntary Life/AD&D	Employee: \$25K up to \$150K (increments of \$25K) Spouse: \$25K or \$50K (not to exceed Employee coverage) Child: \$10,000	
Short Term Disability	70% to \$2,500 per week Elimination Period: 7 days	
Long Term Disability	60% to \$10,000 per month Elimination Period: 90 days	

Also Avaílable...

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

🕼 Митиаь#Отана

- Hospital Admission Coordination
- Prescription Replacement Assistance

VSP VISION.

Voluntary Worksite Benefits

Eligible employees may also purchase Voluntary Accident and Voluntary Critical Illness coverage. Both of these benefits are 100% employee paid.

Accident: An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work. You may purchase this coverage for yourself and your family members. It's a simple and affordable way for your family to receive added financial protection. Coverage guidelines and benefits are outlined in the benefit summary.

Critical Illness: A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living. Even if you have the best health insurance plan, it will not cover 100 percent of medical expenses. You also need to consider other expenses associated with the recovery process – time off work, travel to treatment centers, home modifications – that may quickly deplete your savings. Coverage guidelines and benefits are outlined in the benefit summary.

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 up to 30 minutes per issue

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 \$640 dollars may be rolled into the next plan year. Budget wisely!

Health Care FSA - You may set aside up to \$3,200 annually to use on eligible expenses, including physician fees, deductibles, copayments, dental and vision expenses. Refer to the Navia list of eligible 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 \$315 per month towards gualified parking expenses, and \$315 per month towards transit expenses. For more information review the GoNavia Program.

*SMC parking permits are not an eligible GoNavia parking expense, and are paid via pre-tax payroll deductions.

Marin Benefits: Health Reimbursement Account (HRA)

Blue Shield HRA: Members will automatically be enrolled in an HRA account through Marin Benefits. Members will receive a pre-loaded debit card with a total of \$1,600 for an individual or \$3,000 for a family to pay for eligible medical expenses. This account is funded and owned by SMC, and members are not allowed to make any additional contributions.

Kaiser HRA: Members will automatically be enrolled in an HRA account through Marin Benefits. Members will receive a pre-loaded debit card with a total of \$3,500 for an individual or \$7,000 for a family to pay for eligible medical expenses. This account is funded and owned by SMC, and members are not allowed to make any additional contributions.

Call 800-834-3773 Counselors are available 24/7 www.claremonteap.com



navia

MARIN

Saint Mary's College of California Benefit Website

A personalized benefits website has been created for SMC employees: <u>https://mybenefits.cc/saintmarys/</u>

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.

Carrier / Vendor	Group Number	Phone	Website
Blue Shield: Medical	W0067209	PPO/HRA 888-256-1915 Trio ACO HMO 855-829-3566	www.blueshieldca.com www.blueshieldca.com/trio
Kaiser Permanente: Medical	HM0: 192-0004 ; HRA: 192-0015	800-464-4000	www.kp.org
Delta Dental PPO: Dental DeltaCare HMO: Dental	18620 78818	800-765-6003 800-422-4234	www.deltadentalins.com
VSP: Vision	30071092	800-877-7195	www.vsp.com
Mutual of Omaha: Life AD&D / Vol Life AD&D Long Term Disability Short Term Disability	G000BNN5	800-775-8805	www.mutualofomaha.com
Claremont: Employee Assistance Program	Saint Mary's College	800-834-3773	www.claremonteap.com
Mutual of Omaha: Travel Assistance Program Employee Assitance Program	G000BNN5	US: 800-856-9947 INTL: 312-935-3658 800-316-2796	www.mutualofomaha.com www.mutualofomaha.com/eap
Flexible Spending Account (FSA): Navia	SM1	800-669-3539	www.naviabenefits.com
Marin Benefits: Health Reimbursement Account (HRA)	MBISMC	415-526-1401	www.marinbenefits.com
SMC HR Dept		925-631-4212	<u>benefits@stmarys-ca.edu</u>
Acrisure Client Services Manager: Sara Packard, Ac	risure	925-299-7213	spackard@acrisure.com

Saint Mary's College of California Benefit Eligibility by Employment Type

	Tenured	Tenured Track	Full-Time Staff (30+ hrs/wk)	Salaried Adjunct (6-7 Courses)	Salaried Adjunct (5 Courses)	Per Course Faculty Lookback	Part-Time Staff (20 - 29 hrs/wk)	Temporary Employee
MEDICAL								
Kaiser HMO (CA Residents)	\checkmark	~	~	✓	~	~		
Kaiser HRA (CA Residents)	✓	1	✓	✓	~	✓		
Blue Shield HMO (CA Residents)	✓	~	✓	✓	~	~		
Blue Shield HRA	\checkmark	~	~	~	~	~		
DENTAL								
Delta Dental PPO	\checkmark	✓	✓	✓	✓	✓		
DeltaCare HMO	✓	✓	✓	✓	✓	✓		
VISION								
VSP Vision	\checkmark	~	✓	✓	✓	~		
LIFE & DISABILITY								
Mutual of Omaha Term Life Ins.	✓	✓	✓	✓				
Mutual of Omaha Short/Long Term Disability	\checkmark	~	✓	✓				
VALUE-ADD SERVICES								
Employee Assistance Program	\checkmark	~	✓	✓	✓		✓	
Travel Assistance Program	\checkmark	~	✓	✓	✓			
VOLUNTARY PLANS								
Navia Flexible-Spending Account (FSA)	\checkmark	✓	✓	✓	✓			
Navia Parking & Transit Benefit	\checkmark	✓	✓	✓	✓			
Mutual of Omaha Vol. Accident	\checkmark	✓	✓	✓	✓			
Mutual of Omaha Vol. Critical Illness	\checkmark	✓	✓	✓	✓			
Mutual of Omaha Vol. Term Life Ins.	\checkmark	✓	✓	✓	✓			
RETIREMENT PLANS								
TIAA Employer 2.25% Contribution ^A	\checkmark	✓	✓	✓	✓		~	
TIAA Employee Voluntary Contribution	\checkmark	✓	✓	✓	✓	✓	\checkmark	✓
Emeriti Retirement Health^	\checkmark	✓	✓	✓	✓		~	
<u>OTHER</u>								
Workers Comp	\checkmark	✓	✓	✓	✓	✓	~	✓
Unemployment	✓	✓	✓	✓	✓	✓	~	✓
State Disability	\checkmark	✓	✓	✓	✓	✓	~	✓
Social Security	\checkmark	✓	✓	✓	✓	✓	~	✓
Medicare	\checkmark	✓	✓	✓	✓	✓	✓	✓

 $\ensuremath{^*}$ 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.

^ TIAA Defined Contribution Plan contributions have been suspended until further notice