2025 Benefits Guide

Adjunct













































Table of Contents

Welcome	3
Eligibility	4
Benefits Enrollment and Updates	6
Medical	9
HDHP Spotlight	13
Medical Savings and Discounts	14
Dental	15
Valuable Voluntary Benefit	16
Retirement Planning	17
Additional Los Rios Provided Benefits	18
Contacts	19

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. Any examples, such as infographics provided in this guide are purely illustrative in nature, and actual plan costs and coverage will differ based on coverage selected. 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



UNDERSTANDING HEALTH INSURANCE

Insurance can be complex, watch this <u>quick video</u> and learn more about some commonly used terms and how they apply to your coverage.





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.



Eligibility

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

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

Please contact the Employee Benefits Department for more information.

PROOF OF DEPENDENT ELIGIBILITY

You 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.

YOUR ELIGIBILITY

If you have an FTE of 0.40 or higher, you will receive the full District contribution toward benefits for that semester. If you have an FTE between 0.30 and 0.399, you will receive a prorated District contribution of 75%. (See also the Joint District Medical Insurance Program on the next page for inclusion of Sierra College FTE.)

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

 You qualify if you have worked 2 of the last 5 semesters with a minimum of a .300 FTE (summer sessions not included), and have a Tentative Class Schedule (TCS) for the current semester.

- You do not have other group medical or dental coverage.
- You complete enrollment on the Optavise supersite by the established deadlines.
- You will be working* on September 1st or March 1st of each academic year based upon an approved and processed TCS providing for a total of at least 30% of full time (.30 FTE) or 4.5 formula hours.
 - *Assignments which begin later in the semester qualify provided the TCS is in place by the deadline and all other eligibility criteria are met.
- Note: workload assignments of other types (e.g. Employment Service Agreements, Personal Service Agreements, etc.) do NOT count toward the FTE requirement for medical and dental benefits.

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

HELP WITH INDIVIDUAL INSURANCE PLANS

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

¹ Due to federal and state tax regulations, benefits provided to domestic partners are generally taxable and therefore deducted from your pay on an aftertax 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.



CONFIRMATION OF FTE

The Employee Benefits Department will confirm all TCSs on file with the Human Resources Department as of August 25th (for benefits beginning September 1st) and January 27th (due for the holiday, for benefits beginning March 1st). FTE changes after the enrollment deadline will not affect monthly premiums unless the TCS is canceled in its entirety. (See Termination of Coverage section on page 8.) It is the employee's responsibility to ensure the TCS is in place prior to this deadline.

The Employee Benefits Department will notify you of your qualifying FTE (including Sierra College FTE) if the FTE change results in a change to your premium(s). If this FTE is incorrect, you must notify the Employee Benefits Department and provide copies of the TCS showing the correct FTE within 10 calendar days of the date of the notice. To be considered, the TCS provided must be dated on or before August 25th for the fall or January 27th for the spring.

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

JOINT DISTRICT MEDICAL INSURANCE PROGRAM

If you meet the eligibility requirements for adjunct faculty benefits (i.e. you have a minimum assignment of 0.30 FTE, you have worked 2 of the last 5 semesters, etc.) and you also teach credit courses at Sierra College, you may include such courses to qualify for the full District contribution toward Los Rios medical benefits **provided the combined credit workload is equal to or greater than 40% of full-time.**

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

You must submit a Request for Inclusion of Sierra College FTE form each semester to the Los Rios Employee Benefits Department by August 25th (for fall semester benefits) and January 27th (for spring semester benefits) via the Optavise enrollment supersite (https://mybensite.com/losrios). The information is verified with Sierra College prior to final approval.





Benefits Enrollment and Updates

Your opportunity to make changes to your benefits and enroll with the Employee Benefits Supersite:



ADJUNCT ENROLLMENT PERIOD

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.

HOW TO ENROLL

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

- Using a Google Chrome browser, 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
 - » Add and manage covered dependents
 - » Update beneficiaries
 - » 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









ADJUNCT ENROLLMENT PERIOD CONTINUED

As you are hired from semester to semester, you have the opportunity to elect coverage, change coverage for dependents (children and/or spouse/domestic partner), switch between plans, or cancel coverage between August 1st and August 25th for the fall semester and between January 2nd and January 27th for the spring semester.

Coverage will be as follows:

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

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

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

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

To make elections or changes visit the **Employee Benefits Supersite**. Online enrollments must be finalized by August 25th, 2025 for the fall semester and January 27, 2025 for the spring semester. After these deadlines, barring any change-in-status or Health Insurance Portability and Accountability Act of 1996 (HIPAA) qualifying event, the next opportunity to change medical or dental coverage as an adjunct employee will be during the next enrollment period prior to the next semester.







Benefits Enrollment and Updates

TERMINATION OF COVERAGE

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

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

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



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



The information below is a summary of coverage only.

KAISER HMO PLANS			
General Plan Provisions	Kaiser HMO	Kaiser DHMO	
Calendar Year Deductible	None	Individual: \$1,000 Family: \$2,000	
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	\$30/\$40 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 copay¹	\$30 copay¹	
Outpatient Surgery	\$25 copay per procedure	20% coinsurance (after deductible)	
Inpatient Services			
Hospitalization	No charge	20% coinsurance (after deductible)	
Emergency Services			
Emergency Room	\$250 copay (waived if admitted)	20% coinsurance (after deductible)	
Ambulance	No charge	\$150 per trip (after deductible)	
Mental Health Services			
Inpatient	No charge	20% coinsurance (after deductible)	
Outpatient	\$25 copay per individual visit \$12 copay per group visit	\$30 copay per individual visit \$15 copay per group visit (deductible waived)	
Durable Medical Equipment (DM	1E)		
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	Up to 30-day supply: 20% coinsurance not to exceed \$150	Up to 30-day supply: 20% coinsurance not to exceed \$250	

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



The information below is a summary of coverage only.

	KAISER HMO PLANS			
General Plan Provisions	Kaiser HDHP HMO (HSA Compatible)			
	Individual: \$1,800			
Calendar Year Deductible	Individual with Family: \$3,300			
	Family: \$3,600			
	Individual: \$3,700			
Calendar Year	Individual with Family: \$3,700			
Out-of-Pocket Maximum	Family: \$7,400			
Lifetime Maximum	(includes deductible) None			
Outpatient Services	None			
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 (DM	E)			
DME	No charge (after deductible)			
Prescription Drugs				
Generic	Up to 30-day supply: \$10 (after deductible)			
Generic	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	Up to 30-day supply: \$50 (after deductible)			

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

The information below is a summary of coverage only.

SUTTER HEALTH PLUS (SHP) HMO Plans		
General Plan Provisions	SHP ML52 HMO	SHP HDHP HMO (HSA Compatible)
Calendar Year Deductible	None	Individual: \$1,650 Individual with Family: \$3,300 Family: \$3,300
Calendar Year Out-of-Pocket Maximum	Individual: \$1,500 Family: \$3,000	Individual: \$3,300 Individual with Family: \$3,300 Family: \$6,600 (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	\$15 copay	Not covered
Acupuncture	\$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 (DM	1E)	
DME	20% coinsurance	No charge (after deductible)
Prescription Drugs		
Tier 1	Up to 30-day supply: \$10 Up to 100-day supply (mail order): \$20	
Tier 2	Up to 30-day supply: \$30 Up to 100-day supply (mail order): \$60	Up to 30-day supply or 100-day supply (mail order): no charge (after deductible)
Tier 3	Up to 30-day supply: \$60 Up to 100-day supply (mail order): \$120	
Specialty Medications	Up to 30-day supply: 20%, up to a \$250 max copay	Up to 30-day supply: no charge (after deductible)

 $^{^{\}rm 1}$ Typically provided only for the treatment of nausea or chronic pain.



The information below is a summary of coverage only.

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: \$3,300 Family: \$3,600	
Calendar Year Out-of-Pocket Maximum	Individual: \$1,500 Family: \$3,000	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 Equipmer	nt (DME)		
DME	20% coinsurance	No charge (after deductible)	
Prescription Drugs			
Tier 1	Up to 30-day supply: \$10 Up to 100-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 100-day supply (mail order): \$60	Up to 30-day supply: \$30 (after deductible) Up to 100-day supply (mail order): \$60 (after deductible)	
Tier 3	Up to 30-day supply: \$50 Up to 100-day supply (mail order): \$100	Up to 30-day supply: \$50 (after deductible) Up to 100-day supply (mail order): \$100 (after deductible)	
Specialty Medications (Tier 4)	Up to 30-day supply: \$100	Up to 30-day supply: \$100 (after deductible)	



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.

HSA ELIGIBILITY

There are eligibility requirements to be aware of, you may not participate in an HSA if you are:

- Covered as a dependent on another health plan or have any other health coverage (e.g., under a military or college 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)

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 2025:

Single: \$4,300 Family: \$8,550

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

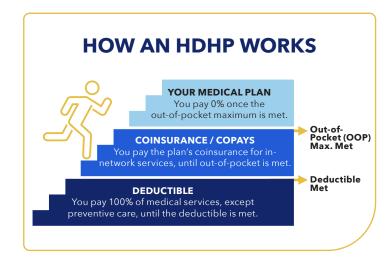
Because money is added before taxes are taken out, you save money on what you would have paid in taxes.*

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





To learn more about the tax-advantaged HSA take a look at this quick video.







Medical Savings and Discounts

KAISER AND WHA DISCOUNTS

Kaiser members have access to gym memberships for \$28 per month, plus a \$28 enrollment fee through Active&Fit Direct. To learn more about this and other great discounts available as a Kaiser member, visit **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 12,700+ fitness centers to make exercise convenient. WHA members can enjoy working out at any gym in the Active&Fit Direct network for a \$28 per month and \$0 enrollment fee with code FITFORFALL. Participants will have access to one-on-one health coaching, ability to enroll their spouse (or domestic partner), and digital workout library of on-demand workout videos. Learn more at www.activeandfitdirect.com/fitness/WHA.

GENERIC PRESCRIPTIONS

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

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

PREVENTIVE CARE

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.

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/Family	Please refer to adjunct premium calcu	lator to determine your monthly cost.	

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









Valuable Voluntary Benefit

LONG-TERM CARE (LTC)

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

Your family may apply for this benefit, even if you don't enroll yourself. Benefit amounts range from \$3,000 to \$9,000 after 90 days. You'll be subject to medical underwriting if you purchase more than the \$6,000 guarantee issue as a new hire, or if you apply after the initial eligibility period (within 31 days of hire or gaining eligibility) for any amount elected. Learn more at https://employees.losrios.edu/benefits (select your classification and scroll down to Long-Term Care (LTC) Insurance).

PET INSURANCE

Get Pet Insurance for your fur family provided by MetLife. Enrolling in Pet Insurance through Los Rios will give you access to preferred pricing and reimbursement for covered vet visits, accidents, illness and more. This coverage can be purchased at any time throughout the year.

How much will it cost?

The premium will be unique based on the age, breed, location, and coverage amount that you select. There is no age-requirement or breed restrictions associated with starting coverage for your pet.

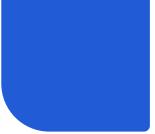
All costs for this coverage will be paid by the employee directly to MetLife.

How to get started

- Enroll by contacting MetLife directly at 800.438.6388, or visit <u>quote.metlifepetinsurance.com/pet</u>.
- Download the MetLife Pet Mobile App to manage your policy, access health records and locate nearby services.
- Take your pet to receive care. Submit any claims using the mobile app and receive your reimbursement via check or direct deposit from MetLife.









Retirement Planning

403(B) AND 457 RETIREMENT SAVINGS PLAN

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

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

INVESTMENT OPTIONS

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

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

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

HOW TO ENROLL

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

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

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

MAXIMUM CONTRIBUTION

The 2025 maximum contribution for 403(b) and 457 plans is \$23,500 per calendar year for employees under age 50, and \$31,000 per calendar year for employees age 50 or over as of the last day of the year. These plans have separate limits, so you may contribute twice the amount listed if contributing to both types of plans.









Additional Los Rios Provided Benefits

EMPLOYEE ASSISTANCE PROGRAM

We believe that a healthy work/life balance is critical to your mental health. Which is why we provide a 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 clinicial 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/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 anywhere
- 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.

CAREGIVER RESOURCES

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

SAVE WITH BENEFITHUB

We partnered with BenefitHub to provide all employees access to exclusive discounts for a variety of products and services. BenefitHub provides discounts on travel, restaurants, shopping, family care, car rentals, your favorite local establishments, financial wellness tools and much more. All through an easy-to-use online marketplace. Register today to start saving at lostios.benefithub.com/app/home with access code 7L98M6.

You can also download the mobile app for easier access to the discount platform!









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 (HSA)			
Fidelity Investments	Los Rios	800.544.3716	www.NetBenefits.com
PET INSURANCE			
MetLife	-	800.GET.MET8	www.metlife.com/getpetquote
403(b), 457 & SPECIAL PAY PLAN (SPP)		
Envoy Plan Services - 403(b) & 457	Los Rios	866.873.4240 800.248.8858	https://envoy.tsacg.com/index.php?e=3835
OTHER BENEFITS			
Employee Assistance Program - SupportLinc	LRCCD	888.881.5462	supportlinc.com
BenefitsHub	7L98M6	866.664.4621	losrios.benefithub.com/app/home
Claims Issues & Plan Questions - EPIC	Los Rios	877.374.2151	csr@epicbrokers.com https://bit.ly/KRnHQI
KeenanDirect - Assistance with Individual Insurance Plans	Los Rios	855.653.3626	www.KeenanDirect.com
Long Term Care Insurance & Caregiver Resources - Unum	145431	800.227.4165	www.LosRiosLTC.com















