GLENDALE
COMMUNITY COLLEGE

Open Enrollment and New Hire Guide
Full Time Members

2027 Plan Year











2027 Employee Benefits Programs

Glendale Community College is proud to have you as a member of the team! We are grateful to be able to offer a comprehensive and robust employee benefits package to you and your family.

Please take the time to read this booklet for your plan options. We are here to answer any questions you may have!

New Hire Eligibility

All employees that are eligible for benefits will have the opportunity to enroll on the first of the month following the date of hire. Due to Affordable Care Act (ACA) reporting, please remember to add your Social Security number and the Social Security numbers of any dependents during your enrollment process.

Glendale College pays 100% of the premium for employees and dependents Medical, Dental and Vision coverage as well as 100% of the premium for your Basic Life/AD&D. You will have the opportunity to purchase voluntary benefits such as Voluntary Life/AD&D, FSA and AFLAC products and you will be responsible for 100% of the cost for these benefits.

Once you make your new hire enrollment elections you will not be able to make enrollment changes until the Annual Open Enrollment in November for a January effective date unless you have a qualifying event. See below for further details on Open Enrollment and qualifying events.

Annual Open Enrollment

Each year, Glendale Community College will hold an annual open enrollment period which will provide you with another opportunity to review and make changes to your initial new hire benefit elections (i.e., make plan changes from HMO to PPO, add or drop a benefit, add or drop dependents, etc.) Annual open enrollment takes place in the month of November and any changes you make will take effect January 1st.

Qualifying Life Event

Outside of your initial eligibility period and annual open enrollment, changes to your insurance coverage can only be made within 30 days of a Qualifying Life Event, which can include, but are not limited to:

- Birth, legal adoption, or placement for adoption.
- Marriage, divorce, or legal separation.
- Dependent child reaches age 26.
- Spouse gains or loses employment or eligibility with their current employer.
- Death of spouse or dependent child.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or SCHIP.
- Change in residence that changes eligibility for coverage.
- Court-ordered changes.

MEDICAL BENEFITS

Blue Shield of California - January 1, 2027



Benefits	Custom Access + HMO Zero Admit	Custom PPO $500 90/70	
	In Network Only	In Network	Out of network
Deductible			
Individual	None	$500	
Family	None	$1,000	
Out of Pocket Max			
Individual	$1,000	$1,500	$3,500
Family	$2,000	$3,000	$7,000
Co-insurance	0%	10%**	30%**
PCP / Teledoc	$10 copayment /No Charge for Teledoc	$20 copayment / No Charge for Virtual Blue	30%** /Virtual Blue not covered out of network
Specialist	$10 copayment/$30 Self-Referral	$20 copayment	30%**
Preventive Care	No Charge	No Charge	30%**
Infertility Services	See Plan Summary for Details	See Plan Summary for Details	See Plan Summary for Details
Pregnancy and Maternity Care	No Charge	10%**	30%**
Chiropractic	Not Covered	10% (20 visits per year in and out of network)	30%**
Acupuncture	Not Covered	$20 copayment** (20 visits per year in and out of network)	30%**
Inpatient Hospital	No Charge	10%**	30%**
Outpatient Facility	$50 copayment	10%**	30%**
Outpatient Surgery/Services	No Charge after above copayments	10%**	30%**
Lab	No Charge	$20 copayment** / $35 copayment hospital**	30%**
X-Ray	No Charge	$20 copayment** / $35 copayment hospital**	30%**
Advanced Radiology	No Charge	10%**	30%**
Urgent Care	$10 copayment	$20 copayment	30%**
Emergency Room	$50 copayment*	$75 copayment* + 10%**	$75 copayment* + 10%**
Ambulance	$50 copayment	10%**	10%**
Prescription Drugs			
Deductible	None	None	
Generic	$10 copayment	$10 copayment	$10 copayment + 25%
Brand Name	$20 copayment	$15 copayment	$15 copayment + 25%
Non-Formulary	Not Covered	$30 copayment	$30 copayment + 25%
Specialty Drugs	20% up to $200 max.	30% up to $200 max.	$200 copayment + 25%
Mail Order	2x above copayments for a 90-day supply	2x above copayments for a 90-day supply	Not Covered

*Waived if admitted ** After deductible All copayments and deductibles apply toward the out-of-pocket maximums

This is a brief summary of the benefits. Please see the plan outlines and SBC for a more detailed description.

Mail Order Prescriptions will be covered by Amazon as of January 1, 2025, Specialty medications will still be covered through CVS.

MEDICAL BENEFITS
Kaiser Permanente - January 1, 2027



Benefits	HMO $10 / 100% GRANDFATHERED
	In Network Only
Deductible	
Individual	None
Family	None
Out of Pocket Max	
Individual	$1,500
Family	$3,000
Co-insurance	0%
PCP / Telehealth	$10 copayment / No Charge for Telehealth
Specialist	$10 copayment
Preventive Care	$10 copayment
Infertility Services (New Benefit for 2026)	See Plan Summary for Details
Chiropractic	Not Covered
Acupuncture	$10 copayment – physician referral only
Inpatient Hospital	No Charge
Outpatient Facility	$10 copayment
Outpatient Surgery/Services	$10 copayment
Lab	No Charge
X-Ray	No Charge
Advanced Radiology	No Charge
Urgent Care	$10 copayment
Emergency Room	$50 copayment*
Ambulance	$50 copayment
Prescription Drugs	
Deductible	None
Generic	$10 copayment
Brand Name	$20 copayment
Non-Formulary	Not Covered
Specialty Drugs	$20 copayment
Mail Order	2x above copayments for a 100-day supply

*Waived if admitted All copayments and deductibles apply toward the out-of-pocket maximums
This is a brief summary of the benefits. Please see the plan outlines and SBC for a more detailed description.

Glendale College pays 100% of the premium for employees and dependents for their medical coverage.

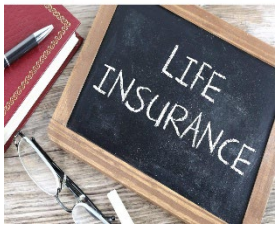
DENTAL BENEFITS
Delta Dental – January 1, 2027



Benefits	Delta Dental DPPO – Self Funded	
	In Network	Out of Network**
Calendar Year Maximum	$1,400	$1,200
Deductible		
Individual	None	None
Family	None	None
Diagnostic and Preventive	70% - 100% based on years of service	Same as in network benefits.
Exams, Cleanings and X-Rays		See note below*
Basic	70% - 100% based on years of service	
Fillings and Sealants		
Endodontics (Root Canal)		
Periodontics (Gingivectomy and Perio Scaling)		
Oral Surgery (Simple and Complex Extractions)		
Major	70% - 100% based on years of service	
Crowns, Inlays, Onlays and Cast Restoration		
Prosthodontics	50%	
Implants, Bridges and Dentures		
Dental Accident Benefits	100% (separate $1,000 maximum per person per calendar year)	
Orthodontia		
Children	Not Covered	
Adults	Not Covered	

** There is no fee agreement with Delta Dental when using out of network dentists. The dentist can charge you the difference between what Delta Dental pays and what the dentist charges.

GROUP BASIC TERM LIFE/AD&D
New York Life – January 1, 2027



Glendale Community College's comprehensive benefits package includes financial protection for your family in the event of death.

Class 1 – Management and Confidential
2x Annual Salary to a maximum of $300,000

Class 2 – Board Members
$50,000

Class 3 – Classified
$50,000

Class 4 – Certificated
$50,000

Living Benefits
If you are diagnosed with a terminal illness or injury, New York Life will allow you to receive 75% of the in-force benefit amount up to $250,000. A terminal illness or injury is defined as an event or illness that will result in your death within 12 months. You will be able to utilize these funds for anything you wish. This benefit applies to both the Basic Life and the Voluntary Life.

Waiver of Premium
If you are totally disabled prior to the age of 60 and cannot work for at least 9 months, benefits will continue to age 65 without payment of premium. This benefit applies to both the Basic Life and the Voluntary Life.

Conversion
You may apply for a conversion policy which allows you to continue your coverage after the group plan has terminated. The policy will be converted to an individual policy. This may be due to the end of your employment or enrollment ending due to a reduction of hours.

Age Reduction
The Group Term Life/AD&D insurance is subject to age reductions in the benefits. See below for the reduction schedule:

- Benefits reduced to 65% of in force amount at age 70.
- Benefits reduced to 45% of in force amount at age 75.
- Benefits reduced to 30% of in force amount at age 80.
- Benefits reduced to 15% of in force amount at age 85.

GROUP VOLUNTARY TERM LIFE
New York Life – January 1, 2027

Glendale College offers Voluntary Life to you and your family members. This plan allows you to purchase additional life insurance for you, your spouse, and your dependent children. You pay the cost of this coverage. Rates are based on age. Please see the below chart for rates based on your age.

You may elect coverage in increments of $10,000 up to a maximum of - the lesser of $500,000 or 5x your annual salary. You may also elect coverage for your spouse in increments of $5,000 to a maximum of $50,000. Child/Children benefits are $500 for a child under the age of 6 months and $2,000 for a child over 6 months. See plan summaries for details.

If you are a new employee, these coverages are available to you at the guarantee issue amount. If you elected not to enroll when you were a new hire or first offered this benefit, you can still apply for coverage. However, there is no guarantee of coverage, and you will need to complete an Evidence of Insurability Form.

Guarantee Issue – No Medical Questions asked!

Employee	-	$150,000
Spouse	-	$ 25,000
Child(ren)	-	$ 2,000

Portability
Allows you to take this coverage with you if you elect to do so. This is different than conversion as the policy will remain a term life policy.

Conversion
You may apply for a conversion policy which allows you to continue your coverage after the group plan has terminated. The policy will be converted to an individual policy. This may be due to the end of your employment or enrollment ending due to a reduction of hours.

Age Reduction
Age reduction applies to voluntary life coverage as well. See reduction schedule under the Basic Life/AD&D page.

Rates per $1,000:	Employee	Spouse
0-19	$0.060	$0.090
20-24	$0.060	$0.090
25-29	$0.060	$0.090
30-34	$0.085	$0.130
35-39	$0.105	$0.160
40-44	$0.140	$0.190
45-49	$0.210	$0.300
50-54	$0.350	$0.530
55-59	$0.640	$0.870
60-64	$0.780	$1.490
65-69	$1.200	$2.670
70+	$1.840	$2.670
For all children - per $1,000 of coverage		$0.047

GROUP VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT

New York Life – January 1, 2027

Glendale College offers Voluntary Accident to you and your family members. This plan allows you to purchase Personal Accident insurance for you, your spouse, and your dependent children. You pay the cost of this coverage. Voluntary Accident insurance covers you 24 hours for Accidental Death and Dismemberment. The amount paid to you will depend on the amount of coverage you enroll in.

You may elect coverage in increments of $25,000 up to a maximum of $500,000 or a maximum of 10x your annual salary. Option 1 includes coverage for you, as an employee only. Option 2 includes coverage for family. Option 3 includes extended family coverage with richer benefits paid in the event of a claim. See below for a summary as well as costs for each option.

Option 1 - Employee Only
Option 2 - Family Coverage
Spouse Benefit is 60% of employee benefit. If there are children, the
spouse benefit would be 50% of the employee benefit
Children Benefit is 20% of employee benefit. If there is a spouse, the
children benefit would be 15% of the employee benefit
Option 3 - Extended Family Coverage
Spouse Benefit is 100% of employee benefit. If there are children, the
spouse benefit would be 100% of the employee benefit
Children Benefit is 50% of employee benefit. If there is a spouse, the
children benefit would be 50% of the employee benefit

Benefits and Rates:	Employee Only	Family Coverage	Extended Family
$25,000	$0.60	$0.75	$1.10
$50,000	$1.20	$1.50	$2.20
$75,000	$1.80	$2.25	$3.30
$100,000	$2.40	$3.00	$4.40
$125,000	$3.00	$3.75	$5.50
$150,000	$3.60	$4.50	$6.60
$200,000	$4.80	$6.00	$8.80
$250,000	$6.00	$7.50	$11.00
$300,000	$7.20	$9.00	$13.20
$350,000	$8.40	$10.50	$15.40
$400,000	$9.60	$12.00	$17.60
$450,000	$10.80	$13.50	$19.80
$500,000	$12.00	$15.00	$22.00



GROUP VISION

Vision Service Plan (VSP) – January 1, 2027

Benefits	Vision Service Plan (VSP) – Self Funded	
	In Network	Out of Network
Calendar Year Maximum	N/A	N/A
Eye Exam copayment	No Charge	$45 allowance
Materials copayment	No Charge	See below allowances
Benefit Frequency		
Exam	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 24 months	
Contacts	Once every 24 months	
Benefit Allowance after copayment		
Exam	Covered in Full	$45 allowance
Lenses:		
Single Vision	Covered in full	$45 allowance
Bifocal	Covered in full	$65 allowance
Trifocal	Covered in full	$85 allowance
Frames	$120 allowance	$47 allowance
Contacts:		
Necessary	Covered in full	$210 allowance
Elective	$120 allowance	$105 allowance

FLEXIBLE SPENDING ACCOUNT
PrimePay – January 1, 2027



WHAT IS A FLEXIBLE SPENDING ACCOUNT?
Flexible Spending Accounts (FSAs) are among the most popular employee benefit options because it allows you to save money by paying for certain out-of-pocket medical costs and dependent care expenses with pre-tax dollars. Because the amount you contribute is withheld from your paycheck before federal, state (if applicable), Social Security and Medicare taxes are deducted, your take-home pay is larger.

Your health FSA may be used for common, qualified medical expenses (medically necessary) not covered by your health insurance. Here are some examples:

- ***Deductibles and Co-Payments**
- ***Prescription Drugs**
- ***Medical Supplies**
- ***Dental and Orthodontia Expenses**
- ***Eyeglasses and Contacts**

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT
Your dependent care FSA will reimburse eligible expenses for the care of "qualified dependents" incurred to enable the employee and spouse to be gainfully employed. A "qualified dependent" is a child under the age of 13, or someone who is mentally or physically incapable of taking care of themselves. Some common eligible expenses are:

- ***Day Care and Adult Day Care**
- ***Preschool and Before/After School Programs**
- ***Summer Day Camp**

GLENDALE COLLEGE HAS A FEATURE BUILT INTO THIS PLAN THAT ALLOWS YOU TO ROLLOVER $700.00 OF UNUSED FUNDS AT THE END OF THE YEAR. THOSE FUNDS (IF ANY) WILL AUTOMATICALLY BE ROLLED OVER SO THERE IS NOTHING FOR YOU TO DO!

This plan also has a grace period to submit claims. You will have until March 31, 2028 to submit claims with dates of service from January 1, 2027 to December 31, 2027.

If you should leave Glendale College, this FSA plan is COBRA eligible. In order to continue to use the plan and the funds you have already contributed, you would need to elect the FSA when you receive your COBRA packet and continue to make your scheduled contributions for the balance of the year.

ENROLLING IN THE FSA ACCOUNTS
If you wish to participate in the FSA or DFSA, each year you will need to complete an enrollment form with your elections. For the plan year beginning January 1, 2027, the maximum contribution for an individual is $3,500 for the FSA and the dependent care maximum is $7,500 per household. For married individuals filing separate tax returns, the limit is $3,750.

EXAMPLE of FSA SAVINGS

	Without FSA	With FSA
Gross Annual Income	$60,000	$60,000
Pre-tax Medical	$0	$3,000
Pre-Tax Day Care	$0	$0
Pre-tax Premiums	$0	$0
Taxable Income	$60,000	$57,000
Tax Withholdings ESTIMATE	$14,790	$14,050
Post-tax Medical	$3,000	$0
Post-Tax Day Care	$0	$0
Post-tax Premiums	$0	$0
FINAL NET TAKE HOME PAY	$42,210.00	$42,949.50
TOTAL ANNUAL SAVINGS		$739.50

GROUP VOLUNTARY BENEFITS
AFLAC – January 1, 2027

AFLAC offers various voluntary (i.e., employee paid) plans to Glendale College employees. There are no changes to these plans at this time. If you would like to enroll in one of these plans, please contact the Payroll Department if you are interested in talking with AFLAC.

ADDITIONAL BENEFITS
Please see New York Life brochures for these additional benefits

New York Life Employee Assistance and Wellness Support Life Assistance Program Guidance Resources Well-Being Coaching Family Source	(800) 344-9752 www.guidanceresources.com Web ID: NYLGBS
New York Life GBS Secure Travel (for employees enrolled in the AD&D plans) pre-trip planning, traveling assistance, emergency assistance	(888)226-4567 From US and Canada (202)331-7635 From other locations ops@us.generaliglobalassistance.com

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer and insurance companies. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

GLOSSARY OF IMPORTANT BENEFIT TERMS

Coinsurance
This is the amount that you pay for services after you have met your deductible. For example, our plan has a $500 Deductible. $1,000 if you are enrolled with family coverage. The coinsurance is 10% for in network and 30% for out of network. If you stay in network, you will pay 10% and the insurance company will pay 90%.

Copayment
The copayment is a flat dollar amount that you pay for services. The insurance company pays the remainder of the cost. On the above plan example, the copayment for office visits is $20 for a Primary Care Physician (PCP) and $20 for a Specialist.

Deductible
The amount you pay for services before the insurance company pays their portion.

Out of Pocket Maximum
This is the most you will pay out of your pocket in any calendar year (January to December). All deductibles, copayments and coinsurance are calculated and applied toward the out-of-pocket maximum.

Premium
Premium is the amount you pay for any of the coverages included in this booklet. In some cases, the premium will be deducted from you check on a pre-tax basis.

Dependent
Dependents consist of spouses, children, and domestic partners. Parents and grandparents are not considered dependents for the purposes of insurance.

Open Enrollment
Open enrollment occurs in the month of November every year for a January 1 effective date. During this time, you are allowed to make changes to your plans, add dependents, remove dependents, etc. The benefits you choose during open enrollment will remain in place until the following January. If you have a qualifying event during the year, you will be able to make changes to your elections.

RESOURCES AND CONTACTS

Blue Shield of California
www.blueshieldca.com
Group Number……W0051433
HMO & PPO Member Services…….. (888) 256-1915
Access to Care outside of California……(800) 810-2583
Access to Care outside of the USA……(804) 673-1177
Nurse Help Line…… (877) 304-0504
American Specialty Health Plans (Chiropractic and Acupuncture) …… (800) 678-9133
Magellan (Mental Health and Substance Abuse) ……(877) 263-9972
Pharmacy Services…… (888) 256-1915
CVS Mail Order Pharmacy……(866) 346-7200

Kaiser Permanente
www.kp.org
Group Number……102838
Member Services……(800) 464-4000

Delta Dental
www.deltadentalins.com
Group Number…… 6526, 6527, 6611
Member Services…… (888) 335-8227

New York Life
www.
Group Number……Basic and Voluntary Life FLX964413 / AD&D OK066008
Member Services……(800) 362-4462

VSP
www.vsp.com
Group Number……903280
Member Services……(800) 877-7195

PrimePay / CoAdPay
https://prpppt.lh1ondemand.com/login.aspx.
Employer ID Number…… PRIMP6134
Member Services……(855) 892-6272

Please see Gevork Msryan –Benefits Technician – Glendale Community College

Knight Insurance Services – Insurance Broker - Team Manager
Kimbra Fossen
kimbraf@knightins.net
(818) 662-4217

KNIGHT
Insurance Services