



Click to explore your benefit options



2023-2024 BENEFITS GUIDE

MARCH 1, 2023 - FEBRUARY 28, 2024

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WELCOME

Your benefits are an important part of your total compensation. We are pleased to offer a comprehensive menu of quality benefits to protect your health and your family. This brochure was designed to answer some of the basic questions you may have about your benefits. Please read it carefully along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your children who are your biological children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.
- Your legally married spouse

Required Information — At enrollment you are required to enter the Social Security number (SSN) for all covered dependents. Healthcare Reform law requires the college to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

When Coverage Begins

You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the date of hire. If you fail to enroll on time, you will NOT have benefits coverage (except for College-paid benefits). Changes made during Open Enrollment are effective March 1 of each year.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a Qualifying Event during the year. Following are examples of the most common Qualifying Events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- Change in child custody
- Change in coverage election made by your spouse during his/her employer's Open Enrollment period
- You lose coverage under your spouse's plan
- Spouse gaining/losing coverage at job

To make changes to your benefit elections, you MUST contact Human Resources or enter the event in UKG within 30 days of the Qualifying Event (including newborns). Be prepared to provide documentation of the event such as a marriage license, birth certificate, or a divorce decree. If additions are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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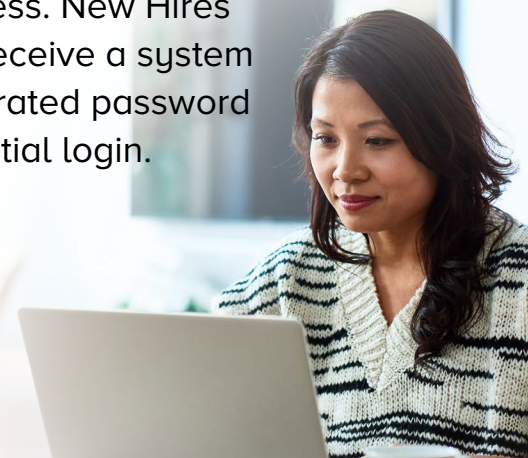
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How to Enroll

To enroll for benefits, **Log onto UKG.** Use your Westmont email address. New Hires will receive a system generated password for initial login.



Medical Plans

Westmont College is pleased to offer you a choice among three different medical plans through Anthem. Coverage under all plans includes comprehensive medical care and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

HMO

With the HMO plans, you select a Primary Care Physician (PCP) from the participating network of providers within the Anthem HMO (CA Care) Large Group network who will coordinate your healthcare needs including referrals to specialists and approving further medical treatment. Services received outside of the HMO are not covered, except in the case of emergency medical care.

HDHP PPO (OAP) w/ HSA

The HDHP PPO (OAP) plan is a High Deductible Health Plan (HDHP) that gives you the ability to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Anthem PPO (Prudent Buyer) Large Group network. The highlight of this plan is that it allows you to open a Health Savings Account (HSA), which is a special savings account that allows you to save money to pay for any “qualified health-related expenses” permitted under federal tax law (state taxation rules may apply.). This includes most medical care and services, prescription drugs, dental services, vision care, and expenses related to meeting the plan’s deductible. For a complete list of qualified health-related expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here’s how the HDHP PPO (OAP) plan works:

- 1 Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. NOTE: If you enroll one or more family members, each covered family member is only required to meet the \$2,000 / \$3,000 / \$4,000 deductible (up to the family limit) before the plan starts to pay expenses for that individual.
- 2 Coinsurance** – Once you’ve met the plan’s annual deductible, you are responsible for a portion of your medical expenses, which is called coinsurance.
- 3 Out-of-Pocket Maximum** – Once your deductible and coinsurance add up to the plan’s annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. NOTE: If you enroll one or more family members, each covered family member is only required to meet the \$3,500 / \$3,500 / \$7,000 out-of-pocket maximum (up to the family limit) before the plan starts to pay covered services at 100 percent for that individual.

4 Health Savings Account (HSA) – To help offset the annual deductible, you may open an HSA and deposit your own money directly. You will take a deduction on your annual tax filing. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs.**

The guidelines for contribution maximums are set by the IRS each year. The maximum amount that can be contributed into an HSA is outlined in the table below:

HSA Contribution Limit	2023
Employee Only	\$3,850
Family (employee + 1 or more)	\$7,750
Catch-up (age 55+)	\$1,000

The money in the HSA is yours and it grows and remains with you, even when you change medical plans, employers or retire. Funds may be rolled over year to year and there is no “use-it or lose-it” rule. You decide when to use your savings to pay for qualified health-related expenses. This provides a strong incentive for you to spend wisely on your medical care, just like you do on other items you purchase. You may use your HSA funds to pay for qualified health-related expenses for yourself, your spouse, your tax-dependent children, and others you claim as dependents on your federal tax return – this is true even if they are not covered under the medical plan.

Telehealth

Life moves pretty fast. When you’re not feeling well, you want to feel better fast. With LiveHealth Online, you don’t need to make an appointment. Just sign up at livehealthonline.com or use the app, and see a board-certified doctor in a few minutes. When your own doctor isn’t available, use LiveHealth Online if you have:

- Pinkeye
- The flu
- Allergies
- And more
- A cold
- A fever
- A sinus infection

A doctor can assess your condition, provide a treatment plan and even send a prescription to your pharmacy, if it’s needed.

What will a visit cost?

Your Anthem plan includes benefits for video visits using LiveHealth Online, so you’ll just pay your share of the costs—usually \$49 or less.

Sign up for LiveHealth Online today -- it’s quick and easy Go to livehealthonline.com or download the app and register on your phone or tablet.

Medical Plans (Cont'd)

The chart below provides a high-level overview of your medical plan options.

Key Medical Benefits	Anthem HMO (CA Care) Large Group	Anthem Deductible HMO (CA Care) Large Group	Anthem HDHP PPO (OAP) (Prudent Buyer) Large Group	
	In-Network Only	In-Network Only	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	None	\$750 / \$750 (per person)	\$2,000 / \$3,000 / \$4,000	\$6,000 / \$6,000 / \$12,000
Out-of-Pocket Maximum				
Individual / Family	\$2,500 / \$5,000	\$3,500 / \$7,000	\$3,500 / \$3,500 / \$7,000	\$10,500 / \$10,500 / \$21,000
Covered Services				
Office Visits (physician/specialist)	\$30 / \$50 copay	\$25 / \$40 copay	20%*	40%*
Routine Preventive Care	No charge	No charge	No charge	40%*
Outpatient Diagnostic Lab & X-ray	No charge	No charge	20%*	40%*
Complex Imaging	\$100 copay	25%* (hospital) / \$100* (outpatient facility)	20%*	40%* ⁶
Chiropractic	\$10 copay ⁴	\$10 copay ⁴	20%* ⁵	40%* ⁵
Ambulance	\$100 copay	\$100 copay	20%*	20%*
Emergency Room	\$150 copay	\$200 copay + 25%*	20%*	20%*
Urgent Care Facility	\$30 copay	\$25 copay	20%*	40%*
Inpatient Hospital Stay	\$500 copay per day ²	25%*	20%*	40%*
Outpatient Surgery	\$250 copay	25%*	20%*	40%*
Prescription Drugs	(Tier 1a / Tier 1b / Tier 2 / Tier 3 / Tier 4)		(Tier 1a / Tier 1b / Tier 2 / Tier 3 / Tier 4)	
Retail Pharmacy (30-day supply)	\$5 / \$20 / \$40 / \$60 / 30% ³	\$5 / \$20 / \$50 / \$75 / 30% ³	\$5* / \$15* / \$40* / \$60* / 30%* ³	40%* up to \$250 per Rx
Mail Order (90-day supply)	\$12.50 / \$50 / \$120 / \$180 / 30% ³	\$12.50 / \$50 / \$150 / \$225 / 30% ³	\$12.50* / \$37.50* / \$120* / \$180* / 30%* ³	Not covered

Coinsurance percentages and copay amounts shown in the above charts represent what the member is responsible for paying.

* Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay. To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs.

To view the Summaries of Benefits and Coverage, click [here](#) for English or [here](#) for Spanish.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Up to 3 days max
3. Up to \$250, limit 30 day supply for specialty
4. Limit 30 visits per year
5. 20 visits
6. Up to \$800 per service

Find a Provider

HMO

[Click Here](#) To find a Medical HMO Primary Care Physician

[Click Here](#) To find a Chiropractor

[Click Here](#) To find a Mental Health Provider

PPO

[Click Here](#) To find a PPO provider

Dental Plans

Westmont College is pleased to offer you a choice between two different dental plans through Anthem Dental Net and Anthem Dental Complete.

DHMO – With this plan, you choose a primary dental provider within the **Dental Net** network to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

DPPO – This plan offers you the ability to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the **Dental Complete** network.

To find a PPO dental provider, [click here](#). To find an HMO dental provider, [click here](#).

The chart below provides a high-level overview of your dental plan options.

Key Dental Benefits	Anthem Dental Net	Anthem Dental Complete	
	In-Network Only	In-Network	Out-of-Network ¹
Deductible (per calendar year)			
Individual / Family	None	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)			
Per Individual	None	\$1,000	\$1,000
Covered Services			
Preventive Services	No charge	No charge	20%*
Basic Services	See Fee Schedule	20%*	20%*
Major Services		50%*	50%*
Orthodontia	Child & Adult: \$1,695 / \$1,895	Not covered	

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision Plan

This plan offers you the ability to use the vision provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Anthem network.

To find a provider, visit: <https://clients.hubcdcontent.com/wp-content/uploads/2022/01/Provider-Finder-Vision.pdf>

The chart below provides a high-level overview of the vision plan.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$45
Materials Copay	\$25	N/A
Lenses (once every 12 months)	No charge after materials copay	Up to \$40
Single Vision		Up to \$60
Bifocal		Up to \$80
Trifocal		
Frames (once every 24 months)	\$130 allowance + 20% discount on remaining balance	Up to \$42
Contact Lenses (once every 12 months; in lieu of prescription glasses)	\$130 + 15% discount on remaining balance	Up to \$105



Flexible Spending Accounts (FSAs)

Westmont College provides you with an opportunity to participate in two different Flexible Spending Accounts (FSAs) administered through Discovery Benefits/WEX. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified healthcare and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Healthcare FSA

For 2023, you may contribute up to \$3,050 to cover eligible healthcare expenses incurred by you, your spouse and your children up to age 26. Eligible expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental Treatment
- Orthodontia
- Eye Exams/Eyeglasses
- Lasik Eye Surgery

For a complete list of eligible healthcare expenses, visit: www.irs.gov/pub/irs-pdf/p502.pdf.

Dependent Care FSA

For 2023, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers.
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent.

For a complete list of eligible dependent care expenses, visit: www.irs.gov/pub/irs-pdf/p503.pdf.

IMPORTANT FSA RULES

Because FSAs offer you a significant tax advantage, they must be administered according to specific IRS rules:

- **Healthcare FSA:** Unused funds of up to \$610 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. **Unused funds over \$610 will NOT be returned to you or carried over to the following year.**
- **Dependent Care FSA:** **Unused funds will NOT be returned to you or carried over to the following year.**
- You must file claims by 60 days after the end of the coronavirus pandemic.

Life Insurance

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Basic Life (College-paid)

This benefit is provided at **NO COST** to you through Anthem.

Benefit Amount	1x Annual Salary up to \$300,000
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Voluntary Life (Employee-paid)

If you determine you need more than the College-paid Basic Life Insurance, you may purchase additional coverage through **Anthem** for yourself and your eligible family members.

	Benefit Option	Guarantee Issue*
Employee	\$10,000 increments up to lesser of 5x base salary or \$300,000	\$100,000
Spouse	\$5,000 increments up to the lesser of \$150,000 or 100% of employee benefit	\$25,000
Child(ren)	\$1,000 increments up to \$10,000; under age 6 months, reduced benefit	\$10,000

*During your initial eligibility period only, you can receive coverage up to the Guarantee Issue amounts without having to provide Evidence of Insurability (information about your health). Coverage amounts that require Evidence of Insurability will not be effective unless approved by the insurance carrier.

Disability Insurance

You are provided Long-Term Disability Insurance at **NO COST** to you through MetLife.

Disability Insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

College-Paid Long-Term Disability	
Benefit Percentage	60%
Benefit Maximum	\$15,000 monthly
When Benefits Begin	90 days, if claim is accepted
Maximum Benefit Duration	Social Security Normal Retirement Age

Employee Assistance Program (EAP)

Life is full of challenges and sometimes balancing it is difficult. Westmont College is pleased to provide a **confidential** program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP is provided at **NO COST** to you through Aetna and can help with the following issues, among others:

- Stress, anxiety or depression
- Relationships
- Problems with your children
- Substance abuse
- Grief and loss
- Marital conflicts
- Empty-nesting
- Workplace conflict
- Legal issues
- Mental health

EAP Services

- Assistance for you or a household family member, with access to Christian counselors
- Up to 8 in-person sessions with a counselor per issue, per year, per individual
- Unlimited toll-free phone access 24/7
- Online resources 24/7
- Work/life services for assistance with child care, elder care, financial issues, plus much more

Voluntary Hospital Indemnity

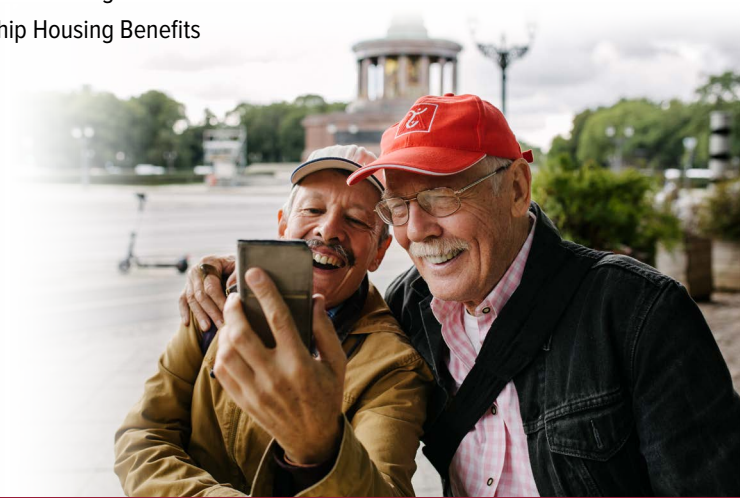
You have the opportunity to purchase Hospital Indemnity Insurance through Anthem at an affordable group rate. This coverage complements your medical plan by providing cash benefits that can be used to help pay for the out-of-pocket expenses your plan may not cover such as deductibles, coinsurance, and copays. Benefits are paid directly to you — not to a doctor or healthcare provider. This coverage pays a lump-sum cash benefit when you are admitted to the hospital for a covered hospital stay.

>> [View Summary of Benefits and Monthly Rates](#)

Valuable Extras

Westmont College also offers the following additional benefits:

- 403(b) Retirement Plan with matching contributions for eligible employees
- Educational assistance for employees and dependents
- Travel Insurance for College travel
- Paid Time-Off Benefits for Staff
- Computer Loan Program
- Use of Athletic Facilities free of charge
- Coastal Housing Partnership Housing Benefits



Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical

Coverage Tier	Monthly Contributions					
	Anthem HMO		Anthem Deductible HMO		Anthem HDHP PPO (OAP)	
	Westmont Pays	You Pay	Westmont Pays	You Pay	Westmont Pays	You Pay
Employee Only	\$775.71	\$46.42	\$724.38	\$9.67	\$749.69	\$373.50
Employee + 1	\$1,056.32	\$670.14	\$1,067.22	\$474.27	\$955.28	\$1,403.43
Employee + 2 or more	\$1,557.98	\$908.39	\$1,566.04	\$636.09	\$1,417.17	\$1,952.43

Dental / Vision

Coverage Tier	Monthly Contributions					
	Anthem Dental Net		Anthem Dental Complete		Vision	
	Westmont Pays	You Pay	Westmont Pays	You Pay	Westmont Pays	You Pay
Employee Only	\$21.44	\$0.00	\$21.44	\$53.66	\$5.87	\$0.00
Employee + 1	\$21.44	\$21.44	\$21.44	\$128.89	\$7.07	\$2.33
Employee + 2 or more	\$21.44	\$48.21	\$21.44	\$166.14	\$10.57	\$4.70

Voluntary Life

Deductions for Voluntary Life are taken from your paycheck after taxes. Rates are available during enrollment.

Voluntary Hospital Indemnity

[>> View Summary of Benefits and Monthly Rates](#)

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Anthem	HMO: 800-888-8288 HSA: 844-860-3535	www.anthem.com/ca
Telehealth	LiveHealth Online	888-548-3432	livehealthonline.com
Dental	Anthem	NET: 800-627-0004 Complete: 877-567-1804	www.anthem.com/ca
Vision	Anthem	866-723-0515	www.anthem.com/ca
Flexible Spending Accounts (FSA)	Discovery Benefits/WEX	866-451-3399	www.wexinc.com
Life Insurance	Anthem	800-552-2137	www.anthem.com/ca
Long-Term Disability	MetLife	800-438-6388	www.metlife.com
Voluntary Hospital Indemnity	Anthem	800-604-4381	www.anthem.com/ca
Employee Assistance Program (EAP)	Aetna	800-342-8111	www.aetnaeap.com

Questions?

If you have additional questions, you may also contact:

Westmont College Benefits Champion at 844-400-9222
champion@hubinternational.com

Westmont HR Benefits Specialist at 805-565-6101 | benefits@westmont.edu

Annual Notices

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants.

>> [Click Here](#) to view all required notices.



DISCLAIMER: The material in this benefits guide is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.