

**Yosemite Community College District**

# **2024-2025 Benefits Open Enrollment**

Enrollment Dates:  
July 29 to August 21  
Changes Effective:  
October 1, 2024



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## Welcome to the 2024 - 2025 Open Enrollment!

As part of your fringe benefit package, YCCD continues to be committed to providing you, and your family, with benefits that promote your health and well-being. New this year, you will self-enroll via access to a secure online benefits enrollment platform through the American Fidelity Enroll website.

**Please note** that adding or changing plans will also require completion of documents. If no changes are made all you need to do is confirm your selections for the year, and that's it!

Last year, YCCD partnered with American Fidelity to offer you supplemental plans and they also became YCCD's FLEX/Section 125 plan provider. Keep in mind that participation in a YCCD/FLEX (Section 125 Plan) or Dependent Day Care account requires annual renewal, these plans do not automatically continue.

Open enrollment will begin July 29, 2024 and will end on August 21, 2024, with effective dates of October 1, 2024.

## Supporting YCCD Employees through Open Enrollment

Your HR Benefits Team, in partnership with SISC and American Fidelity are here to support YCCD employees and their families.

### 2024-2025 Plan Year:

- YCCD will continue to provide two options for District Paid paid plans BlueShield 80G or Kaiser
- YCCD will continue to offer the following *buy up plans*\*:
  - Blue Shield 80C at \$220/month\*
  - Blue Shield 90G at \$250/month\*
  - Blue Shield 100D at \$391/month\*
- YCCD will continue to offer two choices with Delta Dental
- YCCD will continue to offer Vision Coverage with VSP



# Benefits Enrollment:



## Open Enrollment

- Add, change, or remove dependents from your coverage
- Enroll or change coverage
- Update beneficiary information



## Eligible Dependents:

- Spouse
- Registered Domestic Partner
- Dependent children & stepchildren  
Medical, Dental, & Vision to age 26

## Mid-Year Qualifying Events

- Marriage, Domestic Partnership or Divorce
- Birth or Adoption of a Child
- Gain/Loss of Coverage
- Move out of or into a service area

# Medical Choices



## 2024-2025 Rates for Active Employees

Effective 10/1/2024	Kaiser	Blue Shield	Blue Shield	Blue Shield	Blue Shield
	Trad HMO \$30	80-G \$30	80-C \$20	90-G \$20	100-D \$20
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0	\$500/\$1,000	\$200/\$500	\$500/\$1,000	\$300/\$600
Individual/Family Out-of-Pocket (OOP) Max <i>(includes medical deductibles, co-insurance and co-pays)</i>	\$1,500/\$3,000	\$2,000/\$4,000	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000
<b>Composite Rates: Cost to YCCD Employees</b>	<b>\$0</b>	<b>\$0</b>	<b>\$220</b>	<b>\$250</b>	<b>\$391</b>
<b>PROFESSIONAL SERVICES</b>					
Office Visit (OV) co-pay <i>(\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)</i>	\$30	\$30	\$20	\$20	\$20
Urgent Care co-pay	\$30	\$30	\$20	\$20	\$20
Specialists/Consultants co-pay	\$30	\$30	\$20	\$20	\$20
Prenatal, postnatal office visit co-pay	\$0	\$30	\$20	\$20	\$20
Scans: CT, CAT, MRI, PET etc.	\$0	20%	20%	10%	0%
Diagnostic X-ray & Laboratory Procedures	\$0	20%	20%	10%	0%
Infertility (Refer to Plan Document)	Co-pay applies	Not covered	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	\$0	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived
<b>HOSPITAL &amp; SKILLED NURSING FACILITY SERVICES</b>					
Emergency Room visit <i>(copay waived if admitted)</i>	\$100	20% \$100 co-pay	20% \$100 co-pay	10% \$100 co-pay	0% \$100 co-pay
Inpatient Hospital (preauthorization required) - limits may apply	\$0	20%	20%	10%	0%
Outpatient Hospital	\$30	20%	20%	10%	0%
Surgery, Outpatient (performed in Surgery Center)	\$30	20%	20%	10%	0%
Surgery, Outpatient (performed in a Hospital) - limits	\$30	20%	20%	10%	0%

[KAISER HMO](#) 

[BLUE SHIELD 80G](#) 

[BLUE SHIELD 80C](#) 

[BLUE SHIELD 90G](#) 

[BLUE SHIELD 100D](#) 

## Important Kaiser Enrollment Information

- Live/Work Provision- You must live in the Kaiser Plan Area
- Before enrolling, ensure your zip code is within the Kaiser in-network zip code list, confirm your home zip code is within the Kaiser service area.

# Dental Choices



## Delta Premier Incentive Plan

Plan Benefit Highlights for:	PPO Incentive (\$2,000/\$1,500) with Orthodontic
Group No:	Active, Retirees, and COBRA
Network:	PPO/Premier *The plan provides an additional \$500 toward the calendar year maximum when you visit a PPO dentist. Look for this information for the dentist of your choice on the Delta find a provider website to take advantage of this additional amount: (Other network affiliations: Delta Dental PPO)

In this incentive plan, Delta Dental pays 70% of the contract allowance for covered basic services and major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

<b>Eligibility</b>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26	
<b>Deductibles</b>	N/A	
Deductibles waived for D & P?	N/A	
<b>Maximums</b>	The maximum benefit paid per calendar year is <b>\$2,000*</b> per person in-network (this amount includes the additional \$500 for using a PPO dentist. See note above under Network) The maximum benefit paid per calendar year is <b>\$1,500</b> per person out-of-network	
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental dentists**
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, 2 cleanings per cal year, x-rays	70-100 %	70-100%
<b>Basic Services</b> Fillings, simple tooth extractions, sealants	70-100 %	70-100%
<b>Endodontics (root canals)</b> Covered Under Basic Services	70-100 %	70-100%
<b>Periodontics (gum treatment) Covered Under Basic Services</b>	70-100 %	70-100%
<b>Oral Surgery</b> Covered Under Basic Services	70-100 %	70-100%
<b>Major Services</b> Crowns, inlays, onlays, and cast restorations	70-100 %	70-100%
<b>Prosthodontics</b> Bridges, dentures, implants	50 %	50%
<b>Orthodontic Benefits</b> Adults and dependent children	100 %	100%
<b>Orthodontic Maximums</b>	Separate <b>\$1,500</b> Lifetime maximum per person	

## Delta PPO

Plan Benefit Highlights for:	PPO \$1,500
Group No:	Active, Retiree, and COBRA

<b>Eligibility</b>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26		
<b>Deductibles</b>	In-Network: <b>N/A</b> Out-of-Network: <b>\$25</b> per person, <b>\$75</b> per family, per plan year		
Deductibles waived for D & P?	In-Network: <b>N/A</b> Out-of-Network: <b>No</b>		
<b>Maximums</b>	The maximum benefit paid per calendar year is <b>\$1,500</b> per person in-network*** The maximum benefit paid per calendar year is <b>\$1,000</b> per person out-of-network		
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Orthodontics None

Benefits and Covered Services*	In-PPO Network**	Out-of-PPO Network**
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, 2 cleanings per cal-year, x-rays	100 %	50 %
<b>Basic Services</b> Fillings, simple tooth extractions, sealants	100 %	50 %
<b>Endodontics (root canals)</b> Covered Under Basic Services	100 %	50 %
<b>Periodontics (gum treatment)</b> Covered Under Basic Services	100 %	50 %
<b>Oral Surgery</b> Covered Under Basic Services	100 %	50 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	100 %	50 %
<b>Prosthodontics</b> Bridges, dentures, implants	50 %	50 %
<b>Dental Accident Benefits</b>	100% (separate \$1,000 maximum per person per calendar year)	

With AFenroll, you can learn about your available benefits and enroll anytime, anywhere (during Open Enrollment).

**To enroll without meeting with a rep please follow these instructions:**

Link to  
[www.afenroll.com/enroll](http://www.afenroll.com/enroll)



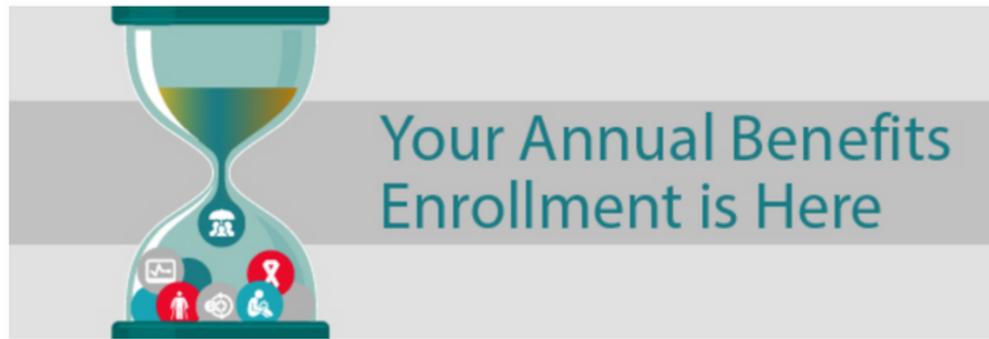
ENROLL  
ON YOUR  
SCHEDULE

## Get Started

- 1 Visit [afenroll.com/enroll](http://afenroll.com/enroll)**  
Compatible browsers: Safari, Edge, and Chrome.
- 2 Enter your User ID:**  
This is your Social Security Number.
- 3 Enter your PIN:**  
This is the last four digits of your SSN and last two digits of your birth year. (For example, for SSN XXX-XX-6789 and birth year 1974, you would type in 678974).
- 4 Two-Factor Authentication**  
American Fidelity has implemented two-factor authentication to add an extra layer of security to your enrollment experience. You will be prompted to select either an email address or a mobile phone number to receive a verification code. Once that code is received, you will input it into the prompt in AFenroll to verify your account.
- 5 Click the Log in button**

## Tips

- Things to Know:**  
Social Security numbers and dates of birth are required for all employees and their dependents.
- Choose Benefits:**  
Review your benefits options to help ensure you have the proper coverage and opt out of those you do not need.
- Make Changes:**  
Log in to AFenroll to make changes at any time during your enrollment period. **Before you log out, you must re-confirm with your PIN or your enrollment will not be valid.**
- Print/Save Benefit Confirmation:**  
Sign your Benefit Confirmation/Deduction Authorization Form using your PIN as your electronic signature.



**To meet with an American Fidelity representative please schedule an appointment by following the QR code or selecting the link below.**



Book your appointment.  
<https://enroll.americanfidelity.com/A56D3435>



During your meeting, American Fidelity will review the following:

- Walk you through making benefits changes via your portal.
- Will review the optional supplemental plan offerings with you, including **FLEX/Section 125** plan and **Dependent Care plan, if you have this already and wish to continue, you must meet with a rep or make your selection while self-enrolling.**
- Be ready to supply supporting documents to the benefits office for any dependents you want to add (birth certificates, social security cards, marriage certificates, last year's taxes) + the appropriate enrollment/change form.



## Frequently Asked Questions About Open Enrollment and Benefits



**Q - Do I have to do anything if I'm not making changes to my benefits?** *If you do not wish to change your benefit enrollment, no action is required.*

**Q - What is the deadline for submitting my benefit change?** *The deadline for submitting changes to your benefit enrollment for plan year 2024-25 is Wednesday, August 21, 2024, by end of day: 5:00 p.m. Any changes received after the deadline will not be processed.*

**Q - What plan should I enroll in?** *Plan selections should be made according to your and/or your family's needs. To determine what plan may best fit your needs, please review comparison information as well as benefit plan summaries.*

**Q - If I change from Blue Shield to Kaiser or Kaiser to Blue Shield, what form do I need?** *You will need the selected provider's enrollment form + the YCCD Election Form + backup documents.*

**Q - If I change my benefits, when does it become effective?** *Benefit changes have an effective date of October 1, 2024 - September 30, 2025.*

**Q - If I want to add/remove an eligible dependent, what information do I need to complete?** *Complete, sign, and return the SISC III MEMBERSHIP CHANGE FORM. If adding someone, provide proof of eligibility as required, if removing someone - documentation is also required.*

**Q - Where can I get more information about my Benefits?** *You can visit the Benefits website at: <https://www.yosemite.edu/benefits/>*

**Q - Who should I send my change/enrollment forms to?** *Forms should be sent to [YCCDBenefits@yosemite.edu](mailto:YCCDBenefits@yosemite.edu). If sending forms electronically is not possible, forms can be sent via Fax to 209-575-6969 OR US mail to: YCCD/Benefits Office, PO BOX 4065, Modesto CA 95352*

**Q - What if I have additional questions?** *You can reach out to Midory Cruz - [cruz@yosemite.edu](mailto:cruz@yosemite.edu) or via TEAMS*

[CLICK HERE](#)



# Links to Forms

If adding a spouse/legal partner:

- Copy of marriage certificate or certificate of registered legal partnership
- First page of 2023 Taxes-must show same address for you and your spouse/partner
- Copy of spouse/partner's social security card

If adding a dependent child, for each child provide:

- Copy of birth certificate
- Copy of their social security card

**2024-2025  
Plan Rates**

**SISC III  
Membership  
CHANGE Form**

If keeping same plan but adding  
or deleting a dependent

If adding a dependent to  
current plan, will still need  
back up documentation

If enrolling into Kaiser

**Kaiser  
Enrollment  
Form**

If enrolling in Blue Shield:

**Blue Shield  
Enrollment  
Form**



**YCCD Plan  
Election Form**



To access information (order medical cards, view providers) you may create a profile via your chosen Provider:



**Vision Service Plan**

**800-877-7195**

**<https://www.vsp.com>**



**Kaiser**

**800-464-4000**

<https://healthy.kaiserpermanente.org/northern-california/front-door>



**Delta Dental**

**866-499-3001**

**[www.deltadentalins.com](http://www.deltadentalins.com)**



**Blue Shield PPO**

**855-256-9404**

<https://www.blueshieldca.com/en/home>

You can create an account on Delta Dental and use your social security number as your enrollee id