



## **BUTTE-GLENN COMMUNITY COLLEGE DISTRICT**

### **FRINGE BENEFIT SUMMARY**

Following is information regarding employee benefits offered by the Butte-Glenn Community College District. The information is provided in summary form. Always consult with Human Resources or the listed plan administrators regarding specific coverage issues prior to obtaining services. The collective bargaining agreements contain other pertinent information regarding your employment and benefits at Butte College. Please contact the Human Resources Office for assistance if you have any specific questions or problems regarding any of your benefits and if you need brochures, change of status or claim forms.

Please notify Human Resources immediately of any changes in marital status, dependents, address or telephone. **NEW DEPENDENTS ARE NOT AUTOMATICALLY COVERED. YOU MUST COMPLETE A CHANGE OF STATUS FORM.**

The Butte-Glenn Community College District belongs to the Butte Schools Self-Funded Programs JPA (BSSP) for health, dental, life insurance and disability insurance plans. The BSSP website contains complete plan summaries and a provider information. The JPA Board consists of representatives from area K-12 schools and Butte College. Open enrollment is held each year during the months of May-July. During this time employees are required to complete "Dependent Verification" forms and may choose a different medical plan or purchase additional life insurance. During open enrollment participation in the 125 Flexible Spending plan for pre-tax payroll contributions to an Unreimbursed Medical Expenses and/or Dependent Day Care account must be initiated or renewed for the coming plan year starting July 1.

<b><u>MEDICAL INSURANCE:</u></b>	<b>BUTTE SCHOOLS SELF- FUNDED PROGRAMS (BSSP) ANTHEM BLUE CROSS/PRUDENT BUYER PLAN</b>
(530) 879-7438 <a href="http://www.bsspjpa.org">www.bsspjpa.org</a>	P.O. BOX 60007 Los Angeles, CA 90060 CUSTOMER SERVICE: 1-800-825-5541 PRE-AUTHORIZATION REVIEW: 1-800-274-7767 <a href="http://www.anthem.com/ca/sisc">www.anthem.com/ca/sisc</a>

Employees and qualified dependents (IRS dependent children to age 26) are covered on the first day of the month following the month in which their employment begins. **Always contact Human Resources immediately to report any change in dependent status. New babies must be added within 31 days of birth.**

Several plan options are available. Contact Human Resources for additional information on current plan options and rates. The Prudent Buyer Plan offers financial advantage to the member if a participating provider is used. Blue Cross has established a network of Prudent Buyer participating hospitals and physicians throughout the State. When care is obtained from a non-participating hospital or physician, the member may be responsible for the total cost of the services rendered. The list of participating physicians is available in the Human Resources Office or contact [www.anthem.com/ca/sisc/find-care/](http://www.anthem.com/ca/sisc/find-care/). Consult the appropriate collective bargaining contract regarding retiree benefits.

To file a claim, present your I.D. card to the Prudent Buyer physician's office, hospital, etc., and they will submit the claim. You are responsible for any co-pays due. If you do not use the Prudent Buyer Network, secure forms from Human Resources and submit physician's invoice with a copy of your I.D. card attached to Blue Cross. Claims must be submitted to the address printed on your card.

**Navitus** is the Prescription Drug Benefit program administrator. Members receive reduced co-pay rates for prescriptions ordered by mail through Costco Mail Order Pharmacy (215 Deining Circle, Corona, CA 92880-9911). Member Services: 1-866-333-2757 or [www.navitus.com](http://www.navitus.com)

**COBRA:** Upon separation from the district, a conversion plan is available. Federal Public Law 99-272, Title X (COBRA) requires that the District offer employees and their families the opportunity for extension of health coverage at group rates in certain instances where coverage under the Plan would otherwise end. This would include loss of benefits because of a reduction in hours, termination of employment, divorce or legal separation, etc., excluding termination due to “gross misconduct”. This coverage would continue for 18 months or 36 months depending on the circumstances of benefit loss. The option must be requested within 60 days of the loss of benefits. For additional information, contact Human Resources.

**DENTALINSURANCE:** **BUTTE SCHOOLS SELF- FUNDED PROGRAMS**  
**THE DELTA DENTAL PLAN**  
**P.O. BOX 997330**  
**SACRAMENTO, CA 95899-7330**  
**530-879-7438**  
[www.deltadentalins.com/](http://www.deltadentalins.com/)

District-paid benefit covers employee, dependents (IRS dependent children to age 26). All permanent, classified and academic employees and all members of the governing board and their dependents are eligible for this program on the first day of the month following the month in which their employment or service begins. **Always contact Human Resources immediately to report any change in dependent status.**

Plan 10 coverage begins at 70% of the fee charged for covered basic benefits during the first calendar year; increases to 80%, 90% and 100% in subsequent years providing annual dental examination is made. This applies to the employee and individually to each dependent. Fifty percent (50%) of orthodontics is covered up to a lifetime maximum of \$2,000 per person covered for the life of this policy. Upon termination, coverage is available under a continuation program. See COBRA information under Medical Insurance section. Plan 1 coverage is at 80% with an annual maximum of \$1200 per person and no orthodontia.

To file a claim, notify Dentist’s office of social security number and request that they submit the claim. Group Number is 07018-1010.

**VISION CARE:** **VSP VISION SERVICE PLAN**  
**800-877-7195**  
[www.vsp.com](http://www.vsp.com)

District-paid benefit covers employees, Board members and dependents up to allowable amounts. Verify that your doctor is a *participating provider* prior to obtaining services. Benefits become effective on the first day of the month following date of employment. *Always contact Human Resources immediately to report any change in dependent status.*

- Vision Exam:** Every 12 months, \$10 copay
- Lenses:** One pair standard lenses every 12 months
- Frames:** Every 24 months (\$250-or less/Costco \$135)
- Contacts:** Contact lens exam copay up to \$60. Provided in lieu of other lenses once every 12 months.

**LIFE INSURANCE:** **THE HARTFORD LIFE INSURANCE**  
**CLAIMS CUSTOMER SERVICE: 888-563-1124**  
[www.thehartford.com/employee-benefits/employees](http://www.thehartford.com/employee-benefits/employees)

District-paid basic term life insurance up to \$50,000\* for employee only. Supplemental insurance for employee, spouse and/or children can be purchased during open enrollment. A conversion privilege is available following termination of employment. Contact Human Resources to report any change in beneficiary.

\* Age Reductions- Amounts of Life Insurance benefits and premiums are reduced at the following ages:

<u>Age</u>	<u>Percentage</u>
65-69	67%
70 +	50%

**SHORT-TERM/LONG-TERM DISABILITY:** THE HARTFORD - POLICY #402720  
CLAIMS CUSTOMER SERVICE: 800-549-6514  
[www.thehartfordatwork.com](http://www.thehartfordatwork.com)

Upon employee's total disability due to accident or illness the plan pays an income equivalent to 66 2/3% of your insured earnings, reduced by income from other sources, subject to maximum monthly benefit of \$6,000. Benefits are integrated with other group disability benefits. For academic members this policy pays for one year only if vested with STRS. After the one-year period, you are eligible for STRS disability. For classified employees the plan will pay to age 65. Benefits begin after 30 days have elapsed and all sick leave hours have been used.

You are eligible for insurance on the effective date of the group policy if you are a member on that date. Otherwise, you will become eligible for insurance on the first day as a member. To file a claim, contact the Human Resources Office for necessary forms.

**UNEMPLOYMENT INSURANCE:** EMPLOYMENT DEVELOPMENT DEPARTMENT  
109 PARMAC ROAD  
CHICO, CA 95926  
530-895-5627

The District assumes the cost of the program. For more information on eligibility requirements, contact the local office.

**WORKERS' COMPENSATION INSURANCE:** KEENAN AND ASSOCIATES  
P.O. BOX 2707  
TORRANCE, CA 90509  
916-859-7160

All employees of the Butte/Glenn Community College District are covered by Workers' Compensation insurance. The District pays all costs. The District has designated *providers*. Employees who are injured or become ill on the job will be referred to one of the providers unless they have pre-designated a personal physician.

All work-related injuries and illnesses must be reported immediately to the employee's supervisor or Human Resources Office. For additional information, contact the Human Resources Office.

**PERS RETIREMENT SYSTEM:** CalPERS  
400 Q STREET  
SACRAMENTO, CA 95811  
888-225-7377  
<http://www.calpers.ca.gov/>

PERS MISC CLASSIC: 7%-EE/26.81%-DC  
PERS MISC PEPRA: 8%-EE/26.81%-DC  
PERS SAFETY CLASSIC: 7%-EE/18.12%-DC  
PERS SAFETY PEPRA: 11.75%-EE/11.91%-DC

Membership is mandatory for all permanent classified staff members (over 50%) unless excluded because of membership in another qualified system. Employee contributes through payroll deduction and the District contributes to the general fund. Upon termination, you may refund all of your contribution plus interest earned.

This program provides classified employees with retirement benefits, disability income, and survivor's benefits. For more information contact Human Resources or CalPERS.

**STRS RETIREMENT SYSTEM:** CalSTRS  
P.O. BOX 15275  
SACRAMENTO, CA 95815-0275  
800-228-5453  
[www.calstrs.com](http://www.calstrs.com)

STRS DB: 10.25%-EE/19.100%-DC  
STRS DB PEPRA: 10.205%-EE/19.100%-DC

Membership is mandatory for all full-time academic staff members unless excluded because of membership in another qualified system. CalSTRS becomes mandatory for part-time academic staff who teach 60 hours or more in any month except summer session. Upon termination, you may refund all of your contributions plus interest earned.

This program provides academic staff with retirement benefits, disability income, and survivor's benefits. For more information, contact Human Resources or CalSTRS.

**SOCIAL SECURITY:** 6.2%

Employees who belong to the Public Employee’s Retirement System are automatically covered by the Social Security program. Employee contributions are withheld from the employee’s salary by payroll deduction.

[www.ssa.gov](http://www.ssa.gov)

**MEDICARE COVERAGE:** 1.45%

This Medicare mandate applies only employees who were hired on or after April 1, 1986. Employee contributions are withheld from the employee’s salary by payroll deduction.

**NOTE:** All employees (except student employees) who are not members of a qualified retirement plan (CalSTRS or CalPERS) will be automatically enrolled in such a plan (APPLE) and will pay the combined retirement contribution and Medicare tax.

[www.medicare.gov](http://www.medicare.gov)

<b><u>EMPLOYEE ASSISTANCE PROGRAM (EAP):</u></b>	<b>THE HARTFORD ABILITY ASSIST COUNSELING SERVICES</b> 800-964-3577 GROUP CODE: <a href="#">HLF902</a> ; GROUP NAME: <a href="#">ABILI</a> <a href="http://www.guidanceresources.com">www.guidanceresources.com</a>	<b>ANTHEM EMPLOYEE ASSISTANCE PROGRAM (EAP)</b> 800-999-7222 Company Code: <a href="#">SISC</a> <a href="http://www.anthemep.com">www.anthemep.com</a>
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The District has two Employee Assistance Programs for employees and eligible family and household members. Costs paid by the District. Services include:

**THE HARTFORD ABILITY ASSIST COUNSELING SERVICES**

Up to 3 sessions per household member per incident

**ANTHEM EMPLOYEE ASSISTANCE PROGRAM (EAP)**

Up to 6 – 1 hour sessions per household member per incident

**BOTH PROGRAMS PROVIDE THE FOLLOWING SERVICES:**

Marital and family problems  
Alcohol abuse  
Drug dependency  
Financial and credit concerns  
Emotional problems and stress

Child and Elder Care  
Pre-retirement planning  
Federal taxpayer problems  
Legal issues and questions  
Interpersonal conflicts

**403B and 457B PLANS:**

Contact Human Resources at 879-4045 for a list of 403(b) vendors and information on employee voluntary pre-tax retirement savings plans, or visit [www.403bcompare.com](http://www.403bcompare.com) to obtain Butte College’s list of vendors. The District also offers 457(b) pre-tax voluntary pre-tax retirement plans with AIG VALIC and CalPERS. Contact HR for additional information.

<b><u>SECTION 125/ FLEXIBLE BENEFIT PLAN:</u></b>	<b>TDS</b> 6939 Sunrise Blvd. Citrus Heights, CA 95610 866- 446-1072 Option 4 <a href="https://tdsplans.org/">https://tdsplans.org/</a>
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As a district benefit eligible employee you are entitled to participate in a Section 125 Flexible Benefit Plan. Enrollment opportunities are limited to the plan year dates for our district. A Section 125 plan allows you to select from a list of available benefits paid for with pre-tax dollars. Some of the benefits available include out-of-pocket health premiums, dependent care expenses and medical reimbursement account.



# BUTTE COLLEGE

To: All Faculty, CSEA, MSC, BCPOA Employees

Department of Human Resources

From: Human Resources Benefits Analyst

(530) 895-2400

Re: 2025-26 District Benefit Contribution

Fax

(530) 895-2836

The District's monthly contribution toward medical premiums for October 1, 2025 to September 30, 2026 will be \$1825.17

Plan Name	Monthly Premium	Employee Cost/Cash in Lieu *	
		STRS/PERS Safety	PERS Misc
80% G \$30	\$2,119.00	\$293.83	\$293.83
80% J \$30	\$1,925.00	\$99.83	\$99.83
80% M \$40	\$1,573.00	(\$246.98)	(\$232.84)
HSA 1700	\$1,826.00	\$0.83	\$0.83
HSA 5000	\$1,305.00	(\$509.47)	(\$480.30)
MEC 9000	\$1,234.00	(\$579.01)	(\$545.86)
Waiver Fee	\$1,234.00	(\$579.01)	(\$545.86)

\* Cash in Lieu is determined by taking the difference of the District's monthly contribution to medical premiums and the monthly premium of the selected plan less the cost of District payroll taxes on the Rebate amount according to the employee's retirement plan.

STRS DB/PERS Safety      2.10%      (1.45% Medicare, 0.65% UI)

PERS Misc      8.30%      (6.2% FICA, 1.45% Medicare, 0.65% UI)



October 1, 2025 -  
September 30, 2026

	80% G \$30	80% J \$30	80% M \$40	HSA \$1700 <sup>2</sup>	HSA \$5000 <sup>2</sup>	MEC \$9000
Active Employee (w/ Deps)	\$2,119	\$1,925	\$1,573	\$1,826	\$1,305	\$1,234
Active Employee 2X Discount	-\$530	-\$481	-\$393	-\$457	-\$326	-\$309
<b>MEDICAL</b>						
Calendar Year Out-of-Pocket Max <sup>1</sup> Individual / Family	\$2,000 / \$4,000	\$3,000 / \$6,000	\$4,000 / \$8,000	\$3,400 / \$6,800	\$6,350 / \$12,700	\$9,000 / \$18,000
Calendar Year Deductible Individual / Family	\$500 / \$1,000	\$750 / \$1,500	\$3,000 / \$6,000	\$1,700 Single \$3,400 Ind / Fam	\$5,000 / \$10,000	\$9,000 / \$18,000
4 <sup>th</sup> Q Carryover	Yes			No		
<b>Office Visits</b>						
HWC	\$0	\$0	\$0	\$25	\$25	\$25
Other Providers <sup>3</sup>	\$30	\$30	\$40	10% after deductible	30% after deductible	0% after deductible
MDLive Virtual Visit	\$0	\$0	\$0	~ \$50 - \$75, applied to deductible		
Preventive Exam	\$0			\$0		
<b>Diagnostic Services</b>						
Labs	20% after deductible			10% after deductible	30% after deductible	0% after deductible
X-rays / Advanced Imaging						
<b>Therapeutic Services</b>						
Physical or Occupational Chiropractic	20% after deductible			10% after deductible	30% after deductible	0% after deductible
<b>Facility Services</b>						
Emergency Room <sup>4</sup>	20% after deductible + \$100			10% after deductible + \$100	30% after deductible + \$100	0% after deductible + \$100
Outpatient Surgery <sup>5</sup>	20% after deductible			10% after deductible	30% after deductible	0% after deductible
Office Visit (Hospital-based Facility)						
Hospitalization						
<b>PRESCRIPTION</b>						
Calendar Year Out-of-Pocket Max <sup>1</sup>	\$2,500 / \$3,500			Combined with Medical		
Calendar Year Deductible (Brand)	\$200 / \$500			Combined with Medical		
Costco (Retail or Mail Order)	Up to 90-day supply: \$0 generic / \$90 brand after deductible			\$0 generic / \$90 brand after deductible	\$0 generic / brand after deductible	
Other Retail Pharmacy	Up to 30-day supply: \$10 generic / \$35 brand after deductible			\$9 generic / \$35 brand after deductible		
Specialty	Up to 30-day supply: \$35 after deductible			Up to 30-day supply: \$35 after deductible		

<sup>1</sup> Plans have a separate Calendar Year Out of Pocket (OOP) maximum for both medical and prescription for non-HSA plans. Generally, non-network claims do not apply to limits.

<sup>2</sup> HSA compliant plans are subject to legislative and regulation changes throughout the year.

<sup>3</sup> \$0 for first three primary care office visits.

<sup>4</sup> \$100 copay waived if admitted.

<sup>5</sup> See Benefits Restrictions & Limitations.