Summary of Benefits Program
MiraCosta College offers the following benefits to regular full-time and part-time employees (working in a benefit eligible position of 20 or more hours per week).

Benefited employees receive a monthly benefit allowance to be used for benefit elections only. A portion of the benefit allowance may be allocated to a Section 125 flexible spending account (health care and/or dependent daycare expense reimbursement).

Medical Benefits
Employees must elect medical coverage; dependent coverage is optional. Eligible dependents are: spouse, domestic partner* and children to age 26.

There are three health plans to choose from. Please review the Health Plan Comparison for more details.

PacifiCare - HMO
- $20 Office visit co-pay
- $5 Office visit co-pay for chiropractic care
- $10 Prescription co-pay (generic meds)
- $25 Prescription co-pay (name brand meds)

Kaiser - HMO
- $10 Office visit co-pay
- $10 Prescription co-pay

Consortium Health Plan - PPO
Plan offers two levels of coverage based on doctor of choice.

PPO Provider Network:
- Plan Pays 80%, Employee Pays 20%
- $20 Office visit co-pay
- Annual Deductible: $250 Individual / $750 Family
- Multiplan / PHCS Provider Network: www.multiplan.com

Non-member Provider Coverage:
- Plan Pays: 60%**, Employee Pays: 40%
- Annual Deductible: $500 Individual / $1,500 Family

Prescriptions: (30-day supply)
- $10 Prescription co-pay (generic meds)
- $25 Prescription co-pay (preferred meds)
- $40 Prescription co-pay (non-preferred meds)
- Mandatory Mail Order for Maintenance Medications (Express Scripts)

Behavioral Health Benefits
Employees must elect behavioral health coverage; dependent coverage is optional (dependent eligibility criteria same as medical). Out-patient and in-patient counseling services. All treatment must be pre-authorized.

PacifiCare Behavioral Health
- $10 Office visit co-pay for member providers; 52 visits per person per year
- $50 per visit (plan pays) for non-member providers; 20 visits per person per year

Dental Benefits
Employees must elect dental coverage; dependent coverage is optional. Eligible dependents are: spouse, domestic partner* and children to age 25.

Delta Dental
- 80-90-100% (increasing 10% every year you receive services), $2,000 annual maximum and two cleanings per person per year. Can choose any dentist.

DeltaCare
- Must use a DeltaCare dentist. No co-pays for office visits and no annual maximum. Other out-of-pocket expenses may apply depending on services. Orthodontics is available; costs vary depending on services used.

Vision Benefits
Voluntary benefit option. Eligible dependents are: spouse, domestic partner* and children to age 25.

Vision Service Plan
- $15 Office co-pay
- An eye exam, glasses or contacts every 12 months. Can choose member or non-member providers.

Life & Accidental Insurance

Mutual of Omaha
- District pays for employee only $100,000 group term life insurance policy. Employees may elect additional, voluntary life insurance (employee only) and/or accidental insurance (dependent coverage available).

Section 125 Flexible Spending Account

National Benefit Services
Employees can elect to allocate pre-tax dollars through payroll deduction and/or a portion of their District benefit allowance to a flex account to be used for the reimbursement of medical and/or dental out-of-pocket expenses and/or dependent daycare expense.

Other Voluntary Insurance Plans

Hyatt Legal Plan
Short-term & Long Term Disability Income Protection
AFLAC Cancer Indemnity Plan
Employee Assistance Plan (EASE Program)
Long Term Care (CalPERS)
Liberty Mutual Insurance (discounts for auto, homeowners, renters insurance)

* See Human Resources for Domestic Partner Eligibility Criteria
** Based on Usual Customary Reasonable Charges for Services