Summary of Benefits Program
MiraCosta College offers an array of benefits to employees working 20 or more hours per week in a benefit eligible position. The benefits program provides 100% district paid medical, dental and vision premiums for all eligible employees/retirees and their eligible dependents.

"Option 1" includes a $175 monthly benefit allowance
"Option 2" includes a $25 monthly benefit allowance

Employees may use the benefit allowance to purchase voluntary benefit elections and/or allocated the funds 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.

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%
$25 Office visit co-pay
Annual Deductible: $300 Individual / $900 Family
PPO Provider Network: www.mycignaforhealth.com (GWH-CIGNA Network)

Non-member Provider Coverage:
Plan Pays: 60%**, Employee Pays: 40%
Annual Deductible: $550 Individual / $1,650 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)

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

Delta Dental PPO
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 26.

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
Metlife/Hyatt Legal Plan
Short-term & Long Term Disability Income Protection
AFLAC Cancer Indemnity Plan
Employee Assistance Plan (EASE Program)
Liberty Mutual Group Savings Program
UNUM Long Term Care Program

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