

FREQUENTLY ASKED QUESTIONS FOR GENERAL GROUP INSURANCE

When do my benefits become effective?

Your benefits will be effective the first of the month following your first day of work in a full-time eligible position.

How do I sign up for my benefits?

The Antelope Valley Community College District's Human Resource Office will email you the applicable information and forms. You may respond to the email to schedule your benefits appointment after you have completed the necessary new hire processing requirements. During your appointment we will be able to answer any questions you may have and ensure your benefits enrollment process is complete.

Who can I cover as an eligible dependent under the Antelope Valley Community College District benefits plan?

Eligible dependents are:

- Legal spouse or domestic partner
- Dependent child(ren) under 26 years of age
- Your unmarried child(ren) who are deemed disabled by their physician and approved by your carrier.

Eligible children include:

- Your natural and adopted children
- Stepchildren, if you are married to your stepchildren's parent. If you and your spouse divorce, your former dependent stepchildren are no longer eligible for coverage.
- Children of your domestic partner. If you and your domestic partner separate, the children of your former domestic partner are no longer eligible for coverage.
- Children for whom you have permanent legal guardianship issued by a court of law (until age 18).

Please note you will be required to provide documentation of your dependent's eligibility via appropriate documents for dependents: first page of most recent 1040 tax form, birth certificates, legal documents for custody or adoption.

Once I sign up for benefits with Antelope Valley Community College District, when can I expect my ID cards?

Please allow approximately 21 business days for your enrollment forms to process and for your ID cards to be mailed to your home from the insurance carriers.

I have questions about my insurance benefits. Who should I contact for answers?

You can call the Human Resources Benefits office at (661) 722-6311. Your call will be transferred to a Benefits staff member pertaining to your specific questions. If you need to contact the carrier you will be provided with the correct contact information.

What and who is SISC?

- SISC stands for Self-insured Schools of California
- SISC began operations in 1978 as a pool of districts committed quality and cost-effective benefits programs for education employees
- SISC is now the largest public school pool in the US
- SISC administers the Antelope Valley Community College Districts medical, dental and vision insurance plans

How can I find out what benefit plans I'm covered under?

You can go online to your MyAVC page. Click on "Employee Services" then "Employee Self-Service Menu" and click then "Benefit and Deductions".

- Your personalized information will show on the screen, including your current medical plan coverage.

You can also register on the different insurance company websites to view your plan information, usage and covered dependents.

- Blue Cross - <http://www.anthem.com/ca/sisc>
- Blue Shield - <https://www.blueshieldca.com/sisc>
- Kaiser - <http://my.kp.org/sisc>
- Delta Dental - <https://www.deltadentalins.com>
- VSP - <https://www.vsp.com/>

When can I make changes to my benefits plans?

In general, you may only make changes to your benefits once a year during Open Enrollment period in August for an effective date of October 1. However, the plan does allow for changes during the year if you experience a "qualifying life event" as defined by HIPAA. Examples of a qualifying life event are:

- Marriage or divorce
- Birth, adoption, or death
- Change in your spouse or domestic partner's employment that would affect coverage under the other employer's plan, such as gain or loss of coverage.
- Change in court order for custody or visitation, or requirement to provide health insurance coverage.

If you have a qualifying life event, a request for change must be made within 30-days of the life event change; otherwise, you must wait until the next Open Enrollment period.

How do I get additional or replacement medical ID cards?

Go on the respect vendor website and request a new or temporary card under your account, or you can call one of the following numbers.

- Blue Cross - 800-322-5709
- Blue Shield - 800-541-6652
- Kaiser - 800-464-4000

What is an HMO plan?

An HMO, Health Maintenance Organization, is a specific type of health care plan within a Medical Group. An HMO plan sets out guidelines under which doctors can operate. When one joins an HMO, one is usually asked to choose a primary care physician. This doctor then acts in part as the HMO's agent in determining what treatments the patient does and does not need. When the primary care physician determines that the patient needs care they cannot offer, they give a referral to a specialist within the same medical group that can address the patient's concerns.

What is a PPO plan?

With a PPO option, you are free to see any provider you wish – although the plan pays higher benefits when you choose to use an in-network doctor. You are not required to coordinate your care through a primary care physician and there are no referrals needed to see specialists. A PPO health insurance plan allows you to see any doctor of your choice, allowing you more control. Visits are most affordable if you stay within the network of physicians that work with your PPO medical plan. PPO health plans are unique because they allow patients to practice "self-referral". This means that you can see any specialist you want, without waiting for your primary care physician (PCP) to refer you.