FOOTHILL-DE ANZA
Community College District

Office of Human Resources and Equal Opportunity

2010 Open Enrollment Newsletter | April 5-30, 2010

A Message from Christine Vo, Benefits Manager

Open Enrollment Summary

Open Enrollment is your annual opportunity to consider whether your health and welfare benefits meet your needs. It offers employees an opportunity to review the benefit options offered by FHDA and **add** or **make changes** to your benefit package!

1) BENEFITS ELECTION FOR JULY 2010 – JUNE 2011

OPEN ENROLLMENT for Plan Year 2010/2011 is **April 5 to April 30.** During this time you have the opportunity to:

A. Elect to change from one medical plan to another. The District offers three options:
   1) **Kaiser Foundation Health Plan (HMO),**
   2) the **Preferred Provider Organization (PPO) Medical Plan**, and
   3) the **Exclusive Provider Organization (EPO) Medical Plan**

To insure under the **"Exclusive Provider Organization (EPO) Medical Plan"**, you **must** have access to contracted UnitedHealthcare providers and facilities **within a 30 miles** radius from your home residence. Otherwise, you must select the PPO Plan.

B. **Opt out of Health Plan Option** (evidence of other coverage is required)
   Note: Coverage for the following benefits: Medical/Rx, Dental and Vision will end June 30, 2010

C. Add or Delete dependent(s)

D. Enroll in Flexible Spending Accounts (FSA)

E. Enroll in Voluntary Term Life and Accidental Death & Dismemberment Insurance

The changes are effective **July 1, 2010** and will be applicable for a **twelve (12) month period ending June 30, 2011.**

2) MANDATORY Online Medical Benefit Election for all Employees

ALL benefited employees **must** enroll online during open enrollment to either enroll/renew health insurance plans or making changes to benefits for Plan Year 10/11 by the deadline of Friday, April 30, 2010, 5pm. This year the process is **paperless** – any election to renew benefits or changes must be processed through **iElect Online Benefits Enrollment System by 5pm, Friday, April 30, 2010.**

In an effort to save the environment and retain cost, going forward, the plan will only mail limited materials to the home, we are no longer mailing the Open Enrollment full packet of materials to employees this year – they will only be available online. I encourage you to use this time to

thoroughly review all your benefits, and sign up for a health flexible spending account can be great way to use pre-tax dollars to pay for anticipated medical costs. You will find full details of these and other options on the Open Enrollment website, available at http://hr.fhda.edu/benefits/.

Please review the Open Enrollment materials online at http://hr.fhda.edu/benefits/. Highlights for 2010 include the following:

- Plan Summaries
- Your health plan cost starting July 1, 2010
- Plan Changes for 2010: Medical, Prescriptions, and Dental
- Three-Tier Prescription Drugs, Specialty Drugs and PDL
- Preventative Care Services
- Immunizations
- Federal Mental Parity and Parity Addiction Equity Act
- Michelle's Law
- Flexible Spending Accounts (FSA)
- Online Open Enrollment
- Supplemental Life Insurance
- Dependent Eligibility Definition
- Dependent Eligibility Audit (DEA) Process
- FAQ's

Who Should Participate?

ALL Full-time and Reduced-Contract employees should participate by reviewing current benefit options and pick your own choice of health plan for PY 10/11.

You **must** complete the Open Enrollment Online Process if you are:

1. Maintaining the same benefits option
2. Adding or deleting a dependent (spouse, same-sex domestic partner or dependent children) on your insurance plan
3. Changing from the Select Benefits plan to another Benefits Plan (transfer from Kaiser HMO to Self-funded plans: EPO/PPO or vice versa)
4. Impacted by the Reduction in Force **(RIF**) – it's not final until it's final! Your position might be saved after all.
5. Retiring under Article 19 or fully retired effective July 1, 2010
6. Enrolling or continuing participation in a FSA (health and dependent care)
7. Waiving health option due to other coverage **(evidence of other coverage is required)**

If you fail to select your medical benefits before the deadline, your coverage will be defaulted to "Waive of Health Plan" option. This means that you and your dependent coverage will be defaulted to **"No Coverage"** for the following plans: **Medical, Prescriptions, Dental** and **Vision care effective July 1, 2010.** Similarly, if you elect to **"Waive"** benefits for PY 10/11 ***due to other coverage (evidence of insurability is required),*** your coverage provided by the district will cease as of June 30, 2010 for the same benefits. Special open enrollment (reinstatement) is permitted *only* if you incur an IRS life-qualifying event (i.e. marriage, divorce, death, newborn, change in dependent status or loss of other coverage).

3) iElect Enrollment Online Workshop:

For assistance regarding enrollment on-line, please refer to the benefits web site: http://hr.fhda.edu/benefits/ for details of dates, times and locations.

Failure to enroll during the open enrollment period by *April 30, 2010, 5pm* means coverage for both employee and the dependent *will be cancelled* effective June 30, 2010.

4) PIN NOTIFICATION LETTER FOR BENEFITS ON-LINE ENROLLMENT

Secova, on-line benefits carrier, has sent a customized Personal Identification Number (PIN) to each active employee. This unique **P**ersonal **I**dentification **N**umber **(PIN)** provides the same authority as your signature; it certifies that all the information is complete and true. It also authorizes your 2010-2011 benefit election and payroll deductions.

To maintain your privacy, the new **LOGIN** number is the **last 4 digits** of your **Social Security Number**, immediately followed by the **month**, **date**, and **birth year**. e.g. (**Last Four Digits of SSN#MMDDYYYY**).

IMPORTANT: Keep your PIN in a handy place for future use. This PIN will allow you to access the iElect Home Page and view all of the benefit information, confirm your benefit plan elections and coverage, and have easy access to pertinent web sites.

5) BENEFITS ON-LINE ENROLLMENT INFORMATION

Follow the instructions printed in Secova's PIN Notification Letter.

IMPORTANT: When finishing your elections on-line, you must CLICK the "PLEASE CONFIRM" button to activate your benefits for the new plan year (July 1, 2010 - June 30, 2011. The system will not register any of the changes you have made until you click "PLEASE CONFIRM" to save the election.

You may wish to save a copy of your **Temporary Confirmation Statement** on your desktop before exiting the system, or print a hard copy for the records. You will receive an **Official Benefits Confirmation Statement** from Secova, on-line benefits carrier, by May 20, 2010 for your benefits election for the Plan Year 10/11.

Employees who have no access to a District computer or District email system, can send a letter or email indicating choice of coverage to **vochristine@fhda.edu**. The District will mail a temporary confirmation statement to your home address upon completion of the election.

Monthly Employee Contributions over 12 months period: July 2010 - June 2011

PLAN OF COVERAGE	Employee Only	Employee + One DEP	Employee + Two or More DEP
KAISER	$48.00	$96.00	$144.00
EPO	$48.00	$96.00	$144.00
PPO	$120.00	$240.00	$360.00

Note: Please be advised that the employee contribution rates include $1/mo for Vision and $4/mo for dental, and the remainder belong to the medical care.

Effective July 1, 2010, the employee contributions for benefits plan year 2010/2011 (July-June) will be deducted from your pay on a **pre-tax** basis. The premium is based on 12 months of coverage. Premium for ten (10) and eleven (11) months employees are collected in arrears at the earliest opportunity. For example, if you are not in pay status for the months of July and August, the insurance premium will be collected with the September paycheck for two arrears payment (July & August) plus the current month (September) to bring the account up-to-date.

IMPORTANT:

A. By confirming your election on-line, you authorize changes to your account, including any required payroll deductions. Please understand that **1)** once you authorize a change in Plan, you will not be allowed to change your plan until the next annual open enrollment for the plan year 11/12 (April 2010); and **2)** once you authorize a change in dependent(s), you will not be allowed to change your dependent coverage for the next plan year until the next annual open enrollment for the plan year 11/12 (April 20101) *unless you have a qualifying "change in family status"*.

If you add or delete a dependent, you must provide documentation (marriage license, legal divorce decree signed by the judge, birth/death certificate, or legal adoption papers and copies of social security card) for each new dependent or change in status to Human Resources before the updates/changes can be completed.

All required documentation must be submitted to the Human Resources Office by **April 30, 2010.** We cannot process benefit requests and your added dependent(s) will not be covered effective July 1, 2009 if we do not receive the necessary documents.

B. If you are experiencing difficulty enrolling on-line, please contact:

Amanda Robinson, Technical Specialist, email: RobinsonAmanda@fhda.edu.
Patience McHenry, Benefits and Legal Compliance Assistant, email: McHenryPatience@fhda.edu.

C. If you have questions regarding the **Preferred Provider Organization (PPO**) and the **Exclusive Provider Organization (EPO) Medical Plans,** UnitedHealthcare **Choice and Choice Plus Networks,** verification of contracted medical providers, FSA eligible/non-eligible expenses, please contact UnitedHealthcare Customer Care at: 1-800-510-4846, Group #708611.

D. Notification from Secova to Confirm Your Selection – May 20th
You will receive an official benefits confirmation statement from Secova, on-line benefits carrier, confirming your plan selection, and notifying you of the requirement to submit documentation for verification of dependents, if applicable, May 20th. For ALL plans, it is your responsibility to notify the District of any changes regarding eligibility. Failure to act in a timely manner may disqualify you from receiving District-paid benefits, and/or deny your benefits claim(s). You are required to notify the District's Human Resources Office in writing within **31 days** whenever there is a change in dependent status, and within **10 days** if there is a change in address. Your prompt cooperation in this matter is greatly appreciated.

6) SELF-FUNDED MEDICAL PLAN CHANGES:

A. Exclusive Provider Organization (EPO) and In-Network Benefits (PPO)

- Primary Care Office Visit Co-pay: $25
- Specialist Office Visit Co-pay: $30
- Urgent Care Office Visit: $30
- Mental Health/Substance Abuse Office Visit Co-pay: $25
- Chiropractic Care/Acupuncture Office Visit Co-pay: $25
- Emergency Room Visit (not level 1): **$100 Co-pay +10% coinsurance after deductible**
- Annual Deductible**: $350/person or $1,050/family**
- Co-Insurance You Pay: **10%**
- Out-of-Pocket Maximum: **$1,000/person**, or **$3,000/family**
- Preventative Care: **100% paid by Plan, $0 Co-pay**
- Vaccination: **100% paid by Plan, $0 Co-pay**

B. Preferred Provider Organization (PPO) – Open Access Program (Out-of-Network)

- Primary Care Office Visit Coinsurance: Plan pays 70% of U&C after Deductible
- Specialist Office Visit Coinsurance: Plan pays 70% of U&C after Deductible
- Urgent Care Office Visit Coinsurance: Plan pays 70% of U&C after Deductible
- Mental Health/Substance Abuse Office Visit Coinsurance: Plan pays 70% of U&C after Deductible
- Chiropractic Care/Acupuncture Office Visit Coinsurance: Plan pays 70% of U&C after Deductible
- Emergency Room Visit (not level 1): **Plan pays 70% of U&C after Deductible and $100 Co-pay**
- Annual Deductible: **$700/person or $2,100/family**
- Co-Insurance You Pay: **30%**
- Out-of-Pocket Maximum: **$3,000/person**, or $**9,000/family**
- Preventative Care: **Plan pays 70% of U&C after Deductible**
- Vaccination: **Plan pays 70% of U&C after Deductible**

NOTE: U&R stands for Usual, Customary and Reasonable

7) PRESCRIPTION DRUG PLAN FOR SELF-FUNDED MEDICAL PLANS

Effective July 1, 2010, the District self-funded medical plans will offer **Three-Tier Prescription Drugs** program through access of UHC **Advantage Prescription Drug List** (PDL), and **Specialty Drugs** provided by **UnitedHealth Pharmaceutical Solutions**.

A **Prescription Drug List (PDL)** is a list of Food and Drug Administration (FDA)-approved brand name and generic medications. It is the foundation for how we drive value for our members.

Your UnitedHealthcare pharmacy benefit provides coverage for a comprehensive selection of prescription medications. You and your doctor may refer to these lists to select the right medication to meet your needs.

The Advantage PDL are developed through an evidence-based evaluation process that enables us to place the highest value medications in lower co-pay tiers and align an individual's cost share with the relative value of the medication. For list of *Advantage PDL*, please access: http://hr.fhda.edu/benefits/.

Your three-tier prescription benefit gives you choice over which medications you use while also balancing costs. To do this, the benefit breaks prescription medications into three categories, or tiers:

- Generic
- Formulary brand-name
- Non-formulary

You have coverage for all three categories. What you pay, your co-pay - depends on which medication (or tier) you and your doctor choose. Generics cost the least, and non-formulary medications cost the most with a three-tier prescription benefit design.

Three-Tier Rx Benefits:	**RETAIL**
Tier 1	$10 Co-pay/30 days
Tier 2	$25 Co-pay/30 days
Tier 3	$50 Co-pay/30 days
	MAIL ORDER
Tier 1	$20 Co-pay/90 days
Tier 2	$50 Co-pay/90 days
Tier 3	$100 Co-pay/90 days
***HALF TAB PROGRAM**	1/2 of the cost of the regular Co-pay
****SPECIALTY DRUGS**	Co-pay varies by tiers for 30 days supply only

Note: Both self-funded plans have $1,000/person annual cap on mail order co-pay

IMPORTANT: *Starting July 1, 2010, the "Dispense as Written" (DAW) provision is removed. Furthermore, even if the provider requests the medication (DAW), the member* ***will pay the Tier 2 or Tier 3 co-pay plus the ancillary charges (difference in cost between generic and the tier of drug in question) as specified by UHC Formulary.***

SPECIALTY DRUGS:
The Specialty Pharmacy Program takes a comprehensive approach to patient care and cost management, through clinical programs and a network of specialty pharmacies. The goal is to help make specialty medications accessible and affordable for our groups and members. Specialty medications are typically more than $250 per prescription; produced in an injectable or oral form; prescribed to treat rare or complex diseases; and typically require additional clinical support for better health outcomes.

8) KAISER MEDICAL PLAN CHANGES

- Primary Care Office Visit Co-pay: $20
- Specialist Office Visit Co-pay: $20
- Urgent Care Office Visit: $20
- Mental Health/Substance Abuse Office Visit Co-pay: **$20/individual** or **$10/group**
- Chiropractic Care/Acupuncture Office Visit Co-pay: **$15**
- Annual Deductible**: N/A**
- Co-Insurance You Pay: **0%**
- Out-of-Pocket Maximum: **$1,500/person**, or $3,000/family
- Preventative Care: 100% paid by Plan, $0 Co-pay
- Vaccination: **100% paid by Plan, $0 Co-pay; No age restrictions**
- Lifetime Maximum: **None**
- Prescription for 30 days supply: **$5 Co-pay (Tier 1); $10 Co-pay (Tier 2)**
- Prescription Mail Order for 100 days supply**: $10 Co-pay (Tier 1); $20 Co-pay (Tier 2)**

9) KAISER'S LIVE-WORK ELIGIBILITY RULE

The current **Kaiser's Live-Work Eligibility Rule** allows active employees who reside within the state of California and work in the Kaiser service area, to enroll in the Kaiser Medical Plan regardless of their residence. Article 19 retirees and full-time retirees are not eligible.

10) DENTAL PLAN

Starting July 1, 2010, the maximum calendar year allowance for dental benefits through the **Delta Dental's PPO Incentive Plan** is reduced to **$1,700.** Similarly, the **Premier Delta Dental Plan's** maximum annual allowance is also reduced to **$1,500.**

Delta Dental PPO, is an indemnity plan that allows you to select the dentist of your choice. Your current dentist may participate in the Delta Dental PPO Network and/or the Delta Dental Premier Network in California. If so, he/she has claim forms and will file your claim. Both you and Delta have a shared responsibility of paying the dentist for services received. ***If you select a dentist from the Delta Dental PPO Network, you will pay fewer out-of-pocket expenses***. If you choose a non-Delta dentist, you must pay entirely for services obtained and then submit a claim form with appropriate documentation to Delta Dental PPO for reimbursement. Claims should be sent to: P.O. Box 997330, Sacramento, CA 95899-7330. Refer to the EOC booklet for coverage details and plan limitations. You also may contact Delta Dental PPO customer service at 888-335-8227. Benefits are guaranteed only when you select a participating dentist from Delta's networks.

11) THE MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT (MHPAEA)

Effective July 1, 2010, district health plans that offer substance abuse and mental health treatment benefits guarantee that the scope of the benefits is equal to the plans coverage of medical and surgical benefits.

12) MICHELLE's LAW

Effective July 1, 2010, Michelle's Law requires group health plans, which provide coverage for dependent children who are post secondary school students, to continue such coverage if the student loses the required student status because he or she must take a leave of absence from studies due to a serious illness or injury. Michelle's Law requires that a self-insured group health plan, or insurer of an insured group health plan ("Plan"), shall not terminate coverage of a student "dependent child" who must take a "medically necessary leave of absence", before the earlier of:

- One year after the leave of absence begins; or
- Date on which the child's coverage under the Plan would otherwise terminate.

REMINDER:

A) Where an employee, or retiree, and his/her spouse/domestic partner each choose the same plan, the District may administratively join the two individuals (and any qualifying dependents) on one plan, with either the employee or retiree identified as a dependent of the other. The District shall have the right to determine the conditions for, and ways of, administratively joining the plans in accordance with legal statutes.

B) Where a qualified child is enrolled in a District health benefits plan:

(1) The child shall be covered as a dependent of only one employee or retiree; i.e., the employee or retiree and his/her spouse/domestic partner shall not both enroll the child as a dependent.

(2) The child shall be enrolled as a dependent of the employee or retiree who, in accordance with IRS regulations is eligible to claim the child as an IRS-qualified child tax dependent on his/her federal income tax return.

For information regarding **self-funded medical plan changes,** and **Flexible Spending Accounts,** please contact UHC Customer Care at **1-800-510-4846, group 708611.**

If you have any questions or need help during open enrollment, please plan to attend of the benefits workshop to be held on both campuses from **Monday-Thursday, April 12-15, 2010.**

For assistance regarding enrollment on-line, please attend **"iElect Enrollment On-Line Assistance Sessions"** to be held at both **Foothill (April 20-22)** and **De Anza (April 27-29)** campuses during the final two weeks of open enrollment. Please refer to the benefits web site for details of dates, times and locations.

For complete information regarding plan changes for all group health plans, voluntary benefits such as FSA and Supplemental Life, or claim forms, you may access our web site: http://hr.fhda.edu/benefits.

IMPORTANT: This is a summary of the most frequently used benefit provisions. Please refer to the Evidence of Coverage or the Summary Plan Description for complete details of benefit limitations, exclusions and general program parameters.

THE DEADLINE FOR OPEN ENROLLMENT FOR PLAN YEAR 2010-2011 is Friday, April 30, 2010 – 5:00 P.M.