



FOOTHILL-DE ANZA
Community College District

2010 Open Enrollment Workshop

Benefits Overview

April 12, 2010

Presented by
Christine Vo, Benefits Manager
And
UHC and Kaiser Representatives



**FOOTHILL-DE ANZA
Community College District**

Agenda

- Open Enrollment Information
- iElect On-Line Enrollment Tips
- Plan Design Changes
- Mandatory Employee Monthly Contribution
- Healthcare Reform
- FSA Health Care and Dependent Care
- Supplemental Life Insurance
- COBRA
- Dependent Verification
- Questions



Open Enrollment

- Annual Open Enrollment
 - **April 5** through **30**
 - Changes are effective **July 1, 2010**
- Actives may:
 - Reinstate previously waived coverage without proof of loss
 - Add eligible dependents without proof of loss
 - Remove dependents
 - Change medical plan
 - Waive benefits (evidence of other coverage is required by April 30)
 - ✓ **Benefits for Plan Year 09/10 (Medical/Rx, Dental, and Vision) will end on June 30, 2010)**

Active Communications

- Newsletter mailed April 2:
 - Newsletter includes:
 - ✓ Plan Comparisons
 - ✓ 2010/11 Rates
 - ✓ Dependent verification reminder
- Forms
 - Available on website for download
 - ✓ For Employees/Retirees: <http://hr.fhda.edu/benefits/>
 - Actives will receive their Benefits Confirmation Statement for PY 10/11 on May 20.
 - ✓ A new Benefits Confirmation Statement is sent anytime there is a change, including premium changes.

MANDATORY iElect On-Line Enrollment

- Open your browser to access: <https://www.iElect.com>
- Enter the following:
 - ✓ Employer: **FHDA**
 - ✓ LOGIN: Last 4 digits of SSN followed immediately by the MONTH, DATE and the YEAR of your birth date (e.g. last 4 digits **SSN#MMDDYYYY**)
 - ✓ PIN: Your PIN was sent to your home by Secova on April 2

How to request your PIN

PIN REQUEST

Your PIN will be mailed to your email address.

Employer

E-Mail Address

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Within 10 seconds, you should received an email: Admin@ultralink.com for your PIN.

iElect On-Line Enrollment Process

To enroll click here to elect your 2011 coverage





CHRISTINE VO

Employee Home Page

Foothill-De Anza is pleased to provide you with the following HR resources. They have been custom categorized to help you quickly find what you are looking for and answer all of your questions.

Benefits

- Make Elections for 2011
- Benefits Statement for 2010
- Benefits Statement for 2009
- Benefits Statement for 2008
- Benefits Statement for 2007

 iElect Email  HR News  Documents  HR Links

New Messages (5)

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[Please click here to read the agreement.](#)

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iElect On-Line Enrollment Tips

- **Medical/Dental/Vision Benefits Election:**
 - If you are insured any dependent(s), you must **Click** on **Each Dependent Name(s)** to activate benefits for PY 10/11
- **Voluntary Benefits:**
 - FSA Health Care and Dependent Care
 - Supplemental Life Insurance
 - You must **Click “WAIVE”** if you do not want to participate

iElect On-Line Enrollment Tips

- **FSA Election:**

- A) Health Care Account (HCA)**

- **Min contribution: \$500/plan year**

- **Max contribution: \$3,000/plan year**

- This is an account reserved for medical, prescription, dental and vision care expenses only
 - Do **not** include your monthly employee contribution as part of the calculation to determine the annual goal
 - UHC members should select “AUTO ROLLER” option when selecting the HCA option
 - **For a detailed list of eligible expenses, please refer to IRS Publication 502 (Health Care Expenses) available online at www.irs.gov**

IMPORTANT: Any remaining pre-tax dollars will be forfeited if not used by June 30, 2011. Last day to request a claim for PY 10/11 is 9/30/2011.

iElect On-Line Enrollment Tips

- **FSA Election:**

- **B) Dependent Care Account (DCA)**

- **Min contribution: \$500/plan year**

- **Max contribution: \$5,000/plan year**

- This is an account reserved for child care or elder care only
 - The child must be under **13 years old** and must be your dependent under federal tax rules. If the child turns 13 during the year, you **cannot** stop contribution at that time.
 - The care provider cannot be your child under age 19, or anyone else you or your spouse can claim as a dependent for tax purposes. You will be required to report the Tax ID number or social security number of your dependent care provider.
 - **For a detailed list of eligible expenses refer to IRS Publication 503 (Child and Dependent Care Expenses), available online at www.irs.gov.**

IMPORTANT: Any remaining pre-tax dollars will be forfeited if not used by June 30, 2011. Last day to request a claim for PY 10/11 is 9/30/2011.

iElect On-Line Enrollment Tips cont...

To activate benefits for
PY 2010-11
you must click here

SAM SAMPLE

Foothill-De Anza C.C.D. (Plan Year 2011) 4/1 1:22:40 AM PST

Back View Elect! Admin! Print Version

Confirmation Statement

Your election is pending. You MUST click 'Please Confirm!' to activate your new benefits for this election. No further changes will be allowed for 24 hours

[Please Confirm!](#)

I hereby authorize Foothill-De Anza C.C.D. to deduct from my pay the premium amount applicable for the coverage I elected. I understand that the amount of salary reduction will continue in effect unless I terminate employment or change my election as permitted under the plan (during open enrollment, due to a change in family status, or during a special enrollment period).

Clicking on the "Please Confirm!" button finalizes all on-line elections and authorizes the payroll deduction.

Your 2011 Benefit Elections

iElect On-Line Confirmation Process

- Your on-line activities will be locked out for **24 hours** once you click **“PLEASE CONFIRM”** to record your election
- You may return to your home page to edit and change your election after 24 hours.
- The deadline for all on-line activities is **5pm, April 30, 2010**
- You should ***save a copy of the temporary confirmation*** on your desk top or print a copy for the records.
- Changes will be effective **July 1, 2010**
- Official confirmation statements will be mailed to your home on **May 17, 2010**

Rule Changes

- Dependent Coverage
- Michelle's Law
- Healthcare Reform

Actives and Dependent Coverage

- **Beginning July 1, 2010**
 - Eligible Actives are required to have other comprehensive group coverage when removed from District-paid benefits
- **The following have not changed:**
 - Subscribers enrolling eligible dependents during a special open enrollment **must** provide proof of loss of other comprehensive group coverage
 - Subscribers enrolling eligible dependents during annual open enrollment are **not** required to provide proof of loss of other comprehensive group coverage

Michelle's Law

- If a student enrolled in District coverage:
 - Becomes seriously ill, and
 - Requires a medically necessary leave of absence from attending school
- District coverage may continue if the leave of absence qualifies under and is in accordance with the federal Michelle's Law (*Public Law 110-381*)
 - Michelle's Law allows a seriously ill or injured college student to take up to one year of medical leave without losing health insurance

Healthcare Reform

- Reconciliation Process
- Administrative Guidance, Notification, and Processes are needed from the feds to ensure proper implementation of various provisions
- Reconciliation Bill must be passed before we know when changes will become effective
- When Reform takes place: most likely **July 1, 2011**



Benefit Changes



Premium Changes

Monthly Employee Contributions over 12 months periods: July 2010 – June 2011

PLAN OF COVERAGE	Employee Only	Employee + One DEP	Employee + Two of 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 Medical care.

IMPORTANT: All actives are required to contribute towards the cost of healthcare **regardless which plan you choose and the level of coverage.** Your contributions are considered **pre-tax.**

Cost Sharing

- All medical plans will cover the same benefits, but
- Some benefits will have higher costs at point-of-service
- Both self-funded plans and HMO increased:
 - **Annual Deductible (except Kaiser)**
 - **Annual Out-of-Pocket Maximum**
 - **Co-payment and Coinsurance**

Health Plan Options Available

1) Kaiser HMO (Lowest Cost Option)

- Lower Premiums / Restricted to IN-Network providers only/No Deductibles

2) Self-Funded Plans: Administered by UnitedHealthcare

a. EPO - UnitedHealthcare Choice (Low Option)

- Lower Premiums / Restricted to IN-Network providers only/Low Deductibles

b. PPO - UnitedHealthcare Choice Plus (High Option)

- Higher Premiums /Greater Access to both IN and OON providers/High Deductibles

KAISER HMO

- **What's Changing Effective July 1, 2010:**
 - Primary and Specialist Office Visits: increase from \$10 to **\$20**
 - Urgent Care Office Visits: increase from \$10 to **\$20**
 - Mental Health/Substance Abuse Outpatient Office Visit Co-pay:
 - Increase from \$10 to **\$20** for individual visit
 - Increase from \$5 to **\$10** for group visit
 - Outpatient Surgery Procedure: increase from \$10 to **\$20**
 - Chiropractic Care Co-pay: increase from \$10 to **\$15**
 - **ROUTINE PREVENTATIVE CARE:**
 - Physical Exams Co-pay: reduce from \$10 to **\$0**

KAISER Prescription Program

Effective July 1, 2010:

- **Tier 1 (Generics): pick up from Plan Pharmacy**
 - Old:** \$5/up to 100-day supply
 - New:** **\$5** Co-pay for **30-day** supply
 - \$10** Co-pay for **31 to 60-day** supply
 - \$15** Co-pay for **61 to 100-day** supply
- **Tier 2 (Brand-name drugs): pick up from Plan Pharmacy**
 - Old:** \$5/up to 100-day supply
 - New:** **\$10** Co-pay for **30 days** supply
- **NEW Prescription Mail Order:**
 - **Tier 1(Generics):** **\$5** Co-pay up to 30 days supply or **\$10** for 31 to 100-day supply
 - **Tier 2 (Brand-name Drugs):** **\$10** Co-pay up to 30 days supply or **\$20** for 31 to 100-day supply

Eligibility for Kaiser Coverage

- ***Live-n-Work rule is applicable for actives*** - you may select Kaiser Plan even if you are not residing within the Kaiser service area (restricted to CA residents only).
- If you are becoming a retiree and not living in Kaiser service area effective July 1, 2010, you must only enroll under either EPO or PPO Plan. ***Live-n-Work rule is not applicable for retirees.***

Self-Funded Plan Changes



- 1. Both EPO/PPO plans have similar medical coverage.**
- 2. Both self-funded plans shared the same physician network. Choice Plus Plan reimburses physicians more for their service.**
- 3. The only plan differences are:**
 - **Premium Cost**
 - **Co-pay Amounts**
 - **Deductible Amounts**
 - **Co-Insurance Amounts**
 - **Choice of Out-of-Network Physicians (PPO)**
 - **PPO plan offers richer benefits in the following areas: Acupuncture, and chiropractic care (30 combined visits vs. 10 annual limit visits covered under the EPO plan)**

OOP Medical Maximums

- Only **MEDICAL Coinsurance** applies to Maximum OOP expense.
- Medical co-pays, medical deductibles, employee contributions, and prescription co-pays are not applied.

How the EPO Works:



- EPO (Choice) – Does not Require a Primary Care Physician
- No Referral required for Specialists.
- You may choose any UHC Network Provider for both Primary Care and Specialist Care
- There is NO out of network coverage for EPO plan, except emergencies (level 1).
- *To check for participating physicians go to www.myuhc.com*

How the PPO (Choice Plus) Plan Works:



- Do not Require a Primary Care Physician
- No Referral required for Specialists.
- May choose any UHC Network Provider for lowest cost health care coverage for both Primary Care and Specialist Care.
- May choose **Out of Network** Providers, but at significantly higher cost.

Medical Changes: EPO and PPO (In-Network only) 90/10 plan

- **In-Network Only: Starting July 1, 2010**
 - Annual Calendar Year *Deductible* (EPO)
 - Single – increase from \$150/person to **\$350/person**
 - Family - increase from \$400/family to **\$1,050/family**
 - Annual Calendar Year *OOP Maximum* (EPO)
 - Single – increase from \$600 to **\$1,000**
 - Family - increase from \$1,800 to **\$3,000**
 - Co-Insurance: increase from ZERO to **10%**
 - Co-Pays: **OLD** (\$20/office visit)
 - NEW - Primary Care/Chiropractor/Acupuncturist Office Visit: **\$25 Co-Pay**
 - NEW - Specialist and Urgent Care Office Visit: **\$30 Co-pay**

Medical Changes: EPO and PPO (In-Network only) cont... 90/10 plan

- **Inpatient Hospital Services:**

- EPO (OLD): \$50 Co-pay, deductible applies

- PPO (OLD – In-Network only): \$0

- **New:** increase to **\$100 Co-pay, 10% after Deductible** applies

- **Emergency Services (level 1):**

- OLD: \$50 Co-pay, if admitted waived, deductible applies

- **New:** increase to **\$100 Co-pay** (waived if admitted), **10% after Deductible**

- **Non-Emergency Services (not level 1):**

- OLD: 80% coverage if emergency criteria not met, deductible applies

- **New:** **\$100 Co-pay, 10% after Deductible**

- **Hearing Benefits:** increase from 80% to **90%** up to \$1,000 max annually

Medical Changes: EPO and PPO (In-Network Only) continued....

- **MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT**
 - **OLD:** Restricted to 25 visits annually at 50% coverage (under EPO Plan), Deductible applies, \$2,000 max coverage per year.
 - **OLD:** Restricted to 25 visits annually at 50% coverage (under PPO Plan), 100% of U&C, \$2,000 max coverage per year.
 - ✓ **NEW:** 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.
- **PREVENTATIVE CARE: New Enhancements (restricted to In-Network Service Only)**
 - **Routine Health Screenings including Well Baby Care:** 100% paid for by the Plan including Annual Physicals, Mammography, labs and x-rays services in accordance to the US Preventative Services Task Force.
 - **Immunization:** removed age restrictions and 100% coverage

Medical Changes: PPO (Out-of-Network) 70/30 Plan

- **Open Access – Starting July 1, 2010**

- Annual Calendar Year *Deductible* (PPO-In Network)

- ✓ Single – increase from \$0/person to **\$350**/person
- ✓ Family - increase from \$0/family to **\$1,050**/family

- Annual Calendar Year *Deductible* (PPO-Out of Network)

- ✓ Single – increase from \$0/person to **\$700**/person
- ✓ Family - increase from \$0/family to **\$2,100**/family

=====

- Annual Calendar Year *OOP Maximum* (PPO In-Network)

- ✓ Single – increase from \$400 to **\$1,000**
- ✓ Family - increase from \$1,200 to **\$3,000**

- Annual Calendar Year *OOP Maximum* (PPO Out-Network)

- ✓ Single – increase from \$2,000 to **\$3,000**
- ✓ Family - increase from \$6,000 to **\$9,000**

Medical Changes: PPO (Out-of-Network) cont. 70/30 Plan

- Co-Insurance: **OLD** (80/20 plan/office visit subject to U&C charges)
 - ✓ **What is new?** Plan pays 70% of U&C, after Deductible, for the following office visits
 - Primary Care
 - Specialist
 - Urgent Care
 - Chiropractic Care
 - Acupuncture Care
 - Preventative Care
 - Outpatient Mental Health
 - Outpatient Substance Abuse

Medical Changes: PPO (Out-of-Network) cont. **70/30 Plan**

- Emergency Services: increase from \$50 to **\$100 Co-Pay** (waived if admitted) + **10% coinsurance**.
- Non Emergency Room Services (Not Level 1) – **Plan pays 70% of U&C, after Deductible and \$100 Co-Pay**

Three-Tier Prescription Drugs Plan - Advantage PDL

Starting July 1, 2010

Tier 1: Preferred Generic Drugs (on the FORMULARY) - \$10 Co-pay/30 days

- Primarily made up of generic drugs.
- May include some Brand-Name Drugs that have proven more effective, less costly and few side effects.
- Lowest out-of-pocket expense

Tier 2: Formulary Brand-Name Drugs - \$25 Co-pay/30 days

- Primarily made up of Brand-Name Drugs
- May include generic drugs that the plan has determined to be more costly than their brand name alternatives

Tier 3: Non-Preferred (NON-FORMULARY) - \$50 Co-pay/30 days

- Made up of drugs that the plan has not included in Tier 1 or Tier 2.

NOTE: Mail Order for 90-day supply provided through Medco cost 2 X 30 days Co-pays. Maximum OOP for mail order is increase from \$500 to \$1,000

Specialty Drugs - UnitedHealth Pharmaceutical Solutions

- Starting July 1, 2010

Specialty medications are designed to address the most complex and life threatening diseases such as: Parkinson's, Growth Hormone Deficiency, Hepatitis C, HIV/AIDS, Oral Oncology, Rheumatoid Arthritis, Transplant, Cystic Fibrosis, etc....

Specialty medications broadly defines as having one or more of the following attributes:

- Unique distribution or administration (e.g., typically injectable or oral form)
- Market exclusivity to treat rare diseases (orphan drugs)
- Indication for chronic and life threatening diseases
- High cost (more than \$250)
- Requires close monitoring by a pharmacist or physician
- **Restricted to 30 days supply via mail order provided by Pharmaceutical Solutions.**

DRUGS THAT WILL NOT BE COVERED EFFECTIVE JULY 1, 2010

- NEXIUM
- COREG CR
- VERAMYST
- PREVACID
- DORYX
- CADUET
- ALLEGRA-D 24 HOUR
- ALLEGRA-D 12 HOUR
- TREXIMET
- REQUIP XL
- TRIAZ
- SOMA



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Reasons To Use myuhc.com

- Get Information About Hospitals and Physicians
- Organize Your Medical Claims Online
- Learn More About Your Coverage
- Request a Medical ID Card
- Compare Costs for Treatments
- Learn About Health Conditions, Treatments & Procedures
- Order and Renew Prescriptions Online
- Identify cost savings for comparable medications
- Health Risk Assessments



To Find a Participating Dentist, go to:
<http://www.deltadental.com>

Delta Dental Benefits Programs

Delta Dental PPO plus Premier

- Maintains freedom of choice
- Combination of Delta Dental PPO and Delta Dental Premier networks
- Features cost-saving, two-tier network that expands your access to Delta Dental participating dentists who can save you money
- PPO dentists and Premier dentists are paid their respective allowances

DENTAL PLAN

- **Starting July 1, 2010**
- Maximum calendar year allowance for dental benefits through the **Delta Dental's PPO Incentive Plan** is reduced to **\$1,700**.
 - ✓ **If you select a dentist from the Delta Dental PPO Network, you will pay fewer out-of-pocket expenses**
- **Premier Delta Dental Plan's** maximum annual allowance is also reduced to **\$1,500**. This plan allows you to select the dentist of your choice.

Enrollment Deadlines

APRIL 30, 2010, 5pm

- No automatic rollover for health insurance.
- **You must enroll in health to continue coverage!**
- Failure to enroll on-line for benefits PY 10/11 by the deadline of April 30, your medical/Rx, dental and vision benefits will end on June 30, 2010.

Supplemental Life Insurance

Policy is underwritten by Hartford

- Auto rollover for existing participants
- If you elect to change to **enroll** for supplemental life or **decrease/increase** the insurance volume, you must download the form provided online and submit it to HR by the deadline of 4/30/10

Note: You and your dependent(s) do not have to be insured under the medical plan in order to participate in this program

- Failure to complete the paperwork and return to HR by the deadline of April 30, your request to enroll or change will not be enforced. (No exceptions!)

COBRA Benefits

- **Employees who qualify for COBRA will be contacted by the District**
- **Dependent(s) must notify the District within 60 days of life qualifying event to request continuation of coverage under the district benefits program (NO EXCEPTIONS!)**
- **Self-pay for benefits**
- **Coverage may be continued for either 18 months or 36 months depending on life qualifying event(s)**
- **Must pre-paid for benefits monthly**
- **Premium will be billed by the District**
- **Net 30 days due**
- **May exercise changes in plan coverage through open enrollment**

SELF-PAYS MONTHLY PREMIUM FOR PY 10/11

- Kaiser Medical/Rx	-	\$528.68
- EPO Medical/Rx		\$716.37
- PPO Medical/Rx		\$773.32
- DENTAL/VISION		\$ 80.04

DEPENDENT VERIFICATION PROCESS

- Eligibility is being verified for dependent's of all actives and retirees
- Letters will be mailed to all subscribers with dependents on their account on May 17 by Secova, on-line benefits carrier
- Members should send **copies** of the documents used for proof, not originals (*e.g., a copy of a 2009 Federal Tax Return*)
 - Any financial information may be blacked out by the member
 - Information is private, as per the law
 - Hard copies will be shredded by Secova after 60 days

RESOURCES

HR contacts:

1. Patience McHenry, Benefits and Legal Compliance Assistant, phone: 650-949-6224, email: McHenryPatience@fhda.edu
2. Amanda Robinson, Technical Specialist, phone: 650-949-6103, email: RobinsonAmanda@fhda.edu
3. Christine Vo, Benefits Manager, phone: 650-949-6225, email: VoChristine@fhda.edu

District Benefits Website: <http://hr.fhda.edu/benefits/>

RESOURCES

Insurance contacts:

Kaiser Permanente, group 857, customer service: 1-800-464-4000

www.KaiserPermanente.org

UnitedHealthcare, group 708611, customer service: 1-800-510-4846

www.myUHC.com

Delta Dental of CA, group 603, customer service: 1-888-336-8227

www.deltadentalins.com

Vision Service Plan (VSP), group 12075742, customer service: 1-800-877-7195

www.vsp.com

What to Expect after Open Enrollment?

- By July 1, 2020, the following will be mailed to you home:
 - New ID cards will be issued to all UHC members
 - New Summary Plan Descriptions for EPO, PPO, Dental and Vision
 - HIPPA Certificates will be issued by Kaiser and UnitedHealthcare to all members who made changes during Open Enrollment, i.e. transfer from Self-funded plan (EPO/PPO) to KAISER and vice versa
- ✓ DO NOT PANIC!!!
- ✓ This Cert is required by law – please keep it in a safe place just in case the insurance carriers request proof of prior coverage to give you credits to avoid pre-existing conditions exclusion.

Closing

- Thank you
- Questions and Answers

