



FOOTHILL-DE ANZA  
Community College District

**Office of Human Resources and Equal Opportunity**  
12345 El Monte Road, Los Altos Hills, CA 94022

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TO: All Active Employees  
FROM: Christine Vo, Benefits Manager  
DATE: April 3, 2009  
RE: **Annual Benefits Open Enrollment (April 6-30, 2009)**

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**1) BENEFITS ELECTION FOR JULY 2009 – JUNE 2010**

**OPEN ENROLLMENT** for Plan Year 2009/2010 is **April 6 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\***

\*Please see #2 below regarding the name change for the District's Self-Funded Plans.

- B. Enroll in Flexible Spending Accounts (FSA)
- C. Enroll in Voluntary Term Life and Accidental Death & Dismemberment Insurance

The changes are effective **July 1, 2009** and will be applicable for a **twelve (12) month period ending June 30, 2010**.

**2) DISTRICT SELF-FUNDED MEDICAL PLANS – Name Change:**

- A. The District Network Only Medical Plan (PPO) shall be known as the **Exclusive Provider Organization (EPO) Medical Plan**.
- B. The District Combined Coverage Medical Plan (PPO+) shall be known as the **Preferred Provider Organization (PPO) Medical Plan**.

To insure under the "**Exclusive Provider Organization (EPO) Medical Plan**", (previously known as the PPO Network Only 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.

**3) MANDATORY Medical Benefit Election for all Employees**

**ALL** benefited employees must enroll online during open enrollment. If you fail to select your medical benefits before the deadline, your coverage will default to your current medical plan, **except** those who are currently insured under the **PPO Plan (previously known as PPO+ Plan)**. **EMPLOYEES ENROLLED IN THE "PPO" PLAN MUST RE-ENROLL OR COVERAGE WILL DEFAULT TO THE "EPO" PLAN EFFECTIVE JULY 1, 2009.**

#### 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 **Personal Identification Number (PIN)** provides the same authority as your signature; it certifies that all the information is complete and true. It also authorizes your 2009-2010 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, 2009 - June 30, 2010). 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 15, 2009 for your benefits election for the Plan Year 09/10.

Employees who have no access to a District computer or District email system, can send a letter indicating choice of coverage to Christine Vo at the District office. The District will mail a temporary confirmation statement to your home address upon completion of the election.

Employees who elect the PPO Medical Plan (formerly known as PPO+) are required to contribute for dependent coverage. For employees with one dependent, the monthly contribution is **\$142.08**. For employees with two or more dependents, the monthly contribution is **\$266.38**. Contributions will be deducted from your paycheck on a **pre-tax** basis beginning July 1, 2009. The premium is based on 12 months of coverage.

**REMEMBER: IF YOU MAKE NO ELECTION TO CHANGE MEDICAL COVERAGE AT THIS TIME, YOUR COVERAGE WILL DEFAULT AUTOMATICALLY TO EITHER KAISER HMO OR THE EXCLUSIVE PROVIDER ORGANIZATION (EPO).**

**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 10/11 (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 10/11 (April 2010), *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, 2009**. 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 [Larry Hong](#), Technical Specialist, ext. 6103 or via email: [HongLarry@fhda.edu](mailto:HongLarry@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](#).

**E. Locating Forms**

You may locate a "Request to Change Benefit Plan" form at <http://hr.fhda.edu/benefits/> or use the enclosed form.

**F. Notification from Secova to Confirm Your Selection – May 15<sup>th</sup>**

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 15<sup>th</sup>. 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) EPO/PPO PRESCRIPTION DRUG PLAN – Elimination of Mandatory Mail Order**

Effective July 1, 2009, the District self-funded medical plan participants are no longer required to use Medco Prescription Mail Order after the third refill at a local retail pharmacy. Mail order prescription refill service shall continue to be available, but is no longer mandatory.

**7) EPO/PPO MEDICAL PLAN – Cap on Private Duty Nursing:**

Private Duty Nursing will have an annual limit of \$25,000.

**8) 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.

**9) MEDICAL/Rx/DENTAL/VISION/EAP PLANS – *Elimination of Dual Coverage:***

In cases where a District employee or retiree has a spouse/domestic partner who is also an employee or retiree of the District, each shall be covered individually as an employee or retiree and shall have the right to choose his/her own plan, but neither shall be covered as a dependent on his/her spouse's/domestic partner's plan or any other District plan, except as administratively joined as described in "A" below. Qualified dependents shall be covered by one employee or retiree only as described in "B" below.

**Implementation provisions:**

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.

C) Where a retiree is Medicare-eligible:

(1) Medicare shall be the PRIMARY payer for retirees in all cases.

(2) Retirees with Medicare who choose Kaiser shall participate in the Kaiser Senior Advantage program.

(3) The District Self-Funded Medical Plan shall be the SECONDARY or TERTIARY payer, depending on the benefit plan(s) specified in the retiree's Medicare Plan of Record.

(4) Each retiree shall continue to be entitled to his/her post retirement paid benefits for retired employees in accordance with the contractual agreements with the various bargaining units.

For information regarding group health plans 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 2009-2010 is  
Thursday, April 30, 2009 – 5:00 P.M.**