



Office of Human Resources and Equal Opportunity

2011 Open Enrollment Newsletter to All Qualified Part-Time Faculty

June 28 – July 28, 2011

A Message from Christine Vo, Benefits Manager



Open Enrollment Summary for Plan Year 2011/2012

RESPONSE REQUIRED! FAILURE TO RESPOND WILL TERMINATE ELIGIBILITY FOR HEALTH BENEFIT COVERAGE IN 2011-2012.

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

1) OPEN ENROLLMENT for Plan Year 2011/2012 is June 28 to July 28, 2011

If you or your dependents are not currently enrolled for health benefits, now is your opportunity! During open enrollment, you may

- a. Participate in the FHDA Kaiser Plan
- b. Drop/waive your participation in the FHDA benefit programs
- c. Add/drop your dependents

Enrollment/changes will be effective **October 1, 2011 through September 30, 2012**. Open Enrollment is the only time to make changes unless you have a qualifying change in family status. The occurrence of a “qualifying event” (birth, marriage, adoption) will allow you to enroll dependents outside of Open Enrollment. See notice of special enrollment rights on the Annual Legal Notices page.

In accordance with Article 22A of the *Agreement* between the District and the Faculty Association, you are eligible to participate in the District’s Kaiser Medical Plan. To participate, you must submit a signed affidavit that you have no other access to medical insurance where all or part of the premium is paid through some other source.

Part-time faculty members with re-employment preference per Article 7 whose annual load range is between **0.400 – 0.499** for the academic year ending June 24, 2011 are eligible for **employee-only or employee plus dependent(s)** enrollment in the District’s Paid Benefits for Part-Time Faculty program. Effective July 1, 2011, each part-time faculty employee enrolling in the program shall

contribute toward the annual premium, as specified below for the appropriate load threshold and tier.

The District determines eligibility annually for the period from October 1st through September 30th **based on the prior academic year's part-time faculty teaching load.**

Please note: Article 22A.3.5 provides an eligibility review for full District premium payment for faculty who, because of load configurations are assigned loads that consistently fall slightly under the load threshold.

Eligibility shall cease (and participation in the program will be terminated) if you lose re-employment preference per Article 7, resign or retire from active employment with the District, or fail to provide the affidavit (required annually) and/or other required forms/documentation by the July 28, 2011.

2) WHAT'S NEW?

For the Plan Year 2011/2012, the following changes to the benefit design to comply with health reform:

- The Patient Protection and Affordable Care Act of 2010 requires that group health plans cover dependents on a parents plan until the dependent's 26th birthday through the date the child attains age twenty-six (26) without regard to student, marital, dependency, residency, or employment status. A dependent child is defined as your child or your spouse or domestic partner's child (natural, adopted, foster, stepchild, or a child placed with you for adoption).
- Lifetime maximums have been removed
- Pre-existing condition limitations have been removed for members to age 19
- Preventive care is covered at 100% in-network

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 plan 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 2011 include:

- Health Care Reform Changes (please refer to the attachment)
- Dependent Children Covered to Age 26
- Plan Summaries
- Your health plan cost starting October 1, 2011
- Preventative Care Services
- Immunizations
- Annual Notices
- Online Open Enrollment
- Dependent Eligibility Definition
- Same-sex Domestic Partner Calculations of Cost

- Dependent Eligibility Audit (DEA) Process
- FAQ's

The District will fund **50 percent of the cost of the Kaiser health care premium** for the Plan Year 2011/2012 (October 1, 2011 – September 30, 2012). The employee contribution of **50 percent of the annual (12-month)** insurance premium shall be paid in nine **(9) equal payments** through payroll deductions. In the event the required monthly contribution exceeds compensation in any regular pay period, the employee shall have the responsibility for paying the District directly for the uncovered amount no later than the last day of the month of coverage.

The contribution rates shall have three tiers: employee-only; employee plus one; employee plus family. Rates for each tier are expressed monthly, i.e., 1/12th of the employee's annual contribution.

The following tiers and employee contribution rates shall apply:

| <u>Tier</u> | <u>*Employee Contributions (12 mo)</u> | <u>*Employee Contributions (9mo)</u> |
|----------------------|--|--------------------------------------|
| Employee-only | \$273.00/month | \$364.00/month |
| Employee plus one | \$545.00/month | \$726.67/month |
| Employee plus family | \$772.00/month | \$1,029.33/month |

***Note: Employee Contributions provided via payroll deductions are considered pre-tax.**

Effective October 1, 2011, the employee contributions for benefits plan year 2011/2012 (October-September) will be deducted from your pay on a **pre-tax** basis. The premium is based on 12 months of coverage. Premium for Part-Time Faculty are over 9 equal pay periods (October 2011 – June 2012) For example, if you are not in pay status for the Fall Quarter, the insurance premium must be paid manually directly to Accounts Receivables for October/November/December to keep the account in active status. i.e. October 2011 contribution is due no later than October 31, 2011

3) KAISER MEDICAL PLAN

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)**

4) KAISER LIVE-N-WORK RULE

Kaiser's Live-Work Eligibility Rule allows active employees who live in California and work in the Kaiser service area to enroll in the Kaiser Medical Plan, regardless of their residence. For new enrollees, Kaiser enrollment forms are included in this mailing.

5) REQUIRED PREMIUM PAYMENTS

The District pays 50 percent towards the premium; the employee contributes the following based on tiers of coverage through 9 monthly payroll deductions (October 2011 – June 2012) for twelve months of coverage. **The first payroll deduction occurs on October 31, 2011.**

The rates quoted below will remain in effect from July 1, 2011 through June 30, 2012

KAISER PREMIUM RATES FOR PY 2011-2012 (JULY - JUNE):

| 50% District Contribution | <u>EE Only</u> | <u>EE + One</u> | <u>EE + Two or More Deps</u> |
|--|-----------------------|------------------------|-------------------------------------|
| Employee Monthly premium (12 months) | \$273 | \$545 | \$772 |
| *Annual Premium (10/11 – 9/12 or 12 months) | \$3,276 | \$6,540 | \$9,264 |
| Employee Monthly Contribution (adjusted to 9 Equal payments (Oct 2011 – June 2012)) | 364.00 | \$726.67 | \$1,029.33 |

- A) During a non-assignment quarter, you are required to submit the monthly premium directly to Accounts Receivable as **post-tax**. *Payment is due on the first of the month, but a grace period allows for payment to be received no later than the last day of the insured month.* If a participant is delinquent for the insured month beyond the grace period, benefits will be terminated and collection procedures initiated to collect any outstanding balance; or
- B) When the employee's contribution deduction amount is greater than the payroll check amount, the employee is required to submit payment for the difference in premium amount **within five (5) business days** after the payroll check is issued or from the time the payroll check would have been issued.

All checks should be made payable to FHDA, and return it to Account Receivables directly. No invoices will be issue.

Failure to pay the premium in a timely manner will result in termination of coverage without reinstatement rights. All claims will be "PENDING" until payment is received in the District Office. Please remember, the grace period cannot be extended and no exceptions will be made. The District does not send notices of late payment. **It is the employee's responsibility to meet the premium payment deadline as specified above.**

6) MEDICARE ELIGIBILITY

Please contact Social Security Administration (SSA) at 1-800-772-1213 to enroll for **Medicare Part A only** at least **three (3) months before your and/or family member's 65th birthday** and waive all other Medicare Parts B, C and D until you are no longer qualified for benefits through the District. Note, the District will certify your prior coverage to SSA when you later enroll for Medicare Parts B, C and D to avoid premium penalty fees due to late enrollment. **Your coverage through the District Group Medical Plan will remained as PRIMARY until your policy expired or terminated, Medicare is SECONDARY.** You do not need to enroll in any Senior Advantage program until you are retired. It

is the sole responsibility of the employee and his or her eligible dependents to apply for and satisfy the requirements of Medicare.

The changes are effective **October 1, 2011** and will be applicable for a **twelve (12) month period ending September 30, 2012**.

By confirming your election, 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 2012/13 (July 2012); 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 2012/13 (July 2012) *unless you have a qualifying “change in family status”*.

A. 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 **5pm, Thursday, July 28, 2011**. We cannot process benefit requests and your added dependent(s) will not be covered effective October 1, 2011 if we do not receive the necessary documents.

B. If you have questions regarding the **Preferred Provider Organization (UnitedHealthcare CHOICE PLUS Health Plan - PPO)** and the **Exclusive Provider Organization (UnitedHealthcare CHOICE Health Plan – EPO)**, please contact [UnitedHealthcare Customer Care at: 1-800-510-4846](tel:1-800-510-4846), Group #708611.

C. Enrollment Confirmation:

You will receive an email from MyBenefits@fhda.edu, confirming your plan selection for benefits PY 11/12, and Secova, online benefits carrier, notifying you of the requirement to submit documentation for verification of dependents, if applicable, by August 28th. 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.

ENROLLMENT AND/OR ANNUAL SIGN-UP

COMPLETE THE REQUIRED FORMS and RETURN THEM TO HUMAN RESOURCES immediately. Eligibility for coverage will cease (and participation in the program will be terminated) if the employee fails to provide the affidavit (required annually) and/or other required forms/documentation by Thursday, JULY 28, 2011.

ALL PARTICIPANTS in the program are required to FILE AN AFFIDAVIT ANNUALLY, regardless of whether they are continuing or new participants in the program.

Required for Continuing Participants with no Dependent Changes

A completed and signed affidavit certifying no other access to medical insurance where all or part of the premium is paid through some other source. The affidavit must be returned to the District Human Resources Office by **Thursday, July 28, 2011.**

Required for Continuing Participants with Dependent Changes

1) A completed and signed affidavit certifying no other access to medical insurance where all or part of the premium is paid through some other source. **2) Notification and documentation of changes to dependent coverage.** To add dependent(s), provide copies of birth (passport is acceptable) or marriage certificates and social security card and divorce documentation to delete a spouse. The affidavit and the notification/ documentation must be returned to the District Human Resources Office by **Thursday, July 28, 2011.**

Required for New Enrollees

1) A completed and signed affidavit to certify that you have no other access to medical insurance where all or part of the premium is paid through some other source. **2) A completed and signed enrollment form** is required of all newly eligible part-time faculty (those not currently insured on one of the District's Plans). **3) Proofs of dependents** such as marriage and birth certificates and copies of social security card(s) must be provided in order to insure your family. The affidavit, enrollment form, and proofs of dependent(s) must be returned to the District Human Resources Office by **Thursday, July 28, 2011.**

Required Premium Payment

When required to make premium payments, employees should make checks payable to: Foothill-De Anza Community College District and note "P/T Faculty Benefits Premium" and the last four digits of your social security number i.e. (xxx-xx-1234) or CWID on the check. No invoices will be issued.

MAIL ALL PAYMENTS TO:

Foothill-De Anza Community College District
Attn: Accounts Receivables
12345 El Monte Rd, Los Altos Hills, CA 94022
Phone: 650-949-6259

New enrollees must submit the affidavit, the enrollment form, and appropriate verification of dependents. Continuing participants must submit the affidavit and documentation of any change in dependents. Affidavit and required forms and documentation due by the deadline stated above.

For information regarding the Kaiser group health plan, you can now access the information via our web site: <http://hr.fhda.edu/benefits>.

NOTE: If you wish to receive a confirmation notice regarding your mailing to us, please send your mail via **certified mail**, or request confirmation via email: MyBenefits@fhda.edu. Unfortunately, due to limited resources, we cannot confirm by phone. Thank you.

MAIL ALL DOCUMENTS TO:

**Foothill-De Anza Community College District
Attn: BENEFITS UNIT
12345 El Monte Rd, Los Altos Hills, CA 94022**

**Email: MyBenefits@fhda.edu
Phone: (650) 949-6224
Fax: (650) 949-2831**

For complete information regarding plan changes for all 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 2011-2012 IS
THURSDAY, JULY 28, 2011, 5PM**

**FROM JUNE 27 – SEPTEMBER 1, 2011, THE DISTRICT OFFICE OPENS 4 DAYS X 10
HOURS (M-TH), AND CLOSSES ON FRIDAYS. SO, PLEASE PLAN ACCORDINGLY.**