



FOOTHILL-DE ANZA
Community College District

Office of Human Resources and Equal Opportunity

2010 Open Enrollment Newsletter
to All Qualified Part-Time Faculty

June 26, 2010

Annual Benefits Open Enrollment
(July 1 - 29, 2010)

A Message from Christine Vo, Benefits Manager

Open Enrollment Summary



RESPONSE REQUIRED! FAILURE TO RESPOND WILL TERMINATE ELIGIBILITY FOR HEALTH BENEFIT COVERAGE IN 2010-11.

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 **.500 or above** for the academic year ending June 25, 2010 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, 2010, 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.

Eligibility is determined annually by the District 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 29, 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 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 2010 include the following:

- Plan Summaries
- Your health plan cost starting October 1, 2010
- Plan Changes for 2010: Medical, an Prescriptions
- Three-Tier Prescription Drugs, Specialty Drugs and PDL
- Preventative Care Services
- Immunizations
- Federal Mental Parity and Parity Addiction Equity Act
- Michelle's Law
- COBRA
- Dependent Eligibility Definition
- Dependent Eligibility Audit (DEA) Process
- FAQ's

The District will fund the **partial cost of the Kaiser health care premium** for the Plan Year 2010/2011 (October 1, 2010 – September 30, 2011). The employee contribution of **32 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:

Tier	*Employee Contributions (12 mo)	*Employee Contributions (9mo)
Employee-only	\$174/month	\$232/mo
Employee plus one	\$349/month	\$465.33/mo
Employee plus family	\$494/month.	\$658.67/mo

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

Effective October 1, 2010, the employee contributions for benefits plan year 2010/2011 (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 2010 – June 2011) 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 2010 contribution is due no later than October 31, 2010

1) 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)**

2) 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.

3) REQUIRED PREMIUM PAYMENTS

The **District pays partial cost towards the premium**; the employee contributes the following based on tiers of coverage through 9 monthly payroll deductions (October 2010 – June 2011) for twelve months of coverage. **The first payroll deduction occurs on October 31, 2010.**

The rates quoted below will remain in effect from July 1, 2010 through June 30, 2011

KAISER PREMIUM RATES FOR PY 2010-2011 (JULY - JUNE):

	<u>EE Only</u>	<u>EE + One</u>	<u>EE + Two or More Deps</u>
Employee Monthly premium (12 months)	\$174	\$349	\$494
*Annual Premium (10/10 – 9/11 or 12 mo)	\$2,088	\$4,088	\$5,928
Employee Monthly Contribution (adjusted to 9 Equal payments (Oct 2010 – June 2011))	\$232	\$465.33	\$658.67

During a non-assignment quarter or when the employee's contribution deduction amount is greater than the payroll check amount, the employee is required to submit payment for either the full premium amount or the difference, within **ten (10) working days** from the time the payroll check is issued or from the time the payroll check would have been issued. You are to submit a check 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.**

4) 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.**

5) 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.

6) 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.

Other Important Information:

- Questions regarding **load** should be directed to the **Division office**.
- Questions about **program requirements** and eligibility should be directed to the **Faculty Association at 650 949-7544; email to ElwellSusanne@fhda.edu**.
- **Effective date** of medical coverage for all changes made during open enrollment is **October 1, 2010**.
- The **first payroll deduction** will take place on **October 31, 2010**.
- The District **does not** provide notary public service. However, some banks such as World Savings and Washington Mutual provide this as a free service to their customers. Otherwise, any real estate office will offer the service for a small fee.
- In order for the District to maintain an accurate listing of the complete names, telephone numbers, and mailing addresses of all employees, 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.
- 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 newly enrolled 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 **July 29, 2010**. We cannot process benefit requests for the new Plan Year 2010/2011 without the required information. Your added dependent(s) will not be covered effective October 1, 2010 if we do not receive the necessary documents.

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

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 11/12 (July 2011); 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 (July 2020) *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 Thursday, **July 29, 2010**. We cannot process benefit requests and your added dependent(s) will not be covered effective October 1, 2010 if we do not receive the necessary documents.

B. 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 provider. Please contact [UnitedHealthcare Customer Care at: 1-800-510-4846, Group #708611](tel:1-800-510-4846).

C. Enrollment Confirmation:

You will receive an email from Patience McHenry, Benefits and Compliance Assistant, confirming your plan selection for benefits PY 10/11, and Secova, online benefits carrier, notifying you of the requirement to submit documentation for verification of dependents, if applicable, August 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.

IMPORTANT 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.

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 **JULY 29, 2010**.

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 29, 2010**.

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 29, 2010**.

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 29, 2010**.

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) 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: McHenryPatience@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: Christine Vo, HR Dept
12345 El Monte Rd, Los Altos Hills, CA 94022**

**Email: RobinsonAmanda@fhda.edu
Email: VoChristine@fhda.edu**

**Phone: (650) 949-6103
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 2010-2011 IS
THURSDAY, JULY 29, 2010, 5PM**

**FROM JUNE 28 – AUGUST 28, 2010, THE DISTRICT OFFICE OPENS 4 DAYS X 10 HOURS (M-TH), AND
CLOSES ON FRIDAYS. SO, PLEASE PLAN ACCORDINGLY.**