



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

To: All Qualified Part -Time Faculty
From: Christine Vo, Benefits Manager
Date: June 24, 2009
Subject: ANNUAL BENEFITS OPEN ENROLLMENT (JULY 1 - 31, 2009)

**RESPONSE REQUIRED! FAILURE TO RESPOND WILL TERMINATE ELIGIBILITY
FOR HEALTH BENEFIT COVERAGE IN 2009-10.**

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 **.4000 to .4999** for the academic year ending June 26, 2009 are eligible for **employee-only or employee plus dependent(s)** enrollment in the District's Paid Benefits for Part-Time Faculty program. The District contributes **50% of the Kaiser health care premium** for the Plan Year 2009/2010 (October 1, 2009 – September 30, 2010). The employee contribution of **50% of the annual (12-month)** insurance premium shall be paid in nine **(9) equal payments** through payroll deductions.

Eligibility is determined annually by the District for coverage 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, fail to provide the affidavit (required annually) and/or other required forms/documentation by the July 31, 2009 deadline, or fail to pay the required contribution toward the health care premium.

A. REQUIRED PREMIUM PAYMENTS

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.

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.**

B. KAISER MEDICAL PLAN

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.

The **District pays half the premium**; the employee contributes the other half through 9 monthly payroll deductions (October 2009 – June 2010) for twelve months of coverage. **The first payroll deduction occurs on October 31, 2009.**

The rates quoted below will remain in effect from July 1, 2009 through June 30, 2010.

KAISER PREMIUM RATES FOR PY 2009-2010 (JULY - JUNE):

50% District Contribution	EE Only	EE+1	EE + Family
Monthly premium (12 months)	\$517.19	\$1,034.38	\$1,463.64
*Annual Premium (10/09 – 9/10 or 12 mo)	\$6,206.28	\$12,412.56	\$17,563.68
Monthly Premium (adjusted to 9 months)	\$689.59	\$1,379.17	\$1,951.52
Employee Monthly Contribution @ 50% (9 months)	\$344.79	\$689.59	\$975.76

D. SELF-FUNDED MEDICAL PLANS – NAME CHANGE (Effective July 1, 2009):

If you reside outside of the State of California you may enroll in one of the District's Self Insured Medical Plans:

- District Network Only Medical Plan (PPO) shall be known as the **Exclusive Provider Organization (EPO) Medical Plan, or**
 - The Combined Coverage Medical Plan (PPO+) shall be known as the **Preferred Provider Organization (PPO) Medical Plan.**
- If you live outside of California and wish to enroll in the EPO or the PPO Plan email VoChristine@fhda.edu to request additional information and an application. The completed application must be filed by the July 31, 2009 deadline.
 - The rates quoted below will remain in effect from July 1, 2009 through June 30, 2010.

1) EPO CHOICE - Employee Contribution Rates for PY 09/10 (July-June):

	EE Only	EE+1	EE + Family
EPO Monthly Premium (12 months)	\$755.71	\$1,511.41	\$2,122.37
*Annual Premium (10/09 – 9/10 or 12 mo)	\$9,068.52	\$18,136.92	\$25,468.44
Monthly Premium (adjusted to 9 months)	\$1,007.61	\$2,015.21	\$2,829.83
Less: 50% Kaiser Premium (District paid)	(\$344.79)	(\$689.59)	(\$975.76)
= Employee Monthly Contribution (9 mo)	\$662.82	\$1,325.62	\$1,854.07

2) PPO CHOICE - Employee Contribution Rates for PY 09/10 (July-June):

	EE Only	EE+1	EE + Family
PPO Monthly Premium (12 months)	\$818.98	\$1,637.96	\$2,300.17
*Annual Premium (10/09 – 9/10 or 12 mo)	\$9,827.76	\$19,655.52	\$27,602.04
Monthly Premium (adjusted to 9 months)	\$1,091.97	\$2,183.95	\$3,066.89
Less: 50% Kaiser Premium (District paid)	(\$344.79)	(\$689.59)	(\$975.76)
= Employee Monthly Contribution (9 mo)	\$747.18	\$1,494.36	\$2,091.14
**Plus: PPO Monthly Surcharge (9 mo)	\$0.00	\$189.44	\$355.17
= Employee Monthly Contribution (9 mo)	\$747.18	\$1,683.80	\$2,446.31

Note:

***Rates are subject to change for all health plans due to insurance renewals on July 1st of every year. There will be a one-time billing adjustment for the premium of July-September.**

**** PPO Monthly Buy-Up cost (12 mo): \$142.08 for EE + 1 Dependent, \$266.38 for EE + Family**

E. 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.**

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 31, 2009.**
- **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 **Friday, July 31, 2009.**

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 **Friday, July 31, 2009.**

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 31, 2008.**

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
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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, 2009**.
- The **first payroll deduction** will take place on **October 31, 2009**.
- 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 31, 2009**. We cannot process benefit requests for the new Plan Year 2009/2010 without the required information. Your added dependent(s) will not be covered effective October 1, 2009 if we do not receive the necessary documents.

**REMINDER: DUE DATE IS FRIDAY, JULY 31, 2009, 5:00 PM.
NO EXCEPTIONS.**

- **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: HongLarry@fhda.edu
Email: VoChristine@fhda.edu**

**Phone: (650) 949-6103
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