FOOTHILL-DE ANZA
Community College District

OFFICE OF HUMAN RESOURCES AND EQUAL OPPORTUNITY

Welcome To The 2009/2010 Benefits Open Enrollment Workshop

April 10, 2009

FOOTHILL-DE ANZA
Community College District

OFFICE OF HUMAN RESOURCES AND EQUAL OPPORTUNITY

Presented
By
Christine Vo, Benefits Manager
And
Erica Le, UnitedHealthcare Accounts Executive
Maria Lem, Kaiser Associate Account Manager

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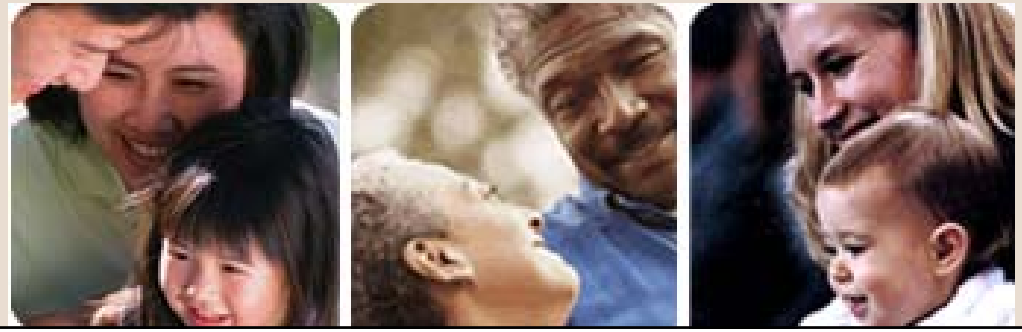
OPEN ENROLLMENT OVERVIEW

- **Benefits election for July 2009 - June 2010**
- **Benefits Open Enrollment: April 6-30, 2009**
- **When Coverage begins**: If you enroll or make changes during the Open Enrollment period, the coverage and/or changes will begin on July 1, 2009.



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OPEN ENROLLMENT OVERVIEW CONT'D

DEFAULT ELECTION - WHAT HAPPENS IF YOU DO NOTHING:

- **Medical:**

  If you are currently enrolled in a medical plan, and don't take any action during Open Enrollment, you coverage will continue with the same medical plan with the level of benefits.

- **Dependents:**

  If you are eligible for benefits, you may also enroll your eligible dependents for medical, dental and vision.

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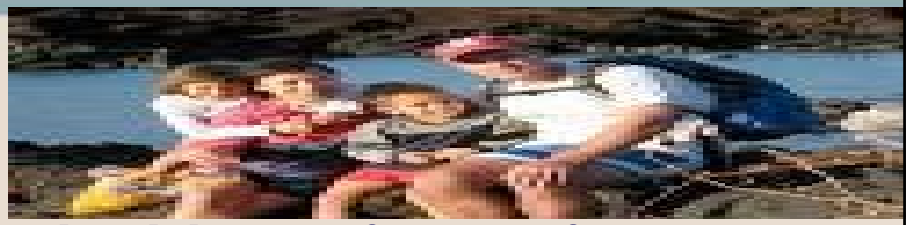
OPEN ENROLLMENT OVERVIEW CONT'D

Eligible Dependents Include:



- Your legal spouse
- Same Sex Domestic Partner (for whom you have completed the Certification of Domestic Partner form)
- Unmarried dependent children up to age 24, including your:
  1. natural birth child
  2. legally adopted child
  3. stepchildren for whom you have at least 50% legal responsibility and can claim as an IRS dependent. Stepchildren must reside with you.
  4. Children of your domestic partner who depend on you for support and live with you in a regular parent/child relationship

IMPORTANT:

The additional coverage for the domestic partner and/or your partner's child becomes a taxable benefit. Imputed income is separate from your monthly plan cost. The amount of your imputed income depends on the plans in which you are enrolled and the level of your coverage. Imputed income is taxable – that is, it increases your taxable gross income for federal, state incomes taxes plus FICA. Your imputed income is reported on your annual Form W-2.

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OPEN ENROLLMENT OVERVIEW CONT'D

- HEALTH CARE PLANS:

  1) EPO (formerly PPO Network Only)
  2) PPO (formerly PPO+)
  3) KAISER HMO

- **IMPORTANT**: If you make no election to change medical coverage, and/or add/delete dependent(s) your coverage will default automatically to your **current coverage** on July 2009.

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CHANGES FOR THE PLAN YEAR 09/10

What's new?
NAME CHANGE

DISTRICT SELF-FUNDED MEDICAL PLANS:

1. The District Network Only Medical Plan (PPO) shall be know as the the **EXCLUSIVE PROVIDER ORGANIZATION (EPO) MEDICAL PLAN.**
2. The District Combined Coverage Medical Plan (PPO+) shall be known as the **PREFERRED PROVIDER ORGANIZATION (PPO) MEDICAL PLAN**
3. EPO/PPO Medical Plan – ***Cap on Private Duty Nursing***: Addition of $25,000 annual limit.

- To insure under **EPO Medical Plan**, you **must** have access to contracted UnitedHealthcare Choice providers and facilities within a **30 miles** radius from your home residence. Otherwise, you must select PPO Plan.

- You **can not change** your selections until the next annual open enrollment (April 2010) unless you qualify for a **"change in family status."**

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CHANGES FOR THE PLAN YEAR 09/10

ELIMINATION OF DUAL COVERAGE: Medical/Rx, Dental and Vision

Two plan members (employee and spouse/domestic partner), each of whom are either employed by or retired from the District, *shall each be covered as an employee or retiree, but one shall not be covered as a dependent on any plan.*

Notes Regarding Medicare Eligible Individuals:

- Medicare will be the PRIMARY payer for retirees in any case scenario.
- Retirees with Medicare who choose Kaiser are required to participate in the Kaiser Senior Advantage program.
- The District Self-Funded Medical Plan is the SECONDARY or TERTIARY payer, depending on which benefits plan is your Medicare Plan of Records.
- Each retiree continues to be entitled to his/her post retirement paid Benefits for Retired Employees in accordance with Retiree Health Benefits.

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HOW TO CHANGE PLAN, ADD/DELETE DEPENDENT(S)

- Complete the **Change Request Form** to authorize changes to your account and the monthly billing (if applicable).
- If you **add/delete** a dependent, you must provide the following documents: **Marriage license, 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 HR before the updates/changes can be made.
- **All required documents must be submitted to HR by April 30, 2009**. New dependent(s) will not be covered if we do not receive the necessary documents.

- Retirees with one or more dependents insured under PPO Plan will be billed by **UHC Business Services** accordingly.

TO SEND IN PAYMENT BY MAIL:

UnitedHealthcare Benefit Services

PO Box 713082

Cincinnati, OH 45271-3082

www.uhcservices.com

Customer Service Phone: (866) 747-0048, FAX (502) 326-5303, UHC Group #708611

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DEPENDENTS ELIGIBILITY AUDIT (DEA)

- The District contracts with **Secova** to perform an ongoing verification of **all** enrolled dependents (spouses, and all dependent children) for all insurance carriers: UnitedHealthcare, Kaiser, Delta Dental, and Vision Service Plan.

- **The District and the insurance carriers reserve the right to request documentation (tax records) to verify enrolled family members). Please do not submit any documentation unless HR/Benefits or your carrier request it.**

- DEA mailing scheduled **May 15, 2009**, retirees who have enrolled any dependents via open enrollment will be required to respond to an audit from Secova. Employees will until **June 15, 2009** to respond.

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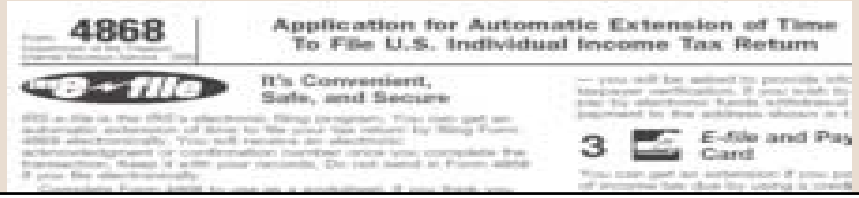
DEA PROCESS: DOCUMENT REQUIRED FOR DEPENDENTS VERIFICATION

- **If you are divorced and required to carry coverage for dependent child(ren), but cannot claim your dependent(s) per court order, please submit the Court Order Statement in lieu of the 1040 statement. The maximum age of coverage for these dependents to age 19.**

- **<u>To request an extension due to late income tax filing:</u>** Submit **2009 Application for Automatic Extension of Time to File U.S. Individual Income Tax Return (form 4868)** to Secova no later than **June 15, 2009. The extended deadline is August 15, 2009 (to meet COBRA regulations). You may request the ultimate deadline of October 15, 2009 by notifying SECOVA no later than June 15, 2009.**

- **You must also sign an ATTESTATION CERTIFICATION document provided by Secova** to declare that the provided information you are submitting to prove eligibility for your dependent(s) under the District's benefit plans is true, accurate, and complete. If providing false, incomplete or misleading information, or if you fail to update this information in accordance with eligibility guidelines, you may be subject to the following: reduced coverage levels, repayment of any claims or premiums paid by the District, and disenrollment of your dependent(s). **Please note that it is a felony to falsify IRS tax forms in any way!**


4868 Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

e-file It's Convenient, Safe, and Secure

3 E-file and Pay Card

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MEDICAL PLANS AT A GLANCE

Medical Options:

- District Combined Coverage Medical Plan (PPO+)
- District Network Only Plan (PPO)
- Kaiser Health Plan – HMO

KAISER PERMANENTE

UnitedHealthcare®
A UnitedHealth Group Company

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What You Should Think About

1. Find your doctor in our network
2. Understand your total cost of health care
3. Understand the plan(s) and how it works
4. Review and compare the “extras”

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Your Medical Benefits at a Glance

Type of coverage	Network benefit	Non-network benefit
Physician's office services	$__ co-payment	__% After deductible
Specialist office visit	$ __ co-payment	__% After deductible
Emergency room services	__% after deductible	__% After deductible
Inpatient hospital stay	__% after deductible	__% After deductible
Urgent Care center services	$ __ co-payment	__% After deductible

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CHOICES

- The District Self-Funded Medical Plans are administered by **UnitedHealthcare (UHC), GROUP #708611, Customer Care toll free (800) 510-4846.**
- **EPO Medical Plan (formerly known as PPO Network Only)** participants **MUST** choose providers contracted with the **UnitedHealthcare CHOICE Health Plan.**
- **PPO Medical Plan (formerly known as PPO+)** can access providers under the **UnitedHealthcare CHOICE PLUS Health Plan** and **non-network providers**.
- To determine if your physician is in the network, go to **UHC web site:**

www.provider.uhc.com

Or call

Customer Care toll free: (800) 510-4846

UnitedHealthcare
Healing health care. Together.

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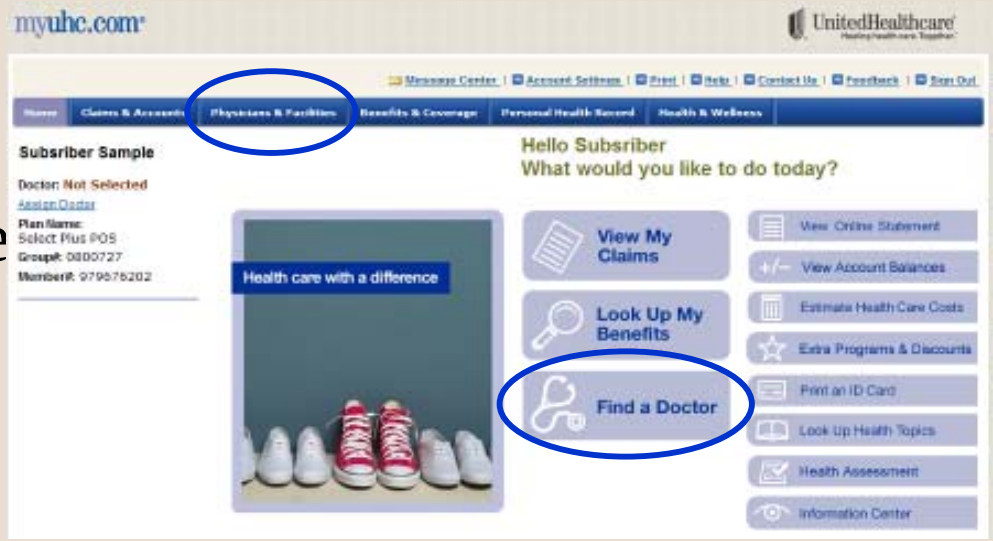
Find Your Doctor

- Visit myuhc.com® to find your doctor
  - Name
  - Specialty
  - Condition or Procedure
  - Office hours
  - Gender
  - Education
  - Address and driving directions
  - Languages spoken



Most likely your physician is in our network

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THIRD PARTY ADMINISTRATOR (TPA) AND UnitedHealthcare Health Plans

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www.provider.uhc.com

Or call

Customer Care toll free: (800) 510-4846

UnitedHealthcare
Healing health care. Together.

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Preferred Provider Organization (PPO)

previously known as PPO+

- **Choice to select any providers:**
  UnitedHealthcare CHOICE PLUS Health Plan & Non-PPO providers.
- **ZERO deductible**
- **Utilization of UnitedHealthcare Choice Plus PPO providers provides:**
  - **100% in payment per contractual rates patient is responsible for only co-payments**
- **Option to access any non-PPO providers**
  - **Plan pays 80% of UCR charges, patient is responsible for the difference in UCR payment vs. billed**
- **Flexibility: Provides worldwide coverage regardless whether it is emergency or not**

- **Members who <u>reside outside of US territory</u> <u>or in non-PPO service areas</u> will default automatically to the PPO+ Plan and premiums will be billed accordingly.**
- **Requires employee contribution to insure dependent coverage.**
- **Chiropractic Care <u>required</u> PRIOR AUTHORIZATION (after 12 visits). Maximum annual limit of 30 visits. Subject to <u>medical necessity</u>.**

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Exclusive Provider Organization (EPO)

previously known as PPO Network Only

- **MUST** choose only providers contracted with the **UnitedHealthcare CHOICE Health Plan.**
- **ZERO** payment for any out-of-network expenses, except for true Medical Emergency (**Level 1 Critical Care @ EPO level of benefits). You are responsible for the difference in billing!**
- Utilization of **UnitedHealthcare Choice PPO** providers provides:
  - 100% in payment per contractual rates, patient is responsible for only co-payments
- **Annual Deductible is applicable** for hospitalization, physician hospital services, diagnostics X-ray & Lab, durable medical **equipment**, outpatient substance abuse, ambulance services, birthing centers, skilled nursing facility, home/hospice healthcare, ER, etc.

  $150/per person/calendar year

  $300/for two persons/calendar year

  $400/family of three or more/calendar year
- 50% Higher Out-of-Pocket maximum vs. PPO plan
- Limited chiropractic care (10 visits annually)
- **Well Baby Care/Adult Annual Physical** - Plan pays 100% up to **$300 per calendar year maximum**, less co-pay per visit
- $50 Co-pay for Inpatient Mental Health vs. ZERO for PPO
- **NO employee contribution to insure dependent coverage**

UnitedHealthcare
Healing health care, Together

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PRESCRIPTION DRUG PLAN

medco

- **MEDCO** is the **Pharmacy Benefits Manager** (in partnership with UHC), **GROUP #708611, Member Services toll free: 1-877-842-6048.**
- Access pharmacy information and refills via: **http://www.medcohealth.com**
- **MAIL ORDER PRESCRIPTION** provided by **MEDCO**
- To start Mail Order Prescription, contact your physician(s) for **NEW** prescriptions (90 supply + refills) and submit those to **MEDCO.** It will take at least two weeks for the new prescriptions to be delivered to your home, so plan accordingly. Do not submit any other medication requests such as one time use or antibiotics.

- **EPO/PPO Rx Plan - *Elimination of mandatory Mail Order***: Mail order prescription refill shall continue to be available; however, the use of mail order after the third refill at a local pharmacy shall no longer be required.

- **Overrides for supplies larger than 90 days** needed for extended travel outside of the U.S. may be arranged by contacting the Benefits Office.

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Creating value through Prescription Drug List (PDL) management

1. **Explore different options that may be available.**

2. **Speak to your physician about possible alternatives.**

3. **Visit myuhc.com to learn more about your current coverage.**

Responsible benefit management

Be an informed consumer. Look for ways to save on your prescription medication.

Generic Alternatives

- Speak to your doctor about possible generic alternatives.
- Generic equivalents are required to contain the same active ingredients as brand name drugs.

Mail Order

- Provides a 3 month supply for the cost of 2 co-pays.

Shop Around

- Some pharmacies offer certain drugs for as low as $4 per prescription with your insurance card.

Align with disease management/clinical programs

Copay tier based on total healthcare value – encouraging better decisions

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Want to save on prescription medication costs?

Same bottle. Same medication. Same pharmacy. So why does one cost 50% less?

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Personalized member engagement programs

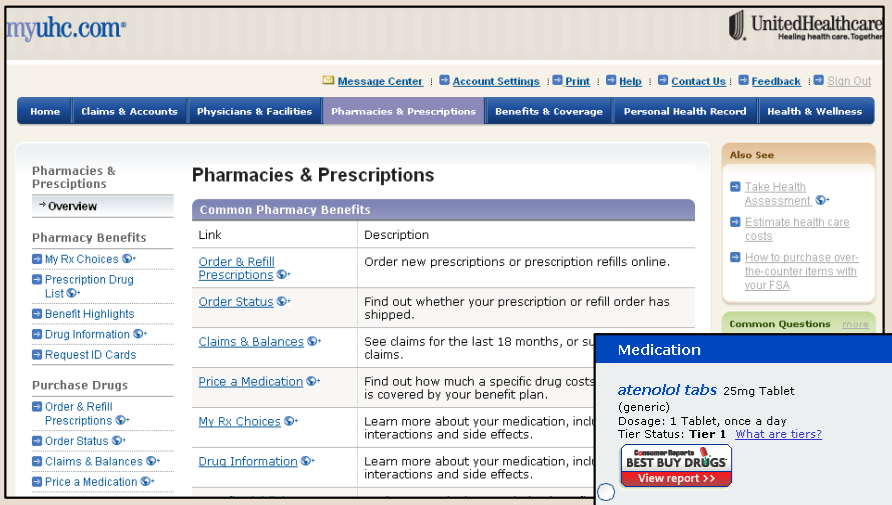
Web services myuhc.com

- Claims history
- Drug Information
- Drug pricing
- Savings estimator (MyRxChoices)

Encourage and empower better decisions

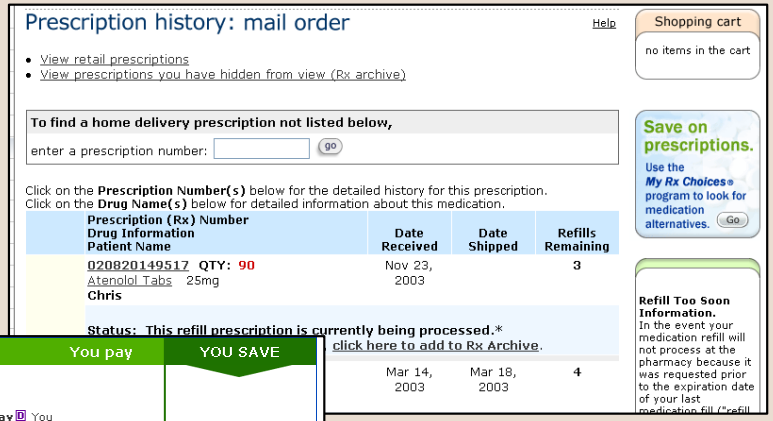
7.5 million
lower cost options presented in 2008

Pharmacy tools on myuhc.com



Savings estimator MyRxChoices

Claims history



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Two Key Issues Experts Agree On

1. People are removed from the true cost of health care
2. Health care costs are skyrocketing

With your help, we can help control costs and improve your health.

Walmart
Save money. Live better.

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What This Means for the District

Must change health care strategy

For PY 08/09, the District estimates that the Plan pays out $28,113,215 in medical costs

If we do nothing by the year 2013-2014, the benefits cost would go up to $45,788,101.

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What This Means for you?

- Being more than just a receiver of health care
- Potential cost savings
- Flexibility on where and how to pay for care
- Stronger relationship with your physicians
- More focus on wellness prevention illness

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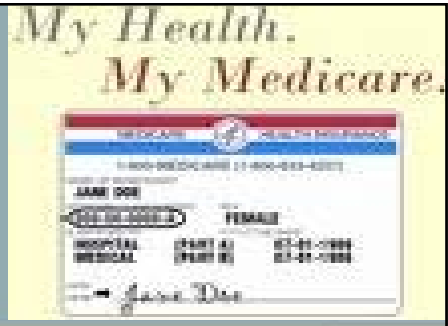
MANDATORY SECONDARY COVERAGE FOR QUALIFIED MEDICARE PARTICIPANTS



- The District's Self-Funded Medical Plans will strictly enforce the **SECONDARY PAYER RULE** to all Qualified Medicare participants who utilize medical services provided by the Plan.

  - ✓ Qualified Medicare retirees and dependents are required to use **only** Medicare contracted physicians.

  - ✓ All medical claims must be processed first as **PRIMARY** with Medicare, and the District's Self-Funded Plans will coordinate payment for these claims as **SECONDARY.**

  - ✓ Please note your physicians **must be** a Medicare contracted provider, however, he/she does not have to accept Medicare assignment. **Failure to comply will result in non-payment of these claims. (Non-Medicare participants can still see non-Medicare providers).**

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COORDINATION OF BENEFITS
HOW TO FILE MEDICAL CLAIMS

A. **Medicare Crossover** - simple convenient streamlined administrative process

1. Coordination of Benefits with private health insurer
2. Increase Medicare supplement claims throughput
3. Reduce volume of paper claims
4. Eliminate Beneficiary confusion

B. **UHC <u>requires</u> claim form for <u>non-contracted</u> medical expense reimbursement - Group 708611**

Submit claims to: **UnitedHealthcare**

P. O. Box 30555

Salt Lake City, UT 84130-0555

UHC Customer Care toll free: 1-800-510-4846

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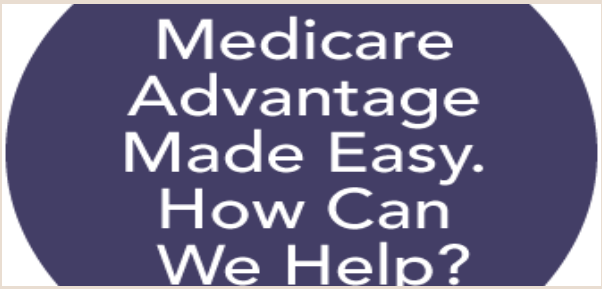
Coordination of Benefits as Secondary

- **Per contractual agreement, UHC enforces the 90 days claims submission for *PPO contracted providers* in an effort to improve the claims payment process.**
- For both EPO and PPO members, you must notify UnitedHealthcare (UHC) of your new Medicare status for coordination of secondary benefits.
- You must notify the District prior to the effective date of Medicare coverage, so we may notify the carrier for COB through Medicare Crossover.

✓ Notify all the medical providers that you are now qualified for Medicare as Primary and the District Medical Plan as Secondary.

✓ When incurring domestic medical expenses, the bills should be processed first by MEDICARE before submitting to UHC for Secondary payment, except international claims.

- For Kaiser members, you **must** apply for the **Kaiser Senior Advantage Program** immediately upon receiving your new Medicare ID.



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KAISER MEDICAL PLAN

- **Use Web site, kaiserpermanente.org, to:**

✓ Find physicians and facilities near you

✓ Request routine appointments and order prescription refills

✓ Get health and drug information

✓ Contact a pharmacist with non-urgent questions and get answers delivered to your personal, secure mailbox

✓ Join a community through our online message board

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KAISER MEDICAL PLAN CONT'D

Benefits include:

- $10 co-payment for office visits (No deductibles to meet)
- $10 co-payment for routine physical visits
- **$5 co-payment for well-child preventive care visits (under age 2)**
- **$5 co-payment for scheduled prenatal care and first postpartum visit**
- **$50 co-payment for non-ER services and Out-of-Area Urgent Care Visits**
- $10 per outpatient surgery per procedure
- **No charge for vaccines (immunizations), allergy injection visits**
- $10 co-payment for individual health education visits
- No charge for hospitalization services
- **No charge for Durable Medical Equipment (DME)**
- **$5 Generic/ $10 Brand Name** co-payment for most prescription drugs - **100 days supply**
- No charge for 45 days/calendar year of Inpatient Mental Health Services
- $10 per individual visit or $5 per group visit (20 combined individual and group visits/calendar year) for outpatient mental health (OMH)
- No charge for home health care, skill nursing facilty care and hospice care up to **100 visits per calendar year**
- Hearing Aids coverage is good for every 36 months: **$500 allowance**

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KAISER MEDICAL PLAN CONT…

- $10 co-payment for up to 30 chiropractic visits through American Specialty Health Plan Network (ASH)
- 25% Discount on additional chiropractic visits, acupuncture and massage therapy through ASH:
  - **Member Services: 1-800-678-9133**
  - **Web Site: www.ashcompanies.com**
- **Eligibility Rule: <u>Retirees who reside outside of the Kaiser service area are not eligible to be insured under the Kaiser Program. You must select either the PPO or the EPO Medical Plan.</u>**
- Dependents follow the retiree choice
- Health classes and programs, including some you might not expect, like tai chi and yoga, are available at no cost or for a small fee. Class offerings vary by location.

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KAISER SENIOR ADVANTAGE PROGRAM

KAISER PERMANENTE thrive

- **Senior Advantage Program:** The program is for members entitled to Medicare, providing the advantages of combined Medicare and Health Plan benefits.

  a) Enrollment in this Senior Advantage with Part D plan means that you are automatically enrolled in Medicare Part D.

  b) Must notify Kaiser as soon as you become eligible for Medicare and must sign up for Kaiser Senior Advantage Plan. The Plan is **identical** to the District Kaiser Plan. This action is necessary to reduce premium for your medical coverage. Failure to comply will disqualify you from all District paid benefits.

- **How to Transfer from Kaiser Plan to PPO Plan**: You must request a **Senior Advantage Disenrollment Form** from Christine Vo to disallow Kaiser the right to bill Medicare effective July 2009.

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CHOICES TO MAKE

Current Medical Benefit Coverage:

- **PPO Plan:** **Dependent Contribution Required**

  1) EE + 1 dependent: **$142.08/mo** X 12 mo = $1,704.96 annually

  2) EE + 2 or more dependents: **$266.38/mo** X 12 mo = $3,196.56 annually

- **EPO Plan:** **No Employee Contributions**

- **Kaiser HMO Medical Plan:** **No Employee Contributions**

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DELTA DENTAL

Oral health & wellness

DeltaPreferred Option (DPO)

now known as Delta Dental PPO

Advantages:

1) Save on out-of-pocket expense when utilizing a PPO Network dental office

1) Increase maximum annual coverage from $2,000 to **$2,200** per person, per calendar year

- Must use any licensed Delta Dentist who is contracted under the PPO service fees schedule to maximize your benefits

- PPO Plan is in addition to the District'scurrent **DeltaPremier Plan (**may use any dentist**).** Maximum allowance remains at **$2,000** per calendar year

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Oral Health Cont'd

- For information regarding eligibility, benefits and list of PPO or DeltaPremier dentists, you can now access Delta Dental's web site: **www.DeltaDentalCA.org** or call (800) 427-3237
- Dedicated fax line for school district employees: (866) 499-3001 for faxed eligibility/benefits information

Delta Dental of California

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VISION CARE PROGRAM

VSP Vision care for life

- Administered by **Vision Service Plan (VSP)**
- Exam and Rx glasses … $10 co-pay
- Contacts …… . No co-pay applies
- Coverage allows:
  Annual exam ……every 12 months
  Lenses covered in full…… 12 months
  Frames (up to $115).. every 24 months
  or Contacts ……every 12 months
- For information regarding eligibility, benefits and list of VSP providers, please access: **www.VSP.com** or call **(800) 877-7195**
- Out-of-Network Reimbursements:
  - Up to $45 for Exam, Lenses & Frame
  - Up to $105 for Contact Lenses
- No ID cards required and no claim forms

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WELLNESS

Preventive Care – Key to Better Health

Biometrics Screening Program

- Sponsored by Human Resources
- Program administered by **OptumHealth**
- **Free of charge** for all **RETIREES**
- **Dates: May 11-14, 2009, 8 a.m. - 1 p.m.**
- **Locations: Foothill Campus, District Board Room, May 11-12, 2009**
  De Anza Campus, Hinson Campus Center, Conf Room A & B on May 13, 2009, and Santa Cruz Room on May 14, 2009
- **Fasting is not required**
- Nurse Health Coaching/Counseling Available
- For appointment: **☎TEL: (650) 949-6103** or register **online via benefits web site: http://hr.fhda.edu/benefits**
- **Deadline for registration is Friday, May 8th**
- **For identification, please bring either a District ID card or UHC/Kaiser ID with you to the event!**

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THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA LAW)

■ Your Rights under COBRA

Definition: A **CONTINUATION** of Health Benefits Coverage.

➢ Qualifying Events:

Dependent Qualifying Events

1. Divorce or Legal Separation of the employee and the spouse;
2. Employee's Death;
3. Employee's Entitlement to Medicare; or
4. Ceasing to be a "***Dependent Child***" according to the plan's definition.

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COBRA RIGHTS CONT'D

- **LENGTH OF CONTINUATION OF COVERAGE:**
  - A. Employee's qualifying event - 18 months
  - B. Dependent's qualifying event - 36 months
- **SELF-PAY @ 102% OF PREMIUM**
- **Can elect to purchase Medical/Rx only or the entire package (includes Dental & Vision)**
- ***MUST*** **notify the Plan Administrator within 60 days of a qualifying event to enroll**
- **Premium Payment** is due and payable on the first day of coverage and the first day of each month thereafter. The initial payment must be made within 45 days of election.

PY 09/10Rates:	**Monthly premium/single insured**
Kaiser/Rx	**$530.69**
EPO/Rx	**$773.99**
PPO/Rx	**$838.52**
Dental & Vision	**$73.73**

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Surviving Spouse Benefits cont'd

- **Surviving Spouse program is reserved for survivors of District retirees only not actives.**
- **Benefits for all eligible dependent(s) cease effective the last day of the month following the death of the retiree.**
- **Survivor(s) MUST notify the District within 31 days from the qualifying event (death of the retiree) to request continuation of coverage under the Surviving Spouse benefits program.**
- **Benefits offered to the survivor(s) are same as provided to retirees.**
- **Survivor(s) of a retiree can elect to continue his/her benefits by self-pay to the District quarterly.**

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Surviving Spouse Benefits

- **Survivor(s) also qualified for Medicare quarterly reimbursement, like retirees, if insured through the District Medical program.**
- **Eligible to participate during any open enrollment or special election due to life qualifying events such as marriage/divorce/death/relocation to out-of-area.**
- **Survivor(s) may continue benefits by self-pay indefinitely vs 36 months restriction per COBRA provision.**
- **Not subject to pre-existing conditions nor exclusions.**
- **Premium is identical to COBRA rates.**
- **PY 08/09 Rates:** **Monthly premium/single insured**
  - **Kaiser/Rx/Dental/Vision (non-Medicare) $677.98**
  - **Kaiser/Rx/Dental/Vision (SrAdvantage Mbr) $498.97**
  - **EPO/Rx/Dental/Vision $765.70**
  - **PPO/Rx/Dental/Vision $782.81**

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SUMMARY OF OPEN ENROLLMENT (OE) PROCESS

- The annual OE period is scheduled from **April 6-30, 2009**. The choices you make during this election will remain in effect until **June 30, 2010**, unless you experience a life qualifying event.

- All retirees will receive an official benefits confirmation statement from Secova by **May 15, 2008** for verification.

- **Dependent Eligibility Audit (DEA)** materials will be mailed to all retirees on **May 15th**.

- **DEA Project Deadline**: **June 15, 2009**
  - ✓ **Remember to submit (1) "2008" 1040 Federal Income Tax Returns and (2) Attestation Certification form to SECOVA**

- New ID cards will be issued by the medical carrier by **June 29th**.

- Extended Deadline due to late income tax filing for Dependents Verification Project: **August 15, 2009 (**to meet COBRA obligations**) or October 15, 2009** provided that you submit the **Form 4868** by **June 15, 2009** to Secova.

➢ **Please be advise that if you requiring an extended deadline through October 15, 2009, COBRA extension beyond August 29, 2009 is not available.**

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SPECIAL INFORMATION

- For information regarding your Group Health Benefits or Claim forms please access:

http:/hr.fhda.edu/benefits

- For information regarding the PPO and EPO Plans, verify contracted providers, please contact:

UHC Customer Care at 1-800-510-4846 (M-F 8 a.m - 8 p.m. PT)

Group 708611

- For list of PPO contracted providers, please access either:

www.provider.uhc.com* or *www.MyUHC.com

NOTE: No password is required to access

- For **mail order prescription drugs refills** call **1-800-4REFILL (1-800) 473-3455**

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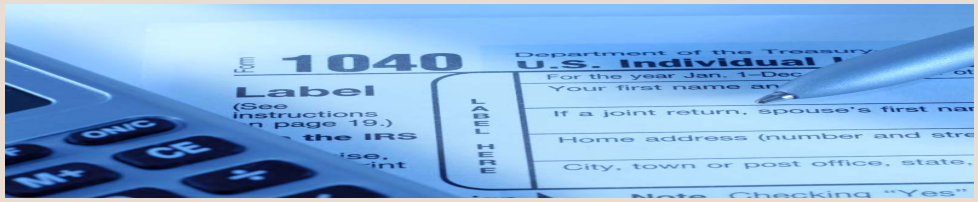
DOCUMENT REQUIRED FOR DEPENDENTS VERIFICATION

- You are required to submit a copy of your **2008 Federal Income Return (form 1040** and the **Attestation Certification form** to **Secova.** **Please do not provide any supplemental tax records, only the *first page* and the *signature page* is required. It is your responsibility to file your taxes on time as there will be no exceptions.** **Failure to provide the necessary documentation when requested will disqualify the dependent(s) for coverage.**

- **Per IRS regulation, the Plan is no longer accept Property Tax Records or Current Rental Agreement as proof of dependent eligibility**

- **You may redact all financial information from the tax form, and you will only need to disclose the last 4 digits of your SSN.**



IRS e-file

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Benefits Important Contacts

- **Larry Hong - Email: HongLarry@fhda.edu**
  - Responsible for audit and process Medicare reimbursement checks for retirees, eligible dependents and surviving spouses; Surviving spouses, COBRA billing, FSA, and benefit claims resolution

- **Patience McHenry - Email: McHenryPatience@fhda.edu**
  - Responsible for legal compliance, and general benefits assistance

- **Christine Vo - Email: VoChristine@fhda.edu**
  - Plan Administrator for all health/welfare benefit plans

- **HR WEB SITE: http://hr.fhda.edu/benefits**

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H.R. Important Contacts

- **Patti Conens - Email: ConensPatti@fhda.edu**
  Marilyn Booye - Email: BooyeMarilyn@fhda.edu
  Brigit Kucz- Email: KuczBrigit@fhda.edu

  Responsible for all FT Faculty contractual issues

- **Kristine Lestini - Email: LestiniKris@fhda.edu**
  Araceli Kaliangara – Email: KaliangaraAraceli@fhda.edu
  Thuy Quach – Email: QuachThuy@fhda.edu

  - Responsible for all contractual issues relating to classified (CSEA, ACE, Supervisors, Confidentials) and Administrators.