

PART-TIME FACULTY OPEN ENROLLMENT FOR PY 10/11 - SELF- FUNDED MEDICAL PLAN OPTION

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

- a. The **Exclusive Provider Organization (EPO) Medical Plan**, or
- b. The **Preferred Provider Organization (PPO) Medical Plan**.

Note: Both EPO/PPO Plans are restricted to **non-CA residents only**

- To enroll in the EPO or the PPO Plan email RobinsonAmanda@fhda.edu to request additional information and an application. The completed application must be filed by the July 29, 2010 deadline.
- The rates quoted below will remain in effect from July 1, 2010 through June 30, 2011.

1) EPO CHOICE - Employee Contribution Rates for PY 10/11 (July-June):

	<u>EE Only</u>	<u>EE + One</u>	<u>EE + 2 or More Deps</u>
EPO Monthly Premium (12 months)	\$699.22	\$1,511.41	\$1,957.82
*Annual Premium (10/10 – 9/11 or 12 mo)	\$8,390.65	\$16,781.31	\$23,493.83
Monthly Premium (adjusted to 9 months)	\$932.29	1,864.59	\$2,610.43
Less: Kaiser Premium (District contribution)	(\$459.09)	(\$655.79)	(\$1,297.12)
= Employee Monthly Contribution (9 mo)	\$473.20	\$945.02	\$1,313.31
**Plus: EPO Monthly Surcharge (9 mo)	\$64.00	\$128.00	\$192.00
= Employee Monthly Contribution (9 mo)	\$ 537.20	\$1,073.02	\$1,505.31

2) PPO CHOICE - Employee Contribution Rates for PY 10/11 (July-June):

	<u>EE Only</u>	<u>EE + One</u>	<u>EE + 2 or More Deps</u>
PPO Monthly Premium (12 months)	\$755.05	\$1,510.11	\$2,114.15
*Annual Premium (10/10 – 9/11 or 12 mo)	\$9,060.65	\$18,121.29	\$25,369.81
Monthly Premium (adjusted to 9 months)	\$1,006.74	\$2,013.48	\$2,818.87
Less: Kaiser Premium (District contribution)	(\$459.09)	(\$917.12)	(\$1,297.12)
= Employee Monthly Contribution (9 mo)	\$547.65	\$1,096.36	\$1,521.75
**Plus: PPO Monthly Surcharge (9 mo)	\$160.00	\$320.00	\$480.00
= Employee Monthly Contribution (9 mo)	\$ 707.65	\$1,416.36	2,001.75

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.*

***EPO Monthly Buy-Up cost (12 mo): \$48 for Employee only, \$96 Employee + One Dependent, \$144 for Employee + Two or More Dependents*

**** PPO Monthly Buy-Up cost (12 mo): \$120 for Employee only, \$240 Employee + One Dependent, \$360 for Employee + Two or More Dependents*

1) SELF-FUNDED MEDICAL PLAN CHANGES:

A. Exclusive Provider Organization (EPO) and In-Network Benefits (PPO)

- Primary Care Office Visit Co-pay: \$25
- Specialist Office Visit Co-pay: \$30
- Urgent Care Office Visit: \$30
- Mental Health/Substance Abuse Office Visit Co-pay: \$25
- Chiropractic Care/Acupuncture Office Visit Co-pay: \$25
- Emergency Room Visit (not level 1): **\$100 Co-pay +10% coinsurance after deductible**
- Annual Deductible: **\$350/person or \$1,050/family**
- Co-Insurance You Pay: **10%**
- Out-of-Pocket Maximum: **\$1,000/person, or \$3,000/family**
- Preventative Care: **100% paid by Plan, \$0 Co-pay**
- Vaccination: **100% paid by Plan, \$0 Co-pay**

B. Preferred Provider Organization (PPO) – Open Access Program (Out-of-Network)

- Primary Care Office Visit Coinsurance: Plan pays 70% of U&C after Deductible
- Specialist Office Visit Coinsurance: Plan pays 70% of U&C after Deductible
- Urgent Care Office Visit Coinsurance: Plan pays 70% of U&C after Deductible
- Mental Health/Substance Abuse Office Visit Coinsurance: Plan pays 70% of U&C after Deductible
- Chiropractic Care/Acupuncture Office Visit Coinsurance: Plan pays 70% of U&C after Deductible
- Emergency Room Visit (not level 1): **Plan pays 70% of U&C after Deductible and \$100 Co-pay**
- Annual Deductible: **\$700/person or \$2,100/family**
- Co-Insurance You Pay: **30%**
- Out-of-Pocket Maximum: **\$3,000/person, or \$9,000/family**
- Preventative Care: **Plan pays 70% of U&C after Deductible**
- Vaccination: **Plan pays 70% of U&C after Deductible**

NOTE: U&R stands for Usual, Customary and Reasonable

2) PRESCRIPTION DRUG PLAN FOR SELF-FUNDED MEDICAL PLANS

Effective July 1, 2010, the District self-funded medical plans will offer **Three-Tier Prescription Drugs** program through access of UHC **Advantage Prescription Drug List (PDL)**, and **Specialty Drugs** provided by **UnitedHealth Pharmaceutical Solutions**.

A **Prescription Drug List (PDL)** is a list of Food and Drug Administration (FDA)-approved brand name and generic medications. It is the foundation for how we drive value for our members.

Your UnitedHealthcare pharmacy benefit provides coverage for a comprehensive selection of prescription medications. You and your doctor may refer to these lists to select the right medication to meet your needs.

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

The Advantage PDL are developed through an evidence-based evaluation process that enables us to place the highest value medications in lower co-pay tiers and align an individual's cost share with the relative value of the medication. For list of *Advantage PDL*, please access: <http://hr.fhda.edu/benefits/>.

Your three-tier prescription benefit gives you choice over which medications you use while also balancing costs. To do this, the benefit breaks prescription medications into three categories, or tiers:

- Generic
- Formulary brand-name
- Non-formulary

You have coverage for all three categories. What you pay, your co-pay - depends on which medication (or tier) you and your doctor choose. Generics cost the least, and non-formulary medications cost the most with a three-tier prescription benefit design.

Three-Tier Rx Benefits:	RETAIL
Tier 1	\$10 Co-pay/30 days
Tier 2	\$25 Co-pay/30 days
Tier 3	\$50 Co-pay/30 days
	MAIL ORDER
Tier 1	\$20 Co-pay/90 days
Tier 2	\$50 Co-pay/90 days
Tier 3	\$100 Co-pay/90 days
*HALF TAB PROGRAM	1/2 of the cost of the regular Co-pay
**SPECIALTY DRUGS	Co-pay varies by tiers for 30 days supply only

Note: Both self-funded plans have \$1,000/person annual cap on mail order co-pay

IMPORTANT: Starting July 1, 2010, the "Dispense as Written" (DAW) provision is removed. Furthermore, even if the provider requests the medication (DAW), the member **will pay the Tier 2 or Tier 3 co-pay plus the ancillary charges (difference in cost between generic and the tier of drug in question) as specified by UHC Formulary.**

SPECIALTY DRUGS:

The Specialty Pharmacy Program takes a comprehensive approach to patient care and cost management, through clinical programs and a network of specialty pharmacies. The goal is to help make specialty medications accessible and affordable for our groups and members. Specialty medications are typically more than \$250 per prescription; produced in an injectable or oral form; prescribed to treat rare or complex diseases; and typically require additional clinical support for better health outcomes

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**.

For information regarding **self-funded medical plan changes**, 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).