



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

## **BENEFITS IN A NUTSHELL**

- **MEDICAL**

The District offers three (3) medical options: District Combined Coverage Medical Plan (PPO+), the District Network Only Medical Plan (PPO), (PPO+ and PPO plans are self-funded and administered by United Healthcare), and Kaiser Foundation Health Plan (HMO).

### **1. District Combined Coverage Medical Plan (PPO+) - United Healthcare CHOICE PLUS Health Plan**

The District Combined Coverage Medical Plan provides a choice of medical providers and hospitals through a contracted Preferred Providers Organization (PPO) network. The PPO+ plan requires employee contribution for dependent coverage. There is a \$20 co-payment per physician office visit. Services received from a PPO+ provider are reimbursed in full to the limit of the plan. Services from a non-PPO+ provider are reimbursed at 80% of the UCR (Usual & Customary Rate) charges for the first \$10,000 of such medical services annually. Thereafter, the plan pays 100% of UCR charges to the limit of the plan. The lifetime limit for any employee or dependent under the District Medical Plan is \$2,000,000. If PPO+ providers are not available within a 30-mile radius from the employee's or dependent's primary residence, the Plan shall pay 100% of UCR charges for that geographical area. New employees and dependents covered under the District Plan shall be subject to a "12-month pre-existing condition exclusion" provision consistent with legal and carrier requirements.

### **2. District Network Only Medical Plan - United Healthcare CHOICE Health Plan**

The District Network Only Medical Plan (PPO) provides a choice of medical providers and hospitals through a contracted Preferred Providers Organization (PPO) network. The District pays the full cost of coverage for the employee and eligible dependents when electing PPO Network Only. There is a \$20 co-payment per physician office visit. The lifetime limit for any employee or dependent under the District Medical Plan is \$2,000,000. New employees and dependents covered under the District Plan shall be subject to a "12-month pre-existing condition exclusion" provision consistent with legal and carrier requirements, which has no co-pay. There is zero reimbursement for non-PPO services. The PPO Network Only Plan requires a \$150 annual deductible per individual per calendar year and \$400 per family maximum. With limited exceptions such as level 1 emergency services, there is no coverage for non-network providers. You are responsible for checking with your network and service provider to confirm network participation. Obtain preauthorization for hospitalization or surgery 7 to 10 days in advance of procedure date.

**For information regarding the District Combined Coverage Medical Plan (PPO+), District Network Only Plan (PPO), and physician referrals, please contact UHC Customer Care at 1-800-510-4846. For list of current contracted providers, access the website: [www.provider.UHC.com](http://www.provider.UHC.com). (Group Number – 708611).**

### **3. Kaiser Foundation Health Plan (HMO)**

Kaiser Plan is a Health Maintenance Organization (HMO) that provides medical care through participating doctors at Kaiser facilities. The plan emphasizes day-to-day preventive care, and most services and supplies are provided at little or no cost to the employee. There is a \$10 co-payment per physician office visit per person. For additional information, visit the website: [www.kaiserpermanente.org](http://www.kaiserpermanente.org). (Group Number – 857).

- **PRESCRIPTION DRUGS**

#### **District Combined Coverage Medical Plan (PPO+)/District Network Only Plan (PPO)**

Employees enrolled in the District Combined Coverage Medical Plan or the District Network Only Plan are covered by the district prescription drug plan, administered by MEDCO. The two-tier prescription drug plan is: \$5 co-payment for generic and \$15 co-payment for brand-name prescription per 30-days supply.

For maintenance drugs, both plans require the use of the Medco Mail Order program. There is a \$10 co-payment for generic drugs and a \$30 co-payment for brand-name drugs, per 90-days supply. Mail order is double the retail co-pay; plus there is a stop loss of \$500 per person under mail order Rx program only. (Group Number – 708611).

#### **Kaiser Foundation Health Plan (HMO)**

Employees enrolled in the Kaiser Plan are eligible for prescription drugs through a Kaiser pharmacy only. There is a \$10.00 co-payment for brand-name drugs and \$5 co-payment for generic drugs. Kaiser also has a Mail Order prescription service. (Group Number – 857).

- **DENTAL**

The District Dental Plan, administered by Delta Dental, known as Delta Premier Plan pays 70% to 100% up to \$2,000 per year of the reasonable cost for most services, including preventive care, fillings, extractions, crowns, periodontics and root canals. Bridges and dentures are covered at 50%. Orthodontia is paid at 50%, up to a maximum lifetime benefit of \$1,000. Effective July 1, 2005, DeltaPreferred Option (DPO) services are payable up to an annual maximum of \$2,200.

- **VISION CARE**

The District Vision Care Plan is administered by the California Vision Service Plan (VSP). The vision care plan provides eye exams, lenses, and frames within specified time periods and cost limitations. If employees use participating ophthalmologists or opticians, they pay only a \$10.00 deductible for an eye exam.

- **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

Administered by United Behavioral Health (UBH), EAP is a confidential short-term counseling service for employees and their families. This service covers personal life/health problems such as stress, alcohol and drug-related problems, marital or emotional concerns, and financial or legal assistance. In some cases, individuals may be referred to another resource. The District pays for up to five (5) free visits of counseling. For additional information, contact UBH at 1-866-248-4105, or access the website: <http://www.liveandworkwell.com>, Access Code: 61570.

- **BASIC LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE**

Administered by Hartford Life Insurance, the District provides, at no cost to the employee, a basic life insurance benefit of \$50,000 for all contract employees and \$5,000 for their dependents. The plan also includes accidental death and dismemberment (AD&D) coverage that pays an amount equal to the basic life insurance benefit in the event that an accident causes death, or a percentage of that amount for accidental loss of sight or limb(s). (Group Number GL596126).

### **SUPPLEMENTAL LIFE AND ACCIDENT INSURANCE**

Employees and eligible dependents may purchase additional life and AD&D coverage through the supplemental life plan via annual open enrollment. Note supplemental life plan (AD&D may not be purchased separately, it must be purchased in conjunction with supplemental life policy). The amount of coverage is varied from \$50K to a maximum \$150K. The TERM LIFE policy ends at age 70. The plan pays an AD&D benefit equal to the supplemental life amount for accidental death, or a percentage of that amount for accidental loss of sight or limb(s).

All voluntary benefits are optional and are subject to approval by the insurance company. The District does not determine the eligibility; the insurance company has the final say in accepting or rejecting the application based on medical evidence

- **LONG-TERM DISABILITY**

Administered by Hartford Life Insurance, the District's long-term disability plan pays a monthly benefit of up to 66 2/3% of you're the employee's basic monthly earnings - to a maximum benefit of \$6,000 for all employees. Benefits are payable while the employee is totally disabled, within certain time limits and conditions specified in the policy.

- **RETIREMENT BENEFITS**

The District offers to all employees participation in the California Public Employees Retirement System (CalPERS) or California State Teachers' Retirement System (CalSTRS). Participation is mandatory with benefits based on years of service, age at retirement, and average annual salary paid during the highest 12 consecutive months of performed creditable service. Employees participating in CalPERS contribute 7 percent of their annual salary and the district contributes 9.306% for Plan Year 07/08 (the percentage may vary from year to year). Employees participating in CalSTRS contribute 8 percent of their annual salary and the district contributes 8.25 percent. Employees who terminate from the district prior to being vested (5 years) will only receive the employee contribution plus interest and will not receive the district's contributions. For additional questions regarding CalPERS call (877) 720-7377 or (800) 352-2238. Web site is [www.calpers.ca.gov](http://www.calpers.ca.gov). For additional questions regarding CalSTRS call (408) 341-7265 or (800) 228-5453. Web site is [www.calstrs.ca.gov](http://www.calstrs.ca.gov).

**FLEXIBLE BENEFITS SPENDING ACCOUNTS – (optional)**

Enrolling in this plan allows you to pay for various health care or dependent care expenses on a pre-tax basis. Your health care plan premium will automatically be deducted pre-tax. Health care expenses have a minimum deduction of \$500 up to a maximum of \$3,000 per year. Dependent care expenses have a minimum deduction of \$500 up to a maximum of \$5,000. You must re-enroll each year during the Open Enrollment month of April, to be effective the following July 1<sup>st</sup>. This program is administered by United Health Care. (Group Number—709593).

**EXTENDED COVERAGE**

Terminating employees and dependents that lose eligibility for coverage have the option to purchase extended health care coverage under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA).

**WHO TO CONTACT:**

Direct all employee benefit related questions to Christine Vo, Benefits Manager, at (650) 949-6225 or via email at [VoChristine@fhda.edu](mailto:VoChristine@fhda.edu).