



PimaCommunityCollege

**Benefits Guide:
Plan Year: 2009-2010**

Medical Plan Options

The College offers two (2) medical plan options with **CIGNA HealthCare**:

1. Open Access Plus (OAP) plan
2. Open Access Plus *In-Network* (OAPIN) plan

Each plan provides benefits for preventive care, routine care, and hospitalization through **CIGNA**, as well as prescription coverage through **Medco**.

The plans differ in how they work, how much you pay for services and which doctors you may use:

1. **Open Access Plus (OAP)**: The College has selected this plan as the basic plan. The OAP plan allows you to decide who provides your care. You may select a participating (in network) or non-participating (out of network) physician and the facility of your choice. You will pay a combination of copays, a plan year deductible, and a percentage of the cost (co-insurance) depending on the type of service. This plan is similar to a PPO plan. A Healthy Awards account funded by the College will assist OAP enrollees pay for out-of-pocket expenses.
2. **Open Access Plus *In-Network* (OAPIN)**: This plan uses a network of doctors to provide your medical care and you can seek care directly from a specialist in the network without a referral. This plan most closely matches the HMO-Open Access plan from prior years. As long as you receive care from network providers and hospitals, you pay a flat fee (or copay) for the care. Except for certain emergencies, this plan does not pay benefits for out-of-network care.

Before you enroll in a medical plan, you may want to see which providers are participating in the plan's network. Network physicians typically include family/general practitioners, internists, pediatricians, and specialists. The most up-to-date network directories are available on the CIGNA HealthCare website at www.cigna.com or call 1-800-244-6224.

Please review the **Summary of Medical Plan Benefits and Comparison Chart** on the next page to understand the features and benefits of the two (2) plan options. These documents provide an overview of the coverage offered under each specific plan.

Please note: All benefits outlined in the Summary of Benefits materials from CIGNA HealthCare are based on the plan year: July 1, 2009 through June 30, 2010.

Medical Plan: Summary of Medical Plan Benefits and Comparison Chart

	Open Access Plus (OAP) Co-pay - Co-insurance - Deductible \$20 - 20%/40% - \$250/\$500		Open Access Plus <i>In-Network</i> (OAPIN) Co-pay \$15/\$30 - \$250/\$500
	In-Network Provider	Out-of- Network Non-Participating Provider	In-network only
	You Pay:	You Pay:	You Pay:
Plan Year Deductible	\$250 Individual/\$500 Family	\$250 Individual/\$500 Family	\$0
Out-of-Pocket Maximum	\$2,000 person \$4,000 family per Plan Year (excluding deductible, copayments & mental health benefits)	\$6,000 person \$12,000 family per Plan Year (excluding deductible co-payments and mental health benefits)	\$3,000 person \$9,000 family per plan Year
Physician Office Visits	\$20 co-pay for PCP \$20 co-pay for specialist (<i>no referral necessary</i>)	40% coinsurance subject to deductible	\$15 co-pay for PCP \$30 co-pay for specialist (<i>no referral necessary</i>)
Lab and X-ray	No charge for lab No charge for X-ray	40% co-insurance subject to deductible	No charge for lab No charge for X-ray
Advance Radiology Testing Services, such as MRI, Cat Scans.	20% subject to deductible at physician office or hospital facility. No charge for routine screening Mammography	40% subject to deductible at physician office or hospital facility. 40% subject to deductible for routine screening Mammography	\$100 co-pay per scan.
Emergency Room (<i>co-pay waived if admitted</i>)	\$75 co-pay per visit and plan deductible	\$75 co-pay per visit and plan deductible	\$100 co-pay per visit
Urgent Care (<i>co-pay waived if admitted</i>)	\$35 co-pay per visit and plan deductible	\$35 co-pay per visit and plan deductible	\$35 co-pay per visit
Outpatient Therapy Services (Physical, Speech, Occupational, Chiropractic, Pulmonary, & Cognitive Therapies)	\$20 co-pay per visit (<i>60 day combined maximum per plan year</i>)	40% co-insurance after plan deductible (<i>60 day combined maximum per plan year</i>)	\$30 co-pay per visit (<i>60 day combined maximum per plan year</i>)
Behavioral Health Care - Outpatient	20% co-insurance after plan deductible (<i>Outpatient maximum 20 visits per plan year</i>)	40% co-insurance after plan deductible (<i>Outpatient maximum 20 visits per plan year</i>)	\$25 co-pay per individual visit or group visit (<i>Outpatient maximum 20 visits per plan year</i>)
Behavioral Health Care – Inpatient	20% co-insurance after plan deductible (<i>Inpatient maximum 25 days per plan year</i>)	40% co-insurance after plan deductible (<i>Inpatient maximum 25 days per plan year</i>)	\$500 co-pay per admission (<i>Inpatient maximum 30 days per plan year</i>)
Outpatient Hospital/Surgical Services	20% co-insurance after plan deductible	40% co-insurance after plan deductible	\$250 co-pay per service
Inpatient Hospital/Surgical Services	20% co-insurance after plan deductible	40% co-insurance after plan deductible	\$500 co-pay per admission
Vision Plan	Not offered	Not offered	One exam every 24 months, \$20 co-pay

Prescription Coverage

You automatically receive prescription drug coverage through Medco when you enroll in one of the medical plan options. Prescription coverage is a component of medical coverage and cannot be provided separately.

In general, the amount you pay for your medication under the program depends on where your prescription is filled and the type of medicine prescribed. If you fill a prescription for maintenance drugs more than two times at a retail pharmacy, you will have to pay a higher co-pay for each subsequent refill. However, you can save money for maintenance drug prescriptions by using the mail-order pharmacy. Contact them: (800) 711-0917 or at www.medcohealth.com.

	All Prescriptions	Maintenance Drug Prescriptions	
Drug Type	Retail Pharmacy 30-day supply 1st and 2nd fill	Retail Pharmacy 30-day supply 3rd fill & thereafter	Mail-Order 90-day supply
Generic	\$5 copay	\$15 copay	\$10 copay
Brand Name	\$25 copay	\$60 copay	\$55 copay

The Medco website, www.medcohealth.com, has several useful features which:

- List generic alternatives to brand name medications
- Provide cost comparison among medications
- Locate a pharmacy
- Review your medications claim history.

Medical/Rx Costs

The College makes a substantial commitment to employee health and well-being each year through the medical and pharmacy benefits it provides. The College is fully supporting *employee only* coverage for both the Open Access Plan (OAP) and the Open Access Plan *In-Network* (OAPIN) options for medical and pharmacy coverage. In addition, for those employees selecting the OAP, an annual contribution to Healthy Awards, a health reimbursement arrangement (HRA), will be made by the College. Under IRS rules, an HRA is a contribution provided solely by the employer. With the Healthy Awards HRA, employees are reimbursed, tax free, for qualified medical expenses associated with CIGNA claims up to a maximum dollar amount for the plan year. The unexpended amount in your Healthy Awards account may be carried forward for reimbursements in later years.

The College is also supporting the cost of medical and pharmacy coverage for employee dependents by keeping employee premiums at the same or lower cost than the 08/09 plan year for the OAPIN. The OAP plan for employees with dependents is available at reduced rates with additional contributions to HRAs by the College.

The following tables illustrate, on an annual basis, the College and employee contributions to the premiums for medical and pharmacy benefit plans:

Annual Premiums for CIGNA and Medco Coverage

Open Access Plus (OAP) plan

	Total Premiums	Employee Deduction	College Contribution	Healthy Awards (HRA)
Employee only	\$ 5,428.20	\$ 0	\$ 5,428.20	\$ 200.00
Employee plus spouse	10,839.48	3,600.00	7,239.48	500.00
Employee plus child(ren)	9,757.32	3,000.00	6,757.32	500.00
Employee plus family	15,384.72	5,400.00	9,984.72	750.00

Open Access Plus *In-Network* (OAPIN) plan

	Total Premiums	Employee Deduction	College Contribution
Employee only	\$ 5,629.08	\$ 0	\$ 5,629.08
Employee plus spouse	11,258.28	4,395.84	6,862.44
Employee plus child(ren)	10,134.24	3,516.72	6,617.52
Employee plus family	15,989.52	8,088.24	7,901.28

The following chart shows how much you will pay (deducted from each of your paychecks) for coverage. These rates are for employees and their tax-qualified dependents. The deductions are taken pre-tax. Pre-tax means the premium is deducted from your paycheck before taxes are calculated. This reduces taxes withheld and lowers your taxable income. Note that deductions will be taken from all applicable paychecks throughout the plan year. This allows employees to receive consistent paycheck amounts.

Employee Payroll Deduction for Medical/Rx Costs

CIGNA Plan Name	Coverage	12-month employees will pay every paycheck: <i>(total of 26 deductions)</i>	10-month employees will pay every paycheck: <i>(total of 21 deductions)</i>	9-month employees will pay every paycheck: <i>(total of 20 deductions)</i>
Open Access Plus plan with Medco pharmacy	Employee Only	\$ 0.00	\$ 0.00	\$ 0.00
	Employee Plus Spouse	138.46	171.43	180.00
	Employee Plus Child(ren)	115.38	142.86	150.00
	Employee Plus Family	207.69	257.14	270.00
Open Access Plus-In-Network plan with Medco pharmacy	Employee Only	\$ 0.00	\$ 0.00	\$ 0.00
	Employee Plus Spouse	169.07	209.33	219.79
	Employee Plus Child(ren)	135.26	167.46	175.84
	Employee Plus Family	311.09	385.15	404.41

Domestic Partner Medical/Rx Costs

Per IRS regulations, the premiums for domestic partners and their dependents are on an after-tax basis and are deducted separately from and in addition to your pre-tax deductions.

CIGNA Plan Name	Coverage	12-month employees will pay every paycheck: <i>(total of 26 deductions)</i>	10-month employees will pay every paycheck: <i>(total of 21 deductions)</i>	9-month employees will pay every paycheck: <i>(total of 20 deductions)</i>
Open Access Plus plan with Medco pharmacy	Domestic Partner Only	\$ 208.78	\$ 258.49	\$ 271.41
	Domestic Partner Plus Domestic Partner's Child(ren)	375.28	464.63	487.87
Open Access Plus-In-Network plan with Medco pharmacy	Domestic Partner Only	\$ 216.51	\$ 268.05	\$ 281.45
	Domestic Partner Plus Domestic Partner's Child(ren)	389.78	482.58	506.71

Reimbursement for Outpatient and Inpatient Hospital Costs

For eligible employees or their dependent(s) enrolled in a College CIGNA HealthCare plan, the College will reimburse a portion of each inpatient hospital and/or outpatient hospital cost, including copay(s), deductible or coinsurance(s) incurred during the plan year.

Maximum reimbursement for the OAP plan is \$550 for each inpatient expense and/or outpatient service incurred. Adjustments to this maximum will be made if the employee received funds through their Healthy Awards HRA. Employee must provide documentation on the Healthy Awards HRA account reimbursements with their request.

Maximum reimbursement for the OAPIN plan is \$350 for each inpatient cost, adjusted for any discounts by the medical facility. Maximum reimbursement for the OAPIN plan is \$150 for each outpatient cost.

Regardless of the plan option an employee elects, under this reimbursement program there are no circumstances in which the College will reimburse the employee for 100% of their financial responsibility for the hospital service received.

After the service has been received, you may request reimbursement by completing the Reimbursement for Inpatient and Outpatient Costs form and attaching a copy of the Explanation of Benefits (EOB) from CIGNA and/or a copy of a paid receipt. The request should then be submitted to the Employee Service Center (mail code DO-1235). The form is available on-line or at the Employee Service Center. Reimbursements are processed on the next available regular payroll check after the reimbursement request has been approved.

To be processed, requests for reimbursement must include supporting documentation and be received no later than September 28, 2010 (90 days after the end of the plan year).

Dental Plan Options

You may choose from two dental plan options. Both plans provide coverage for preventive care (cleanings and X-rays) and basic services. The plans differ in how they work, how you pay for services, and which dentists you may use. The plans offered are:

Employers Dental Services DMO (EDS)

This plan works similar to an HMO plan. You select a primary dental office for you and your entire family. You and your enrolled dependents will be seen by the dental office you choose. No referral is necessary to see a specialist, but the specialist must be within the EDS network.

EDS is pleased to announce the addition of veneers to your plan option for 2009-10.

If you are enrolling in EDS for the first time, before you can receive services you must select and notify EDS of your choice of a primary dentist. To search for a dentist, visit the Employers Dental Services website at www.mydentalplan.net. From the homepage, look at the Member Tools area on the left side of the webpage and click on [Dentist Search](#). You may search by multiple criteria, including dentist name or location. After you choose your primary dentist, use the Change Dentist link on the left side of the webpage or call EDS Customer Service at (520) 696-4343 to advise them of your selection. You may change your election each month. If you do not complete this selection process, EDS will automatically assign you a dentist. To select a different dentist, follow the instructions above.

United Concordia PPO/Indemnity (UCCI)

This plan offers members the flexibility of receiving care from either a participating or a non-participating dentist. Using a non-participating dentist rather than a network dentist will result in a higher cost to the member. With network dentists, members enjoy the convenience of out-of-pocket savings and no claims to file. Visit United Concordia's website at www.ucci.com and click on Find a Dentist. Click on the Concordia Advantage Plus national network. If your current dentist is not in the United Concordia network, you are encouraged to nominate them. Nominate a dentist through the website by selecting the blue Member link and then clicking Member Information and Forms on the left side of the web page.

Some enhanced benefits are being offered under United Concordia in the 2009-10 plan year including:

- Full-Mouth Debridement (one per lifetime)
- "Smile for Health" Maternity Dental Benefit
- The "Preventative Incentive Feature" program.

Dental Plan Summaries

Following is a brief summary of the dental plans offered. Please refer to the applicable coverage documentation provided by Employers Dental Services and United Concordia for full benefit descriptions.

	Employers Dental Services DMO	United Concordia PPO/Indemnity Dental Plan	
	In-Network only	In-Network– Concordia Advantage Plus	Out-of-network
Plan Year Deductible	\$0	\$25 person \$75 family	\$50 person \$150 family
Diagnostic and preventive services (cleanings, X-rays, exams)	You pay a \$5 copay for routine office visits; \$7 for an adult or \$5 for a child “healthy-mouth” cleaning. You pay nothing for initial exam, periodic oral exam, X-rays, and children’s fluoride treatment. There are no restrictions or service maximums for the treatments determined by the dentist in the plan year. <i>[See note below.]</i>	You pay 10%; deductible is waived (one exam and cleaning every 6 months). <i>Participation in the “Preventative Incentive” program may lower your costs for these services.</i>	You pay 20%; deductible is waived.
Basic services (fillings, endodontics, periodontics, oral surgery)	Member responsibility is based on services received. There are no restrictions or service maximums for the treatments determined necessary by the dentist in the plan year. Copays range from \$13 to \$400 + lab depending on the individual service performed. <i>[See note below.]</i>	You pay 10%, after the deductible.	You pay 20%, after the deductible.
Major services (crowns, bridges, dentures)	Member responsibility is based on services received. There are no restrictions or service maximums for the treatments determined necessary by the dentist in the plan year. Copays range from \$280 + lab to \$400 + lab for major services. <i>[See note below.]</i>	You pay 40%, after deductible.	You pay 50%, after deductible.
Orthodontia	EDS contracted orthodontists offer 25% off their normal and customary fees for adults and children.	You pay 40%; deductible is waived.	You pay 40%; deductible is waived.
Plan Year Maximum Benefit	None	\$2,000 per person	\$1,500 per person
Lifetime Orthodontic Max.	None	\$2,000 per person	\$1,500 per person

Note: A full mouth debridement is an intensive cleaning and members are charged considerably more for this service than for healthy mouth cleanings. Before having your teeth cleaned, you are encouraged to confirm with your dentist the type of cleaning to be received and the related charge. The EDS Schedule of Benefits listing all procedures and corresponding member cost(s) is available from EDS at www.mydentalplan.net, or the Employee Service Center.

Dental Plan Costs

The College contributes the full cost of the employee-only DMO premium, \$9.40 a month, toward the cost of your dental coverage. The chart below shows how much you will pay per paycheck for coverage after the College's contribution has been applied. These rates apply to employees and their tax-qualified dependents only. These deductions are taken pre-tax. Pre-tax means the money is deducted from your paycheck before taxes are calculated; this reduces taxes withheld and lowers your taxable income.

Plan and Coverage	12-month employees will pay every paycheck <i>(total of 26 deductions)</i>	10-month employees will pay per paycheck <i>(total of 21 deductions)</i>	9-month employees will pay per paycheck <i>(20 deductions)</i>
Employers Dental Services DMO			
Employee Only	\$ 0.00	\$ 0.00	\$ 0.00
Employee Plus One	3.69	4.57	4.80
Employee Plus All	6.00	7.43	7.80
United Concordia PPO/Indemnity			
Employee Only	\$ 14.77	\$ 18.29	\$ 19.20
Employee Plus One	32.31	40.00	42.00
Employee Plus All	49.85	61.71	64.80

Domestic Partner Dental Costs

Due to IRS regulations, the premiums for domestic partners and their dependents are on an after-tax basis and are deducted separately from and in addition to your pre-tax deductions.

Plan and Coverage	12-month employees will pay every paycheck <i>(total of 26 deductions)</i>	10-month employees will pay per paycheck <i>(total of 21 deductions)</i>	9-month employees will pay per paycheck <i>(20 deductions)</i>
Employers Dental Services DMO			
Domestic Partner Only	\$ 4.34	\$ 5.37	\$ 5.64
Domestic Partner Plus One Child	8.31	10.29	10.80
Domestic Partner Plus Children	10.59	13.11	13.76
United Concordia PPO/Indemnity			
Domestic Partner Only	\$ 19.40	\$ 24.02	\$ 25.22
Domestic Partner Plus One Child	36.86	45.63	47.92
Domestic Partner Plus Children	54.31	67.25	70.61

Flexible Spending Accounts

The College has contracted with a new vendor, **ASIFlex**, to administer the Flexible Spending Account (FSA) plan. ASIFlex is a leading provider for FSA plan administration, with over 300 clients and 110,000 participants nationwide. Enhanced features for the FSA plan through ASIFlex include:

- Optional Medical FSA Debit Card (\$18 cost per plan year)
- 75 day Grace Period for Participants to incur qualified expenses
- Toll-free fax number for claim submission (1-866-381-9682 Fax).

Questions about reimbursement eligibility should be directed to ASIFlex at (800) 659-3035, and all claims should be submitted directly to them.

Flexible Spending Accounts (FSAs) help you save money by allowing you to set aside part of your salary on a pre-tax basis to pay for health care and/or dependent day care expenses. Pre-tax means the money is deducted from your paycheck before taxes are calculated. This reduces taxes withheld today and lowers your taxable income.

Options:

You may contribute to one or both of the spending account options:

1. Healthcare Flexible Spending Account

You may contribute up to \$5,000 (including the College's contribution, if any) to reimburse yourself for eligible expenses. Eligible expenses include amounts not paid under a medical, prescription drug, or dental plan (e.g. co-pays and deductibles) for you or your dependents (but not a domestic partner or their dependents).

2. Dependent Day Care Flexible Spending Account

You may contribute up to \$5,000 (including the College's contribution, if any) to reimburse yourself for day care expenses for your eligible dependents. If you are married, your spouse must be employed, actively seeking employment, or attending school full time to be eligible for this type of account. Expenses for a domestic partner's dependents are not covered.

Flexible Spending Account contributions from the College

For the 2009-10 plan year, the College will contribute \$2,400 on your behalf to a flexible spending account if you waive medical coverage and submit a Flexible Spending Account (FSA) Enrollment form. The contribution will correspond with the paycheck schedule, and the account of your choice will be funded as long as you are an eligible participant. You may

designate 100% of the \$2,400 to be placed in either a health care account or a dependent day care account, or you may designate that 50% (\$1,200) go into each account.

Flexible Spending Account rules

Before you enroll in a flexible spending account, there are a few things you should consider:

- 1.** Once you elect to participate in a flexible spending account, your election stays in effect until the next open enrollment period. You may change or stop contributions during the year only if you have a qualifying change in status. Any unused money in either account at the end of the plan year is forfeited. That is why it is important to carefully estimate your medical, dental and vision or day care expenses.
- 2.** IRS regulations limit use of dependent day care flexible spending accounts to \$5,000 per *calendar* year per household.
- 3.** The total funds to be contributed by you or the College over the plan year to your health care FSA are available to you at the beginning of the plan year on July 1, 2009.
- 4.** Funds contributed to your dependent day care FSA are available only when the contribution is made.
- 5.** In FY 2009-10, FSA health care participants will have an additional 75 days (until September 15) to use monies set aside in the year. This grace period means participants have 14.5 months to expend dollars contributed to the FSA account from July 1, 2009 to June 30, 2010.
- 6.** You will have 90 calendar days after the end of the grace period (December 15) to submit a claim for eligible health or day care expenses incurred during the plan year or grace period.
- 7.** If you receive reimbursement for a medical expense from your Healthy Awards HRA account, you cannot file a claim against your FSA for the same expenses.

Life Insurance Plan Options

Basic Term Life Insurance for You

The College provides Basic Term Life and Accidental Death and Dismemberment (AD&D) insurance for you at no cost. Your normal coverage amount is 150% of your base annual salary with a minimum of \$50,000. Any amount over \$50,000 may have an impact on your taxable income. AD&D coverage may apply if you suffer a covered loss due to an accident. Benefits are reduced to 65% at age 70, to 45% at age 75, to 30% at age 80 and to 20% at age 85. Coverage is discontinued at termination of employment or retirement, although conversion options are available. You may change your designated beneficiary(ies) at any time by submitting a Sun Life Beneficiary Designation form to the Employee Service Center.

Optional Term Life Insurance

You may purchase optional term life insurance for yourself, your spouse, and/or your child(ren). Here are your options:

1. Employee optional term life

You may choose coverage in increments of \$10,000, up to \$500,000 or 7 times your annual salary, whichever is less. If you are increasing your current coverage or electing this coverage for the first time, you will need to apply and obtain approval from the carrier.

2. Spouse optional term life insurance

If you purchase optional life insurance for yourself, you may buy coverage for your spouse in increments of \$5,000, up to 50% of the amount of optional life insurance you have. If you are increasing the current coverage for your spouse or electing this coverage for the first time, you will need to apply and obtain approval from the carrier. The employee is automatically the beneficiary for this benefit.

The amount you pay for optional life insurance for yourself and your spouse depends on your age (or your spouse's age) and the amount of coverage you elect. The chart below shows your cost for coverage per month. Unlike your other benefits, your contributions for term life insurance are deducted from only one paycheck each month after taxes are taken.

See next page for costs.

Employee and Spouse Optional Costs

Age	Monthly cost per \$1,000 of coverage
0-29	\$0.05
30-34	\$0.06
35-39	\$0.08
40-44	\$0.13
45-49	\$0.21
50-54	\$0.35
55-59	\$0.58
60-64	\$0.72
65-69	\$1.25
70-74	Employee Rate - \$2.03 Spouse Rate - \$1.25
75 plus	Employee Rate - \$3.12 Spouse Rate - \$1.25

Example: If you buy \$10,000 of coverage for yourself and you're 37 years old, your cost would be \$0.80 per month ($\$0.08 \times 10 = \0.80).

3. Child(ren) optional term life insurance

If you purchase optional life insurance for yourself, you may choose one of the coverage amounts listed below for dependent children who are between 6 months and 25 years of age. The amount of coverage cannot exceed 50% of your optional coverage.

Your cost for child coverage depends on the level of coverage you choose – not how many children you cover. All children over 6 months of age are covered for the same amount. Coverage for a child under 6 months of age is \$500.

Child(ren) Optional Costs

Child term life insurance coverage amount	Your monthly cost (includes all eligible children)
\$ 2,500	\$0.50
\$ 5,000	\$1.00
\$ 7,500	\$1.50
\$10,000	\$2.00

Please Update Your Records: If your children are currently covered under the College's life insurance plan, please check the Child/Children Life Insurance Section of your Benefit Statement in MyPima and confirm that each qualified child is listed by name and that the information is correct. If they are not listed, please call the Employee Service Center at 206-4945 or email: pccbenefts@pima.edu so the records can be updated.

Legal Notices

Qualifying Event -Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, **you must request enrollment within 30 days** after your coverage or your dependent's other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, **you must request enrollment within 30 days** after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or to obtain more information, please contact the Employee Service Center: (520) 206-4945.

Annual Notice: Women's Health and Cancer Rights Act (WHCRA)

Your group health plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). For more information call CIGNA at (800) 244-6244.

Where to Find a HIPAA Privacy Notice for Our Group Health Plan

HIPAA Privacy pertains to the following group health plan benefits sponsored by Pima County Community College District:

- Pharmacy plan administered by Medco,
- Health Care Flexible Spending Account administered by ASIFlex,
- COBRA administered by Ceridian,
- Medical Reimbursement plan.

To obtain a copy of this HIPAA Notice of Privacy Practice for the above noted group health plan benefits, write the Employee Service Center at 4905C East Broadway Blvd., Tucson, AZ 85709-1235 or call: (520) 206-4945.

HIPAA Privacy Notices that pertain to the insured medical and dental benefits offered by Pima Community College can be obtained by contacting CIGNA HealthCare (800) 244-6224, Employers Dental Services at (520) 696-4343, and United Concordia at (800) 332-0366.