



PimaCommunityCollege

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

Welcome
to
Benefits Open Enrollment
for
Benefit Plan Year July 1, 2009 through June 30, 2010!

WHAT is Benefits Open Enrollment?

Effective July 1, 2009 Pima Community College will have a new medical insurance provider, CIGNA HealthCare. This change requires that **all** benefit eligible employees of the College select during 2009-10 Open Enrollment a new medical plan.

Open enrollment also provides the opportunity for benefit eligible employees to make changes in their benefits package for:

- Dental
- Flexible Spending Accounts, and
- Term Life Insurance.

This Guide provides information on your Medical, Dental, Flexible Spending Accounts, and Term Life Insurance benefit options. Read the information in this Guide and plan to attend one of the scheduled Open Enrollment Information Sessions. At the end of the Guide you will find a checklist to help you identify the paperwork required to complete your benefit elections.

This is a positive Open Enrollment for Medical Insurance. This means that **ALL** benefit eligible employees at a minimum **must complete and submit** either a:

1. 2009-10 Medical Election form, or
2. 2009-10 Benefit Waiver form with a Flexible Spending Account Enrollment form

These forms are found on the benefits open enrollment website:

www.pima.edu/benefits/openenrollment/

WHEN is Benefits Open Enrollment??

Open Enrollment Dates: May 11 - 22, 2009

Deadline to submit forms: Friday, May 22, 2009 at 4:45 p.m.

All your forms must be returned to:

District Office Employee Service Center (Room C-117)

Mail Code DO-1235 by the deadline above.

HOW do I learn more about Open Enrollment?

1. Read this document and the associated Benefits Guide. **Access to information online:** This Guide and all necessary forms for completing your benefit elections are available online at www.pima.edu/benefits/openenrollment/.
2. **Checklist:** At the end of this Guide, you will find a checklist to help you identify the paperwork required to complete your benefit elections for the 2009-10 benefit plan year.
3. Attend one or more of the Open Enrollment Information Sessions listed below.

To provide opportunities for you to learn about your benefit options, Open Enrollment Information Sessions have been scheduled throughout the District. See the table below to find a date, time, and location that works best with your schedule.

At the beginning of each meeting a College Human Resources representative will provide a brief overview of the Open Enrollment process. This will be followed by a presentation and Q&A session by our new medical insurance provider, **CIGNA HealthCare**. After the formal presentations, employees may meet with the individual benefit vendors (Medical, Dental and Flexible Spending Account providers), as well as Employee Service Center staff to discuss their specific insurance needs.

Date	Time	Location
Monday, May 11	9:00 a.m. – 11:00 a.m. 2:00 p.m. – 4:00 p.m.	District Office: Community Board Room - C105 East Campus: Student Center Bldg. - Community Room
Tuesday, May 12	9:00 a.m. – 11:00 a.m. 2:00 p.m. – 4:00 p.m.	Northwest Campus: Building A - Room - A207 West Campus: Cholla Room - Building A - Room - AG01
Wednesday, May 13	9:00 a.m. – 11:00 a.m.	M & S: MS Training Room - Room 105
Thursday, May 14	9:00 a.m. – 11:00 a.m. 2:00 p.m. – 4:00 p.m.	Community Campus: A109/A112 Desert Vista Campus: Ocotillo Room
Friday, May 15	9:00 a.m. – 11:00 a.m. 2:00 p.m. – 4:00 p.m.	Downtown Campus: Amethyst Community Room - CC180 District Office: Community Board Room - C105

Campus Drop-In Sessions

Date	Time	Location
Tuesday, May 19	9:00 a.m. – 11:00 a.m. 2:00 p.m. – 4:00 p.m.	East Campus: Room L 108 West Campus: Santa Catalina Lobby
Wednesday, May 20	9:00 a.m. – 11:00 a.m. 2:00 p.m. – 4:00 p.m.	Northwest Campus: A207 Desert Vista Campus: Atrium
Thursday, May 21	9:00 a.m. – 11:00 a.m. 2:00 p.m. – 4:00 p.m.	Community Campus: Lobby Downtown Campus: Library

WHAT are the highlights and changes from this year?

Medical Plan

The College is pleased to be offering our medical coverage for the 2009-10 benefit plan year through **CIGNA HealthCare**. **There are two comprehensive plan options:**

1. **Open Access Plus plan (OAP)** (acts like a PPO plan)
2. **Open Access Plus *In-Network* plan (OAPIN)** (similar to an HMO Open Access plan)
 - a. Includes CIGNA Vision eye benefit (in-network and out of network benefits vary. See Benefits Guide for more details)

Both plans will continue to have four (4) coverage options that include:

- **Employee Only**
- **Employee plus Spouse**
- **Employee plus Child(ren)**
- **Employee plus Family.**

Wide Local and National Network of Doctors:

You may review a directory of participating physicians and facilities on the CIGNA web page: **www.cigna.com**. Remember to identify the network as the “Open Access Plus” for both plan options available.

Transition of Care:

To ensure that current medical care for our employees and/or their dependents continues without interruption throughout the conversion from one carrier to another, CIGNA is coordinating a transition of care process. If your current provider is not part of the CIGNA - Open Access Plus network, you will need to complete the “Transition of Care Worksheet”. The forms will be available at the Open Enrollment Information Sessions, the Employee Service Center or via **CIGNA’s pre-enrollment hotline (800) 401-4041**. Please return the completed forms directly to CIGNA as instructed on the form.

Prescription Drug Coverage:

All medical plan options continue to include prescription drug coverage with Medco.

Healthy Awards Health Reimbursement Arrangement (HRA)

The OAP plan includes a Healthy Awards HRA funded by the College. Employees are reimbursed tax free for qualified medical expenses such as co-pays, deductibles, and co-insurance. The Healthy Awards dollars may be carried forward for reimbursement in later years. The amount of the Healthy Award account varies by the coverage level selected by the employee.

Dental Plans

The College continues to offer the same Dental options that were available last year through Employers Dental Services and United Concordia. Both companies have expanded their coverage to enhance their benefit package. Your current dental coverage or waiver will continue in effect if you do not complete dental plan enrollment form.

Waiver of Dental Benefits:

To waive dental coverage for the first time, simply choose the dental option on the 2009-10 Benefit Waiver form. Other group coverage is not required to waive dental. The College does not make a contribution to a flexible spending account for waived dental insurance.

Waiver of Medical Benefits:

You may waive medical coverage if you are covered under another qualified group medical plan, such as a medical plan through a retirement plan or your spouse's employer. Individual private policies do not qualify employees for this option. If you do qualify and waive medical coverage, the College may contribute \$2,400 to a flexible spending account on your behalf. To participate in this benefit option, you must complete the 2009-10 Benefit Waiver form and provide proof that you have other qualified group coverage (i.e. a photocopy of your current medical ID card). To obtain the College's contribution to your FSA you must also complete the Flexible Spending Account (FSA) Enrollment Agreement form.

The required forms must be completed every year since medical waivers do NOT carry forward from year to year.

Flexible Spending Accounts (FSA) (health care and/or dependent day care)

For 2009-10 the College has a new company to administer our FSA plan, ASIFlex. This vendor provides some enhanced features including an optional Debit Card program for participants in the health care FSA plan and a 75 day grace period allowing participants to incur qualified expenses and file claims for an additional 2½ months after the end of the plan year, thereby reducing forfeitures by participants. The company also has a toll-free fax line to submit claims. To participate in an FSA, Employees must complete the Flexible Spending Account Enrollment Agreement form every year.

Term Optional Life

If you would like to apply for changes in your coverage level(s), you will need to complete the necessary forms.

WHAT is it going to cost?
Medical Plan

Premiums per paycheck for combined CIGNA and Medco Coverage

CIGNA Plan Name	Coverage	12-month employees will pay every paycheck: (total of 26 deductions)	10-month employees will pay every paycheck: (total of 21 deductions)	9-month employees will pay every paycheck: (total of 20 deductions)
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: (total of 26 deductions)	10-month employees will pay every paycheck: (total of 21 deductions)	9-month employees will pay every paycheck: (total of 20 deductions)
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

Dental Plan Costs

Plan and Coverage	12-month employees will pay every paycheck (total of 26 deductions)	10-month employees will pay per paycheck (total of 21 deductions)	9-month employees will pay per paycheck (20 deductions)
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

See the Benefits Guide for additional information regarding co-pays, deductibles, etc.

WHAT do I need to do?

Required

Medical Insurance:

ALL benefit eligible employees must complete and submit either a 2009-10 Medical Election form or a 2009-10 Benefit Waiver form with a Flexible Spending Account (FSA) Enrollment form.

Encouraged

Flexible Spending Account:

An FSA is an effective way to cover your out-of-pocket health and dependent care expenses with pre-tax dollars. Participants should carefully estimate their expenses, as FSA contributions have a use-or-lose provision. Fill out the FSA enrollment agreement form during Open Enrollment to start an FSA on July 1, 2009.

Optional

Dental and Life insurance:

You may make changes to your benefits elections for the new plan year for. The 2009-10 plan year will begin on July 1, 2009. Outside the Open Enrollment period, you are not able to make changes in your benefit elections unless you experience a qualifying change in status.

WHAT forms do I need to fill out?

Below is a general guide to the forms you will need to complete and submit:

	What You Want To Do	Which Form(s) You Need to Complete & Submit
Medical Required	Select medical coverage for the 2009-10 plan year	2009-10 Medical Election form *
	Waive medical – have other qualified group medical insurance coverage	2009-10 Benefit Waiver (Parts A & C plus proof of qualified group medical insurance coverage)
	Accept College contribution to FSA	2009-10 Flexible Spending Account (FSA) Enrollment Agreement
Dental	Keep the same dental plan or continue waiving dental coverage (for you and your dependents)	None
	Change from the EDS Dental Plan to United Concordia PPO/Indemnity Plan <u>Or</u> Change from United Concordia PPO/Indemnity Plan to EDS DMO Plan	2009-10 Dental Election * (To select your EDS dental provider, see Benefits Guide)
	Add or delete a dependent	2009-10 Dental Election *
	Select dental coverage for the first time (you did not have dental coverage in 2008-09)	2009-10 Dental Election *
	Waive dental for the first time	2009-10 Benefit Waiver (Parts B & C)
FSA	Contribute to a health care or dependent day care flexible spending account	2009-10 Flexible Spending Account (FSA) Enrollment Agreement
	Sign-up for Debit Card option on health care FSA	ASIFlex FSA Debit Card Application
Life	Keep exactly the same coverage levels	None
	Select Optional Life Insurance for the first time <u>Or</u> Increase Optional Life Insurance	Sun Life Optional Life Enrollment Sun Life Evidence of Insurability Cover Page Sun Life Evidence of Insurability Application – Health Questionnaire
	Decrease or delete Optional Life Insurance	Sun Life Optional Life Enrollment
	Update Life Insurance Beneficiary(ies)	Sun Life Beneficiary Designation

* When completing either the Medical and/or the Dental Election form, all covered dependents must be listed.

Fillable forms are available on-line at: www.pima.edu/benefits/openenrollment/

After completing a fillable form, you will need to print, sign, and submit it to: District Office Employee Service Center (Room C-117), Mail Code DO-1235 by the May 22, 2009 at 4:45 p.m.

QUESTIONS?

Frequently Asked Questions:

1. Who is eligible for benefits?

Benefit eligible employees and their tax qualified dependent children may participate in College benefit plans. Benefit eligible employees include:

- Full-time regular classified employees and administrators
- Regular faculty working at least 30 hours per week,
- Regular faculty who, by prior approval, have up to 2/5 unpaid release time
- Faculty on one-year administrative appointments.
- Probationary employees

Temporary employees and adjunct faculty are not benefit eligible. Generally, children age 19 and older who are not full-time students are not eligible to participate. You must inform the Employee Service Center when your enrolled child no longer meets the IRS definition of a tax qualified dependent child. For additional information, consult your tax advisor or see IRS Publication 501.

Note: CIGNA HealthCare will require annual documentation of full-time student status for any child(ren) age 19 through 25, who are enrolled in the plan.

Domestic partners and the domestic partner's tax qualified dependent children may participate in College medical and dental plans. Your domestic partner's tax qualified dependent children can only participate in the benefit(s) that your domestic partner also participates in. Insurance elections for a domestic partner and the domestic partner's children can occur at time of new hire or when the employee becomes benefit eligible; otherwise, the employee can only add domestic partner coverage during the College's Open Enrollment period.

To elect medical and/or dental coverage for your domestic partner, you and your partner must complete and sign a Domestic Partnership Affidavit. You may also need to provide additional documentation if you wish to cover your domestic partner's children. If you have previously completed the Affidavit, you do not need to do so again. Affidavits are available from the Employee Service Center (520) 206-4945, email esc@pima.edu, or the Open Enrollment webpage: www.pima.edu/benefits/openenrollment/

2. What if I don't enroll?

If you fail to submit either a 2009-10 Medical Election form or a 2009-10 Benefit Waiver form with supporting documentation during the Open Enrollment period (May 11 - May 22, 2009), you will be automatically enrolled in the CIGNA Open Access Plus (OAP) plan, employee only coverage effective July 1, 2009.

If you waive medical coverage and do not provide proof of other qualified group medical insurance coverage, you will also be enrolled in the Open Access Plus (OAP) plan, employee only coverage effective July 1, 2009. You will not receive the college contribution into a Flexible Spending Account.

3. How do I confirm my new benefit coverage?

Confirmation of 2009-10 plan year coverage will be available beginning Monday, June 8, 2009 on the College website via MyPima. How? Go to:

- ▶ www.pima.edu
- ▶ [MyPima \[right-hand side bar\]](#)
 - ▶ Log in. For assistance please call the Help Desk at 206-4900.
 - ▶ @Work Tab [top page tab near center]
 - ▶ Quick-Links - @Work
 - ▶ My Benefits Statement
 - ▶ click **July 1, 2009** from the pull down menu
 - ▶ click Select

It is essential that you carefully review your benefits for the new 2009-10 plan year between June 15th and 19th. To make corrections, you must contact the Employee Service Center at 206-4945 by 4:45 p.m. Friday, June 19th.

4. When can I make a change to my benefits after open enrollment?

Because of the tax advantages of plans that let you pay for your benefits with before-tax dollars, the IRS has certain rules about when you may make changes. In most cases, you may only make benefit changes during Open Enrollment. However, you may make changes during the year if you experience a qualifying change in status - an event that causes you or a covered dependent to gain or lose eligibility for coverage. You must notify the Employee Service Center – Benefits Office at (520) 206-4945 of the qualifying change in status within 30 days of the event to make the related change(s) to your benefit elections.

The following are examples of qualifying events:

- You get married, legally separated, or divorced
- You have a baby or adopt a child
- You or your spouse starts or ends employment
- You or your spouse takes an unpaid leave of absence
- A dependent starts or stops being eligible
- Your spouse's health care coverage through his or her employer changes

5. When will I receive my new Identification Cards?

Medical Plan

For the medical plan you will be enrolled in effective July 1, 2009, new identification cards will be mailed to your home in June 2009. Each participant will receive their own ID card. If you elect the OAPIN plan, you will also receive separate ID cards for the vision plan.

Prescription Plan

You will receive new cards from Medco for your pharmacy coverage only if you are electing medical coverage for the first time.

Dental Plan

If you are enrolling for the first time or changing dental plans, you will receive cards from either Employers Dental Services or United Concordia, as appropriate.

Check each card carefully to verify that it accurately reflects the coverage that you selected. If a card is not correct, please contact the applicable insurance carrier's Customer Service department or the College's Employee Service Center at (520) 206-4945.

6. How do I select a medical plan?

Which plan to select is a personal decision that only you can make based on your prior medical history, anticipated medical events, and general health factors. Below are suggested steps that if followed will assist in your decision.

Review Current Coverage

Information about your benefits, covered dependents, and contributions is available on the College website. You can see what your current coverage is and how much you are paying for each benefit. Before you make decisions for the next plan year, you can review your current coverage by following these steps:

- ▶ www.pima.edu
- ▶ [MyPima \[right-hand side bar\]](#)
 - ▶ Log in. For assistance please call the Help Desk at 206-4900.
 - ▶ @Work Tab [top page tab near center]
 - ▶ Quick-Links - @Work
 - ▶ My Benefits Statement
 - ▶ click **Current** from the pull down menu
 - ▶ click Select.

Review Your Medical and Prescription History

Medical and prescription claims history is available on the [HealthNet](#) and [Medco](#) websites. You can log-in to each provider to view your record of office visits, medical procedures, and prescriptions. This information is useful when assessing which medical plan best fits your

needs. This information can also be used to decide whether to open a flexible spending account.

Compare Costs and Benefits of the Two Plans

In the Benefits Guide you will find a side by side summary of the two plans. CIGNA has also sent detailed benefit summaries to your home for your consideration. You are also encouraged to call CIGNA's pre-enrollment hotline **1-800-401-4041** to ask specific questions of a CIGNA representative. Finally, look at the bi-weekly premium deductions for each of the plans.

Remember a Flexible Spending Account

A flexible spending account allows you to pay for out-of-pocket health expenses with pre-tax dollars. ASIFlex has provided a worksheet to help Pima employees determine how much money to set aside in an FSA

7. What if you still have questions?

- a. Read this document and the associated Benefits Guide offered by the College.
- b. Read this Guide and all necessary forms for completing your benefit elections are available online at www.pima.edu/benefits/openenrollment/.
- c. Attend one of our scheduled Open Enrollment Information Sessions or Campus Drop-Ins.
- d. Utilize the Open Enrollment checklist found in this document.
- e. Read the CIGNA informational packet mailed to your home.
- f. Call the CIGNA Pre-enrollment hotline (800) 401-4041.
- g. Contact each carrier directly at the web address or phone number found on the next page.
- h. Contact the Employee Service Center at (520) 206-4945, or via email esc@pima.edu.