

## **OPEN ENROLLMENT DATES: APRIL 2 – 18, 2008**

### **Highlights and Changes**

- ◇ **Open Enrollment Period:** You may change your benefit elections between Wednesday, April 2 and 4:45 p.m. Friday, April 18. Submit completed forms to the Employee Service Center (mail code DO-1235). Changes will be effective July 1, 2008. You may make changes outside the Open Enrollment period only if you experience a qualifying change in status. (See page 6.)
- ◇ **Online Information:** Open Enrollment materials are online at [www.pima.edu/benefits/openenrollment](http://www.pima.edu/benefits/openenrollment).
- ◇ **Benefit Fairs:** Attend one of the Open Enrollment Benefit Fairs to learn more about your options, complete enrollment forms and participate in wellness activities. (See page 3.)
- ◇ **Wellness Activities at Benefit Fairs:** Health Net is offering all employees free, on-site, confidential biometric screenings including Body Mass Index and blood pressure checks. Health Net has also partnered with Pima Heart to offer the “**Know Your Heart**” program, which is designed to save lives through early detection and prevention. Go to [www.pimaheart.com](http://www.pimaheart.com) and click on the “Know Your Heart” link (gray box on the lower left). Take a ten-minute online heart assessment and learn your risk of cardiovascular disease. You can discuss your confidential results with a representative from Pima Heart, so bring your report with you or complete the assessment at the Fair.
- ◇ **Confirmation Period:** Access your Benefit Statement on MyPima between May 19 and 27 to insure that your Open Enrollment forms were properly processed. Request corrections by contacting the Employee Service Center at [ESC@pima.edu](mailto:ESC@pima.edu) or 206-4945 by 4:45 p.m. Tuesday, May 27. (See page 6.)
- ◇ **Medical Plans:** Medical plan options have not changed. All plans continue to include prescription drug coverage with Medco. (See pages 7-11.)
- ◇ **Dental Plans:** Dental plan options have not changed. (See pages 12-14.)
- ◇ **Eligibility affected by IRS rules governing dependent status:** If you are enrolled in the College’s medical and/or dental plans, you may cover your children if they meet the IRS definition of tax qualified dependents. Contact your tax advisor or reference IRS Publication 501 for more specific information. (See page 3.)
- ◇ **Flexible Spending Accounts:** You may participate in a health care and/or dependent daycare flexible spending account by completing the enrollment form. To participate in this benefit, you must complete the form every year. (See page 15.)

- ◇ **Waiver of Medical:** If you have another qualified group medical plan, you may waive medical coverage and accept the College's contribution of \$2,400 to a flexible spending account. To obtain this benefit, you must complete the required forms every year. (See pages 5 & 15.)
- ◇ **Premium Deductions for Domestic Partner and Dependent Children of Domestic Partners:** IRS regulations require that premium payments for a domestic partner and dependent children of a domestic partner be taken on an after-tax basis. The cost for these coverages are provided in separate medical and dental rate tables. (See pages 3, 10 & 14.)
- ◇ **Legal Notices:** This Guide contains legal notices that may be important to you. (See page 18.)
- ◇ **Checklist:** The optional checklist at the end of this Guide provides additional assistance in helping you identify the paperwork required to complete your benefit elections.

## **If You Have Questions**

The following pages briefly summarize the benefits offered by the College. Before you enroll, you should also read the materials provided on-line or at one of the Open Enrollment Benefit Fairs. If you have questions, you may:

- Attend one of our scheduled Open Enrollment Benefit Fairs,
- Contact each carrier directly at the web address or phone number listed at the back of this guide, or
- Contact the Employee Service Center at 206-4945.

All completed forms must be submitted to the Employee Service Center  
(District Office Room C117 or mail code DO-1235)  
no later than 4:45 p.m. on Friday, April 18, 2008.  
Please call 206-4945, if you have questions.

## Open Enrollment Benefit Fairs

**Open Enrollment Benefit Fairs have been scheduled at various times and locations throughout the District.** Employees will be able to learn more about benefit options by meeting with carrier representatives and Employee Benefits Working Group members. The Employee Service Center team will also be on hand to answer questions and assist employees in completing any necessary enrollment forms. See the table below to find a date, time and location that works best with your schedule.

<b>Date</b>	<b>Time</b>	<b>Location</b>
Wednesday, April 2	9:00 a.m. – 11:00 a.m. 2:00 p.m. – 4:00 p.m.	<b>District Office</b> – Community Room – C105 <b>Northwest Campus</b> – Building A – Room A207
Thursday, April 3	9:00 a.m. – 11:00 a.m. 2:00 p.m. – 4:00 p.m.	<b>Downtown Campus</b> – Amethyst Community Room – CC180 <b>Community Campus</b> – Rooms A109/A112
Friday, April 4	8:30 a.m. – 10:30 a.m.	<b>M &amp; S</b> – MS Training Room – Room 105
Thursday, April 10	9:00 a.m. – 11:00 a.m. 2:00 p.m. – 4:00 p.m.	<b>Desert Vista Campus</b> – Ocotillo Rooms A&B <b>West Campus</b> – Cholla Room – Building A – Room AG01
Friday, April 11	9:00 a.m. – 11:00 a.m. 2:00 p.m. – 4:00 p.m.	<b>East Campus</b> – Student Center Bldg. – Community Room <b>District Office</b> – Community Room – C105

## Eligibility

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

**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. Affidavits are available on-line at

[http://www.pima.edu/employee/benefits/other\\_forms.shtml](http://www.pima.edu/employee/benefits/other_forms.shtml) or from the Employee Service Center. If you have previously completed the Affidavit, you do not need to do so again.

## Forms

Fillable forms are available on-line at [www.pima.edu/benefits/openenrollment](http://www.pima.edu/benefits/openenrollment). After completing a fillable form, you will need to print, sign and submit it to the Employee Service Center. The forms cannot be submitted electronically. Paper copies are also available at the Open Enrollment Benefit Fairs and from the Employee Service Center.

**The following is a guide to the forms you will need to submit:**

	<b>What You Want To Do</b>	<b>Which Form(s) You Need to Complete &amp; Submit</b>
<b>MEDICAL</b>	Continue exactly the same medical coverage for you and your qualified dependents	None
	Elect medical coverage for the 2008-09 plan year (Employee did not participate in PCC medical coverage in 2007-08)	Medical Election *
	Change Health Net plans	Medical Election *
	Add or delete a dependent	Medical Election *
	Waive medical coverage (Employee has other qualified group medical insurance) <u>AND</u> Accept College contribution to a flexible spending account	Benefit Waiver (Parts A & C plus proof of qualified group insurance coverage) <u>AND</u> Flexible Spending Account (FSA) Enrollment
<b>DENTAL</b>	Continue the same dental plan or continue waiving dental coverage for you and your qualified dependents	None
	Elect dental coverage for the 2008-09 plan year (Employee did not participate in PCC dental coverage in 2007-08)	Dental Election *
	Change from the EDS - DMO Plan to United Concordia PPO/Indemnity Dental Plan <u>OR</u> Change from United Concordia PPO/Indemnity Plan to EDS - DMO Dental Plan	Dental Election * (To select your EDS dental provider, see page 12.)
	Add or delete a dependent	Dental Election *
	Waive dental for the first time	Benefit Waiver (Parts B & C)
<b>FSA</b>	Contribute to a health care or dependent daycare flexible spending account	Flexible Spending Account (FSA) Enrollment
<b>LIFE</b>	Continue exactly the same Optional Life coverage levels.	None
	Elect Optional Life Insurance for the first time <u>OR</u> Increase Optional Life Insurance (See pages 16-17 for details.)	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.**

## Current Coverages

Information about your benefits, covered dependents, and contributions is available on the College website. You can see what your current coverages are and how much you are paying for each. How? Go to:

- ▶ [www.pima.edu](http://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
        - ▶ **Current** from the pull down menu
          - ▶ Select

## Waiver of Coverages

You may waive medical coverage if you are covered under another qualified group medical plan, such as through a retirement plan or your spouse's employer. If you are covered, the College may contribute \$2,400 to a flexible spending account on your behalf.

**Medical Waivers do NOT carry forward from year to year.** To waive medical coverage, you must complete the Benefit Waiver form and provide proof that you have other qualified group coverage (i.e. a photocopy of your current medical ID card, written verification from the plan administrator). If the documentation does not indicate the effective dates of coverage, please write them in and initial your entry. **If you do not complete and submit the Waiver form, you will be automatically enrolled in the Health Net Basic HMO plan with Employee Only coverage.** To obtain the College's contribution to a flexible spending account on your behalf, you must also complete the Flexible Spending Account (FSA) Enrollment form. (See page 15.)

Your current dental waiver will continue in effect if you do not enroll in a dental plan. To waive dental coverage for the first time, simply choose the dental option on the 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.

## Identification Cards

You will receive new identification cards at your home during June for the medical plan you will be enrolled in effective July 1. You will receive new cards from Medco for your pharmacy coverage only if you are electing medical coverage for the first time. Finally, 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 coverages you selected. If you do not receive a card or if it is not correct, you should first contact the applicable insurance carrier's Customer Service. If they are unable to help you, call the College's Employee Service Center. Contact information for all of our benefit providers is available on page 20 of this guide.

## **Changes after Open Enrollment**

Because of the tax advantages of plans that let you pay for your benefits with pre-tax dollars, the IRS has certain rules about when you can 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 coverage. **You must notify the Employee Service Center – Benefits Office of the qualifying change in status and provide appropriate documentation within 30 calendar 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.

## **Friday, April 18, 2008 Deadline to Submit Forms**

Employees who are:

- Changing their current medical and/or dental plan option,
- Adding or deleting a spouse, domestic partner or dependent,
- Enrolling in a flexible spending account for the 2008-09 plan year or
- Waiving medical coverage for the 2008-09 plan year

must complete and submit the necessary enrollment forms. (See page 4.) Completed forms must be received in the Employee Service Center (mail code: DO 1235), no later than 4:45 p.m. Friday, April 18, 2008.

## **Confirmation of Coverages**

Confirmation of 2008-09 plan year coverage will be available beginning May 19 on the College website.

Where? Go to:

- ▶ [www.pima.edu](http://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
- ▶ **July 1, 2008** from the pull down menu
- ▶ Select

**It is essential that you carefully review your benefits for the new plan year between Monday, May 19, and Tuesday, May 27 to assure your Open Enrollment forms were properly processed. Request corrections by contacting the Employee Service Center at [ESC@pima.edu](mailto:ESC@pima.edu) or 206-4945 by 4:45 p.m. Tuesday, May 27.**

## Medical Plan Options

The College offers three (3) medical plan options with **Health Net**: a Basic HMO, a Buy-up Open Access HMO and a PPO plan. All plans provide benefits for preventive care, routine care, and hospitalization through **Health Net**, 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:

- **BASIC HMO:** The College has selected a traditional Health Maintenance Organization (HMO) as the basic plan. The plan uses a network of doctors to provide your medical care. When you enroll in this plan, you choose a primary care physician (PCP) from a list of the HMO's network of providers. You may choose a different PCP for yourself and each of your covered dependents. Your PCP then coordinates and oversees all your health care needs, including referrals to specialists or other providers. As long as you receive care from network providers and hospitals, and it is approved by your PCP, 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.
- **BUY-UP OPEN ACCESS HMO:** The Buy-up Open Access HMO is similar to the Basic HMO plan. The primary differences are (1) a feature which allows the member to seek care directly from a specialist in the network without a referral from his/her primary care physician and (2) lower copayments for physician office visits and certain other services. As long as you receive care from network providers and hospitals, and it is approved by your PCP, you pay a plan copay for the care. Except for certain emergencies, this plan does not pay benefits for out-of-network care.
- **PPO:** The Preferred Provider Organization (PPO) plan allows you to decide who provides your care. You can select a participating (in network) or non-participating (out of network) physician and the facility of your choice. You will pay a yearly deductible and then a percentage of the cost for each service (co-insurance).

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 Health Net website at [www.healthnet.com](http://www.healthnet.com).

A complete explanation of the benefits, limitations and provisions of the plan you select will be provided in the Certificate of Insurance/Evidence of Coverage which will be mailed directly to your home by Health Net prior to July 1.

## Medical Plan Summaries

Following is a brief summary of the various medical plan features. Please refer to the Certificate of Insurance/Evidence of Coverage from Health Net for details on benefit descriptions.

	<b>Basic HMO Plan \$15/\$30/\$250x3</b>	<b>Buy-up Open Access HMO Plan \$10/\$25/\$500</b>	<b>PPO Plan Co-insurance 20% / 40%</b>	
	<b>In-network only</b>	<b>In-network only</b>	<b>Participating Provider</b>	<b>Non-Participating Provider</b>
	<b>You Pay:</b>	<b>You Pay:</b>	<b>You Pay:</b>	<b>You Pay:</b>
<b>Calendar Year Deductible</b>	\$0	\$0	\$250 Individual/\$500 Family	
<b>Out-of-Pocket Maximum</b>	\$3,000 person \$9,000 family per Benefit Year	\$3,000 person \$9,000 family per Benefit Year	\$2,000 person \$4,000 family per Benefit Year (excluding deductible and copayments)	\$6,000 person \$12,000 family per Benefit Year (excluding deductible and copayments)
<b>Physician Office Visits</b>	\$15 copay for PCP \$30 copay for specialist	\$10 copay for PCP \$25 copay for specialist ( <i>no referral necessary</i> )	\$20 copay for PCP \$20 copay for specialist	40% subject to deductible
<b>Lab and X-ray</b>	\$0 for lab \$0 for X-ray	\$0 for lab \$0 for X-ray	\$0 for lab \$0 for X-ray	40% subject to deductible
<b>Imaging &amp; Testing Services</b>	\$100 copay per visit at physician office or hospital facility. No charge for routine screening Mammography	\$100 copay per visit at physician office or hospital facility. No charge for routine screening Mammography	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
<b>Emergency Room</b>	\$125 copay per visit	\$100 copay per visit	\$75 copay per visit plus 20%	\$75 copay per visit plus 20%
<b>Urgent Care</b>	\$35 copay per visit	\$35 copay per visit	\$50 copay per visit	40% subject to deductible
<b>Behavioral Health Care - Outpatient</b>	\$25 copay per individual visit \$12.50 copay per group visit ( <i>Outpatient maximum 20 visits per benefit year</i> )	\$25 copay per individual visit \$12.50 copay per group visit ( <i>Outpatient maximum 20 visits per benefit year</i> )	\$25 copay per individual visit \$12.50 copay per group visit ( <i>Outpatient maximum 20 visits per benefit year</i> )	40% subject to deductible ( <i>Outpatient maximum 20 visits per benefit year</i> )
<b>Behavioral Health Care – Inpatient</b>	\$250 copay per day up to 3 days (\$750 maximum) \$0 thereafter ( <i>Inpatient maximum 30 days per benefit year</i> )	\$500 copay per admission ( <i>Inpatient maximum 30 days per benefit year</i> )	20% subject to deductible ( <i>Inpatient maximum 30 days per benefit year</i> )	\$500 copay per admission plus 40% subject to deductible ( <i>Inpatient maximum 30 days per benefit year</i> )
<b>Outpatient Hospital/Surgical Services</b>	\$250 copay per visit	\$250 copay per visit	20% subject to deductible	\$250 copay per visit plus 40% subject to deductible
<b>Inpatient Hospital/Surgical Services</b>	\$250 copay per day up to 3 days (\$750 maximum) \$0 thereafter per admission	\$500 copay per admission	20% subject to deductible	\$500 copay per admission plus 40% subject to deductible

## 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 premium for each subsequent refill. However, you can save money for maintenance drug prescriptions through the mail-order pharmacy at (800) 711-0917 or at [www.medcohealth.com](http://www.medcohealth.com).

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

## Medical/Rx Costs

The College contributes the full cost of the employee Basic HMO premium, \$366.30 a month (\$4,396 annually), toward the cost of your medical and prescription coverage. The following chart shows how much you will pay (deducted from your first and second paycheck each month) for coverage after the College's contribution has been applied. These rates are for employees and their tax-qualified dependents. 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	Coverage	12-month employees will pay twice ea. mo.	10-month employees will pay twice ea. mo.	9-month employees will pay twice ea. mo.
		(24 deductions)	(20 deductions)	(19 deductions)
<b>BASIC HMO Plan</b>	Employee Only	\$ 0.00	\$ 0.00	\$ 0.00
	Employee Plus Spouse	\$ 182.00	\$ 219.00	\$ 231.00
	Employee Plus Child(ren)	\$ 145.00	\$ 175.00	\$ 184.00
	Employee Plus Family	\$ 336.00	\$ 403.00	\$ 425.00
<b>BUY-UP OPEN ACCESS HMO Plan</b>	Employee Only	\$ 10.00	\$ 12.00	\$ 13.00
	Employee Plus Spouse	\$ 203.00	\$ 244.00	\$ 257.00
	Employee Plus Child(ren)	\$ 165.00	\$ 198.00	\$ 208.00
	Employee Plus Family	\$ 366.00	\$ 439.00	\$ 463.00
<b>PPO Plan</b>	Employee Only	\$ 33.00	\$ 39.00	\$ 41.00
	Employee Plus Spouse	\$ 248.00	\$ 298.00	\$ 314.00
	Employee Plus Child(ren)	\$ 205.00	\$ 247.00	\$ 259.00
	Employee Plus Family	\$ 430.00	\$ 516.00	\$ 544.00

## 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.

<b>Plan</b>	<b>Coverage</b>	<b>12-month employees will pay twice ea. mo. (24 deductions)</b>	<b>10-month employees will pay twice ea. mo. (20 deductions)</b>	<b>9-month employees will pay twice ea. mo. (19 deductions)</b>
<b>BASIC HMO Plan</b>	Domestic Partner Only	\$ 183.15	\$ 219.78	\$ 231.35
	Domestic Partner Plus Domestic Partner's Child(ren)	\$ 329.68	\$ 395.61	\$ 416.44
<b>BUY-UP OPEN ACCESS HMO Plan</b>	Domestic Partner Only	\$ 193.78	\$ 232.53	\$ 244.77
	Domestic Partner Plus Domestic Partner's Child(ren)	\$ 348.80	\$ 418.56	\$ 440.59
<b>PPO Plan</b>	Domestic Partner Only	\$ 216.21	\$ 259.45	\$ 273.10
	Domestic Partner Plus Domestic Partner's Child(ren)	\$ 389.18	\$ 467.01	\$ 491.59

## Additional College Contributions

- **Reimbursement for Inpatient and Outpatient Hospital Costs**

For eligible employees or their dependent(s) enrolled in a College Health Net plan, the College will reimburse a portion of each inpatient hospital admission and/or outpatient hospital procedure copay incurred during the plan year. After the service has been received, you can request reimbursement by completing the Reimbursement for Inpatient and Outpatient Costs form and attaching a copy of a paid receipt or billing statement for the services or a copy of the Explanation of Benefits (EOB) from Health Net. The request should then be submitted to the Employee Service Center at mail code DO-1235. The form is available at

[http://www.pima.edu/employee/benefits/other\\_forms.shtml](http://www.pima.edu/employee/benefits/other_forms.shtml) or at the Employee Service Center.

Reimbursements are processed on the next available regular payroll check after the reimbursement request has been approved.

The chart of the following page details the qualifying expenses and the reimbursement levels under the plan.

<b>Reimbursements for Qualified Inpatient and Outpatient Hospital Costs</b>			
<b>Procedure</b>	<b>* HMO Plan Co-pay Paid</b>	<b>Minus: Final Employee Responsibility</b>	<b>Equals: College Reimbursement Up to —</b>
Outpatient	\$ 250	\$ 100	\$ 150
Inpatient	\$ 250	\$ 100	\$ 150
	\$ 500	\$ 150	\$ 350
	\$ 750	\$ 200	\$ 550

\* PPO Plan members will receive a reimbursement based upon their co-insurance responsibility.

Maximum reimbursement on any plan is \$550 for each inpatient service and \$150 for each outpatient service. To be processed, requests for reimbursement must include supporting documentation and be received no later than 90 days after the end of the plan year (September 28).

- ### Medical Insurance Subsidy at Qualifying Salary Levels

Eligibility for this medical subsidy depends upon the coverage option you select and the annual salary in your position. A review of your eligibility may be done with any changes to your position or salary within the plan year. If you meet one of the qualifying salary levels and choose *Employee Plus Spouse*, *Employee Plus Child(ren)* or *Employee Plus Family* medical coverage for eligible dependents, the College will help defray the cost of your coverage. Regardless of which College medical plan you choose, the College will add an additional amount to your pay. Coverage for Domestic Partners and their dependents does not qualify for this program. Adjustments to this program may occur prior to the 2008-09 fiscal year based on adjustments to the College salary schedule(s).

<b>Qualifying Salary Ranges</b>	<b>Coverage</b>	<b>If you are a 12-month employee (26 pay periods)</b>	<b>If you are a 10-month employee (22 pay periods)</b>	<b>If you are a 9-month employee (20 pay periods)</b>
		<b>The College will contribute this amount each paycheck:</b>		
<b>Level 1:</b> Annual Salary <b>\$29,315</b> or less	Employee Plus Spouse	\$ 61.67	\$ 72.88	\$ 80.16
	Employee Plus Child(ren)	\$ 49.33	\$ 58.30	\$ 64.13
	Employee Plus Family	\$ 113.46	\$ 134.09	\$ 147.50
<b>Level 2:</b> Annual Salary <b>\$29,315.01–</b> <b>\$39,975</b>	Employee Plus Spouse	\$ 30.83	\$ 36.44	\$ 40.08
	Employee Plus Child(ren)	\$ 24.67	\$ 29.15	\$ 32.07
	Employee Plus Family	\$ 56.73	\$ 67.05	\$ 73.75

## 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 the medical 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.

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. Visit the Employers Dental Services website at [www.mydentalplan.net](http://www.mydentalplan.net) and select the **For Members** link. Click on **Dentist Search**, under the Member Info section. You can search by multiple criteria, including name or location. When you identify your primary dentist, call EDS Customer Service at (520) 696-4343 to advise them of your selection. You can 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](http://www.ucci.com) and select the **Find a Dentist** link. Click on the **Advantage Plus** national network. If your current dentists are not in the United Concordia network, you are encouraged to *nominate* them. You can access the form on the web page by selecting the blue **Member** link and then choosing the **Member Information and Forms** link on the left side of the web page.

## 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– Advantage <i>Plus</i>	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 is no maximum number of times you can use these services each year. <i>(See note below.)</i>	You pay 10%; deductible is waived. (one exam and cleaning every 6 months)	You pay 20%; deductible is waived.
Basic services (fillings, endodontics, periodontics, oral surgery)	You pay \$13 for a 1-surface resin filling, \$80 for a full mouth debridement and \$185 for an anterior root canal. There is no maximum number of times you can use these services each year. <i>(See note below.)</i>	You pay 10%, after the deductible.	You pay 20%, after the deductible.
Major services (crowns, bridges, dentures)	You pay \$280 + lab for crowns, \$325 + lab for upper or lower dentures. Copays depend on the services received. There is no maximum number of times you can use these services each year.	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 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.*

## 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 (deducted from your first and second paycheck each month) 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.

<b>Plan and Coverage</b>	<b>12-month employees will pay twice ea. mo. (24 deductions)</b>	<b>10-month employees will pay twice ea. mo. (20 deductions)</b>	<b>9-month employees will pay twice ea. mo. (19 deductions)</b>
<b>Employers Dental Services DMO</b>			
Employee Only	\$ 0.00	\$ 0.00	\$ 0.00
Employee Plus One	\$ 4.00	\$ 4.75	\$ 5.00
Employee Plus All	\$ 6.50	\$ 8.00	\$ 8.50
<b>United Concordia PPO/Indemnity</b>			
Employee Only	\$ 16.00	\$ 19.50	\$ 20.50
Employee Plus One	\$ 35.00	\$ 42.00	\$ 44.50
Employee Plus All	\$ 54.00	\$ 64.50	\$ 68.00

## 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.

<b>Plan and Coverage</b>	<b>12-month employees will pay twice ea. mo. (24 deductions)</b>	<b>10-month employees will pay twice ea. mo. (20 deductions)</b>	<b>9-month employees will pay twice ea. mo. (19 deductions)</b>
<b>Employers Dental Services DMO</b>			
Domestic Partner Only	\$ 4.70	\$ 5.63	\$ 5.93
Domestic Partner Plus One Child	\$ 9.00	\$ 10.79	\$ 11.36
Domestic Partner Plus Children	\$ 11.47	\$ 13.76	\$ 14.48
<b>United Concordia PPO/Indemnity</b>			
Domestic Partner Only	\$ 21.02	\$ 25.22	\$ 26.55
Domestic Partner Plus One Child	\$ 39.93	\$ 47.91	\$ 50.43
Domestic Partner Plus Children	\$ 58.84	\$ 70.61	\$ 74.32

## **Flexible Spending Accounts**

Flexible spending accounts 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 daycare 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.

The College has contracted with Sheakley to administer this plan. Questions about reimbursement eligibility should be directed to Sheakley at (800) 877-6630, and all claims should be submitted directly to them.

- **Options** — You may contribute to one or both of the flexible spending account options:

**The health care flexible spending account:** You may contribute up to \$5,000 (including the College's contribution, if eligible) 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 tax qualified dependents. Expenses for domestic partners or their dependents are not covered.

**The dependent daycare flexible spending account:** You may contribute up to \$5,000 (including the College's contribution, if eligible) to reimburse yourself for daycare 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**

If you waive the medical coverage and submit a Flexible Spending Account (FSA) Enrollment form, the College will contribute \$2,400 on your behalf to a flexible spending account. This contribution will be made over the first and second pay dates of each eligible month to the account of your choice. You may designate 100% of the \$2,400 to be placed in either a health care account or a dependent daycare 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 can change or stop contributions during the year only if you have a qualifying change in status. (See page 6.)
2. 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, vision or daycare expenses.
3. IRS regulations limit use of dependent daycare flexible spending accounts to \$5,000 per *calendar* year per household.
4. The total funds to be contributed by you or the College over the plan year to your health care flexible spending account are available to you at the beginning of the plan year on July 1. Funds contributed to your dependent daycare flexible spending account are available only after the contribution is made.
5. You will have 90 calendar days after the end of the plan year (June 30) to submit a claim for eligible health or daycare expenses incurred during the plan year. Claims received after September 28 for the prior plan year will not be paid.

## 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:

- ▶ **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. (See page 4 for the required forms.)
- ▶ **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. (See page 4 for the required forms.) 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.

**Employee and Spouse Optional Costs**

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

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

- ▶ **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. (See page 5.) If they are not listed, please call the Employee Service Center at 206-4945 or email [ESC@pima.edu](mailto:ESC@pima.edu) so the records can be updated.

## **Legal Notices**

### **Special Enrollment Notice**

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

In addition, if you have a new qualified dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your qualified dependent(s). 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, contact the Employee Service Center at 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 Health Net at (800) 707-2715.

### **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 Community College:

- Pharmacy plan administered by Medco,
- Health Care flexible spending account administered by Sheakley,
- COBRA administered by Ceridian, and
- 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 them at (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 Health Net (800) 707-2715, Employers Dental Services at (520) 696-4343, and United Concordia at (800) 332-0366.

## Employee Benefits Working Group 2007-08

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520-206-2651

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**John Gillis**  
Acting Division Dean  
Health Related Professions  
West Campus  
520-206-6783

## 2008-09 Plan Year - Contact Information

Benefit	Phone number	Website
<b>Medical</b> Health Net	(800) 707-2715	<a href="http://www.healthnet.com">www.healthnet.com</a>
<b>Prescription drug</b> Medco Health	(800) 711-0917	<a href="http://www.medcohealth.com">www.medcohealth.com</a>
<b>Dental</b> Employers Dental Services United Concordia	(520) 696-4343 (800) 332-0366	<a href="http://www.mydentalplan.net">www.mydentalplan.net</a> <a href="http://www.ucci.com">www.ucci.com</a>
<b>Term life insurance</b> Sun Life Financial	(800) 247-6875	<a href="http://www.sunlife-usa.com">www.sunlife-usa.com</a>
<b>Flexible Spending Accounts</b> Sheakley	(800) 877-6630	<a href="http://www.sheakley.com">www.sheakley.com</a>
<b>AZ State Retirement System</b>	(520) 239-3100	<a href="http://www.asrs.state.az.us">www.asrs.state.az.us</a>
<b>Optional Retirement Plan</b> TIAA-CREF	(866) 548-3705	<a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a>
<b>Public Safety Personnel Retirement System</b>	(602) 255-5575	<a href="http://www.psprs.com">www.psprs.com</a>
<b>Tax Deferred Annuity Vendors (403 and 457 vendors)</b> ING TIAA-CREF AIG-VALIC	(520) 690-9201 (866) 548-3705 (520) 795-8050	<a href="http://www.ingretirementplans.com">www.ingretirementplans.com</a> <a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a> <a href="http://www.aigvalic.com">www.aigvalic.com</a>
<b>PCC Employee Service Center</b>	(520) 206-4945	www.pima.edu/employee/benefits/ e-mail: <a href="mailto:ESC@pima.edu">ESC@pima.edu</a>

**CHANGE OF ADDRESS:** If you move or change your mailing address within the plan year, you are responsible for contacting the vendors directly with the updated information. This action will insure that you receive timely and appropriate information about your benefits.

**\*\* Please retain this Contact Information page in your records  
for reference throughout the plan year. \*\***

## 2008-09 OPEN ENROLLMENT CHECKLIST

The following is provided to assist you in properly completing the necessary forms for the 2008-09 Benefit plan year. Utilize this checklist in conjunction with page 4 of this Guide.

### WAIVE MEDICAL COVERAGE FOR THE 2008-09 PLAN YEAR

#### A. Benefit Waiver - Medical

- |    |  |           |          |
|----|--|-----------|----------|
| 1. | I completed Parts A & C and signed my Benefit Waiver           | Yes _____ | No _____ |
| 2. | I attached proof of qualified group medical insurance coverage | Yes _____ | No _____ |
| 3. | I completed a Flexible Spending Account (FSA) Enrollment form  | Yes _____ | No _____ |

### ELECT A FLEXIBLE SPENDING ACCOUNT (FSA) FOR THE 2008-09 PLAN YEAR

#### A. Flexible Spending Account (FSA) Enrollment form

- |    |   |           |          |
|----|---|-----------|----------|
| 1. | I included my social security number on and signed the Flexible Spending Account (FSA) Enrollment form. | Yes _____ | No _____ |
| 2. | I documented my total annual election amount.   | Yes _____ | No _____ |

### MAKE CHANGES TO MEDICAL, DENTAL AND/OR LIFE INSURANCE COVERAGE FOR 2008-09 PLAN YEAR

#### A. Medical Election

- |    |  |           |          |
|----|--|-----------|----------|
| 1. | I elected a medical plan type (either Basic HMO, Buy-up HMO or PPO/Indemnity) and signed the form. | Yes _____ | No _____ |
| 2. | I included information on my qualified dependent(s), i.e., name, date of birth, etc.               | Yes _____ | No _____ |
| 3. | I completed sections A & B and signed my medical election form.                                    | Yes _____ | No _____ |

#### B. Dental Election

- |    |  |           |          |
|----|--|-----------|----------|
| 1. | I elected a dental plan type (either EDS or United Concordia) and signed the form. | Yes _____ | No _____ |
| 2. | I included information on my dependent(s), i.e., name, date of birth, etc.         | Yes _____ | No _____ |
| 3. | I completed sections A & B and signed my dental election form.                     | Yes _____ | No _____ |

#### C. Benefit Waiver - Dental

I am waiving dental coverage for the first time and have signed my Benefit Waiver form (dental portion: Parts B & C).

Yes \_\_\_\_\_ No \_\_\_\_\_

#### D. Sun Life Optional Life Insurance Enrollment

I am requesting a change to my Optional Life Insurance coverage and have submitted the proper form(s) as stated in the Benefits Open Enrollment Guide. (See page 4.)

Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE RETAIN COPIES OF ALL BENEFIT FORMS FOR YOUR RECORDS**