

Your 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 other doctors. 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) lower copayments for physician office visits and certain other services and (2) 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.
- **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.

Medical Plan Summaries

Included in your Benefit Open Enrollment packet, you will find a folder from **Health Net**, which contains important information regarding their services and your benefit plan options. Please review the three **Summary of Benefits** documents to understand the features and benefits of our three (3) plan options. Each two-page document provides an overview of the coverage offered under the specific plan.

[Please note: all benefits outlined in the Summary of Benefits materials from Health Net are based on the benefit plan year" (July 1 through June 30) rather than the calendar year as printed on the documents.]

- Our Basic HMO corresponds to the "HMO CORE" summary
- Our Buy-up Open Access HMO corresponds to the "HMO BUY UP (OPEN ACCESS)" summary
- Our PPO corresponds with the "PPO" summary.

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.

Following is a brief summary of the various medical plan features. Please refer to the Summary of Benefits for Health Net, for additional benefit descriptions.

	Basic HMO Plan \$15/\$30/\$250x3	Buy-up Open Access HMO Plan \$10/\$25/\$500	PPO Plan Co-insurance 20% / 40%	
	In-network only	In-network only	Participating Provider	Non-Participating Provider
	You Pay:	You Pay:	You Pay:	You Pay:
Calendar Year Deductible	\$0	\$0	\$250 Individual/\$500 Family	
Out-of-Pocket Maximum	\$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)
Physician Office Visits	\$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
Lab and X-ray	\$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
Imaging & Testing Services	\$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
Outpatient Hospital/Surgical Services	\$250 copay per visit	\$250 copay per visit	20% subject to deductible	\$250 copay per visit plus 40% subject to deductible
Inpatient Hospital/Surgical Services	\$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
Emergency Room	\$125 copay per visit	\$100 copay per visit	\$75 copay per visit plus 20%	\$75 copay per visit plus 20%
Urgent Care	\$35 copay per visit	\$35 copay per visit	\$50 copay per visit	40% subject to deductible
Behavioral Health Care - Outpatient	\$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>)
Behavioral Health Care – Inpatient	\$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>)

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 PacifiCare at (800) 347-8600 or (866) 316-9776.

General Notice of the Plan's Pre-existing Condition Exclusion

The PPO/Indemnity Plan imposes a pre-existing condition exclusion. This means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a six-month period. Generally, this six-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the six-month period ends on the day before the waiting period begins. The pre-existing condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 30 days after birth, adoption, or placement for adoption.

This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. **However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage."**

- Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days.
- To reduce the 12 month (or 18-month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have.
- If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.

All questions about the pre-existing condition exclusion and creditable coverage should be directed to the Employee Service Center at 4905C East Broadway Blvd., Tucson, AZ 85709-1235 or (520) 206-4945.

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, and
- COBRA administered by Ceridian.

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 85709-1190 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 at (800) 707-2715, Employers Dental Services at (520) 696-4343, and United Concordia at (800) 332-0366.

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 purchase the same prescription more than two times at a retail pharmacy, you will have to pay a premium for each subsequent refill. However, you can save money by ordering prescriptions through the mail-order pharmacy at (800) 711-0917 or at www.medcohealth.com.

Drug Type	All Prescriptions	Maintenance Drug Prescriptions	
	Retail Pharmacy 30-day supply 1 st and 2 nd fill	Retail Pharmacy 30-day supply 3 rd 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, \$334.01 a month (\$4,008 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. Due to IRS regulations, the portion of premiums for domestic partners and their dependents, as well as other non-IRS qualified dependents, is on an after-tax basis.

Plan	Coverage	12-month employees will pay twice ea. mo. (total of 24 pays)	10-month employees will pay twice ea. mo. (total of 20 pays)	9-month employees will pay twice ea. mo. (total of 19 pays)
Health Net BASIC HMO Plan	Employee Only	\$ 0.00	\$ 0.00	\$ 0.00
	Employee Plus Spouse	\$ 167.01	\$ 200.41	\$ 210.96
	Employee Plus Child(ren)	\$ 133.61	\$ 160.33	\$ 168.77
	Employee Plus Family	\$ 307.30	\$ 368.75	\$ 388.16
Health Net BUY-UP OPEN ACCESS HMO Plan	Employee Only	\$ 9.67	\$ 11.60	\$ 12.21
	Employee Plus Spouse	\$ 186.35	\$ 223.62	\$ 235.39
	Employee Plus Child(ren)	\$ 151.02	\$ 181.22	\$ 190.76
	Employee Plus Family	\$ 334.76	\$ 401.71	\$ 422.85
Health Net PPO Plan	Employee Only	\$ 30.08	\$ 36.09	\$ 37.99
	Employee Plus Spouse	\$ 227.16	\$ 272.59	\$ 286.94
	Employee Plus Child(ren)	\$ 187.75	\$ 225.29	\$ 237.15
	Employee Plus Family	\$ 392.71	\$ 471.25	\$ 496.05

Additional College Contributions Toward Your Medical Costs

• Reimbursement for Outpatient and Inpatient 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 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 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.

Procedure	* HMO Plan Co-pay Paid	Minus: Final Employee Responsibility	Equals: College Reimbursement Up to —
Outpatient	\$ 250	\$ 100	\$ 150
Inpatient	\$ 250	\$ 100	\$ 150
	\$ 500	\$ 150	\$ 350
	\$ 750	\$ 200	\$ 550

* PPO Plan members will receive 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 medical plan you choose, the College will add an additional amount to your pay. Please note that coverage for any post-tax dependent, domestic partners and/or their dependents does not qualify for this program.

Qualifying Salary Ranges	Coverage	If you are a 12-month employee (26 pay periods)	If you are a 10&11-month employee (22 pay periods)	If you are a 9-month employee (20 pay periods)
		The College will contribute this amount each paycheck:		
Level 1: Annual Salary \$29,315 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
Level 2: Annual Salary \$29,315.01– \$39,975	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