The Insurance Review Committee (IRC) has been diligently considering viable options to help minimize health insurance rate increases for the 2011-12 plan year. To keep the status quo plan designs for health insurance, the quoted increases were initially more than 17%.

The IRC agreed to change Kaiser’s prescription plan reducing the increase to 13.47% or $114/month. Although rates are increasing, this change represents $700,000 less than the original renewal rates! The District also adopted Health Net’s new Sutter-only HMO network, PremierCare, which not only reduced the increase, but provided premiums that were less than the current rates for the HMO!

Without knowing the final budget, we’re hopeful there will be little to no increase in premiums for over 2,100 Los Rios employees on Kaiser, and a savings for approximately 200 employees on the Health Net PremierCare HMO plan.

The State budget will impact the final calculation of the District contribution amount. If state funded appropriations are ultimately reduced more than $25 million for the District, some of the premium increase may have to be passed along to employees.

For details on the Kaiser prescription drug changes and Health Net’s PremierCare Network, join us at your college Open Enrollment meetings—Kaiser, Health Net and Sutter will all be available to answer your questions.

“Open Enrollment” and Mid Year Changes

Open enrollment is a special time of year when you can change your benefit elections for any reason. The only restrictions may be plan related, as in the vision plan—once you are in the plan, you must remain in it for 2 years because benefits are based on 2-year cycles.

Our premiums are run through our "cafeteria plan" allowing you to use pre-tax dollars to pay for them. With that pre-tax benefit comes IRS rules including when you can make election changes. Open enrollment is the one time you can make a change for virtually any reason.

Other times of year require a reason allowed by the plan and the IRS. (Continued on p. 2)

DID YOU KNOW...

- Both Kaiser and Health Net have smoking cessation and weight loss programs that are available to members. Some are free!
- The Medical Flexible Spending Account (FSA) is a nice compliment to your health insurance. It allows you to use pre-tax dollars to pay your out-of-pocket expenses including prescription co-pays and doctor’s visit charges. Open Enrollment for the FSA as well as the Dependent Care Assistance Plan (to use to pay for daycare costs) occurs in the fall.
In March of 2010, the Patient Protection and Affordable Care Act (PPACA) was passed, creating quite a stir among legislators, employers, and individual citizens alike. Since then, a federal judge in Virginia has held the health care reform law to be unconstitutional, stating that the requirement that every U.S. citizen obtain a minimum level of health insurance coverage exceeds the power of Congress. However, two courts have upheld the constitutionality of the law, and since there are differing legal interpretations, the question may eventually come before the United States Supreme Court.

In the meantime, the provisions of the PPACA still stand, and many of these were effective for plan years beginning on or after September 23, 2010. (For us, the first plan year affected is the one beginning 7/1/11.)

Dependent Coverage:
Group Health Plans that provide dependent coverage for children must make that coverage available for children to age 26. This may include adult children who have jobs, are married, and do not live with their parents.


The change to dependent age affects only medical plans, not dental and vision. If you have a child who was dropped from medical coverage because he/she was over-age or married, you may be able to enroll him/her now during open enrollment.

**HEALTH CARE REFORM 2011: WHAT’S IN IT FOR ME?**

**Healthy Living Starts with Wellness Habits:**
Health Net Medical Plans Provide Great Options

**Health Coach:**
Health Net’s PremierCare HMO and PPO have a Health Coach program which gives members daily access to talk about health goals or challenges, including personalized smoking cessation and weight management programs.

A Health Coach offers 1-to-1 consultations, provides guidance and support to avoid health risks including: high blood pressure, elevated glucose levels and smoking. These are just a few of the topics you can discuss with them.

**Decision Power Health Discounts:**
Under both plans, discounts are offered for joining weight management groups such as Weight Watchers and Jenny Craig. Other discounts are offered for eye care, hearing aids and screenings, and fitness club memberships.

*For more information about other Decision Healthy Partners, log in at www.healthnet.com and visit >Decision Power Health & Wellness > Member Discounts.*

“Open Enrollment” and Mid Year Changes (cont.)

(Continued from p. 1)
You must have a "qualifying event," such as birth of a child, adoption, marriage, divorce, entering into a domestic partnership, your child gains or loses eligibility or your spouse/domestic partner gains or loses employment, etc.

The important thing to remember is that completed paperwork must be received by the Employee Benefits Office within 31 days of the qualifying event in order to make the change. If you miss that window of opportunity, you must wait until the next open enrollment period to make the change. This even includes coverage for a newborn baby, so please don’t miss that 31-day deadline!

The exception: dropping an ineligible dependent. If you have a dependent who is no longer eligible, do NOT wait because you may be responsible for additional premiums if you leave him/her on your plan.

Call Employee Benefits if you have any questions.
Many of you may already know Kris Kurk. She is one of two Benefits Technician and has been with the department 14 years.

Vickie McNamee was promoted last summer to Benefits Technician after 5 years as the Administrative Assistant.

Socorro Molina is an Administrative Assistant. Her time is split between Benefits & Accounting/Payroll, and she worked in the Chancellor’s Office and at Ethan Way during the 6 years prior to Benefits.

Denise Booth is your Benefits Supervisor and joined the department last August. Previously, she worked for 10 years as the Human Resources Director for the Associated Students of CSUC.

Toi Buchanan is your Benefits Specialist. She has been with the District over a year and is a former community college faculty member and Department Chair at Fayetteville Tech in North Carolina.

If you are a full-time employee and you are not currently signed up for vision coverage, you may be eligible to enroll yourself and your eligible dependents during Open Enrollment.

We offer two plans: Basic allows a new pair of glasses every 2 years and the Plus Plan allows them every year.

Additionally, the premiums are deducted pre-tax from your pay!*

VSP will be visiting each of the colleges during the open enrollment meetings. Stop by to find out more about this wonderful benefit. Call the Employee Benefits Department to find out if you are eligible to enroll.

*In compliance with IRS regulations, premiums for domestic partners are deducted post-tax.

### Open Enrollment Calendar

**Monday, April 18**
Open Enrollment BEGINS

**Monday-Wednesday, April 25-27**
Open Enrollment Meetings at the following locations:
- April 25th, Facilities Maintenance, Conf. Rm., 8:00 am—11:00 am
- April 25th, Folsom Lake, FL1-20, 1:00pm—4:00pm
- April 26th, Cosumnes River, SCI-216, 8:00am—11:00am
- April 26th, Sacramento City, Student Ctr. West Hall, 1:00pm —4:00pm
- April 27th, District Office, Board Room, 8:00am—1 1:00am
- April 27th, American River, Ranch House, 1:00pm—4:00pm

Presentations during morning meetings at 8:30 & afternoons at 1:30.

**Week of Monday-Friday, May 2-6**
Webinars highlighting various plans—more information will be emailed to you!

**Friday, May 13**
Open Enrollment ENDS

If you mail your enrollment forms, please call the Employee Benefits Department within the Open Enrollment period to verify receipt. Also, as a suggestion, make a copy of the enrollment form(s) for your records. Contact us at 568-3070, M-F from 8:30 p.m. during normal business hours.

**Friday the 13th is LAST DAY!**

### Meet Your Employee Benefits Staff

Back Row: Carrie Bray, Denise Booth, Socorro Molina, Toi Buchanan, Dua Moua (temp)

Front row: Kris Kurk, Vickie McNamee

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**Costco Joins Vision Service Plan (VSP) Network**

Have you ever wished that you could go to the Costco optical department and use your vision insurance coverage? Well your wish has just come true!

Effective July 1, 2011, Vision Services Plan (VSP) has contracted with Costco as an affiliate provider. You can receive a covered-in-full benefit experience with a frame allowance of $70, which covers 2/3rds of the frames available at Costco.

VSP is the only vision provider to have this exclusive national agreement with all Costco locations.

You can now purchase glasses at Costco.

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Additionally, the premiums are deducted pre-tax from your pay!*

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**Friday the 13th is LAST DAY!**
To find a PPO dentist:
- Visit Delta Dental at www.deltadentalins.com
- Click on “Find a Dentist”
- Select “Delta Dental PPO” as your plan network

Although our Delta Dental plan allows you the freedom to visit any licensed dentist, you will usually save more on your out-of-pocket costs when you visit a Delta Dental PPO dentist.

- PPO dentists agree to accept contracted fees as full payment and your annual maximum benefit is $2,200.
- Premier dentists do, too, but their contracted rates are slightly higher so your annual maximum benefit doesn’t stretch as far. Plus the annual maximum is $200 lower than the PPO maximum. It’s $2,000.
- Out of network dentists are not contracted to write off the difference between what they charge and what Delta Dental pays so you are often billed for the balance.

What’s the Difference between a PPO and Premier Dentist?

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