



## Open Enrollment

for the medical, dental, vision, life and Section 125 plans will begin Monday, September 28, 2009 and extends through Friday, October 23, 2009, from 8:00 a.m. to 4:00 p.m. daily. Open Enrollment allows employees to make changes in their plans with coverage effective November 1, 2009 through October 31, 2010.

*Changes include:*

	Eligible Active Employees (69% or greater assignment)	Part-Time Monthly Employees	Hourly and Substitute Employees
<b>MEDICAL</b>	Change Plans  Add dependent coverage, including domestic partner	Ineligible	Ineligible
<b>DENTAL</b>	Change Plans  Purchase dependent coverage, including domestic partner	Purchase employee coverage  Purchase dependent coverage, including domestic partner	Ineligible
<b>VISION</b>	Purchase dependent coverage, including domestic partner	Purchase employee coverage  Purchase dependent coverage, including domestic partner	Ineligible
<b>LIFE</b>	Purchase additional coverage  Purchase dependent coverage, including domestic partner	Purchase additional coverage  Purchase dependent coverage, including domestic partner	Ineligible
<b>SECTION 125</b>	Establish an Unreimbursed Medical Expense Account or Dependent Day Care Reimbursement Account or designate premium payments on a pre-tax basis. <u>You must meet with a representative of American Fidelity to implement and/or continue these programs.</u> (Individual "Site Visit" schedule inside)		Ineligible

## For Active Employees on District-Paid Benefits

### MEDICAL PLAN OPTIONS AND ELIGIBILITY

PLAN OPTIONS	Blue Shield of CA Base+Major Medical	Blue Shield of CA PPO Non-PPO	CIGNA Healthplans HMO	CIGNA Healthplans HMO	Kaiser Permanente HMO
ELIGIBILITY	Certificated (Family Coverage)	Classified & Management (Family Coverage)	Certificated & Management (Family Coverage)	Classified (Family Coverage)	Certificated Classified & Management (Family Coverage)

### Medical Plan Benefit Comparisons

LIFETIME MAXIMUM	Unlimited (Base) \$1,300,000 (Major Med) Per Person	\$1,300,000 Per Person for Classified Unlimited for Management		Unlimited Per Person	Unlimited Per Person	Unlimited Per Person
DEDUCTIBLE - ANNUAL CALENDAR	\$100 Per Person / \$300 Family Maximum (Major Med)	\$100 Per Person / \$300 Family Max for Classified \$250 Per Person / \$750 Family Max for Management		None	None	None
COPAYMENT - ANNUAL CALENDAR	\$30 Per Person for first physician office visit (Base); 80% of first \$5,000 of covered expenses, 100% thereafter (Major Med)	100%	70% of first \$2,000 of covered expenses; 100% thereafter	Expressed below	Expressed below	Expressed below
ANNUAL OUT-OF-POCKET TOTALS: DEDUCTIBLE	Expressed above	Expressed above		Expressed above	Expressed above	Expressed above
COPAYS	\$30 Per Person (Base); \$1,000 Per Person (Major Med)	None	\$600 Per Person	\$1,000 Single \$2,000 Family	\$1,000 Single \$2,000 Family	\$1,500 Single \$3,000 Family
HOSPITAL IN & OUT PATIENT	100% Base	100%	70%	100%	100%	100%
X-RAY AND LAB:						
INPATIENT:	100%	100%	70%	100%	100%	100%
OUTPATIENT:	100% for all injury x-rays; 100% for first \$150 of illness x-rays and labs (Base); 80% thereafter (Major Med)	100%	70%	100%	100%	100%

## For Active Employees on District-Paid Benefits (continued)

### MEDICAL PLAN OPTIONS AND ELIGIBILITY

PLAN OPTIONS	Blue Shield of CA Base+Major Medical	Blue Shield of CA PPO Non-PPO	CIGNA Healthplans HMO	CIGNA Healthplans HMO	Kaiser Permanente HMO
ELIGIBILITY	Certificated (Family Coverage)	Classified & Management (Family Coverage)	Certificated & Management (Family Coverage)	Classified (Family Coverage)	Certificated Classified & Management (Family Coverage)

### Medical Plan Benefit Comparisons

PHYSICIAN VISIT OFFICE & HOME	\$30 copay for first visit; 100% thereafter (Base)	100%	70%	\$5 copay per visit	\$5 copay per visit	\$5 copay per visit
PHYSICAL EXAMS	80% (Major Med)	100%	70%	\$5 copay per visit	\$5 copay per visit	\$5 copay per visit
MENTAL HEALTH & SUBSTANCE ABUSE  (For conditions not covered by the Mental Health and Parity Act)	80% for 60 inpatient days annually; 50% of outpatient to 50 annual visits (Major Med)	80% for 60 inpatient days annually; 50% of outpatient to 50 annual visits		Inpatient \$50 copay per day to 30 days; Outpatient \$25 copay per visit, to 20 annual visits	Inpatient \$50 copay per day to 30 days; Outpatient \$25 copay per visit, to 20 annual visits	Inpatient-100% to 30 days; Outpatient-\$5 copay per visit, to 20 annual visits
HEARING AID BENEFIT	80% (Major Med) Up to \$2,500 per ear, every 3 years	80% (Major Med) Up to \$2,500 per ear, every 3 years		Not Covered	Not Covered	Up to \$1,000 per device per year; 2 devices every 3 years
PRESCRIPTION DRUGS	Drug Card Program \$10 maximum copay up to 90 day supply. Drug card copays do not apply towards deductible, annual copayment or lifetime maximums	Drug Card Program \$10 maximum copay up to 90 day supply. Drug card copays do not apply towards deductible, annual copayment or lifetime maximums		\$5 generic copay, up to 30 day supply, \$15 brand copay, up to 30 day supply. Generic drugs must be substituted for brand when available	Not Covered	\$5 copay, up to 100 day supply
PREMIUM	100% District Paid	100% District Paid		100% District Paid	100% District Paid	100% District Paid

### MEDICAL PLAN OPT-OUT PROGRAM (Classified & Management ONLY)

An opt-out payment of \$2,000 is offered to employees in lieu of medical coverage for the employee and family. The employee must provide evidence of coverage under another plan to be considered. **Annual re-enrollment is required for continued participation.** If interested, contact the Risk Management office for details and further information.

## For Active Employees on District-Paid Benefits (continued)

### Dental Benefit Plans

*Certificated, Classified & Management*

	<u>Delta Premier</u> (Use any Dentist)	<u>DeltaCare (formerly PMI)</u> (Must use "Panel" Dentist <b>only</b> )
Teeth Cleaning	2 x year	2 x year
Annual Deductible	None	None
Preventive Co-Insurance	*70% - 100%	100%**
Basic Co-Insurance	*70% - 100%	100%**
Major Co-Insurance	*70% - 100%	100%**
Prosthodontic Co-Insurance	50%	100%**
Orthodontia (Braces)	Not Covered	Covered Benefit **
Annual Benefit Maximum	\$2,000	None
<b>PREMIUM:</b>		
Employee Only	100% District Paid	N/A
Plus 1 Dependent	\$84.56	N/A
Family Coverage	\$157.21	100% District Paid

\* Co-insurance percentage and benefit eligibility are determined by the number of years enrolled in the plan

\*\* There are co-pays on some scheduled procedures

### Vision Service Plan (VSP)

*Certificated, Classified & Management*

Exam & Lenses	Every 12 months
Frames	Every 24 months
Contact Lenses* (In lieu of glasses)	Every 12 months
Annual Co-pay	\$15.00

**PREMIUM:**

Employee Only	100% District Paid
Plus 1 Dependent	\$10.62
Family Coverage	\$19.07

\* Services must be "medically necessary" (not cosmetic) to be a covered benefit

### Life Insurance - Blue Shield Life

*Certificated, Classified & Management*

	Rate per \$1,000	
	Age	Rate
A. Optional purchase for additional employee coverage up to \$250,000 (purchased in \$10,000 increments)	20 - 29	\$0.13
	30 - 34	0.14
	35 - 39	0.18
	40 - 44	0.32
	45 - 49	0.46
B. Optional purchase for dependents = \$.48 Benefits: \$1,500 spouse; \$150 child (birth to 6 mos.); and \$1,500 child (6 mos. to 19 yrs., or 23 yrs. if a student)	50 - 54	0.91
	55 - 59	1.42
	60 - 64	2.09
	65 - 69	2.99
	70 - 74	4.27

## For Part-Time Employees Not On District-Paid Benefits

### Purchase Only Options

*Note: Medical coverage is not available*

#### Dental Plan

##### Delta Premier Plan - 100% Freedom of Provider Choice

Teeth Cleaning	2 x year
Annual Deductible	None
Preventive Co-insurance	*70% - 100%
Basic Co-insurance	*70% - 100%
Major Co-insurance	*70% - 100%
Prosthodontic Co-insurance	50%
Orthodontia ("Braces")	Not Covered
Annual Benefit Maximum	\$2,000

#### **PREMIUM:**

Employee Only	\$80.52
Plus 1 Dependent	\$165.08
Family Coverage	\$237.73

*\*Co-insurance percentage and benefit eligibility are determined by the number of years enrolled in the plan*

#### Vision Plan

##### Vision Service Plan (VSP)

Exam, Lenses	Every 12 months
Frames	Every 24 months
Contact Lenses* (In lieu of glasses)	Every 12 months
Annual Co-pay	\$15.00

#### **PREMIUM:**

Employee Only	\$9.50
Plus dependent	\$20.12
Plus Family	\$28.57

*\*Services must be "medically necessary" (not cosmetic) to be a covered benefit*

***For All Enrollees***

**AMERICAN FIDELITY "SITE VISIT" ENROLLMENT SCHEDULE  
SECTION 125 Plan Year 11/01/2008 - 10/31/2009**

<b>DAY &amp; DATE</b>	<b>LOCATION</b>
Tuesday, 9/30/08	Emery Park Elementary
Wednesday, 10/1/08	Martha Baldwin Elementary
Wednesday, 10/1/08	Garfield Elementary
Thursday, 10/2/08	Fremont Elementary
Friday, 10/3/08	San Gabriel High
Monday, 10/6/08	Marguerita Elementary
Monday, 10/6/08	Moor Field
Tuesday, 10/7/08	Ynez Elementary
Wednesday, 10/8/08	Mark Keppel High
Thursday, 10/9/08	Brightwood Elementary
Friday, 10/10/08	Park Elementary
Monday, 10/13/08	Transportation (AM) / Century High (PM)
Tuesday, 10/14/08	Northrup Elementary
Wednesday, 10/15/08	Alhambra High
Thursday, 10/16/08	Repetto Elementary
Friday, 10/17/08	Monterey Highlands Elementary
Monday, 10/20/08	Granada Elementary
Tuesday, 10/21/08	Ramona Elementary
Wed., Thurs., Fri., 10/22 - 10/24/08	District Office / Facilities / Warehouse

**PLEASE SEE YOUR SITE SECRETARY TO SCHEDULE AN APPOINTMENT  
TO MEET WITH AN AMERICAN FIDELITY REPRESENTATIVE**

**\*\*\*PLEASE NOTE\*\*\***

As a reminder, this enrollment is for Section 125 benefit changes including increases to your income protection, adding cancer insurance, increasing your 403(b), or pre-taxing any out-of-pocket medical premiums.

**For those employees who wish to continue their Medical Reimbursement or Dependent Day Care Flex plans, you must meet with an American Fidelity Representative in order to re-enroll for the next plan year.**

***Please call Edvin Akopian with American Fidelity if you have any questions at 1-800-365-9180 ext. 380.***

## **For All Enrollees: All Plans and Programs**

- *The preceding information is a summary only. It is in no way to be construed as a comprehensive nor complete analysis of all the detailed components of each of the described plans.*
- *Eligible expenses must not exceed the allowed amount as determined by the claims administrator.*
- *Services must be "medically necessary" to be a covered benefit.*
- *Newly acquired dependents [spouse, domestic partner, newborn child(ren), adopted child(ren), stepchild(ren), or a child dependent upon an eligible employee for medical support pursuant to a Court order] must be enrolled within 30 days of the date they are acquired.*
- *It is the responsibility of employees to notify Risk Management of any changes to their dependents' status (i.e., divorce of a spouse, dissolution of a domestic partnership; marriage of a dependent child; change in a child's student status, etc.).*
- *Medical Plan Opt-Out participants must re-enroll annually to continue in this program.*
- *Section 125 participants must re-enroll annually and meet with an American Fidelity Representative to continue their Unreimbursed Medical Expense Accounts or Dependent Day Care Reimbursement Accounts.*
- *Those employees not wishing to change plans will automatically continue in their current plans.*

***Should you select additional benefits, please note the following restrictions and enrollment requirements:***

### **Dependent Coverage**

- If you elect voluntary dependent coverage on Delta Dental and/or VSP vision, ALL DEPENDENTS must be covered for the ENTIRE PLAN YEAR.*
- If coverage of a spouse, domestic partner or dependent child(ren) is dropped from the Delta Dental or VSP plans, please note they will no longer be eligible for coverage with the District, nor can they be added to either plan in the future.*
- Voluntary dependent coverage on Delta Dental and/or VSP vision for children is up to age 25.*
- You must notify Risk Management to cancel dependent coverage, as this will affect your overall cost.*

### **Premium Contributions**

- All contributions will be taken through payroll deduction; and*
- Deductions will be taken on a 10thly basis (i.e., deduction taken 10 times a year for 12 months of coverage) and the noted rates are expressed as such.*

***Qualified employees or COBRA participants wishing to change plans must contact the Risk Management Department on Mission Road to obtain and complete enrollment forms.***

## ***HIPAA Employee Privacy Notice***

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This summary is intended to satisfy HIPAA's notice requirement with respect to all health information created, received, or maintained by the Alhambra Unified School District group health plans (referred to as the "Plan"), as sponsored by Alhambra Unified School District (referred to as the "District"). For a complete listing of contracted third party administrators of the District's self-funded plans and contact information for fully insured plans (all of which are included in the Plan) contact the Risk Management office or visit our web site at [www.ausdbenefits.com](http://www.ausdbenefits.com).

The Plan needs to create, receive, and maintain records that contain health information about you to administer the Plan and provide you with health care benefits. This notice describes the Plan's health information privacy policy with respect to your Medical, Dental and Vision benefits. This notice tells you, in summary, the ways the Plan may use and disclose health information about you, describes your rights, and the obligations the Plan has regarding the use and disclosure of your health information. However, it does not address the health information policies or practices of your health care providers.

### ***Alhambra Unified School District's Pledge Regarding Health Information Privacy***

The privacy policy and practices of the Plan protects confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. The individually identifiable health information is known as "protected health information" (PHI). Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

### ***Privacy Obligations of the Plan***

The Plan is required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of the Plan's legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.

### ***How the Plan May Use and Disclose Health Information About You***

The following are the different ways the Plan may use and disclose your PHI:

- **For Treatment.** The Plan may disclose your PHI to a health care provider who renders treatment on your behalf.
- **For Payment.** The Plan may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the Plan's terms.
- **For Health Care Operations.** The Plan may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Plan's participants receive their health benefits.
- **To the District.** The Plan may disclose your PHI to designated District personnel so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this notice.
- **To a Business Associate.** Certain services are provided to the Plan by third party administrators known as "business associates". The Plan will disclose your PHI to its business associates to perform claim payment functions.

## ***HIPAA Continued.....***

- **Treatment Alternatives.** The Plan may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you, provided you have signed an Authorization to Disclose form.
- **Health-Related Benefits and Services.** The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **Individual Involved in Your Care or Payment of Your Care.** The Plan may disclose PHI to a close friend or family member involved in, or who helps pay for, your health care.
- **As Required by Law.** The Plan will disclose your PHI when required to do so by federal, state or local law, including those that require the reporting of certain types of wounds or physical injuries.

### ***Special Use and Disclosure Situations***

The Plan may also use or disclose your PHI in response to: lawsuits and disputes as required by a court order; at the request of law enforcement; to comply with workers' compensation laws; as deemed necessary by military command authorities; to avert serious threat to health or safety; in response to public health risks; under certain circumstances for medical research; to authorized federal authorities for national security, intelligence activities, and protective services; to organizations you have designated for organ donation; and to a coroner, medical examiner or funeral director.

### ***Your Rights Regarding Health Information About You***

- **Right to Inspect and Copy.** You have the right to inspect and copy your PHI.
- **Right to Amend.** If you feel that health information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend it.
- **Right to An Accounting Disclosure.** You have the right to request an "account of disclosures".
- **Right to Request Restrictions.** You have the right to request a restriction on the health information the Plan uses or discloses about you for treatment, payment or health care operations.

**Note:** *The Plan is not required to agree to your request*

- **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location.

### ***Changes to this Notice***

The Plan reserves the right to change this notice at any time and to make the revised or changed notice effective for health information the Plan already has about you, as well as any information the Plan receives in the future. The Plan will post a copy of the current notice on the District's web site ([www.ausdbenefits.com](http://www.ausdbenefits.com)) and it will also be available in the Risk Management office.

## Consolidated Omnibus Budget Reconciliation Act (COBRA)

Throughout a career, workers will face multiple life events, job changes or even job losses. A law enacted in 1986 helps workers and their families keep their group health coverage during times of voluntary or involuntary job loss, reduction in the hours worked, transition between jobs and in certain other cases.

The law — the Consolidated Omnibus Budget Reconciliation Act (COBRA) — gives workers who lose their health benefits the right to choose to continue group health benefits provided by the plan under certain circumstances.

COBRA generally requires that group health plans sponsored by employers with 20 or more employees in the prior year offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) in certain instances where coverage under the plan would otherwise end.

The law generally covers group health plans maintained by employers with 20 or more employees in the prior year. It applies to plans in the private sector and those sponsored by state and local governments. Provisions of COBRA covering state and local government plans are administered by the Department of Health and Human Services.

Several events that can cause workers and their family members to lose group health coverage may result in the right to COBRA coverage. These include:

- **Voluntary or involuntary termination of the covered employee's employment for reasons other than gross misconduct**
- **Reduced hours of work for the covered employee**
- **Covered employee becoming entitled to Medicare**
- **Divorce or legal separation of a covered employee**
- **Death of a covered employee**
- **Loss of status as a dependent child under plan rules**

Under COBRA, the employee or family member may qualify to keep their group health plan benefits for a set period of time, depending on the reason for losing the health coverage. The following represents some basic information on periods of continuation coverage:

Qualified Beneficiary	Qualifying Event	Period of Coverage
Employee Spouse Dependent child	Termination Reduced hours	18 months *
Spouse Dependent child	Entitled to Medicare Divorce or legal separation Death of covered employee	36 months
Dependent child	Loss of dependent child status	36 months

\* This 18-month period may be extended for all qualified beneficiaries if certain conditions are met in cases where a qualified beneficiary is determined to be disabled for purposes of COBRA.

However, COBRA also provides that your continuation coverage may be cut short in certain cases.

## **COBRA Continued.....**

### **Notification Requirements**

- An initial notice must be furnished to covered employees and spouses, at the time coverage under the plan commences, informing them of their rights under COBRA and describing provisions of the law. COBRA information also is required to be contained in the plan's summary plan description (SPD).
- When the plan administrator is notified that a qualifying event has happened, it must in turn notify each qualified beneficiary of the right to choose continuation coverage.
- COBRA allows at least 60 days from the date the election notice is provided to inform the plan administrator that the qualified beneficiary wants to elect continuation coverage
- Under COBRA, the covered employee or a family member has the responsibility to inform the plan administrator of a divorce, legal separation, disability or a child losing dependent status under the plan.
- Employers have a responsibility to notify the plan administrator of the employee's death, termination of employment or reduction in hours, or Medicare entitlement.
- If covered individuals change their marital status, or their spouses have changed addresses, they should notify the plan administrator.

### **Premium Payments**

- Qualified individuals may be required to pay the entire premium for coverage up to 102% of the cost to the plan.
- Premiums may be higher for persons exercising the disability provisions of COBRA. Failure to make timely payments may result in loss of coverage.
- Premiums may be increased by the plan; however, premiums generally must be set in advance of each 12-month premium cycle.
- Individuals subject to COBRA coverage may be responsible for paying all costs related to deductibles, and may be subject to catastrophic and other benefit limits.

**For All Enrollees: All Plans and Programs**

# Open Enrollment

All completed forms must be received at the Risk Management Department Office no later than Friday, October 23, 2009. Forms sent via campus mail but received after this deadline will not be accepted.

Faxed forms received **prior** to the deadline will be accepted, however, if the original paperwork is not received by Friday, October 23, 2009, the transaction will be considered null and void.

## **Risk Management Department**

Alhambra Unified School District

1515 West Mission Road

Alhambra, California 91803

Hours: 8:00 a.m. - 4:00 p.m.

Monday through Friday

**Fax:** (626) 943-8045

**Phone:** Angie Heredia

(626) 943-6585

**Plan Changes are Effective November 1, 2009.**

**Please note that all of your decisions will remain in effect until October 31, 2010**

**OPEN ENROLLMENT ENDS FOR ALL  
INDIVIDUALS ON  
FRIDAY, OCTOBER 23, 2009 AT 4:00 P.M.  
NO EXCEPTIONS !**