

# 2008 Health & Welfare Benefits Summary

## MT. SAN ANTONIO COLLEGE DISTRICT HEALTH & WELFARE OFFICE

### What's Inside

Changes for the 2008 Plan Year...	2
Medical Plan Summaries.....	3-5
Dental Plan Summaries.....	6
Vision Plan Summary and Basic Life .....	7
Flexible Spending Account.....	8
Other H&W Changes.....	9
Supplemental Life & Disability.....	7
403B and 457 Tax Shelter Investments.....	8
Life Insurance Beneficiary Info.....	9
COBRA Continuation.....	9
Tenthly Contributions & Vision, Dental and Base Life Rates.....	11
PERS Tenthly Medical Rates....	10
Dependent Eligibility for Benefits.....	12
Rules for Benefit Changes During the Year.....	13
Important Notice About Your Prescription Drug Coverage and Medicare.....	14 -15
Additional Information.....	16



### Open Enrollment

**September 17 – October 12, 2007**  
**(All changes to be effective Jan. 1, 2008)**

Dear Valued Employee:

Mt. San Antonio College District takes pride in offering a comprehensive benefit program to all eligible employees. It has been our goal to provide you and your families with a full-range of benefits. You choose the options that best meet your needs.

As a Mt. San Antonio College District employee, you may use this open enrollment as an opportunity to make changes to your current medical, dental and vision insurance elections. You need to make an appointment at the Health & Welfare Office if you want to:

- Change to the new Blue Shield NetValue HMO plan
- Change to the new PERS Select PPO plan
- Move between the HMO and PPO medical plans
- Move between Kaiser and Blue Shield HMO medical plans
- Move between the DeltaCare HMO and the Delta Premier/DPO dental plans
- Add or delete dependents to coverage

If you are adding dependents to the any of the plans please be prepared to provide your marriage certificate, Social Security Numbers and dependent's birthdates.

If you do not wish to make any changes to your current Health & Welfare elections, there is **nothing** you need to do at this time. Your current health plans will remain in effect for the 2008 plan year and an updated benefit sheet will be sent to you for your review and signature in January.

If you would like to enroll or re-enroll in the medical or dependent care reimbursement accounts for the 2008 plan year, **watch for special enrollment dates and times for these accounts later.**

**If you would like to make changes, please call for an appointment in the Health & Welfare office with either:**

- Linda Group (last names A-M) Ext. 5522
- Karen Pilling (last names N-Z) Ext. 5478
- Jean Pierce, Auxiliary Services (A-Z) Ext. 5162

## Helpful Hints.... For a Successful Enrollment

- ◆ Read through this guide to familiarize yourself with what decisions you have to make.
- ◆ Think about your current benefit plans. Are they still working for you? Have you experienced any changes or do you anticipate any that might make a different plan more suitable?
- ◆ Gather additional information. Use the websites and the phone numbers on the back page to see which doctors and other healthcare providers you can use under the different plan choices.
- ◆ Obtain a CalPERS Open Enrollment Packet by returning the postcard that was included in your statement of current medical benefits. You can also request a packet by calling CalPERS Member Services at (888) 225-7377.
- ◆ If you're married or have a domestic partner, consult with your spouse or partner.
- ◆ If you want to make changes, make an appointment with the Health & Welfare Office.

**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 14-15 for more details.**

## 2008 Plan Changes

- ◆ **CalPERS Blue Shield & Kaiser HMO** – Effective January 1, 2008 CalPERS will be making the following changes to the HMO plans:
  - Non-preventive care office visit copay will change from \$10 to \$15
  - Copays for urgent care will be standardized to \$15 (currently \$25 for BS and \$10 for Kaiser)
  - The BS HMO will now have an annual out-of-pocket maximum of \$1,500 for an individual and \$3,000 for family, excluding pharmacy.
  - Copays for preventive care services, including periodic health exams, maternity care, well-baby visits, allergy testing and treatment, immunizations, and hearing evaluations will be waived.
- ◆ **New! CalPERS Blue Shield NetValue HMO Plan** - CalPERS will be offering an additional Blue Shield HMO plan that will have the same level of benefits as the Blue Shield HMO but at a lower cost. The new NetValue plan will have a smaller network of providers from which to choose.

**IMPORTANT NOTE:** Current Blue Shield Access + members whose primary care providers are in the new Net Value network **will be** automatically enrolled into Net Value. If you do not want to be in Net Value, you will have to re-enroll in Access + during Open Enrollment. If your current primary care providers are not in the Net Value network, and you want to enroll in it, you must do so during Open Enrollment. Before doing so, you should determine if any specialist you are seeing are in the Net Value network.

To find out if you were or were not automatically enrolled in Net Value, call Blue Shield at (800) 334-5847.
- ◆ **New! CalPERS Select PPO Plan** - CalPERS will be offering an additional Blue Cross PPO plan that will have the exact same level of benefits as the PERS Choice plan but at a lower cost. The new PERS Select plan will have a smaller network of providers from which to choose.

**IMPORTANT NOTE:** Current PERS Care or PERS Choice members **will not be** automatically enrolled in the new PERS Select plan. You must enroll in PERS Select plan during Open Enrollment. You should call Blue Cross at (877) 737-7776 to find out if your providers are in the new PERS Select Plan.
- ◆ An active employee may enroll in a health plan using either their home or work ZIP Code. If you are using your home ZIP Code, all enrolled dependents must live in the health plan's service area. If you use your work ZIP Code, all enrolled dependents must receive all covered services (except emergency and urgent care) within the health plan's service area, even if you do not live in that service area.
- ◆ Please refer to the CalPERS 2008 Open Enrollment Packet for more information.

# PERS HMO Medical Plan Options

This comparison chart shows only a brief summary of the benefits available. The health plan contracts must be consulted to determine the exact terms and conditions of coverage.

	Blue Shield HMO & Blue Shield NetValue HMO		Kaiser HMO	
<b>Annual Copay Maximum</b>	\$1,500 Individual / \$3,000 Family		\$1,500 Individual / \$3,000 Family	
Annual Deductible	None		None	
Lifetime Maximum	Unlimited		Unlimited	
<b>Hospital Care</b>				
Inpatient	No charge		No charge	
Outpatient	No charge		\$15 per visit	
Emergency Room Co-Pay*	\$50 per visit		\$50 per visit	
<b>Physician Care</b>				
Office Visits/Preventative Care	\$15 per visit/No Charge		\$15 per visit/No Charge	
X-ray & Lab procedures	No charge		No charge	
Routine Physical Exams	No charge		No charge	
Home Health Care	No charge		No charge	
Chiropractic	Not covered		\$10 per visit (20 visits / cal year)	
Durable Medical Equipment	No charge		No charge	
<b>Mental Health</b>				
Inpatient/Facility – based	No charge		No charge	
Outpatient (Non-severe disorders)	\$20 per visit (20 visits / cal year)		\$15 per visit (20 visits / cal year)	
Chemical Dependency – Inpatient	No charge (Detox only)		No charge (Detox only)	
Outpatient	\$15 per visit (20 visits / calendar year)		\$15 per visit	
<b>Prescription Drugs</b>	Pharmacy (30-day supply)	Mail Order (90-day supply)	Pharmacy (100-day supply)	Mail Order (100-day Supply)
Generic	\$5	\$10	\$5	\$5
Brand Name	\$15	\$25	\$15	\$15
Non Formulary	\$45	\$75	N/A	N/A

Note: Some co-pays/coinsurance do not apply to the Annual Co-Pay Maximum. Check your Evidence of Coverage for details.

\* Emergency Room co-pays do not apply if admitted to the hospital



# PERS PPO Medical Plan

This comparison chart shows only a brief summary of the benefits available. The health plan contracts must be consulted to determine the exact terms and conditions of coverage.

	CalPERS PERSCare PPO	
	In-Network	Out-of-Network <sup>1</sup>
<b>Medical Plan Co-Pays/Limits</b>		
Annual Deductible	\$500 Individual / \$1,000 Family	
Lifetime Maximum	Unlimited	
Annual Co-Pay Maximum <sup>2</sup>	\$2,000 Individual / \$4,000 Family	N/A
<b>Hospital Care</b>		
Inpatient	\$250 deductible + 10%	\$250 deductible + 40%
Outpatient	10%	40%
Emergency Room Co-Pay <sup>3</sup>	\$50 (deductible waived if admitted) + 10%	\$50 (deductible waived if admitted) + 40%
<b>Physician Care</b>		
Office Visits	\$20 per visit	40%
X-ray & Lab procedures	10%	40%
Preventive Care	No charge	40%
Home Health Care	10% (100 combined visits / cal year)	40% (100 combined visits / cal year)
Chiropractic/Acupuncture	10% (20 combined visits / cal year)	40% (20 combined visits / cal year)
Durable Medical Equipment	10%	40%
<b>Mental Health</b>		
Inpatient/Facility – based	\$250 deductible + 10% (30 combined days / cal year)	\$250 deductible + 40% (30 combined days / cal year)
Outpatient (Non-severe disorders)	10% (30 combined visits / cal year)	40% (30 combined visits / cal year)
Chemical Dependency – Inpatient	\$250 deductible + 10% (30 combined days / cal year)	\$250 deductible + 40% (30 combined days / cal year)
Outpatient	10% (30 combined days / cal year)	40% (30 combined days / cal year)
<b>Prescription Drugs</b>	Participating Pharmacy (30-day supply)	Mail Order (90-day supply)
Generic	\$5	\$10
Brand Name	\$15	\$25
Non-Formulary	\$45	\$75

<sup>1</sup> The out-of-network benefit applies to allowable charges. You will be responsible for additional charges above the allowable charges.

<sup>2</sup> Some co-pays/coinsurance do not apply to the Annual Co-Pay Maximum. Check your Evidence of Coverage for details.

<sup>3</sup> Emergency Room co-pays do not apply if admitted to the hospital.



# PERS PPO Medical Plan

This comparison chart shows only a brief summary of the benefits available. The health plan contracts must be consulted to determine the exact terms and conditions of coverage.

	CalPERS PERS Choice & PERS Select PPO	
	In-Network	Out-of-Network <sup>1</sup>
<b>Medical Plan Co-Pays/Limits</b>		
Annual Deductible	\$500 Individual / \$1,000 Family	
Lifetime Maximum	\$2,000,000	
Annual Co-Pay Maximum <sup>2</sup>	\$3,000 Individual / \$6,000 Family	N/A
<b>Hospital Care</b>		
Inpatient	20%	40%
Outpatient	20%	40%
Emergency Room Co-Pay <sup>3</sup>	\$50 (deductible waived if admitted) + 20%	\$50 (deductible waived if admitted) + 40%
<b>Physician Care</b>		
Office Visits	\$20 per visit	40%
X-ray & Lab procedures	20%	40%
Preventive Care	No charge	40%
Home Health Care	20% (\$6,000 combined cal yr max)	40% (\$6,000 combined cal yr max)
Chiropractic/Acupuncture	20% (15 combined visits / cal year)	40% (15 combined visits / cal year)
Durable Medical Equipment	20% (\$3,000 combined cal yr max)	40% (\$3,000 combined cal yr max)
<b>Mental Health</b>		
Inpatient/Facility – based	20% (20 combined days / cal year)	40% (20 combined days / cal year)
Outpatient (Non-severe disorders)	20% (24 combined visits / cal year)	40% (24 combined visits / cal year)
Chemical Dependency – Inpatient	20% (20 combined days / cal year)	40% (20 combined days / cal year)
Outpatient	20% (24 combined visits / cal year)	40% (24 combined visits / cal year)
<b>Prescription Drugs</b>	Participating Pharmacy (30-day supply)	Mail Order (90-day supply)
Generic	\$5	\$10
Brand Name	\$15	\$25
Non-Formulary	\$45	\$75

<sup>1</sup> The out-of-network benefit applies to allowable charges. You will be responsible for additional charges above the allowable charges.

<sup>2</sup> Some co-pays/coinsurance do not apply to the Annual Co-Pay Maximum. Check your Evidence of Coverage for details.

<sup>3</sup> Emergency Room co-pays do not apply if admitted to the hospital





# Dental Plan Options

This comparison chart shows only a brief summary of the benefits available. The health plan contracts must be consulted to determine the exact terms and conditions of coverage.

Benefits	Delta Dental Premier/DPO*		DeltaCare HMO*
	In-Network	Out-of-Network	Co-Pay Amounts
<b>Dental Co-Pays/Limits</b>			
<b>Annual Deductible</b>	N/A	N/A	None
<b>Calendar Year Maximum</b>	\$2,500 (DPO)	\$2,000 (Premier) (O-O-N)	None
<b>Diagnostic &amp; Preventive</b>	70% - 100%	70% - 100%	
Exams			No charge
Cleaning			No charge
Full Mouth X-rays			No charge
Fluoride Treatment			No charge
<b>Basic &amp; Restorative</b>	70% - 100%	70% - 100%	
Sealants (per tooth)			No charge
Fillings			No charge - \$5
<b>Endodontics</b>	70% - 100%	70% - 100%	
Anterior Root Canal			No charge
Bicuspid Root Canal			No charge
Molar Root Canal			No charge
<b>Periodontics</b>	70% - 100%	70% - 100%	
Gingivectomy / Quadrant			\$15 - \$80
<b>Oral Surgery</b>	70% - 100%	70% - 100%	
Simple Extraction			No charge - \$15
Impaction			\$30 - \$40
<b>Crown</b>	70%-100%	70%-100%	
Crowns			No charge
Porcelain / Ceramic			No charge
Metal			No charge
<b>Prosthodontics</b>	50%	50%	
Complete Denture			No charge - \$50
Bridges			No charge - \$50
<b>Orthodontics</b>	Not covered	Not covered	
Child			\$1,650
Adult (19 & Up)			\$1,950

\*Additional charges & restrictions may apply. Please refer to your EOC for full details.



# Vision, Life and Disability Plan Summary

## VSP Benefit Plan Summary

Plan Benefits	In-Network	Out-of-Network
<b>Eye examination, once every 12 months</b>	No Charge	Up to \$45
<b>Standard Lenses, once every 12 months</b> <ul style="list-style-type: none"> <li>• Single</li> <li>• Bifocal</li> <li>• Trifocal</li> </ul>	Covered in full* Covered in full* Covered in full*	Up to \$45 Up to \$65 Up to \$85
<b>Frame, once every 12 months</b>	No charge up to \$105 + 20% off any out-of-pocket costs	Up to \$47
<b>Contact Lenses, once every 12 months (in lieu of glasses)</b>	No charge up to \$105 (15% discount off of cost of contact lens exam)	Up to \$105

This comparison shows only a brief summary of the benefits available. The health plan contracts must be consulted to determine the exact terms and conditions of coverage.

### Basic Life and AD&D

Life and Accidental Death and Dismemberment Insurance is an important part of your comprehensive benefits package. The District provides \$50,000 of both Basic Life and AD&D to all eligible employees through The Hartford.

### Supplemental Life & Disability

You may apply for additional (supplemental) life insurance through Hartford for yourself, your spouse and/or your dependent children. If you are interested, please stop by the H&W Office for the information packet, rates and application form. This will be an annual, Open Enrollment **only**, event. There are also other life insurance plans available, for which you may apply at anytime throughout the year.

Mt. SAC also offers three disability (salary protection) policies. Each of these has information and applications available throughout the year. The application may be picked up in the H&W Office.

## Section 125 - Flexible Spending Accounts

Utilizing Section 125 Flexible Spending Accounts (FSAs) for certain health care and dependent care expenses will reduce your taxable income.

### **How it works:**

- Money is deducted from your paycheck and put into a FSA account before federal and state taxes are taken out. The minimum amount you may allocate annually on the medical reimbursement account is \$500, and the maximum is \$2,400.
- The maximum amount allowed for a single person or married couple filing jointly on the dependent care reimbursement account is \$5,000; \$2,500 for married filing separately.
- Money spent on eligible expenses in health care and/or dependent care during the plan year will be reimbursed by submitting a claim form for the expenses.  
Since you are reimbursed from an account that is not subject to taxes, you save money!
- Changes cannot be made to FSA deductions unless a qualifying event occurs.

Log on to [www.irs.gov/form-pub](http://www.irs.gov/form-pub) to view a listing of eligible expenses. Eligible expenses generally include deductibles, copayments, expenses not covered by your medical, dental, or vision plan, and most things that qualify as a medical deduction under the Internal Revenue Code.

***Watch for the notice for an on-campus sign-up with AMERICAN FIDELITY, the District's Section 125 plan administrator, to set-up your account for the 2008 calendar year.***

## Limitations on 403B and 457 Tax Shelter Investments

The 2008 maximum 403B tax shelter contribution allowed by tax law for those employees with less than 15 years with the District is \$1,600 tenthsly (\$16,000 annually). Also, if you are 50 or more years of age at the time during the year, you may contribute an additional \$5,000 per year to your 403B tax shelter account.

For those that have been employed longer than 15 years at Mt. SAC, AND did not deposit their full tax shelter entitlement in prior years, you may see your tax shelter agency to determine if you are eligible for a catch-up provision, not to exceed a five year period and \$15,000 (\$3,000 x 5yrs.)

Along with these 403B maximum contributions, each employee may contribute an additional \$16,000 to our 457 retirement account. If interested, please contact the H&W Office for further information.

## Life Insurance Beneficiary Update

Now is a good time to review your beneficiary designation for your Hartford Life insurance policy. It's been anywhere from one to five or more years since some of us have completed beneficiary forms, and things in our lives may have changed. You may call the H&W Office to confirm your current beneficiary, or you may stop by the office at Building 4, Room 230.

If you decide you want to make a change, please make an appointment to come into the H&W Office to complete the paperwork. You may actually do this anytime during the year, so the October 12<sup>th</sup> deadline does not apply for making changes.

## COBRA Continuation

COBRA is a Federal law that allows employees and dependents of employees who lose eligibility for group health insurance coverage to continue that coverage by paying for it themselves. **Failure to give notice to the Health & Welfare Office of a dependent's loss of eligibility within 60 days of the event will cancel the dependent's rights to continued coverage under COBRA** (up to 36 months of additional coverage). You must apply for continuation coverage through the Mt. SAC H&W Office Bldg. 4 Room 230. COBRA enrollees may change plans and/or add family members during Open Enrollment.

## Other Health & Welfare Changes

Just a reminder that all **other** Health & Welfare changes, such as deductions for credit unions, tax shelter investments, charitable contributions, etc. may be started, changed, or stopped throughout the year. They are not tied to Open Enrollment deadlines and restrictions.

# Tenthly Rates for the 2008 Plan Year



## PERS Tenthly Medical Rates

### CaIPERS 2008 TENTHLY RATE GRID

Basic	2008			Percent Change (+/-)
	Single	2-Party	Family	
<b>Basic Premium Rates - Los Angeles Area</b>				
Los Angeles, San Bernardino, Ventura				
Blue Shield Access+	\$471.78	\$943.55	\$1,226.62	<b>10.06%</b>
Blue Shield NetValue	\$423.35	\$846.70	\$1,100.70	<b>-1.24%</b>
Kaiser CA	\$432.41	\$864.82	\$1,124.27	<b>9.16%</b>
PERS Select	\$523.27	\$1,046.55	\$1,360.51	<b>2.64%</b>
PERS Choice	\$540.41	\$1,080.82	\$1,405.06	<b>6.00%</b>
PERSCare	\$839.87	\$1,679.75	\$2,183.67	<b>-2.56%</b>
<b>Basic Premium Rates - Other Southern California</b>				
Fresno, Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare				
Blue Shield Access+	\$539.12	\$1,078.25	\$1,401.72	<b>10.06%</b>
Blue Shield NetValue	\$483.77	\$967.55	\$1,257.82	<b>-1.24%</b>
Kaiser CA	\$473.73	\$947.45	\$1,231.69	<b>9.16%</b>
PERS Select	\$534.41	\$1,068.81	\$1,389.45	<b>2.64%</b>
PERS Choice	\$551.90	\$1,103.81	\$1,434.95	<b>6.00%</b>
PERSCare	\$857.73	\$1,715.46	\$2,230.11	<b>-2.56%</b>

## Dental, Vision & Life



### Tenthly Dental Rates

#### Delta Dental Premier/DPO

Employee and All Dependents	\$147.63	5.1% Increase
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#### DeltaCare – HMO

Employee and All Dependents	\$42.22	3.5% Increase
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### Tenthly VSP Vision Rates

Employee and All Dependents	\$31.20	.1% Increase
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### Tenthly Life Insurance Rates

Employee Only	\$14.00	0% Increase
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### Mt. San Antonio College District Tenthly Contributions

Management	\$ 844.73
Confidential	\$1,104.75
Faculty	\$1,200.00
Unit A - CSEA 262	\$1,154.11
Unit B - CSEA 651	\$1029.02
Auxiliary Services	\$1,154.11

## Dependent Eligibility for Benefits

### Dependent Eligibility

- Your legal spouse
- Your domestic partner: (must be registered with the State of California)
  - is your sole spousal equivalent ( this means that you cannot be married to someone else or have another domestic partner)
  - is 18 years old or older
  - is mentally competent to enter into contracts
  - resides with you and intends to do so indefinitely
  - is jointly responsible with you for common financial obligations
  - is unmarried and not related to you by blood to a degree that would bar marriage in the state of residence
  - the domestic partnership is registered with the state, and the domestic partner has not terminated another domestic partnership within the last 6 months
  - both parties must be the same sex or if of the opposite sex one party must be 62 or older.
- Your natural children, stepchildren, and/or adopted children for whom the employee is the legal guardian. In addition, such children must be:
  - Unmarried
  - Not eligible for any other insurance
  - Not in the military
  - under age 23 for medical or 25 for dental and vision
- Your disabled children age 23/25 or older. Such disabled children must meet the same conditions as listed above for natural children, stepchildren, adopted children, or foster children, and in addition be physically or mentally handicapped on the date coverage would otherwise end because of age and continue to be handicapped.
- A child of a domestic partner who satisfies the same conditions as listed above for natural children, stepchildren, adopted children, and in addition:
  - is not a "qualifying child" (as that term is defined in the Internal Revenue Code) of another individual
- Foster children are not eligible for coverage.
- Other dependents enrollment depends upon financial and legal custody

This is only a summary of the eligibility requirements and is not intended to modify or supersede the requirements of the plan documents, and the plan documents will govern in the event of any conflict between this summary and the plan documents.

## Rules for Benefit Changes During the Year

You will not be allowed to change your plan selections or add dependents until the next benefit year (starting January 1, 2008) unless you have a qualified "change in status:"

The following are considered qualified changes in status:

- **Change in legal marital status**, including marriage, divorce, legal separation, annulment, and death of a spouse
- **Change in number of dependents**, including birth, adoption, placement for adoption, or death of a dependent child
- **Change in employment status**, including the start or termination of employment by you, your spouse, or your dependent child
- **Change in work schedule**, including an increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits
- **Change in a child's dependent status**, either newly satisfying the requirements for dependent child status or ceasing to satisfy them
- **Change in place of residence or worksite**, including a change that affects the accessibility of network providers
- **Change in your health coverage or your spouse's coverage** attributable to your spouse's employment
- **Change in an individual's eligibility for Medicare or Medicaid**
- **A court order** resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring *coverage* for your child or dependent foster child
- **An event that is a special enrollment event under HIPAA** (the Health Insurance Portability and Accountability Act), including acquisition of a new dependent or spouse or loss of coverage under another health insurance policy or plan.
  - Voluntary or involuntary termination of employment or reduction in hours of employment or death, divorce, or legal separation,
  - Termination of employer contributions toward the other coverage, OR
  - If the other coverage was COBRA Continuation Coverage, exhaustion of the coverage

Two rules apply to making changes to your benefits during the year:

- Any changes you make must be consistent with the change in status, AND
- You must make the changes within 31 days of the date the *event* (marriage, birth, etc.) occurs.
- You may enroll yourself in the medical plan only and yourself and family in the dental or vision plans.

## Important Notice from the Mt. San Antonio College District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Mt. San Antonio College District and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Mt. San Antonio College District has determined that the prescription drug coverage offered by the CalPERS is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

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**Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.**

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. Beneficiaries leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

**If you do decide to enroll in a Medicare prescription drug plan and drop your Mt. San Antonio College District prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.**

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

## Important Notice from the Mt. San Antonio College District About Your Prescription Drug Coverage and Medicare

You should also know that if you drop or lose your coverage with the Mt. San Antonio College District and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

### **For more information about this notice or your current prescription drug coverage...**

Contact our office for further information. NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through the Mt. San Antonio College District changes. You also may request a copy.

### **For more information about your options under Medicare prescription drug coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.**

Name of Entity: Mt. San Antonio College District  
Contact: Health & Welfare Office  
Address: 1100 North Grand Avenue, Walnut CA 91789-1399  
Phone Number: (909) 594-5611 Ext. 5522

## Additional Information Regarding Your Benefits

### The Newborns and Mothers Health Protection

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean delivery. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### The Women's Health and Cancer Rights Act

Your 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 lymph edema). Call your health plan's Member Services for more information.

### HIPAA Health Insurance Portability & Accountability Act

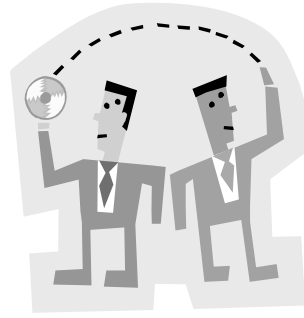
The Health Plan you are enrolling in (may) impose a pre-existing condition limitation or exclusion on new enrollees for a period of 12 months from the start of your waiting period.

**CalPERS HMO plans do not have pre-existing condition limitations.** For a newly hired employee, the start of your waiting period is typically the day you begin work for this employer. If your plan imposes a waiting period, that time will count toward satisfaction of any pre-existing limitation or exclusion along. If you have a break in coverage less than 63 days, your previous coverage period can also be used to reduce this waiting period. A pre-existing condition is defined as a physical or mental condition for which medical advice, diagnosis, care or treatment was recommended or received within the 6 month period ending on the start date of your waiting period.

#### Notice of Availability of HIPAA Privacy Notice

The federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that we periodically remind you of your right to receive a copy of the District's HIPAA Privacy Notice. You can request a copy of the Privacy Notice by contacting Mt. San Antonio College District Health & Welfare Office, 1100 North Grand Avenue, Walnut CA 91789-1399.

HIPAA Privacy Notices that pertain to other District health plans may be obtained by contacting your insurance carrier directly, at the address provided in the Evidence of Coverage booklets.



**Mt. San Antonio College District**

takes pride in offering a rich benefits program for you and your family members. The table below lists the benefits available to you as a valued member of Mt. San Antonio College District. Toll free numbers and website addresses are provided for your convenience. In order to access Important Information and features of your benefit plans.

**Contact Information**  
**INSURANCE CARRIERS/ADMINISTRATORS**  
**Membership Contact Nos./Website**

<p><b>Mt. San Antonio College District Health &amp; Welfare Office</b></p>	<p>Linda Group (last names A-M) Ext. 5522          Karen Pilling (last names N-Z) Ext. 5478          Jean Pierce, Auxiliary Services (A-Z) Ext. 5162</p>	
<p><b>Blue Shield Access+ HMO Blue Shield Net Value</b></p>	<p>(800) 334-5847</p>	<p><a href="http://www.blueshieldca.com">www.blueshieldca.com</a></p>
<p><b>Kaiser Permanente</b></p>	<p>(800) 464-4000</p>	<p><a href="http://www.kp.org">www.kp.org</a></p>
<p><b>PERSCare/Choice/Select</b></p>	<p>(877) 737-7776</p>	<p><a href="http://www.bluecrossca.com">www.bluecrossca.com</a></p>
<p><b>DeltaCare HMO</b></p>	<p>(800) 422-4234</p>	<p><a href="http://www.deltadentalca.org">www.deltadentalca.org</a></p>
<p><b>Delta Dental Premier/DPO</b></p>	<p>(888) 335-8227</p>	<p><a href="http://www.deltadentalca.org">www.deltadentalca.org</a></p>
<p><b>Vision Service Plan (VSP)</b></p>	<p>(800) 877-7195</p>	<p><a href="http://www.vsp.com">www.vsp.com</a></p>
<p><b>CalPERS</b></p>	<p>(888) 225-7377</p>	<p><a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a></p>



**DISCLAIMER**

The information in this brochure is a general outline of the benefits offered under the Mt. San Antonio College District's benefits program. Specific details and plan limitations are provided in the Evidence of Coverage (EOC), which is based on the official Plan Documents that may include policies, contracts and plan procedures. The EOC and Plan Documents contain all the specific provisions of the plans. In the event that the information in this brochure differs from the Plan Documents, the Plan Documents will prevail.