

## List of Important Benefit Events

### **\*\*Fall Into Fitness Health Fair**

<b>October 14</b>	11 am – 2 pm	Magnolia Room
<b>October 14 – 23</b>	Health Risk Assessment website open Complete HRA to be eligible to win the Mountain Bike donated by BSCS.	

### **\*\*2010 Insurance Open Enrollment Events**

#### **October 19 – 30      Open Enrollment**

##### Presentations:

<b>October 19</b>	10 am and 2 pm	LE HSC Auditorium
<b>October 21</b>	10 am and 2 pm	SL Boardroom
<b>October 22</b>	Open Enrollment video presentation available for employees to view	
<b>October 26</b>	1:30 – 2:30	Question/Answer Session      SL Room 2-114
<b>October 27</b>	9:30 – 10:30	Question/Answer Session      LE SS-205
<b>October 28</b>	1:30 – 2:30	Question/Answer Session      LE Admin Conf Room
<b>October 30</b>	<b>All enrollment forms <u>must be</u> returned to HR</b>	

### **\*\*Supplemental Insurance Plans Open Enrollment Schedule**

##### Aflac:

<b>October 27</b>	9 am – 4 pm	LE Admin Conf Room 116
<b>October 28</b>	9 am – 12 pm	LE Admin Conf Room 116
<b>October 28</b>	1:30 – 4 pm	SU Room 4113
<b>October 29</b>	9 am – 12 pm	SL Bldg 2, Floor 1
<b>October 29</b>	1:30 – 4 pm	LE Admin Conf Room 116

##### Custom Benefits:

At the beginning of each session, Tanya Wilson will present an overview of how the Flex Benefits Plan can work for you and how the new debit card for reimbursements works.

<b>November 3</b>	9 am – 4 pm	LE Room LE-SS 205
<b>November 4</b>	9 am – 12 pm	SU Room 4118
<b>November 4</b>	1:30 – 4 pm	LE Admin Conf Room 116
<b>November 5</b>	9 am – 12 pm	SL Bldg 2, Floor 1
<b>November 5</b>	1:30 – 4 pm	LE Admin Conf Room 116

# What steps must I take to complete my 2010 benefits enrollment?

- Determine your Benefit Allowance.  
 \$504.21: you need health coverage thru LSCC;  
 or \$175.00: you have health coverage thru an outside plan (spousal, pension, etc.)
- Determine the benefit plans you want. Examine the plan summaries and costs.
- Determine what, if any, dependent coverage you want. Examine the plan summaries and costs.
- Knowing what you want: complete the worksheet area on the “ 2010 Insurance Plans Open Enrollment – Cafeteria Benefits Account Program” form.

## 2010 Insurance Plans Open Enrollment - Cafeteria Benefits Account Program

### Employee Plan Selection Worksheet Benefit Account Allowance - \$504.21

*For employees who need health coverage through the College*

PLAN A - PPO	Premium
Employee	\$490.00
Spouse	\$490.00
Children (1-2)	\$304.00
Children (3-4)	\$611.00
Family	\$792.00

PLAN D - HRA 3359	Premium
Employee	\$473.00
Spouse	\$418.00
Family	\$657.00

WELLCARE (Economy)	Premium
Employee	\$441.00
Spouse	\$441.00
Children (1-2)	\$274.00
Children (3-4)	\$550.00
Family	\$713.00

### Plan C Benefit Account Allowance - \$175.00

*For employees who have primary health coverage through other means*

Plan C - HDV	Premium
Employee	\$111.00

Dental	Premium
Employee	\$14.21
Spouse/Dependent	\$15.49
Children	\$15.78
Family	\$35.52

Vision	Premium
Employee	\$5.10
Spouse/Dependent	\$5.10
Children	\$5.40
Family	\$9.44

### How the Benefit Account Allowance Works

PLAN A - EXAMPLE		Flex Per Year
Benefit Allowance	\$504.21	
Monthly Health Premium Rate	\$490.00	
Amount Toward Flex/Month	\$14.21	\$170.52
OR Add Dental	\$14.21	
Amount Toward Flex/Month	\$0.00	\$0.00
OR Add Vision	\$5.10	
Amount Toward Flex/Month	-\$5.10 *	\$0.00

PLAN D - EXAMPLE		Flex Per Year
Benefit Allowance	\$504.21	
Monthly Health Premium Rate	\$473.00	
Amount Toward Flex/Month	\$31.21	\$374.52
OR Add Dental	\$14.21	
Amount Toward Flex/Month	\$17.00	\$204.00
OR Add Vision	\$5.10	
Amount Toward Flex/Month	\$11.90	\$142.80

WELLCARE - EXAMPLE		Flex Per Year
Benefit Allowance	\$504.21	
Monthly Health Premium Rate	\$441.00	
Amount Toward Flex/Month	\$63.21	\$758.52
OR Add Dental	\$14.21	
Amount Toward Flex/Month	\$49.00	\$588.00
OR Add Vision	\$5.10	
Amount Toward Flex/Month	\$43.90	\$526.80

Plan C Example		Flex Per year
Benefit Allowance	\$175.00	
Monthly Premium Rate	\$111.00	
Amount Toward Flex/Month	\$64.00	\$768.00

Worksheet		Flex Per Year
Benefit Allowance		
Monthly Health Premium Rate		
Amount Toward Flex/Month	\$0.00	\$0.00
OR Add Dental		
Amount Toward Flex/Month	\$0.00	\$0.00
OR Add Vision		
Amount Toward Flex/Month	\$0.00	\$0.00
OR Add Dependent		
Amount Toward Flex/Month	\$0.00	\$0.00

Please sign/date and return to the Benefits office along with your Health/Dental/Vision and Cafeteria Plan enrollment forms.

\_\_\_\_\_  
Signature/Date

5. Based upon your selections as indicated on your Open Enrollment form: complete all applicable specific benefit plan forms.
6. Per the Open Enrollment form, if you have any allowance account dollars remaining **OR** you do not have dollars remaining but want to establish a Flex Spending account, then
  - a. Attend a Customer Benefits Flex session (see Benefits Events sheet for dates & times)
  - b. At the session complete the Enrollment Form for Flex Benefits ( a multi pressure sensitive form)

### ENROLLMENT FORM for the FLEX BENEFITS PLAN

*PLEASE PRINT. All information is required or your enrollment cannot be processed.*

Employer \_\_\_\_\_  
 Employee Name (First, Last) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth (MM-DD-YYYY) \_\_\_\_\_  
 Home (Street) Address \_\_\_\_\_ Apt. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**OPTION 1 HEALTH CARE ACCOUNT – FLEXIBLE SPENDING ACCOUNT (FSA)**

- YES – I elect to contribute \$ \_\_\_\_\_ (before taxes) for the PLAN YEAR, which is \$ \_\_\_\_\_ per pay period to fund my account that pays qualified out-of-pocket healthcare expenses that are not covered by my employer's health plan or any other health plan.
- NO – I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

**OPTION 2 DEPENDENT CARE ACCOUNT**

This pays for daycare expenses for a dependent child, adult or elder, so that you may work. Eligible services include: nursery school, nanny and/or before/after school care through age 12, day care for a disabled adult or child, elder daycare for parent or dependent, day camp through age 12.

- YES – I elect to contribute \$ \_\_\_\_\_ (before taxes) for the PLAN YEAR, which is \$ \_\_\_\_\_ per pay period to fund my account that pays qualified dependent day care or elder care expenses.
- NO – I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

YOU MAY ENROLL IN THE FOLLOWING BENEFITS ONLY IF THEY ARE OFFERED BY YOUR EMPLOYER. Check your Summary Plan Description or ask your employer.

**OPTION 3 AGREEMENT TO SAVE TAXES ON INSURANCE PREMIUMS**

- YES – On the appropriate benefit enrollment form, I have enrolled in certain employer-sponsored insurance benefits (i.e. health insurance). I understand that my share of the premium for these employee benefits will automatically be paid with pre-tax dollars. I also understand that if my required contributions for these insurance benefits are increased or decreased while this agreement is in effect, my taxable income will automatically be adjusted to reflect that change.

	Salary Reduction Amount Per Pay Period	No. of Reductions Per Year
Group Medical	_____	_____
Dental Coverage	_____	_____
Short Term Disability	_____	_____
Cancer	_____	_____
Vision	_____	_____
Accident	_____	_____
Other	_____	_____

**OPTION 4 DEBIT CARD**

- YES – I would like a debit card for my account. There is an annual charge of \$ 2.00. The fee will be deducted from your Flex Account.

Spouse or Dependent's full name for 2nd take care flex benefits card (First, Last) \_\_\_\_\_

NO – I decline the option of a debit card for my account.

**IMPORTANT** Please read the following before signing this enrollment form. My employer and I agree that my taxable income will be reduced each pay period during the year by an equal portion of the benefit elections (Options 1 through 4) set forth above and that qualified expenses will be paid on a tax-free basis. I understand that I may change my election in the event of certain changes in my status and that, prior to the first day of each plan year, I will be offered the opportunity to change my benefit election for the upcoming plan year. I understand that the take care flex benefit card is available to pay only qualified expenses and that qualified expenses paid with the card cannot be reimbursed by any other plan and that I will not seek reimbursement for expenses paid with the card from any other source. I understand that when using the flex benefits card I must keep all receipts and that, on occasion, I may be asked for documentation of charges made with my card. I also understand that if a payment is made that is not for qualified expenses, I will repay my employer. For any expenses not repaid by me, I authorize my employer to deduct the amount from my paycheck (if permitted by state law).

**IMPORTANT:** Cosmetic and elective procedures are not eligible for reimbursement. Please note, vitamins and supplements require a letter of medical necessity from your doctor. Employee website for account balance and claims information – [www.wmflexonline.com](http://www.wmflexonline.com).

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 White – Customer Benefit Services Yellow – Employer Pink – Employee

7. Submit to HR Benefits by Oct. 30 COB:

- ✓ your completed and signed Open Enrollment Form,
- ✓ all your selected completed benefit plan enrollment forms,
- ✓ if applicable, the Custom Benefits Flex form,
- ✓ if you have an outside health plan, then copies of your health insurance card (front & back).

# Employee Cafeteria Benefits Account Program Overview

The following information is provided here.

## INTRODUCTION TO CAFETERIA BENEFITS ACCOUNT PROGRAM

### EFFECTIVE DATE OF THE PROGRAM

### HOW THE PROGRAM WORKS

### WHO IS ELIGIBLE

### WHO IS NOT ELIGIBLE

### WHAT ARE THE ADVANTAGES OF THE PLAN

### FREQUENTLY ASKED QUESTIONS (FAQ)s

## INTRODUCTION

LSCC has provided full-time employees with both employer paid medical, dental and life insurance coverage, and limited employee-paid dependent coverage options. Even with the collective purchasing power of the Florida Community Colleges Risk Management Consortium (FCCRMC), benefit costs have increased 6-10% annually and plan options have remained limited. In 2009, with direction from Council of Presidents and Council of Business Affairs, the FCCRMC conducted a robust benefits Request for Proposal (RFP) seeking to increase benefit coverage options and to manage benefit costs for the 2010 plan year. The outcome of the RFP is a more extensive list of benefit plan offerings in 2010 for medical, dental and vision care and more options for employee-paid elective dependent coverage, both at varying costs.

Because there are now more benefit plan options, the continuous need to manage employer-paid benefit costs, and the continuous need to promote employee usage of the Flex/125 Plan, the District Board of Trustees, as recommended by the President's Cabinet, has approved the establishment of an Employee Cafeteria Benefits Account Program. With the Program, employees would be provided an allotment of benefit dollars to "purchase" benefits from the FCCRMC Benefits of plan offerings which best suit their individual needs. Depending upon the employees' selections they may net out their allowance, may pay out-of-pocket dollars, or have benefit dollars left over to either open or increase their Flex/125 Plans.

## EFFECTIVE DATE OF THE PROGRAM

LSCC will implement the benefits program operationally in December for the effective change of employee benefits on 01/01/10. Employees will notice in their December pay cycle activity establishing the start of 2010 Benefit Plan.

## HOW THE PROGRAM WORKS

Eligible employees will receive from LSCC a designated benefit allowance dollar amount, called a benefits account allowance, with which to purchase their selected 2010 benefits from a list of employer-sponsored plans. Using their benefits account all employees must at minimum purchase a health plan from the plan list. Selection of dental and vision plans are optional. Employees may use their remaining benefit account dollars to assist in purchasing dependent coverage from the list of plan offerings. Employees may purchase more benefit plan self coverage above their employee account allowance (as offered in the benefit plan). The cost of such purchases made above the provided employee account allowance is the responsibility of the employee and would be paid on a pretax basis from the employees' pay cycles. Employees with remaining benefit account dollars must establish a Custom Benefits Flex plan account which is a pretax account. The dollars in that flex account are for the respective employees to use to pay co-pays, co-insurance amounts, etc. as permitted by the Custom Benefits Flex plan. (Detailed information listing permitted flex plan expenditures will be available.) **Employees will not receive their remaining allowance dollars, if any, as compensation in their pay.**

Before the start of open enrollment on October 19, 2010, eligible employees shall receive a benefits packet containing all the LSCC approved benefits plans and those plans' details. The packet will contain a Cafeteria Benefits Allowance Account enrollment form for employees to make their benefit plan selections and understand the cost of such. Also, the packet will contain specific insurance plan forms and a Flex Benefits form which will be necessary for all employees to complete who will have remaining allowance dollars to set up their flex account. **All eligible employees must complete all the appropriate forms and submit such to Human Resources (HR) by October 30, 2009.** HR will officially enroll employees into their selected plans.

Live and video-streaming presentations about the 2010 Benefits Plan and its contents will be available. (See information below for details.)

## WHO IS ELIGIBLE

Employees who are regular employees permitted benefits, as defined in the 2010 Salary and Classification Guide, are eligible for the LSCC 2010 Employee Benefits Cafeteria Plan.

## WHAT ARE THE ADVANTAGES OF THE PROGRAM

- As an outcome of the extensive work from the Florida Community Colleges Risk Management Consortium (FCCRMC) more benefit plans with options are being offered in 2010. The premium costs of those plans and associated options vary. Consequently, with the many available options and their associated costs, the College believes that employees will be best served by providing them a benefit allowance account so that they may "purchase" the plans which best serve their individual life situations.
- This plan still permits the College to manage cost savings while permitting employees greater choice.
- As a result of the many choices in the plan, this plan necessitates that employees become more informed health plan consumers.
- This plan permits "left over" benefit account dollars (as pretax dollars) to be placed into a Flex Benefits plan which would permit employees to pay for health related expense costs, such as co-pays, co-insurance, prescriptions, and other out-of-pocket expenses, not covered by their insurance.

## FREQUENTLY ASKED QUESTIONS

### How much is the College benefits account allowance for eligible employees?

**\$504.21 per month** for regular employees **not covered** primarily by another medical insurance plan (as a spouse or dependent)

**\$175.00** per month for regular employees **covered** primarily by another medical insurance plan (as a spouse or dependent)

### What is the difference between these two benefit account allowances?

First, the College has provided employer-paid medical and dental coverage as an important benefit for eligible employees since the College opened. The College desires to continue such an offering but is faced with the difficulty of meeting cost when balanced with valuable coverage for varied employee needs. Some employees have primary medical health insurance covered by their spousal, pension, or parent's plans, but they do not have dental coverage. They may want dental coverage or vision coverage. Simply, health coverage is complex and choices relative to needs keep increasing. And no one wants to pay more than is necessary for the coverage needed.

So for our employees who do not have alternative medical and dental coverage from outside, and need coverage through the College, the College established the monthly benefit account allowance of \$504.21. This amount would cover the 2010 cost of a PPO medical coverage plan (top offering of a medical plan) and a dental plan. Therefore for 2010 an eligible employee would not pay any part of the premiums for the PPO and dental plan. Of course the

employee may elect to keep a dental plan but elect a lesser cost medical plan and then use remaining allowance dollars perhaps for a vision plan or something else.

For our employees who have primary medical coverage insurance through other means, the College established the monthly benefit allowance of \$175.00. This amount would cover the eligible employee to purchase a required combined dental, vision plan and use the remaining account balance to purchase dependent coverage OR establish a Custom Benefits Flex account to pay for co-pays, co-insurances, out-of-pocket expenses. Important Note: to receive the \$175.00 allowance employees who have primary medical coverage insurance through other means MUST supply proof of insurance to HR.

**Will I be taxed on the benefit allowance?**

No. Under current IRS regulations because the employer sponsored allowance is going toward health benefits and therefore not taxable. Employees will see their monthly allowance amount on their paycheck coded as “CAF” (for cafeteria allowance plan) and it will be treated in the payroll process as pretax.

**After selecting the benefit plans I want, can I receive my “left-over” benefit account allowance as compensation instead of placing it into a Benefits Flex account?**

No. As approved by the Board of Trustees, your benefit allowance account is funded specifically through the College’s dedicated budget account for employee benefits so no portion of that can be used toward employee compensation.

**May I decide not to participate in the Cafeteria Benefits Account Program?**

No. The College, as a member of the Florida Community Colleges Risk Management Consortium, is required to have all eligible employees enrolled minimally in either in a medical insurance plan or a hospital indemnity plan. The program plans coverage and the premium costs were negotiated with providers based upon 100% eligible employee enrollment. What is available this year are more choices for you to select as little or as much benefit plan coverage you deem necessary.

**How will I be enrolled in the Cafeteria Benefits Account Program?**

If you are an eligible employee you are automatically enrolled in the Cafeteria Benefits Account Program.

However, to activate your account and implement your coverage selections for 2010 you must complete and submit a 2010 Employee Benefits Master Enrollment form and any associated specific coverage plan forms to Human Resources. The Employee Benefits Master Enrollment form will be in your hard copy packet of information about the 2010 Benefits Program. The form can also be accessed from the HR website: 2010 Benefits Enrollment & Information.

**Can I make changes in my benefits during the year? If I can, then how does that work?**

No. You cannot typically change to a different benefit plan during the same calendar year. If you have a “qualifying event” you may make changes within the plan you selected such as adding or dropping a spouse or dependent, etc. Consult with the HR Benefits Manager if a situation arises to determine what action may be necessary.

**What happens if my employment status changes and I am no longer eligible? Will I need to take any action?**

Some action may be necessary. If your LSCC employment status changes then Human Resources will notify you about the changes and what, if any action, you need to take in keeping with College policy, Federal Law (COBRA), etc.

**FLORIDA COMMUNITY COLLEGES RISK MANAGEMENT CONSORTIUM  
HEALTH PROGRAM RATES FOR 2010**

**LAKE-SUMTER COMMUNITY COLLEGE**

	<u>Plan A</u> PPO BlueOptions 3562	<u>Plan C</u> HDV	<u>Plan D</u> HRA 3359	<u>WellCare PPO</u> (Ecomony Plan) 3565	<u>DEP</u> Dependent Only 3361	<u>Dental</u> MetLife	<u>Vision</u> MetLife
EMPLOYEE	\$490.00	\$111.00	\$473.00	\$441.00	\$0.00	\$14.21	\$5.10
SPOUSE/DEPENDENT	\$490.00		\$418.00	\$441.00	\$392.00	\$15.49	\$5.10
CHILD (1-2)	\$304.00			\$274.00	\$244.00	\$15.78	\$5.40
CHILDREN (3-4)	\$611.00			\$550.00	\$489.00	\$15.78	\$5.40
FAMILY	\$792.00		\$657.00	\$713.00	\$634.00	\$35.52	\$9.44

PLAN D - HRA account funded by Consortium/Employer per Internal Revenue Service (IRS) regulations for the administration of an HRA plan.