



**DAYTONA
STATE COLLEGE**

Open Enrollment April 20 – May 4, 2009

We have many new and exciting benefits to bring to you this year as a result of our Request for Proposals (RFP). This letter will highlight some of your benefits. More detailed information is available via the attachments to this email, which are also available for your convenience on the College's portal at <https://webapps.dbc.edu/ics/portal>. Further information will be provided during the educational and training sessions being held over the next two weeks (schedule attached).

Knowing that cost is of primary interest to you, the premium rate sheet and Summary Plan Description are also attached. Healthcare costs are still rising nationwide and to keep pace with inflation the Actuaries advised us that our premiums should increase 7 to 11%. However, for the 4th year in a row, through your continued efforts to utilize your benefits wisely, question bills that do not appear to be correct, as well as through some creative plan design changes and negotiations we are able to pass the resulting savings on to you. Hence, your premiums, deductibles, out of pocket maximums, co-pays and co-insurance amounts will all remain the same.

What's new ...



First, our Plan name has changed. With the addition of a new employer group to our Plan and the potential of others, we have coined a new Plan name, as the new logo indicates. Our new Plan name is the Healthcare Purchasing Alliance (HPA). The first new employer group to join our health plan is Radiology Associates. As part of their agreement with the College, they will provide their imaging services at their centers at a preferred rate to our members. Specific co-pay information and locations will be announced very soon.

Under a self-funded plan such as ours, instead of having an insurance company to whom we pay premiums, which include a healthy margin of profit, we have a Third Party Administrator (TPA). The TPA pays health plan claims for a flat fee. Since 2005, our TPA has been UMR (formerly known as Benesight & Fiserv Health). The results of our RFP analysis revealed that we could save Plan dollars and maintain your current premium contributions, while increasing benefits, by simply changing our TPA from UMR to FMH. FMH has created a portal on their website linking you directly to all of our providers from networks to disease management, along with having the ability to obtain your medical, dental, and vision claims data as well as being able to access your flexible spending account (FSA). Visit www.f-m-h.com/HPA to see all of your new websites.

FMH also has two additional FSA options. The first is the return of the automatic reimbursement program. This means when you go to the doctor's and pay your co-pay with cash, a check, or personal credit card, once your claim is processed, you will automatically receive an FSA reimbursement check. Additionally, you can now choose to receive your money in the form of a check through the mail or as a direct deposit to your bank account.

For those of you who prefer the convenience of having immediate access to your funds, FMH offers a benefits debit card, called the Benny card.

Furthermore, FMH has the ability to auto-confirm claims submitted through their claims division, which means you will no longer be required to submit your receipts and Explanation of Benefits (EOB) for every claim exceeding \$100.00. You will only be asked for information when more details are needed.

Our Pharmacy Benefits Manager since 2000 has been Walgreens Health Initiatives (WHI). Again, as the result of our RFP analysis, it was determined that the Plan (i.e., you) could save substantially by moving from WHI to MedTrak Pharmacy, thus enabling us to maintain your current RX co-pays. You may still utilize all of the same local retail Pharmacies as you have in the past. As of 7/1/09, if you wish, you may also use Sam's Club pharmacy for your 30- or 90-day supplies of medication.

Plan Design Enhancements

As you will likely notice with one quick glance at the attached Schedule of Benefits, we will no longer have an expanded or middle tier of network benefits. Upon review, it appeared that the majority of members utilizing this tier were retirees and dependents living outside the Volusia and Flagler county area. Most employees accessing this network did so by accident and only realized their error when they were charged a higher co-pay. Therefore, to maximize the benefit and minimize future confusion we have re-designed our Plan to include only in or out of network benefits. As of 7/1/09, retirees and dependents outside our two-county service areas will be identified by their primary residential zip code and assigned network with local providers. This benefit enhancement will reduce the out-of-pocket expenses for parents with dependents living elsewhere, without having a negative impact on the majority of our other covered members.

PPHA provides our pre-certification and disease and utilization management services. In this capacity, they receive medical and pharmaceutical data on each plan member in order to help members navigate through the maze commonly referred to as health care. In an effort to reach out to more of our members, we have contracted with PPHA for the coming year to expand their services. They will now contact members in our plan afflicted with Asthma, Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Depression, Diabetes, Hyperlipidemia (elevated lipids), and Hypertension (high blood pressure). If you receive a personal call from one of PPHA's registered nurses, please do not be alarmed, instead take a few moments to talk with them to determine how they might be able to assist you. These nurses are highly trained individuals who can answer questions, provide helpful tips, and even offer detailed information that your physician may not have presented during your office visit.

Finally, we have added a new vendor called BenefitSolver. **Through BenefitSolver you will now be able to enroll online**, maintain your beneficiary information, and check your enrollment status anytime during the year from any internet capable computer. Instructions are attached. Because this is a new process and there are so many new benefit features this year, every benefit-eligible employee is being asked to go online and complete the enrollment process - EVEN if you wish to decline all of your benefit options.

We thank you for your participation and look forward to seeing you at one of the educational sessions and or during the online computer training sessions.