Agenda

1. **Introductions 10:00 – 10:10**
   - How do you communicate to your constituents? How do they communicate with you? (All)

2. **Announcements, PCCD Benefits 10:10 – 10:15**
   - Spring Open enrollment results
   - Next Open Enrollments

3. **State of the District, Vice Chancellor Gerhard 10:15 – 10:20**

4. **Issues in self funding 10:20 – 10:40**
   - Introduction of new CoreSource Team
   - Review of online services
   - Claims information
   - Health Risk Assessments

5. **Peralta Goes Mobile, PSW Benefit Resources 10:40 – 10:45**

6. **Health Care Reform Compliance Update 10:45 - 11:00**
   - How have we already complied
   - Timeline of imminent compliance issues for 2013
   - Compliance 2014 and beyond

**Handouts:**
- Summary Benefit Comparisons
- Model Notice
Introductions

How do you communicate to and receive feedback from your constituents?

- Name
- Affiliation
- Answer question
## Announcements, PCCD Benefits

<table>
<thead>
<tr>
<th>date</th>
<th>activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-Sep</td>
<td>Hourly Faculty Open Enrollment ends</td>
</tr>
<tr>
<td>1-Oct</td>
<td>Flexible Benefits Open Enrollment begins</td>
</tr>
<tr>
<td>31-Oct</td>
<td>Flexible Benefits Plan Open enrollment ends</td>
</tr>
<tr>
<td>1-Jan</td>
<td>Medicare Open enrollment begins</td>
</tr>
<tr>
<td>15-Jan</td>
<td>Hourly Faculty open enrollment begins</td>
</tr>
<tr>
<td>15-Feb</td>
<td>Hourly Faculty open enrollment ends</td>
</tr>
<tr>
<td>31-Mar</td>
<td>Medicare Open enrollment ends</td>
</tr>
<tr>
<td>1-Apr</td>
<td>Annual Open enrollment begins for all other benefit eligibles</td>
</tr>
<tr>
<td>Apr-14</td>
<td>Annual Open enrollment begins for all other benefit eligibles</td>
</tr>
</tbody>
</table>
# Announcement

## Open Enrollment Results

### Summary of Changes

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser</td>
<td>Self Funded Lite</td>
<td>2</td>
</tr>
<tr>
<td>Kaiser</td>
<td>Self Funded Traditional</td>
<td>0</td>
</tr>
<tr>
<td>Self Funded Lite</td>
<td>Kaiser</td>
<td>2</td>
</tr>
<tr>
<td>Self Funded Lite</td>
<td>Self Funded Traditional</td>
<td>3</td>
</tr>
<tr>
<td>Self Funded Traditional</td>
<td>Kaiser</td>
<td>5</td>
</tr>
<tr>
<td>Self-Funded Traditional</td>
<td>Self Funded Lite</td>
<td>5</td>
</tr>
<tr>
<td>Delta</td>
<td>United Health Care</td>
<td>2</td>
</tr>
<tr>
<td>United Health Care</td>
<td>Delta</td>
<td>6</td>
</tr>
<tr>
<td>medical and/or dental</td>
<td>Cash In Lieu</td>
<td>20</td>
</tr>
</tbody>
</table>

**Total Changes** 45
State of the District,
Vice Chancellor Gerhard
Review of Coresource Services under PCCD Self Funded Plan

- Introduction of our New Client Manager, Veronica Pepper
  - Claims information / status
  - Health Risk Assessments
  - Self service options

- Demo of online self-services
  - Claims status
  - Provider payments
  - Online, private health risk assessments
Review of Recent Self Funded Plan Issues

New medical cards distributed mid June - cards were re-issued to reflect partnership with Anthem/Wellpoint

New vision cards for those eligible for vision coverage were mailed under separate cover

Two cards replace one due to branding requirements of the Joint Administrative Agreement with Anthem/Wellpoint

Dedicated customer service team still in place

New Client Manager, Veronica Pepper
See BIC Home page at http://peralta.pswbenefits.net for a link to this!
See BIC Home page at http://peralta.pswbenefits.net for a link to this!
Did you know that some of our insurance carriers have mobile apps or mobile versions of their websites? These allow you to use your smartphone or handheld device to quickly and conveniently access information such as coverage details, carrier contact information, provider searches and more! See the table below for details.

<table>
<thead>
<tr>
<th>Carrier</th>
<th>Mobile App?</th>
<th>*Supported Platforms</th>
<th>Mobile Website?</th>
<th>Highlights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser HMO</td>
<td>Yes</td>
<td>Apple iOS, Android</td>
<td>Yes</td>
<td>Email your doctor’s office, refill most prescriptions, view past visits and most test results, schedule or cancel routine appointments. Mobile Website: <a href="http://m.kp.org">http://m.kp.org</a></td>
</tr>
<tr>
<td>CoreSource (Self-Funded PPO Plan TPA)</td>
<td>No</td>
<td>N/A</td>
<td>No</td>
<td>There are no mobile offerings at this time, but CoreSource has recently launched a brand new member website with access to claims, EOBs and other helpful information. Standard Website: <a href="http://www.mycoresource.com">http://www.mycoresource.com</a></td>
</tr>
<tr>
<td>Anthem Blue Cross (Provider Network)</td>
<td>Yes</td>
<td>Apple iOS, Android</td>
<td>Yes</td>
<td>Anthem Blue Cross is the Provider Network for the Self-Funded PPO Plan. You can use your smartphone to Find a Contracted Provider. Select Plan: Use letters KZU. Mobile Website: <a href="http://m.anthem.com">http://m.anthem.com</a></td>
</tr>
<tr>
<td>United Health Care (Dental &amp; Vision)</td>
<td>Yes</td>
<td>Apple iOS, Android</td>
<td>Yes</td>
<td>Benefits, Provider Search, Digital ID Cards, View Claims information, Account Balances and Deductibles. Mobile Website: <a href="http://m.mvuhc.com">http://m.mvuhc.com</a></td>
</tr>
<tr>
<td>Delta Dental</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
<td>Benefits, Provider Search, Digital ID Cards, View Claims information, Account Balances and Deductibles. Mobile Website: <a href="http://m.deltadentalins.com">http://m.deltadentalins.com</a></td>
</tr>
<tr>
<td>ING (Life &amp; AD&amp;D)</td>
<td>No</td>
<td>N/A</td>
<td>No</td>
<td>No mobile app or mobile website is available for ING Life &amp; AD&amp;D policy information. Please refer to the Benefits Information Center at <a href="http://peralta.pswbenefits.net">http://peralta.pswbenefits.net</a></td>
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<tr>
<td>CIGNA (Voluntary Life)</td>
<td>Yes</td>
<td>Apple iOS, Android</td>
<td>Yes</td>
<td>Provider directory, Digital ID Cards, View Claims, Drug Search and Account Balances. Mobile Website: <a href="http://m.cigna.com">http://m.cigna.com</a></td>
</tr>
<tr>
<td>Aflac (Supplemental)</td>
<td>No</td>
<td>N/A</td>
<td>Yes</td>
<td>Decision tools, Policy Holder Information. Mobile Website: <a href="http://m.aflac.com">http://m.aflac.com</a></td>
</tr>
<tr>
<td>MHN (EAP)</td>
<td>No</td>
<td>N/A</td>
<td>No</td>
<td>No mobile app or mobile website is available for the MHN Employee Assistance Program. Please refer to their standard website version at <a href="http://members.mhn.com">http://members.mhn.com</a></td>
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*Download Mobile Apps from the Apple iTunes App Store or Google Play (Android devices).
Did you know that some of our insurance carriers have mobile apps or mobile versions of their websites? These allow you to use your smartphone or handheld device to quickly and conveniently access information such as coverage details, carrier contact information, provider searches and more! See the table below for details.

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</tr>
</tbody>
</table>

*Download Mobile Apps from the Apple iTunes App Store or Google Play (Android devices).*
Update on Health Care Reforms - Affordable Care Act 2010 - 2013

- Review of reforms already in place
  - W-2 reporting for employer costs of benefits
  - Reduce Flexible Spending Amount Maximum contribution to $2,500
  - Phasing out of pre-existing conditions for members under the age of 19
  - Covering dependents to age 26
  - Elimination of plan limit on wellness benefits for non-grandfathered plans
  - Elimination of office visit co-pays for wellness exams on non-grandfathered plans
  - Summary of Benefits Coverage (SBC) Distribution
  - Specified well woman preventive care covered at 100% - including contraceptives – active employees only
  - Removal of lifetime maximum (now unlimited) for non-grandfathered plans
  - Research Fees - $1 per participant (we paid our fee in July 2013)
  - Increase of Medicare Tax of .9%
Upcoming Reforms Under the Patient Protection and Affordable Care Act -through the end of 2013

- Most immediate upcoming reforms by the end of the 2013
  - PHI & HIPAA
    - Protected Health Information (PHI)
    - Health Insurance Portability and Accountability Act (HIPAA)
    - Requires that we take extra steps to protect the health information of covered members,
      - Increased use of
        - encrypting software, passwords & user ids for communication even among peers and colleagues
        - We will introduce additional controls and forms
  - Distribution of model notices announcing the introduction of exchanges
    - Part A-General Information, required to be distributed to each new employee weather eligible for benefits or not!
    - Part B-Optional, completed upon employee request
  - Distribution of 2013 Meaningful Notices Manual
    - Includes Summary of Benefits & Coverage
    - Includes other required notices as enumerated on the cover page
Upcoming Reforms Under the Patient Protection and Affordable Care Act - 2014-2016 & beyond

- Reinsurance fees – three year term (2014 – 2016) - $63 per member per year on Coresource plans

- Automatic Enrollment – unknown effective date at this time.

- Minimal essential benefits for part-time employees deferred until January 2015

- Pre-Existing Condition Exclusion removed for ALL participants – Effective July 1, 2014
Health Care Reform Bill Timeline (as revised by the House Reconciliation Bill)*

SUMMARY OF SELECT REQUIREMENTS

- State grants to establish or expand ombudsman programs are awarded
- New federal rate review process is established
- National risk pool is created
- Temporary retiree reinsurance program is established
- Small business tax credit is established
- Prohibits lifetime benefit limits
- Allows restricted annual limits for essential benefits (as determined by HHS)
- Recissions are prohibited (except for fraud or intentional misrepresentation)
- Cost-sharing obligations for preventive services are prohibited
- Dependent coverage up to age 26 is mandated
- Internal and external appeal processes must be established
- New health plan disclosure and transparency requirements are created
- Uniform coverage documents and standard definitions are developed by HHS (in consultation with NAIC)
- 85% MLR for large group (with refund) is mandated
- 80% MLR for individual and small group (with refund) is mandated
- Health insurance fee to fund Comparative Effectiveness is imposed
- Health insurance provider fee imposed
- Health insurance provider fee increased
- Health insurance provider fee increased
- Health insurance provider fee increased
- Health insurance provider fee increased
- Health insurance provider fee increased
- High-cost insurance excise tax is established


- Health plans develop and file new policy forms
- States approve (or disapprove) new policy forms
- HHS Secretary and states establish new national risk pool
- HHS Secretary establishes temporary retiree reinsurance program
- Health plans develop and file new rate filings
- States approve (or disapprove) new rate filings
- HHS Secretary and states approve (or disapprove) premium rate increase requests
- States approve (or disapprove) premium rate increase requests

*Assumes April 1, 2010 enactment **In years following 2018, the tax amount would increase in an amount proportionally equal to overall premium growth.
New Health Insurance Marketplace Coverage Options and Your Health Coverage Notice

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact: Peralta District Benefits Office
   Phone: 510-466-7229   Email: benefits@peralta.edu

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

---

1 An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<table>
<thead>
<tr>
<th>3. Employer name</th>
<th>4. Employer Identification Number (EIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peralta Community College</td>
<td>From Payroll</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Employer address</th>
<th>6. Employer phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>333 East 8th ST.</td>
<td>(570) 466-7229</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. City</th>
<th>8. State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oakland</td>
<td>CA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. ZIP code</th>
<th>10. Who can we contact about employee health coverage at this job?</th>
</tr>
</thead>
<tbody>
<tr>
<td>94606</td>
<td>Jennifer Benford Seibert</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Phone number (if different from above)</th>
<th>12. Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="mailto:benefits@peralta.edu">benefits@peralta.edu</a></td>
</tr>
</tbody>
</table>

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - [ ] All employees.
  - [X] Some employees, based on Benefit Program

  Eligible employees are:
  Defined in the CBA's
  CBA: All Faculty

- With respect to dependents:
  - [X] We do offer coverage. Eligible dependents are:
    Language in CBA
  - [ ] We do not offer coverage.

  ** If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable based on employee wages — actuarially determined.

  ** Every employee intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

  You decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

For Internal Purposes Only to be completed upon ee request.
The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?
   - Yes (Continue)
     13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when was the employee eligible for coverage? _______________ (mm/dd/yyyy) (Continue)
   - No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard?  
   - Yes (Go to question 15)  
   - No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to this employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
   a. How much would the employee have to pay in premiums for this plan? $  
   b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the next plan year?
   - Employer won't offer health coverage
   - Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
     a. How much will the employee have to pay in premiums for that plan? $  
     b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

   Date of change (mm/dd/yyyy)

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(iii) of the Internal Revenue Code of 1986)
Affordable Care Act

U.S. DEPARTMENT OF THE TREASURY

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Treasury Notes

Continuing to Implement the ACA in a Careful, Thoughtful Manner

By: Mark J. Mazur 7/2/2013

Over the past several months, the Administration has been engaging in a dialogue with businesses – many of which already provide health coverage for their workers – about the new employer and insurer reporting requirements under the Affordable Care Act (ACA).

We have heard concerns about the complexity of the requirements and the need for more time to implement them effectively. We recognize that the vast majority of businesses that will need to do this reporting already provide health insurance to their workers, and we want to make sure it is easy for others to do so. We have listened to your feedback. And we are taking action.

The Administration is announcing that it will provide an additional year before the ACA mandatory employer and insurer reporting requirements begin. This is designed to meet two goals. First, it will allow us to consider ways to simplify the new reporting requirements consistent with the law. Second, it will provide time to adapt health coverage and reporting systems while employers are moving toward making health coverage affordable and accessible for their employees. Within the next week, we will publish formal guidance describing this transition. Just like the Administration’s effort to turn the initial 21-page application for health insurance into a three-page application, we are working hard to adapt and to be flexible about reporting requirements as we implement the law.

Here is some additional detail. The ACA includes information reporting (under section 6055) by insurers, self-insuring employers, and other parties that provide health coverage. It also requires information reporting (under section 6056) by certain employers with respect to the health coverage offered to their full-time employees. We expect to publish proposed rules implementing these provisions this summer. After a dialogue with stakeholders – including those responsible employers that already provide

Presentation to Fringe Committee August 29, 2013
Next Meeting 9/26/13

- More on Affordable Care Act
- Tax Deferred Planning campaign
- Wellness Initiatives
- Review of first quarter spending