

**College Benefits Committee
Meeting Record
February 19, 2002**

Members Present	Members Absent
Melody Chambers	Patricia Brooks
Staci McPhearson	Dr. Martha George
J. B. Messer	Barbara Hayes
Dr. Charlotte Mulvihill	Dr. John Hughes
John Sausins	B. J. Higgins
Darin Young	Terry Kilpatrick
	Joyce Morgan
	Kim Velleca
	Tim Whisenhunt
Guest	Ex-Officio Members Present
	Larry Robertson
	Carolyn Rouillard
	Elaine Svec

Agenda Items	
1.	Review/Approval January 16, 2001, Meeting Records
2.	Review/Discussion/Approval of Recommendation to Allow Use of Accumulated Sick Leave for Family Care in Special Circumstances
3.	Retiree Health Insurance Recommendation
4.	Specifics of Flexible Spending Accounts from an Administrative & Legal Point of View (Larry Robertson)
5.	Evaluate Long-term Care at Cost to Employees
6.	Other Business

Decisions/Actions/Plans

1.	Meeting Records (1/16/02) were approved as written.
2.	Review/Discussion/Approval of Recommendation to Allow Use of Accumulated Sick Leave for Family Care in Special Circumstances: The draft recommendation was discussed and edited. The Committee agreed to make final approval at the March 28 meeting after the final edit.
3.	Retiree Health Insurance Recommendation: Specifics to be addressed at the March meeting.
4.	Specifics of Flexible Spending Accounts from an Administrative & Legal Point of View (Larry Robertson): Larry spoke to Attorney Dudley Hyde who would write this defined benefit plan for the College at a charge of \$500 to \$1,000. Mr. Hyde recommended having the plan administered by a current health care provider. He suggested that we check with Aetna first to see if they would be interested in administering the plan since they are our current health care provider. The cost could be \$3 to \$4 per claim or per employee per month to have a health care provider administer the plan. The College sets the medical limit for employees; whereas, the Internal Revenue Service sets the limit for dependent care accounts. A minimum claim amount should be set; as well as, a limit to the number of claims that could be filed in a quarterly or monthly period. Larry and Carolyn agreed to check with Aetna to see if they would be interested in administering the plan.
5.	Evaluate Long-term Care at Cost to Employees: Carolyn brought several items including a video for the Committee to review from a number of companies. It was agreed that these would be passed to each committee member for review before the next meeting in March.
6.	Other Business: <ul style="list-style-type: none"> A. The possibility of combining under one company the Section 125 (Flexible Spending Accounts) and Long-term Care was introduced for further exploration at the next meeting. B. Carolyn distributed to the Committee copies of her BENEFITS FOCUS pages she is planning to begin sending out to the College via E-Mail on a regular basis. These pages are included in the pages following the usual meeting record. She requested that questions the Committee would like to see addressed be sent to her for possible inclusion in these future E-Mailings.

Next Meeting Day/Date/Time: Thursday, March 28, 3:00 p.m.

Location: CU-7

Agenda Items

1.	Retiree Health Insurance Recommendation Specifics
2.	Flexible Spending Accounts (Section 125)
3.	Review/Discussion/Approval of Final Draft of Recommendation to Allow Use of Accumulated Sick Leave for Family Care in Special Circumstances
4.	Other Business



BENEFITS FOCUS

Are your beneficiaries up-to-date? It is important to keep this information accurate. If you have had changes in family status, you may want to make changes on your life and retirement beneficiaries. Forms are available in Human Resources.

If you are unsure of your beneficiaries on your life, retirement or annuities, please contact Human Resources and review your file.

For more details on benefits visit the web site at www.okccc.edu/benefits.

BENEFIT REVIEW

The full-time employees should inform Human Resources when a dependent is about to reach age 19 and is no longer a full-time student. There are provisions available to continue coverage. Life insurance options must be exercised within 30 days and health insurance options within 60 days.

If a dependent child is over 19 and a full-time student, benefits may continue to age 23. Documentation of full-time status (at least 12 credit hours) must be provided on a semester basis. This should be sent to Human Resources and requires the signature of the registrar. A college transcript and an enrollment form without the registrar's signature will not meet this requirement.

Are your beneficiaries up-to-date? It is important to keep this information accurate. If you have had changes in family status, you may want to make changes on your life and retirement beneficiaries. Forms are available in Human Resources. If you are unsure whom you have as beneficiaries on your benefits, please contact Human Resources and review your file.

(Life)

Full-time employees have basic life insurance equal to 2 times annual salary. The college pays the premium. Aetna is the carrier.

You may continue basic life insurance coverage equal to one times your annual salary at the time of retirement. The cost of the premium is the retiree responsibility.

Basic dependent life insurance may be purchased for spouse and children. A spouse may be covered in the amount of \$10,000 at a cost of \$3.49 per month. A child or children up to age 19 or 23 if a full-time student may be covered in the amount of \$5,000 for a cost of \$.71 per month. Basic dependent coverage may continue upon retirement of the employee.

Supplemental life insurance may be purchased equal to one times annual salary. A full-time employee must be enrolled in basic life insurance to be eligible for supplemental insurance. Evidence of insurability is required if enrollment did not occur within 30 days of employment. Rates are based on age per \$1,000. Coverage does not continue upon retirement.

Dependent supplemental life insurance is also available. Coverage for spouse is purchased in increments of \$10,000 equal to one-half employee's salary. Rates are based on age per \$1,000. Supplemental coverage for children is \$.10 per \$1,000 and may be purchased in increments of \$1,000 up to \$10,000. To be eligible for supplemental life insurance, the dependent must also be enrolled in basic life insurance. Rates based on age may be obtained at the benefits page of the college website.

Life insurance coverage (both basic and supplemental insurance) may be converted at the time employment is terminated. Premiums are based on market rates rather than group. Conversion must occur within 30 days or evidence of insurability will be required.

(Disability)

Full-time employees have disability insurance benefits that will cover 60% of salary in the event of a medical disability or 70% of salary when coordinated with social security disability or Teacher's Retirement disability. The College pays premiums and as a result the benefits are taxable. Benefits are

effective on the 61st **calendar** day. This can be coordinated with maximum sick leave accrual of 45 **working** days

(Tuition Waiver)

Tuition waiver is available for six credit hours per entry to full-time employees, spouse, and dependent children up to age 23. The family member needs the current College ID of the employee at the time of enrollment. Books and fees are the responsibility of the employee.

(Teachers' Retirement System)

Full-time employees who have enrolled with the Oklahoma Teachers' Retirement System have contributions paid by the College. Full-time employees are eligible for 100% of the 7% contribution for salary and benefits and part-time employees, after one year of service, will have 80% of the 7% contribution paid by the College.

Individuals who are members of the Oklahoma Teachers' Retirement System are vested once contributions have been made for 10 years of Oklahoma service. Vesture means retirements benefits are available once age and service requirements are met. Vesture also means the employee is eligible for disability benefits.

There are 5 options to consider when retiring with Oklahoma Teachers' Retirement System. The **Maximum Option** is determined by the formula **2% x years of service x average salary**. **Option I** provides a slightly reduced benefit from the maximum benefit but provides protection of deposits for a longer period of time. **Option II** provides a benefit to the retiree for life and a continued benefit to the spouse or designated person for his/her life. **Option III** provides a benefit to the retiree for life with a benefit equal to one-half his or her benefit to a spouse or designated person for his/her life. **Option IV** guarantees a 10-year benefit. Under Option II & III, the retiree may move to the maximum benefit if the spouse or designated beneficiary predeceases the retiree.

An employees who has serve with another state agency, an out-of-state educational institution or military serve may purchase years of service with the Oklahoma Teachers' Retirement System. One year of service may be purchased for every 2 years membership with OTRS up to a maximum of 5 years. These years do not count toward vesture but do apply to retirement calculations.

After retiring with Oklahoma Teachers' Retirement System, one may not work for the College or any participating institution for 60 days. Earnings after retirement will be limited to \$15,000 or one-half salary at the time of retirement whichever is less. However, a person may earn up to \$25,000 after 3 years of retirement if the person teaches, works in a professional capacity in the library, or does professional student counseling.

(Health)

COBRA is a federal law that allows an employee and/or dependents to continue health insurance with the group. In the event an employee's separation from employment, coverage may continue for 18 months. In the event a person divorces or has a dependent that reaches the maximum age limitation, the individual has available 36 months of coverage.

HIPAA is a federal law that provides portability for coverage from one group to another without imposing pre-existing conditions. If one terminates employment with OKCCC, a certificate of coverage may be obtained by calling 1-800-787-2901.

NMHPA (Newborn Mother's Health Protection Act) is a federal law that provides 48 hours hospital level care for mother and child with a normal delivery and 96 hours for a mother and child with a caesarean section delivery.

Under Aetna's health insurance program, the term, **referred services**, is used to identify in-network services. The term, **non-referred**, or self-referred, is used to indicate out-of-network services. Referred are those services received by or authorized by your primary care physician. Non-referred or self-referred services are those services performed by a physician or medical provider who are not under contract with Aetna and whom the employee freely selects.

The Prescription Formulary is updated each January 1. The cost of your prescription may change because of the category of your prescription. The College's benefit plan with Aetna has not changed. Prescriptions have a co-pay of \$5, \$10, and \$25. Generic drugs are covered with a \$5.00 co-pay. Brand name drugs are covered with a \$10.00 co-pay and non-formulary drugs have a \$25.00 co-pay. If you take a prescription on an on-going basis and your physician writes the prescription for more than a 90-day supply, then you may receive a 3-month supply for two co-payments. This can be a savings of \$20, \$40 or \$100 over the year.

Formulary listings are available in HR and on Aetna's web site. The web site for Aetna is www.aetnaushc.com. You will need to know the college's plan is **QPOS** and that our prescription plan is **Three-Tier CoPay/Open Formulary**.
2-26-02

If you are having difficulty with a claim, you may contact Aetna at 1-800-323-9930. The group number is 248403 and your identification number is the unique number on your health card. Records may be accessed with your social security number as well.

Referred Counseling/Mental Health benefits have a \$25.00 co-pay for up to 20 visits. Access to services does not require primary care physician's approval. Magellan is the contractor for these services. Call 1-800-213-5228 for authorization. You will be referred to a provider in your area. If you elect to go to a provider who is not authorized through the Aetna plan, you will meet the \$300 deductible and the claim will be processed 80/20 of customary and usual fees.

(Annuity)

The college pays 4 ½% to a company of your choice provided you contribute 1 ½% of your base salary. This is a 300% return on your contribution and allows employees to plan for their future and retirement.

Legislation increased the maximum contribution for annuities effective January 1, 2002 from \$10,500 to \$11,000. This amount will increase to \$12,000 in January 2003, \$13,000 in January 2004, \$14,000 in January 2005 and \$15,000 in January 2006.

A person who is over 50 years of age will be able to increase his or her contribution as follows: January, 2002 - \$12,000; January 2003, \$14,000; January 2004, \$16,000; January 2005, \$18,000; and January 2006, \$20,000. If an employee wishes to increase or decrease his or her contribution, or change companies, authorization forms are available in Human Resources.

Annuity contributions are now computed on a percentage basis rather than a flat dollar amount per month.

(Dental)

Dental coverage is with Prudential. A full-time employee has two options: DMO (in-net-work) and Alternate (out-of-network). The DMO program requires enrollment with a specific dentist on the list. All services are provided or coordinated with that dentist.

The Alternate program has two choices: Traditional or PDO. If enrolled in the Traditional program you may go to any licensed dentist. The PDO option provides claim processing based on customary and usual fees and the dentist cannot charge you an amount over the established customary and usual fees.

Dental claim information may be obtained and changes in the dental program may be made by calling 1-800-843-3661. To file a claim, forms are available in HR. The address for dental claims is Prudential Healthcare, P. O. Box 45116, Jacksonville, FL, 32232-5116.

Pre-authorization for major dental care is advisable. This allows one to know their financial share up front and to also satisfy any information needed to make a determination of benefits prior to dental work being performed.