



Welcome to Daytona State College's Open Enrollment 2009-2010 for the HEALTHCARE PURCHASING ALLIANCE

Here's what you will need to know before you get started with your Online Open Enrollment:

- **Online Open Enrollment begins Monday, April 20, 2009 and ends on Monday, May 4, 2009**
- **Online Open Enrollment:**
 - For security reasons, the BenefitSolver system will time out after twenty minutes due to inactivity. If you do not complete the online enrollment or if you are interrupted, you can begin again at the point where you stopped.
 - Active employees must go online to accept or waive coverage. **If you do not submit your enrollment online you will not have healthcare benefits after June 30, 2009.**
- **Correct legal spelling of your eligible dependent's name and their Social Security Number:**
 - If you wish to have your eligible dependents covered under your medical, dental, and/or vision plan(s), you must enroll them in these plans during this open enrollment period. The Social Security Number is used by physicians, labs, hospitals, and other medical providers to submit individual claims.
- **Re-Enrollment of Dental and/or Vision Coverage:**
 - If an employee chooses to cancel dental and/or vision coverage for self or dependents, the employee and/or dependents will not be able to re-enroll in the dental and/or vision plan(s) for a minimum of five (5) years. If after 5 years the employee chooses to re-enroll in dental and/or vision and add dependents formerly on the plan, a one (1) year Pre-Existing condition limitation will be imposed. This means, you and/or your dependents cannot re-enroll in the dental and/or vision plan(s) within 5 years from the date the coverage ended.
- **Definition of an eligible dependent:**
 - The term "spouse" means the legally recognized marital partner of a covered employee.
 - All children of a covered member are eligible for coverage until the end of the plan year in which the child reaches the age of 19 at the dependent premium rate level. The premium will be deducted from the covered member's paychecks on a pre-taxed basis.
 - The term "children" means your natural children, step-children, foster children, or children who have been placed under legal guardianship and legally adopted children. This also means pre-adopted children and the child of a covered member who is recognized under a Qualified Medical Child Support Order as having a right to coverage under this plan.
 - A child may remain a covered Dependent until the end of the plan year in which the child reaches the age of 25 provided the child meets all of the following:
 - (a) the child is principally dependent upon the Employee for maintenance and support; and
 - (b) the child remains unmarried and does not have a dependent of his or her own; and
 - (c) the child is living in the household of the Employee, unless:
 - (i) the child is a full-time, or part-time student; or
 - (ii) a Qualified Medical Child Support Order exists.

- The term Dependent also includes an employee's unmarried child while the child is physically or mentally disabled and is incapable of earning his or her own living, and who is actually dependent on the Employee for a majority of his or her maintenance and support, and who is a Covered Member on the date immediately preceding the date his or her health coverage would have terminated due to age. Proof of incapacity must be submitted to the Plan Administrator within 31 days of the date the child's health coverage would have terminated due to age.
- Premiums for physically or mentally disabled Dependents shall be based on the dependent premium rate level. The premium will be deducted from the covered member's paychecks on a pre-taxed basis.
- An Adult Dependent may be eligible for coverage from the age 25 until the end of the Plan year in which they reach the age of 30, provided they meet all of the following requirements:
 - (a) The adult dependent must be a Florida resident or, if not, the child must be a full-time or part-time student
 - (b) The adult dependent must not be married or have a dependent of his or her own
 - (c) The adult dependent must not be covered by another health plan or policy (group or individual) or by Medicare
 - (d) If the adult dependent was covered under the parent's health insurance policy after the end of the Plan year in which the child attained age 25, and the child's coverage was subsequently terminated, the child must have been continuously covered by other health insurance without a gap of more than 63 days in order to re-enroll in the eligible parent's health insurance plan.
 - (e) Premiums for an Adult Dependent age 25 to 30 shall be equivalent to 100% of the employee only premium. The premium will be deducted from the covered member's paychecks on a pre-taxed basis.
- No eligible person can be a Covered Employee and a Covered Dependent at the same time. No person can be covered as a Dependent of more than one Employee.
- If the Employee fails to notify the Plan Administrator, in writing within 60 days, of a Dependent's change in eligibility status, the Dependent shall lose the right of Continuation of Coverage under COBRA. (See the COBRA section of this book for further details.)