

IMPORTANT INFORMATION

Natural Select 2010

Please note that the Blue Choice, Point of Service (POS) medical plan is discontinued as of January 1, 2010. If your current medical coverage is through this plan, you must use the web site to choose another plan during open enrollment (don't forget to also complete forms A and F). If you do not choose another plan, you will automatically be enrolled in the Comprehensive Major Medical Plan (CMM) for 2010.

- Dependents on your health coverage continue to be listed on the back of your Personal Information Form. *Now is the time to verify that you are only covering dependents that are eligible and to make any corrections where necessary.* Please refer to the Natural Select workbook for eligibility requirements.
- If you want to keep the same medical, dental, vision, life insurance, accidental death benefits selections and health care or dependent care reimbursement account amounts for 2010 that you have right now, you *do not* need to use the website to enroll (*except see Blue Choice above and dependent child below*). Your current benefit selections, including dependent care and health care reimbursement amounts, will be continued for 2010.
- The enrollment period will be a two week period beginning **Wednesday**, September 30, 2009 through **Wednesday**, October 14, 2009. **There is no second enrollment period.** If you want to make a change to any coverage or want to change the amount you put in a health care or dependent care reimbursement account for 2010, you must do so during this two week enrollment period using our *Natural Select* open enrollment website @ www.ocbenefits.com. Click on the "Natural Select" Enrollment icon and complete the on-line enrollment form found there. You can access the website from your home or workplace 24 hours per day, 7 days per week.
- **Also this year you will again be required to verify the continued eligibility of your dependents who had their 19th-24th birthday in 2009.**
 - **You must verify their eligibility on the Natural Select Enrollment website *or* return Form E in the workbook. *Please do one or the other, not both.***
 - **Failure to verify eligibility will result in their removal from coverage effective January 1, 2010.**

1. Several forms have been included in the Appendix portion of the workbook. Depending on your selections, you may be required to complete one or more of them and return them to the Employee Benefits Unit of the Human Resources Department:

- Form **A**-Complete this form if you are *changing* from one health plan to another *or* are selecting dental or medical coverage when you previously had no dental or medical. We must have this form to complete your enrollment. **ALSO** complete Form **F** for any Blue Cross Blue Shield enrollments.
- Form **B**-Complete this form if you are selecting the *No Coverage* option for dental or medical.
- Form **C**-Complete this form if you are *buying additional life insurance* and are moving up more than one level from your current coverage (e.g. from 1x salary to 2x salary or 1 ½ x salary to 3x salary).

- Form **D**-Complete this form if you are not changing your health coverage for 2010 but want to *add or remove members from your health/ dental/ vision coverage*.
- Form **E**- Complete this form to verify the continuing eligibility of your 19-24 year old dependent for medical coverage. Remember you may also use the enrollment website to do so. ***You do not need to do both. Doing both complicates the processing.***
- Form **F**- Complete this form if you are enrolling in or changing to any of the Blue Cross Blue Shield plans.

It is important that the above forms be completed and returned no later than Friday, November 6, 2009 or sooner if possible. We cannot process your requests if the proper forms are not completed, where required.

2. If your dependent had their 25th birthday in 2009, their coverage ends December 31, 2009. Contact Employee Benefits for information if you wish to continue the coverage for your 25 year old.

3. When you finish making your selections on the website, you will receive a confirmation number. **If you do not get a number, your selections were not recorded.** It is strongly suggested that you print a copy of your summary sheet of selections for your records. Follow the instructions and take your time. We want everyone to get the benefits they selected.

4. You will only receive a confirmation statement after the enrollment period if you use the website to enroll. REVIEW YOUR CONFIRMATION STATEMENT CAREFULLY. THIS DOCUMENT IS YOUR ASSURANCE THAT YOUR SELECTIONS HAVE BEEN PROPERLY RECORDED. NOTIFY THE EMPLOYEE BENEFITS UNIT OF THE HUMAN RESOURCES DEPARTMENT NO LATER THAN FRIDAY, NOVEMBER 6, 2009 IF YOUR CONFIRMATION STATEMENT IS INCORRECT.

5. It is important that all claims for Health Care and Dependent Care Reimbursement accounts for 2010 eligible expenses be submitted to Professional Benefits Services for Reimbursement no later than April 30, 2011. Failure to do so will result in forfeiture of any money remaining in your account. **CAREFULLY CONSIDER THE AMOUNT OF MONEY YOU PLACE IN THE ACCOUNT(S) FOR 2010. REVIEW YOUR CONFIRMATION STATEMENT TO BE SURE IT IS CORRECT FOR NEXT YEAR. MONEY PLACED INTO THE ACCOUNT(S) FOR 2010 AND NOT SPENT BY DECEMBER 31, 2010 (MARCH 15, 2011 FOR HEALTH CARE) IS FORFEITED. FURTHER, YOU CANNOT CHANGE THE AMOUNT DURING THE YEAR EXCEPT UNDER VERY LIMITED IRS CHANGE RULES.**

6. Those considering placing money into the Health Care Reimbursement Account for **orthodontic services** are strongly advised to contact Professional Benefits Services at 1-800-732-3412 to discuss the payment plan and reimbursement prior to doing so. Because of IRS requirements, this is especially true of certain pre-payment plans.

7. Remember too this is the time of the year to add dependents to your coverage that may have missed their normal enrollment period. You have until Friday, November 6, 2009 to submit the necessary Form **D** found in the appendix of your workbook.

DRAFT 04/14/09