Pre/Post Doctoral Benefits

SDSU Research Foundation offers health, dental, and vision insurance to appointed Pre or Postdoctoral Fellows, Trainees, and Scholars. This program is specifically designed for those individuals who, by nature of their award, are prohibited from becoming employees of SDSU Research Foundation. Please be aware that this program affects Pre or Postdoctoral Fellows, Scholars, or Trainees and does not apply to employees of the SDSU Research Foundation.

Benefits through SDSU Research Foundation

The current health plans available:

- Kaiser Permanente Health Maintenance Organization (HMO)
- Cigna Select (Limited) Network HMO
- Cigna Full Network HMO
- Cigna OAP Preferred Provider Organization (PPO)

Enrollment eligibility is based upon the geographic area in which the individual resides. For individuals outside California, the health plan available will be Cigna’s OAP Preferred Provider Organization (PPO). Additionally, dental and vision insurance is available for those who choose to enroll.

If you enroll in either plan, coverage is effective the date the award begins, or the first of the month following the award begin date. You will have an annual opportunity to change health plans during Open Enrollment, usually held in November. Changes made during Open Enrollment are effective the following January 1.

The monthly cost paid from your award is contingent upon availability of funds and is typically $4,200 annually. Please keep this in mind before you make any benefit decisions. When funds are exhausted, you may choose to pay the difference in the cost of coverage for the final month if there is a balance remaining that is less than one full month of coverage. Otherwise, coverage will end the prior month, and you will be offered the opportunity to elect and pay for coverage under COBRA. COBRA premium rates are 102% of the premiums as indicated below.

The monthly cost of each benefit for the period January 1, 2020 through December 31, 2020, will be:

<table>
<thead>
<tr>
<th></th>
<th>Cigna Select Network HMO</th>
<th>Cigna Full Network HMO</th>
<th>Cigna OAP PPO</th>
<th>Vision Service Plan (VSP)</th>
<th>Kaiser</th>
<th>Cigna DHMO and PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single-party Coverage</td>
<td>$663.44</td>
<td>$741.48</td>
<td>$1,239.78</td>
<td>$6.90</td>
<td>$550.38</td>
<td>$41.06</td>
</tr>
<tr>
<td>Two-party Coverage</td>
<td>$1,426.40</td>
<td>$1,594.18</td>
<td>$2,665.50</td>
<td>$10.14</td>
<td>$1,100.76</td>
<td>$79.64</td>
</tr>
<tr>
<td>Family Coverage</td>
<td>$1,957.12</td>
<td>$2,187.36</td>
<td>$3,657.28</td>
<td>$17.82</td>
<td>$1,557.90</td>
<td>$136.34</td>
</tr>
</tbody>
</table>
Kaiser Permanente Health Maintenance Organization (HMO)

To obtain medical care, you will utilize Kaiser facilities and physicians. There are no deductibles or claim forms. When you see a physician, or purchase prescriptions, there is a co-payment. Vision is covered through VSP (Vision Service Plan) and exams including glasses OR contacts are covered within certain time and dollar limits. Chiropractic coverage is included and is offered by a separate provider, American Specialty Health Plans (ASHP). To use the chiropractic benefit, services must be provided by an ASHP-network chiropractor. At the time of your first visit your chiropractic needs will be evaluated and further treatment, if deemed medically necessary by American Specialty Health Plans, will be approved. You may receive up to a maximum of 20 visits during a calendar year, if approved.

Cigna HMOs or PPO Plan

If you live in a Cigna service area, you may enroll in the Cigna HMO or Cigna PPO plan. If you live outside California, your enrollment choice is Cigna’s PPO plan. Office visits will require a copayment or coinsurance depending on the plan in which you are enrolled. Prescriptions purchased at participating pharmacies are subject to a formulary and a different co-payment for generic vs. brand name medications vs. non-formulary medications. Vision is covered through VSP (Vision Service Plan) and exams including glasses OR contacts are covered within certain time and dollar limits. Chiropractic coverage is included and is offered by a separate provider, American Specialty Health Plan’s Network (ASHP). To use the chiropractic benefit, an ASHP-network provider must provide services. At the time of your first visit your chiropractic needs will be evaluated and further treatment, if deemed medically necessary by ASHP, will be approved.

Cigna Dental (DHMO and PPO)

You will have two dental plan options from which to choose. Both are offered through Cigna. The first option is Cigna’s DHMO. If you enroll in Cigna’s DHMO, there are no deductibles or claim forms. To enroll, each family member must select and designate a personal dentist from a list of network providers. You are required to use the dentist you select, however, if you need to see a specialist, the Cigna Network dentist will arrange for a referral for you. The Cigna DHMO plan is the richest plan option offered, with many services covered at 100%. There is no annual maximum benefit amount.

The second Dental option is Cigna’s PPO. With the PPO, you are able to use any dentist for treatment, or at the point of service, you may seek services from a network dentist with whom a reduced fee schedule has been negotiated. Using a PPO network dentist is likely to lower your out-of-pocket costs. Preventive services (cleanings, exams, x-rays), are covered at 100%. Other services are generally covered at 80% with some services covered at 50%. If treatment is rendered by an “in-network” PPO dentist, there is no annual deductible that you will be required to pay, and the annual maximum benefit that Cigna will pay is $1,750 per person. If treatment is received by a non-PPO dentist, the annual deductible that you will be required to pay is $25 per person, or $75 per family and the annual maximum that Cigna will pay is $1,500 per person.

Under Cigna’s DHMO and PPO plan options, adult and child orthodontia is covered and may be subject to certain lifetime limits.

Changing dental plan options from the DHMO plan to the PPO plan and vice versa, may be done on a monthly basis.
**How do I enroll in the plan?**

Enrollment is available within the first 31 days of the award only, or during the annual Open Enrollment period held in November. Contact your account administrator and ask them to forward a copy of the award to SDSU Research Foundation Human Resources. Human Resources will provide you with all the necessary forms for enrollment.

**What if I don’t want the coverage?**

You will be required to complete the declination/waiver section of the enrollment form. Please complete and return to SDSU Research Foundation Human Resources at MC 1945, or you may fax to HR’s confidential fax at 619-594-3763.

**What family members can be covered?**

Although the eligibility standards for dependents may vary slightly among the specific plan "agreements," generally, the following classes of dependents are eligible for health, dental, and vision benefits:

1. Your spouse.
2. Your same sex or opposite sex domestic partner.
3. Your child, or a domestic partner’s child, who is either under age 26 or over age 26 and incapable of self-sustaining employment by reason of mental retardation or physical handicap incurred prior to age 26 and chiefly dependent upon you, your spouse, or domestic partner for support.

Dependents who are eligible for Foundation group coverage on their own, as either an employee, retiree, or dependent of another Foundation employee must enroll in the plans on their own and are not eligible to be enrolled as your dependent.

To enroll dependents, proof of eligibility is required. To review which documents are appropriate for which dependents, please review the proof of eligibility documents list and provide copies only.

**What about adding and dropping coverage for my dependents?**

You can add or drop coverage for yourself or your dependents once a year during Open Enrollment, or within 31 days of a change in family status. A family status change occurs if:

1. You get married, legally separated, or divorced
2. You register your domestic partnership
3. You experience a birth or adoption of a child, or a change in a child’s custody
4. Your spouse, your domestic partner, or dependent dies
5. There is a loss of dependent status
6. You, or your spouse, or your domestic partner, has a change in employment status that effects benefits coverage (new employment, end of employment, change from full-time to part time employment (or vice versa), or an unpaid leave of absence)
7. Coverage is required by a court order
8. An eligible person ceases to be eligible for MediCaid or SCHIP coverage*
9. An eligible person becomes newly eligible for a state premium subsidy under MediCaid or SCHIP*
10. There is a significant change in your share of the cost of the insurance
When does coverage start and end?

The effective date of coverage will be the start date of the award if SDSU Research Foundation’s Office of Human Resources is provided with a copy of the award within 31 days of the start of the award. If Human Resources is not notified within 31 days of the start of the first year of the award, individuals may enroll during the Open Enrollment period. Participants in this program are required to keep SDSU Research Foundation Human Resources informed in a timely manner of any appointment award status changes, including address changes.

Coverage will end the last day of the award, or if earlier, upon the end of the month when funding for the benefits is exhausted. At the end of the funding, or the end of the award, you will be eligible to continue coverage through COBRA. For more information regarding COBRA, go to SDSU Research Foundation’s website, https://www.foundation.sdsu.edu/hr_benefits_cobra.html.

Once coverage has ended due to the exhaustion of funding, you may later re-enroll within 31 days of the start date of the new award year, or during any annual Open Enrollment.

Questions about coverage?

If you wish to enroll or have questions about this program or the coverage, contact SDSU Research Foundation Human Resources at sdsurfbenefits@sdsu.edu or you may call an SDSU Research Foundation Benefits Specialist at 619-594-4139.

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