

Attention All Duval
County Public School
Employees!!



Open Enrollment is Here!

BEAT THE RUSH!

Open Enrollment is the time of the year that you have to enroll yourself and your qualified dependents in the School District's benefit programs.

This year, we are introducing exciting NEW Medical Options!

This year, you and your family have a choice between three different medical plans being offered through Blue Cross Blue Shield of Florida. For retired military and qualified dependents, the Tricare Supplement is an additional choice. Detailed Tricare coverage is provided in the 2006 reference guide.

Seminars will be held on our new Medical Plans and Long Term Care guaranteed issue offer on the following dates:

July 20, 2006	10:00 am Mandarin & Terry Parker High; 12:00pm* 2:00 pm First Coast High; 4:00 pm*; 6:00 pm*
July 21, 2006	9:00 am*; 11:00 am*; 1:00 pm*; 3:00 pm*
July 22, 2006	9:00 am*; 10:00 am*; 12:00 pm*; 2:00 pm*
July 24, 2006	9:00 am*; 12:00 pm*
July 25, 2006	9:00 am at Robert E. Lee High; 12:00 pm*
July 26, 2006	9:00 am*; 12:00 pm*
July 28, 2006	10:00 am at Ribault Middle
July 29, 2006	9:00 am*; 12:00 pm*
July 31, 2006	12:00 pm at Fletcher High
August 1, 2006	4:00 pm*; 6:00 pm*
August 2, 2006	4:00 pm; 6:00 pm Englewood High
August 3, 2006	4:00 pm; 6:00 pm Paxon Middle School
August 4, 2006	4:00 pm; 6:00 pm First Coast High
August 5, 2006	9:00 am*; 12:00 pm*

BEAT the RUSH

July 20, 24, 25, 26 27, 31,
August 2, 15, 22
Appointments from
2:00p.m. – 7:00p.m.

Also available all day
Friday July 21 and
Saturdays July 22, 29, and
August 5

Please call 390-2353 for
an appointment

****Unless noted otherwise, the seminars will be offered at the DCPS administrative building (3001).***

“BEAT THE RUSH” (BTR) enrollment appointments are available from July 20 through August 5th. Additional appointments are available on August 15th and August 22nd. If you would like to schedule a day or evening enrollment appointment or reserve a seat in a seminar, contact Risk Management at 390-2353. Regular enrollment appointments will be scheduled at your work location during normal operating hours.

Pick up your enrollment material at your work location on or after July 19th. Open Enrollment dates are: July 20 – August 30.

Summary of Benefits – Duval County Public Schools

Cost Sharing Options	Current	Select	Select Plus	Premier
Calendar Year Deductible (CYD) (Per Individual / Family Aggregate)				
In-Network*	\$300/\$600	\$0/\$0	\$300/\$600	\$300/\$600
Out-of-Network	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000
Coinsurance (Allowed Amount for Covered Services paid by BCBSF)				
In-Network/NetworkBlue	80%	80%	80%	80%
Traditional Network	N/A	50%	50%	80%
Out-of-Network	50%	50%	50%	70%
Office Services				
In-Network/NetworkBlue Family Physician	\$15 Copay	\$10 Copay	\$15 Copay	\$15 Copay
In-Network/NetworkBlue Specialist (no referral needed)	\$35 Copay	\$35 Copay	\$35 Copay	\$35 Copay
Traditional Family Physician	N/A	CYD + 50% Coins	CYD + 50% Coins	\$15 Copay
Traditional Specialist (no referral needed)	N/A	CYD + 50% Coins	CYD + 50% Coins	\$35 Copay
Out-of-Network Family Physician **	CYD + 50% Coins	CYD + 50% Coins	CYD + 50% Coins	CYD + 70% Coins
Out-of-Network Specialist(no referral needed)**	CYD + 50% Coins	CYD + 50% Coins	CYD + 50% Coins	CYD + 70% Coins
Hospitalization				
Inpatient Hospital Facility				
In-Network/NetworkBlue Option 1 (All Others)	CYD + 80% Coins	80% Coins	CYD + 80% Coins	CYD + 80% Coins
In-Network/NetworkBlue Option 2 (e.g. Shands)	CYD + 80% Coins	60% Coins	CYD + 80% Coins	CYD + 80% Coins
Traditional Network (e.g. St. Luke's)	N/A	CYD + 50% Coins	CYD + 50% Coins	CYD + 80% Coins
Out-of-Network**	CYD + 50% Coins	CYD + 50% Coins	CYD + 50% Coins	CYD + 70% Coins
Outpatient Hospital Facility				
In-Network/NetworkBlue Option 1	CYD + 80% Coins	80% Coins	CYD + 80% Coins	CYD + 80% Coins
In-Network/NetworkBlue Option 2	CYD + 80% Coins	60% Coins	CYD + 80% Coins	CYD + 80% Coins
Traditional Network (e.g. St. Luke's)	N/A	CYD + 50% Coins	CYD + 50% Coins	CYD + 80% Coins
Out-of-Network**	CYD + 50% Coins	CYD + 50% Coins	CYD + 50% Coins	CYD + 70% Coins
Physician Services at Hospital (except ER)				
In-Network/NetworkBlue	CYD + 80% Coins	80% Coins	CYD + 80% Coins	CYD + 80% Coins
Traditional Network	N/A	CYD + 50% Coins	CYD + 50% Coins	CYD + 80% Coins
Out-of-Network**	CYD + 50% Coins	CYD + 50% Coins	CYD + 50% Coins	CYD + 70% Coins
Physician Services at Locations other than Office, Hospital				
In-Network/NetworkBlue Family Physician	\$15 Copay	\$10 Copay	\$15 Copay	\$15 Copay
In-Network/NetworkBlue Specialist (no referral needed)	\$35 Copay	\$35 Copay	\$35 Copay	\$35 Copay
Traditional Family Physician	N/A	CYD + 50% Coins	CYD + 50% Coins	\$15 Copay
Traditional Specialist (no referral needed)	N/A	CYD + 50% Coins	CYD + 50% Coins	\$35 Copay
Out-of-Network Family Physician**	CYD + 50% Coins	CYD + 50% Coins	CYD + 50% Coins	CYD + 70% Coins
Out-of-Network Specialist**	CYD + 50% Coins	CYD + 50% Coins	CYD + 50% Coins	CYD + 70% Coins
Emergency Room Copay - (Per visit; Waived if admitted)				
In-Network/NetworkBlue	\$100 Copay	\$200 Copay	\$200 Copay	\$200 Copay
Traditional Network (e.g. St. Luke's)	N/A	\$200 Copay	\$200 Copay	\$200 Copay
Out-of-Network **	\$100 Copay	\$200 Copay	\$200 Copay	\$200 Copay
Additional Benefits and Features				
Ambulatory Surgical Center Facility				
In-Network/NetworkBlue	CYD + 80% Coins	80% Coins	CYD + 80% Coins	CYD + 80% Coins
Traditional Network	N/A	CYD + 50% Coins	CYD + 50% Coins	CYD + 80% Coins
Out-of-Network**	CYD + 50% Coins	CYD + 50% Coins	CYD + 50% Coins	CYD + 70% Coins
Independent Diagnostic Testing Facility				
In-Network/NetworkBlue	CYD + 80% Coins	\$35 Copay	\$35 Copay	\$35 Copay
Traditional	N/A	CYD + 50% Coins	CYD + 50% Coins	\$35 Copay
Out-of-Network**	CYD + 50% Coins	CYD + 50% Coins	CYD + 50% Coins	CYD + 70% Coins
Independent Clinical Lab				
In-Network/NetworkBlue	\$35 Copay	\$0	\$0	\$0
Traditional Network	N/A	CYD + 50% Coins	CYD + 50% Coins	\$0
Out-of-Network**	CYD + 50% Coins	CYD + 50% Coins	CYD + 50% Coins	CYD + 70% Coins
Mammograms covered at 100% of the Allowed Amount				
In-Network/NetworkBlue	\$35 Copay	\$0	\$0	\$0
Out-of-Network**	CYD + 50% Coins	\$0	\$0	\$0
Routine Physicals (Subject to Adult Wellness CYM): including Well Woman Exam				
In-Network/NetworkBlue (Family and Specialist Physicians)	\$15 Copay	\$10 Copay	\$15 Copay	\$15 Copay
Traditional Network (Family and Specialist Physicians)	N/A	CYD + 50% Coins	CYD + 50% Coins	\$15 Copay

Out-of-Network**	CYD + 50% Coins	CYD + 50% Coins	CYD + 50% Coins	CYD + 70% Coins
	Current	Select	Select Plus	Premier
Out-of-pocket Maximum (OOP) Includes CYD, Coins & Copays; excludes Rx (Per Individual / Family Aggregate)				
In-Network*	\$1,750/\$3,500	\$1,750/\$3,500	\$1,750/\$3,500	\$2,500/\$5,000
Out-of-Network	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$3,250/\$6,500
Urgent Care Center				
In-Network/NetworkBlue	\$35 Copay	\$35 Copay	\$35 Copay	\$35 Copay
Traditional Network	N/A	\$35 Copay	\$35 Copay	\$35 Copay
Out-of-Network**	\$35 Copay	\$35 Copay	\$35 Copay	\$35 Copay
Calendar Year Maximum Per Insured				
Adult Wellness	No Limit	\$350	\$350	\$350
Home Health Care	No Limit	\$5,000	\$5,000	\$5,000
Mental Health (Inpatient / Outpatient)	30 Days/20 Visits	30 Days/20 Visits	30 Days/20 Visits	30 Days/20 Visits
Outpatient Therapy and Spinal Manipulations	60 Days & 20 Visits/CY	\$5,000	\$5,000	\$5,000
Skilled Nursing Facility	120 Days	120 Days	120 Days	120 Days
Lifetime Maximum Per Insured				
Lifetime Maximum	\$1 Million Out of Network	Unlimited	Unlimited	Unlimited
Hospice	No Limit	\$7,500	\$7,500	\$7,500
Substance Dependency Care & Treatment	Detoxification Only	\$2,500	\$2,500	\$2,500
Prescription Drugs				
Retail				
Generic Drugs	\$15 Copay	\$5 Copay	\$10 Copay	\$10 Copay
Preferred Brand Drugs	\$20 Copay	\$20 Copay	\$25 Copay	\$25 Copay
Non-Preferred Brand Drugs	\$35 Copay	\$35 Copay	\$40 Copay	\$40 Copay
Maximum Supply	One month	One month	One month	One month
Oral Contraceptives	Covered	Covered	Covered	Covered
Mail Order				
Generic Drugs	\$30 Copay	\$10 Copay	\$20 Copay	\$20 Copay
Preferred Brand Drugs	\$40 Copay	\$40 Copay	\$50 Copay	\$50 Copay
Non-Preferred Brand Drugs	\$70 Copay	\$70 Copay	\$80 Copay	\$80 Copay
Maximum Supply	90 days	90 days	90 days	90 days
Oral Contraceptives	Covered	Covered	Covered	Covered

This is a summary of benefits and not a contract. All benefits are subject to the provisions, exclusions and limitations set forth in the master contract. You are protected from balance billing when you utilize a NetworkBlue or Traditional provider. To verify a provider's specialty or participation status, you may contact the local BCBSF office, contact the provider's office, or review the most recent Provider Directory. It is the insured's sole responsibility to select and verify a provider's network participation status at the time services are rendered.

*In-Network for Premier plan only - Amounts paid by you for Covered Services to NetworkBlue and Traditional Network providers will accumulate towards In-Network CYD and out of pocket maximum.

** Out-Of-Network providers may collect their full charge from you at the time of service and balance billing may occur.

Co-Insurance Levels of Local Hospitals

Hospital	Select	Select Plus	Premier
Baptist Group	Option 1 80%	80%	80%
Memorial	Option 1 80%	80%	80%
St. Vincent's	Option 1 80%	80%	80%
Shands	Option 2 60%	80%	80%
St. Luke's	Traditional 50%	50%	80%

Summary of Plans

ALL OPEN ACCESS

Select Plan This Plan has no deductible and reduced copayments for Family Physician Office Visits and Generic prescription drugs. The Select Plan does not require a referral from your Family Physician to see a Specialist. The Select Network is smaller than the other Plan networks and has different coinsurance levels for hospitals as indicated above. Diagnostic procedures, such as colonoscopies, performed at an Independent Diagnostic Facility have a copayment of \$35 per procedure.

Select Plus Plan This Plan closely resembles the current Aetna QPOS Plan. The Select Plus Plan does not require a referral from your Family Physician to see a Specialist. The network closely resembles the current Aetna network however all physicians and facilities may not be in the Select Plus network. Diagnostic procedures, such as colonoscopies, performed at an Independent Diagnostic Facility have a copayment of \$35 per procedure. Children of participants in the Select Plus Plan will be enrolled in Network Blue and Traditional Networks.

Premier Plan This Plan has a comprehensive network with nearly 97% of all physicians and all local hospitals as network providers. The Premier Plan does not require a referral from your Family Physician to see a Specialist. The Out-of-pocket Maximum is higher than the other Plans and the Out of Network coinsurance level is 70% instead of

50%. Diagnostic procedures, such as colonoscopies, performed at an Independent Diagnostic Facility have a copayment of \$35 per procedure.

Attention: All Duval County Public School Employees

Your Pay Period Contributions (bi-weekly contribution amounts are expressed in both 20 and 24 payroll cycles):

BC/BS Plan	Select		Select Plus		Premier	
	20 Pay	24 Pay	20 Pay	24 Pay	20 Pay	24 Pay
Employee	\$0.00	\$0.00	\$0.00	\$0.00	\$4.71	\$3.93
Employee & Child(ren)	\$115.03	\$95.86	\$120.80	\$100.67	\$124.75	\$103.96
Employee + Spouse	\$158.29	\$131.91	\$161.71	\$134.76	\$169.75	\$141.46
Employee + Family	\$305.86	\$254.89	\$315.53	\$262.95	\$323.26	\$269.38

For questions or additional information regarding your Open Enrollment Medical Health Plan options through Blue Cross Blue Shield of Florida, contact the Pre-Enrollment Line: From Monday through Thursday 8:00 am – 9:00 pm, and Friday 9:00 am – 9:00 pm at 800-967-8938.

Benefit information may also be found on the Duval County Public Schools Website at: www.educationcentral.org/riskmanagement

Risk Management Dept.
Duval County Public Schools
1701 Prudential Drive
Jacksonville, FL 32207