

# DCPS 2008-09 Medical Plans

## DCPS Blue C

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The following revisions replace the medical plan items on pages 17-20 of your 2008-09 Reference Guide. Please retain this with your benefits materials.

### CHANGES TO THE MEDICAL PLAN

This year we are offering a new medical plan administered by Blue Cross Blue Shield of Florida. The new plan name is DCPS Blue C. The plan you're eligible for is based on the Collective Bargaining Unit (paying and non-paying employees) you're represented by. Employees represented by DTU (Teachers, Paraprofessionals, UOPD), AFSCME, LIUNA, and JSA will enroll in DCPS Blue C.

1. **MEDICAL PLAN PREMIUM** - The new plan rates are displayed on page 2 of this document.
2. **MEDICAL PROVIDER NETWORK** – You will have the option of using In-Network and/or Out-of-Network physicians and hospitals. NetworkBlue physicians and hospitals are In-Network for DCPS Blue C. Traditional Network Providers such as Mayo Clinic and Mayo Hospital are Out-of-Network.

To receive a copy of the NetworkBlue Provider Directory, contact BCBS Customer Service at 1-800-664-5295. You may also access a provider directory online by logging on to [www.bcbsfl.com](http://www.bcbsfl.com) and following the steps below:

- Step 1 Click on *Find a Doctor or Hospital*
- Step 2 Select the type of doctor or facility you're looking for (family doctors, specialists, hospitals, etc.)
- Step 3 Select BlueOptions (Network Blue) from the plan drop-down menu. Enter the city or zip code to narrow your search.
- Step 4 Click on Search!

3. **MEDICAL EXPENSE FLEXIBLE SPENDING ACCOUNT** – The employer contributions to your Medical Expense Flexible Spending Account (MFSA) will total **\$450 (employee-only coverage)** and an additional **\$300 (dependent/family unit coverage)**. The funds contributed into your MFSA are designed to be utilized towards the annual deductible and any other medically necessary, out-of-pocket expenses not covered by your insurance plans. (This information replaces the Medical Expense Flexible Spending Account information found on page 5 of your 2008-2009 Reference Guide.)

### What if I don't see an Enrollment Counselor?

If you do not see an Enrollment Counselor:

- All new employees will be automatically enrolled into DCPS Blue Plan C as "Employee Only Coverage."
- Employees who already have benefits will be enrolled in DCPS Blue Plan C at the prior year's level of coverage for the 08-09 Plan Year.
- All of your remaining benefits from the 2007-2008 Plan Year will continue for the 2008-2009 Plan Year (including any appropriate rate adjustments).

### Is the Flex to Spouse Medical Option still available under the new Medical plans?

If you and your spouse both work for Duval County Public Schools and cover dependent child(ren), you still have the option to give your Flex Dollars to your spouse. By doing so, you could significantly reduce your family medical premiums. There will be a "Flex to Spouse Day" on **September 6, 2008** where you can sign up for your benefits.

### Premium Deductions by Tier

DCPS Blue C		
Coverage Level	20 Pay	24 Pay
Employee Only	\$0.00	\$0.00
Employee + Spouse	\$185.95	\$154.96
Employee + Child(ren)	\$135.56	\$112.97
Employee + Family	\$357.85	\$298.21

### Benefit Deduction Dates

10 MONTH EMPLOYEES	
IF ENROLLED BY THIS DATE	TO ENSURE BENEFIT DEDUCTIONS ARE CORRECT
-	9/5/08
9/5/08	9/19/08
9/19/08	10/03/08

11 & 12 MONTH EMPLOYEES	
IF ENROLLED BY THIS DATE	TO ENSURE BENEFIT DEDUCTIONS ARE CORRECT
-	9/5/08
9/5/08	9/19/08
9/19/08	10/03/08

### Enrollment Dates

Tuesday, August 26 – Friday, September 19

### After Hours Enrollment (Formerly known as “Beat the Rush”)

Contact Risk Management at 904-390-2353 to make an After Hours appointment. After Hours Enrollment will take place at the DCPS Central Administration Building on the dates shown below:

Wednesday – August 27, 2008

Thursday – August 28, 2008

Wednesday – September 3, 2008

Thursday – September 4, 2008

Friday – September 5, 2008

Saturday – September 6, 2008

Monday – September 8, 2008

Tuesday – September 9, 2008

Wednesday – September 10, 2008

Thursday – September 11, 2008

Saturday – September 13, 2008

Tuesday – September 16, 2008

Thursday – September 18, 2008

### Educational Seminars

Check [www.duvalschools.org](http://www.duvalschools.org) for dates, times, and locations. You will also receive notification via email.

**Summary of Benefits**  
*Duval County Public Schools*

<b>Cost Sharing Options</b>	<b>DCPS Blue C</b>
<b>Calendar Year Deductible (CYD)</b> (Per Individual / Family Aggregate)	
In-Network	\$0/\$0
Out-of-Network	\$500/\$1,000
<b>Coinsurance</b> (% of the Allowed Amount for Covered Services paid by BCBSF)	
In-Network/NetworkBlue	80%
Traditional Network	50%
Out-of-Network	50%
<b>Office Services</b>	
In-Network/NetworkBlue Family Physician	\$15 Copay
In-Network/NetworkBlue Specialist (no referral needed)	\$35 Copay
Traditional Family Physician	CYD + 50% Coins
Traditional Specialist (no referral needed)	CYD + 50% Coins
Out-of-Network Family Physician **	CYD + 50% Coins
Out-of-Network Specialist (no referral needed)**	CYD + 50% Coins
<b>Hospitalization</b>	
<b>Inpatient Hospital Facility</b>	
In-Network/NetworkBlue Option 1 (All Others)	CYD + 80% Coins
In-Network/NetworkBlue Option 2 (e.g. Shands)	CYD + 80% Coins
Traditional Network (e.g. Mayo Clinic)	CYD + 50% Coins
Out-of-Network**	CYD + 50% Coins
<b>Outpatient Hospital Facility</b>	
In-Network/NetworkBlue Option 1	CYD + 80% Coins
In-Network/NetworkBlue Option 2	CYD + 80% Coins
Traditional Network (e.g. Mayo Clinic)	CYD + 50% Coins
Out-of-Network**	CYD + 50% Coins
<b>Physician Services at Hospital (except ER)</b>	
In-Network/NetworkBlue	CYD + 80% Coins
Traditional Network	CYD + 50% Coins
Out-of-Network**	CYD + 50% Coins
<b>Physician Services at Emergency Room</b>	
In-Network/NetworkBlue	\$0
Traditional Network	\$0
Out-of-Network**	\$0
<b>Physician Services at Locations other than Office, Hospital</b>	
In-Network/NetworkBlue Family Physician	\$15 Copay
In-Network/NetworkBlue Specialist (no referral needed)	\$35 Copay
Traditional Family Physician	CYD + 50% Coins
Traditional Specialist (no referral needed)	CYD + 50% Coins
Out-of-Network Family Physician**	CYD + 50% Coins
Out-of-Network Specialist**	CYD + 50% Coins
<b>Emergency Room Copay</b> (Per visit; Waived if admitted)	
In-Network/NetworkBlue	\$250 Copay
Traditional Network (e.g. Mayo Clinic)	\$250 Copay
Out-of-Network **	\$250 Copay

<b>Additional Benefits and Features</b>	<b>DCPS Blue C</b>
<b>Ambulatory Surgical Center Facility</b> In-Network/NetworkBlue Traditional Network Out-of-Network**	CYD + 80% Coins CYD + 50% Coins CYD + 50% Coins
<b>Independent Diagnostic Testing Facility</b> In-Network/NetworkBlue Traditional Out-of-Network**	\$35 Copay CYD + 50% Coins CYD + 50% Coins
<b>Independent Clinical Lab</b> In-Network/NetworkBlue Traditional Network Out-of-Network**	\$0 CYD + 50% Coins CYD + 50% Coins
<b>Mammograms</b> covered at 100% of the Allowed Amount	\$0
<b>Hearing Exams</b> In-Network/NetworkBlue Specialist Traditional Specialist Out-of-Network Specialist**	\$35 Copay CYD + 50% Coins CYD + 50% Coins
<b>Routine Eye Exams</b> In-Network/NetworkBlue Specialist Traditional Specialist Out-of-Network Specialist**	Not Covered Not Covered Not Covered
<b>Routine Physicals (Subject to Adult Wellness CYM): including Well Woman Exam</b> In-Network/NetworkBlue (Family and Specialist Physicians) Traditional Network (Family and Specialist Physicians) Out-of-Network**	\$15 Copay CYD + 50% Coins CYD + 50% Coins
<b>Out-of-pocket Maximum (OOP)</b> Includes CYD, Coins & Copays; excludes Rx (Per Individual / Family Aggregate) In-Network* Out-of-Network	\$2,500/\$5,000 \$3,250/\$6,500
<b>Urgent Care Center</b> In-Network/NetworkBlue Traditional Network Out-of-Network**	\$35 Copay \$35 Copay \$35 Copay
<b>Calendar Year Maximum Per Insured</b>	
Adult Wellness	\$350
Home Health Care	\$5,000
Mental Health (Inpatient / Outpatient)	30 Days/20 Visits
Outpatient Therapy and Spinal Manipulations	\$5,000
Skilled Nursing Facility	120 Days
<b>Lifetime Maximum Per Insured</b>	
Lifetime Maximum	Unlimited
Hospice	\$7,500
Substance Dependency Care & Treatment	\$2,500

Prescription Drugs	DCPS Blue C
Retail	
Generic Drugs	\$7 Copay
Preferred Brand Drugs	\$25 Copay
Non-Preferred Brand Drugs	\$40 Copay
Specialty Injectables	\$55 Copay
Maximum Supply	One month
Oral Contraceptives	Covered
Mail Order	
Generic Drugs	\$14 Copay
Preferred Brand Drugs	\$50 Copay
Non-Preferred Brand Drugs	\$80 Copay
Specialty Injectables	\$110 Copay
Maximum Supply	90 days
Oral Contraceptives	Covered

Fewer trips to the pharmacy. A 3-month supply of maintenance medications will be available from select participating retail pharmacies. A 3-month cost share still applies. (Ask your physician to write a prescription for a 3-month supply.)

Discounts on prescription drugs. For prescriptions not covered under your pharmacy plan, you may receive special discounted pricing (save up to 21%) when you show your BlueSaver savings card at select participating pharmacies. To obtain the BlueSaver savings card, go to [www.bluesaverflorida.com](http://www.bluesaverflorida.com) and note BlueSaver group #799 or call 1-866-895-1656 and a card will be mailed to you.

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.

**\*\* 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	NetworkBlue
Baptist Group	80%
Memorial	80%
St. Vincent's	80%
Shands	80%
St. Luke's	80%
Mayo Clinic	50%