

**DUVAL COUNTY SCHOOL BOARD
OPEN ENROLLMENT / HEALTH INSURANCE FAQ**

Customer Service 1-800-664-5295

Website <http://www.bcbsfl.com>

Q. Who should participate in Open Enrollment?

A. Everyone must enroll. You may meet with an Enrollment Counselor to review and discuss your benefit options or you may visit the self-enroll website by logging onto www.myFBMC.com.

Q. What will happen to my current benefits if I do not meet with an Enrollment Counselor or log onto www.myFBMC.com during Open Enrollment?

A. If you DO NOT participate in Open Enrollment either via the Internet or with an enrollment counselor, you will be placed in the DCPS Non-Contributory Plan at the same level of coverage as prior year (ex. Employee-Only, Employee-Child, Employee-Spouse).

Q. Why should I see an Enrollment Counselor?

A. Enrollment Counselor can help you decide which benefit selections could best meet your needs.

- Enrollment Counselors can answer questions that are specific to you and your benefit needs.
- Employees, who enroll "Online" and wish to select a new voluntary benefit or make a change to their current voluntary benefit, will be required to schedule an appointment with an Enrollment Counselor for the voluntary benefits portion due to the application requirement. These Voluntary Benefits include Long Term Care, Hospital Indemnity, AHL Group Critical Illness, UNUM Whole Life, Trustmark Universal Life and Premier Select Critical Illness (current Trustmark participants only).

Q. What do I need to bring to my enrollment appointment?

A. Employees should bring the following to an enrollment appointment:

- Birthdates
- Social Security Numbers
- Addresses for dependents and beneficiaries
- Insurance information if any dependent is covered under another plan.
- For employees wishing to add a dependent to the plan, appropriate documentation showing proof of dependency (birth certificate, adoption decree, marriage certificate, etc.) will be required.

Q. Can I make a change to my benefits once I have completed my enrollment?

A. Yes, an employee has 14 days (Supersede Period) to make changes after their enrollment.

Q. What if I have a family status change that requires me to add a family member or drop a family member from my benefit coverage after Open Enrollment ends, can I make a change?

A. Yes, a change can be made if it meets the qualifying events listed on page 17 and 18 of your Reference Guide. All qualifying family status changes outside of the Open Enrollment period must be completed within 30 days of the qualifying event. The coverage will become effective the first of the month following the date DCPS is notified; newborns will become effective date as of the date of birth.

Q. When does my benefit coverage end?

A. Group health plans and flexible benefits will continue until the last day of the month in which termination occurs, unless the terms of your contract have been completed. If the terms of the contract have been completed, benefits will continue until the end of the plan year (September 30, 2010), provided that all necessary contributions have been made.

Q. Are there any changes being made to the medical benefit plans this year?

A. Yes. Depending on the Non-Bargaining or Collective Bargaining Unit you're represented by, you will have a choice of plans to choose from:

DCPS Non-Contributory – Administrators, AFSCME, Exempt, JSA, LIUNA, Maintenance, Paraprofessionals, Teachers, UOPD:

- In-Network Office Visit Co-pay (PCP): \$25 Co-pay
- In-Network Office Visit Co-pay (Specialist): \$45 Co-pay
- In-Network Inpatient Hospital: Calendar Year Deductible + 25% Coinsurance
- In-Network Outpatient Hospital: \$250 Co-pay
- In-Network Deductible: Individual - \$500 / Family - \$1000
- In-Network Out-of-Pocket Max: Individual - \$4,000 / Family - \$8,000

- Out of Network Deductible: Individual - \$1,000 / Family - \$2,000
- Out-of-Network Out-of-Pocket Max: Individual - \$6,000 / Family - \$12,000
- Emergency Room Co-pay: \$300
- Rx Coverage: Generics - \$7 / Preferred Brand - \$25 / Non-Preferred - \$40 / Specialty - \$55
- Mail Order: Generics - \$14 / Preferred Brand - \$50 / Non-Preferred - \$80 / Specialty - \$110
- Routine Eye Exams, Infertility Treatments, and Massage Therapy are not covered under the medical plan

DCPS Contributory – Administrators, AFSCME, Exempt, JSA, LIUNA, Maintenance, Paraprofessionals, Teachers, UOPD:

- In-Network Office Visit Co-pay (PCP): \$15 Co-pay
- In-Network Office Visit Co-pay (Specialist): \$35 Co-pay
- In-Network Inpatient Hospital: 20% Coinsurance
- In-Network Outpatient Hospital: 20% Coinsurance
- In-Network Deductible: Individual - \$0 / Family - \$0
- In-Network Out-of-Pocket Max: Individual - \$2,500 / Family - \$5,000
- Out of Network Deductible: Individual - \$500 / Family - \$1,000
- Out-of-Network Out-of-Pocket Max: Individual - \$3,250 / Family - \$6,500
- Emergency Room Co-pay: \$250
- Rx Coverage: Generics - \$7 / Preferred Brand - \$25 / Non-Preferred - \$40 / Specialty - \$55
Mail Order: Generics - \$14 / Preferred Brand - \$50 / Non-Preferred - \$80 / Specialty - \$110
- Routine Eye Exams, Infertility Treatments, and Massage Therapy are not covered under the medical plan

DCPS High Deductible Health Plan – Administrators, Exempt, JSA, LIUNA, Maintenance

- In-Network Office Visit Co-pay (PCP): Calendar Year Deductible + 20% Coinsurance
- In-Network Office Visit Co-pay (Specialist): Calendar Year Deductible + 20% Coinsurance
- In-Network Inpatient Hospital: Calendar Year Deductible + 25% Coinsurance
- In-Network Outpatient Hospital: Calendar Year Deductible + 25% Coinsurance
- In-Network Deductible: Individual - \$1,250 / Family - \$2,500
- In-Network Out-of-Pocket Max: Individual - \$5,000 / Family - \$10,000
- Out of Network Deductible: Individual - \$2,500 / Family - \$5,000
- Out-of-Network Out-of-Pocket Max: Individual - \$10,000 / Family - \$20,000
- Emergency Room Co-pay: Calendar Year Deductible + 25% Coinsurance
- Rx Coverage: Generics – CYD+ \$7 Co-pay / Preferred Brand – CYD + 10% Coins + \$25 Co-pay /
Non-Preferred – CYD + 10% Coins + \$40 / Specialty – CYD + 10% Coins + \$55 Co-pay
Mail Order: Generics – CYD + \$14 Co-pay / Preferred Brand – CYD + 10% Coins + \$50 Co-Pay / Non-Preferred – CYD +
10% Coins + \$80 Co-pay / Specialty – CYD + 10% Coins + \$110 Co-pay
- Routine Eye Exams, Infertility Treatments, and Massage Therapy are not covered under the medical plan

HELPFUL HINTS WHEN USING AN OUT-OF-NETWORK PROVIDER

If you are unable to locate a network provider and need to use the services of an out-of network provider when traveling or residing outside of Florida, you should:

- o Have an alternative method of payment available;
- o Keep all receipts in order to file a claim with BCBS of Florida for reimbursement;
- o Contact BCBS of FL for information to receive the appropriate forms in order to file an out-of-network claim.

Q. Are there any changes to the Medical Expense Flexible Spending Account (MFSA)?

A. Yes. If you wish to contribute to the Medical FSA, you must make that election at your enrollment session. Prior year contributions will not automatically roll-over for the 2010-2011 Plan Year.

DCPS Non-Contributory Plan – Medical Expense Flexible Spending Account available (Employee Contributions Only)

DCPS Contributory Plan – The employer contributions to your Medical Expense Flexible Spending Account will total \$450 (employee-only coverage) and an additional \$300 (dependent/family unit coverage). Employee contributions are also permitted.

DCPS High Deductible Health Plan – The employer will contribute \$605.28 to the Health Savings Account if the HSA is elected. If the HSA is waived, the employer contribution will be forfeited.

Q. Will I receive new medical ID cards?

A. No, you will not receive a new BCBSFL Medical ID Card, unless you are a newly hired employee.

Q. What is the main number for BCBS Customer Service?

A. The dedicated Customer Service telephone number for DCPS employees is 1-800-664-5295.

Q. What are the BCBS Customer Service hours?

A. 8:30 am – 6 pm Mon – Thurs, 9 am – 6 pm Friday

Q. Will I need to select a Primary Care Physician (PCP) if I have Blue Cross Blue Shield of Florida?

A. No. You will not be assigned a PCP from the BCBS Provider network.

Q. Will I need a referral to see specialists?

A. No. DCPS Non-Contributory, DCPS Contributory, and DCPS HDHP are Open Access Plans. Referrals are not required.

Q. Is there a change in the network of providers I am allowed to see at the In-Network benefit level?

A. No. BlueOptions NetworkBlue Providers are In-Network. Traditional Network Providers are Out-of-Network.

Q. Is Mayo Clinic and Mayo Hospital In-Network or Out-of-Network?

A. Mayo Clinic and Mayo Hospital are Out-of-Network. If you see physicians at the Mayo Clinic and/or Mayo Hospital, your claims will be processed at the Out-of-Network benefit level.

Q. What is the best method for me to validate a provider's network status?

A. The best method to validate a provider's network status is to go online: www.bcbssl.com and click on Find a doctor or hospital or contact BCBS Customer Service at 1-800-664-5295.

Q. What is the difference between the calendar year and plan year?

A. The calendar year is January 1- December 31; the plan year is October 1 – September 30 as it relates to deductibles and out-of-pocket maximums.

Q. What is a deductible?

A. A deductible is a set amount of money that a member must pay for covered medical services each calendar year before covered services are paid by the plan.

Q. What types of expenses are subject to a deductible?

A.

DCPS Non-Contributory –

- In-Network: Inpatient hospital facility, physician charges other than office.
- Out-of-Network: All services

(Note: in-network deductible is separate from the out-of-network deductible)

DCPS Contributory –

- In-Network: There is not a deductible for In-Network services
- Out-of-Network: All services

(Note: in-network deductible is separate from the out-of-network deductible)

DCPS HDHP –

- All Services, including Rx – (excluding routine preventative care)

Q. If I met my deductible earlier this calendar year, will I have to meet it again once the new plan year starts on October 1, 2010?

A. Participants who were enrolled in 2009-2010 DCPS Blue A Plan and met the deductible or any portion of it by 9/30/2010, will be given credit for the amount toward the new 2010 deductible.

Q. What medical expenses are applied to the out-of-pocket maximum?

A. Deductibles, co-insurance and medical co-payments are applied to the out-of-pocket maximum. Prescription drug co-payments are not applied toward the out-of-pocket maximum unless you are enrolled in the DCPS HDHP.

Q. If I met the Out-of-Pocket Maximum earlier this calendar year, will I have to meet it again once the new plan year starts on October 1, 2010?

A. You will be given credit for the amount you met toward the new 2010 deductible.

Q. Is there a carryover of the deductible and/or out-of-pocket maximum?

A. No. Any deductible met in October through December 2010 will not carry over to the 2011 calendar year. Out-of-Pocket Maximums met in October through December 2010 will not carry over to 2011.

Q. Is the Deductible and Out-of-Pocket Maximum based on a calendar year or plan year?

A. The Deductible and Out-of-Pocket Maximum are both based on a calendar year.

Q. What is the Usual, Customary, and Reasonable (UCR) charge and how does it affect me?

A. The UCR is established by Blue Cross Blue Shield of Florida using the average medical fees charged within a given zip code area. If you are using in-network services, all eligible charges will be covered. However, if you elect to access medical services out of the network, all charges that exceed the UCR rates are your responsibility and you will be balance billed by the medical provider. This will significantly increase your out-of-pocket costs.

Q. Where can I go to receive a colonoscopy at the lowest out of pocket expense?

A. If you go to a participating ambulatory surgical center to receive a colonoscopy, you will pay:

- DCPS Non-Contributory - \$90 (\$45 co-pay for the facility + \$45 co-pay for the physician services).
- DCPS Contributory - \$70 (\$35 co-pay for the facility + \$35 co-pay for the physician services).
- DCPS HDHP – Your cost will depend on whether it is a preventative service or diagnostic service.

Participating Ambulatory Surgical Centers:

Jacksonville Beach Surgery Ctr.
3316 3rd St.
S. Jacksonville Beach, FL
(904) 247-8181

Jacksonville Ctr. for Endoscopy
4800 Belfort Rd.
Jacksonville, FL
(904) 265-4801 / (904) 387-6750

Jacksonville Surgery Ctr.
7021 AC Skinner Pkwy
Jacksonville, FL
(904) 281-0021

Medical Partners Surgery Ctr.
4545 Emerson St.
S. Jacksonville, FL
(904) 399-2600

Parkside Surgery Ctr.
2731 Park St.
Jacksonville, FL
(904) 389-1077

Plaza Surgery Center, LTD
6138 Kennerly Rd. Ste. 101
Jacksonville, FL
(904) 208-4120

Q. Is there a new pharmacy benefit provider?

A. No. Medco Health Solutions will continue as the Pharmacy Benefit Manager for DCPS.

Q. What is the contact information for Medco Health Solutions?

A. The toll-free number to reach Medco is 1-866-544-6950. Website: www.medco.com

Q. What is Medication Step-Therapy?

A. Medication Step Therapy (Step Therapy) is a program especially for people who take prescription drugs regularly — that is, for an ongoing condition like arthritis, asthma, stomach problems or high blood pressure. It provides the safe, effective and most appropriate treatment you need while keeping your costs as low as possible. The program moves you along a well-planned path, with your doctor approving your medications.

Q. How can I find out if my medication is included in the Step-Therapy Program?

A. You can find out which medications are included in the Step-Therapy Program by contacting Medco Customer Service at 1-866-544-6950.

DUVAL COUNTY SCHOOL BOARD HEALTH SAVINGS ACCOUNT FAQ

What is a health savings account (HSA)?

A health savings account is a tax-advantaged personal savings account that works in conjunction with an HSA compatible health plan. You can use your HSA to pay for current and future qualified medical expenses tax-free.

Who is eligible for a Health Savings Account?

To be eligible for a Health Savings Account, an individual must be covered by a HSA-qualified High Deductible Health Plan (HDHP) and must not be covered by other health insurance that is not an HDHP.

I don't have health insurance, can I get an HSA?

You cannot establish and contribute to an HSA unless you have coverage under a HDHP.

I'm on Medicare, can I have an HSA?

You are not eligible for an HSA after you have enrolled in Medicare. If you had an HSA before you enrolled in Medicare, you can keep it. However, you cannot continue to make contributions to an HSA after you enroll in Medicare.

I am a Veteran, can I have an HSA?

If you have received any health benefits from the Veterans Administration or one of their facilities, including prescription drugs, in the last three months, you are not eligible for an HSA.

I have Tricare coverage, can I have an HSA?

At this time, Tricare does not offer an HDHP options so you are not eligible for an HSA.

My spouse has an FSA or HRA through their employer, can I have HSA?

No. If your spouse's FSA or HRA can pay for any of your medical expenses before your HDHP deductible is met, you are not eligible for an HSA.

Does my income affect whether I can have an HSA?

There are no income limits that affect HSA eligibility. However, if you do not file a federal income tax return, you may not receive all the tax benefits HSAs offer.

Can I start an HSA for my child?

No, you cannot establish separate accounts for your dependent children, including children who can legally be claimed as a dependent on your tax return.

How much can I contribute to an HSA?

Yearly maximum contribution levels are set by the federal government. The 2010 maximums are \$3,050 (single) and \$6,150 (family). If you are age 55 or older, you can make an additional catch-up contribution amount of up to \$1,000.

Do I lose contributions I don't use?

Your HSA balances carry over from year to year — tax-free. This is your money!

What are qualified medical expenses?

Typically, qualified medical expenses include: Medical Expenses, Dental Expenses, Vision expenses. Expenses generally can be for yourself, your spouse, or your dependent children. Your spouse and dependents do not need to be covered by the same health plan. It's your responsibility to determine whether expenses qualify for tax-free reimbursement.

Can I use funds from an HSA for non-qualified medical expenses?

Yes, but you'll be required to pay income tax and a tax penalty on the amount you use for non-qualified medical expenses.

What happens to my HSA if I am no longer enrolled in a High Deductible Health Plan?

You will no longer be eligible to contribute to the HSA. However, you will still have access to the HSA, and can use the funds as you choose. Withdrawals for qualified medical expenses will still be tax-free. Additionally, you can roll over your HSA funds into another HSA at any time.

What happens to the money in an HSA if I die?

If the named beneficiary is your spouse, your spouse can continue to access the HSA tax-free for qualified medical expenses. (Your spouse will need to pay income taxes on any non-qualified expenses.) If your beneficiary is not your spouse, the account will no longer be an HSA, and the beneficiary or estate must pay taxes on the fair market value of the account in the year of your death, or in the last

taxable year of the estate.

Will I be charged any banking or custodian fees?

Yes, there is a \$2 monthly fee. Synovus Bank of Jacksonville will charge \$2 a month to your HSA. This fee includes the VISA debit card, all transaction fees associated with the card, a supply of checks, monthly statements and other banking services. There is a \$.50 charge to process each check you write to get funds from your HSA. Synovus Bank of Jacksonville will deduct these fees automatically from your HSA. Other fees may apply, including fees for insufficient funds. Refer to your HSA Disclosure Statement for more information. *The \$2 monthly fee is waived if a balance of \$2,500 or more is maintained in your Health Savings Account.*

How do I open an HSA?

Go to <https://www.protectedforms.com/hsa/findhsa.cfm?tc=DUVALCOUNTY> to open your account and/or contact Synovus Bank of Jacksonville at (904) 641-6756 for a packet.

How do I contribute to my HSA?

For 2010, if you have employee-only HDHP coverage, employee and employer contributions up to \$3,050 are allowed to be contributed to your HSA. If you have family HDHP coverage, employee and employer contributions up to \$6,150 are permitted. If you are age 55 or older, you can make an additional catch-up contribution amount of up to \$1,000.

There are a number of ways to make deposits into your HSA:

- **Payroll Pre-tax Deductions:** One of the most common ways people deposit funds into their HSA is by using scheduled deductions. Talk to your Benefits Department to set up or change deductions to your HSA. Changes will be allowed once per month.
- **Regular Recurring Electronic Deposits Post-tax**
- **Mail-In Deposits:** Fill out an HSA Contribution Form to make a deposit through the mail. These deposits will be post-tax.
- **Branch Deposits:** For account holders living in the Jacksonville area, deposits can be made at any of the 5 Synovus branch offices or branch ATMS. These deposits would be post-tax.

How do I get funds out of my HSA?

After enrolling in the HSA and completing the required Bank Signature Card form, your contributions will be sent to the custodian, Synovus Bank of Jacksonville, a division of Synovus Bank. Synovus Bank of Jacksonville will establish an individual account for you and mail up to two VISA Check Cards to your home address at no charge. You can access funds in your HSA for qualified medical purposes in the following ways:

- **Debit Card:** Use your HSA debit card for purchases or to make payments for qualified medical expenses.
- **Personalized Checks:** Order checks to pay for qualified medical expenses or to reimburse yourself for medical expenses you paid for out of pocket.
- **Request for Check Reimbursement:** Fill out an HSA Contribution Form to instruct Synovus Bank to issue a check from your account on your behalf. Mailing instructions are on the form.