

Medical Plan Options

For the plan year beginning October 1, 2010, Blue Cross Blue Shield of Florida will continue providing Duval County Public School's medical administrative services. The following medical options are available for you to choose from based upon your Bargaining Union or Non-Bargaining Group representation.

Due to medical plan changes, all employees are required to complete an enrollment this year. However, if you DO NOT participate in Open Enrollment either via the Internet or at an onsite scheduled session, you will be placed in the DCPS Non-Contributory Plan at the coverage tier level you were in from the prior year (i.e. Employee-Only, Employee/Child, Employee/Spouse, or Employee/Family).

DCPS Non-Contributory Plan

Available to employees represented by the following Bargaining Unions and Non-Bargaining Groups:

Administrative, AFSCME, Exempt, JSA, Maintenance, Paraprofessionals, Teachers, UOPD, LIUNA

This is an open access plan that does not require you to choose a primary care physician. You may choose the physician of your choice. However, to receive your maximum benefit, you should select an in-network doctor from participating BCBS Network Blue providers found at www.bcbsfl.com.

Plan highlights include:

- Your School District continues to provide employee medical coverage at no premium cost to you.
- Your School District continues to offset a portion of the dependent coverage cost.
- Employees have the freedom to choose an in or out of network service provider at the time of service.
- Deductible and co-insurance applies to all services that do not have set co-pays:
 - Inpatient Hospitalization
 - Physician Services Other than Office
 - All Out-of-Network Services

Note: Participants who were enrolled in 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.

- Medical Flexible Spending Account available (Employee Contributions Only)
- Medical Swipe Card accounts will no longer roll over the amount elected in the 09-10 plan year.

Note: If you wish to contribute to the Medical FSA, you must make that election at your enrollment session. Again, prior year contributions are not going to automatically roll-over for the 2010-11 Plan Year.

DCPS Contributory Plan

(Same Benefit Structure as DCPS C; Now requires Employee Contribution)

Available to employees represented by the following Bargaining Unions and Non-Bargaining Groups:

Administrative, AFSCME, Exempt, JSA, Maintenance, Paraprofessionals, Teachers, UOPD, LIUNA

This is an open access plan that does not require you to choose a primary care physician. You may choose the physician of your choice. However, to receive your maximum benefit, you should select an in-network doctor from participating BCBS Network Blue providers found at www.bcbsfl.com.

Plan highlights include:

- There is a cost for Employee-Only coverage.
- Your School District continues to offset a portion of the dependent coverage cost.
- Employees have the freedom to choose an in or out of network service provider at the time of service.
- Does not have an in-network deductible.
- Co-insurance applies to all services that do not have set co-pays.
 - Inpatient and Outpatient Hospitalization
 - Ambulatory Surgical Center Facility
 - All Out-of-Network Services
- Co-insurance and co-pays, other than Rx, do count towards the maximum out-of-pocket limit
- Medical Flexible Spending Account established (Employer and Employee Contributions permitted)
- Medical Swipe Card accounts will no longer roll over the amount elected in the 09-10 plan year.

Note: If you wish to contribute additional dollars to the Medical FSA, you must make that election at your enrollment session. Again, prior year employee contributions are not going to automatically roll-over for the 2010-11 Plan Year.

*This is an Employer Benefits Highlights Summary and not a contract.
All benefits are subject to the provisions and exclusions of the master contract.*

DCPS High Deductible Health Plan

Available to employees represented by the following Bargaining Unit and Non-Bargaining Groups: Administrative, Exempt, JSA, Maintenance, LIUNA

This is an open access plan that does not require you to choose a primary care physician. You may choose the physician of your choice. However, to receive your maximum benefit, you should select an in-network doctor from participating BCBS Network Blue providers found at www.bcbsfl.com

Plan highlights include:

- Your School District continues to provide employee only medical coverage at no premium cost to you.
 - Your School District continues to offset a portion of the dependent coverage cost.
 - Employees have the freedom to choose an in or out of network service provider at the time of service.
 - Deductible and co-insurance applies to all services
- Note: Participants who were enrolled in 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.**
- For coverage other than employee only, the family deductible must be met before co-insurance or co-payments are applicable.
 - Your School District contributes \$605.28 to your Health Savings Account
 - If you are ineligible to participate in an HSA (see Page 7), you may elect a High Deductible Health Plan and contribute to an FSA.
 - HSA Funds may be used based on what's available in the account.
 - HSA Funds are not use it or lose it; funds roll over from year to year (Owned by Employee)
 - Changes to your HSA may be made once per month.
 - For Medicare Part D coverage, the prescription drug coverage offered by the High Deductible Health Plan is considered Non-Creditable.

ID Cards

Blue Cross Blue Shield ID Card.

BCBS Customer Service 1-800-664-5295.

Blue Cross Blue Shield ID Cards will be issued to new employees only. If you are a current employee, you will continue to use the same ID card.

Medco Health Solutions ID Card.

Medco Customer Service 1-866-544-6950

You will receive a new Medco Prescription Drug ID card if:

- You were previously enrolled in DCPS Blue A Plan and are now enrolling in DCPS Contributory Plan
- You were previously enrolled in DCPS Blue A Plan and are now enrolling in DCPS Non-Contributory Plan
- You were previously enrolled in DCPS Blue A Plan and are now enrolling in DCPS HDHP w/HSA Plan
- You were previously enrolled in DCPS Blue C Plan and are now enrolling in DCPS HDHP w/HSA Plan

Educational Seminars

We will be having educational seminars and strongly encourage you to consider attending one of them. At these seminars, you can learn more about the DCPS health plan options before attending your enrollment sessions. Seminar times, dates, and locations are included in your enrollment packet and can also be found on the DCPS Website under Employee Benefits.

Extension of Dependent Coverage to Age 26

A provision in the new Patient Protection and Affordable Care Act (PPACA) that went into effect on March 25, 2010 now allows dependent(s) coverage to age 26. Under this provision, dependents whose coverage ended, or who were denied coverage, or were not eligible for coverage because the availability of dependent coverage of children ended before attainment of age 26, are allowed to enroll in Duval County School Board Group Health Plan. Coverage applies whether the adult child is/is not married or is/is not a student. The coverage is valid through the end of the month in which the dependent turns age 26. Enrollment will be effective as of October 1, 2010.

*This is an Employer Benefits Highlights Summary and not a contract.
All benefits are subject to the provisions and exclusions of the master contract.*

Summary of Health Plan Options

Benefit Category	DCPS Contributory Plan (No In-network Deductible)	DCPS Non-Contributory Plan (Low Deductible)	DCPS HDHP (High Deductible Health Plan)
HOSPITAL			
Inpatient In-Network (Network Blue) Out-of-Network	80% Coins CYD + 50% Coins	CYD + 75% Coins CYD + 50% Coins	CYD + 75% Coins CYD + 50% Coins
Out-of-State In-Network Out-of-Network	80% Coins CYD + 50% Coins	CYD + 75% Coins CYD + 50% Coins	CYD + 75% Coins CYD + 50% Coins
Outpatient Hospital Facility In-Network Out-of-Network	80% Coins CYD + 50% Coins	\$250 Co-pay CYD + 50% Coins	CYD + 75% Coins CYD + 50% Coins
Emergency Room In-Network Out-of-Network	\$250 Co-pay \$250 Co-pay	\$300 Co-pay \$300 Co-pay	CYD + 75% Coins CYD + 75% Coins
ANCILLARY			
Urgent Care Center In-Network Out-of-Network	\$35 Co-pay \$35 Co-pay	\$60 Co-pay \$60 Co-pay	CYD + 80% Coins CYD + 80% Coins
Ambulatory Surgical Center Facility In-Network Out-of-Network	80% Coins CYD + 50% Coins	\$150 Co-pay CYD + 50% Coins	CYD + 80% Coins CYD + 50% Coins
Independent Diagnostic Testing Facility (X-Ray / Imaging) In-Network Out-of-Network	\$35 Co-pay CYD + 50% Coins	\$80 Co-pay CYD + 50% Coins	CYD + 80% Coins CYD + 50% Coins
Independent Clinical Lab In-Network Out-of-Network	\$0 CYD + 50% Coins	\$80 Co-pay CYD + 50% Coins	CYD + 80% Coins CYD + 50% Coins
Mammograms	\$0	\$0	\$0
PHYSICIAN			
Office Services In-Network Family Physician In-Network Specialist Out-of-Network	\$15 Co-pay \$35 Co-pay CYD + 50% Coins	\$25 Co-pay \$45 Co-pay CYD + 50% Coins	CYD + 80% Coins CYD + 80% Coins CYD + 50% Coins
Routine Physicals In-Network Out-of-Network	\$15 Co-pay CYD + 50% Coins	\$25 Co-pay CYD + 50% Coins	0 CYD + 50% Coins
Physician Services Other than Office In-Network Family Physician In-Network Specialist Out-of-Network Physician/Specialist	\$15 Co-pay \$35 Co-pay CYD + 50% Coins	CYD + 80% Coins CYD + 80% Coins CYD + 50% Coins	CYD + 80% Coins CYD + 80% Coins CYD + 50% Coins
PRESCRIPTION DRUGS			
Retail Generic Drugs Preferred Brand Drugs Non-Preferred Brand Drugs Specialty Injectables	\$7 Co-pay \$25 Co-pay \$40 Co-pay \$55 Co-pay	\$7 Co-pay \$25 Co-pay \$40 Co-pay \$55 Co-pay	CYD + \$7 Co-pay CYD + \$25 Co-pay + 10% Coins CYD + \$40 Co-pay + 10% Coins CYD + \$55 Co-pay + 10% Coins
Mail Order	2 x Retail	2 x Retail	2 x Retail
DED / COINS / OOP			
Calendar Year Deductible (CYD) In-Network (INN) Out-of-Network (OON)	Single/Family \$0/\$0 \$500/\$1000	Single/Family \$500/\$1,000 \$1,000/\$2,000	Single/Family \$1,250 / \$2,500 \$2,500 / \$5,000
Coinsurance (Coins) In-Network Out-of-Network	80% Coins 50% Coins	75% Inpatient / 80% All others 50% Coins	75% Inpatient / 80% All others 50% Coins
Out-of-Pocket Maximum (OOP) (Includes CYD, Copays, Coins, & Rx Copays-INN) In-Network (Network Blue) Out-of-Network	Single/Family \$2,500/\$5,000 \$3,250/\$6,500	Single/Family \$4,000/\$8,000 \$6,000/\$12,000	Single/Family \$5,000 / \$10,000 \$10,000 / \$20,000

2010-2011 Bi-Weekly Contribution Rates

DCPS Non-Contributory Plan Rates		
DCPS Non-Contributory Plan Rates apply to employees represented by the following Bargaining Units and Non-Bargaining Group: Administrative, AFSCME, Exempt, JSA, Maintenance, Paraprofessionals, Teachers, UOPD, LIUNA		
Coverage Tier Levels	Employee 20-Pay	Employee 24-Pay
Employee Only	\$0.00	\$0.00
Employee & Spouse	\$210.80	\$175.67
Employee & Child(ren)	\$150.14	\$125.12
Employee & Family	\$417.71	\$348.10
Medical FSA/myFBMC Card SM	Employee Contributions Only	

The final rates for the 10-11 Plan Year are subject to the approval of Duval County School Board.
Notification will be distributed if there are any modifications to these rates.

DCPS Contributory Plan Rates		
DCPS Contributory Rates apply to employees represented by the following Bargaining Unit and Non-Bargaining Group: Administrative, AFSCME, Exempt, JSA, Maintenance, Paraprofessionals, Teachers, UOPD, LIUNA		
Coverage Tier Levels	Employee 20-Deductions	Employee 24-Pay
Employee Only	\$54.43	\$45.36
Employee & Spouse	\$302.45	\$252.05
Employee & Child(ren)	\$236.07	\$196.73
Employee & Family	\$528.91	\$440.76
Medical FSA/myFBMC Card SM	Employer Contributions: \$450-Individual or \$750-Dep/Family	

The final rates for the 10-11 Plan Year are subject to the approval of Duval County School Board.
Notification will be distributed if there are any modifications to these rates.

DCPS High Deductible Health Plan (HDHP) Rates		
DCPS HDHP Rates apply to employees represented by the following Bargaining Units and Non-Bargaining Group: Administrative, Exempt, JSA, Maintenance, LIUNA		
Coverage Tier Levels	Employee 20-Pay	Employee 24-Pay
Employee Only	\$0.00	\$0.00
Employee & Spouse	\$189.73	\$158.11
Employee & Child(ren)	\$134.50	\$112.09
Employee & Family	\$378.13	\$315.11
Medical FSA/myFBMC Card SM	Not Available	
Health Savings Account	Employer Contribution: \$605.28	

The final rates for the 10-11 Plan Year are subject to the approval of Duval County School Board.
Notification will be distributed if there are any modifications to these rates.

*This is an Employer Benefits Highlights Summary and not a contract.
All benefits are subject to the provisions and exclusions of the master contract.*

Medco

Medco Pharmacy Benefits

Medco Health Solutions (MHS) is the current Pharmacy Benefit Manager for Duval County Public Schools.

Member Services

Visit Medco's website, www.medco.com, to view your plan design and co-payment information, search for details on prescription medications, locate a participating pharmacy near you, and manage your home delivery prescriptions. For additional plan inquiries, you may call Member Services directly at 1 866-544-6950. For future reference, this number is listed on the back of your Medco ID card.

Benefit ID Cards

Unless you are a newly hired employee, you will not receive a new benefit ID card. Present your ID card when filling a prescription at the pharmacy. Should you need additional or replacement ID cards, please contact Member Services or visit www.medco.com to either request a new card or print a temporary card.

Covered Expenses

- Federal legend prescription drugs, unless otherwise indicated;
- Drugs requiring a prescription under the applicable state law;
- Insulin, insulin needs and syringes on prescription; or
- Compound medications, of which at least one ingredient is a federal legend drug.

Medications

Generic Medications

Generic medications contain the same active ingredients as brand-name medications, are just as safe and effective, and meet the same U.S. Food and Drug Administration standards for quality, strength and purity. However, generic drugs normally cost substantially less than their brand name counterparts. Therefore, generic drugs offer a simple and safe alternative to help reduce your medication costs. Ask your doctor to see if a generic drug could treat your condition.

Formulary and Non-Formulary Medications

The Medco Formulary List is a guide for you and your doctor to refer to when filling out your prescriptions. If there is no generic medication available for your condition, there may be more than one brand name for you and your doctor to consider. Medco provides a list of formulary brand name medications to help you and your doctor decide medications that are clinically appropriate and cost effective.

If a drug you are taking is not on the formulary, you may want to discuss alternatives with your doctor or pharmacist. Using drugs on the formulary will keep your costs and client name's costs lower. A current drug list is available online or upon request by calling Member Services. To avoid paying higher co-payments associated with non-preferred drugs; please take this list with you when you visit your doctor so he or she can refer to it when prescribing medications for you and your eligible family participants.

Retail Pharmacies

Network Retail Pharmacies

The Medco Pharmacy Network is a national network comprised of nearly 60,000 retail pharmacies. The network includes most major chains, discount, grocery and independent pharmacies, so there is a good chance that your local pharmacy is a participating member of the network. Use one of these pharmacies to fill prescriptions for short-term medications, such as antibiotics. To find a local pharmacy, visit www.medco.com and click "Locate a pharmacy" or contact Member Services.

Mail Order Pharmacy

Medco by Mail Pharmacy Program

Medco by Mail Pharmacy Program is designed for plan participants taking maintenance medications, or those medications taken on a regular basis, for the treatment of long-term conditions such as diabetes, arthritis or heart conditions. The program provides up to a 90-day supply of medication, delivered directly to your home or other requested location, postage paid.

In order to fill your prescription through the Medco by Mail Pharmacy Program, mail your prescription, order form and payment in the envelope provided. You may also ask your doctor to fax your prescription by calling 1-888-327-9791 for further instruction. Your medication will usually be delivered within 8 days of Medco receiving your order.

To order refills, call the automated refill system at 1-800-REFILL (1-800-473-4355), or visit www.medco.com Refills are normally delivered within 3 to 5 days. If you are a first-time visitor to the site please take a moment to register have your member ID and a prescription number available.

To ensure timely delivery, please place your orders at least two weeks in advance to allow for mail delays and other circumstances beyond our control. If you have any questions concerning your order, or if you do not receive your medication within the designated timeframe, please contact Member Services.

If a new medication has been prescribed for you to take immediately, please ask your doctor to issue two prescriptions; one prescription should be written and filled at your local pharmacy and the second should be written for up to a 90-day supply and mailed to the Medco by Mail Pharmacy.

As you manage your prescriptions, please be aware that each and every prescription is filled and checked by highly qualified registered pharmacists to ensure that quantity, quality and strength are accurate. A patient profile is maintained on file to ensure that there are no adverse reactions with other prescriptions you are receiving from retail and/or mail order pharmacies. If any questions arise regarding potential drug interactions or other adverse reactions, Medco's pharmacists will contact either you or your doctor prior to dispensing the medication.

*This is an Employer Benefits Highlights Summary and not a contract.
All benefits are subject to the provisions and exclusions of the master contract.*

Medication Step Therapy

What is Medication Step Therapy?

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.

How does Step Therapy work?

- When you submit a prescription that is not for a first-step drug, you or your pharmacist should contact your doctor. Only your doctor can approve and change your prescription to a first-step drug. You can call Medco to get some examples of safe, effective first-step drugs to discuss with your doctor.
- If you have already tried the first-step drugs provided by your program, or your doctor decides you need a different drug for medical reasons, then your doctor can call Medco to request a “prior authorization.” If a second-step drug can be covered, you will pay a higher copayment than for a first-step drug. If your “prior authorization” does not meet the established clinical criteria and is denied, you will have to pay the full price of the drug.
- If you have documented prior clinical approval for the brand-name medication that is included in the step therapy program, you may continue taking the brand name medication. Prior authorization criteria shall be a part of the program. If you stop taking your medication for more than 60 days, you will be subject to Step Therapy when you refill your prescription.

Generic drugs are usually in the first step. Tested and approved by the U.S. Food & Drug Administration (FDA), the generics provided by your plan are effective for treating many medical conditions. This first step lets you begin or continue treatment with prescription drugs that have the lowest copayment.

Brand-name drugs are usually in the second step. If your medical condition requires different medications, then the program moves you along to this next step. Brand-name drugs have a higher copayment.

Questions about Step-Therapy. If you have questions about the Step Therapy program, please call a Medco representative at 1-866-544-6950.

Rx Copay Summary

	DCPS Contributory Plan	DCPS Non-Contributory Plan	DCPS * HDHP w/HSA
Retail			Calendar Year Deductible MUST be met then:
Generic - Formulary	\$7	\$7	CYD + \$7
Brand - Formulary	\$25	\$25	CYD + \$25 + 10% Coins
Non-Formulary	\$40	\$40	CYD + \$40 + 10% Coins
Specialty Injectables	\$55	\$55	CYD + \$55 + 10% coins
Maximum Supply	One month	One month	One Month
Mail Order			Calendar Year Deductible MUST be met then:
Generic - Formulary	\$14	\$14	CYD + \$14
Brand - Formulary	\$50	\$50	CYD + \$50 + 10% Coins
Non-Formulary	\$80	\$80	CYD + \$80 + 10% Coins
Specialty Injectables	\$110	\$110	CYD + \$110 + 10% coins
Maximum Supply	90 days	90 days	90 days

*HDHP W/HSA: Rx costs go to deductible. Once deductible is met, then employee pays co-pay for generic and co-pay+10% for all other Rx.

*This is an Employer Benefits Highlights Summary and not a contract.
All benefits are subject to the provisions and exclusions of the master contract.*

Duval County School Board

High Deductible Health Plan (HDHP) and Health Savings Account (HSA)

What is a High Deductible Health Plan (HDHP)? The HDHP is a health insurance plan with lower premiums and higher deductibles than a traditional health plan. It gives you greater control over how you spend your health care dollars. This plan blends the best features of a preferred provider organization (PPO) with a tax-advantaged Health Savings Account (HSA) that you can use to pay eligible medical expenses.

Plan Benefits

The HDHP allows you to use in-network and out-of-network providers. It is always more cost effective to use in-network doctors, facilities, and other providers.

Here is how the plan works in-network:

- You are not required to select a primary care provider (PCP) or get referrals for in-network specialists.
- You pay 100% of the negotiated, discounted fee for all in-network services and prescription drugs until you reach the annual deductible.
- Once you meet the deductible, the plan pays:
 - 75% of the negotiated, discounted fees for covered in-network in-patient services
 - 80% of the negotiated, discounted fees for all other covered in-network services except for prescription drugs (see below).
- Your deductible and coinsurance, including prescription drugs, applies to your out-of-pocket maximum.
- After you reach your out-of-pocket maximum, all covered services, including prescriptions, are paid at 100% by the health plan.

Here is how the plan works out-of-network:

- You pay 100% of the eligible fees for all out-of-network services.
Note: You will be responsible for all ineligible charges. Ineligible charges do not count towards the deductible and they do not count towards the out-of-pocket maximum.
- Once you meet the out-of-network deductible, the plan pays 50% of the allowed amount for covered out-of-network services.
- Your deductible and coinsurance, including prescription drugs, applies to your out-of-pocket maximum.
- After you reach your out-of-pocket maximum, all covered services are paid at 100% by the health plan.

Health Savings Account

A Health Savings Account (HSA) is an interest-bearing spending and savings account that you use to pay for eligible health care expenses using tax-free dollars. You must be enrolled in the High Deductible Health Plan (HDHP) to contribute to the HSA.

Qualifying for an HSA

- In order to open an HSA, you must be "HSA Eligible." IRS guidelines say that an HSA Eligible Individual is anyone who:
- Is covered by an HSA-qualified High Deductible Health Plan (HDHP)
- Cannot be claimed as a dependent by another person
- Isn't covered by some sort of additional, non-HDHP insurance program
- Is under age 65 and not entitled to Medicare

Annual HSA Contributions

The 2010 contribution limit is \$3,050.00 for single and \$6,150.00 for family. The same limit applies for 2011. The IRS sets limits for how much you can contribute to an HSA in each calendar year. These limits, established by the federal government and subject to change, are tied to the rate of inflation. Over-contributing to your HSA leads to a tax penalty on excessive funds.

Catch-Up Contributions

HSA owners age 55 and older can make additional contributions to their HSA called "catch-up contributions". For 2010, the allowed catch-up contribution is \$1,000. The same limit applies to 2011.

*This is an Employer Benefits Highlights Summary and not a contract.
All benefits are subject to the provisions and exclusions of the master contract.*

Health Savings Account

How may I change my HSA contribution?

You may change the amount you contribute to your HSA once a month. To change your HSA contribution, contact your benefits administrator.

How do I get funds out of my HSA?

After enrolling in the HSA and completing the required Bank Signature Card form¹, your contributions will be sent to the custodian, Synovus Bank of Jacksonville, a division of Synovus Bank². 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 may order additional cards or a starter supply of checks by contacting Synovus Bank of Jacksonville at **1-877-367-4HSA** (4472). You may use the Check Cards or checks to get funds out of your HSA. If you choose to use your Check Card, you will need to sign for the transaction like a credit card transaction. Remember, as long as you are taking funds out for qualified medical expenses, you pay no taxes on the funds. However, if you withdraw funds for ineligible expenses, you may have to pay taxes and penalties on those funds, unless you reimburse your HSA for the ineligible amount.

Will I be charged any banking or custodian fees?

Yes, there is \$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 \$0.50 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.

How are my HSA funds invested?

Your funds will initially be held in an interest-bearing checking account at Synovus Bank of Jacksonville. The bank can provide you with current interest rates for HSAs since these rates are subject to change.

As your account balance grows, you may be eligible to place your funds into the HSA Investment Option. Once your balance reaches \$3,500 or more, Synovus Bank of Jacksonville will communicate the investment opportunities available to you through their broker, Synovus Securities, Inc. (SSI).³

¹ A Bank Signature Card form MUST be completed to open a Health Savings Account.

² Synovus Bank of Jacksonville is a division of Synovus Bank. Synovus Bank, Member FDIC, is chartered in the state of Georgia and operates under multiple trade names across the Southeast. Divisions of Synovus Bank are not separately FDIC-insured banks. The FDIC coverage extended to deposit customers is that of one insured bank.

³ The registered broker-dealer offering brokerage products for Synovus is Synovus Securities, Inc., Member FINRA/SIPC. Investment products and services are not FDIC insured, are not deposits of or obligations of any Synovus Financial Corp. (SFC) bank, are not guaranteed by any SFC bank and involve investment risk, including possible loss of principal amount invested. Your bank and Synovus Securities, Inc. are members of the Synovus family of companies. Are there any special tax forms or tax reporting that I must complete when filing my income taxes?

***This is an Employer Benefits Highlights Summary and not a contract.
All benefits are subject to the provisions and exclusions of the master contract.***

Important Facts About High Deductible Health Plans (HDHP) with HSA

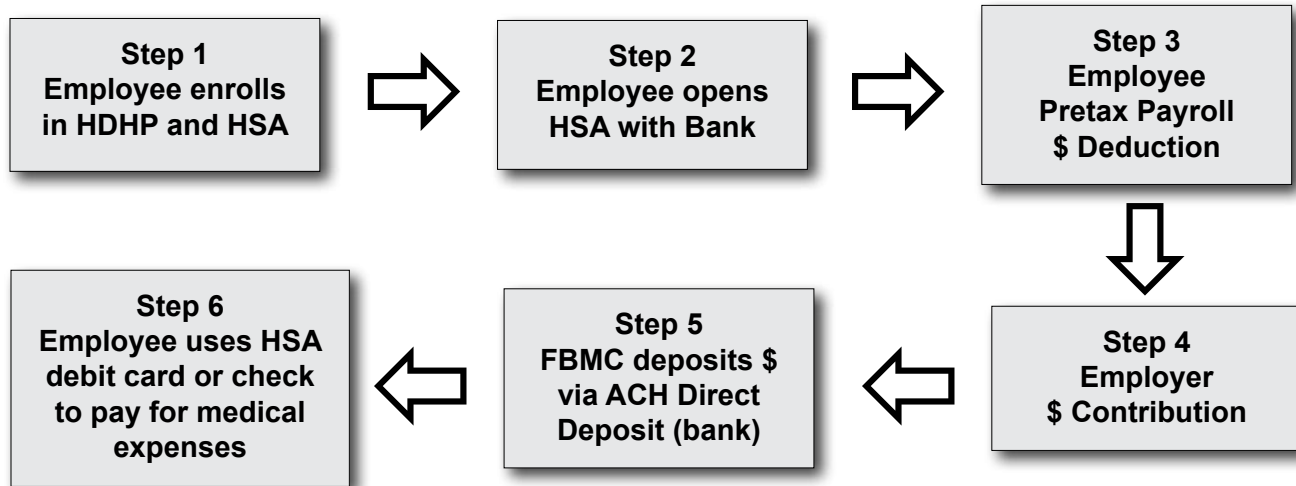
The law stipulates that in order to have a Health Savings Account (HSA) you must participate in a qualified High Deductible Health Plan (HDHP). However, if any of the following situations pertain to you, you can participate in the HDHP but NOT the HSA.

- If you enrolled in Medicare or Medicaid, you cannot open an HSA.
- If you have Tricare, you cannot have a HSA because Tricare does not offer a HDHP.
- If you have received any Veterans Administration health benefits in the last 3 months, you cannot have an HSA.
- You cannot be covered by any other health insurance that reimburses you for health expenses you incur unless it is another HDHP with an HSA. If two family members each have a HDHP, the maximum annual HSA contribution remains the same. (2010 limits are \$3,050 for single and \$6,150 for family coverage.) In other words, it is not doubled. An individual age 55 or older may make "Catch-Up" contributions of up to \$1000.
- Flexible Spending Accounts (FSA) which cover all medically necessary expenses make you ineligible for an HSA.
- Employees may not contribute to an HSA until either their FSA account is empty or until their 2.5 month grace period has ended.
- If a spouse participates in a private healthcare plan, Medicare, Medicaid, or Tricare, this will make you ineligible for a HSA if you are also covered.
- If you no longer have an HSA qualified HDHP, you cannot contribute to your HSA, but you can maintain and spend the already deposited funds as stipulated by law.

*This is an Employer Benefits Highlights Summary and not a contract.
All benefits are subject to the provisions and exclusions of the master contract.*

Using a High Deductible Health Plan with an HSA

A Health Savings Account is just a bank account with special features. Your HSA belongs entirely to you, and you and your employer may deposit money into your Health Savings Account for future medical expenses.



Use It or Save It

Your HSA is your personal account, and you can choose how you want to use it. You can choose to use the funds as you need them for medical care, or pay for medical expenses with other non-HSA funds.

Opening a Health Savings Account

Go to the link <https://www.protectedforms.com/hsa/findhsa.cfm?tc=DUVALCOUNTY> and/or a packet from the bank will be sent to your home address listed on your enrollment form.

Contributing to Your HSA

For 2010, if you have employee-only HDHP coverage, contributions up to \$3,050 are allowed to the Health Savings Account. If you have family HDHP coverage, contributions up to \$6,150.00 are permitted. This is the maximum including the amount contributed by Duval County Public Schools.

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. Mailing instructions are on the form. These deposits would 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.

Withdrawing from Your HSA

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.

Banking or Custodian Fees

The \$2.00 fee is deducted each month from account balances under \$2,500. There is not a bank fee once your account exceeds \$2,500.

Paying for Services with Your HSA

With an HSA-based plan, you'll still have an Insurance ID Card, and you'll need to make sure that you present this card anytime you go to the doctor or pharmacy. This will ensure that:

- (1) You always get any network discounts available to you,
- (2) Your medical provider will file a claim with the insurance company, and
- (3) The amount you pay will be applied to your deductible.

HSA Paperwork: How to Handle It

Since an HSA is a tax exempt benefit when used according to the IRS Rules, you'll need to be able to prove that money you spend from your HSA is for eligible medical expenses, if you're ever audited. The employee is responsible for all record keeping of money spent from their HSA.

*This is an Employer Benefits Highlights Summary and not a contract.
All benefits are subject to the provisions and exclusions of the master contract.*

Creditable Coverage Notice for DCPS Contributory Plan / DCPS Non-Contributory Plan

Non-Creditable Notice for DCPS High Deductible Health Plan

Important Notice from DUVAL COUNTY PUBLIC SCHOOLS About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Duval County Public Schools (DCPS) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Duval County Public Schools has determined that the prescription drug coverage offered by the DCPS Contributory Plan and Non-Contributory Plan are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
3. Duval County Public Schools has determined that the prescription drug coverage offered by the DCPS High Deductible Health Plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered **Non-Creditable Coverage**. **This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the DCPS High Deductible Health Plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.**

You can keep your current coverage from Duval County Public Schools. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current

coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. This may mean that you may have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later. You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan. In addition, if you lose or decide to leave employer sponsored coverage; you will be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period. You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

	DCPS Contributory Plan	DCPS Non-Contributory Plan
Retail		
Generic - Formulary	\$7	\$7
Brand - Formulary	\$25	\$25
Non-Formulary	\$40	\$40
Specialty Injectables	\$55	\$55
Maximum Supply	One month	One month
Mail Order		
Generic - Formulary	\$14	\$14
Brand - Formulary	\$50	\$50
Non-Formulary	\$80	\$80
Specialty Injectables	\$110	\$110
Maximum Supply	90 days	90 days

See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Participants who are retired may retain the DCPS Group Medical coverage and choose not to enroll in Medicare Part D plan; or you can enroll in a Medicare Part D drug plan, your DCPS prescription coverage will coordinate with Medicare Part D coverage. However, your current coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your dependents will still be eligible to receive all of your current health benefits.

*This is an Employer Benefits Highlights Summary and not a contract.
All benefits are subject to the provisions and exclusions of the master contract.*

If you decide to join a Medicare drug plan, and drop your DCPS Medical Plan prescription drug coverage, be aware that you and your dependents cannot get this coverage back.

You should also know that if you drop or lose your current coverage with DCPS Medical Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact our office at (904) 390-2353 for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through DCPS Group Medical Plan changes. You also may request a copy.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	August 1, 2010
Name of Entity/Sender:	Duval County Public Schools
Contact--Position/Office:	Risk Management/Employee Benefits
Address:	1701 Prudential Drive, Jacksonville Florida 32207
Phone Number:	904-390-2353

*This is an Employer Benefits Highlights Summary and not a contract.
All benefits are subject to the provisions and exclusions of the master contract.*