

DCPS MEDICAL PLAN OPTIONS

BlueCross Blue Shield of Florida

DCPS Group Number 78155

Customer Service 1-800-664-5295

Hours: Mon-Thurs, 8 a.m. – 9 p.m., Fri 9 a.m. – 9 p.m. EST

www.bcbsfl.com

Blue Cross Blue Shield of Florida will continue providing Duval County Public School's medical administrative services for the Quarter Plan Year (Oct – Dec, 2011) and the New Plan Year (Jan – Dec, 2012). The following medical options are available for you to choose from based upon your Bargaining Union or Non-Bargaining Group representation.

DCPS Non-Contributory Plan
Available to employees represented by the following
Bargaining Unions and Non-Bargaining Groups:
Administrative, AFSCME, Exempt, JSA, LIUNA, Maintenance,
Paraprofessionals, Teachers, UOPD

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
- Medical Flexible Spending Account available (Employee Contributions Only)
- **Medical Swipe Card accounts will not roll over the amount elected in the prior plan year. *If you wish to contribute to the Medical FSA, you must make that election at your enrollment session.***

DCPS Contributory Plan
Available to employees represented by the following
Bargaining Unions and Non-Bargaining Groups:
Administrative, AFSCME, Exempt, JSA, LIUNA, Maintenance,
Paraprofessionals, Teachers, UOPD

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 not roll over the amount elected in the prior plan year. *If you wish to contribute to the Medical FSA, you must make that election at your enrollment session.***

ID Cards

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.

SUMMARY OF HEALTH PLAN OPTIONS

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

2011-2012 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, LIUNA, Maintenance, Paraprofessionals, Teachers, UOPD		
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 2012 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, LIUNA, Maintenance, Paraprofessionals, Teachers, UOPD		
<i>Coverage Tier Levels</i>	<i>Employee 20-Deductions</i>	<i>Employee 24-Pay</i>
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
<i>Medical FSA/ myFBMC Cardsm</i>	Employer Contributions: \$450-Individual or \$750-Dep/Family	

*The final rates for the 2012 Plan Year are subject to the approval of Duval County School Board.
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***This is an Employer Benefits Highlights Summary and not a contract.
All benefits are subject to the provisions and exclusions of the master contract.***