

DUVAL COUNTY PUBLIC SCHOOLS

2012 OPEN ENROLLMENT FAQ

Q. Who should participate in Open Enrollment?

A. *ONLY* employees who need to make changes to present benefit elections. Employees may meet with an Enrollment Counselor to review and discuss benefit options or 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, your benefits will remain the same with the exception of employee contributions to the MFSA and DFSA. Employee contributions through payroll-deduction to the MFSA, DFSA, or HSA will not roll-over from the prior plan year.

Q. Are there any benefit changes for the 2012 Plan Year?

A. Yes.

- DCPS is changing its Benefit Plan Year from October-September to January through December. This change will help align your annual deductibles with the insurance provider's calendar year deductibles.
- Medco will implement the Retail Refill Allowance Program, effective October 1, 2011. This program allows members three fills at retail pharmacies for long-term maintenance medications. After your third purchase of a long-term maintenance medication at retail, you'll pay the ENTIRE COST if you continue to purchase it at retail. To avoid paying more, use the Medco Pharmacy and pay your mail-order copayment up to a 90-day supply.

Q. How do I find out whether my medication is a long-term maintenance medication?

A. Contact Medco Customer Service at 1-866-544-6950 to verify whether your medication is on the long-term maintenance medication list. The [long-term maintenance medication list](#) can also be found on the Employee Benefits Website.

Q. Where can I get Medco Pharmacy mail-order forms?

A. You may obtain Medco Pharmacy mail-order forms by logging in at www.medco.com or contact Customer Service at 1-866-544-6950. The [mail order form](#) can also be found on the Employee Benefits Website.

Q. Will I receive new RX ID cards?

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

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

A. No, medical benefit plans and rates will remain the same.

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. 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. Quarter Plan Year contributions through payroll-deductions will not automatically roll-over.
- DCPS Non-Contributory Plan – Medical Expense Flexible Spending Account available (Employee Contributions Only)
- DCPS Contributory Plan - Medical Expense Flexible Spending Account available (Employer and Employee Contributions)

Q. Will the full Medical Flexible Spending Account amount of \$450 (employee-only) and \$750 (dependent/family coverage) be available for the new calendar year starting January 1, 2012?

A. Yes. Employees enrolled in DCPS Contributory Plan will receive Employer contributions to your Medical Expense Flexible Spending Account during the 2012 Plan Year: \$450.00 (employee-only coverage) and an additional \$300.00 (dependent/family unit coverage). Employee contributions are also permitted.

Q. I'm enrolled in the High Deductible Health Plan. Are there any changes to the HSA contributions?

A. Prior year Employee contributions through payroll-deduction will not automatically roll-over. The employer will contribute \$605.28 to the Health Savings Account for the 2012 Plan Year if the HSA is elected. If the HSA is waived, the employer contribution will be forfeited.

Q. Are there any changes to the Flex Dollars?

A. All employees will receive \$250 Employer-Flex dollars to use towards any pretax benefit deductions during the 2012 Plan Year. If there are no pretax deductions, the Employer Flex Dollars will be placed on the Medical Flexible Spending Account (MFSA) card.

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 Open Enrollment has ended?

A. Employees will be allowed to make a one-time change to their enrollment election September 9-15, 2011.

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, provided all necessary contributions have been made.

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. Yes, as of April 1, 2011, Mayo Clinic/Hospital was added as a participating provider to BlueOptions/Network Blue.

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.bcbsfl.com and click on Find a doctor or hospital or contact BCBS Customer Service at 1-800-664-5295.

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. Will I have to meet a new deductible once the new plan year starts on January 1, 2012?

A. Yes, the deductible starts over at the beginning of each calendar year.

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. Will I have to meet a new out-of-pocket maximum once the new plan year starts on January 1, 2012?

A. Yes, the out-of-pocket maximum starts over at the beginning of each calendar year.

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

A. No. Any deductible met in October through December 2011 will not carry over to the 2012 calendar year. Out-of-Pocket Maximums met in October through December 2011 will not carry over to 2012.

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

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

Jacksonville Ctr. for Endoscopy
4800 Belfort Rd. Jacksonville, FL
(904) 265-4801 / (904) 387-6750
Parkside Surgery Ctr. 2731 Park St.
Jacksonville,
904) 389-1077

Jacksonville Surgery Ctr.
7021 AC Skinner Pkwy Jacksonville, FL
(904) 281-0021
Plaza Surgery Center, LTD 6138
Kennerly Rd. Ste. 101 Jacksonville, FL
(904) 208-4120