

Martin County School District

2009~2010

Retiree

# Benefit

Highlights





# Retiree Benefits Resource Directory

| Martin County School District   |   |
|---|---|
| <b>Risk Management / Employee Benefits Department</b><br>Telephone: (772) 219-1200, extension 30478<br>E-mail: benefitshotline@martin.k12.fl.us   | <b>CIGNA On-Site Representative</b><br>Telephone: (772) 219-1200, extension 30313   |
| Medical Insurance   | Employee Assistance Program (EAP)   |
| <b>CIGNA HealthCare</b><br>Customer Service: (800) CIGNA-24 (244-6224)<br>CIGNA 24 Hour Information Line: (800) CIGNA24<br>Tel-Drug Mail Order: (800) 835-3784<br>www.CIGNA.com; Members: www.MyCIGNA.com | <b>CIGNA Behavioral Health</b><br>Customer Service: (877) 622-4327<br>www.CIGNABehavioral.com<br>Employer ID: martinschools |
| Dental Insurance  | Vision Insurance  |
| <b>CIGNA Dental</b><br>Customer Service: (800) CIGNA-24 (244-6224)<br>www.CIGNA.com; Members: www.MyCIGNA.com   | <b>Davis Vision</b><br>Customer Service: (888) 343-3466<br>www.davisvision.com  |
| Core Life & Supplemental Life Insurance   | Martin County Retired Educators Association   |
| <b>The Standard</b><br>Customer Service: (800) 628-8600<br>www.standard.com   |   |



## Table of Contents

|   |       |
|---|-------|
| Open Enrollment 2009 - 2010 .....                     | 1-2   |
| Eligibility & Enrollment Requirements .....           | 2-3   |
| Appeals Process .....                                 | 3     |
| Dependent Eligibility Requirements.....               | 4     |
| Dependent Eligibility Documentation Requirements..... | 5     |
| Medical Insurance.....                                | 6-7   |
| Pre-Existing Conditions .....                         | 8     |
| Medicare Secondary Payer (Retirees) .....             | 8     |
| Employee Assistance Plan (EAP) .....                  | 8     |
| Dental Insurance .....                                | 9-10  |
| Vision Insurance .....                                | 11    |
| Core Life and Supplemental Life Insurance.....        | 12    |
| 2009 - 2010 Retiree Premiums .....                    | 12-13 |
| Notice of Privacy Practices .....                     | 14-15 |
| Medicare Certificate of Creditable Coverage.....      | 15-16 |
| My Information Page .....                             | 17    |



# Open Enrollment 2009 - 2010

This year's benefits annual enrollment is currently underway for our new plan year. Updates regarding the District's benefit offerings for the 2009 - 2010 plan year are summarized below.

| Open Access Plus In-Network Plan Changes  |
|---|
| <ul style="list-style-type: none"> <li>◆ 6.2% increase in premium</li> <li>◆ Out of pocket maximum increase to \$2,000 per member.</li> <li>◆ Specialist copay increased to \$40\ \$55 per visit.</li> <li>◆ Rehabilitation now has a 120 day maximum per calendar year.</li> <li>◆ Outpatient copay increased to \$150 per procedure.</li> <li>◆ Emergency Room copay increased to \$150 per visit.</li> <li>◆ Urgent Care copay increased to \$40 per visit.</li> <li>◆ Advanced Imaging (MRI, CT, PET Scan, ect) copay increased to a \$100 copayment per test.</li> <li>◆ Mental Health Outpatient copay increased to \$20 per visit.</li> <li>◆ Generic drug copay decreased to \$7 (30 day supply).</li> <li>◆ Preferred Brand drug copay increased to \$30 (30 day supply).</li> <li>◆ Non-Preferred Brand Name drug copay increased to \$50 (30 day supply).</li> </ul> |

| Open Access Plus Plan Changes:   |
|--|
| <ul style="list-style-type: none"> <li>◆ 6.2% increase.</li> <li>◆ Mental Health Outpatient copay increased to \$20 per visit.</li> <li>◆ Generic drug copay decreased to \$7 (30 day supply).</li> <li>◆ Preferred Brand drug copay increased to \$30 (30 day supply).</li> <li>◆ Non-Preferred Brand Name drug copay increased to \$50 (30 day supply).</li> </ul> |

| Dental Plan Changes:  |
|---|
| <ul style="list-style-type: none"> <li>◆ DHMO 8% increase in premium.</li> <li>◆ Dental PPO Low and Dental PPO High: 6.2% increase in premium.</li> </ul> |

This book was designed to provide benefit highlights for all of the plans offered to the entire retiree group. **It is important to note that if you are not currently enrolled in a specific coverage, then you will not be able to add that coverage this year.** For example, if you waived medical coverage previously you cannot add medical coverage now.

## WHAT CHANGES CAN I MAKE?

### ✓ Medical Change Options:

If you are under 65 years old, you may choose from the two plan options, CIGNA's Open Access Plus In-Network or CIGNA's Open Access Plus. CIGNA's Open Access Plus In-Network plan is available in most states. The Open Access Plus In-Network is only available if you are under 65 years old and not on Medicare. If you are over 65 years old or on Medicare due to a disability, you must enroll with the Open Access Plus plan. The Open Access Plus is the only plan that coordinates your benefits with Medicare.

### ✓ Dental Change Options:

You may choose from the three plan options, DHMO, PPO Low, or PPO High with CIGNA Dental.

### ✓ Vision Change Options:

The plan coverages will remain the same for the new plan year with Davis Vision.

### ✓ Life Insurance Change Options:

Core Life and Supplemental Life insurance policies, and both plan coverages will remain the same for the new plan year with The Standard.

### ✓ Drop Insurance Coverage:

You may choose to cancel any or all of your coverage(s). Please remember that if you drop coverage, you permanently waive your right to re-enroll in the program in the future. **If an Enrollment Change Form is not received by the Martin County School District before June 1, 2009, your medical benefits will continue as stated on your personalized statement.**

| Enrollment Restrictions   |
|---|
| <p>Depending on your permanent address, you may be restricted from enrolling in some plans.<br/>For medical and dental insurance plans residency restrictions, you can contact:<br/>CIGNA On-Site Representative at (772) 219-1200, extension 30313</p> |



# Open Enrollment 2009 - 2010

## FRS DEDUCTIONS

If you have an FRS deduction and your pension is not sufficient to cover the costs of your premiums, you must have all deductions withdrawn from your checking or savings account. Please note that you will be required to complete a form in order to change your payment method.

**All benefits (medical, dental, vision, and life) are administered by the Martin County School District.**

**Important Enrollment Reminder**

If an Enrollment Form is not received by the Martin County School District before June 1, 2009, your benefits will continue as stated on your personalized enrollment statement.



# Eligibility & Enrollment Requirements

## WHAT ARE THE INITIAL ELIGIBILITY REQUIREMENTS FOR RETIREE BENEFITS?

Effective with the implementation of the Florida Retirement System's (FRS) Investment plan alternative in 2002, eligibility for retiree insurance benefits will vary depending upon which FRS plan the employee has elected at the end of your employment.

### FRS Pension Plan Retirees

To be eligible to continue benefits as a District retiree under the FRS Pension Plan, the employee must have a minimum of 6 years of service with the Martin County School District and must activate their FRS pension upon separating from the District.

### FRS Investment Plan Retirees

To be eligible to continue benefits as a District retiree under the FRS Investment Plan, the employee must meet the age and service requirements of the Pension Plan (age 62 and 6 years, or 30 years of service), or the retiree must have attained age 59-1/2 and have six years of service with the Martin County School District.

A decision to elect retiree benefits must be made within 30 days of retirement. Failure to respond to enrollment indicates a refusal of coverage. Once a benefit is refused or not elected, it may never be reinstated at a later date. In other words, coverage can be discontinued at any time, but can only be added in limited situations.

## WHAT MEDICAL PLANS CAN I ENROLL IN NOW AS A CURRENT RETIREE?

### Under 65

If you are under 65 years old, you have the option of enrolling in one of the following medical plans.

- ◆ CIGNA Open Access Plus In-Network Plan. CIGNA Open Access Plus Plan In-Network is available in most states
- ◆ CIGNA Open Access Plus Plan (PPO).

### Over 65 or on Medicare early due to Disability

If you are over 65 years old or on Medicare early due to disability, you must enroll in the CIGNA Open Access Plus program because it is the only insurance option that coordinates with Medicare's Part A and Part B plans. You cannot enroll in Medicare Part D and remain under group coverage with the Martin County School District (see Part D information on the next page). The District's insurance program is not a Medicare supplement, it is a secondary insurer.



# Eligibility & Enrollment Requirements

## WHAT IS MEDICARE PART A, PART B AND PART D?

### Hospital Insurance (Part A)

If you are over 65 years old or on Medicare due to disability, you must enroll in Medicare Part A. Most people don't pay a premium for Part A because they or a spouse already paid for it through their payroll taxes while working. Medicare Part A (Hospital Insurance) helps cover inpatient care in hospitals, including critical access hospitals, and skilled nursing facilities (not custodial or long-term care). It also helps cover hospice care and some home health care. Beneficiaries must meet certain conditions to get these benefits.

### Medical Insurance (Part B)

If you are over 65 years old or on Medicare due to disability, you must enroll in Medicare Part B. Most people pay a monthly premium for Part B. Medicare Part B (Medical Insurance) helps cover doctors' services and outpatient care. It also covers some other medical services that Part A doesn't cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary.

### Prescription Drug (Part D)

Most people will pay a monthly premium for Part D. Starting January 1, 2006, prescription drug coverage was made available to everyone with Medicare through Part D. Medicare's Prescription Drug Coverage (Part D) is an insurance plan, so private companies provide the coverage. Since private companies are providing the plan a monthly premium is charged for the coverage.

The prescription drug benefit provided under the District's health insurance program has been actuarially determined to be "creditable". This means that the District's prescription drug coverage is as good as, or better than, the coverage provided under Medicare Part D. Since the District's coverage is "creditable", there will be no premium penalties, should you decide to enroll in Medicare Part D at a later date. Please refer to pages 15 & 16 for your Certificate of Creditable Coverage.

**For those individuals who elect Part D coverage, your medical and prescription coverage under the Martin County School District will end for the individual and all covered dependents. This coverage will terminate when your Part D coverage begins. Once you cancel your medical benefit, you will waive your right to participate or enroll in the benefit at any time in the future.**



## Appeal Process

If your election change request is denied, you will have 30 days from the date that you receive the denial to file an appeal. Your request will be reviewed by a third party. If approved, arrangements must be made with Risk Management / Employee Benefits Department to pay any past due premiums. You have the right to appeal the decision by faxing a written request to Eagles - Benefits by Design (fax: (772) 334-7059) within 30 days of the denial for review. The appeal must contain:

- ✓ Retiree name
- ✓ Date of service for which the request was denied
- ✓ Copy of the denied request
- ✓ The denial letter you received
- ✓ The reason you think your request should not have been denied
- ✓ Any additional documents, information or comments that you think may have a bearing on your appeal.

Appeals are approved only if extenuating circumstances and supporting documentation are within IRS regulations governing the plan.



# Dependent Eligibility Requirements

## Dependent Coverage:

Dependents eligible to participate in the District's plan are defined as the participant's legal spouse and / or an unmarried dependent child of the participant or the participant's spouse. The term "child" includes:

- ◆ A natural child
- ◆ A stepchild
- ◆ A legally adopted child
- ◆ A foster child
- ◆ Grandchild(ren)
- ◆ A child for whom legal guardianship has been awarded to the participant or the participant's spouse

## Dependent Eligibility Age Requirements

Coverage may continue to the end of the calendar year in which the dependent reaches the age of 25 if:

- ◆ The child is dependent upon the policyholder for support, and
- ◆ The child is living in the household of the policyholder, or the child is a full-time or part-time student.

Medical Coverage may continue past the age of 25 to the end of the calendar year in which the dependent reaches the age of 30, if:

- ◆ The child is unmarried with no dependents, and
- ◆ The child is a resident of Florida or a full-time or part-time student, and
- ◆ The child is otherwise uninsured and not entitled to Medicare.

If you elect coverage for a dependent age 26 - 30, you will be subject to an **additional** premium payroll deduction **over and above** the applicable family premium deduction based on your selected tier of coverage. This additional premium deduction will also be deducted on a "post-tax" basis.

## Disabled Dependents

Coverage for an unmarried dependent child may be continued beyond age of 30 if the dependent is physically or mentally disabled, coverage began prior to age 19, and dependent has continuously been insured.



# Dependent Eligibility Documentation Requirements

All dependents must have an established legal relationship to the retiree or spouse to be covered under a District benefit program. Eligibility based on financial dependency upon the retiree, living in the retiree's home and being claimed as a dependent on the retiree's income tax return. The types of documentation accepted are as stated in the chart below. **NOTE: Religious documents and registration cards are not acceptable proof. You may "black out" financial information.**

| Dependent Relationship   | Documentation Required   |
|--|--|
| Spouse   | Copy of State issued marriage certificate <b>AND</b> copy of 2008 IRS tax return (1040 or 1040A) - front & back pages.   |
| Child(ren)   | Copy of State issued birth certificate(s) <b>OR</b> copy of legal guardianship court documents listing the District retiree as legal guardian <b>AND</b> copy of 2008 IRS tax return (1040 or 1040A) - front & back pages.   |
| Dependent Child(ren): Ages 19 -25  | Copy of State issued birth certificate <b>OR</b> copy of legal guardianship court documents listing retiree as legal guardian <b>AND</b> copy of child(ren)'s driver's license or State issued ID card <b>AND</b> Financial & Residential Affidavit <b>AND</b> copy of child's or parent's 2008 IRS tax return (1040 or 1040A) - front & back pages <b>AND</b> copy of child's current school schedule (Spring or Summer 2009 only). |
| Dependent Child(ren): Ages 26 -30  | Copy of State issued birth certificate <b>OR</b> copy of legal guardianship court documents listing retiree as legal guardian <b>AND</b> copy of child(ren)'s driver's license or State issued ID card.  |
| Step-Child(ren)  | Copy of State issued marriage certificate (in addition to the appropriate dependent child documentation listed above).   |
| Child(ren) under Legal Guardianship, Custody or Foster Care under age 30 | Copy of legal guardianship document from courts <b>OR</b> copy of legal custody documentation from courts <b>OR</b> copy of foster care documentation from courts.   |
| Child(ren) Adopted or in the process of Adoption under age 30            | Copy of legal adoption documentation showing relationship to retiree and placement in the retiree's home <b>OR</b> adoption certificate issued through courts.   |
| Grandchild(ren) OR other Child(ren) not related                          | Copy of State issued birth certificate of child(ren) stating child was born to an insured dependent child of retiree (in addition to the appropriate dependent child documentation listed above).  |



# Medical Insurance

## CIGNA Healthcare

Customer Service: (800) CIGNA24 (244-6224)

Website: [www.cigna.com](http://www.cigna.com)

### Open Access Plus In-Network Plan (OAPIN)

The Open Access Plus In-Network Plan (OAPIN) requires you receive services from providers and facilities that participate in the CIGNA OAPIN plan network. However, the "Open Access" feature allows you to visit any provider or facility in the network without having to receive a referral from a Primary Care Physician (PCP). The OAPIN plan will not coordinate benefits with any other medical plan or Medicare.

### Open Access Plus (OAP)

The Open Access Plus (OAP) Plan does not require you to select or coordinate your care through a Primary Care Physician (PCP); Specialist referrals are not required. In addition, you have the freedom to seek services of any provider regardless of their participation in the CIGNA OAP network. However, you will pay less out-of-pocket by seeking care from a participating provider. Providers that do not participate in CIGNA's OAP network may "balance bill". Balance billing is the amount above discounted charge for any service received and the out-of-network provider's retail charge. You are responsible for any balance billing that occurs when an out-of-network provider is used.

### MyCIGNA.com

MyCIGNA.com is CIGNA's member self-service website. This secure website provides you with 24-hour access to many self-service choices and other health related information. Personalized and convenient, log on to MyCIGNA.com to:

- ◆ Verify your personal information
- ◆ Find a provider / facility
- ◆ Search frequently asked questions
- ◆ Review your / dependent coverage
- ◆ View the status of claims
- ◆ Order a new ID card or print a temporary one
- ◆ Learn about your plan's benefits
- ◆ Communicate with Customer Service
- ◆ Learn about CIGNA's value-added programs

### Healthy Rewards

CIGNA's Healthy Rewards program provides access to a full range of health and wellness programs which are often not covered by traditional benefits. To learn about these programs, simply call 1-800-870-3470 or log in to [www.cigna.com](http://www.cigna.com). Healthy Rewards discounts are available by participating providers for such services as:

- ◆ Acupuncture
- ◆ Smoking Cessation
- ◆ Massage Therapy
- ◆ Fitness Clubs
- ◆ Natural Supplements
- ◆ Weight Management
- ◆ Laser Vision Care
- ◆ Hearing Exams and Aids
- ◆ and much more!

### 24-Hour Health Information Line: (800) 564-8982

The CIGNA 24-Hour Health Information Line provides you access to helpful, reliable information on a wide range of topics 24 hours a day, any day of the year. You can listen to tapes on topics that include aging, woman's health, nutrition and surgery. The tapes are regularly updated to include new treatments and medical data. You can also speak with a health information nurse at any time during the call - even if you are in the middle of a health information library tape. Note: for emergencies, you will be directed to call 911.

**Prescription Drug Mail Order Program**  
**Tel-Drug Rx Home Delivery: (800) 835-3784 - Website: [www.teldrug.com](http://www.teldrug.com)**

If you are prescribed certain maintenance medications, you have the opportunity to maximize your savings by participating in CIGNA's prescription drug mail order program.

For example, Generic prescriptions will cost \$7 per prescription or \$21 if you obtain your prescription from a retail pharmacy over a 3 month period. However, the same prescription may be eligible for the mail order program which allows you to receive a 3 month supply of your generic medication, by mail, for only \$14. You save a month's copay as well as enjoy the convenience of having your medication delivered to your home.

Additional information including claim forms and mailing envelopes for the prescription mail order program may be obtained by contacting Risk Management/Employee Benefits Department or visiting [ww.mycigna.com](http://ww.mycigna.com).



# Medical Insurance

## CIGNA HealthCare

*NOTE: The coinsurance percentage listed in the OAP is what the plan pays after the Calendar Year Deductible (CYD) is satisfied.*

| Summary of Benefits  | OAPIN   | OAP                                 |  |
|--|---|-------------------------------------|--|
| Calendar Year Deductible (CYD)   | In-Network Only                                       | In-Network                          | Out-of-Network                                       |
| Per Member   | No Deductible   |                                     | \$300  |
| Per Family   | No Deductible   |                                     | \$600  |
| Out of Pocket Maximum  | In-Network Only                                       | In-Network                          | Out-of-Network                                       |
| Per Member   | \$2,000   | \$1,000                             | \$4,000  |
| Per Family   | \$4,000   | \$3,000                             | \$12,000   |
| Prescriptions - Retail (30 Day Supply)   | In-Network Only                                       | In-Network                          | Out-of-Network                                       |
| Generic  | \$7 Copay   | \$7 Copay                           | Not Covered When Filled at Out-of-Network Pharmacies |
| Preferred Brand Name   | \$30 Copay  | \$30 Copay                          |  |
| Non-Preferred Brand Name   | \$50 Copay  | \$50 Copay                          |  |
| Mail-order (90 Day Supply)   | 2x Retail Copay                                       | 2x Retail Copay                     | Not Covered  |
| Physician Services   | In-Network Only                                       |                                     |  |
| Preventative Care  | \$20 Copay  | 80% After CYD                       | Not Covered  |
| Physician Office Visit   | \$20 Copay  | 80% After CYD                       | 60% After CYD  |
| Specialist Office Visit  | \$40 / \$55   | 80% After CYD                       | 60% After CYD  |
| <i>OAPIN: Specialist copay is \$40 when the Specialist seen participates in the CIGNA "Care" Network</i>                           |   |                                     |  |
| Outpatient Services  | In-Network Only                                       | In-Network                          | Out-of-Network                                       |
| Clinical Lab (Blood Work)  | No Copay  | 80% After CYD                       | 60% After CYD  |
| Diagnostic Services  | No Copay  | 80% After CYD                       | 60% After CYD  |
| Advanced Imaging (MRI, MRA, CT)  | \$100 Copay   | 80% After CYD                       | 60% After CYD  |
| Rehabilitation Services  | Physician/Specialist Copay                            | 80% After CYD                       | 60% After CYD  |
| <i>Rehabilitation Services - Combined 120 Day Maximum Per Calendar Year</i>  |   |                                     |  |
| Hospital Services  | In-Network Only                                       | In-Network                          | Out-of-Network                                       |
| Inpatient  | \$150 per Day (Not to Exceed \$750 per Calendar Year) | 80% After CYD                       | 60% After CYD + \$500 per Admission                  |
| Outpatient   | \$150 per Procedure                                   | 80% After CYD                       | 60% After CYD  |
| Physician Services at Hospital   | No Charge   | 80% After CYD                       | 60% After CYD  |
| Emergency Room   | \$150 Copay   | 80% After CYD                       | 60% After CYD  |
| Urgent Care Center   | \$40 Copay  | 80% After CYD                       | 60% After CYD  |
| Mental Health / Alcohol & Substance Abuse  | In-Network Only                                       | In-Network                          | Out-of-Network                                       |
| Inpatient  | \$200 per Admission                                   | 80% After CYD + \$200 per Admission | 60% After CYD + \$200 per Admission                  |
| Outpatient   | \$20 Copay  | \$20 Copay                          | 60% After CYD  |
| <i>Combined Calendar Year Benefit Maximum: 30 days or 30 visits; Alcohol / Substance Abuse Benefit is for Detoxification Only.</i> |   |                                     |  |
| Lifetime Maximum   | In-Network Only                                       | In-Network                          |  |
| Per Member   | Unlimited   | \$5 million                         |  |

\* For the OAPIN, the out-of-pocket maximum includes all co-pays excluding prescriptions. For the OAP, the out-of-pocket maximum excludes certain services such as expenses over reasonable and customary limits, prescriptions, and procedures deemed not medically necessary.



## Pre-Existing Conditions

You may be subject to pre-existing conditions unless you can show proof of continuous creditable coverage. To learn how to obtain a “certificate of creditable coverage” from your former insurance carrier, please contact the Risk Management/Employee Benefits Department.



## Medicare Secondary Payer (Retirees)

| If the Patient...  | And this Condition Exists...           | Then this Program Pays First...   | And this Program Pays Second |
|--|--|---|------------------------------|
| <i>Has an employer retirement plan and is age 65 or older or disabled and age 65 or older...</i>       | The patient is entitled to Medicare... | Medicare  | Retiree Coverage             |
| <i>Has been in an accident or other situation where no-fault or liability insurance is involved...</i> | The patient is entitled to Medicare... | No- fault or liability insurance for accident or other situation related health care services | Medicare                     |



## Employee Assistance Plan

**CIGNA Behavioral Health**

**Website: [www.cignabehavioral.com](http://www.cignabehavioral.com)**

**Customer Service: (877) 622-4327**

The District provides a comprehensive Employee Assistance Program (EAP) at no cost for you and each member of your family through CIGNA Behavioral Health. The EAP offers access to licensed mental health professionals through a confidential program that is protected by State and Federal Laws. The EAP allows for 5 confidential short-term therapy sessions at no cost to you. Conditions that cannot be treated within 5 sessions may be referred to your health plan.

Examples of the issues addressed by the EAP are provided below.

| EAP Areas of Service |             |                                |
|----------------------|-------------|--------------------------------|
| ♦ Marital            | ♦ Family    | ♦ Depression                   |
| ♦ Alcohol / Drugs    | ♦ Financial | ♦ ...or other personal issues  |
| ♦ Emotional          | ♦ Stress    | affecting your quality of life |



# Dental Insurance

**CIGNA Dental**

**Customer Service: (800) 244-6224**

**Website: [www.CIGNA.com](http://www.CIGNA.com)**

|                  |                         |
|------------------|-------------------------|
| <i>Option 1:</i> | <b>DHMO Dental Plan</b> |
|------------------|-------------------------|

The DHMO is a “pre-paid” dental plan that features no deductibles and offers lower out-of-pocket costs for your dental care needs. **The DHMO requires you to first select a Primary Dental Provider (PDP) to coordinate your dental care prior to receiving services.** If you do not select a PDP, you will not be able to access care until a PDP is selected. You will be able to change your PDP in any given month by calling CIGNA Dental customer service. The change will be effective the 1st of the month following the date of your request. Benefits are only provided when services are received by an in-network dental provider. The specific copay amount that you pay the dentist for covered procedures is listed on your benefits schedule which can be found by logging on to [www.MyCIGNA.com](http://www.MyCIGNA.com). There are no additional charges, pre-existing conditions, or maximum allowances because the in-network dentists have agreed to provide the comprehensive benefits outlined in the plan and accept a set fee schedule; you know how much each covered procedure will cost in advance. Orthodontia is available for both adults and children. Examples of covered services and their corresponding copays are provided below. Note: this plan does NOT coordinate coverage and benefits with any other plan.

| Office Visit              | \$0   | Extraction        |       | Fillings                  |       | Root Canal          |         |
|---------------------------|-------|-------------------|-------|---------------------------|-------|---------------------|---------|
| Periodic Exam             | \$0   | Single Tooth      | \$10  | Amalgam - 1 surface       | \$0   | Anterior            | \$10    |
| Prophylaxis               | \$0   | Partial Impaction | \$55  | Resin - 1 surface         | \$0   | Bicuspid            | \$15    |
| Full Mouth X-rays         | \$0   | Boney Impaction   | \$100 | Sedative                  | \$10  | Molar               | \$230   |
| <b>Crown &amp; Bridge</b> |       | <b>Dentures</b>   |       | <b>Peridontic Therapy</b> |       | <b>Orthodontia*</b> |         |
| Full High Noble Metal     | \$360 | Partial Denture   | \$490 | Root Planning (1/4)       | \$80  | Child               | \$2,280 |
| Porcelain fused to Metal  | \$360 | Complete Denture  | \$425 | Gingivectomy (1/4)        | \$165 | Adult               | \$2,880 |

\*Includes initial visit, banding and 24 month treatment plan

|                  |                            |
|------------------|----------------------------|
| <i>Option 2:</i> | <b>Low PPO Dental Plan</b> |
|------------------|----------------------------|

The Low PPO Dental Plan allows you to use any dentist of your choice. If you use a CIGNA network dentist, your out-of-pocket expenses will be lower than if you seek services from a provider not in the CIGNA network. Once your deductible is satisfied (if applicable), your coinsurance responsibility will be based on the type of services received as provided in the Summary of Benefits table below. For services received out-of-network, the percentage of coinsurance the Low Option PPO will reimburse the provider will be based on **CIGNA’s PPO fee schedule**. Any amount billed above the PPO fee schedule will be the member’s responsibility.



# Dental Insurance

**CIGNA Dental**

**Customer Service: (800) 244-6224**

**Website: www.CIGNA.com**

|                  |                             |
|------------------|-----------------------------|
| <b>Option 3:</b> | <b>High PPO Dental Plan</b> |
|------------------|-----------------------------|

The High PPO Dental Plan also allows you to use any dentist of your choice. If you use a CIGNA network dentist, your out-of-pocket expenses will be lower than if you seek services from a provider not in the CIGNA network. Once your deductible is satisfied (if applicable), your coinsurance responsibility will be based on the type of services received as provided in the Summary of Benefits table below. For services received out-of-network, the percentage of coinsurance the High Option PPO will reimburse the provider will be based on the **usual & customary charge**. Any amount billed above the usual & customary charge will be the member's responsibility.

*NOTE: The coinsurance percentage listed is what the plan pays after the Calendar Year Deductible is satisfied (if applicable).*

| Summary of Benefits                                | Option 2: Low PPO Plan                  |                       | Option 3: High PPO Plan                 |                       |
|--|---|-----------------------|---|-----------------------|
| <b>Calendar Year Benefit Maximum</b>               | <b>In &amp; Out-of-Network Combined</b> |                       | <b>In &amp; Out-of-Network Combined</b> |                       |
| Per Member   | \$1,000                                 |                       | \$1,000                                 |                       |
| <b>Calendar Year Deductibles</b>                   | <b>In &amp; Out-of-Network Combined</b> |                       | <b>In &amp; Out-of-Network Combined</b> |                       |
| Per Member   | \$50                                    |                       | \$50                                    |                       |
| Per Family   | \$100                                   |                       | \$100                                   |                       |
| Waived for Preventative Services?                  | Yes                                     |                       | Yes                                     |                       |
| <b>Benefits / Service Types</b>                    | <b>In-Network</b>                       | <b>Out-of-Network</b> | <b>In-Network</b>                       | <b>Out-of-Network</b> |
| Class I - Diagnostic & Preventative                | 100%                                    | 80%                   | 100%                                    | 100%                  |
| Class II - Basic Restorative                       | 80%                                     | 60%                   | 80%                                     | 80%                   |
| Class III - Major Restorative                      | 50%                                     | 40%                   | 50%                                     | 50%                   |
| Class IV - Orthodontia                             | 50%                                     | 50%                   | 50%                                     | 50%                   |
| <i>Orthodontia Lifetime Benefit Max.</i>           | \$500                                   |                       | \$1,000                                 |                       |
| <b>Service Information</b>                         |   |                       |   |                       |
| Out-of-Network Benefits Payable Level              | PPO Fee Schedule                        |                       | 90% Usual & Customary                   |                       |
| Endodontics / Periodontics Services Classification | Major                                   |                       | Basic                                   |                       |

**PLEASE NOTE: For both the DHMO and PPO Dental Plans, Orthodontia treatment that is already in progress will be handled differently than listed in the Summary of Benefits tables. For further information regarding "Orthodontics in Progress," please contact the Risk Management / Employee Benefits Department.**



# Vision Insurance

## Davis Vision

Website: [www.davisvision.com](http://www.davisvision.com)

Customer Service: (888) 343-3466

When services are received by a Davis Vision network provider, eye exams, frames and spectacle lenses are covered at 100% after a \$10 copay (service frequencies provided below). Contact lenses (in lieu of eyeglasses) are also covered at 100% including lens fitting and evaluation fees. To find the names and addresses of the Davis Vision providers nearest you, log on to [www.davisvision.com](http://www.davisvision.com).

|                                  |   |
|----------------------------------|---|
| <b>In-Network Copay Schedule</b> | Exam - \$10 Copay<br>Lenses, Frames or Contact Lenses* - \$0 Copay  |
| <b>Services Frequency</b>        | Comprehensive Exam - Every 12 Months<br>Lenses - Every 12 Months<br>Contact Lenses* - Every 12 Months<br>Frames - Every 24 months |
| <b>Network Providers</b>         | Private Offices and Retail Outlets  |

\* Contact Lenses In Lieu of Eyeglasses.

The Davis Vision plan also provides a benefit for services received by a vision provider not in the Davis Vision network. You will first be required to pay for services received out-of-network and then file a claim to Davis Vision for reimbursement. The out-of-network reimbursement schedule is provided in the Summary of Benefits table below. Any fees charged in excess of the out-of-network reimbursement will be the member's responsibility.

| Summary of Benefits      | After Copay                                   | Plan Reimbursement    |
|--------------------------|---|-----------------------|
| <b>Eye Examinations</b>  | <b>In-Network</b>                             | <b>Out-of-Network</b> |
| Ophthalmologist          | Paid in Full                                  | Up to \$35            |
| Optometrist              | Paid in Full                                  | Up to \$35            |
| <b>Lenses (per pair)</b> | <b>In-Network</b>                             | <b>Out-of-Network</b> |
| Single                   | Paid in Full                                  | Up to \$25            |
| Bifocal                  | Paid in Full                                  | Up to \$40            |
| Trifocal                 | Paid in Full                                  | Up to \$60            |
| Lenticular               | Paid in Full                                  | Up to \$100           |
| <b>Contact Lenses</b>    | <b>In-Network</b>                             | <b>Out-of-Network</b> |
| Elective (Exam + Lenses) | Up to \$130 credit + 15% Discount on Overages | Up to \$120           |
| Medically Necessary      | Paid in Full                                  | Up to \$210           |
| <b>Frames</b>            | <b>In-Network</b>                             | <b>Out-of-Network</b> |
| "Designer Collection"    | Paid in Full                                  | Up to \$40            |
| Provider Frame           | Up to \$130 credit + 20% Discount on Overages | Up to \$40            |
| <b>Lasik Discount</b>    | 25% Off Regular or 5% Off Any Special Pricing | Not Available         |



# Core Life and Supplemental Life Insurance

The Standard

Website: [www.standard.com](http://www.standard.com)

Customer Service: (800) 628-8600

The table below illustrates the reductions to be applied based on age. The supplemental life insurance policy has a maximum benefit of \$5,000 for retirees.

| Age      | Retired Teachers & Blue/White | Retired Administrators          |
|----------|-------------------------------|---------------------------------|
| Under 65 | \$ 35,000                     | 2 x salary or a max of \$75,000 |
| 65 - 69  | \$ 22,750                     | \$ 48,750                       |
| 70 +     | \$ 17,500                     | \$ 37,500                       |



## 2009 - 2010 Retiree Premiums

Dental, Vision, & Life Rates are the same for all retirees regardless of the retiree's date of retirement.

### *Dental Rates*

| Coverage Tier          | DHMO    | Low Option PPO | High Option PPO |
|------------------------|---------|----------------|-----------------|
| <b>Retiree Premium</b> | \$21.58 | \$21.08        | \$32.30         |
| <b>Family</b>          | \$31.06 | \$33.34        | \$51.06         |

### *Vision Rates*

| Coverage Tier          | Davis Vision Plan |
|------------------------|-------------------|
| <b>Retiree Premium</b> | \$4.96            |
| <b>Family</b>          | \$9.60            |

### *Life Rates*

| Coverage Tier            | Former Teacher<br>Non-Instructional          | Former<br>Administrator |
|--------------------------|--|-------------------------|
| <b>Age 64 or Younger</b> | \$7.70                                       | \$16.50                 |
| <b>Age 65 - 69</b>       | \$5.01                                       | \$10.73                 |
| <b>Age 70 +</b>          | \$3.85                                       | \$8.25                  |
| <b>Supplemental Rate</b> | \$1.45 (regardless of classification or age) |                         |

To calculate the total Retiree & Family premium, add the Retiree premium and the Family premium together. Dependent Age 25-30 Premium is in addition to the Family/Spouse and Retiree Premium.



# 2009 - 2010 Retiree Premiums

## Medical Insurance

Former Teachers & Administrators retired BEFORE 10/1/2002 & Former Non-Instructional retired BEFORE 2/01/2003.

| Under Age 65          |                |                |               |               |
|-----------------------|----------------|----------------|---------------|---------------|
| Coverage Tier         | Years Employed | % Paid by MCSD | OAPIN         | OAP           |
| Retiree Premium       | 0 - 14         | 0%             | \$519.00      | \$766.22      |
|                       | 15 - 19        | 25%            | \$389.25      | \$582.17      |
|                       | 20 - 24        | 50%            | \$259.50      | \$388.11      |
|                       | 25             | 75%            | \$129.75      | \$194.06      |
|                       | 26 - 29        | 75%            | State Subsidy | \$194.06      |
|                       | 30 +           | 100%           | State Subsidy | State Subsidy |
| Family/Spouse Premium |                |                | \$511.80      | \$856.00      |
| Dependent Age 25-30   |                |                | \$247.96      | \$392.90      |

| Over 65 or on Medicare Due to Disability |                       |                |               |
|--|-----------------------|----------------|---------------|
|  | Years Employed        | % Paid by MCSD | OAP           |
| Retiree Premium                          | 0 - 14                | 0%             | \$388.98      |
|  | 15 - 19               | 25%            | \$291.74      |
|  | 20 - 24               | 50%            | \$194.49      |
|  | 25 - 29               | 75%            | State Subsidy |
|  | 30 +                  | 100%           | State Subsidy |
|  | Family/Spouse Premium |                |               |

Former Teachers & Administrators retired AFTER 10/1/2002 & Former Non-Instructional retired AFTER 02/01/2003.

| Under Age 65          |                |                |               |          |
|-----------------------|----------------|----------------|---------------|----------|
| Coverage Tier         | Years Employed | % Paid by MCSD | OAPIN         | OAP      |
| Retiree Premium       | 0 - 14         | 0%             | \$519.00      | \$776.22 |
|                       | 15 - 19        | 25%            | \$389.25      | \$646.47 |
|                       | 20 - 24        | 50%            | \$259.50      | \$516.72 |
|                       | 25             | 75%            | \$129.75      | \$386.97 |
|                       | 25 - 29        | 75%            | State Subsidy | \$386.97 |
|                       | 30 +           | 100%           | State Subsidy | \$257.22 |
| Family/Spouse Premium |                |                | \$511.80      | \$856.00 |
| Dependent Age 25-30   |                |                | \$247.96      | \$392.90 |

| Over 65 or on Medicare Due to Disability |                       |                |               |
|--|-----------------------|----------------|---------------|
|  | Years Employed        | % Paid by MCSD | OAP           |
| Retiree Premium                          | 0 - 14                | 0%             | \$388.98      |
|  | 15 - 19               | 25%            | \$259.23      |
|  | 20 - 24               | 50%            | \$129.48      |
|  | 25 - 29               | 75%            | State Subsidy |
|  | 30 +                  | 100%           | State Subsidy |
|  | Family/Spouse Premium |                |               |



# Notice of Privacy Practices

---

## HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT ADMINISTRATIVE SIMPLIFICATION (HIPAA-AS) NOTICE OF PRIVACY PRACTICES

### OUR LEGAL DUTY

As the Employer/Plan Sponsor of a Group Health Plan, the District must comply with applicable federal and state laws to maintain the privacy of your protected health information (PHI). We want you to be aware of our privacy practices, our legal duties, and your rights concerning your PHI. This notice took effect April 14, 2003, and will remain in effect until a revised notice is issued.

We reserve the right to change our privacy practices and the terms of this notice at any time and to make the terms of our notice effective for all PHI that we maintain. Before we make a significant change in our privacy practices, we will change this notice and communicate the notice to employees.

### USES AND DISCLOSURES OF PHI

The District will use and disclose PHI only as permitted under HIPAA:

- A. The District as a Health Plan Sponsor (HPS) may receive PHI from employees as needed to enroll participants in a plan or specific benefit.
- B. The District may receive information directly from employees in coordinating the receipt of benefits such as pre-certification or authorization, eligibility, claims issues, treatment payments, billing and similar services.

1. *Minimal disclosure of Protected Health Information (PHI)*

The District takes steps to limit the amount of PHI we disclose or request to the minimum necessary. To help ensure that only the minimum amount necessary is provided, District employees are required to verify the extent of information required before providing the information. Similarly, when requesting information from entities outside of the District, District employees will limit their request to only the amount of information that is necessary for completing the task at hand. The District will not disclose PHI to outside entities for marketing or business purposes.

2. *Limited employee access to Protected Health Information (PHI)*

The District further protects PHI in our offices from unintentional disclosure by identifying those individuals who are permitted to handle such information and helping to ensure through technical, organizational, and electronic mechanisms that guidelines for handling, uses, and disclosure of information are followed.

### AUTHORIZATION AND CONSENT

The District may not use or disclose PHI for purposes other than enrollment, treatment, payment, operations and disclosures required by HIPAA law without a valid authorization. The authorization is a document requested and signed by the employee for a specified purpose and time frame.

### INDIVIDUAL RIGHTS

With respect to any employee's protected health information, the employee has the right to:

- A. Request restrictions on uses and disclosures;
- B. Receive copies of and review original confidential communications;
- C. Inspect and receive a copy of their own protected health information;
- D. Receive an accounting of any disclosures;
- E. Amend any records that contain PHI; and
- F. Receive a paper copy of the notice of the District's Privacy Practices or the District's Privacy Policy.



# Notice of Privacy Practices

---

## PRIVACY OFFICIAL

Linda King, Risk Management / Employee Benefits Manager is the Privacy Official for the District. The Privacy Official is responsible for the development and implementation of policies and procedures relating to privacy, including but not limited to this Privacy Policy. The Privacy Official shall be authorized to sign all notices, agreements and other HIPAA related documents required by law or implementing regulations.

## CONTACT PERSON

Kerry Lewis, Benefits Specialist, will serve as the Contact Person for participants who have questions, concerns or complaints about the privacy of their PHI.

## COMPLAINTS

The District takes privacy concerns seriously. If an employee believes that the District may have violated their privacy rights, with respect to his or her PHI, or if the employee has other related inquiries or concerns, the employee may complain to us using the contact information in the front of this booklet. The employee is encouraged to put his or her concern in writing to Kerry Lewis, Benefits Specialist, who is the designated Contact Person for the District. The employee also has the right, at any point, to notify the Secretary of the U.S. Department of Health and Human Services of his or her complaint.



# Medicare & Prescription Drug Coverage

---

## IMPORTANT NOTICE FROM THE MARTIN COUNTY SCHOOL DISTRICT ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and **keep it for your records**. This notice has information about your current prescription drug coverage with the Martin County School District 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.

## KEY FACTS

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.

The Martin County School District has determined that the prescription drug coverage with CIGNA HealthCare is creditable coverage. That means the drug benefit is expected to pay out as much as the standard Medicare prescription drug coverage pays.

Because your existing coverage with the Martin County School District is, on average, at least as good as the standard Medicare prescription drug coverage, you can keep this coverage and not pay a penalty (higher premium) if you later decide to join a Medicare drug plan in the future.

## HOW IS THE MEDICARE PENALTY CALCULATED?

If you go 63 continuous days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.



# Medicare & Prescription Drug Coverage

## MEDICARE ENROLLMENT OPTIONS

Should you decide to join a Medicare prescription plan you would be eligible to enroll when you first become eligible for Medicare and each year from November 15<sup>th</sup> through December 31<sup>st</sup>. If you have a coverage gap between the period when your creditable coverage ends and when your Medicare prescription coverage begins you may pay a penalty (higher premium). You may be required to pay the higher premium as long as you have the Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) to join a Part D plan because you lost creditable coverage. In addition, if you decide to drop 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 available plans offering Medicare prescription drug coverage in your area.

## HOW WOULD ENROLLING IN MEDICARE PART D IMPACT YOUR MEDICAL BENEFITS WITH THE MARTIN COUNTY SCHOOL DISTRICT?

If you decide to join a Medicare drug plan, your coverage with the Martin County School District will be affected. For those individuals who elect Part D coverage, your medical and prescription coverage with the Martin County School District will terminate for the individual and all covered dependents.

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

You will receive this notice each year. For more information about this notice or your current prescription drug coverage with the Martin County School District, please contact the Risk Management/Employee Benefits Department at (772) 219-1200 extension 30206.

## 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](http://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](http://www.socialsecurity.gov), or call them at (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 whether or not you are required to pay a penalty (higher premium).**



