

# Your Employee BENEFITS

## Benefits Enrollment Guide

### Benefit Plan Year

October 1, 2014 – September 30, 2015

Volusia County Schools (the District) is proud of our employees and their commitment to excellence in education. We recognize that you are the difference in the lives of the students we serve. This is why we offer an excellent compensation and benefits package. This enrollment guide will help you make the best decisions regarding your coverage by providing information about:

- Eligibility requirements
- Paying for your benefits
- Enrollment procedures
- Benefit plans and contact information

## What's New for '14-'15

- **Life Insurance Open Enrollment**—Enroll for up to **3 TIMES** salary in Supplemental Life Insurance during Annual Enrollment. **No one will be denied coverage; no questions and no forms to complete.** Coverage will be effective on October 1.
- **Rate increases** for medical, dental, and disability insurance
- **Changes** to medical plans:
  - All Florida Health Care Plans—Increased copayments for emergency services, outpatient care, and prescription drugs
  - PPO and HRA—Increased out-of-pocket maximum and prescription drug copayments

## Eligibility

As a benefit-eligible\* employee, you may enroll in the benefit plans offered in this guide. You may also elect coverage for your dependents (when available), including your legal spouse and/or your children who meet plan-specific age and status requirements.

*\*Please refer to your contract for eligibility requirements.*

## Annual Enrollment Information

As a benefit-eligible employee, you may add, drop, or change your benefit elections each year during the Annual Enrollment period. All changes made during Annual Enrollment will be effective October 1, 2014 and will remain in force for the remainder of the plan year unless you have a qualifying change in status.



## Annual Enrollment

**August 13–27, 2014  
by 5:00 p.m.**

**Add, drop, or change  
your coverage**

### News of Note

#### Wellness Benefits

Be sure to take the Health Risk Assessment for access to Wellness Program benefits, which include free gym access and Weight Watchers discount. HRA schedule is available on the ePortal.

#### Benefit Deductions

A 20-pay deduction schedule for benefits will continue for all pay groups. Your new deductions will be withheld beginning with the first paycheck in September.

### Update Your Beneficiary Information

Make sure that the people who depend on you are protected financially.

#### Life Insurance

Contact Elaine Rosa  
386-523-9700 ext. 316.

#### Florida Retirement System

Contact 888-738-2252.

#### 403(b) Tax Shelter

Contact your local agent.

### Life Insurance

**If you and your spouse are employed by Volusia County Schools and are benefit-eligible, you cannot elect dependent life insurance for each other. And, only one of you may cover your children.**

### No Benefit Changes?

1. Please log on to the **eCare** system to review and update your dependent information.
2. FSA Participants: You must log on and re-enroll in your FSA(s) for the 2014-2015 plan year.
3. If you don't want an FSA and you are not making changes, your current elections (except FSAs) will roll over and become effective October 1, 2014.

## Medical Benefits

### Before Enrolling

Visit each carrier's website to view a list of in-network providers and the plan's prescription drug formulary. Provider networks and covered prescriptions vary from plan to plan.

### Once Enrolled

Provider networks and prescription drug formularies may change from time to time, so visit your carrier's website periodically and check your plan's prescription drug formulary.

## Medical Benefits at a Glance

Percentages shown are the coinsurance amount you pay after you meet the deductible. Out-of-network coinsurance is based on reasonable and customary (R&C) charges determined by the plan.

**RED = New**

### Benefits

Health Reimbursement Account (HRA)

Deductible

- Individual/Family

Annual Out-of-Pocket Maximum

- Individual/Family

Lifetime Maximum

PCP/Doctor Office Visits

**Routine Preventive Care**

Specialist Visits

**Emergency Room**

**Urgent Care Center**

Hospital Inpatient

**Hospital Outpatient**

Lab/X-Ray

**Advanced Imaging**

### Retail Prescription Copays<sup>2</sup>

Preferred Generic

Non-Preferred Generic

Preferred Brand<sup>3</sup>

Non-Preferred Brand<sup>3</sup>

Pre-Approved Specialty

### Mail-Order Prescription Copays<sup>2</sup>

Preferred Generic

Non-Preferred Generic

Preferred Brand<sup>3</sup>

Non-Preferred Brand<sup>3</sup>

## Florida Health Care Plan

### HMO

**In-Network Only**

### Triple Option

**Option 1  
In-Network**

**Option 2<sup>1</sup>  
Expanded Network**

**Option 3  
Out-of-Network**

N/A

N/A

N/A

N/A

None

None

\$250/\$500

\$500/\$1,000

\$2,000/\$4,000

\$2,000/\$4,000

\$3,000/\$6,000

\$6,000/\$12,000

Unlimited

Unlimited

\$20 Copay

\$20 Copay

\$30 Copay

50% A

**\$0 Copay**

**\$0 Copay**

**\$0 Copay**

**50% A**

\$35 Copay

\$35 Copay

30% AD

50% A

**\$200 Copay**

**\$200 Copay**

**\$200 Copay**

**\$200 Copay**

**\$75 Copay**

**\$75 Copay**

**\$75 Copay**

**\$75 Copay**

\$250 Copay

\$250 Copay/Day

N/A<sup>1</sup>

50% A

(Days 1-5)

(Days 1-5)

**\$200 Copay**

**\$200 Copay**

N/A<sup>1</sup>

50% A

\$0

\$0

N/A<sup>1</sup>

50% A

**\$25**

**\$25**

N/A<sup>1</sup>

50% A

### Applies to Options 1, 2 & 3

FHCP

Walgreens

FHCP

Walgreens and/or Publix

\$3

N/A

\$3

N/A

N/A

**\$12**

**\$20**

**\$12**

**\$20**

**\$20**

**\$35**

**\$40**

**\$35**

**\$40**

**\$40**

**\$60**

**\$65**

**\$60**

**\$65**

**\$65**

**\$100**

**N/A**

**\$100**

**\$100**

**\$100**

\$6

N/A

\$6

Walgreens and/or Publix

**\$33**

**N/A**

**\$33**

Not Covered

**\$102**

**N/A**

**\$102**

**\$177**

**N/A**

**\$177**

<sup>1</sup> Option 2 under the Triple Option Plan includes physicians only; no facilities are included.

<sup>2</sup> FHCP 31-day supply retail, 93-day supply mail order; FLBlue 30-day supply retail, 90-day supply mail order.



# GUIDE TO YOUR EMPLOYEE BENEFITS

## Out-of-Pocket Maximum

When your share of medical expenses reaches the out-of-pocket maximum, the plan will begin paying 100% of eligible expenses for the remainder of the plan year. Typically, this includes your deductible, copays, and coinsurance, and excludes prescription drugs. However, the expenses that apply to the out-of-pocket maximum may vary by plan. Please review the benefit plan summaries available on the District's website for more information.

## Summary of Benefits

The comparison chart below highlights the major features of each medical plan offered by VCSB. This comparison is only a summary; actual policy provisions will apply and take precedence over the information contained in this enrollment guide. Please refer to the summary plan description for additional information or call Florida Health Care Plan or Florida Blue for more information.

**AD = After Deductible  
(Calendar Year)**

**Gap\* = The additional deductible amount  
you have to pay after the HRA is depleted.**

Point-of-Service (POS)			
	In-Network Only	Out-of-Network	
	N/A	N/A	
000	\$1,500/person	\$4,500/person	
2,000	\$5,000/\$10,000	\$10,000/\$20,000	
	Unlimited	Unlimited	
D	\$35 Copay	50% AD	
D	<b>\$0 Copay</b>	<b>50% AD</b>	
D	\$50 Copay	50% AD	
ay	10% AD	10% AD	
ay	10% AD	10% AD	
D	10% AD	50% AD	
D	10% AD	50% AD	
D	\$0 Lab, \$50 X-ray	50% AD	
D	10% AD	50% AD	
FHCP Walgreens Out-of-Network			
	\$3	N/A	N/A
	\$12	\$20	N/A
	\$35	\$40	N/A
	\$60	\$65	N/A
	\$100	\$100	N/A
FHCP Walgreens Out-of-Network			
	\$6	N/A	N/A
	\$33	N/A	N/A
	\$102	N/A	N/A
	\$177	N/A	N/A

Florida Blue			
PPO		Health Reimbursement Account (HRA)	
In-Network Only	Out-of-Network	In-Network Only	Out-of-Network
N/A	N/A	\$600/Employee; \$600/Family	
\$600/\$1,200		\$1,650/\$2,400 (\$1,050/\$1,800 Gap*)	
\$3,250/\$6,500		\$3,250/\$6,500 (Gap + HRA count toward this)	
Unlimited		Unlimited	
15% AD	30% AD	15% AD	30% AD
<b>0%</b>	<b>30%</b>	<b>0%</b>	<b>30%</b>
<b>Deductible waived</b>		<b>Deductible waived</b>	
15% AD	30% AD	15% AD	30% AD
15% AD	15% AD	15% AD	15% AD
15% AD	30% AD	15% AD	30% AD
15% AD	\$300	15% AD	\$300
	then 30% AD		then 30% AD
15% AD	30% AD	15% AD	30% AD
15% AD	30% AD	15% AD	30% AD
15% AD	30% AD	15% AD	30% AD
Florida Blue Mail Order Pharmacy			
\$15	50% of Allowed Amount	\$15	50% of Allowed Amount
\$30		\$30	
\$50		\$50	
\$100		\$100	
\$30	50% of Allowed Amount	\$30	50% of Allowed Amount
\$60		\$60	
\$100		\$100	

<sup>3</sup>If you purchase a preferred or non-preferred brand drug when a generic is available, you will be responsible for paying the average wholesale price (AWP) for that prescription.

## Medical Benefits — *continued*

### **We are happy to announce the 2014 Health Risk Assessment schedule!**

You spoke and we listened! The majority of you expressed a desire to take the Health Risk Assessment (HRA) **before** the school year starts. We are happy to report that we will start the HRAs earlier this year, starting Wednesday, June 18, 2014 through Saturday September 13, 2014, on select days and times. We will be increasing our staff at each HRA, allowing us to take a large number of appointments at each event.

**Appointments will be required. The online scheduling tool, pickATime, is available NOW on the ePortal.**

## Five Medical Plans to Choose from

### **Florida Health Care HMO**

With this plan, you must use in-network doctors and facilities. There is no out-of-network coverage, except for qualified emergencies. This means you will pay the full cost of care if you use out-of-network providers. When you use in-network providers, you will pay a copay for services.

### **Florida Health Care Triple Option**

When you enroll in the Florida Health Care Triple Option Plan, you have three options for service. The providers and coverage levels are different in each option, so be sure you understand the network before enrolling in and using this plan. Visit Florida Health Care's website at [www.fhcp.com](http://www.fhcp.com) to view a list of network providers in the Triple Option Plan.

✓ **Option 1—In-Network:** When you use Option 1 in-network providers, you do not pay a deductible and you pay the lowest copays of the three options.

✓ **Option 2—Expanded Network:** If your doctor or health care provider isn't in the Option 1 network, he or she may participate in the Option 2 expanded network. Copays are higher for doctor office and specialist visits in Option 2. You will have to meet your deductible, and then pay coinsurance for certain services like durable medical equipment.

✓ **Option 3—Out-of-Network:** You will always pay the highest amount when you use Option 3. You should only use Option 3 if you have to go to a provider who is not in the Option 1 or 2 networks. You may be billed by the Option 3 provider for any amount that exceeds the plan's usual and customary charges.

### **Florida Health Care Point-of-Service (POS) Plan Lowest Monthly Premiums for Dependent Coverage**

The POS Plan may be best for employees and their families who do not have a lot of medical expenses, but want comprehensive coverage in case of a catastrophic illness or injury.

The POS Plan has the lowest payroll deductions for dependent coverage compared to the other plans. (Note: the premiums for employee only coverage are the same for all plans; see page 8.) While this plan has the lowest premiums for dependent coverage, it has the highest out-of-pocket maximum.

### **Florida Blue PPO**

When you enroll in the PPO, you can use either in- or out-of-network providers, but you will always pay less when you use in-network providers. There are no copays except for prescription drugs. This means you will have to pay the annual deductible before the plan begins to pay its share of coinsurance. Once you meet the deductible, you pay coinsurance until you reach the plan's out-of-pocket maximum.

### **Florida Blue Health Reimbursement Account**

When you enroll in the Health Reimbursement Account (HRA) Plan, the District deposits \$600 into an account for you. You can use that money to pay a portion of your deductible, so if you don't have many expenses during the year, you may not have to pay much (or anything) out of pocket. Once your account is depleted, you pay 100% of your expenses until you meet your remaining deductible amount (e.g., another \$1,050 in-network for individuals or \$1,800 in-network for families).

**Note:** You can use your HRA dollars to pay for prescriptions.



## Things to Think About Before Enrolling

Employees might consider a plan with lower premiums, like the POS Plan, if they and their covered dependents are healthy and don't go to the doctor often. However, plans with lower premiums often have a higher deductible, out-of-pocket maximum, copays, and/or coinsurance.

That's why it's important to budget for your medical expenses, just as you would any other major purchase. Taking the time to estimate your expenses now could save you money later.

You can make copies of the worksheet below to estimate your costs for each plan you are considering. Your medical plan's website may offer useful information along with tools and calculators to help you estimate your costs.

Before you enroll, consider the following:

- ✓ How does the coverage offered by your spouse's employer compare to the District's plans?
- ✓ Anticipate your expenses.
  - How often might you see a doctor?
  - What expenses from last year are you likely to repeat again this year?
  - What new medical expenses are you likely to incur this year?
- ✓ Do you need to use out-of-network providers?

✓ Visit each carrier's website.

- Search the online drug formulary to find out if your prescription drugs are covered and how much they will cost. Drug formularies and costs vary by insurance carrier.
- Use the online provider directory to see if a plan's network includes your physician. Consider what you will pay if you have to use an out-of-network provider.

### Consider your costs and:

1. Estimate how often you and your covered dependents are likely to use your benefits (i.e., doctor visits, prescriptions, hospitalizations). Consider whether you need to use out-of-network providers.
2. Using the medical expense planner below, calculate your premiums and estimate your expenses for each plan you are considering. Make sure to include copays, deductibles, coinsurance, etc. If you are considering the HRA Plan and/or your spouse's plan offers an HRA, be sure to subtract the amount of your HRA on line 3.
3. If your spouse has coverage through his or her employer, calculate your costs under that plan.
4. Add your payroll deductions premiums and expenses to come up with your estimated total cost for medical care.

### Medical Expense Planner

**Refer to the medical plan comparison chart on pages 2–3 and the rate chart on page 8.**

	Your Estimated IN-NETWORK Medical Expenses*		
	Enter the name(s) of the District plan(s) you are comparing		Your Spouse's Plan
<b>1. Annual Payroll Deductions</b> Multiply the <i>Employee Cost Per Paycheck</i> on page 8 by 20 periods.			
<b>2. Add Your Annual Deductible</b>	+	+	+
<b>3. Subtract Health Reimbursement Account</b> (if applicable)	-	-	-
<b>4. Coinsurance or copay after you pay the deductible</b>			
• PCP/Doctor Office Visits	+	+	+
• Specialist Visits	+	+	+
• Urgent Care Center	+	+	+
• Emergency Room	+	+	+
• Hospital Inpatient	+	+	+
• Hospital Outpatient	+	+	+
• Prescription Drug Copays	+	+	+
• Other	+	+	+
<b>Totals</b>			

\*The FHCP HMO does not cover out-of-network care except for emergencies. All other plans cover out-of-network care, but at significantly higher out-of-pocket costs than for in-network care.

## Medical Benefits—*continued*

### Adult Dependent Coverage

The following explains the coverage options for adult dependent children under health care reform and Florida law. **Eligibility rules for all other dependents remain in effect.**

### Health Care Reform Legislation—Birth to Age 26

You may enroll your adult dependent child(ren) up to age 26 (until the 26th birthday) under the health care reform provisions. They are eligible, even if they are married or not a full-time student.

### Florida Law—Ages 26 to 30

If you are currently enrolled in a Volusia County School-sponsored medical plan, you may be able to enroll your adult child(ren) who are age 26 to 30 in your medical plan, without providing proof of insurability to the medical insurance carrier. To qualify, your adult child must meet **all** of the following eligibility criteria. Your adult child must:

- ✓ Be unmarried and have no dependent children of his or her own,
- ✓ Be a resident of the state of Florida or a full-time or part-time student, and

- ✓ Have no medical insurance as a named subscriber, insured, enrollee, or covered person under any other group, blanket, or franchise health insurance policy or individual health benefits plan; or not be entitled to benefits under Title XVII (Medicare) of the Social Security Act.

### Florida KidCare— Affordable Health Care for Kids

Florida KidCare is a state-sponsored health care program for children from birth through age 18 who meet specific eligibility requirements. Most children are eligible if they:

- Do not have health insurance
- Are 18 years of age and under
- Are a Florida resident
- Are a U.S. citizen or qualified noncitizen
- Are not in a public institution

Florida KidCare is not a District-sponsored benefit plan. Obtaining coverage under this program is NOT a qualifying event to remove dependent children from VCSB group insurance. For more information and for application assistance, please direct all calls to the Volusia County Schools KidCare Outreach Nurse, Kathyann Carmona RN, BSN 386-734-7190 Extension 20516 or email her at [khcarmon@volusia.k12.fl.us](mailto:khcarmon@volusia.k12.fl.us).

## Important Information

### Florida Health Care Plan (FHCP) Provider Network

If you enroll in the **Florida Health Care Triple Option** or the **Florida Health Care HMO**, your network of providers in Volusia and Flagler counties will not change.

If you enroll in the **Florida Health Care HMO**, you still need a referral from your primary care provider. They may or may not refer you to someone in the Florida Blue network outside Volusia and Flagler counties.

If you are outside the Volusia or Flagler County area, emergency care is covered at the HMO benefit level, regardless of where care is received. HMO participants may contact the member services number on the back of their ID card for assistance in finding providers for emergency or urgently needed care.

If you enroll in the **Florida Health Care Triple Option**, you can use the Florida Blue HMO network outside Volusia and Flagler counties but within Florida with no referral. Outside Florida but within the United States, you can access the Florida Blue BlueCard network with no referral.

If you enroll in the **Florida Health Care Point-of-Service (POS) Plan** and you receive care from the Florida Blue PPO network, benefits will be paid at the out-of-network level, based on the negotiated discounted fee.

If you have questions about the network, please contact Florida Health Care Member Services at 386-676-7100.



## Important Information—*continued*

### Florida Blue Deductibles

The plan year runs from October 1 to September 30. However, your deductible is based on the calendar year (January 1 to December 31), not the plan year.

If you move from the HRA Plan to the PPO Plan, or vice versa, your deductible will change accordingly. The portion of the calendar year deductible you have met under the HRA or PPO Plan from January 1 through September 30 will count toward your new Florida Blue election that begins October 1, 2014. (Florida Blue deductibles do not count toward Florida Health Care Plan deductibles nor vice versa.)

For example, the deductible for the HRA Plan is higher (\$1,650 for single and \$2,400 for family) than the deductible for the PPO Plan (\$600 for single and \$1,200 for family). If you switch from the PPO to the HRA, your deductible will increase. Even if you had already satisfied your PPO Plan deductible this year, you will need to meet the additional deductible for the HRA Plan.

In addition, your calendar year deductible will reset on January 1. The good news is that the Florida Blue health plans have a 4th quarter deductible carryover. Any portion of your deductible that is met between October 1 and December 31, 2014, will be carried over to reduce your 2015 calendar year deductible.

Your out-of-pocket maximum (the most you can pay for covered services in any year) is also based on the calendar year and will reset on January 1. There is no 4th quarter carryover provision for the out-of-pocket maximum.

### HRA Runout

**Important! If you switch from the HRA Plan to another health plan and you have money remaining in your HRA account:** You will have nine months to use your account balance for eligible expenses, including prescriptions. Any money remaining after that time will be forfeited.

## Flexible Spending Accounts (FSAs)

Qualified expenses can be paid with tax-free dollars when you enroll in an FSA. Here's how it works. Each payday, your tax-free payroll deductions are deposited into your FSA. Then, as you incur eligible expenses, you are reimbursed from your accounts.

Consider enrolling in an FSA if you:

- Pay deductibles, copays, and/or coinsurance.
- Have upcoming dental and/or orthodontia expenses.
- Buy prescription eyeglasses or contact lenses.
- Pay a daycare center or housekeeper to take care of your children or elderly parents.

There are two kinds of FSAs available:

- **Medical Spending Account (MSA)** for medical, dental, and vision expenses for you and your eligible dependents.
- **Dependent Care Spending Account (DCSA)** for eligible dependent *daycare expenses* for your children and/or elderly parents so you and your spouse can go to work.

Note that you cannot transfer money between accounts. For more information and a list of eligible and ineligible expenses, go to [www.tasconline.com](http://www.tasconline.com).

The FSAs are administered through Total Administrative Services Corporation (TASC). TASC program participants will receive a debit card to use at the point of sale. Participants can file claims online, by mail, or by fax. You can check your balance and sign up for direct deposit at [www.tasconline.com](http://www.tasconline.com). You can also download the free mobile app *MyTASCmobile* and manage your FSA on the go.

It's important to estimate conservatively because any money left in your account after the following deadlines will be forfeited:

- **Medical Spending Account (MSA):** Incur expenses by December 15, 2015, and submit reimbursement claims by December 31, 2015.
- **Dependent Care Spending Account (DCSA):** Incur expenses by September 30, 2015, and submit reimbursement claims by December 31, 2015.

**During Annual Enrollment**, you specify the dollar amount you'd like to contribute to your FSA from each paycheck, up to the annual maximum of \$2,500 for an MSA and \$5,000 for a DCSA. **Please remember, FSA enrollment is not automatic.** If you want to continue participating in an FSA, **you must re-enroll during Annual Enrollment.**

### Attention, FSA and HRA Participants: Request and Save Your Receipts!

Every time you visit a provider (doctor, pharmacy, medical facility), ask for an *itemized receipt detailing the specific codes for services rendered*. Keep these receipts where you can easily access them. The IRS requires all transactions that are submitted for reimbursement to be validated, including debit card transactions. **So be prepared should you be audited.**

### Attention, HRA Participants

If you are enrolling in the HRA, you will receive a direct pay card from TASC for your qualified medical expenses.

# GUIDE TO YOUR EMPLOYEE BENEFITS

## Medical Benefits—continued

Plan Year October 1, 2014 – September 30, 2015

Premiums will be deducted over 20 paychecks for ALL employees beginning with the first September check.

### Health Insurance Rates

#### Florida Health Care



Level of Coverage	TRIPLE OPTION		HMO		POS	
	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck
Single	\$20.00	\$12.00	\$20.00	\$12.00	\$20.00	\$12.00
Employee & Child(ren)	\$470.52	\$282.31	\$420.84	\$252.50	\$338.37	\$203.02
Employee & Spouse	\$599.24	\$359.54	\$535.37	\$321.22	\$429.33	\$257.60
Family	\$985.41	\$591.25	\$878.95	\$527.37	\$702.21	\$421.33
Split Family*	\$180.91	\$108.55	\$163.16	\$97.89	\$133.70	\$80.22
District Contribution	\$623.60		\$552.64		\$434.81	

#### Florida Blue



Level of Coverage	PPO		HRA	
	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck
Single	\$20.00	\$12.00	\$20.00	\$12.00
Employee & Child(ren)	\$601.34	\$360.80	\$565.98	\$339.59
Employee & Spouse	\$767.46	\$460.48	\$721.98	\$433.19
Family	\$1,265.74	\$759.44	\$1,190.02	\$714.01
Split Family*	\$277.63	\$136.58	\$215.00	\$129.00
District Contribution	\$810.48		\$810.02	

\* Split-family coverage is only available to a husband and wife who work for the District. Rate shown is per employee.

### Dental Insurance Rates

#### Delta Dental

#### DeltaCare



DeltaCare® USA

Level of Coverage	DPO		DMO	
	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck
Single	\$13.24	\$7.94	\$0.00	\$0.00
Employee + 1 (Spouse or Child)	\$35.00	\$21.00	\$10.44	\$6.26
Family	\$52.81	\$31.69	\$23.15	\$13.89
District Contribution	\$16.10		\$16.10	

### Vision Insurance Rates

#### Vision Care

Level of Coverage	Monthly Premium	Employee Cost Per Paycheck
Single	\$6.50	\$3.90
Family	\$18.60	\$11.16
District Contribution	\$0.00	

All rates listed apply to employees who begin on the first day of the contract year and do not miss any scheduled deductions.

For those employees who begin after the first day of their contract year or have a break in service, the insurance deduction amounts will be calculated and adjusted to ensure that the correct premiums will be collected for coverage through September 30.



## WorkForce Wellness

WorkForce Wellness is a partnership between Volusia County School Board (VCSB) and Florida Health Care Plans (FHCP) to align your health benefits and your health care services through this new innovation in health care at no additional cost and no additional enrollment. Appointments are only \$8 for FHCP members and are available before and after work. Such appointments are not necessary but are recommended.

Benefits to Florida Blue and Florida Health Care members\*:

- Convenient and saves time
- Extended care hours at FHCP clinics with same-day appointments
- Personalized and confidential wellness visits and health coaching for you and covered dependents
- Access to a customized library of quick, easy-to-understand wellness materials
- Development and implementation of wellness activities, such as walking programs, to assist you in your wellness journey
- Quarterly meetings between your VCSB Wellness Action Team representatives and FHCP to develop targeted initiatives for you
- Regular reminders to help ensure you receive necessary preventive services

More information about WorkForce Wellness is available on the ePortal.

*\* Regular coinsurance and copay apply.*

## Other Benefits

- **Dental**—To help you and your family maintain proper dental health, two dental plan choices are offered. **Delta Preferred Option (DPO)** allows you the freedom to visit any dentist. Your out-of-pocket costs tend to be lower when receiving care from a DPO dentist. The **DeltaCare (DMO)** plan offers many services that are covered at no cost, while others have copayments for certain benefits. Members visit their contract dentist for routine services and need a referral for specialist care.
- **Vision**—The vision plan provided by Humana is a network-based plan that emphasizes high-quality routine eye health care from independent eye care professionals. Services and materials are provided on a prepaid basis, and the plans pay network doctors directly.
- **Supplemental & Dependent Life**—Employees may elect one, two, or three times their annual salary during annual enrollment **without answering any medical questions**. All elections will be approved and coverage will be effective October 1. Coverage for an eligible spouse and/or children is also available.
- **Disability**—This income protection is provided in the event you become injured or disabled and cannot work for a period of time. Your disability insurance will pay you for periods of time you are unable to work due to sickness or non-work-related accidents.
- **Personal Accident Insurance (PAI)**—PAI offered through Hartford Life Group Insurance Company covers accidental death and dismemberment. Benefits will be paid for specific losses caused by a covered accident in accordance with the policy's schedule of benefits.

## Paying for Benefits and Making Changes

Under **Section 125** of the Internal Revenue Service (IRS) code, you can pay for certain group insurance premiums with tax-free dollars. This means your contributions are deducted before federal income and Social Security taxes are calculated. Please make your benefit elections carefully, including the choice to drop coverage.

Your elections will remain in effect through September 30, 2015, unless you experience an IRS-approved qualifying change in status such as marriage or divorce, birth or adoption of a child, death of spouse or other dependent, or a dependent's eligibility status changes. **Please note, you must notify the Insurance and Employee Benefits Department within 30 days of your qualifying change in status.**

**More information is available on the District's ePortal/eCare tab.**

## Medicare Part D Prescription Drug Notice

**NOTE:** It is important you keep this notice. If you are eligible or become eligible for Medicare and you enroll in one of the plans approved by Medicare that offers prescription drug coverage, you may need to provide a copy of this notice when you join to show you are not required to pay a higher premium.

**Please read this notice carefully.** This notice has information about your current District-sponsored prescription drug coverage and the prescription drug coverage available through Medicare. Important highlights of this notice are: Medicare prescription drug coverage is available to those who are eligible for Medicare. Your 2014 prescription drug coverage offered through your company-sponsored medical insurance plan is creditable coverage, based on our determination. This means the plan expects to pay as much as or more, on average, for all plan participants covered by the plan in 2014, than the standard Medicare prescription drug coverage for 2014.

**Your Prescription Drug Coverage Options:** If you are eligible for Medicare, you have the option of continuing your existing prescription drug coverage from the company or enrolling in the Medicare prescription drug coverage. If you choose to enroll in the Medicare prescription drug coverage, you must enroll between October 15 and December 7. However, because your existing prescription drug coverage is creditable coverage, you can choose to join a Medicare prescription drug plan later without having to pay a higher premium due to late enrollment. You have the opportunity to enroll in a Medicare prescription drug plan in each subsequent year from October 15 through December 7.

**IMPORTANT:** If you decide to enroll in a Medicare prescription drug plan and drop your existing prescription drug coverage through the company-sponsored medical plan, be aware that you may not be able to get your company-sponsored coverage back. Even though your current prescription drug coverage is creditable, if you drop it and have a break in creditable coverage of 63 days or more before enrolling in the Medicare prescription drug coverage, you could be subject to paying higher premiums for coverage.

### Limited Income Assistance

For people with limited income and resources, extra help in paying for a Medicare prescription drug plan is available. Information about this additional help is available from the Social Security Administration (SSA). Visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 800-772-1213 (TTY: 800-325-0778).

### How do I get more information?

More detailed information about Medicare plans that offer prescription drug coverage is available 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 800-MEDICARE (800-633-4227). TTY users should call 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 online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call 800-772-1213 (TTY: 800-325-0778).

**NOTE:** 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).

**Special Note for Retirees:** Your coverage with the District will not be cancelled if you enroll in a Part D Plan. The medical plan will process claims submitted under the terms of the plan for the portion of the charge not paid by Medicare.





## HIPAA—Special Enrollment Rights

The Health Insurance Portability and Accountability Act (HIPAA) helps protect your rights to medical coverage during events such as changing or losing jobs, pregnancy and childbirth, or divorce. Depending on your group health plan limitations, HIPAA may also make it possible for you to get and keep health coverage even if you have past or present (pre-existing) medical conditions.

For information about Medicaid and the Children's Health Insurance Program (CHIP), please see the enclosed document titled "Medicaid and the Children's Health Insurance Program Notice."

---

## Health Care Reform: Marketplace Notice

The Affordable Care Act (ACA) has brought sweeping changes to the U.S. health insurance system. Its goal is to make health insurance available to everyone, regardless of medical history or ability to pay.

Many of the ACA changes have already affected our plans, such as free preventive care and reducing or removing annual or lifetime limits on essential health benefits.

The ACA requires most Americans to purchase health insurance or pay a penalty. This is called the "individual mandate." If you have a family, the individual mandate also applies to your spouse and children.

The medical plans offered by the District meet or exceed the affordability and coverage requirements of the ACA. However, depending on your personal situation, you may find more cost-effective coverage for yourself and/or your dependents on the federal Health Insurance Marketplace.

For more information, visit [www.healthcare.gov](http://www.healthcare.gov) or call 800-318-2596 to find local assistance in your area.

---

## HIPAA—Privacy Act Legislation

Your employer, Volusia County Schools, and insurance carriers are obligated to protect confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or payment of your health care expenses. The insurance carriers will provide notification of your HIPAA rights when you enroll in a plan and as required by law thereafter.

---

## Women's Health and Cancer Rights Act of 1998

This law requires group health plans that provide coverage for mastectomies, also provide coverage for reconstructive surgery. The plan will provide coverage for any necessary surgery and reconstruction to produce symmetrical appearance. These services will be subject to the same deductible, coinsurance, or copay, if any, and precertification requirements that apply to any other medical and surgical benefits covered by the plan.

---

## Newborns' and Mothers' Health Protection Act of 1996

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for mother or newborn child to less than 48 hours following a normal vaginal delivery; or 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay of not more than 48 hours (or 96 hours). The plan provides for this coverage.

# YOUR PLAN YEAR COVERAGE OPTIONS

## How to Enroll

### 1. Carefully review the material in this guide.

The eCare enrollment website and many of the insurance carriers' websites provide information and tools to help you make enrollment decisions. If you need additional help, please stop by the Insurance and Employee Benefits Department or send an email to [insurance@volusia.k12.fl.us](mailto:insurance@volusia.k12.fl.us).

### 2. Register and make your elections online by 5:00 p.m. on August 27, 2014.

Log on to the ePortal at [ww2.volusia.k12.fl.us/ePortal](http://ww2.volusia.k12.fl.us/ePortal) using the user ID and password you created when

you registered. If this is the first time you are logging on or if you do not have your logon information, you can request your Personal Identification Number (PIN) on the ePortal. ePortal registration help is also available online.

### 3. Review your confirmation statement.

After you enroll, **print your confirmation statement**. This is your only printed proof of the changes you made online. **The District will not mail confirmation statements.**

## Benefit Plan Summary and Contacts

In addition to medical plans, the District offers many other employee benefit programs. Detailed information about each plan is available on the District's website and on the carriers' websites.

### Contact Information

Benefit	Carrier	Phone Number	Website
<b>Medical</b>	Florida Health Care Plans	800-352-9824 ext. 4022 386-615-4022	<a href="http://www.fhcp.com">www.fhcp.com</a>
	Florida Blue	800-664-5295 • PPO or HRA Benefits	<a href="http://www.floridablue.com">www.floridablue.com</a>
<b>Dental</b>	Delta Dental DPO	800-521-2651	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
	DeltaCare DMO	800-422-4234	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
<b>Vision</b>	Humana	866-537-0229	<a href="http://www.compbenefits.com/custom/volusia">www.compbenefits.com/custom/volusia</a>
<b>FSA and HRA Accounts</b>	TASC	800-422-4661	<a href="http://www.tasconline.com">www.tasconline.com</a> File a claim and check your account balance
<b>Disability</b>	Unum	Jody deAquinos • 386-239-7225	N/A
<b>Life Insurance</b>	Unum	Elaine Rosa • 386-523-9700 ext. 316	N/A
<b>Personal Accident Insur. (PAI)</b>	The Hartford	Elaine Rosa • 386-523-9700 ext. 316	N/A
<b>Cancer and Intensive Care</b>	Washington National	Jody deAquinos • 386-239-7225	N/A
<b>Employee Assistance Program</b>	Horizon Health	800-272-7252	<a href="http://www.horizoncarelink.com">www.horizoncarelink.com</a>

## Insurance and Employee Benefits Department

Contact us for information regarding your payroll deduction amount(s), coverage effective date(s), and family status changes and enrollment questions.

If Your Name Starts With:	Phone Number	Insurance and Employee Benefits	
<b>A - M, call Amy Minger</b>	386-734-7190 ext. 20309	<b>Website</b>	<a href="http://myvolusiaschools.org">myvolusiaschools.org</a>
<b>N - Z, call Dani Adamski</b>	386-734-7190 ext. 20304	<b>Mailing Address</b>	Volusia County School District Insurance and Employee Benefits—DAC 200 North Clara Ave., Deland, FL 32720

*This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Description (SPD), plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail.*