Security for you...today and tomorrow!

BENEFlex 2015

RETIREE GUIDE

YOUR BENEFIT OPTIONS

pcs
PINELLAS COUNTY SCHOOLS

Pinellas County Schools
Risk Management Retirement Team
P.O. Box 2942 • Largo, FL 33779-2942

Risk Management and Insurance	727-588-6195	Fax 727-588-6182
Risk Management Retirement Team	727-588-6214	
Humana Onsite Representatives		
Claims and Account Advisor	727-588-6367	
Patient Advocate: Clinical Matters	727-588-6137	
Florida Retirement System (FRS)	888-377-7687	

Insurance Carriers

Medical		
Humana Member Services and Claims	877-230-3318	www.humana.com or www.myhumana.com
RightSource℠ Mail Order Prescriptions	800-379-0092	www.RightSourceRx.com
Humana Medicare Advantage Plans	727-793-2103	www.humana.com
Dental		
Humana CompBenefits Member Services (Group #7250)	800-342-5209	www.compbenefits.com/custom/pinellascountyschools/
Vision		
EyeMed Vision Care Plan	888-203-7437	www.eyemedvisioncare.com
LIFE		
Prudential Life Insurance Company (Group #92959)		www.pcsb.org/risk-benefits
Corporate Care Works EAP		
Employee Assistance Plan (EAP)	800-327-9757	www.corporatecareworks.com
SHINE		
Serving Health Insurance Needs of Elders	800-963-5337	www.floridashine.org

Non-PCS Programs and Other Resources

American Pioneer	800-330-8445	
Bankers Life Pasco, Pinellas	727-938-5999	
Bankers Life Sarasota, Manatee Medicare Supplement & Rx Plan (F)	866-851-2588 ext. 336	
BlueCross BlueShield Advantage65	727-282-1216 ext. 1216	www.bcbsfl.com
Florida KidCare	888-540-5437	www.floridakidcare.org
Federal Health Insurance Marketplace	800-318-2596	www.healthcare.gov
Medicare Services (800-MEDICARE)	800-633-4227	www.medicare.gov

BENEFlex Retiree Guide 2015

As a new retiree of Pinellas County Schools you are eligible to continue the following insurance benefits. If you cancel any of these benefits at the time of your retirement or in the future you will NOT be able to reenroll.

- **Medical** — If you are enrolled in a PCS-sponsored medical plan when you retire, you and your enrolled eligible dependents may remain enrolled in that plan. The medical plans are discussed in more detail on pages 7 - 20.
- **Vision** — You and your enrolled eligible dependents may remain enrolled in the vision plan when you retire. Pages 26 - 28 provide additional information about this plan.
- **Dental — If you are enrolled in the CompBenefits Dental plan** when you retire, you may continue your coverage for yourself and your enrolled dependents.

  See pages 22-25 for information about the dental plan.
- **Board Basic Life Insurance** — You may continue your Board Basic life insurance in effect at the time of your retirement. See pages 29 - 30 of this guide for details.

NOTE: If you cancel any of your PCS-sponored coverage when you retire you cannot re-enroll, unless otherwise stated.

In addition to the plans you remain enrolled in when you retire, you will continue to have access to the Employee Assistance Program (page 21) as well as certain programs offered through the BeSMART Wellness program (page 2).

Each year during Annual Enrollment you will have the opportunity to review your benefit elections and make certain changes. This guide provides information about your and your dependent's eligibility and coverage options. If you have questions, you may call the Risk Management Retirement Team at 727-588-6214.

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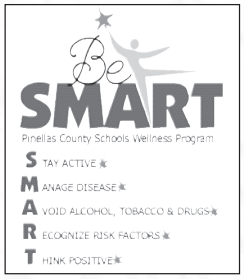
PCS Wellness Program Update

The BeSmart Wellness Program

The Be Smart Wellness Program is available to PCS retirees throughout the year. Because Humana understands that wellness programs can help control increasing health care costs, they fund the program. The wellness program encompasses many initiatives. Current programs and promotions are highlighted below. For information on any of the programs, visit *www.pcsb.org/riskbenefits*, click on the wellness link.



- **HumanaVitality—**HumanaVitality is a wellness and rewards program for everyone—no matter your age or health status. It will put you on the path to healthier living whether you're a fitness buff, just working on losing a few pounds, or training for your first 5K race. It will also help you quit smoking, lower your blood pressure, and eat healthier. There are also activities that kids can participate in.

  Earn Vitality Points
  - Every time you complete a verified activity or achieve a wellness goal, you earn Vitality Points.
  - Earning Vitality Points helps you work toward a higher Vitality Status™.

  Earn Vitality Bucks®
  - Health activities not only build Vitality Points, they also earn you an equivalent amount of Vitality Bucks.
  - Reward yourself with the things you want in the HumanaVitality Mall where you can spend your Vitality Bucks.

  Get Rewarded
  - Choose rewards in the HumanaVitality Mall that include gift cards, movie tickets, fitness devices, and more.
  - The higher your Vitality Status, the greater your discount is in the HumanaVitality Mall.
- **Humana Health Coaching**—Free telephonic health coaching for weight management, physical activity, back care, nutrition, stress management, and tobacco cessation.*
- **Diabetes CARE Program—**Enroll and complete requirements to have your co-pays waived for diabetic supplies.*
- **Employee Assistance Program—**Free, confidential 24-hour CARELINE. Call 800-327-9757 for assistance with depression, finances, alcohol/drug abuse, conflicts, stress, parenting, any other personal concern. Also have services for legal and financial concerns.

* *Available to PCS retirees and their dependents enrolled in a PCS-sponsored Humana medical plan (HMO Staff, NPOS, or CDHP).*

For More Information • Visit www.pcsb.org/wellness

	Phone	Email
PCS Wellness Coordinator, Christina Kempf	727-588-6031	kempfc@pcsb.org
Benefits and Wellness Consultant, Leslie Viens	727-588-6142	viensl@pcsb.org
Employee Wellness Specialist, Dawn Handley	727-588-6151	handleyd@pcsb.org
Employee Assistance Program On-Site Representative—A HealthAdvocate Company/Corporate Care Works, To be announced	727-588-6507	To be announced
Humana Patient Advocate, Heather Keegan	727-588-6137	hkeegan@humana.com
Humana Claims Advisor, Janet Lang	727-588-6367	jlang3@humana.com
Humana Wellness Specialist/HumanaVitality, Jody Lowry	727-588-6134	jlowry2@humana.com
PCS Retirement Team	727-588-6214	

New Retiree Eligibility

You may participate in the Retiree BENEFlex program if you have six years of service and were hired before July 1, 2011. Members starting employment after July 1, 2011 will need eight years of service to participate in the Retiree BENEFlex program. All members must:

- receive a Florida Retirement System check, **or**
- be at least 59½ or have completed 30 years of service and eligible for withdrawals under the State Investment Plan.

Retirees fall into two categories:

- Under age 65: PCS medical plans
- Over age 65: Medicare-eligible PCS plans or Medicare options

NEW RETIREES: Enrollment paperwork should be returned within 30 days of your retirement date to:

Pinellas County Schools
The Risk Management and Insurance Department/Retirement Team
P.O. Box 2942 • Largo, FL 33779-2942

Continuation of Coverage

You may continue the coverage in effect at the time of your retirement for the following benefits:

- Medical,
- Dental,
- Vision,
- Board Basic Life, and
- Family Term Life insurance.

Each plan has its own specific eligibility requirements and limits. Please read the following pages carefully before making your retiree benefit elections.

Optional Term Life may be converted to individual policies directly through Prudential. Contact the Risk Management and Insurance Department for more information.

Humana Medical Plans

- You and your eligible dependents must be enrolled in a PCS medical plan at the time of your retirement in order to continue medical coverage.
- You must remain in that plan unless you move out of the service area (see page 7); elect to terminate your coverage; or wait until the next annual enrollment in the fall when you can make changes that will be effective on January 1 of the following year.
- You may continue to cover your enrolled dependents or cancel their coverage. In some instances, newborns may be added subject to state legislation and carrier requirements. Please contact the Risk Management and Insurance Department Retirement Team for information.

CAUTION: If you cancel your medical insurance when you retire or during a subsequent Annual Enrollment, you will not be able to re-enroll in a PCS medical plan.

CCW — A Health Advocate Company

Employee Assistance Program

- All retirees and their eligible dependents are eligible for the CCW Health Advocate Program, regardless of their enrollment in PCS retiree plans.
- Contact a qualified representative for confidential assistance with a variety of personal issues, including stress, depression, parenting, marital or family problems, child/elder care, legal, or financial issues (see page 21).
- Receive up to eight visits per member per incident per year at no charge.
- Coverage is provided for you and your eligible family members.
- Call 800-327-9757 for help and information.

Continues on next page

New Retiree Eligibility

Dental Plan

- You and your eligible enrolled dependents may continue participation in the Humana CompBenefits Advantage plan if you are a Florida resident.
- The MetLife Preferred Dentist Program (PDP) is **not** available to retirees. If you are enrolled in the MetLife PDP at the time of your retirement, you have four options:
  - enroll in COBRA for up to 18 months to continue the MetLife PDP dental coverage you had as an active employee.
  - if you are a Florida resident, you can enroll in the Humana CompBenefits Advantage dental plan (make sure your dentist is in the CompBenefits network and see pages 22-25), or
  - choose not to have dental coverage.
- If you cancel your and/or your dependents' dental coverage as a new retiree, during the year, or during annual enrollment, you will not be able to re-enroll.

EyeMed VisionCare Plan (VCP)

- If you are enrolled in the vision plan, you may continue your (and your dependent's) coverage when you retire. If you allow your coverage to terminate or you cancel your coverage when you retiree, you cannot reenroll in vision.

Life Insurance

- Includes Board Basic and Family Term Life (spouse/children) insurance.
- The Board Basic Life you have in effect at the time of your retirement can be continued or decreased, but may not be increased.
- You can convert your Optional Term Life coverage to an individual policy.
- Retiree life insurance benefits are subject to a reduction formula (see page 30).
- See page 29 for coverage amounts for you, your spouse, and other eligible dependents.
- Same-sex domestic partners are not eligible for Family Term Life Insurance.

CAUTION: If you cancel your medical, dental, vision and/or life insurance for yourself and/or your dependents when you retire or during a subsequent Annual Enrollment, you will not be able to re-enroll.

Income Protection Plans

Income Protection/Disability coverage ends when you retire.

Dependent Eligibility

Medical, Dental, Vision, and Life Insurance Plans: When you retire, you may continue to cover the eligible dependents (spouse or children) enrolled in your PCS-sponsored benefit plans at the time you retire. ***You cannot add dependents to any of the plans in which you are enrolled after you retire.***

Eligible Dependents Include:

- **Your legal spouse* or same-sex domestic partner**
- **Your children,** including natural, foster, step, legal adopted children, children proposed for adoption, and children for whom you have been appointed legal guardian.
  - **Medical, Dental, and/or Vision Plan Coverage for Children:** Your eligible children can be covered under a PCS medical, dental, and/or vision plan through the end of the calendar year in which they reach age 26, regardless of marital, financial, or student status.

** As defined by the laws of the state of Florida.*

New Retiree Eligibility

- **Medical Coverage for Grandchildren:** Please note, as allowed by Florida law, you may cover a grandchild from birth to age 18 months provided your child was covered under your PCS-sponsored retiree medical plan when your grandchild was born, or you are your grandchild's legal guardian. If your covered grandchild(ren) do not meet this criteria you will need to disenroll them from your plan and consider other medical insurance options like COBRA or Healthy Kids.
- **Handicapped Dependents:** There is no age limitation for an unmarried handicapped dependent child provided the following requirements are met:
  - The dependent must be chiefly dependent upon the retiree for support and maintenance, and be incapable of self-support due to mental or physical incapacity, either of which commenced prior to reaching a limiting age.
  - The dependent has had continuous coverage under a Pinellas County Schools group health insurance plan.
  - The retiree must submit proof of the handicapped dependent's condition and eligibility to the Risk Management and Insurance Department and the appropriate health plan(s) within 31 days after the end of the year in which the dependent reaches a limiting age.

* *As defined by the laws of the state of Florida.*

** *Please note for medical plans: The age 26 rule applies only to children who are currently enrolled in your PCS-sponsored retiree medical plan. You cannot add a dependent to your medical plan if they where not enrolled at the time of your retirement.*

*** *Dependent adult children age 26 - 30 may be eligible for medical insurance if they meet very specific criteria. Call the Retirement Team for more information.*

Medicare Eligibility

Generally you are eligible for Medicare, if you:

- or your spouse worked for at least 10 years in Medicare-covered employment, and
- are 65 years old or older, and
- are a citizen or permanent resident of the United States, or
- are a younger person with a disability or with end-stage renal disease (permanent kidney failure requiring dialysis or transplant).

See page 10 for Medicare plan options and contact information.

Coordination of Benefits

If you, your spouse, or child(ren) have coverage under another health care plan (medical, dental, etc.) in addition to coverage under your PCS plan, coordination of benefits (COB) between the health plans generally will apply. Usually, the "birthday rule" of order of benefit determination will apply.

This means that the health plan of the spouse or parent whose birthday occurs earlier in the year will pay regular benefits and the other health plan will coordinate their benefits with the primary plan.

If you have Medicare or one of your covered dependents has Medicare, generally Medicare will be your primary health plan. Your PCS health plan will coordinate benefits with Medicare as long as your primary care physician (PCP) is a Humana provider. For example, if you are a retiree, have Medicare and are enrolled in the HMO Staff, Humana will only coordinate with Medicare if your Humana PCP is providing or coordinating your care. (See page 8 for more details.)

If you have questions about your specific situation or claims, please call the Member Services number on your ID card.

Health Care Reform and You

The Affordable Care Act (ACA) requires most Americans to purchase health insurance as of January 1, 2015 or pay a penalty. This is called the "individual mandate" and applies to you and your family. PCS medical plans meet or exceed ACA requirements and enrolling in one of our plans satisfies the mandate. If you cannot afford to enroll your dependents in a PCS medical plan, consider the following:

- **Children:** Florida KidCare is the state-sponsored health care program for children from birth through age 18 who meet specific eligibility requirements. For more information, call 888-540-5437 or visit *www.floridakidcare.org*.
- **Spouse and/or child(ren):** You can consider your spouse's employer-sponsored plans. If your spouse is not employed or his or her employer doesn't offer health insurance, the federal Health Insurance Marketplace may offer cost-effective alternatives. You can also enroll your child(ren) in a Federal Marketplace plan. For more information about health care reform, go to: *www.pcsb.org/affordable-care-act*.

Monthly Insurance Rates

2015 Monthly Insurance Rates

Insurance Payments

Medical, Vision, and Life Insurance Payments: Your monthly rates will be deducted from your monthly FRS pension check. If you do not receive an FRS pension check, payment coupons will be sent to you. Please note, if your monthly premiums total $50 or less, you will need to make one annual payment.

Dental Insurance Payments: Humana CompBenefits will bill you directly for your dental insurance. Dental insurance cannot be deducted from your FRS pension check.

Humana Medical Plans	Retiree	Retiree + spouse	Retiree + children	Retiree + family
HMO Staff	$600.00	$1,013.33	$975.00	$1,516.66
NPOS	$625.00	$1,053.33	$1,015.00	$1,570.00
CDHP	$570.00	$950.00	$915.00	$1,430.00

Humana CompBenefits Advantage Dental Plan	Retiree	Retiree + 1	Retiree + family
	$21.16	$35.78	$52.04

EyeMed Vision Care Plan	Retiree	Retiree + 1	Retiree + family
	$3.19	$7.31	$10.45

Prudential Life Insurance Rates (Board Life)

Age	Rate	Age	Rate
35 - 39	$.10	55 - 59	$.47
40 - 44	$.12	60 - 64	$.89
45 - 49	$.19	65 - 69	$1.41
50 - 54	$.31	70+	$2.06

Prudential Dependent Term Life

Dependent Rate	$1.67

The life insurance rates are per $1,000 of coverage, based on your age as of January 1, and are subject to reduction at age 70.

Retiree Medical Plans

Medical Plan Choices for 2015

- HMO Staff Plan
- National Point-of-Service Plan (NPOS)
- Consumer Directed Health Plan (CDHP)

A comparison chart of the major plan provisions is provided on pages 16 - 19.

Humana—Triple Option Medical Program

To make sure you have access to the coverage that suits the medical needs of you and your family, the BENEFlex program offers you a choice of *three Humana medical plans:* the HMO Staff Plan, the National Point-of-Service Plan (NPOS), and a Consumer Directed Health Plan (CDHP).

Each plan includes a network of doctors and other health care providers who offer their services at a reduced or specified rate. Using network providers gives you greater plan benefits and lower out-of-pocket expenses. Humana's Find a Doctor tool gives you online access to the most current network directories available, as well as other information not available in the printed directories.

Please take the time to carefully review the information on the following pages and to use the online Humana consumer education tools (pages 11 - 12) or call the Humana Member Services number at 877-230-3318.

Direct Access To OB/GYN (All Plans)

Female members have direct access to participating obstetricians or gynecologists for routine well woman exams, Pap smears, and obstetric or gynecological problems without a referral for services rendered in the physician's office. Obstetricians and gynecologists may provide a referral to other in-network providers for covered obstetric and gynecological services performed outside the physician's office. Birthing Centers are also available. For additional information, contact Pinellas County Schools' Humana on-site representative.

Service Area Requirement

To enroll in the HMO Staff Plan, you **must** meet the "service area" requirement (defined as live or work in the network area). If you or a covered dependent lives or moves out of Humana's service area, you must call Risk Management and Insurance to discuss your continued eligibility. The counties in **bold** have larger provider listings compared to the other counties in their respective service areas.

The HMO Staff service area includes Citrus, Manatee, Polk, Hernando, Pasco, Sarasota, Hillsborough, and Pinellas counties.

The NPOS is not limited by service areas. The NPOS uses the National POS network, giving members access to in-network providers across the U.S. regardless of where they live.

The CDHP uses the HMO Premier network that includes Pinellas, Pasco, and Hillborough counties as well as a limited number of states.

Out-of-Pocket Maximums

All plans will continue to have an annual **medical** out-of-pocket (OOP) maximum for each plan of $3,500 per individual and $7,000 per family. All medical deductible, coinsurance and co-pay expenses you pay will apply to the medical OOP. Rx expenses do NOT apply to the annual OOP maximum. However, they do apply to the new combined annual OOP maximum.

In addition to the annual medical OOP each plan has a **combined annual out-of-pocket maximum that includes all of your eligible medical and Rx expenses**. When your combined expenses for medical and Rx reach $6,250 per individual or $12,500 per family, the plan will pay 100% of your eligible medical and Rx expenses for the remainder of the plan year.

Medical Plans

HMO Staff Plan

If you prefer an HMO, you can enroll in the HMO Staff Plan. Remember, there is ***no out-of-network coverage*** except for emergency care. This means you will be responsible for paying all charges if you use an out-of-network provider.

The HMO Staff network and service area is small and restricted to eight counties (see page 7). If the doctors and facilities you use are not part of the HMO Staff network or you have a dependent who lives out of the service areas, you may want to consider the NPOS.

Important PCP Information*

When you enroll in the HMO Staff Plan, **you must select a PCP** for yourself and each eligible dependent at the time you enroll. **Humana will not automatically assign PCPs** so if you do not select one, you will not have a primary care doctor until you contact Humana. See page 9 for instructions on using Humana's Find a Doctor tool to find a PCP.

HMO Staff PCPs may belong to separate physicians groups within the HMO Staff network and may choose to only refer patients to a subgroup of specialists within their physicians group. This means that although a specialist is listed in the Staff HMO network, you may not have access to that specialist if your PCP chooses not to refer you outside of their physicians group. Before enrolling in the HMO Staff, please check with your PCP to confirm their referral policy.

Changing PCPs During the Year

You must notify Humana (by calling customer service or via *www.MyHumana.com*) when you want to switch PCPs during the plan year. **Your change will take effect on the first of the month following the date you notify Humana.**

* *When you receive your ID card, please review it and confirm that a valid PCP is listed for each covered family member. If you need assistance, please call the number on your ID card.*

National Point of Service Plan (NPOS)

The NPOS Plan allows you to use any provider in the National POS Open Access Network without a referral. In-network you pay coinsurance or co-pays for services and you do not have to file claims. This is the only plan that offers out-of-network benefits. While you can use out-of-network providers, your costs will be higher and you may have to file your own claims.

Consumer-Directed Health Plan (CDHP)

The CDHP is an in-network only plan (no out-of-network coverage except for emergency care). This is the only plans that includes an up-front allowance that helps you pay your eligible medical expenses, including the deductible. Here's how it works:

- **CDHP Allowance:** At the beginning of the year, you and your covered dependents are eligible for an upfront CDHP allowance. You can use the allowance to pay for eligible medical and prescription drug expenses. The 2015 allowance is $500 per individual and $1,000 per family. Your allowance will cover the cost of eligible expenses until the allowance is depleted. Expense paid by the allowance apply to the deductible.
- **Medical Plan Deductible and Coinsurance:** Once the allowance is depleted, you are responsible for the full cost of eligible medical expenses until you meet the deductible. Then, you will pay 20% and the plan will pay 80% of covered in-network expenses for the remainder of the year, except the prescription drug (Rx) deductible and Rx co-pays. You are always responsible for paying prescription costs until you reach the combined out-of-pocket maximum (see page 7).

Direct Access to HMO Staff Plan OB/GYNs, Chiropractors, Dermatologists, and Podiatrists

HMO members have direct access to participating OB/GYNs, chiropractors, dermatologists, and podiatrists. By state law, no referral from your primary care doctor is necessary. You are allowed up to five visits to a dermatologist per calendar year without referral. After that, PCP referrals are necessary.

CDHP Benefits

- **No PCP required.**
- **No referrals required.**
- You receive an annual **upfront CDHP allowance** to pay for eligible medical expenses – what you don't spend each year rolls over to the next plan year as long as you remain enrolled in the CDHP.
- After you use up your allowance, you pay 100% of costs until the deductible is met.
- **Then CDHP pays 80% coinsurance** for most in-network services.
- The **annual medical and combined out-of-pocket maximums** apply. See page 7 for more information about these maximums.
- Prescription drugs are covered under the Rx3 Prescription Drug Program. See pages 13 - 15 for details.

Humana Medical—Find a Doctor

In order to find a doctor and/or verify that your primary care physician (PCP), specialists, and other health care providers are in the medical plan you select, contact Humana Customer Service at 877-230-3318. To use Humana's online Find a Doctor tool, follow these instructions.

1. To view the physicians on the Humana network, visit *www.humana.com*. Scroll down to the middle of the page and select "Search" in the "Find a Doctor" box. Or at the bottom of the page under "Membership Benefits," click "Find a Doctor."
2. On the Find a Doctor page, scroll down to "Search." You can choose to search by your Member ID number. If you do not have an ID, use the "Just Looking" tab and:
    1. Under "Coverage Type," click on "Insurance through your employer."
    2. Enter your zip code.
    3. Under "Network," click on the drop-down box and choose your network.
4. Under "Search," click on the drop-down box and choose to search by: Name, Specialty, Condition, or All. Then enter a provider name, symptom, condition, or specialty.
    - To choose a PCP, select "Specialty," then enter "Primary" and you'll be directed to the physician listing. If you are enrolling in the Staff HMO, you will need your PCP's ID number, listed on the right.

If you don't have a Humana Member ID number, you can search by your ZIP code. However, you will need to enter the name of the plan's network:

Plan	Network Name
HMO Staff	HMO Staff
National Point of Service (POS)	National POS – Open Access*
Consumer Directed Health Plan (CDHP)	HMO Premier

* ***Caution:*** *There are two national POS networks listed. The correct one is the Open Access.* ***Do not*** *select the Open Access Plus.*

Medical Plans

Humana Medicare Advantage

Humana offers three Medicare Advantage plans to retirees over age 65:

- **The two Medicare HMO plans** are cost competitive from both a premium standpoint and the ability to predict your out-of-pocket expenses.
- **The Preferred Provider Organization (PPO) plan** allows members to use in- or out-of-network providers. The PPO is available to retirees that reside in Pinellas, Pasco, and Hillsborough counties.
- Prescription drug benefits are included in all of the Medicare Advantage plans.

Medicare Coordination Through Humana

If you are eligible for Medicare due to kidney dialysis and/or transplant, Medicare becomes your primary coverage when the 30-month coordination period has ended. If you are a retiree and on Medicare, Medicare is always primary.

Personalized Health Action Plan

As a Humana member, you can complete a Humana Health Assessment (HHA) that will provide a summary of some of your health risk factors and a personalized action plan for making healthy lifestyle changes. The plan will recommend action-oriented programs and provide information and tips on how to reduce your health risks.

Reemployment After Retirement—Guidelines for Health Insurance

When you officially retire* from Pinellas County Schools you may enroll in the same level of health insurance that was in effect at the time of your retirement. If you fail to enroll at the time you retire because you anticipate returning to work (or for any other reason) and your PCS group health insurance coverage lapses, you will not be permitted to reenroll in a PCS-sponsored retiree group health insurance plan at a later date.

It is your responsibility to contact the PCS retirement team when and if you return to work or leave employment with Pinellas County Schools.

* *Official retirement includes early retirement, retirement from DROP, normal retirement from the Pension Plan or retirement from the Investment Plan.*

Medicare-Eligible Retirees

Contact Information

You must contact the appropriate provider directly to: Enroll in a plan, make changes, access provider directories, and get answers

SHINE

800-963-5337

Shine is an educational tool to assist retirees in selecting a Medicare provider. They can help you get answers to questions you may have before enrolling in a plan or when you are considering changes to your current Medicare plan. They also provide one-on-one counseling and information.

Humana Medicare Advantage Plans

727-793-2103 • www.humana.com

For general Medicare inquiries, contact:

Medicare Services

800-MEDICARE (800-633-4227)
TYY/TDD# 877-486-2048
www.medicare.gov

Humana Resources

As a Humana plan member you have access to consumer education tools and value-added programs designed to help you manage your and your dependents' medical care 24 hours a day, seven days a week. You can log on to *www.MyHumana.com* and take a virtual tour of the available tools.

*My*Humana

*My*Humana is your secure website on *www.humana.com. My*Humana gives you quick access to the many tools and resources designed to support you throughout the plan year.

When you log on for the first time, you will register and set up your User ID and Password, giving you immediate and private access to your health and benefits information. You can look up your recent claims and track your prescriptions. You also can view an online library full of medical and wellness information.

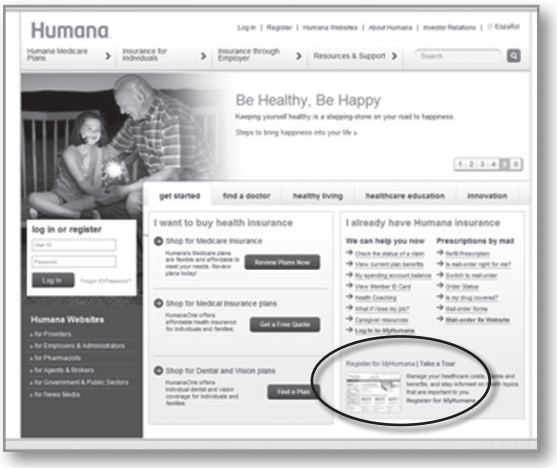
Registering on MyHumana is easy with the following information:

- Member or Subscriber ID (found on your Humana ID card)
- Date of birth
- ZIP code
- Email address

Go to *www.Humana.com* **and:**

- Select "Register for *My*Humana."
- Enter the requested information.
- Create a user ID and password that are easy for you to remember but hard for someone to guess.

That's it! Now you're registered.



Using *My*Humana

Besides your regular plan coverage, Humana gives you extra features and services on *My*Humana, to help you take charge of your health and spend your health care dollars wisely. Here's an overview of each of these features so you'll know exactly where to go when you need answers — anywhere, anytime! If you'd like to know more, check out the *My*Humana website, *www.humana.com*, or call Humana Member Services at the number on your ID card.

*My*Humana: your personal coverage information

After you register on *MyHumana.com,* your personal profile will include:

- **My Profile** — Send secure electronic messages to Humana and get answers to your questions. Sign up for our e-communications or ask to receive your EOB online.
- **Plans & Coverage** — Get detailed information about plans and benefits or order a new ID card.
- **Doctors & Rx** — Find providers in your plan's network, get all the information on your prescriptions, and find out about alternative medicines and drug interactions.
- **Claims & Spending** — Review the status of your claims and claim payment details. Manage and estimate your health care expenses and calculate prescription costs.
- **Health & Wellness** — Keep track of your providers and medical conditions, past medical procedures, current medications, and drug allergies.
- **Savings Center** — Links you to health and wellness discounts and coupons — from deals on nutritional supplements to discounts on vision care — and a lot in between.

Preventive Care Services

Go to *www.humana.com* for a list of covered preventive care services.

*My*Humana: General Resources

Learn specifics on providers, pharmacy programs, health resources, and how to save money on health and wellness, including:

- **My Health Record** — Create your own password-protected health record, including medical conditions and procedures, that you can share with your doctor.
- **Health Assessment** — Measure your current health status and get information and resources tailored to your individual wellness and lifestyle needs.
- **Health Centers** — Access excellent resources to find out about staying healthy and how to prevent a variety of health conditions. You can find information on children's health, as well as men's, women's, and seniors' care. Explore everything from eating well and exercising to mental health and planning a healthy pregnancy.
- **Condition Centers** — Get the latest information on preventing, treating, or managing a variety of common and chronic health conditions.
- **Health Programs and Wellness Programs** — Find out how a little extra self care can lead to a longer and healthier life.
- **Humana's MyChoice Tools℠** — Compare network providers. Humana's MyChoice Tools help you choose providers wisely and use your benefits with confidence. The tools use easy-to-understand numbers and graphics to show estimated costs for common procedures and conditions, along with other useful information to discuss with your doctor.
  - **Compare Hospitals** — Create a custom report ranking local hospitals based on your unique health situation and preferences, plus see procedure-specific cost estimates for each hospital.
  - **Compare Doctors** — View cost estimates that include office visits, lab tests, and pharmacy costs, as well as a cost comparison for similar doctors in your area.
  - **Compare Outpatient Facilities** — View estimated costs for services that don't involve an overnight stay at a hospital, like minor surgeries and diagnostic tests.

While the MyChoice Tools provide helpful guidance, it's smart to rely on several sources of information, including your doctor's guidance.

Additional Resources

Humana also has a number of resources you can access when you need them. Visit the "Health and Wellness" section of *My*Humana for more details.

- **Humana*First*® Nurse Advice Line 800-622-9529** — Access your toll-free, 24-hour health information, guidance, and support line to get information about your medical condition and find out how Humana's clinical programs can help. Or talk with a nurse about an immediate health concern.
- **Phone-based Health Coaching** — Talk with a specially trained expert to help you with your personalized plan to address smoking cessation, weight management, exercise, nutrition, stress, or back care. Find out more under "Wellness" in the "Health & Wellness" tab on *My*Humana.
- **Humana*Beginnings*®** — Find support and education for women during pregnancy through the first months following birth. Call **888-847-9960** or go to *MyHumana.com*.

Rx3 Prescription Drug Program

All medical plans include the Rx3 prescription drug program. If you want to save money on your prescription drugs, it is very important that you understand how the program works.

How Rx3 Works

Rx3 assigns prescription drugs to three levels or "tiers" of coverage as shown in the chart below. Tier 1 drugs are the least expensive drugs, you pay only the co-pay. Tier 2 and 3 drugs are more expensive and you pay a deductible and co-pays. You can view and print the Rx3 Drug List from Humana's website at *www.humana.com*. See the chart below for details and call Humana Member Services at **877-230-3318** with questions.

Pharmacy Coverage

The **preferred retail pharmacies** are **CVS, Sam's Club, or Walmart.** You can also order maintenance drugs from Humana's ***Right*SourceRx℠** preferred mail order pharmacy.

You can use **non-preferred pharmacies** and pay an additional 30% coinsurance after the applicable deductible (Tiers 2 and 3) and co-pays.

Cost Saving Tips

- **Pay less when you use generic and lower-cost brand name medications.** Be sure to take a copy of the Humana drug list to your doctor and request a lower-cost alternative whenever possible.
- **Save between $80 and $360 per year on maintenance medications.** Fill your maintenance prescriptions through a preferred retail or mail order pharmacy. You pay two co-pays for a three-month supply (deductible applies for tiers 2 and 3 medications). Ask your doctor to write your prescription for a 90-day supply. Mail order forms are available online at *www.rightsourcerx.com*. You can have your doctor submit your prescription by fax or phone to *Right*SourceRx.
- **Take advantage of free and low-cost options** at retail and grocery store pharmacies, including those offered by the preferred pharmacies.
- **Consider an over-the-counter (OTC) alternative**, available for many common conditions.
- **Apply for a prescription drug assistance program** run by pharmaceutical companies. For details, visit the *Patient Assistance for Rx* page on the *Rx Resources tab on www.Humana.com*.

Restrictions

Regardless of the Rx tier, some drugs may be subject to limitations and restrictions.

Prior Authorization may be required for certain medications which means your doctor must request and receive approval before the medications can be covered. These medications are typically expensive, appropriate for a specific disease, and require monitoring.

Quantity limits are the maximum amount of medication you can receive for a certain price and a set period of time, usually 30 days. They are based on FDA guidelines, abuse potential and cost.

Step Therapy is used when you are required to try a generic or lower-cost brand-name medicine before the plan will cover a higher-priced brand-name medicine.

Preferred Pharmacy Rx3 Prescription Drug Coverage

Rx Level	Rx Deductible	Preferred Retail Pharmacies: CVS, Sam's Club, Walmart		*Right*SourceRx Mail Order
		30-Day Supply	90-Day Supply	90-Day Supply
Tier 1: Low-cost generic drugs	None	$20 co-pay	$40 co-pay	$40 co-pay
Tier 2: Higher cost preferred brand-name drugs	$250 per person; $500 per family	$55 co-pay	$110 co-pay	$110 co-pay
Tier 3: Highest cost non-preferred brand-name and specialty drugs		$95 co-pay	$190 co-pay	$190 co-pay

Humana Pharmacy Benefits

Compound drugs purchased at a nonpreferred pharmacy will be processed as a preferred pharmacy benefit. The 30% coinsurance for non-preferred coverage will not apply.

Specialty drugs purchased from the Humana Preferred Specialty Rx Network will be processed as a preferred pharmacy benefit. However, specialty drugs administered at a doctor's office* will be processed under your medical plan coverage.

* *Specialty drugs dispensed directly to the physician's office through specialty Rx providers.*

Maximize Your Rx Benefits—and Your Savings!

Humana's Maximize Your Benefit (MYB) program is designed to save you money on prescriptions by letting you know when lower-cost medications are available. A representative from MYB Rx may contact you by letter, phone, or email to discuss your prescriptions with you. Always discuss any alternatives with your doctor.

Online Rx Resources

Go to *www.humana.com* to get answers to questions about your prescription drug benefits. Register for *My*Humana online at *www.myhumana.com* for more detailed information about your benefits.

On *My*Humana

- View coverage amounts, coinsurance percentages, preapproval requirements, and dispensing limits
- Review up to 18 months of your Humana prescription claims history
- Manage your prescription drug costs with the Rx Calculator
- Order maintenance medications by mail

On *Humana.com*

- Find the latest list of frequently prescribed medications on Humana's Drug List
- Look up the estimated retail price of a drug
- Get answers to questions about generic drugs
- Find out about possible alternative brand-name and generic drugs
- Explore specific medications in the Drug Library
- Get information on herbs and supplements

*Right*SourceRx Mail Order

If you would like to save money and enjoy the convenience of using a mail order pharmacy, ask your doctor to write a prescription for a 90-day supply. Prescription forms are available online at *www.RightSourceRX.com*. Your doctor can submit your prescription by fax or phone.

Online	By Mail	By Phone
www.RightSourceRx.com Use your *My*Humana username and password to log in	*Right*SourceRx P.O. Box 745099 Cincinnati, OH 45274-5099	800-379-0092 Monday – Friday, 8 a.m. – 11 p.m. ET Saturday, 8 a.m. – 6:30 p.m ET Physician Fax: 800-379-7617

Note: *You may also purchase a 90-day supply at retail pharmacies.*

Humana Pharmacy Benefits

We have provided examples of how a member would meet their deductible with 30-day prescriptions filled at preferred and non-preferred pharmacies. You can find 90-day prescription examples online at *www.pcsb.org/annual-enrollment*. If you fill 30-day and 90-day prescriptions, you would only be responsible for a total deductible of $250 per individual or $500 per family.

As long as you use preferred pharmacies, once you meet the deductible, you pay co-pays for the remainder of the year. If the full cost of the medication is less than the co-pay, you pay the lower amount. Drug cost are estimates and for illustrative purposes only. The examples assume the member has employee-only coverage.

30-Day Retail **Preferred** Pharmacy Example

Your cost = $404.00. **You save $36.07** compared to going to a non-preferred pharmacy.

Medication	Tier	Full cost at a preferred pharmacy	Explanation	What You Pay		Tracking the Deductible	
				Description	Amount	Balance	$250.00
Metformin 500mg tablet; 60 tablets per 30 days	Tier 1	Walmart = $4.00	The full cost of the medication is lower than the Tier 1 co-pay of $20.00, so you pay the lower amount. The deductible does not apply to Tier 1.	Cost of medication	$4.00	Balance	- $0 $250.00
Januvia 100mg tablet; 30 tablets per 30 days	Tier 2	Walmart = $220.79	You pay the full cost of the Tier 2 medication drug because you have to pay 100% of the cost until you meet the $250 deductible. $220.79 is applied to the deductible.	Deductible	$220.79	Balance	- $220.79 $29.21
Benicar 20mg; 30 tablets per 30 days	Tier 3	CVS = $124.21	You pay $124.21: the remainder of the deductible ($29.21) PLUS the Tier 3 co-pay ($95.00)	Deductible Tier 3 Co-pay Total	$29.21 $95.00 $124.21	Balance	- $29.21 $0
Crestor 10mg; 30 tablets per 30 days	Tier 2	Walmart = $158.26	You pay the Tier 2 co-pay	Tier 2 Co-pay	$55.00		

30-Day Retail **Non-Preferred** Pharmacy Example

Your total cost = $440.07. Going to non-preferred pharmacies cost an additional $36.07.

Medication	Tier	Full cost at a preferred pharmacy	Explanation	What You Pay		Tracking the Deductible	
				Description	Amount	Balance	$250.00
Metformin 500mg tablet; 60 tablets per 30 days	Tier 1	Walgreens = $7.19	The full cost of the medication is lower than the Tier 1 co-pay amount of $20.00, so you pay the lower amount. The deductible does not apply to Tier 1.	Cost of medication	$7.19	Balance	$0 $250.00
Januvia 100mg tablet; 30 tablets per 30 days	Tier 2	Publix = $231.96	You pay the full cost of the Tier 2 medication drug because you have to pay 100% of the cost until you meet the $250 deductible. $231.96 is applied to the deductible.	Deductible	$231.96	Balance	- $231.96 $18.04
Benicar 20mg; 30 tablets per 30 days	Tier 3	Walgreens = $119.32	How you end up paying $90.42 $119.32 Full cost of medication -$18.04 **You pay** remaining deductible -$95.00 **You pay** Tier 3 co-pay $6.28 Remaining cost X 30% Coinsurance $1.88 **You pay** coinsurance	Deductible Tier 3 Co-pay Coinsurance Total	$18.04 $95.00 $1.88 $114.92	Balance	- $18.04 $0
Crestor 10mg; 30 tablets per 30 days	Tier 2	Publix = $158.34	How you end up paying $86.00 $158.34 Full cost of medication -$55.00 **You pay** Tier 2 co-pay $103.34 Remaining cost X 30% Coinsurance $31.00 **You pay** coinsurance	Tier 2 Co-pay Coinsurance Total	$55.00 $31.00 $86.00		

Medical Plans Comparison Chart

The amount the plan pays may be based on usual, reasonable, customary (URC) fees.

Please note: the dollar amounts are co-pays, deductibles, and maximums, which you pay; the percentages are coinsurance amounts, which you pay after you meet applicable deductibles. The amount the plan pays may be based on usual, reasonable, and customary (URC) fees for out-of-network services only.

Understanding How Much You Have to Pay

- Member Allowance (CDHP only). Use your up-front allowance to pay your deductible, coinsurance, and Rx copays, reducing your out-of-pocket costs.
- Medical Plan Deductible (CDHP and NPOS). The amount you pay for certain medical expenses before the plan begins paying benefits.
- Rx3 Deductible (all plans). The amount you pay for Tier 2 and/or Tier 3 drugs before you begin paying Rx co-pays for those tiers.
- Combined Out-of-Pocket (OOP) Maximum. The maximum amount you pay for eligible medical **and** Rx expenses during a plan year.
- Coinsurance (CDHP and NPOS). The percentage of eligible medical expenses you pay after paying the deductible for most services.
- Co-pays. The fixed amount you pay for medical care and prescriptions.

Humana Member Services 877-230-3318	HMO Staff **Q7444**
Benefit	**In-Network Only**
Service Areas	Any provider in the HMO Staff Network for Citrus, Hernando, Hillsborough, Manatee, Pasco, Pinellas, Polk, Sarasota counties
Personal Care Account (PCA)—Individual/Family	N/A
Deductibles—Individual/Family	N/A
Medical Out-of-Pocket Maximum—Includes medical deductible, coinsurance, and/or co-pays	NEW $3,500 Individual; $7,000 Family
Combined Out-of-Pocket Maximum—Includes deductible, coinsurance, and/or co-pays, **and** Rx deductible and co-pays	$6,250 Individual; $12,500 Family
Lifetime Maximum	Unlimited
Physician Office Visits	**You Pay:**
Primary Care Physician (PCP)	$25 co-pay
Specialist (SPC)	$50 co-pay
Preventive Adult Physical Exams	No co-pay
Preventive GYN Care (including Pap test) direct access to participating providers	No co-pay
Mammography Preventive Screening	No co-pay
Immunizations	No co-pay
Allergy Injections	Co-pay waived for allergy injections billed separately
Allergy Tests Lab X-Ray Outpatient Advanced Outpatient Radiology Services (MRI, CAT scan, PET scan, etc.)	$50 co-pay No co-pay $50 co-pay $250 co-pay
Colonoscopy Screenings—Preventive and Diagnostic	No co-pay
Chiropractic Services (direct access to participating providers)	$50 co-pay; 20 visits per calendar year
Hearing Exam	$25 co-pay

This chart provides a brief outline of the medical coverage options available to you through Humana. Complete details are in the official plan documents. In any conflict between the plan documents and this basic comparison chart, the plan documents will control.

Medical Plans Comparison Chart

National Point-of-Service (NPOS) 548085		Consumer Directed Health Plan (CDHP) 548085
In-Network	**Out-of-Network[1]**	**In-Network Only**
Any provider in the NPOS Open Access Network (national network)	Any provider	Any provider in the HMO Premier Network (includes Florida and several other states)
N/A	N/A	$500 Individual; $1,000 Family (No maximum rollover amount)
NEW $300 Individual; $600 Family (combined in- and out-of-network)		$1,500 Individual; $3,000 Family
NEW $3,500 Individual; $7,000 Family (combined in- and out-of-network)		NEW $3,500 Individual; $7,000 Family
$6,250 Individual; $12,500 Family (combined in- and out-of-network)		$6,250 Individual; $12,500 Family
Unlimited		Unlimited
You Pay:	**You Pay:**	**You Pay:**
20% after deductible	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
0%	40% after deductible	0% no deductible
0%	40% after deductible	0% no deductible
0%	40% after deductible	0% no deductible
0%	40% after deductible	0% no deductible
20% after deductible; allergy injections billed separately	40% after deductible; injections billed separately	20% after deductible
20% after deductible	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
0%	40% after deductible	0% no deductible
20% after deductible	40% after deductible	20% after deductible
20 visits per calendar year in- or out-of-network		
20% after deductible	40% after deductible	20% after deductible

[1] *Usual, customary, reasonable (UCR) fees. Out-of-network charges that exceed UCR fees may be billed to the member.*

NEW = PCS Plan Changes

Medical Plans Comparison Chart

Please note the dollar amounts are co-pays, deductibles, and maximums which you pay; and the percentages are coinsurance amounts, which you pay after you meet applicable deductibles (see page 16). The amount the plan pays may be based on usual, reasonable and customary (URC) fees.

Please note: the dollar amounts are co-pays, deductibles, and maximums, which you pay; the percentages are coinsurance amounts, which you pay after you meet applicable deductibles. The amount the plan pays may be based on usual, reasonable, and customary (URC) fees for out-of-network services only.

Routine Eye Exam Not Covered

Routine eye exams are not covered under the Humana Medical Plans. **If you are enrolled in the EyeMed Vision Care Plan, routine eye exams are covered.**

Rx3 For Tier 2 and Tier 3 Drugs

You must pay the $250 per person or $500 per family Rx deductible before you begin paying Tier 2 and/or Tier 3 co-pays.

Rx3 Preferred Pharmacy

You must use one of the preferred pharmacies to receive preferred pharmacy benefits:

CVS, Walmart, Sam's Club, and RightSourceRx.

This chart provides a brief outline of the medical coverage options available to you through Humana. Complete details are in the official plan documents. In any conflict between the plan documents and this basic comparison chart, the plan documents will control.

Humana Member Services 877-230-3318 **Benefit**	HMO Staff Q7444 **In-Network Only**
Hospital Inpatient (Includes maternity and newborn services)	$500 co-pay per day; up to 5-day maximum
Outpatient Surgery (including facility charges)	$500 co-pay
Emergency Room Services	$300 co-pay
Ambulance	No co-pay
Urgent Care Facility	$50 co-pay
Maternity Care/OB Visits	$50 co-pay for initial visit only
Mental Health Services Outpatient Mental Health Services	NEW $25 co-pay
Inpatient Mental Health Services	$500 co-pay per day; up to 5-day maximum
Miscellaneous Home Health Care	No co-pay
Hospice—Inpatient	$500 co-pay per day; up to 5-day maximum[2]
Skilled Nursing Facility	$500 co-pay per day; up to 5-day maximum[2]
Short-Term Rehabilitation/Outpatient Therapy (speech, physical, occupational)	$50 co-pay per visit 60-visit limit per calendar year for all therapies combined
Diabetic Supplies (syringes, test strips) See the Diabetes Care Program, page 47	See prescription drugs below
Durable Medical Equipment	No co-pay
Rx3 Prescription Drug Program *Some drugs may be subject to step-therapy or precertification*	**Preferred Pharmacy** ***Mandatory Generics Unless Dispensed As Written***
Up to 30-day supply NEW **Tier 1** **Tier 2** **Tier 3**	$20 co-pay; no Rx deductible $55 co-pay; after Rx deductible $95 co-pay; after Rx deductible
90-day Supply (maintenance medications) at retail or mail order (mail order must be through *Right*SourceRx) NEW **Tier 1** **Tier 2** **Tier 3**	***Mandatory Generics Unless Dispensed As Written*** $40 co-pay; no Rx deductible $110 co-pay; after Rx deductible $190 co-pay; after Rx deductible

[1] *Subject to usual, customary, reasonable (UCR) fees*

[2] *Waived if transferred from hospital*

Medical Plans Comparison Chart

National Point-of-Service (NPOS) 548085		Consumer Directed Health Plan (CDHP) 548085
In-Network	**Out-of-Network[1]**	**In-Network Only**
$500 co-pay per day; up to 5-day maximum	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
20% after deductible	20% after deductible	20% after deductible
20% after deductible	20% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
$500 co-pay per day after deductible; up to 5-day maximum	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible; 120-visit limit per calendar year
$500 co-pay per day after deductible; up to 5-day maximum[2]	40% after deductible; 30-day lifetime max; 90-day limit per calendar year	20% after deductible 90-day limit per calendar year
$500 co-pay per day after deductible; up to 5-day maximum[2]	40% after deductible	20% after deductible 120-day per calendar year
120 days per calendar year		
20% after deductible	40% after deductible	20% after deductible
60-visit limit per calendar year for all therapies combined[3]		60-visit limit per calendar year for all therapies combined
See prescription drugs below	See prescription drugs below	See prescription drugs below
20% after deductible	40% after deductible	20% after deductible
Preferred Pharmacy	**Non-Preferred Pharmacy**	**Preferred Pharmacy**
Mandatory Generics with Dispense As Written	***30% of submitted cost after:***	***Mandatory Generics with Dispense As Written***
$20 co-pay; no Rx deductible $55 co-pay; after Rx deductible $95 co-pay; after Rx deductible	$20 co-pay; no Rx deductible Rx deductible and $55 co-pay Rx deductible and $95 co-pay	$20 co-pay; no Rx deductible $55 co-pay; after Rx deductible $95 co-pay; after Rx deductible
Mandatory Generics with Dispense As Written	***30% of submitted cost after:***	***Mandatory Generics with Dispense As Written***
$40 co-pay; no Rx deductible $110 co-pay; after Rx deductible $190 co-pay; after Rx deductible	$40 co-pay; no Rx deductible Rx deductible and $110 co-pay Rx deductible and $190 co-pay	$40 co-pay; no Rx deductible $110 co-pay; after Rx deductible $190 co-pay; after Rx deductible

NEW = PCS Plan Changes

Medical Plans—What Is Not Covered

What Is Not Covered

The medical plans don't cover all health care expenses and include exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent.

The following is a partial list of services and supplies that are generally *not covere*d. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents, including costs of services before coverage begins and after coverage terminates
- Acupuncture
- Cosmetic surgery
- Custodial care
- Dental care and dental X rays (except for accidental injuries to sound, natural teeth)
- Donor egg retrieval
- Experimental and investigational procedures (except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial sponsored by the National Cancer Institute)
- Hearing aids
- Immunizations for travel or work
- Implantable drugs and certain injectable drugs, including injectable infertility drugs
- Infertility services, including artificial insemination, and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services
- Services or supplies not medically necessary
- Orthotics (except coverage for some diabetes-related care)
- Outpatient prescription drugs and over-the-counter medications and supplies (Note: some states require coverage for certain covered diabetic drugs and supplies or certain contraceptives)
- Radial keratotomy or related procedures
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling
- Special-duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only partial, general descriptions of plan or program benefits and does not constitute a contract. Consult your plan documents (Schedule of Benefits, Certificate of Coverage, Group Insurance Certificate, Group Agreement and Group Policy) to determine governing contractual provisions including procedures, exclusions, and limitations relating to your plan. All the terms and conditions of your plan or program are subject to applicable laws, regulations and policies.

Employee Assistance Program (EAP)

Corporate Care Works (CCW) is our EAP provider. CCW offers programs that are tailored to the needs of retirees and your eligible family members. You can access EAP services 24/7 with a licensed, professional counselor available for immediate assistance. What's more, CCW offers telephone, face-to-face, and web-based assistance for maximum convenience.

An EAP is more than just a help line for stress, depression, and substance abuse. Its **Solution Centers** offer resources that are tailored to specific life situations, providing you with the right tools to help you through some of life's toughest challenges, including:

- adoption
- alcohol
- anxiety
- buying a car or home
- cancer
- child and elder care
- diabetes
- dieting
- eating disorders
- fitness
- grieving
- heart health
- military life
- pregnancy
- smoking
- student life
- wills
- debt and bankruptcy
- divorce and child custody
- post-traumatic stress disorder
- financial planning (estate, retirement, investing)
- hurricane preparedness
- marriage and living together
- obsessive-compulsive disorder

EAP FAQs

How do I access the EAP?

Simply call Corporate Care Works at 800-327-9757 and a client services team member will make every effort to address your needs and match you with an EAP provider located near your home or work. All CCW counselors are licensed, seasoned professionals, with broad expertise. Counselors are available 24 hours a day.

How does the EAP work?

EAP services include an initial clinical assessment by a licensed professional to determine if short-term counseling is appropriate. If short-term counseling is needed, you will receive up to eight counseling sessions per incident to address your issues. Should the assessment indicate a need for longer-term therapy, you will be referred to qualified resources outside of the EAP.

What is the cost?

Your EAP is a free, confidential service provided as part of your retiree benefits.

Will I be required to use the EAP?

The EAP is a voluntary program. You will always make the decision when and if to use the EAP.

Who will know that I have used the EAP?

Corporate Care Works adheres to the confidentiality guidelines mandated by law. PCS receives a report that contains only collective statistical information.

EAP Highlights

Your EAP was designed with your and your family's needs in mind. Some of the diverse services you'll benefit from include:

- 24-hour counseling assistance
- Counsel from licensed professionals
- Multiple site locations
- Short-term problem resolution
- Referrals to community resources

To get the right help at the right time, call the EAP at

800-327-9757

or go online:
www.pcsb.org/employee-assistance-program

Administrator:
CCW — A Health Advocate Company

Dental Plan

PCS offers one retiree dental plan. See page 4 for eligibility details.

Spouse and Dependent Eligibility—Your eligible dependents include your legal spouse,* same-sex or domestic partner, and your eligible children (through the end of the calendar year in which they reach age 26). If they are enrolled in your dental plan when you retire, your eligible dependents can remain enrolled in your retiree dental plan as long as you continue dental coverage into retirement.

** As defined by the laws of the state of Florida.*

Humana CompBenefits Advantage Plan

Retirees residing in Florida are eligible for the Humana CompBenefits Advantage Plan, AVF 1. If you reside outside of Florida, you are not eligible for this plan. This plan combines the best features of a dental health maintenance organization with those of traditional dental coverage.

- You select any dentist or specialist from the Humana CompBenefits network, and you can change your selection at any time.
- You can choose a different dentist for each covered family member.
- There are no office visit charges, claim forms, deductibles, waiting period, or annual maximums.
- Covered services are listed on the Schedule of Benefits and have designated co-payments; you receive a 20% discount on services not listed on the schedule.
- The plan provides adult and child orthodontia benefits.
- You must go to a Humana CompBenefits network specialist (i.e., Endodontist, Oral Surgeon, Periodontist, Pediatric dentist) to receive benefits. Check with the ComBenefits Member Services Department to verify coverage.

Advantage Fee Schedule for General Dentists (Group #7250)

ADA	Description of Services	You Pay
	DIAGNOSTIC	
D0120	PERIODIC ORAL EVALUATION (limit two every 12 months)	$0
D0140	LIMITED ORAL EVALUATION	$0
D0150	COMPREHENSIVE ORAL EVALUATION	$0
D0160	DETAIL AND EXTENSIVE ORAL EVALUATION	$0
D0170	RE-EVALUATION - LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT)	$0
D0180	COMPREHENSIVE PERIODONTAL EVALUATION	$0
	X RAYS AND TESTS	
D0210	INTRAORAL-COMPLETE SERIES INCL. BITEWINGS (limit one every 3 years)	$0
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	$0
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	$0
D0240	INTRAORAL-OCCLUSAL FILM	$0
D0250	EXTRAORAL-FIRST FILM	$0
D0260	EXTRAORAL-EACH ADDITIONAL FILM	$0
D0270	BITEWING-SINGLE FILM (limit two every 12 months)	$0
D0272	BITEWINGS - TWO FILMS (limit two every 12 months)	$0
D0274	BITEWINGS - FOUR FILMS (limit two every 12 months)	$0
D0277	VERTICAL BITEWINGS - SEVEN TO EIGHT FILMS (limit two every 12 months)	$0
D0330	PANORAMIC FILM (limit one every 3 years)	$0
D0470	DIAGNOSTIC CASTS	$0
	PREVENTIVE SERVICES	
D1110	PROPHYLAXIS ADULTS (limit 1 every 6 months)	$0
D1120	PROPHYLAXIS-CHILD (limit 1 every 6 months)	$0
D1201	TOP APPL FLUOR INCL PROPHY-CHILD (limit 2 every 12 months for child < 16)	$0
D1203	TOP APPL FLUOR EXCL PROPHY-CHILD (limit 2 every 12 months for child < 16)	$0
D1351	SEALANT - PER TOOTH (limit 1 per tooth every 12 months for child < 13)	$0
D1510	SPACE MAINTAINER-FIXED UNILATERAL	$137
D1515	SPACE MAINTAINER-FIXED BILATERAL	$180
D1520	SPACE MAINTAINER-REMOVBLE UNILATERAL	$170
D1525	SPACE MAINTAINER-REMOVABLE BILATERAL	$232
D1550	RECEMENTATION OF SPACE MAINTAINER	$12

ADA	Description of Services	You Pay
	MINOR RESTORATIVE SERVICES	
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	$19
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	$25
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	$31
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIM OR PERMANENT	$37
D2330	RESIN-ONE SURFACE ANTERIOR	$21
D2331	RESIN-TWO SURFACES ANTERIOR	$27
D2332	RESIN-THREE SURFACES ANTERIOR	$33
D2335	RESIN-FOUR OR MORE SURFACES OR INCISAL ANGLE	$40
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	$44
D2391	RESIN-1 SURFACE POSTERIOR-PERMANENT	$25
D2392	RESIN - 2 SURFACES POSTERIOR-PERMANENT	$33
D2393	RESIN - 3 SURFACES POSTERIOR-PERMANENT	$41
D2394	RESIN - 4+ SURFACES POSTERIOR-PERMANENT	$49
	MAJOR RESTORATIVE SERVICES	
	INLAY AND ONLAY RESTORATIONS (Limited to one per tooth every 5 years)	
D2510	INLAY-METALLIC-ONE SURFACE	$272
D2520	INLAY-METALLIC-TWO SURFACES	$309
D2530	INLAY-METALLIC-3 OR MORE SURFACES	$356
D2542	ONLAY-METALLIC-2 SURFACES	$349
D2543	ONLAY-METALLIC-3 SURFACES	$365
D2544	ONLAY-METALLIC-4+ SURFACES	$380
D2610	INLAY-PORCELAIN/CERAMIC-ONE SURFACE	$320
D2620	INLAY-PORCELAIN/CERAMIC-2 SURFACES	$338
D2630	INLAY-PORCELAIN/CERAMIC-3 OR MORE SURF	$360
D2642	ONLAY-PORCELAIN/CERAMIC-2 SURFACES	$350
D2643	ONLAY-PORCELAIN/CERAMIC-3 SURFACES	$377
D2644	ONLAY-PORCELAIN/CERAMIC-4+ SURFACES	$400
D2650	INLAY-COMPOSITE/RESIN-1 SURF LAB PROCESS	$210
D2651	INLAY-COMPOSITE/RESIN-2 SURF LAB PROCESS	$251
D2652	INLAY-COMPOSITE/RESIN-3 OR MORE SURF LAB	$263
D2662	ONLAY-COMPOSITE/RESIN-2 SURFACES	$229
D2663	ONLAY-COMPOSITE/RESIN-3 SURFACES	$269
D2664	ONLAY-COMPOSITE/RESIN-4+ SURFACES	$288
	CROWNS	
	(Limited to one per tooth every 5 years)	
D2710	CROWN-RESIN-LABORATORY	$162
D2720	CROWN-RESIN WITH HIGH NOBLE METAL	$400
D2721	CROWN-RESIN WITH PREDOM BASE METAL	$375
D2722	CROWN-RESIN WITH NOBLE METAL	$383
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	$411
D2750	CROWN-PORCELAIN FUSED TO HI NOBLE METAL	$405
D2751	CROWN-PORCELAIN FUSED TO PREDOM BASE MTL	$377
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	$386
D2790	CROWN-FULL CAST HIGH NOBLE METAL	$391
D2791	CROWN-FULL CAST PREDOM BASE METAL	$370
D2792	CROWN-FULL CAST NOBLE METAL	$377
	OTHER RESTORATIVE SERVICES	
D2910	RECEMENT INLAY	$35
D2920	RECEMENT CROWN	$36
D2930	PREFAB STAINL STEEL CROWN-PRIM TOOTH	$98
D2931	PREFAB STAINL STEEL CROWN-PERM TOOTH	$111
D2932	PREFABRICATED RESIN CROWN	$121
D2940	SEDATIVE FILLING	$15
D2950	CORE BUILDUP, INCLUDING ANY PINS	$94
D2951	PIN RETENTION/PER TOOTH	$20
D2952	CAST POST & CORE IN ADD TO CROWN	$143
D2954	PREFAB POST & CORE IN ADD TO CROWN	$118
	ENDODONTIC SERVICES	
D3220	THERAPEUTIC PULPOTOMY EXCLUDING FINAL RESTORATION	$24
D3310	ROOT CANAL THERAPY-ANT EXC FINAL RESTORATION	$271
D3320	ROOT CANAL THERAPY-BICUSPID EXC FINAL RESTORATION	$331
D3330	ROOT CANAL THERAPY-MOLAR EXC FINAL RESTORATION	$428
D3346	RETREAT PREVIOUS ROOT CANAL-ANTERIOR	$365
D3347	RETREAT PREVIOUS ROOT CANAL-BICUSPID	$430
D3348	RETREAT PREVIOUS ROOT CANAL-MOLAR	$517
D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANT	$310
D3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID FIRST ROOT	$339
D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR FIRST ROOT	$383
D3426	APICOECTOMY/PERIRADICULAR SURGERY-EA ADD ROOT	$128
D3430	RETROGRADE FILLING-PER ROOT	$94
	PERIODONTAL SERVICES	
D4210	GINGIVECTOMY/GINGIVOPLASTY-PER QUAD (limit 1 every 12 months)	$278
D4211	GINGIVECTOMY/GINGIVOPLASTY-PER TOOTH (limit 1 every 12 months)	$119
D4240	GINGIVAL FLAP INCL RT PLANING, FOUR OR MORE TEETH, PER QUAD (limit 1 every 12 months)	$328
D4241	GINGIVAL FLAP INCL RT PLANING, ONE TO THREE TEETH, PER QUAD (limit 1 every 12 months)	$169
D4249	CROWN LENGTHENING-HARD TISSUE	$374
D4260	OSSEOUS SURGERY, FOUR OR MORE CONTINGUOUS TEETH, PER QUAD	$529
D4261	OSSEOUS SURGERY, ONE TO THREE TEETH, PER QUAD	$275
D4341	PERIODONTAL ROOT PLANING, FOUR OR MORE CONTIGUOUS TEETH, PER QUAD (limit 2 per quad every 12 months)	$33
D4342	PERIODONTAL ROOT PLANING, ONE TO THREE TEETH, PER QUAD (limit 2 per quad every 12 months)	$18
D4355	FULL MOUTH DEBRIDEMENT COMPREHENSIVE PERIDONT E&D	$22
D4910	PERIODONTAL MAINTENANCE (limit 2 every 12 months)	$20
	REMOVABLE PARTIAL AND FULL DENTURES	
	(Limit replacement to every 5 years)	
D5110	COMPLETE DENTURE - UPPER	$498
D5120	COMPLETE DENTURE - LOWER	$498
D5130	IMMEDIATE DENTURE - UPPER	$543
D5140	IMMEDIATE DENTURE - LOWER	$543
D5211	UPPER PAR-RESIN BS W/CONV CLSPS-RSTS&TH	$420
D5212	LOWER PAR-RESIN BS W/CONV CLSPS-RSTS&TH	$488
D5213	UPPER PAR-CST MTL RESIN BS W/CONV CLSPS	$550
D5214	LOWER PAR-CST MTL RESIN BS W/CONV CLSPS	$550

Continued on next page

Dental Plan—Humana CompBenefits

ADA	Description of Services	You Pay
D5410	ADJUST COMPLETE DENTURE - UPPER	$27
D5411	ADJUST COMPLETE DENTURE - LOWER	$27
D5421	ADJUST PARTIAL DENTURE - UPPER	$27
D5422	ADJUST PARTIAL DENTURE - LOWER	$27
	PROSTHETIC REPAIRS	
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	$55
D5520	REPLACE MISSING/BROKEN TEETH-COMPL DENT-EA TOOTH	$46
D5610	REPAIR RESIN DENTURE BASE	$59
D5620	REPAIR CAST FRAMEWORK	$64
D5630	REPAIR OR REPLACE BROKEN CLASP	$77
D5640	REPLACE BROKEN TEETH-PER TOOTH	$50
D5650	ADD TOOTH TO EXISTING PART DENTURE	$68
D5660	ADD CLASP TO EXISTING PART DENTURE	$82
D5710	REBASE COMPLETE UPPER DENTURE	$202
D5711	REBASE COMPLETE LOWER DENTURE	$193
D5720	REBASE UPPER PARTIAL DENTURE	$191
D5721	REBASE LOWER PARTIAL DENTURE	$191
D5730	RELINE COMPLETE UP DENT - CHAIRSIDE	$114
D5731	RELINE COMPLETE LOW DENT - CHAIRSIDE	$114
D5740	RELINE UP PART DENTURE - CHAIRSIDE	$105
D5741	RELINE LOW PART DENTURE - CHAIRSIDE	$105
D5750	RELINE COMPLETE UPPER DENTURE (LAB)	$152
D5751	RELINE COMPLETE LOWER DENTURE (LAB)	$152
D5760	RELINE UPPER PARTIAL DENTURE (LAB)	$150
D5761	RELINE LOWER PARTIAL DENTURE (LAB)	$150
D5850	TISSUE CONDITIONING, MAXILLARY	$48
D5851	TISSUE CONDITIONING, MANDIBULAR	$48
	FIXED BRIDGES	
	(Limit replacement to every 5 years)	
D6210	PONTIC-CAST HIGH NOBLE METAL	$378
D6211	PONTIC-CAST PREDOM BASE METAL	$354
D6212	PONTIC-CAST NOBLE METAL	$369
D6240	PONTIC-PORCELAIN FUSED TO HI NOBLE METAL	$373
D6241	PONTIC-PORCELAIN FUSED TO PREDOM BS MTL	$345
D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	$364
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	$369
D6251	PONTIC-RESIN WITH PREDOM BASE METAL	$340
D6252	PONTIC-RESIN WITH NOBLE METAL	$351
D6600	BRIDGE RETAINER-INLAY, PORCELAIN, TWO SURFACES	$312
D6601	BRIDGE RETAINER-INLAY, PORCELAIN, THREE OR MORE SURFACES	$327
D6602	BRIDGE RETAINER-INLAY, CAST HIGH NOBLE METAL, TWO SURFACES	$333
D6603	BRIDGE RETAINER-INLAY, CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	$366
D6604	BRIDGE RETAINER-INLAY, CAST PREDOMONANTLY BASE METAL, TWO SURFACES	$326
D6605	BRIDGE RETAINER-INLAY, CAST PREDOMONANTLY BASE METAL, THREE OR MORE SURFACES	$346
D6606	BRIDGE RETAINER-INLAY, CAST NOBLE METAL, TWO SURFACES	$321
D6607	BRIDGE RETAINER- INLAY, CAST NOBLE METAL, THREE OR MORE SURFACES	$356
D6608	BRIDGE RETAINER-ONLAY, PORCELAIN, TWO SURFACES	$339
D6609	BRIDGE RETAINER-ONLAY, PORCELAIN, THREE OR MORE SURFACES	$353
D6610	BRIDGE RETAINER-ONLAY, CAST HIGH NOBLE METAL, TWO SURFACES	$359
D6611	BRIDGE RETAINER-ONLAY, CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	$393
D6612	BRIDGE RETAINER-ONLAY, CAST PREDOMINANTLY BASE METAL, TWO SURFACES	$357
D6613	BRIDGE RETAINER-ONLAY, CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	$373
D6614	BRIDGE RETAINER-ONLAY, CAST NOBLE METAL, TWO SURFACES	$350
D6615	BRIDGE RETAINER-ONLAY, CAST NOBLE METAL, THREE OR MORE SURFACES	$363
D6720	CROWN-RESIN WITH HIGH NOBLE METAL	$416
D6721	CROWN-RESIN WITH PREDOM BASE METAL	$395
D6722	CROWN-RESIN WITH NOBLE METAL BONY	$402
D6740	BRIDGE RETAINER-CROWN, PORCELAIN	$438
D6750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	$426
D6751	CROWN-PORCELAIN FUSED TO PREDOM BASE MTL	$398
D6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	$407
D6780	CROWN-3/4 CAST HIGH NOBLE METAL	$402
D6790	CROWN-FULL CAST HIGH NOBLE METAL	$411
D6791	CROWN-FULL CAST PREDOM BASE METAL	$390
D6792	CROWN-FULL CAST NOBLE METAL	$404
D6930	RECEMENT BRIDGE	$50
D6970	CAST POST AND CORE IN ADDITION TO BRIDGE	$138
D6972	PREFABRICATED POST AND CORE IN ADDITION TO BRIDGE	$112
D6973	CORE BUILD-UP FOR BRIDGE, INCLUDING PINS	$91
	ORAL SURGERY	
D7111	CORONAL REMNANTS-DECIDUOUS TEETH	$43
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	$58
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH	$91
D7220	REMOVAL IMPACTED TOOTH-SOFT TISSUE	$114
D7230	REMOVAL IMPACTED TOOTH-PART BONY	$151
D7240	REMOVAL IMPACTED TOOTH-COMPL BONY	$177
D7241	REMOVAL IMPACTED TOOTH-UNUSUAL COMPLICATOINS	$223
D7250	SURGICAL REMOVAL RESIDUAL TOOTH ROOTS-CUTTING PROCEDURE	$96
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTION-PER QUAD	$106
D7320	ALVEOLOPLASTY NO EXTRACTION-PER QUAD	$471
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	$101
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	$480
D7960	FRENULECTOMY-SEPARATE PROCEDURE	$222
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	$229
	MISCELLANEOUS SERVICES	
D9110	PALLIATIVE (EMERGENCY) TREATMENT	$34
D9215	LOCAL ANESTHESIA	$0
D9241	IV CONSCIOUS SEDATION-FIRST 30 MINUTES	$111
D9242	IV CONSCIOUS SEDATIONS-EACH ADDITIONAL 15 MIN.	$47
D9310	CONSULTATION DIAGNOSTIC SERVICE NONTREATING PRACT	$0
D9951	OCCLUSAL ADJUSTMENT-LIMITED	$45
D9952	OCCLUSAL ADJUSTMENT-COMPLETE	$251

Humana CompBenefits—Dental Plan

ADA	Description of Services	You Pay
	ORTHODONTIC	
D8070	Comprehensive orthodontic treatment of the transitional/adolescent dentition	
D8080	Children up to 19 years of age Up to 24 months of routine orthodontic treatment for class I and class II cases	
	CONSULTATION	$0
	EVALUATION	$35
	RECORDS/TREATMENT PLANNING	$250
	ORTHODONTIC TREATMENT	$2,100
D8090	Comprehensive orthodontic treatment of the adult dentition	
	Adults 19 years of age and over Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	CONSULTATION	$0
	EVALUATION	$35
	RECORDS/TREATMENT PLANNING	$250
	ORTHODONTIC TREATMENT	$2,300
D8680	RETENTION	$450

Limitations and Exclusions — Dental Plan

All procedures listed might not be performed by the Participating General Dentist you select. The co-payments shown apply to those Participating General Dentists who do perform those services. Therefore, you are encouraged to discuss the availability of the scheduled services with your Participating General Dentist. Procedures not listed on this schedule of benefits, that are performed by the Participating General Dentist, will be charged at that Participating General Dentist's usual and customary fee less 20%.

1. No service of any dentist other than a Participating General Dentist or Participating Specialist will be covered by Company, except out-of-area emergency care as provided in Section VIII, Paragraph B of the Certificate of Benefits.
2. Whenever any Contributions or Co-payments are delinquent, Member will not be entitled to receive Benefits, transfer Dental Facilities, or enjoy any of the other privileges of a Member in good standing.
3. Company does not provide coverage for the following services:
   a) Cost of hospitalization and pharmaceuticals, drugs or medications.
   b) Services which in the opinion of the Participating General Dentist or Participating Specialist are not Necessary Treatment to establish and/or maintain the Member's oral health.
   c) Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating Specialist or which in the opinion of the Participating General Dentist or Participating Specialist would endanger the health of the Member.
   d) Any service or procedure which the Participating General Dentist or Participating Specialist is unable to perform because of the general health or physical limitations of the Member.
   e) Any dental treatment started prior to the Member's effective date for eligibility of benefits.
   f) Services for injuries and conditions which are paid or payable under Workers' Compensation or Employers' Liability laws.
   g) Treatment for cysts, neoplasms and malignancies.
   h) General anesthesia.

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Contact us in writing when you move, change employment or change telephone numbers.
It will help us to serve you better. Good dental health is an investment.

Humana CompBenefits

A Prepaid Limited Health Service Organization Licensed under Chapter 636 of the Florida Insurance Code

800-342-5209 • Member Services

www.compbenefits.com/custom/pinellascountyschools/

This guide contains a brief description of the plan benefits by Humana CompBenefits. A more complete explanation of the benefits may be obtained by contacting Humana CompBenefits.

SPECIALISTS

Should you need a specialist (i.e. Endodontist, Oral Surgeon, Orthodontist, Periodontist, Prosthodontist, Pediatric Dentist), you may be referred by your Participating General Dentist. Co-payment amounts are applicable when treatment is performed by a Participating Specialist. Procedures not listed on this schedule of benefits, that are performed by a Participating Specialist, will be charged at that Participating Specialist's usual and customary fee less 20%.

Humana CompBenefits Family of Companies

- CompDent • CompBenefits Insurance Company
- American Dental Plan, Inc. • Oral Health Services, Inc.
- DentiCare (Texas) • American Prepaid Dental Plan
- American Dental Plan of North Carolina, Inc.
- National Dental Plans, Inc. • Texas Dental Plans, Inc.
- Vision Care, Inc. • Ultimate Optical, Inc.

EyeMed Vision Care Plan

The Vision of Good Health

Periodic eye examinations are an important part of routine preventive health care. Because many eye and vision conditions have no obvious symptoms, retirees may be unaware they have problems. Early detection and treatment is critical for maintaining good vision and preventing permanent vision loss. Eye exams can detect symptoms for diseases such as diabetes, hypertension, glaucoma, cataracts, and macular degeneration.

This is why Pinellas County Schools offers quality vision care for you and your family through the EyeMed Vision Care Plan.

Who Is Eligible?

Retirees may enroll themselves and eligible dependents in the vision plan. Eligible dependents include your spouse, same-sex or domestic partner, and/or your eligible children through the end of the year in which they reach age 26.

How Does the Plan Work?

Members can select any optometrist or ophthalmologist in the EyeMed Vision Care Advantage network. At the time of your appointment, you will pay the applicable co-pay(s) for your exam and your eyeglasses or contacts, plus the co-pay(s) for any extra covered option(s) you select. There are no forms to complete or claims to file when you use EyeMed in-network providers.

You can go to an out-of-network provider, but you will pay a higher amount. You will pay the out-of-network provider in full at the time of your visit and then submit your receipts to EyeMed for reimbursement. Your final cost will be based on the out-of-network reimbursement schedule.

The VCP benefits are detailed on the next page.

Questions?

Call EyeMed Customer Care
888-203-7437

Monday – Saturday,
7:30 a.m. – 11:00 p.m. (ET)
Sunday, 11:00 a.m. – 8:00 p.m. (ET)

Or

Visit *www.eyemed.com*
to view benefits, check claims
and access other services.

EyeMed Vision Care Plan Benefits

Eligible retirees and their covered dependents may receive the following benefits from network providers.

When You Use Participating In-Network Providers

Basic Benefits	
Frequency (based on calendar year)	
Vision Exam	Per calendar year
Lenses or Contact Lenses	Per calendar year
Frame	Every other calendar year
Benefit	**In-Network Provider**
Exam with Dilation As necessary	$10 co-pay
Eyeglass Lenses	
Single Vision	$10 co-pay
Bifocal	$10 co-pay
Trifocal	$10 co-pay
Standard Progressive	$50 co-pay
Frames	$90 allowance (You receive 20% off the balance over $90)
Contact Lenses	
Conventional	$90 allowance (You receive 15% off the balance over $90)
Disposable	$90 allowance (You pay full amount over $90)
Medically Necessary	Paid in full

Contact Lenses Allowance

If you prefer contact lenses instead of eyeglasses, a contact lens allowance is provided instead of (not in addition to) your eyeglass lens benefit.

In addition to your $10 co-pay for your comprehensive eye exam, you are responsible for the contact lens fitting fees up to $40. If your contact lens fitting is more extensive, you will receive a 10% discount on the cost of a premium fitting.

Contact Lenses

Standard contact lens fit—Applications of clear, soft, spherical (astigmatism less than .75D), daily-wear contact lenses for single-vision prescriptions—does not include extended/overnight wear. Standard fit includes:

- Disposable
- Conventional
- Daily
- Replacement

Premium contact lens fit—More complex applications, including but not limited to toric (astigmatism .62D or higher), bifocal/multifocal, cosmetic color, postsurgical, and gas-permeable—does include extended/overnight wear for any prescription. Premium fit includes:

- Cosmetic color
- Toric
- Multifocal; includes monovision
- Continuous wear
- RGP (Rigid Glass Permeable) lens
- Post-surgical and gas-permeable

In-Network Discounts

EyeMed provides an in-network discount on products and services once your in-network benefits for the applicable benefit period have been used. The in-network discounts are as follows:

- 40% off a complete pair of eyeglasses (including prescription sunglasses)
- 15% off conventional contact lenses
- 20% off items not covered by the plan at in-network providers

Continued on next page

EyeMed Vision Care Plan

Additional Plan Costs and Discounts

Lens options are available at discounted rates. Following are a few options available at participating network providers.

- UV coating $12
- Scratch resistant coating $12
- Polycarbonate $30
- Antireflective coating $10
- Transitions $50

LASIK Benefits

As an EyeMed member, you are eligible for a 15% discount off of retail prices or 5% off of promotional prices for LASIK or PRK from the U.S. Laser Network owned and operated by LCA Vision.

When You Visit a Nonparticipating Provider

Eligible retirees and their covered dependents may receive the following features and **be reimbursed** according to the following chart.

Reimbursement Benefits

Frequency (based on calendar year)	
Vision Exam	Per calendar year
Eyeglass or Contact Lenses	Per calendar year
Frame	Every other calendar year

Benefit	**Reimbursement**
Exam with Dilation As necessary	Up to $35
Eyeglass Lenses	
Single Vision	Up to $35
Bifocal	Up to $40
Trifocal	Up to $60
Frames	Up to $55
Contact Lenses	
Elective (conventional or disposable)	$90
Medically Necessary	$210

Nonparticipating provider claims can be mailed to:

EyeMed Vision Care
P.O. Box 8504
Mason, OH 45040-7111

About EyeMed Providers

EyeMed providers are independent eye care professionals who have contracted with EyeMed to provide services at negotiated rates. The EyeMed plan emphasizes high-quality routine eye care from a network of independent eye care professionals. Retail store providers include LensCrafters®, Sears Optical™, Target Optical®, JCPenny® Optical, and most Pearle Vision locations. Please check the provider directory available on the EyeMed Vision Care website before making your first appointment.

Benefits are the same at all participating providers, no matter where they're located or the amount they would otherwise charge.

How to Find a Provider

To find an EyeMed provider with convenient hours and locations, you can call 888-203-7437 or use the provider locator tool at *www.eyemed.com* to find a provider in your area. Choose the Advantage network in the drop down box.

Life Insurance

Who's Eligible?

As a PCS retiree, you are eligible to continue your Board Basic Life insurance in effect at the time of your retirement. You can convert your Optional Term Life coverage to an individual policy. Your legal spouse* and/or children are eligible for Family Term Life insurance, provided they are enrolled in this coverage at the time of your retirement. Eligible dependents include:

1. your legal spouse.*
2. your children beginning at live birth to the end of the year in which they reach age 26 provided they are dependent on you for more than 50% of their support and reside with you, or are enrolled as a full-time student.

If your spouse is also a Pinellas County Schools retiree and has elected his/her own Retiree Life Insurance, you may not elect Family Term Life Insurance.

CAUTION: You will not be eligible to re-enroll in the life insurance program if you cancel your life insurance or your coverage is terminated for failure to make timely premium payments.

Board Basic Life

You may continue the amount of your Board Basic Life insurance in effect at the time of your retirement. This life insurance policy is a Term Life insurance policy and has no cash value. You can convert your Optional Term Life to a Whole Life individual policy with The Prudential Insurance Company of America within 31 days of retirement. You may elect less coverage, but under no circumstances may you elect more coverage than what is in effect at the time of your retirement.

Family Term Life — (Spouse/Child)

This policy covers your legal spouse* and eligible children. You may continue this coverage if it is in effect at the time of your retirement. Florida's Department of Insurance guidelines state that you, the retiree, must have a minimum of $10,000 of Board Basic Life insurance to continue this coverage.

** As defined by the laws of the state of Florida.*

Coverage Amount and Premium Payment

Retiree

Board Basic Life

- Your coverage amount cannot exceed your Board Basic Life insurance amount in force immediately prior to your retirement.
- If you do not elect this coverage when you retire, you will not be eligible to re-enroll at a later date.

Dependents

Family Term Life (Spouse/Child)

- $5,000 for each dependent (includes your spouse and/or all eligible children) ($2,500 for each eligible child beginning at live birth to six months).
- One premium covers all your eligible dependents.
- If you do not elect this coverage when you retire, you will not be eligible to re-enroll at a later date.
- If you have Family Term Life Insurance in effect at the time of your retirement and you wish to continue this coverage, you must elect a minimum of $10,000 of Board Basic Life coverage.

Premium Payment

Life premiums will automatically be deducted from your retirement check — just like your medical and vision premiums — after you complete and return the Florida Retirement System Insurance Payroll Authorization Form. The form can be found in your retiree enrollment packet. Be sure to sign this form and return it to the Risk Management and Insurance Department.

Exceptions can be made for Investment Plan participants with 30 years of service with Pinellas County Schools or who are age 59½.

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Life Insurance

Reduction of Coverage

Your life insurance death benefit reduces beginning at age 70. Below is an example of how a $100,000 life insurance election is effected.

Age	% of Policy Value	Death Benefit
69 or less	100%	$100,000
70 – 74	65%	$65,000
75 – 79	45%	$45,000
80 or older	30%	$30,000

Please note that your premium will be reduced based on the amount of insurance in force. We recommend that if you are over age 70, you review the reduced benefit payable to determine if your reduced life insurance benefit is appropriate.

Accelerated Benefit Option

If you provide satisfactory proof that you are terminally ill with a life expectancy of 12 months or less, you may elect to receive up to 50% of your Board Basic benefit Life insurance while still living, up to a maximum of $50,000.

This benefit is only available once and is payable in a lump sum or six equal monthly installments. The death benefit payable to your beneficiary will be reduced by the amount you elect under this option.

Questions?

A Prudential Life Insurance Certificate of Coverage, which includes the entire plan provisions, exclusions, and limitations, is available on the Risk Management and Insurance Department website *(www.pcsb.org/risk-benefits)* or by contacting the Risk Management and Insurance Department Retirement Team directly.

Reemployment After Retirement—Guidelines for Life Insurance

When you officially retire* you may enroll in the same amount (one times your salary) of Board Basic Life insurance benefit that was in effect at the time of your retirement.** If you fail to enroll in life insurance at the time you retire because you anticipate returning to work (or for any other reason) and your PCS group life insurance coverage lapses, you will not be permitted to re-enroll in a PCS-sponsored retiree life insurance plan at a later date. It is your responsibility to contact the PCS retirement team when and if you return to work or leave employment with Pinellas County Schools.

* *Official retirement includes early retirement, retirement from DROP, normal retirement from the Pension Plan or retirement from the Investment Plan.*

** *In the event you return to work in a position that offers a lesser amount of board paid life insurance, you will only be eligible for the most recent and lower amount of the board basic life insurance when you return to a retiree status.*

Please Note:
Special provisions apply to life insurance participants who retired prior to 3/1/92.

Life insurance coverage is issued by Prudential Life Insurance Company of America. Group #92959

Health Care Dollars and Sense

Health insurance has become one of the largest operating expenses for most employers, both private and public sector. Many people are struggling to manage health care spending in the household budget.

Pinellas County Schools provides several benefit plans specifically designed to help you use your health care dollars wisely. For example, the Humana Consumer Directed Health Plan (CDHP) can help you plan and keep track of your expenses and become a wiser health care consumer. Here are some other useful ideas to help you control costs.

4 Ways to Control Your Health Care Costs

	Consider This	Take Action
1	Eat a healthy diet and exercise. An unhealthy diet plus lack of exercise can lead to illnesses and, consequently, increased health care costs. Eating well and staying in good physical shape will benefit you and reduce your health care costs. Always check with your doctor before beginning a new diet or exercise regimen.	If you are enrolled in an Humana medical plan you have access to value added programs. See pages 11 - 12 for a list of programs.
2	Check ups and screenings. Schedule examinations with your regular doctor, dentist, eye doctor, and so on. Being diligent about your health care now can help prevent serious health problems later.	All of the Humana Plus pay 100% of eligible preventive care. So be sure to take advantage of these benefits and schedule your routine preventive care appointments.
3	Know your health plans and stay in-network. Learn what is covered and what is not covered under your plans. Network doctors and facilities have contracts that ensure you pay no more than the discounted prices for services.	Read the information in this guide and use each plan's online resources to make sure you get the most out of your coverage. Review your health care bills carefully. Billing errors can cost you hundreds or even thousands of dollars.
4	Save money on prescription drugs. Ask your doctor to write your prescription for the generic version of the drug you need, if one is available. Costs tend to differ from one pharmacy retailer to the next, so shop around and compare prices.	The Rx3 plan offers the lowest co-pay for generic drugs. Use Humana's *Right*SourceRx mail service to save even more on your maintenance medications. You can also use the generic discount programs offered at many retailers. Visit the PCS Employee Benefits website for a list of stores and pharmacies with discount drug programs.

COBRA Rights and Responsibilities

The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) requires employers who sponsor group health plans to offer employees, retirees, and their families the opportunity to purchase **medical, vision,** or **dental** coverage at group rates. This section is to notify you of your rights and obligations to continue coverage under this law. We urge both you and your spouse to read this notice carefully.

Spouses of covered retirees who are on the retiree's policy(ies) have the right to continue coverage for any of these reasons:

- death of spouse who was a covered School Board retiree,
- divorce or legal separation* from your spouse, and
- retiree becomes eligible for Medicare.
- loss of child's dependent status (e.g., age limitation).

When Can COBRA Coverage Be Elected? (Change in Status)	Who Can Elect COBRA Coverage? (Qualified Beneficiaries)	How Long Can COBRA Coverage Be Continued?
Death of covered retiree	Spouse and dependent children	36 months or Medicare-eligible, whichever occurs first
Divorce or legal separation*	Spouse and dependent children	36 months or Medicare-eligible, whichever occurs first
Covered retiree becomes eligible for Medicare	Spouse and dependent children	36 months or Medicare-eligible, whichever occurs first
Loss of child's dependent status	Dependent children	36 months or Medicare-eligible, whichever occurs first

* *Only divorce is recognized by the state of Florida, not legal separation.*

HIPAA

Patient Protection and Affordable Care Act (PPACA, or Health Care Reform)

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 covering adult children through age 26, free preventive care, and reducing or removing annual or lifetime limits on essential health benefits. Some of the biggest changes resulting from the law take effect January 1, 2015. These changes are explained below.

Medical Plan Enhancements

All of the medical plans offered by PCS will comply with the required changes and result in the following changes: (1) The annual maximum includes the annual deductible. (2) The annual out-of-pocket maximum is capped, lowering the maximum amount you could pay for eligible health care expenses in a year.

Health Care Reform and You—the "Individual Mandate"

The ACA requires most Americans to purchase health insurance as of January 1, 2015 or pay a penalty. This is called the "individual mandate." The medical plans offered by HCPS meet or exceed the affordability and coverage requirements. So being enrolled in an HCPS medical plan satisfies the individual mandate.

Privacy Notice

Under HIPAA legislation, Pinellas County Schools and your health plan 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 the payment of your health care expenses.

HIPAA requires Pinellas County Schools and your health plan to notify you and your beneficiaries about their policies and practices to protect the confidentiality of your health information. Refer to your plan's privacy notice for a detailed description of:

- your plan's information privacy policy;
- ways the plan may use and disclose health information about you;
- your rights; and
- obligations the plan has regarding the use and disclosure of your health information.

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 requires your health care plan to provide benefits for mastectomy-related services. These services include reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymph edemas). Coverage for these benefits or services will be provided in consultation with the participant's or beneficiary's attending physician.

If you are receiving, or in the future receive, benefits under a group medical contract in connection with a mastectomy, you are entitled to coverage for the benefits and services described above if you elect breast reconstruction. Your qualified dependents are also entitled to coverage for those benefits or services on the same terms. Coverage for the mastectomy related services or benefits required under the Women's Health law are subject to the same deductibles and coinsurance or co-payment provisions that apply to other medical or surgical benefits your group medical contract provides.

Maternity and Newborn Length of Stay

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 the 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 not in excess of 48 hours (or 96 hours).

Continued on next page

Your Rights and Responsibilities

Important Notice from Pinellas County Schools About Your Prescription Drug Coverage and Medicare

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

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

- 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.
- Pinellas County Schools has determined that the prescription drug coverage offered by the Humana Rx3 Prescription Drug Program is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan and drop your current Pinellas County Schools coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

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

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare 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.

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

For further information contact the Pinellas County Schools Risk Management and Insurance Department. **NOTE:** You'll get this notice each year prior to the annual Medicare drug plan enrollment period, and if your coverage through Pinellas County Schools changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

- *Visit* www.medicare.gov
- *Call your State Health Insurance Assistance Program* (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) *for personalized help*
- Call 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 on the web at www.socialsecurity.gov*, or call them at 800-772-1213 (TTY 800-325-0778).*

Name of Entity/Sender:
Pinellas County Schools

Contact:
Retirement Team
The Risk Management and Insurance Department

Address:
301 4th Street S.W., Largo, FL 33770

Phone Number:
727-588-6214
727-588-6141
727-588-6140

Notice About the Early Retiree Reinsurance Program

You are a plan participant, or are being offered the opportunity to enroll as a plan participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a Federal program that was established under the Affordable Care Act. Under the Early Retiree Reinsurance Program, the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on January 1, 2015.

Under the Early Retiree Reinsurance Program, your plan sponsor **may choose** to use any reimbursements it receives from this program to reduce or offset increases in plan participants' premium contributions, co-payments, deductibles, co-insurance, or other out-of-pocket costs. If the plan sponsor **chooses** to use the Early Retiree Reinsurance Program reimbursements in this way, you, as a plan participant, may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and this plan sponsor chooses to use the reimbursements for this purpose. A plan sponsor may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families.

If you have received this notice by email, you are responsible for providing a copy of this notice to your family members who are participants in this plan.

Notes

PINELLAS COUNTY SCHOOLS

BENEFlex 2015

RETIREE GUIDE

Security for you...today and tomorrow!

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BENEFlex 2015

AON Hewitt

This guide describes Pinellas County Schools retiree benefit programs that will be effective for the plan year beginning January 1, 2015. This is only a summary of the benefit programs. Additional restrictions and/or limitations not included in this guide may apply. In the event of a conflict between this guide and the plan documents, the plan documents will control.

Risk Management Retirement Team

301 4th Street SW
P.O. Box 2942
Largo, FL 33779-2942

Security for you...today and tomorrow!