

BENEFlex • GUIDE TO YOUR ANNUAL BENEFIT CHOICES

BENEFlex²⁰¹⁸

G U I D E



YOUR RETIREE BENEFITS



SECURITY FOR YOU ... TODAY AND TOMORROW!

Pinellas County Schools Contacts

Risk Management Retirement Team

P.O. Box 2942 • Largo, FL 33779-2942

Risk Management Retirement Team	727-588-6214	
Risk Management and Insurance	727-588-6195	Fax: 727-588-6182
Humana Claims and Account Advisor	727-588-6367	
Humana Patient Advocate: Clinical Matters	727-588-6137	
Humana Wellness	727-588-6134	
Florida Retirement System (FRS)	844-377-1888	

Insurance Carriers

Medical

Humana Member Services and Claims	877-230-3318	humana.com or myhumana.com
Humana Pharmacy Mail Order Prescriptions	800-833-1315	humanapharmacy.com
Humana Medicare Advantage Plans	727-793-2103	humana.com

Dental

Humana Dental Advantage Plus 2S Plan (Group# 548085)	800-979-4760	myhumana.com
MetLife Dental PDP (G95682)	800-942-0854	metlife.com/dental

Vision

EyeMed Vision Care Plan	866-299-1358	eyemed.com
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Life Insurance

The Standard Life Insurance Company (Group# 92959)	727-588-6141	pcsb.org/risk-benefits
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Employee Assistance Plan (EAP)

HealthAdvocate	877-240-6863	healthadvocate.com/member
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Non-PCS Programs and Other Resources

Federal Health Insurance Marketplace	800-318-2596	healthcare.gov
Medicare Services (800-MEDICARE)	800-633-4227	medicare.gov
SHINE—Serving Health Insurance Needs of Elders	800-963-5337	floridashine.org

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BENEFlexRetireeGuide2018

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 re-enroll.

- **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.
- **Vision** — You and your enrolled eligible dependents may remain enrolled in the vision plan when you retire.
- **Dental** — If you are enrolled in the **Humana Dental Advantage 2S Plus plan or the MetLife Dental plan** when you retire, you may continue your coverage for yourself and your enrolled dependents.
- **Board Basic and Dependent Family Life Insurance**— you may continue your Board life insurance and family voluntary term life insurance in effect at the time of your retirement. You may convert your and your spouse’s Optional Term Life insurance coverage to individual policies directly through The Standard, Contact the Risk Management and Insurance Department for more information.

NOTE: If you cancel any of your PCS-sponsored 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 as well as certain programs offered through the BeSMART Wellness Program.

Each year during annual enrollment, you will have the opportunity to review your benefit elections and make limited 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**.

New Retiree Insurance 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 with eight years of service or have completed 30 years of service and be 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: Return your enrollment paperwork and premium payments **30 days prior** to your retirement date to avoid interruption of your benefits.

Mail to:

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

PCS BeSMART Wellness Program

The BeSMART 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 pcsb.org/risk-benefits and click on the “Wellness for Employees” link.

Go365 by Humana

Go365 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 children can participate in.

Earn Points™ — Every time you complete a verified activity or achieve a wellness goal, you earn Points that help you work toward a higher status.

Earn Bucks® — Health activities not only build Points, you earn an equivalent amount of Bucks.

Get Rewarded — You can reward yourself with great prizes from the Go365 Mall, where you can spend your Bucks. Choose from gift cards, movie tickets, fitness devices, and more.

Other Programs

Humana Health Coaching — Free telephonic health coaching for weight management, physical activity, back care, nutrition, stress management, and tobacco cessation.*

Diabetes CARE Program — **When you or a covered dependent** enroll in this program and complete the requirements, your co-pay is waived for diabetic supplies.*

Employee Assistance Program (EAP) — The EAP is a free, confidential, 24-hour CARELINE.

Call **800-327-9757** for assistance with depression, finances, alcohol/drug abuse, conflicts, stress, parenting, and any other personal concern. It also has 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 pcsb.org/wellness	Phone	Email
PCS Wellness Coordinator, TBD	727-588-6031	
Benefits and Wellness Consultant, Leslie Viens	727-588-6142	viensl@pcsb.org
Employee Wellness Specialist, Dawn Handley	727-588-6151	handleyd@pcsb.org
Health Advocate Employee Assistance Program, Darlene Rivers	727-588-6507	pcs.riversd@pcsb.org
Humana Patient Advocate, Gina Deorsey	727-588-6137	pcs.deorseyg@pcsb.org
Humana Claims Advisor, Janet Lang	727-588-6367	pcs.langj@pcsb.org
Humana Wellness Specialist/HumanaGo365, Jessica O’Connell	727-588-6134	jo’connell@humana.com pcs.oconnellj@pcsb.org
PCS Retirement Team	727-588-6214	

Continuation of Coverage

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

- Medical
- Humana Dental Advantage 2S Plus
- MetLife Dental
- Vision
- Board Basic Life
- Family Term Life insurance

CAUTION: If you cancel your medical insurance when you retire or during a subsequent annual enrollment or discontinue payment, you will not be able to re-enroll in a PCS medical plan.*

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

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; 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.

*A special provision may apply if you obtain coverage through the Health Insurance Marketplace. Contact the Risk Management Retirement team for details.

Coordination of Benefits

If you, your spouse, or your 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 Your Medical Plan Choice

The Affordable Care Act (ACA) required most Americans to purchase health insurance as of January 1, 2016, 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 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: pcsb.org/affordable-care-act.

Enrollment in a Federal Health Insurance Marketplace Plan

PCS allows you to enroll in a medical plan through the Federal Health Insurance Marketplace. If you enroll in a medical plan through the Market Place after the PCS annual enrollment window, you must contact us within 31 days of your enrollment to discontinue your PCS group coverage. Your request to discontinue your coverage will be effective the first of the month following receipt of your enrollment and change form by PCS.

If, within 12-months after enrolling in a plan through the marketplace, you are not happy with your decision and would like to reenroll in a PCS medical plan, please contact us at 727-588-6140 during the next annual enrollment and we can reinstate your coverage in an equivalent plan. You will be responsible for the applicable rates.

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)?

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 (RPPO) 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.
- **The NEW LPPO plan** allows members to use in- or out-of-network providers. The LPPO is a zero-premium plan.

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.

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 or humana.com**

Medicare

For general Medicare inquiries, contact:

Medicare Services

800-MEDICARE (800-633-4227)

TTY/TDD# 877-486-2048

medicare.gov

Dental Insurance

- If you cancel your and/or your dependent's dental coverage as a new retiree, during the year, during annual enrollment or discontinue your payment, you will not be able to re-enroll.
- If you elect either dental plan, you will be billed by the carrier and will be required to pay them directly.

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 or discontinue your payment, you will not be able to re-enroll.

Humana Dental Advantage Plus 2S Plan (Group# 548085)

You and your eligible enrolled dependents may continue participation in the Humana Dental Advantage Plus 2S Plan if you are a Florida resident. Make sure your dentist is in the Advantage Plus 2S Plan network.

If, at the time of retirement, you are enrolled in the Humana dental plan and are planning on moving out of Florida, you are eligible to enroll in the MetLife Dental Plan.

If you move out of Florida at a later date and would like to change your enrollment to the MetLife dental plan, you will need to contact the Retirement team, submit a PCS Enrollment and Change form with your new address within 31 days of your relocation.

MetLife Dental

You and your eligible enrolled dependents may continue participation in MetLife Dental Plan.

EyeMed Vision Care Plan (VCP)

If you are enrolled in the vision plan, you may continue your and your dependent's coverage when you retire. If you cancel your and/or your dependent's vision coverage as a new retiree, during the year, during annual enrollment or discontinue your payment, you will not be able to re-enroll.

Your monthly rates will be deducted from your monthly FRS pension check.

Disability Insurance Plans

Your disability coverage terminates at the end of the month in which you retire.

2018 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 annual premiums total \$150 or less, you will need to make one annual payment.

Dental Insurance Payments: If you have Humana Advantage or MetLife Dental, they will bill you directly for your dental insurance. Dental insurance cannot be deducted from your FRS pension check.

Medical, Dental, Vision, and Life Insurance Rates

Humana Medical Plans	Retiree	Retiree + Spouse	Retiree + Children	Retiree + Family
HMO Staff	\$661.67	\$1,315.00	\$1173.33	\$1,895.00
NPOS	\$676.67	\$1,346.67	\$1205.00	\$1,958.33
CDHP	\$630.00	\$1,251.67	\$1110.00	\$1,806.67

Humana Dental Advantage 2S Plus Plan	Retiree	Retiree + 1	Retiree + Family
	\$21.70	\$36.70	\$53.38

MetLife Dental Plan	Retiree	Retiree + 1	Retiree + Family
	\$30.76	\$53.43	\$77.14

EyeMed Vision Care Plan	Retiree	Retiree + 1	Retiree + family
	\$3.65	\$8.37	\$13.51

The Standard 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

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.

The Standard Dependent Term Life

Dependent Rate	\$1.50
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Re-employment after Retirement Guidelines for Health Insurance

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.*

Employee Assistance Program (EAP)

Health Advocate is our EAP provider. Health Advocate 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, Health Advocate 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. You can find resources tailored to specific situations, providing you with the right tools to help you through some of life's toughest challenges.

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

877-240-6863

or go online:

healthadvocate.com/member

Administrator: Health Advocate

EAP FAQs

How do I access the EAP?

Simply call Health Advocate at **877-240-6863** 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 advocates are licensed, seasoned professionals with broad expertise and 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 **free** 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 confidential service provided as part of your retiree benefits and is just a phone call away.

Life Insurance

- 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 Board Basic life insurance benefits are subject to a reduction formula (see page 12).

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:

- Your legal spouse*
- 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.

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

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

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 Standard 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.

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.

You may convert your Optional Term Life insurance coverage to individual policies directly through The Standard. Contact the Risk Management and Insurance Department for more information.

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)

- This includes \$5,000 for each dependent (includes your spouse and/or all eligible children).
- 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.

Please Note:

Special provisions apply to life insurance participants who retired prior to March 1, 1992.

Life insurance coverage is issued by The Standard Insurance Company.

Premium Payment

Life insurance 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.

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

Reduction of Coverage

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

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.

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

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 75 % of your Board Basic benefit Life insurance while still living. 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 Life Insurance Certificate of Coverage from The Standard Insurance Company which includes the entire plan provisions, exclusions, and limitations, is available at pcsb.org/risk-benefits or by contacting the Risk Management and Insurance Retirement Team directly.

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 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. If you return to work in a benefit-eligible position, you may not continue life insurance coverage as a retiree.*

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.

Your Rights and Responsibilities

COBRA

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 spouse,
- Retiree becomes eligible for Medicare, and
- 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*		
Covered retiree becomes eligible for Medicare		
Loss of child’s dependent status	Dependent children	

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

Your Rights and Responsibilities

HIPAA

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

The PPACA 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, providing free preventive care, and reducing or removing annual or lifetime limits on essential health benefits. Some of the biggest changes resulting from the law took effect January 1, 2016. These changes are explained on the next page.

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 required most Americans to purchase health insurance as of January 1, 2016, or pay a penalty. This is called the “individual mandate.” The medical plans offered by PCS meet or exceed the affordability and coverage requirements. So being enrolled in a PCS medical plan satisfies the individual mandate.

Privacy Notice

Under HIPAA legislation, PCS 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 PCS 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 lymphedemas). 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).

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 Rx4 Traditional 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 15 through December 7.

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 *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 *socialsecurity.gov*, or call them at **800-772-1213** (TTY 800-325-0778).

Name of Entity/Sender: Pinellas County Schools

Contact: Retirement Team, Risk Management and Insurance Department

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

Phone Numbers: **727-588-6214**

727-588-6141

727-588-6140



2018 Retiree Benefit Guide

Risk Management Retirement Team

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