BENEFlex 2019

RETIREE ANNUAL ENROLLMENT

Oct. 24 – Nov. 5, 2018

Time to Choose Your 2019 Benefits

Please review this newsletter and the Retiree BENEFlex Guide, available at *pcsb.org/annual-enrollment,* to make sure you have the coverage you need on Jan. 1, 2019. Then, follow the enrollment instructions on page 3 and log in to make your elections by Nov. 5, 2018.

New Aetna Medical Plans

Aetna will be the new medical plan insurance carrier for 2019. You will still choose from three plans. The new plans have similar benefits with prescription drug and premium changes. The provider networks will also change. Review pages 4–15 to learn more about the new Aetna medical plans.

All three plans are open access—no primary care physician (PCP) designation and no specialist referrals will be required! Visit *aetnapcsb.com* to confirm that your doctors and other providers are in your plan's network before you enroll.

Medical Plan Default

You must enroll in a new medical plan or cancel your coverage during Annual Enrollment. If you do nothing, you'll automatically be defaulted to a new plan at the same coverage level and new rate.

Your plan today	Your new plan effective Jan. 1, 2019 if you do nothing
HMO STAFF	Aetna Select Open Access
NPOS	Aetna Choice POS II (Point of Service II)
CDHP	Aetna CDHP + HRA (Health Reimbursement Account)*

* *The HRA will replace the Personal Care Account (PCA). They work the same, but the name has changed.*

No Changes to Other Benefits!

There are NO benefit changes to the dental, vision, and life insurance plans. If you are currently enrolled in any of these benefits and do not make any changes, your current coverage will continue. Note: If you cancel your and/or your dependents' medical, dental, vision, and/or life insurance, **you cannot re-enroll unless otherwise noted**.

Medicare Part D Notice, see page 18

Contents

Attend an Informational Meeting, see page 3

Review Your Beneficiaries

Don't let your benefits go to the wrong person. If you have life insurance with PCS, take time to review your beneficiaries during annual enrollment. Taking 10 minutes now could save your loved ones more heartache later.

pcs PINELLAS COUNTY SCHOOLS

Healthcare Bluebook: More Rewards, Higher Dollar Amounts

Healthcare Bluebook is a free online and mobile resource available to Aetna medical plan members.
NEW FOR 2019: Healthcare Bluebook will offer rewards for more procedures, and the dollar amounts for those rewards are increasing—up to a maximum of $200. **NEW PROCESS**: Before visiting a Fair Price provider, you must go online and search for the procedure to receive your reward(s). See page 11 for details.

Go Green to Get Green $

You can look up a Fair Price, compare provider prices, and find the best value in your area. Click the "Go Green to Get Green" banner and you'll earn **$25** to **$200** in rewards (on select procedures) when you choose a Fair Price provider.

Start Saving Now

Healthcare Bluebook gives you the power to choose a high quality provider for your health care and save some serious money.

- Log on to: *pcsb.org/healthcarebluebook*
- Bluebook Support: 888-316-1824
- Company Code: PCSB

NEW! Teladoc—$25 Co-pay

Teladoc will replace Doctor On Demand when you enroll in an Aetna medical plan. Regardless of the plan you choose, you pay a $25 co-pay per visit. See page 5 to learn how to get started.

2019 Monthly Insurance Rates

Rates are subject to board approval.

Medical Plans	Retiree	Retiree + spouse	Retiree + children	Retiree + family
Select Open Access	$691.67	$1,375.00	$1,226.67	$1,981.67
Choice POS II	$706.67	$1,408.33	$1,260.00	$2,046.67
Choice + HRA	$660.00	$1,308.33	$1,160.00	$1,890.00

Humana Advantage Dental Plan	Retiree	Retiree + 1	Retiree + family
	$21.70	$36.70	$53.38

MetLife PDP Plus Dental Plan (MEDCOM)	Retiree	Retiree + 1	Retiree + family
	$31.38	$54.50	$78.68

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

Standard Insurance Company (Board Life)

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

Standard Insurance Company Dependent Term Life

Dependent Rate	$1.50

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, 75, and 80.

Annual Enrollment Instructions: Oct. 24 – Nov. 5, 2018

Online annual enrollment. Follow these instructions:

1. Open an Internet browser. You may access the annual enrollment link at: *http://www.pcsb.org/annual-enrollment.*
2. Click on the box that reads "Click here to login" and enter your user name and password. For Example:

   User name: R followed by a period (.) and then **your** last name and first initial.

   Password: Ret + the last 5 digits of **your** Social Security number.

   Example for Jason Smith, Social Security 123-45-6789

   User name: R.smithj
   Password: Ret56789
3. Continue through the Wizard Enrollment Process.
4. You will NOT receive a separate Worksheet or Confirmation Notice. At the completion of the enrollment process, you can print or save a copy of your Confirmation Notice.

Don't Have Internet Access? Call 727-588-6214 for Assistance

Date	Time	Physical Location or Web Address
Oct. 23	4:00 p.m.	St. Petersburg High • Rooms 151 and 152 2501 5th Ave. N., St. Petersburg, FL 33713
Oct. 29	6:00 p.m.	Pinellas Park High School • A Wing, Rooms A1 and A9 6305 118th Ave. N, Pinellas Park, FL 33773
Oct. 31	10:00 a.m.	Webinar at http://www.pcsb.org/annual-enrollment
Nov. 1	4:30 p.m.	Countryside High School Rooms to be announced (follow signs) 3000 SR-580, Clearwater, FL 33761

Thinking About Enrolling in a Federal Health Insurance Marketplace Plan?

The 2019 open enrollment period to enroll in a qualified health plan through the federal Health Insurance Marketplace starts November 1, 2018, and ends January 15, 2019. To find out more about the plans available through the Marketplace, visit *healthcare.gov* or call **727-464-8411** to schedule an appointment with a Healthcare Navigator in Pinellas County.

If you decide to enroll in a private health plan through the Marketplace **after** the PCS annual enrollment window closes on Nov. 5, 2018, you should contact us within 31 days of your enrollment to cancel your PCS retiree medical coverage. Your coverage will be cancelled effective the 1st of the following month after PCS Risk Management and Insurance receives your enrollment and change form.

If you are currently enrolled in a Marketplace plan and are interested in learning about your reenrollment options, please contact Kim Williams at **727-588-6140**.

Canceling Your Retiree Benefits

When you retired you had a one-time opportunity to continue coverage for yourself and your eligible dependents in retiree medical, dental, vision and/or life insurance. If you cancel your and/or your dependents' medical,dental, vision or life insurance coverage during Annual Enrollment, you may not be able to re-enroll, unless otherwise stated.

Aetna Health Promise: New Wellness Program

Effective Jan. 1, 2019, Aetna Health Promise will be our new wellness platform, offering members free biometric screenings, health assessments, Get Active challenges, and online coaching. Watch for more information about the program over the coming weeks.

Humana Go365 members: You can earn Points and redeem Bucks through midnight on Dec. 31, 2018 when Go365 ends. After this date, you will not have access to your account to submit activities or redeem bucks. We recommend you submit all manual activity claims by Nov. 1, 2018, to allow sufficient time for your Points or Bucks to be posted to your account (which can take up to eight weeks). Submit activities manually through your Go365 account or by fax to **877-250-7814**.

Medical—Meet Aetna

Choose from Three Plans • New Names, Similar Benefits

You will continue to choose from three medical plans, shown below. The benefits under each plan will be very similar to the current plans, but the plan names and provider networks will change. If you do not make a change during Annual Enrollment, you will automatically be enrolled in the corresponding plan, and new rate, at the same coverage level you currently have.

TODAY	NEW PLAN EFFECTIVE JAN. 1, 2019	
	PLAN NAME	NETWORK
HMO STAFF	Select Open Access	Aetna Select Open Access
NPOS	Choice POS II (Point of Service II)	Choice POS II (Point of Service II)
CDHP	CDHP + HRA* (Health Reimbursement Account)	Aetna Select Open Access

* *The HRA will replace the Personal Care Account (PCA). They work the same, but the name has changed. See page 13 for details about the HRA.*

Open Access Gives You Control

All three plans feature national networks of doctors and other health care providers. Regardless of the plan you choose, you do not have to select a PCP and specialist referrals are not required.

- **The Select Open Access and CDHP + HRA are in-network-only plans**—you must use network providers to receive benefits (except for qualified emergencies).
- **The Choice POS II** offers out-of-network coverage (at a higher cost to you). Consider this plan if you need to use out-of-network providers. However, when you use in-network providers, you will pay lower negotiated rates, compared to out-of-network providers.

New ID Cards

You will receive one ID card or two ID cards per family if you and your spouse are enrolled in a plan. If you need additional cards, you can request cards from Aetna Concierge Customer Service, access your ID cards on the Aetna Mobile app, or print cards after you register for your personal member website.

Aetna Concierge Customer Services 866-253-0599

You will need to provide the following information when you call.

Company Name: The School Board of Pinellas County
Group Number: 109718

Are You Participating in Go365?

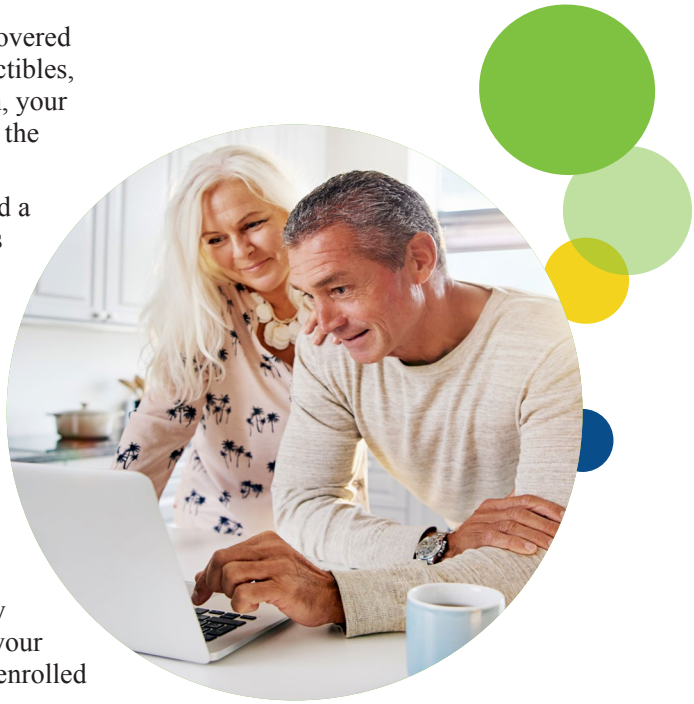
Go365 ends Dec. 31, 2018
Submit activities by Nov. 1

Go365 ends at midnight on Dec. 31, 2018. You can continue to earn Points and redeem Bucks until then. Starting Jan. 1, 2019, you will not be able to log in to your Go365 account to submit activities or redeem Bucks.

To make sure you have time to redeem your Bucks before the cutoff, we recommend you submit all manual activities by Nov. 1, 2018 or as soon as possible after you complete activities.

Out-of-Pocket Maximums

- Out-of-pocket maximums are the most you will to pay for covered services in a plan year. When the amounts you pay for deductibles, co-pays, and coinsurance add up to the individual maximum, your medical plan pays 100% of the costs of covered services for the remainder of the year.
- In 2019, there will be a medical out-of-pocket-maximum and a separate Rx out-of-pocket maximum. Each medical plan has an individual and a family out-of-pocket maximum. Here is how it works.
  - **Individual maximum.** When the amounts you pay for the deductible, coinsurance, and co-pays for one person add up to the individual maximum, your plan will pay 100% of the allowed amount for that person for the remainder of the calendar year. If you have family coverage, this applies to each person until the family maximum is reached.
  - **Family maximum.** When the amounts you pay for deductibles, coinsurance, and co-pays for multiple family members add up to the family out-of-pocket maximum, your plan will pay 100% of the allowed amount for everyone enrolled in the plan for the remainder of the calendar year.



Out of Pocket Maximum	2019 Individual/Family
Medical only	$4,500/$9,000
Pharmacy only	$1,750/$3,500

Teladoc Replaces Doctor On Demand: $25 Co-pay for All Plans

Teladoc provides access 24 hours, 7 days a week to a U.S. board-certified doctor by phone, video, or mobile app visits. Set up your account today so when you need care, a Teladoc doctor is just a call or click away.

Online	Go to ***www.Teladoc.com/Aetna*** and click "set up account."
Mobile app	Download the app and click "Activate account." Visit *www.teladoc.com/mobile* to download the app.
Call	855-Teladoc (835-2362) Teladoc can help you register your account over the phone.
Pay less …	**… than a visit to an urgent care: $25 co-payment for all three of the medical plans.**

Medical—Aetna (continued)

Aetna Prescription Drug Program

Prescription drug deductibles and co-pays will not change for 2019; however, the name of the drug levels have changed, and how drugs are assigned to each level are based on Aetna's formulary (drug list). Please review the chart carefully.

The program uses Aetna's Premier Plus Open Formulary. Each drug is grouped as a generic, preferred-brand, non-preferred brand or specialty drug. You pay co-pays for generic and preferred brand drugs. You will pay a deductible first, then co-pays for non-preferred brand and specialty drugs.

You will save the most when you use generic drugs, and preferred brand drugs when a generic is not available. Non-preferred brand drugs are higher cost and often have a generic or preferred brand alternative that can save you money. Specialty drugs have the highest cost and typically include drugs that require special handling, special storage, or monitoring. These types of drugs may include, but are not limited to, drugs that are injected, infused, inhaled, or taken by mouth.

View and print the drug list at *pcsb.org/healthinsurance*. Questions? Call Aetna Concierge Customer Service at **866-253-0599**.

Restrictions

Step Therapy. Step therapy requires you to try one or more alternative drug(s) before a step therapy drug is covered. The alternative drug(s) treat the same conditions, are equally effective, have U.S. Food and Drug Administration (FDA) approval, and may cost less. If you don't try the alternative drug(s) first, you may need to pay full cost for the brand-name version.

Precertification. Certain drugs require precertification by Aetna, even if they were previously covered by Humana. You or your doctor will need to get approval from Aetna before your prescription will be covered. Generally, precertification applies to:

- Ensure compliance with dosing guidelines
- Avoid duplicate therapies
- Help health care providers confirm the use of your medication is based on generally accepted medical criteria

90-Day Prescription Drug Transition of Coverage (TOC). If you or a covered dependent are currently taking medications that will require precertification by Aetna, precertification and/or step therapy will be waived for any refill prescriptions received during the first 90-days of coverage (January 1 – March 31, 2019). This will allow you or your covered dependent(s) avoid disruption to an effective drug regimen. Additionally, you will not need to go through the precertification process for the refilled prescriptions after the transition period—your medication will be automatically "grandfathered" for the remainder of 2019.

Generic Drugs Lowest Cost	Preferred Brand Drugs Higher Cost	Non-Preferred Brand Drugs Higher Cost	Specialty Drugs Highest Cost
$20 co-pay	**$50 co-pay**	**$90 co-pay**	**$120 co-pay**
No deductible		**Deductible applies:** $250/individual $500/family	
You will save the most when you use generic drugs and preferred brand drugs when a generic is not available.		Non-preferred brand drugs are higher cost and often have a generic or preferred brand alternative that can save you money.	Specialty drugs are the most expensive, high-technology and self-administered injectable medications not available on other levels.

3for2 Generic, preferred, and non-preferred brand maintenance drugs: You pay two co-pays for a three-month supply at the local retail pharmacy or through the Aetna Home Delivery service, after applicable deductibles. Specialty drugs are not available through this service.

Aetna Rx Home Delivery

Enjoy convenient home delivery when you use Aetna's Rx Home Delivery service. You pay two co-pays for a 90-day supply of generic, preferred brand, or non-preferred brand drugs only. You can re-order online, by phone or by mail. Here's how to get started:

Use your secure member account. When you register and log in to your account you can download forms, re-order and track your prescriptions.

Call Aetna Concierge Customer Service at 866-253-0599 and they will contact your doctor for you. It will speed up the process if you let your doctor know Aetna will be calling.

Mail your home delivery order form and prescription. Ask your doctor to write a prescription for a 90-day supply with three refills. Download the form after you log in to your secure Member Website. You can also download the form from Aetna's website. Select "Individuals" on the home page, then "Find a form" under "For members." Complete the form and send it with your 90-day prescription to the address listed on the form.

Aetna Specialty Pharmacy®

Your doctor may prescribe a specialty medication which may be injected, infused or taken by mouth. Normally these drugs are not available from a retail pharmacy. Aetna's team of experienced nurses and pharmacists helps you understand how to use your medicine. They can answer your questions, provide training on self-injectable drugs, and help you cope with your condition throughout your therapy.

You can order medications through Aetna Specialty Pharmacy by calling 866-253-0599 or having your doctor submit your prescription through their e-prescribe service or by fax. You'll need to send Aetna a completed patient profile form. Forms are available when you log in to your secure member website or on Aetna's website (Select "Individuals" on the home page, then "Find a form" under "For members.")

Compound Medications

A Compound Medication is the mixture of two or more ingredients, with at least one of the ingredients being a federal or state restricted drug, which is prepared for patients by a pharmacist. These medications are prepared at the pharmacy by the pharmacist, as opposed to manufactured medications that are prepared by a pharmaceutical company. Members can receive covered compound medications at any in-network retail pharmacy, provided the pharmacy agrees to Aetna's Maximum Negotiated Price for the compound medication.

Ask your doctor to submit your prescription.

- **Online.** Your doctor can submit your mail order prescriptions using his or her e-prescribing service.
- **Fax.** Your doctor can fax your prescription to 877-270-3317. **Please note, only your doctor can fax a prescription.** Ask your doctor to be sure the cover sheet includes your:
  - Member ID Number
  - Birthdate
  - Mailing address

Locate a Participating Pharmacy

You can use **all major retail pharmacies** as well as many independent pharmacies participating in the Aetna Pharmacy Management (APM) National Retail Pharmacy Network. Go to ***aetnapcsb.com*** to find a pharmacy.

Medical—Aetna (continued)

Aetna Is Here to Serve You

Aetna's medical plans include access to personalized resources that can help you get the most out of your coverage.

www.aetnapscb.com. This website is dedicated to the PCS-sponsored Aetna medical and prescription drug benefits. Start here to learn about your coverage and access provider directories, tools, and more.

Your personal member website. After you are enrolled, you can register for your personal member website, where you can track your health history, access your ID card, view your claims, and more.

Aetna Mobile app. Download the app from your app store for instant access to your ID card, provider claims, coverage and benefits, and more.

Concierge Customer Service at 866-253-0599. An Aetna concierge can help you understand your benefits so you can make more informed decisions about your health care. Concierges are available Monday through Friday, 8:00 a.m. to 6:00 p.m., and can help you:

- Understand your coverage and costs
- Select doctors and other providers based on your needs
- Plan for upcoming treatment
- Schedule appointments
- Use the online tools to make decisions right for you

Onsite Aetna representatives. You will be able to contact an onsite Aetna representative by phone or in person. Refer to page 19 for contact information.

Before You Choose a Medical Plan

Check the Provider Networks at *aetnapcsb.com*

Avoid surprises in January by checking the provider networks at *aetnapcsb.com* before you decide on a plan. If you are enrolled in the HMO Staff today, you will be pleasantly surprised with the new Aetna Select Open Access plan—it uses a larger national Open Access Aetna Select network.

Check the Prescription Drug Network and Formulary

The program's network includes **all major retail pharmacies** as well as many independent pharmacies participating in the Aetna Pharmacy Management (APM) national retail pharmacy network. You can search the directory at *aetnapcsb.com* or *aetna.com* to find a pharmacy.

The prescription drug program uses the Premier Plus Open Formulary. The new Aetna formulary may classify drugs differently than Humana. It is very important that you review the formulary with your doctor before filling your first prescriptions in 2019.

You can view and print the drug list at *aetnapcsb.com* or call **866-253-0599** to speak with a concierge who can answer your questions.

Regardless of the Rx tier, some drugs may be subject to limitations and restrictions such as prior authorization requirements, quantity limits, and step therapy. Contact an Aetna concierge or see the online BENEFlex Guide at *pcsb.org/annual-enrollment* for more information.

Aetna Mobile App

Download the Aetna Mobile App today!

Android users: Aetna Mobile app

Apple users: Aetna Mobile app

Choose from Three Aetna Medical Plans

- Select Open Access
- Choice POS II (Point of Service II)
- CDHP + HRA (Consumer Directed Health Plan with Health Reimbursement Account)

Medical Transition of Care

If you or a covered family member is being treated for a medical condition and your current provider is **not participating** in the Aetna network, you may be able to temporarily continue an active course of treatment care with your current provider(s) at the in-network rate when your new coverage takes effect on Jan. 1, 2019.

Contact Aetna Concierge Customer Service at **866-253-0599** with questions and to request a Transition of Care form. You must submit your form to Aetna by March 31, 2019. Aetna will notify you if you have been approved.

Which Medical Plan Is Right for Me?

Choosing a medical plan is an important decision. Here are some key differences between each plan. Please review the online BENEFlex Guide and visit *pcsb.org/annual-enrollment* or *aetna.com* for more information.

	Select Open Access	Choice POS II	CDHP + HRA
Do I have to stay in-network to receive plan benefits?	YES	NO	YES
What is the coverage area?	National	National	National
Do I have to select a PCP?	Not Required	Not Required	Not Required
Do I need a referral to see specialists?	NO	NO	NO
What do I pay for medical services?	Co-pays for all services, no deductible	Deductibles, coinsurance, and co-pays	Deductibles and coinsurance
Is preventive care covered at 100%?	YES In-network only	YES In-network only	YES In-network only
Is there a Health Reimbursement Account (HRA)?	NO	NO	YES (see page 13)
Is there prescription drug coverage?	All three plans offer the Aetna Prescription Drug Program. Details are provided on page 14.		

Medical—Aetna (continued)

Locate a Aetna Medical Provider

Each medical plan has its own provider network. Before you choose a plan, you should verify that your doctors, specialists, and other providers are in-network.

Call Aetna Concierge Service at 866-253-0599

- Go to *aetnapcsb.com* and select "Find a doctor" from the top menu.
- Under "Not a member yet?" select "Plan from an employer."
- Before you are enrolled, continue as a guest and enter your home location and follow the prompts.
- After you are enrolled in a plan, follow the steps under "Already a member" to register or log in to your secure member website and follow the prompts.

Aetna Medical Plan Networks

Plan	Network Name
Select Open Access	Aetna Select Open Access
Choice POS II	Choice POS II
CDHP + HRA	Aetna Select Open Access

The CDHP Health Reimbursement Account (HRA)

- When you enroll in the CDHP + HRA, PCS will fund an Aetna PayFlex card with up to $500 (individual) or $1,000 (family) each year.
- You choose when to use the HRA. Aetna will not automatically apply your HRA funds when they process your claims.
- When you use your HRA PayFlex Card® you can pay the first $500 (individual) or $1,000 (family) of your eligible medical and/or prescription drug expenses. (You may also submit claim forms and receipts for reimbursement.)
- Any funds remaining in your HRA at the end of the plan year will roll over to the next plan year if you remain enrolled in the CDHP. If you enroll in another medical plan during annual enrollment or leave PCS, the HRA balance will be forfeited.
- Although you can use your HRA card to pay eligible expenses at the time of your visit, we recommend you wait until you receive your explanation of benefits (EOB) from Aetna. Pay the balance due based on your EOB to ensure you do not overpay.

Register for Your Secure Member Website

Your secure Aetna member website can help you get more from your health care. Register for access to personal health and benefits information, your ID card, secure messages from Aetna, claim activities, a cost estimator, and more.

Go to *aetnapcsb.com*, select "Log In/Register," select "Register," and complete the registration process as prompted. It's that easy!

Health Management on the Go

Download the Aetna Mobile app to find care, access your ID card offline, manage your prescriptions, find an urgent care center, and more!

Android users: Aetna Mobile App

Apple users: Aetna Mobile App

Healthcare Bluebook: Compare, Choose, Save

When you enroll in a PCS Aetna medical plan you and your enrolled dependents can access the Healthcare Bluebook. This free online and mobile resource makes it easy to shop for affordable high-quality health care—from diagnostics and imaging to outpatient surgery—at a fair price.

Go to *pcsb.org/healthcarebluebook* or download the free Healthcare Bluebook mobile app and start shopping for a Fair Price provider while you are with your doctor. Together, you and your doctor can decide which provider fits your medical care needs *and* your budget.

Go Green to Get Green

You can look up a Fair Price, compare provider prices, and find the best value in your area. Click the **"Go Green to Get Green" banner** and you'll **earn from $25 to $200 in rewards** (on select procedures) when you choose a Fair Price provider.

To be eligible for the reward, you must log in to Healthcare Bluebook and search for your procedure, test or service **prior to visiting a Fair Price provider**. For example, search for an imaging procedure prior to having an MRI or CT.

Start Saving Now

Healthcare Bluebook gives you and your enrolled dependents the power to choose a high-quality provider and/or facility for your health care and save some serious money.

- Log on to: *pcsb.org/healthcarebluebook*
- Company Code: PCSB
- Search for the procedure you are considering prior to visiting a Fair Price provider. **Remember — if you do not search for the procedure prior to the date of service, you will not be eligible for the reward.**
- Healthcare Bluebook will send checks to your home.

If you have any questions call **888-316-1824** or e-mail *support@healthcarebluebook.com*

$25 Reward $100 Reward $200 Reward

Go Green to Get Green

You can earn a reward for selecting a Fair Price provider for select procedures.

Quality is Key

When it comes to inpatient medical procedures, quality is key. One study showed that patients at the worst hospitals are 13 times more likely to have complications.* With Healthcare Bluebook, you can see quality ratings on hundreds of procedures across thousands of hospitals nationwide. See how hospitals in your area rate before you schedule your procedure.

* *PLOS One, 2016*

Aetna Medical Plans Comparison Chart

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.

NEW = PCS Plan Changes

Understanding How Much You Have to Pay

- Health Reimbursement Account (HRA) (CDHP only). Use your HRA to pay your deductible, coinsurance, and Rx co-pays, reducing your out-of-pocket costs. Note the IRS requires that 100% of disbursements made from your HRA be substantiated or verified.
- Medical Plan Deductible (Choice POS II and CDHP + HRA). The amount you pay for medical expenses before the plan begins paying benefits.
- Coinsurance (Choice POS II and CDHP + HRA). 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.
- Aetna Prescription Drug Program (all plans). You pay co-pays for generic and preferred brand drugs. For non-preferred brand and specialty drugs, you pay the Rx deductible before you pay co-pays.
- Out-of-Pocket (OOP) Maximums. This is the most you will pay for deductibles (if applicable), co-pays, and/or coinsurance in a plan year. There are two OOPs, one for medical expenses and one for Rx. When you reach an OOP maximum, the plan will pay 100% of those eligible expenses for the remainder of the plan year.

Aetna Concierge (Group #109718) Customer Service 866-253-0599	Select Open Access
Benefit	**In-Network Only**
Service Area/Networks	Any provider in the Aetna Select Open Access national network
Health Reimbursement Account (HRA)—Individual/Family HRA funds can only be used for medical plan and prescription drug expenses.	N/A
Deductibles—Individual/Family	N/A
Medical Out-of-Pocket Maximum—Includes medical deductible, coinsurance, and/or co-pays	$4,500 Individual; $9,000 Family
Rx Out-of-Pocket Maximum—Includes Rx co-pays and deductible NEW	$1,750 Individual; $3,500 Family NEW
Lifetime Maximum	Unlimited
Physician Office Visits	**You Pay:**
Primary Care Physician (PCP)	$25 co-pay
Specialist (SPC)	$50 co-pay
Teladoc NEW	$25 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 $25 co-pay $50 co-pay $250 co-pay
Colonoscopy Screenings—Preventive and Diagnostic	No co-pay
Chiropractic Services (limits apply) (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 Aetna. 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.

Choice POS II		CDHP + HRA
In-Network	**Out-of-Network[1]**	**In-Network Only**
Any provider in the Choice POS II Network (national network)	Any provider	Any provider in the Aetna Select Open Access national network
N/A	N/A	$500 Individual; $1,000 Family (No maximum rollover amount) HRA contributions are prorated based on your date of hire.
$500 Individual; $1,000 Family (combined in- and out-of-network)		$1,500 Individual; $3,000 Family
$4,500 Individual; $9,000 Family (combined in- and out-of-network)		$4,500 Individual; $9,000 Family
$1,750 Individual; $3,500 Family (combined in- and out-of-network) NEW		$1,750 Individual; $3,500 Family NEW
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
$25 co-pay NEW	N/A	$25 co-pay NEW
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
20 visits per calendar year combined 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.*

Continued on next page

Aetna Medical Plans Comparison Chart

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.

NEW = PCS Plan Changes

Routine Eye Exam Not Covered

Routine eye exams are not covered under the Aetna medical plans. **If you are enrolled in the EyeMed Vision Care Plan, routine eye exams are covered.**

Diabetes CARE

See the online BENEFlex Guide for details about the Diabetes CARE Program and free diabetic testing supplies.

Rx Deductible May Apply

For non-preferred brand and specialty drugs, you must pay the $250 per person or $500 per family Rx deductible before you begin paying co-pays.

This chart provides a brief outline of the medical coverage options available to you through Aetna. 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.

Aetna Concierge (Group #109718) Customer Service 866-253-0599	Select Open Access
Benefit	**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	$500 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	$25 co-pay
Inpatient Mental Health Services	$500 co-pay per day; up to 5-day maximum
Miscellaneous	
Home Health Care (limits apply)	No co-pay
Hospice—Inpatient (limits apply)	$500 co-pay per day; up to 5-day maximum[2]
Skilled Nursing Facility (limits apply)	$500 co-pay per day; up to 5-day maximum[2]
Short-Term Rehabilitation/Outpatient Therapy (speech, physical, occupational)	$25 co-pay per visit 60-visit limit per calendar year for all therapies combined
Diabetic Supplies (syringes, test strips)	See prescription drugs below
Durable Medical Equipment (DME)	$50 co-pay
Aetna Prescription Drug Program *Some drugs may be subject to step-therapy or precertification*	***Mandatory Generics Unless Dispensed As Written***
Up to 30-day supply — **Generic**	$20 co-pay; no Rx deductible
NEW **Preferred Brand**	$50 co-pay; no Rx deductible
Non-Preferred Brand	$90 co-pay; after Rx deductible
Specialty	$120 co-pay; after Rx deductible
90-day Supply (maintenance medications) at retail or mail order (mail order must be through Aetna Rx Home Delivery service)	***Mandatory Generics Unless Dispensed As Written***
Generic	$40 co-pay; no Rx deductible
NEW **Preferred Brand**	$100 co-pay; no Rx deductible
Non-Preferred Brand	$180 co-pay; after Rx deductible

[1] *Subject to usual, customary, reasonable (UCR) fees* [2] *Waived if transferred from hospital*

Choice POS II		CDHP + HRA
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 maximum	20% after deductible
$500 co-pay per day after deductible; up to	40% after deductible	20% after deductible 120-visit limit per calendar year
120-visit limit per calendar year		
20% after deductible	40% after deductible	20% after deductible
60-visit limit per calendar year for all therapies combined		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
Mandatory Generics Unless Dispense As Written		***Mandatory Generics Unless Dispense As Written***
$20 co-pay; no Rx deductible $50 co-pay; no Rx deductible $90 co-pay; after Rx deductible $120 co-pay; after Rx deductible	**NOT COVERED**	$20 co-pay; no Rx deductible $50 co-pay; no Rx deductible $90 co-pay; after Rx deductible $120 co-pay; after Rx deductible
Mandatory Generics Unless Dispense As Written		***Mandatory Generics Unless Dispense As Written***
$40 co-pay; no Rx deductible $100 co-pay; no Rx deductible $180 co-pay; after Rx deductible	**NOT COVERED**	$40 co-pay; no Rx deductible $100 co-pay; no Rx deductible $180 co-pay; after Rx deductible

Federal and Legal Notices

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

Starting in 2019, most Americans are no longer required to purchase health insurance coverage or pay a penalty. However, whether you are eligible for a premium subsidy depends on the plan offered by your employer. The medical plan offered by PSC does meet the affordability and coverage requirements.

- If you are offered health coverage through PCS, you will not be eligible for a premium subsidy through the Federal Marketplace.
- If you receive a premium subsidy, and you are insurance benefits eligible you may be responsible to pay the premium subsidy back to the IRS.
- If you cannot afford to enroll your spouse and/or child(ren) in a PCS medical plan, there may be cost-effective options through the federal Marketplace and/or Florida KidCare. If you choose to opt out of PCS coverage and buy insurance in the Marketplace:
  - You will not receive a contribution from PCS towards the cost of your Marketplace coverage
  - You will not be eligible for a government premium subsidy to help pay for your Marketplace coverage
  - You may be responsible to pay the premium subsidy back to the IRS if you receive one and are eligible for insurance benefits

HIPAA

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. To review the full notice go to *pcsb.org/page/464*.

HIPAA requires your employer 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).

Notice Regarding the Wellness Program

Pinellas County Public Schools Be SMART is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be offered the opportunity to complete a biometric screening, which will include a finger stick blood test for cholesterol, triglycerides, and glucose. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

Incentives may be available from the wellness program for employees who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation through the wellness program. A member may submit a Disability Accommodation form, also available upon request from the wellness program, to request alternative engagement options to accommodate the disability.

IRS rules state that certain incentives, such as gift cards, given to employees through an employee wellness program are taxable. All cash and cash-equivalent (example: gift cards) incentives, regardless of value, will be reported to payroll and included in the employee's income and are subject to payroll taxes.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as the Diabetic Care Program, YMCA Diabetic Prevention program, or the Tobacco Care Program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Pinellas County Schools may use aggregate information it collects to design a program based on identified health risks in the workplace, no one will ever disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) Aetna's patient advocate in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact April Paul at **727-588-6136**.

Federal and Legal Notices, continued

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 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 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 19 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… More 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.

Date of Notice: October 2018

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, *800-772-1213 (TTY 800-325-0778).*

Name of Entity/Sender:	Contact:	Address:	Phone Number:
Pinellas County Schools	The Risk Management and Insurance Department	301 4th Street S.W., Largo, FL 33770	727-588-6214

Health Insurance Contacts

Aetna Concierge Customer Service • Member Services (Group #109718) • Pharmacy • Aetna PayFlex FSA Administration	866-253-0599	www.aetnapcsb.com
Aetna Mail Order Pharmacy	888-792-3862	
Aetna Onsite Representatives • Claims and Account Advisor • Patient Advocate: Clinical Matters • Health & Wellness Advocate	 727-588-6367 727-588-6137 727-588-6134	
EyeMed Vision Care	866-299-1358	eyemedvisioncare.com
Health Advocate Employee Assistance Program (EAP)	877-240-6863	healthadvocate.com/Member
Healthcare Bluebook	888-316-1824	pcsb.org/healthcarebluebook
Humana Advantage Dental Plan Member Services (548085)	800-342-5209	MyHumana.com
Humana Medicare Advantage Plans	727-793-2103	humana.com
MetLife Dental PDP (G95682) (MEDCOM)	800-942-0854	metlife.com/dental
Risk Management Retirement Team	727-588-6214	N/A
Risk Management and Insurance	727-588-6195 Fax: 727-588-6182	N/A
Standard Insurance Company Life Insurance Claims	800-628-8600	N/A
Teladoc	855-835-2362	teladoc.com/aetna

BENEFlex 2019

pcs PINELLAS COUNTY SCHOOLS

2019 Annual Retiree Enrollment

Oct. 24 – Nov. 5, 2018

Aetna is the New Medical Insurance Carrier

New plan names, similar benefits with prescription drug and premium changes.

Take Action

Avoid the medical plan default. If you are enrolled in a medical plan today and do not enroll in a new plan or cancel your coverage during annual enrollment, you will be automatically enrolled in a similar Aetna plan at the same coverage level.

Read this newsletter for important Annual Enrollment information and instructions.

Check for updates at *pcsb.org/annual-enrollment*.

Questions About Enrollment: Call **727-588-6214**, **727-588-6141** or **727-588-6140** to speak with a Risk Management and Insurance Retirement team member.

Questions About the Aetna Medical Plans: 866-253-0599 to speak with an Aetna Concierge Customer Service representative. Or, go to *aetnapcsb.com* for more plan information.

This newsletter describes Pinellas County Schools retiree benefit programs that will be effective for the plan year beginning Jan. 1, 2019. 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.

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

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PAID
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St. Petersburg FL