

BENEFlex²⁰²⁰

RETIREE ANNUAL BENEFITS ENROLLMENT

October 16 – 28, 2019



Time to Choose Your 2020 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 January 1, 2020. Then, follow the enrollment instructions on page 3 and log in to make your elections by October 28, 2019.

What's New and Important for 2020

Benefit Plan Changes

- **Medical: Rx Changes and Minimal Premium Increases.** The new Maintenance Choice Program allows you to pay two co-pays for a 90-day supply of maintenance medications. However, you **must** fill your maintenance prescriptions through CVS Caremark mail order delivery or at a CVS Pharmacy retail location. You will need to ask your doctor to write a 90-day prescription for your maintenance medications. See page 2 for rates and 14 for details about the new Rx program.
- **There are no benefit changes to the dental, vision, and life insurance plans.** If you are currently enrolled in any of these plans 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.**

Humana Medicare and Dental Enrollment Information

- **Humana Medicare is NOT part of the PCS retiree enrollment process** and is not included on your benefits confirmation. For more information and to enroll or change your coverage, contact:

Humana Medicare
727-793-2103

- **If you are enrolled in a dental plan and want to cancel your and/or your dependent's coverage, contact:**

Humana Dental Advantage Plan
PCS Retirement Team • 727-588-6214

MetLife Dental PDP
MEDCOM • 900-942-0854

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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.



Aetna In Touch Care Program

Personalized Care and Support When You Need It Most

Your health care is more than just going to the doctor once or twice a year. The Aetna In Touch Care program offers personal, ongoing support to help you manage a health event or chronic condition.

Offering both digital and nurse support, the program allows you to easily move between the two. You decide on the level of support you need, including:

- Ongoing, one-on-one phone calls with a nurse who serves as a trusted resource for you and your family.
- Digital support that provides a variety of resources to help you better manage your health.
- Customized health action plans and online programs based on your needs and preferences.

The program is easy to access from your secure member website at aetnapcsb.com. And, it comes as part of your benefits plan, so there is no additional cost to you.

Whether you need short-term or ongoing support, Aetna In Touch Care is there for you. Aetna will reach out to members who may benefit from extra support, so please answer your phone when they call. Log in to your secure member website today and get the support you need.



2020 Monthly Insurance Rates

Rates are subject to board approval.

Medical Plans	Retiree	Retiree + spouse	Retiree + children	Retiree + family
Select Open Access	\$700.00	\$1,391.67	\$1,240.00	\$2,005.00
Choice POS II	\$715.00	\$1,425.00	\$1,273.33	\$2,070.00
Choice + HRA	\$668.33	\$1,325.00	\$1,173.33	\$1,913.33

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
	\$32.61	\$56.64	\$81.77

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
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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: October 16 – 28, 2019

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 “2020 BENEFlex Annual Enrollment Self Service” 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.

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.

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

Date	Time	Physical Location or Web Address
October 15	4:30 p.m.	St. Petersburg High • Room 109 2501 5th Ave. N., St. Petersburg, FL 33713
October 24	6:00 p.m.	Countryside High School • Room M2 3000 SR-580, Clearwater, FL 33761

Thinking About Enrolling in a Federal Health Insurance Marketplace Plan?

The 2020 open enrollment period to enroll in a qualified health plan through the Federal Health Insurance Marketplace starts November 1, 2019, and ends January 15, 2020. 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 October 28, 2019, you should contact us within 31 days of your enrollment to cancel your PCS retiree medical coverage. Your coverage will be cancelled effective the first day 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. For more information, go to www.healthcare.gov.



Aetna Medical and Prescription Benefits

Pinellas County Schools offers medical and prescription plans through Aetna to serve the varied needs of our retirees. For detailed information about the plans, access the comprehensive BENEFlex Guide at pcsb.org/annual-enrollment.

Choose from Three Plans

You can choose from any of the three plans shown below. Take time to understand how the plans work and how much you will pay in both out-of-pocket costs and monthly premiums so you can make a wise choice for you and your family.

Aetna Medical Plan Networks

Plan	Network Name	Access
Select Open Access	Aetna Select Open Access	In-Network Only
Choice POS II	Choice POS II	In-Network or Out-of-Network
CDHP + HRA	Aetna Select Open Access	In-Network Only



Locate an Aetna Provider

Each medical plan has its own provider network shown in the chart above. 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 or:

1. Go to aetnapcsb.com and select “Find a doctor” from the top menu.
2. Under “Not a member yet?” select “Plan from an employer.”
3. Before you are enrolled, continue as a guest and enter your home location and follow the prompts.
4. 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



Register for Your Secure Member Website

Your secure Aetna member website can help you get more from your health care. Register for access to 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:



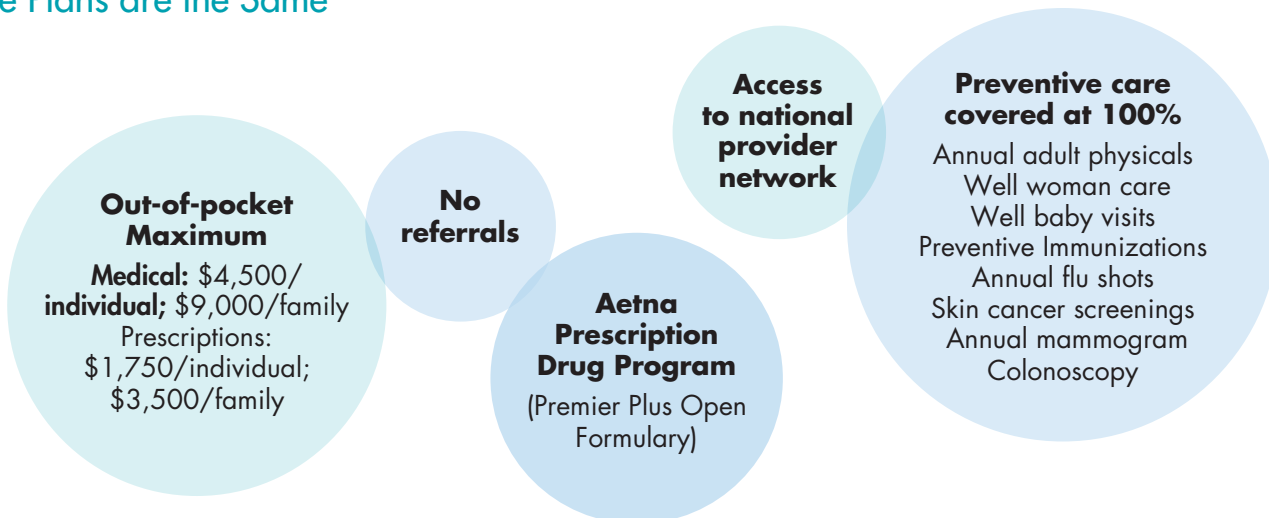
Apple users:





Which Medical Plan Is Right for Me?

How the Plans are the Same




Medical Plan Key Differences

Select Open Access	Choice POS II	CDHP + HRA
No deductible	Deductible \$500/individual; \$1,000/family	Deductible \$1,500/individual; \$3,000/family Includes Health Reimbursement Account (HRA)
Co-pays for services	Coinsurance after deductible in-network: plan pays 80%; you pay 20% out-of-network: plan pays 60%; you pay 40%	Coinsurance after deductible plan pays 80%; you pay 20%
In-network coverage only	In- and out-of-network coverage	In-network coverage only

Aetna Is Here to Serve You

Online at
www.aetnapcsb.com
Start here to learn about your coverage and access provider directories, tools and more!

Your Personal Website
Starting January 1, 2020, you can register at www.aetnapcsb.com for your personal member website to access your ID card, view claims, and more.

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

Onsite Aetna Representatives
Contact an onsite Aetna representative by phone or in person. See page 15 for details.

Aetna Concierge Customer Service
866-253-0599
Available Monday–Friday
8:00 a.m.–6:00 p.m.

The CDHP Health Reimbursement Account (HRA)

PCS Funds the HRA. When you enroll in the CDHP + HRA, PCS will fund an Aetna PayFlex Card® with up to the amounts shown to the right each year. This amount is prorated based on your month of hire.

\$500 (individual) or \$1,000 (family)

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, the HRA balance will be forfeited.

Timing is important. 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.

Important Information About the PayFlex HRA Card

When you enroll in the CDHP + HRA plan, you will receive a PayFlex debit card to pay your eligible medical and prescription out-of-pocket expenses (including deductibles, coinsurance, and co-pays). You cannot use your HRA debit card to pay dental and vision expenses.

The IRS requires that all payments made from an HRA be substantiated or verified. While PayFlex will make every effort to automatically verify payments, in some cases they may ask you for documentation. If you do not respond by the deadline, your card will be “frozen” until you provide documentation or you reimburse your HRA the amount of the payment.





Aetna Prescription Drug Program

All medical plans include prescription drug coverage from Aetna. The program uses Aetna’s Premier Plus Open Formulary. Each drug is grouped as a generic, preferred brand, non-preferred brand, or specialty drug.

Regardless of the Rx level, some drugs may be subject to limitations and restrictions, such as precertification requirements and step therapy. View and print the drug list at pcsb.org/healthinsurance.

For more information, see the online BENEFlex Guide at www.pcsb.org/beneflex-guide or contact Aetna’s Concierge Customer Service at 866-253-0599.

Generic	Preferred Brand	Non-Preferred Brand	Specialty
\$20 co-pay	\$50 co-pay	\$90 co-pay	\$120 co-pay
No deductible		\$250/individual; \$500/family annual deductible	
The least expensive drugs, such as generics and select brand name drugs	Brand name drugs that have proven to be the most effective in their class	Non-preferred (considered to be brand names that are not the “most effective”) as well as preferred specialty drugs	The most expensive drugs because they are classified as brand name, specialty, and not preferred
Mandatory Maintenance Choice Program: 90-day supply for two co-pays at a CVS pharmacy or via CVS mail order. See next page for details.			

NEW Maintenance Choice Program

The new Maintenance Choice Program requests that all maintenance drugs be filled with a 90-day supply through CVS. Maintenance medications are the kind of drugs taken on a regular basis to treat ongoing conditions like allergies, diabetes, high cholesterol, heart disease, high blood pressure, and many other conditions.

Maintenance Choice gives members a choice to fill a 90-day supply of their maintenance medicine either through CVS Caremark mail order delivery or at their local CVS Pharmacy retail locations. The member only pays two co-pays for a 90-day supply when obtaining those maintenance prescriptions through CVS.

Maintenance Choice Program Transition Period

The new Maintenance Choice Program is effective January 1, 2020. If you currently have maintenance drug prescriptions, you will receive a letter from Aetna. **A transition period is available for members who are currently filling maintenance prescriptions with a 30-day supply and for members who are filling 90-day maintenance drugs at non-CVS pharmacies.**

Each prescription you fill will have a transition period. You will be able to obtain your maintenance drug at any pharmacy in the network for a 30-day supply (**not 90 days**) up to two retail fills per maintenance drug.

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 or www.aetna.com to find a pharmacy.

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

Save on Maintenance Medications!

Please read this carefully to make sure you are not paying more for maintenance drugs than you need to! The new Maintenance Choice Program is required if you want to save by paying two co-pays instead of three for a 90-day prescription.

Continues on next page.

Once you have completed the transitional period, you will have three options:

1. **Switch to a 90-day supply and fill your order through CVS or have your 90-day prescription transferred to a CVS.**
 - You will need to ask your doctor for a 90-day prescription for your maintenance medicines if you refill every 30 days. Your doctor may require you to schedule a visit before he or she will write a new prescription.
 - Switch to a 90-day supply of maintenance drugs at CVS Caremark mail-order pharmacy or at a CVS Pharmacy retail location, including CVS Pharmacies located inside Target stores.
 - **Need help?** Contact Aetna Pharmacy Management to access the Aetna Rx Courtesy StartSM program. A representative will contact your doctor to attempt to help you get the new prescription. Please allow up to seven days for the process to work. To help this process move quickly, please let your doctor know to expect a call from Aetna.
2. **Opt out of the program and fill your maintenance drugs with a 30-day supply at CVS or other network pharmacies.**
 - **You must call** Aetna Pharmacy Management at **1-888-RX AETNA (1-888-792-3862)** or **TDD: 1-800-823-6373** and **opt out** of the Maintenance Choice Program. You can call Monday–Friday, 8:00 a.m.–6:00 p.m. to opt out (even from the pharmacy) and an override will be placed immediately.
 - With the override, you can continue to fill 30-day prescription(s) of maintenance medicine(s) at any pharmacy in the Aetna network. The override will include all maintenance medicines you are taking for the remainder of the calendar year.
3. **Pay the full cost of your prescriptions, if you do nothing.**

If you do not choose one of the first two options before the transitional period has ended, your claim will be rejected, and you will pay the full cost of the prescription (not just the co-pays!)

How to Save with the Maintenance Choice Program

CVS Pharmacy retail location near you

- Pick up your medicine at a CVS Pharmacy retail location that is convenient for you.
- Enjoy same-day prescription availability and the ability to talk with a pharmacist face-to-face.

CVS Caremark mail-order pharmacy

- Reorder only once every three months — online, by phone, or by mail.
- Receive your medicine in private, secure packaging.
- Talk to a pharmacist by phone, any time of the day or night.
- Easily order refills and manage your prescriptions when you log in to www.aetn navigator.com, your secure member website.
- Choose from two delivery options:
 - On-Demand Delivery. Four-hour delivery offered within 10 miles of any CVS Pharmacy location; you pay up to \$7 per delivery.
 - One- to two-day U.S. mail delivery at no extra cost to you, and your prescriptions arrive every 90 days anywhere in the U.S., at no extra cost to you.

Maintenance Choice Program Frequently Asked Questions (FAQ) Available on District Website

You may visit pcsb.org/Pharmacy for answers to frequently asked questions and additional information on Aetna’s formulary, the CVS Caremark mail-order option, and available retail pharmacy discount programs.

Aetna Specialty Pharmacy

Your doctor may prescribe a specialty medication which may be injected, infused, or taken by mouth. These drugs normally need to be ordered through Aetna Specialty Pharmacy by calling 866-253-0599 or having your doctor submit your prescription through their e-prescribe service or by fax. Aetna’s experienced nurses and pharmacists help you understand how to use your medicine, answer questions, and provide training on self-injectable drugs.

You’ll need to send Aetna a completed patient profile form, available on your secure member website or at aetna.com.

Compound Medications

A Compound Medication is a drug specifically prepared for you that is a mixture of two or more ingredients, with at least one of the ingredients being a federal or state restricted drug. These medications are prepared at the pharmacy by the pharmacist, as opposed to 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.



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 resource makes it easy to shop for affordable high-quality health care 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. 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 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 receive your 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

- 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

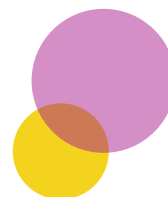
Teladoc: \$25 Co-pay

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 now, 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.

Go Green to Get Green

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



Aetna Medical Plans Comparison Chart

Aetna Concierge Customer Service 866-253-0599

Select Open Access

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 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.

Important Rx Information

NEW Maintenance Choice Program

Pay two co-pays for a 90-day supply only when you fill your maintenance prescriptions through CVS Caremark mail order delivery or at a CVS Pharmacy retail location.

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.

Benefit

Health Reimbursement Account (HRA)—Individual/Family HRA funds can only be used for medical plan and prescription drug expenses.

Deductibles—Individual/Family

Medical Out-of-Pocket Maximum—Includes medical deductible, coinsurance, and/or co-pays

Rx Out-of-Pocket Maximum—Includes Rx co-pays and deductible

Physician Office Visits

Primary Care Physician (PCP)

Specialist (SPC)

Teladoc

Preventive Exams and Screenings

Preventive GYN Care (including Pap test) (direct access to participating providers)

Allergy Tests

Lab

X-Ray Outpatient

Advanced Outpatient Radiology Services (MRI, CAT scan, PET scan, etc.)

Chiropractic Services (limits apply) (direct access to participating providers)

Hospital

Inpatient (Includes maternity and newborn services)

Outpatient Surgery (including facility charges)

Emergency Room Services

Ambulance

Urgent Care Facility

Maternity Care/OB Visits

Mental Health Services

Outpatient Mental Health Services

Inpatient Mental Health Services

Durable Medical Equipment (DME)

Aetna Prescription Drug Program

Some drugs may be subject to step-therapy or precertification

Up to 30-day supply

90-day supply (retail or mail order) is two-times 30-day co-pay. Mail order must be through CVS Caremark mail order delivery.

Generic Preferred Brand Non-Preferred Brand Specialty

In-Network Only

N/A

N/A

\$4,500 Individual;
\$9,000 Family

\$1,750 Individual;
\$3,500 Family

You Pay:

\$25 co-pay

\$50 co-pay

\$25 co-pay

No co-pay

No co-pay

\$50 co-pay

\$25 co-pay

\$50 co-pay

\$250 co-pay

\$50 co-pay
20 visits per calendar year

\$500 co-pay per day; up to 5-day maximum

\$500 co-pay

\$500 co-pay

No co-pay

\$50 co-pay

\$50 co-pay for initial visit only

\$25 co-pay

\$500 co-pay per day;
up to 5-day maximum

\$50 co-pay

Mandatory Generics Unless Dispensed 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

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.

Federal and Legal Notices (Available Online)

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. To review the full notice please see the online BENEFlex Guide.

HIPAA

Special Enrollment Rights

If you or your eligible dependent(s) lose coverage under a Children’s Health Insurance Program (CHIP) or Medicaid due to loss of eligibility for such coverage or become eligible for the optional state premium assistance program, if available in your state, you may enroll in a District-sponsored medical plan within 60 days of the date coverage was terminated or the date of eligibility for the optional state premium assistance program. To review the full notice please go to pcsb.org/page/464.

Employee Privacy Notice

Under HIPAA legislation, your employer 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 please go to pcsb.org/page/464.

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. To review the full notice please see the online BENEFlex Guide.

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. To review the full notice please see the online BENEFlex Guide.





Notice Regarding the Wellness Program

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.

Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from Pinellas County Schools (PCS) but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in Florida, you can contact the Florida Medicaid office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact the Florida Medicaid office or go to insurekidsnow.gov to find out how to apply. If you qualify, you can ask if Florida has a program that might help you pay the premiums for an employer-sponsored plan. (NOTE: If your children live outside of Florida, contact the appropriate Medicaid office for that state.)

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, PCS’s health plan is required to permit you and your dependents to enroll in the plan—as long as you and your dependents are eligible but not already enrolled in an PCS plan. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.:

Florida Medicaid

Website: <http://flmedicaidtprecovery.com/hipp/>

Phone: 1-877-357-3268

See the online BENEFlex Guide for a list of all states and their contact information.

To see if any more states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor Employee Benefits Security Administration
www.dol.gov/agencies/ebsa • 866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers
 for Medicare & Medicaid Services
www.cms.hhs.gov • 877-267-2323

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 2019

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:
Pinellas County
Schools

Contact:
The Risk Management and
Insurance Department

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

Phone Number:
727-588-6214



Health Insurance Contacts

Aetna Concierge Customer Service • Member Services (Group #109718) • Pharmacy • Aetna PayFlex HRA 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
Healthcare Bluebook	888-316-1824	pcsb.org/healthcarebluebook
Humana Advantage Dental Plan Member Services (548085)	800-979-4760	MyHumana.com
Humana Medicare Advantage Plans	727-793-2103	humana.com
MetLife Dental PDP (G95682)	800-942-0854	metlife.com/dental
MEDCOM (MetLife Dental enrollment and billing questions)	800-523-7542	retireeservices@medcom.net
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 ²⁰²⁰





2020 Annual Retiree Enrollment

October 16 – 28, 2019

**Medical and MetLife Dental Rate Increases
New Rx Mandatory Maintenance Choice Program**

No Other Changes

There are no benefit changes to the dental, vision, and life insurance plans.

Take Action

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.

This newsletter describes Pinellas County Schools retiree benefit programs that will be effective for the plan year beginning January 1, 2020. This is only a summary of the benefit programs. Additional restrictions and/or limitations not included in this newsletter may apply. In the event of a conflict between this newsletter 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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