

2018 RETIREE ENROLLMENT

NEWS

ENROLL OCTOBER 11 – 23, 2017 • pcsb.org/annual-enrollment

Welcome to Annual Enrollment

Time to Choose Your 2018 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, 2018. Then, follow the instructions on page 3 and log in no later than October 23, 2017, to make your elections.

Here Is What Is Changing:

Medical

- Rate increases, see page 2
- All Plans • Increased medical out-of-pocket maximums
- NPOS • Increased deductible
Individual: from \$400 to \$500; Family: from \$800 to \$1,000

Dental

- Rate reductions, see page 2
- Humana CompBenefits is now Humana Advantage Dental
- Some plan design enhancements

Life Insurance

- Rate changes for dependent life, see page 2
- The Standard is our new life insurance carrier

Not Making Benefit Changes? No Action Required

If you don't enroll or make any changes, your current benefit elections will continue in 2018 at the monthly insurance rates shown on page 2. **Note:** If you **cancel** your and/or your dependents' medical, dental, vision, and/or life insurance, **you cannot re-enroll**, unless otherwise stated.

Attend an Informational Meeting

Risk Management and Insurance will be hosting a meeting on October 12. See page 3 for details.

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. Believe it or not, this is an easy item to overlook. Taking 10 minutes now could save your loved ones more heartache later.

Medicare Part D Notice, see page 10



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Healthcare Bluebook: Compare, Choose, Save

Healthcare Bluebook is a free online and mobile resource available to you if you are enrolled in a PCS-sponsored Humana group medical plan (Staff-HMO, NPOS or CDHP). It's easy to shop for high quality health care—from diagnostics and imaging to outpatient surgery—at a fair price. Download the free Healthcare Bluebook mobile app and start shopping for prices and facilities while you are with your doctor. Together you can decide which facility fits your budget and your medical care needs.

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 a \$25, \$50, or \$100 reward (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

Doctor On Demand

When you enroll in a Humana medical plan, (Staff-HMO, NPOS or CDHP) you and your covered dependents can participate in a live video doctor visit from a mobile device or computer 24 hours a day, 365 days a year. Doctor On Demand physicians can treat colds, sore throats, flu symptoms, allergies and sinus infections, earaches, and more. Visit doctorondemand.com/humana or download the free Doctor On Demand app from the App Store or Google Play. What you pay depends on the plan in which you are enrolled: Staff HMO: \$25 co-pay; NPOS and CDHP: \$40 or 20% after you meet the deductible.

2018 Monthly Insurance Rates

Rates are subject to board approval.

Humana Medical Plans	Retiree	Retiree + spouse	Retiree + children	Retiree + family
HMO Staff	\$661.67	\$1,315.00	\$1,173.30	\$1,895.00
NPOS	\$676.67	\$1,346.67	\$1,205.00	\$1,958.33
CDHP	\$630.00	\$1,251.67	\$1,110.00	\$1,806.67

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

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 11 – 23

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

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.

October 12, 2017

Annual Enrollment Meeting

Risk Management will discuss
the benefit plan changes for 2018.

**Media Center
Pinellas Park High School
6305 118th Avenue
Largo FL 33773
3:00 – 4:00 p.m.**

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.

Humana Go365 Be Healthy and Earn Points®

The Humana Go365 wellness program gives you and your covered dependents a personalized plan and access to tools and resources that help you set, meet, and keep your health and wellness goals. It's free if you are enrolled in a Humana medical plan. Plus, you can earn Go365 Points™ for gift cards and wellness items! The more you do to stay healthy, the more Points you can earn. For additional information contact Humana's Health & Wellness/HumanaGo365 Advocate at 727-588-6134.

Federal Health Insurance Marketplace

Thinking About Enrolling in a Marketplace Plan?

The 2018 open enrollment period to enroll in a qualified health plan through the federal Health Insurance Marketplace starts November 1, 2017, and ends January 15, 2018. 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 23, 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.

MEDICAL PLANS COMPARISON CHART

NEW = PCS Plan Changes

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

Understanding How Much You Have to Pay

- **Personal Care Account (PCA)** (CDHP only). Use your up-front PCA 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 PCA be substantiated or verified.
- **Medical Plan Deductible** (CDHP and NPOS). The amount you pay for certain medical expenses before the plan begins paying benefits.
- **Rx4 Traditional Deductible** (all plans). The amount you pay for Tier 3 and/or Tier 4 drugs before you begin paying Rx co-pays for those tiers.
- **Combined Out-of-Pocket (OOP) Maximum.** The maximum amount you pay for eligible medical **and** Rx expenses during a plan year.
- **Coinsurance** (CDHP and NPOS). The percentage of eligible medical expenses you pay after paying the deductible for most services.
- **Co-pays.** The fixed amount you pay for medical care and prescriptions.

<div>Humana Member Services</div> <div>877-230-3318</div>		HMO Staff Q7444
Benefit		In-Network Only
Service Areas		Any provider in the HMO Staff Network for Citrus, Hernando, Hillsborough, Manatee, Pasco, Pinellas, Polk, Sarasota counties
Personal Care Account (PCA)—Individual/Family PCA 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		NEW \$4,500 Individual; \$9,000 Family
Combined Out-of-Pocket Maximum—Includes deductible, coinsurance, and/or co-pays, and Rx deductible and co-pays		\$6,250 Individual; \$12,500 Family
Lifetime Maximum		Unlimited
Physician Office Visits		You Pay:
Primary Care Physician (PCP)		\$25 co-pay
Specialist (SPC)		\$50 co-pay
Doctor On Demand		\$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		\$50 co-pay
Lab		\$25 co-pay
X-Ray Outpatient		\$50 co-pay
Advanced Outpatient Radiology Services (MRI, CAT scan, PET scan, etc.)		\$250 co-pay
Colonoscopy Screenings—Preventive and Diagnostic		No co-pay
Chiropractic Services (direct access to participating providers)		\$50 co-pay; 20 visits per calendar year
Hearing Exam		\$25 co-pay

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



National Point-of-Service (NPOS) 548085		Consumer Directed Health Plan (CDHP) 548085
In-Network	Out-of-Network ¹	In-Network Only
Any provider in the NPOS Open Access Network (national network)	Any provider	Any provider in the HMO Premier Network (includes Florida and several other states)
N/A	N/A	\$500 Individual; \$1,000 Family (No maximum rollover amount)
NEW \$500 Individual; \$1,000 Family (combined in- and out-of-network)		\$1,500 Individual; \$3,000 Family
NEW \$4,500 Individual; \$9,000 Family (combined in- and out-of-network)		NEW \$4,500 Individual; \$9,000 Family
\$6,250 Individual; \$12,500 Family (combined in- and out-of-network)		\$6,250 Individual; \$12,500 Family
Unlimited		Unlimited
You Pay:	You Pay:	You Pay:
20% after deductible	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
\$40 or 20% after deductible	N/A	\$40 or 20% after deductible
0%	40% after deductible	0% no deductible
0%	40% after deductible	0% no deductible
0%	40% after deductible	0% no deductible
0%	40% after deductible	0% no deductible
20% after deductible; allergy injections billed separately	40% after deductible; injections billed separately	20% after deductible
20% after deductible 20% after deductible 20% after deductible 20% after deductible	40% after deductible 40% after deductible 40% after deductible 40% after deductible	20% after deductible 20% after deductible 20% after deductible 20% after deductible
0%	40% after deductible	0% no deductible
20% after deductible 20 visits per calendar year in- or out-of-network	40% after deductible	20% after deductible
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

MEDICAL PLANS COMPARISON CHART

NEW = PCS Plan Changes

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

Routine Eye Exam Not Covered

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

Rx4 Traditional for Tier 3 and Tier 4 Drugs

You must pay the \$250 per person or \$500 per family Rx deductible before you begin paying Tier 3 and/or Tier 4 co-pays.

Diabetes CARE

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

Rx4 Traditional Preferred Pharmacies

You must use one of the preferred pharmacies to receive the preferred Rx4 Traditional benefits: **CVS, Walmart, Sam's Club, and Humana Pharmacy.**

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

Humana Member Services 877-230-3318		HMO Staff Q7444 In-Network Only
Benefit		
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		No co-pay
Hospice—Inpatient		\$500 co-pay per day; up to 5-day maximum ²
Skilled Nursing Facility		\$500 co-pay per day; up to 5-day maximum ²
Short-Term Rehabilitation/Outpatient Therapy (speech, physical, occupational)		\$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
Rx4 Traditional Prescription Drug Program		Preferred Pharmacy
<i>Some drugs may be subject to step-therapy or precertification</i>		Mandatory Generics Unless Dispensed As Written
Up to 30-day supply		\$20 co-pay; no Rx deductible \$50 co-pay; no Rx deductible \$90 co-pay; after Rx deductible \$120 co-pay; after Rx deductible
90-day Supply (maintenance medications) at retail or mail order (mail order must be through Humana Pharmacy)		Mandatory Generics Unless Dispensed As Written
Tier 1		\$40 co-pay; no Rx deductible
Tier 2		\$100 co-pay; no Rx deductible
Tier 3		\$180 co-pay; after Rx deductible
Tier 4		\$240 co-pay; after Rx deductible

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



National Point-of-Service (NPOS) 548085		Consumer Directed Health Plan (CDHP) 548085
In-Network	Out-of-Network ¹	In-Network Only
\$500 co-pay per day; up to 5-day maximum	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
20% after deductible	20% after deductible	20% after deductible
20% after deductible	20% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
\$500 co-pay per day after deductible; up to 5-day maximum	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible; 120-visit limit per calendar year
\$500 co-pay per day after deductible; up to 5-day maximum ²	40% after deductible; 30-day lifetime max; 90- day limit per calendar year	20% after deductible 90-day limit per calendar year
\$500 co-pay per day after deductible; up to 5-day maximum ² 120 days per calendar year	40% after deductible	20% after deductible 120-day per calendar year
20% after deductible 60-visit limit per calendar year for all therapies combined ³	40% after deductible	20% after deductible 60-visit limit per calendar year for all therapies combined
See prescription drugs below	See prescription drugs below	See prescription drugs below
20% after deductible	40% after deductible	20% after deductible
Preferred Pharmacy <i>Mandatory Generics Unless Dispense As Written</i>	Non-Preferred Pharmacy <i>30% of submitted cost after:</i>	Preferred Pharmacy <i>Mandatory Generics Unless Dispense As Written</i>
\$20 co-pay; no Rx deductible	\$20 co-pay; no Rx deductible	\$20 co-pay; no Rx deductible
\$50 co-pay; no Rx deductible	\$50 co-pay; no Rx deductible	\$50 co-pay; no Rx deductible
\$90 co-pay; after Rx deductible	\$90 co-pay; after Rx deductible	\$90 co-pay; after Rx deductible
\$120 co-pay; after Rx deductible	\$120 co-pay; after Rx deductible	\$120 co-pay; after Rx deductible
Mandatory Generics Unless Dispense As Written <i>30% of submitted cost after:</i>		Mandatory Generics Unless Dispense As Written
\$40 co-pay; no Rx deductible	\$40 co-pay; no Rx deductible	\$40 co-pay; no Rx deductible
\$100 co-pay; no Rx deductible	\$100 co-pay; no Rx deductible	\$100 co-pay; no Rx deductible
\$180 co-pay; after Rx deductible	\$180 co-pay; after Rx deductible	\$180 co-pay; after Rx deductible
\$240 co-pay; after Rx deductible	\$240 co-pay; after Rx deductible	\$240 co-pay; after Rx deductible

Federal and Legal Notices

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

The Affordable Care Act (ACA) has brought sweeping changes to the U.S. health insurance system. Its goal is to make health insurance available to everyone, regardless of medical history or ability to pay. Many of the ACA changes have already affected our plans, such as covering adult children through age 26, free preventive care, and reducing or removing annual or lifetime limits on essential health benefits.

Medical Plan Enhancements

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

Health Care Reform and You—the Individual Mandate

The ACA requires most Americans to purchase health insurance or pay a penalty. This is called the “individual mandate.” So being enrolled in a PCS medical plan satisfies the individual mandate.

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 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 asked 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. Beginning January 2018, you may request a reasonable accommodation through Humana’s Go365 customer service at 1-877-230-3318. A member may submit a Disability Accommodation form, also available upon request from Humana Go365, to request alternative engagement options to accommodate the disability.

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 never 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) Humana’s patient advocate in order to provide you with services under the wellness program.

Federal and Legal Notices, continued

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.

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.

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).

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 2016

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

Doctor On Demand	N/A	doctorondemand.com/humana
EyeMed Vision Care	866-299-1358	eyemedvisioncare.com
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
Humana Medical Member Services and Claims	877-230-3318	humana.com or MyHumana.com
Humana Pharmacy (Mail Order Rx)	800-833-1315	humanapharmacy.com
Standard Insurance Company Life Insurance Claims	800-628-8600	N/A

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

Presort First Class
US Postage
PAID
Permit #350
St. Petersburg FL

Annual Retiree Enrollment

October 11 – 23, 2017

Read this newsletter for important
Annual Enrollment information and instructions.

For Additional Information

Check for updates at pcsb.org/annual-enrollment or call the Risk Management
and Insurance retiree team at **727-588-6214**, **727-588-6141** or
727-588-6140 for enrollment questions.
Call the **Humana Hotline** at **888-393-6765**
with questions regarding the 2018 Humana Plans
October 2 through December 31, 2017 • Monday–Friday, 8:00 a.m. to 8:00 p.m. ET

This newsletter describes Pinellas County Schools retiree benefit programs that will be effective for the plan year beginning January 1, 2018. 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.