

BENEFLEX²⁰²⁰

GUIDE TO YOUR RETIREE BENEFITS



Pinellas County Schools Contacts Risk Management Retirement Team

P.O. Box 2942 • Largo, FL 33779-2942

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

Insurance Carriers

Medical

Aetna Concierge Customer Service Member Services and Pharmacy	866-253-0599	aetnapcsb.com
Aetna Pharmacy Mail Order Prescriptions	888-792-3862	aetnapcsb.com
Healthcare Bluebook	888-316-1824	pcsb.org/healthcarebluebook
Teladoc	855-835-2362	teladoc.com/aetna

Dental

Humana Dental Advantage Plus 2S Plan (Group# 48085)	800-979-4760	myhumana.com
MetLife Dental PDP (G95682) MedCom (Enrollment and Billing questions)	800-942-0854 800-523-7542	metlife.com/dental (email) retiree services@medcom.net

Vision

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

The Standard Life Insurance Company (Group# 92959)	800-628-8600	pcsb.org/risk-benefits
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Medicare Advantage Plan

Humana Medicare Advantage Plans	727-793-2103	humana.com
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Non-PCS Programs and Other Resources

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

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BENEFlex Retiree Guide 2020

As a new retiree of Pinellas County Schools, you are eligible to continue the following insurance benefits. **NOTE:** If you cancel any of your PCS-sponsored coverage when you retire, you **cannot re-enroll**, unless otherwise stated.

Benefit Plan	Enrolled at time of retirement?*	Can you continue after you retire?
Medical	Yes	Yes, if you are enrolled at time of retirement, you can continue your coverage under any of these plans
Dental (Humana Dental Advantage 2S Plus or the MetLife Dental Plan)	Yes	
Vision	Yes	
Board Basic Life and Dependent Family Life Insurance	Yes	
Optional Term Life Insurance (you and your spouse)	Yes	You may convert your or your spouse's Optional Term Life coverage to individual policies directly through The Standard
Be SMART Wellness Program	Available to all employees	Yes, you are still eligible for certain programs offered through this program

**If you are not enrolled in coverage at the time of retirement, you cannot enroll when you retire or during any subsequent annual enrollment.*

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

New Retiree Insurance Eligibility

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

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

Retirees fall into two categories:

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

NEW RETIREES: Return your enrollment paperwork and premium payments **2 months prior** to your retirement date to avoid interruption of your benefits.

Mail to:

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

PCS Be SMART Wellness Program

The Be SMART Wellness Program is available to PCS retirees throughout the year. The wellness program encompasses many initiatives, many are listed here. For information on any of the programs, visit pcsb.org/risk-benefits and click on the “Wellness for Employees” link.

Aetna Health Promise

The program provides retirees with the opportunity to improve and maintain good health with these resources:

Secure Member Website	Online Health Assessment	Online Health Coaching Program
24-hour Nurse Line (Informed Health® Line)	Aetna Maternity Program	CVS Neighborhood Wellbeing Counseling
Member Discounts	Get Active SM Fitness Challenge	\$50 Gift Card Incentive

Diabetes CARE Program

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

Be SMART Contact Information

For More Information Visit pcsb.org/wellness	Phone
PCS Wellness Coordinator	727-588-6031
Benefits and Wellness Consultant	727-588-6142
Employee Wellness Specialist	727-588-6151
Health Advocate Employee Assistance Program	727-588-6507
Aetna Patient Advocate	727-588-6137
Aetna Claims Advisor	727-588-6367
Aetna Wellness Specialist	727-588-6134
PCS Retirement Team	727-588-6214

**Available to PCS retirees and their dependents enrolled in a PCS-sponsored Aetna medical plan.*

Re-employment after Retirement Guidelines for Health Insurance

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

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

Aetna Medical Plans

- You and your eligible dependents must be enrolled in a PCS medical plan at the time of your retirement to continue medical coverage.
- You must remain in that plan or elect to terminate your coverage. If you remain in the plan, you can change your election at the next annual enrollment. Your change will be effective on January 1 of the following year.
- You may continue to cover your enrolled dependents or cancel their coverage. In some instances, newborns may be added, subject to state legislation and carrier requirements. Please contact the Risk Management and Insurance Department Retirement Team for information.

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

A special provision may apply if you obtain coverage through the Health Insurance Marketplace. See Enrollment in a Federal Health Insurance Marketplace Plan on page 6.

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. Call Aetna’s Concierge Customer Service at 866-253-0599 if you have questions.
- Maintenance drugs are filled under the **Maintenance Choice Program**, which requests that your physician write a 90-day prescription for all maintenance medications. You *must* fill the 90-day supply through CVS Caremark mail order or at your local CVS Pharmacy retail locations. You will only pay two co-pays for a 90-day supply.

Teladoc: \$25 Co-pay

When you enroll in an Aetna medical plan, you pay a \$25 co-pay per Teladoc visit. After registering, you can talk to a doctor by phone or video 24/7 who can treat colds, sore throats, flu symptoms, allergies and sinus infections, earaches, and more.

- Call 855-835-2362 to register by phone.
- Go to www.Teladoc.com/Aetna, click "set up account".
- Download the mobile app, click "activate account".

Healthcare Bluebook: Compare, Choose, Save

Available to all Aetna medical plan members, 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 to learn more.

Understanding Your Aetna Medical Plan 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. With the Aetna Prescription Drug Program, 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.

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.

Aetna In TouchSM Care Program

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.

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. Aetna will reach out to members who may benefit from extra support, so please answer your phone when they call.

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

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

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

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 Medical Plans Comparison Chart

Choice POS II		CDHP + HRA
In-Network	Out-of-Network ¹	In-Network Only
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)		\$1,750 Individual; \$3,500 Family
You Pay: 20% after deductible	You Pay: 40% after deductible	You Pay: 20% after deductible
20% after deductible	40% after deductible	20% after deductible
\$25 co-pay	N/A	\$25 co-pay
0%	40% after deductible	0% no deductible
0%	40% after deductible	0% no 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
20% after deductible	40% after deductible	20% after deductible
20 visits per calendar year combined in- or out-of-network		20 visits per calendar year
\$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 max.	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
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	NOT COVERED	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

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

Coordination of Medical Benefits

If you, your spouse, or your child(ren) have coverage under another health care plan (medical, dental, etc.) in addition to coverage under your PCS plan, coordination of benefits (COB) between the health plans generally will apply. Usually, the “birthday rule” of order of benefit determination will apply. This means that the health plan of the spouse or parent whose birthday occurs earlier in the year will pay regular benefits and the other health plan will coordinate their benefits with the primary plan.

If you or one of your covered dependents has Medicare, generally Medicare will be your primary health plan. Your PCS health plan will coordinate benefits with Medicare if your provider is an Aetna contracted in-network provider. For example, if you are a retiree, have Medicare and are enrolled in the Aetna Select Open Access or the CDHP +HRA plan, Aetna will coordinate with Medicare only if your provider is an Aetna contracted in-network provider.

If you have questions about your specific situation or claims, please call Aetna Concierge Customer Service at **866-253-0599**.

Health Care Reform and Your Medical Plan Choice

If you cannot afford to enroll your dependents in a PCS medical plan, consider the following:

Children: Florida KidCare is the state-sponsored health care program for children from birth through age 18 who meet specific eligibility requirements. For more information, call 888-540-5437 or visit floridakidcare.org.

Spouse and/or child(ren): You can consider your spouse’s employer-sponsored plans. If your spouse is not employed or his or her employer doesn’t offer health insurance, the federal Health Insurance Marketplace may offer cost-effective alternatives. You can also enroll your child(ren) in a federal Marketplace plan. For more information about health care reform, go to: pcsb.org/affordable-care-act.

Enrollment in a Federal Health Insurance Marketplace Plan

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

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

Medicare Eligibility

Generally, you are eligible for Medicare, if you:

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



Humana Medicare Advantage

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

- **The two Medicare HMO plans** are cost competitive from both a premium standpoint and the ability to predict your out-of-pocket expenses.
- **The preferred provider organization (RPPO) plan** allows members to use in- or out-of-network providers. The PPO is available to retirees that reside in Pinellas, Pasco, and Hillsborough counties.
- **The LPPO plan** allows members to use in- or out-of-network providers. The LPPO is a zero-premium plan.

Humana Medicare Advantage Plans
727-793-2103
humana.com

Prescription drug benefits are included in all of the Medicare Advantage plans.

Medicare Coordination through Aetna

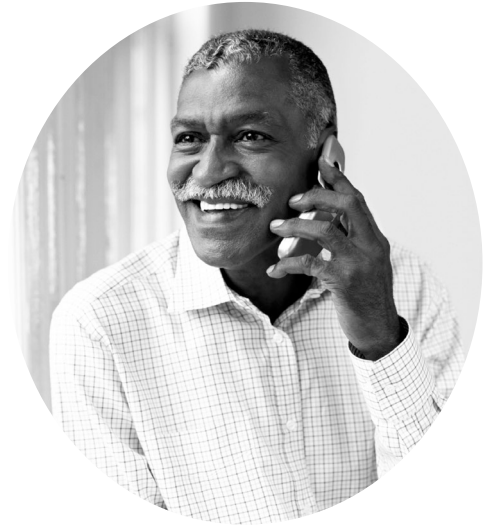
If you are eligible for Medicare due to kidney dialysis and/or transplant, Medicare becomes your primary coverage when the 30-month coordination period has ended. If you are a retiree and on Medicare, Medicare is always primary.

<p>Resources for Medicare-Eligible Retirees</p> <p>You must contact the appropriate provider directly to enroll in a plan, make changes, access provider directories, and get information.</p>	
<p>SHINE – Serving Health Insurance Needs of Elders • 800-963-5337 <i>floridashine.org</i></p> <p>SHINE is a free program offered by the Florida Department of Elder Affairs and your local Area Agency on Aging. Specially trained volunteers can assist you with your Medicare, Medicaid, and health insurance questions by providing one-on-one counseling and information.</p>	<p>Medicare</p> <p>For general Medicare inquiries, contact:</p> <p>800-MEDICARE (800-633-4227) TTY/TDD# 877-486-2048 <i>medicare.gov</i></p>

Dental Insurance

If you cancel your and/or your dependent's dental coverage as a new retiree, during the year, during annual enrollment or discontinue your payment, you will not be able to re-enroll.

If you elect either dental plan, you will be billed by the carrier and will be required to pay them directly.



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

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

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

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

MetLife Dental

You and your eligible enrolled dependents may continue participation in MetLife Dental Plan. Enrollment and monthly billing for MetLife is processed through MedCom, a third-party administrator.

EyeMed Vision Care Plan

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

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

Disability Insurance Plans

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

Life Insurance

- Life insurance includes Basic Retiree and Family (spouse/children) Term Life insurance.
- The coverage you have in effect at the time of your retirement can be continued or decreased but may not be increased.
- You can convert your coverage to an individual policy directly through The Standard.
- Retiree life insurance benefits are subject to a reduction formula (see page 10).

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

Who's Eligible?

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

- Your legal spouse as defined by the laws of the state of Florida.
- Your children beginning at live birth to the end of the year in which they reach age 26.

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

Basic Retiree Term Life Insurance

You may continue the amount of your Board Term Life insurance in effect at the time of your retirement. This life insurance policy is a Term Life insurance policy and has no cash value.

Optional Term Life Insurance Conversion

You can convert the amount of your Optional Term Life in effect at the time of your retirement to a Whole Life individual policy with The Standard within 31 days of retirement. You may elect less coverage, but under no circumstances may you elect more coverage than what is in effect at the time of your retirement.



Family Term Life Insurance — (Spouse/Children)

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

Coverage Amount and Premium Payment

Retiree Basic Term Life

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

Dependents: Family Term Life (Spouse/Child)

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

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

Life insurance coverage is issued by Standard Insurance Company.

Premium Payment

Life insurance premiums will automatically be deducted from your retirement check—just like your medical and vision premiums—after you complete and return the Florida Retirement System Insurance Payroll Authorization Form. The form can be found in your retiree enrollment packet. Be sure to sign this form and return it along with two months of premium payment to the Risk Management and Insurance Department within 30 days prior to your coverage effective date.

This excludes FRS Investment Plan participants with 30 years of service with Pinellas County Schools or who are age 59½.

Reduction of Coverage

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

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

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

Accelerated Benefit Option

If you provide satisfactory proof that you are terminally ill with a life expectancy of 12 months or less, you may elect to receive up to 75 % of your Basic Term life insurance benefit while still living. This benefit is only available once and is payable in a lump sum or six equal monthly installments. The death benefit payable to your beneficiary will be reduced by the amount you elect under this option.



Questions?

A Life Insurance Certificate of Coverage from The Standard Insurance Company which includes the entire plan provisions, exclusions, and limitations, is available at pcsb.org/risk-benefits or by contacting the Risk Management and Insurance Retirement Team directly.

Retirement Guidelines for Life Insurance

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

**Official retirement includes early retirement, retirement from DROP, normal retirement from the Pension Plan, or retirement from the Investment Plan. If you return to work in a benefit-eligible position, you may not continue life insurance coverage as a retiree.*

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



2020 Monthly Insurance Rates

Insurance Payments

Medical, Vision, and Life Insurance Payments: Your monthly rates will be deducted from your monthly FRS pension check. If you do not receive an FRS pension check, payment coupons will be sent to you. Please note, if your annual premiums total \$150 or less, you will need to make one annual payment.

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

Medical, Dental, Vision, and Life Insurance Rates

Aetna 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
CDHP + HRA	\$668.33	\$1,325.00	\$1,173.33	\$ 1,913.33

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

MetLife Dental Plan	Retiree	Retiree + 1	Retiree + Family
	\$32.61	\$56.64	\$81.77

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

The Standard Life Insurance Rates (Board Life)

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

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

The Standard Dependent Term Life

Dependent Rate	\$1.50
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Your Rights and Responsibilities

COBRA

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

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

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

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

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

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.

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

- Your plan's information privacy policy,
- Ways the plan may use and disclose health information about you,
- Your rights, and
- Obligations the plan has regarding the use and disclosure of your health information.

Women's Health and Cancer Rights Act

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

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

Maternity and Newborn Length of Stay

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal vaginal delivery, or 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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 Aetna Prescription Drug Program is, on average for all plan participants, expected to pay out as much as standard Medicare

prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

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

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

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

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

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

For More Information About Your Options Under Medicare Prescription Drug coverage...

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

- Visit medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call **800-MEDICARE** (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at socialsecurity.gov, or call them at **800-772-1213** (TTY 800-325-0778).

Name of Entity/Sender: Pinellas County Schools

Contact: Retirement Team, Risk Management and Insurance Department

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

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



2020 Retiree Benefit Guide

Risk Management Retirement Team

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

This guide describes the 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 guide may apply. In the event of a conflict between this guide and the plan documents, the plan documents will control.