

# BENEFIT REVUE

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## Insurance Task Force Approves New Health Plan Option

### *New Plan Targets Employees Who Purchase Dependent Health Insurance*

The Insurance Task Force approved a new health plan option for employees at their October 23, 2006, meeting. The new Blue Cross Blue Shield plan is a middle-option PPO plan with benefits and premiums midway between the higher-option 903 PPO plan and the lowest-option 118 Plan. The BCBS 706 Plan appears to strike a happy compromise between the two.

The Task Force has been working with Blue Cross Blue Shield and Gallagher Benefit Services, the District's benefit consultants, for a year to select a new plan that would meet both the benefit needs and the premium needs of employees who purchase health insurance for their dependents, but have found it difficult to afford the higher-option plans.

The District expanded its menu of health plans from two plans to three plans in 2005 with the introduction of the BCBS 118 PPO plan. Although the 118 plan had significantly lower premiums than the 927 and 903 PPO plans, it was not very popular with employees because the plan's benefits were not rich enough. One of the reasons employees most often cited for not choosing the plan was the lack of an office visit co-payment. The plan did, however, meet the needs of a significant number of retirees who chose it for its pharmacy benefit.

The BCBS 706 PPO plan should appeal to employees who purchase dependent coverage because it covers

physicians' services (both primary and specialty care), routine physical exams, well woman exams, and well child care exams all for a \$15 co-payment. The co-payment for allergy injections is only \$5, the same as the 927 and 903 plans. It also offers the same \$500 calendar year maximum preventive services and \$10,000 calendar year maximum therapy benefit as the 927 and 903 PPO plans.

The BCBS 706 plan pharmacy benefit is the same as the 118 plan benefit. It is a three-tier program with a \$10 generic drug co-pay, a \$25 formulary brand co-pay, and a \$40 non-formulary brand co-pay.

The 706 plan's behavioral health benefit is the same as the 903 plan's benefit, except it has a lower lifetime maximum substance abuse benefit.

For a comparison of all four BCBS plans that will be offered to employees this coming Open Enrollment, please see the insert in this newsletter.

Below are answers to some of the most frequently asked questions about the 706 plan. If you have additional questions, please watch the Insurance & Benefits Open Enrollment video which will be available in January. A schedule of the times and channels will appear in the Open Enrollment issue of the Benefit Revue. Additional information will also be available in your Open Enrollment packets.

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## **New Health Plan Option**

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**Q. Is the BCBS 706 plan a PPO plan or an HMO plan?**

A. The BCBS 706 plan is a PPO (Preferred Provider Organization) plan.

**Q. Since our current health insurance plans are also PPO plans, how is the 706 plan different?**

A. Although all the District's health plans are PPO plans, the BCBS 706 plan has some of the following differences:

- \$15 Office visit co-payment for in-network providers
- Separate per-admission \$300 out-of-network hospital deductible.
- \$2000 single out-of-pocket maximum (combined in and out-of-network).
- No hearing aid benefit.
- No gastric bypass surgery benefit.
- No Medical Excellence Travel & Lodging Expense benefit.
- 3-tier pharmacy benefit (same as the current 118 PPO plan).

**Q. What is the 3-tier pharmacy benefit under the BCBS 706 PPO plan?**

A. A 3-tier pharmacy has the following categories of prescription drugs:

- Generic drugs - \$10 copay
- Preferred brand drugs - \$25 copay
- Non-preferred brand drugs - \$40 copay

**Q. Are premiums for the BCBS 706 PPO plan lower or higher than premiums for the other three (3) current PPO plans?**

A. The premiums for the BCBS 706 PPO plan are **lower than the premiums for the 927 and 903 plans** because some of the benefits are not as rich. The premiums for the 706 PPO plan are **higher than the 118 PPO plan** because benefits under the 706 PPO plan are richer than the 118 PPO plan.

# **Employee Liability Insurance**

## ***School District Provides Coverage for All Employees***

The School District, its teachers, and other employees understand that lawsuits are an unwelcome part of any profession, including public education. Because of this, the District purchases liability insurance for itself and its employees to provide protection from legal disputes arising from its educational and other activities.

The District purchases the following three (3) different types of liability insurance:

- Auto liability insurance
- General liability insurance
- Errors & Omissions insurance

### ***Auto Liability Insurance***

Each type of insurance provides protection for different types of losses. Auto liability insurance provides liability coverage for District vehicles and employees' vehicles when they are used in the course and scope of employment. If you were driving your vehicle on District business and you were involved in an accident, the District's auto liability insurance would provide legal defense and cover you for any tort claims made against you by someone to whom you caused injury. It would cover things like medical expenses and vehicle repairs for the person you injured if you were at fault.

Auto liability insurance does not cover injuries to either you or your vehicle. Any injuries you sustain in the course and scope of your employment would be covered under workers' compensation. Damage to your vehicle would be covered by your own automobile collision insurance. The mileage allowance you receive when using your own vehicle for District business is meant to cover your automobile expenses, including insurance. SPALC bargaining unit members are entitled to a \$250 reimbursement toward out-of-pocket collision deductible expenses for accidents in which the other party is at fault (a citation is issued).

### ***General Liability Insurance***

General liability insurance provides coverage for you if someone sues you for tort damages you caused as a result of an action, or omission of an action, in the scope of your employment. If you were supervising a group of children on a field trip and one of the children had an accident, you would be covered by the District's general

liability insurance if the child's parents brought suit against you for failure to provide adequate supervision. The general liability policy would cover legal defense as well as damages should the courts find you or the District negligent.

### ***Errors & Omissions Insurance***

Errors & Omissions insurance covers the District and its employees for professional, educational, and employment types of actions or omissions of actions. If a parent filed suit against the District for failure to provide an appropriate education or to implement an Individual Education Plan (IEP), this type of legal action would be covered by errors & omissions insurance.

### ***Loss Limits***

The amount of coverage the District purchases under each policy is the policy's loss limit. For all three types of liability insurance policies, the loss limit is \$2 million per occurrence, even though State Statute limits the amount of any claim made against the District or its agents (including employees) to \$100,000. Any settlement in excess of \$100,000 requires action by the State Legislature. The \$100,000 limit does not apply to federal crimes.

The total amount of coverage (called the aggregate loss limit) is \$10 million for auto and general liability and \$2 million for Errors & Omissions insurance.

### ***Protections Provided by Florida Statute***

Florida Statute 768.28 (9)(a) states: "No officer, employee, or agent of the state or of any of its subdivisions shall be held personally liable in tort or named as a party defendant in any action for any injury or damage suffered as a result of any act, event, or omission of action in the scope of her or his employment or function, unless such officer, employee, or agent acted in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety, or property."

What this means in layman's terms is you, as an employee, cannot be sued for an act (or failure to act) you committed in the course and scope of your employment, unless the act (or failure to act) was done with malicious intent

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# Benefit Reminder

## *Don't Forget to Schedule Your 2006 BCBS Adult Wellness Exam*

Under your BCBS health plans, a routine physical or gynecological exam is available once during each calendar year. Under the 903 plan, the cost is \$10 for an in-network exam, or it is covered at 50% of BCBS allowable charges for an out-of-network exam. For the 927 plan, the cost is \$10 for an in-network primary care physician exam, \$20 for an in-network specialist physician exam, and it is covered at 65% of BCBS allowable charges for an exam performed by an out-of-network physician. Under the 118 plan, an in-network exam is covered at 80% of BCBS allowable charges or 60% for out-of-network exams.

Under the 903 and 927 plans, there is a combined in- and out-of-network \$500 calendar year maximum that applies to all well woman & routine physical exam charges (excluding mammograms). The maximum is \$200 under the 118 plan.

Adult Wellness services include, but are not limited to:

- Physical or GYN exam
- Pap smears
- PSA
- X-rays
- Laboratory tests
- Immunizations
- Sigmoidoscopy/ colonoscopy

If you haven't already availed yourself of this valuable wellness benefit, December is your last opportunity in calendar year 2006.



# Blue Cross Blue Shield Changes Pharmacy Benefit Manager

## *Switch to Prime Therapeutics Effective January 1, 2007*

Effective January 1, 2007, Blue Cross Blue Shield will change to a new Pharmacy Benefit Manager (PBM) – Prime Therapeutics. The answers to the questions below will help you understand how this change will impact you.

**Q. Why is BCBS changing its Pharmacy Benefit Manager (PBM)?**

A. BCBS is changing to Prime to help contain the rising cost of prescription drugs and to achieve a fully integrated retail and mail order pharmacy program.

**Q. Will the change from BCBS's current PBM to Prime affect me?**

A. You will not be affected by the change to Prime at the retail level. The same retail pharmacies that are currently in the BCBS network will be in the Prime network. You will be affected at the mail order level because you will no longer purchase mail order prescriptions through Walgreens Healthcare Plus – beginning January 1, 2007, you will purchase them through PrimeMail.

**Q. How will the transition from Walgreens to PrimeMail work?**

A. PrimeMail will coordinate with Walgreens to transfer existing prescriptions. Non-controlled substance medications will not require a new prescription unless there are no valid refills remaining. **Members who receive a controlled substance medication, however, will be required to obtain a new prescription from their physicians.**

**Q. If I need a refill for my mail order prescription in December, should I send it to Walgreens or PrimeMail?**

A. All refills and new prescriptions should be sent to Walgreens until December 31, 2006. Beginning January 1, 2007, all refills and new prescriptions should be sent to PrimeMail.

**Q. Will I receive a notification letter from BCBS regarding the switch from Walgreens to Prime?**

A. Yes, notification letters will be mailed late November or early December with detailed transition instructions.

**Q. What are my mail order options for initial prescriptions and refills?**

A. To obtain a new prescription through PrimeMail, simply complete a PrimeMail Pharmacy order form and send it, along with your new prescription and co-payment, to PrimeMail.

For refills, you may use one of the following convenient methods:

- PrimeMail Automated Refill Line – Members are able to enter a prescription refill and credit card payment information through the interactive, automated phone system 24 hours a day, seven days a week.
- Internet – Members have access to PrimeMail's secure website through the BCBS website My Blue Service portal with the MyRxHealth feature. The website prompts members for the prescription number and credit card payment information.
- Mail Forms – Members complete an order form and send it, along with their new or refill prescription and co-payment, to the PrimeMail address.
- Member Contact Center – Mail Service Agents are available toll-free to provide additional assistance to members submitting refill requests.

**Q. Will I receive a PrimeMail order form?**

A. Yes, prior to the January 1, 2007, effective date, you will receive a Mail Order Service Introductory Packet with the following materials:

- All About PrimeMail Guide with frequently asked questions
- Pharmacy order form and return envelope
- Retail and mail order prescription checklists
- A toll-free number where Member Service Representatives (MSR) are available to respond to any transition or service inquires.

**Q. Who should I call if I have questions about the new PrimeMail program?**

A. You should call the BCBS toll-free MSR number that will be included in the Mail Order Service Introductory Packet you will receive some time in December.

# Benefit Directory

**Cancer Insurance:**

*Hartford Life/AIG*  
1-800-880-2776

**Dental Insurance:**

*DeltaCare DHMO*  
1-800-422-4234  
*Delta Indemnity*  
1-800-521-2651

**Disability Insurance:**

*UNUM*  
General Information  
1-800-633-7479  
Claims (local) 337-8155

**Employee Assistance Program:**

*EAP Consultants*  
(local) 433-1211

**Health Insurance:**

*Blue Cross Blue Shield*  
(claim information and new ID cards)  
1-800-945-3676  
*On-site CSR (Insurance & Benefits Management)*  
(local) 335-1403

**Insurance & Benefits Management:**

*General Information*  
(local) 337-8321

**Life Insurance:**

*Minnesota Life*  
(local) 335-1402

**Mail-Order Prescription Drugs:**

*Walgreens Healthcare Plus*  
Customer Service  
1-888-257-6641  
Hearing Impaired  
1-800-925-0178  
Spanish  
1-800-758-0002

**Vision Insurance:**

*VisionCare Plan*  
1-800-865-3676

**Workers' Comp. (Johns Eastern):**

1-800-749-3044

# Prescription Discount Card

## *Discount Cards Aimed to Help Uninsured and Underinsured Residents of Lee County*

Lee County, in partnership with the National Association of Counties (NACo) and CareMark Rx, Inc., will make Prescription Discount Cards available to Lee County residents at no cost. These cards, which are not insurance, may be used by all residents, regardless of age, income or existing health coverage, but are primarily intended to help uninsured and underinsured persons. Cardholders will save an average of 20% on their prescription drug purchases.

There are no eligibility/income requirements or enrollment fees and these free cards are available at the following convenient locations:

- Family Health Centers
- United Way Houses

The cards may be used at more than 57,000 pharmacies nationwide, including most chain pharmacies, as well as many independents.

The card cannot be used in conjunction with other insurance; however, you may use it to purchase prescriptions that are not covered by your health plan.

To learn more about the CareMark Prescription Discount Card, look up participating pharmacies, price estimates for your prescriptions, check drug interactions, or order a card, call 1-877-321-2652.

- Lee County Human Services
- Lee County Library System (all 11 libraries)



## Liability Insurance Schedule

The School District of Lee County purchases the following liability insurance policies that cover suits brought against the District and its employees for damages resulting from actions performed by employees in the course and scope of their employment or function:

<u>Policy</u>	<u>Loss Limit</u>
Auto Liability Insurance Policy # MDB0266891 State National Insurance Company (Meadowbrook Insurance Group)	\$2,000,000 per occurrence/ \$10,000,000 aggregate
General Liability Insurance (same as above – combined policy)	Same as above
Errors & Omissions Insurance Policy #EON G21 65 1631 003 Illinois Union Insurance Company	\$2,000,000 each wrongful act/ \$2,000,000 aggregate

### Employee Liability Insurance

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and with willful disregard for human safety because those types of willful and wanton actions would be outside the course and scope of your employment.

#### *Liability Insurance Schedule*

A schedule of the liability policies that cover both the District and its employees is located above. If you have any questions about these policies, please e-mail or call (337-8319) Cecilia Rucker, Insurance & Benefits Supervisor.

