

BENEFIT REVUE

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Determining Employee Needs Through Strategic Listening

Utilization and the attendant cost of medical care and prescription drugs keep on rising. As a result, annual health insurance increases have become a fact of life. Although the 2006-07 premium increase is lower than those of the prior two years, the rising cost of health insurance continues to have a significant impact on both the School District and on its employees who purchase health insurance for their dependents.

With no relief in sight for this national problem, the Insurance Task Force, with the cooperation of BCBS and Gallagher Benefit Services (the District's benefit consultants), began the process of exploring additional, more affordable health plan options two years ago and offered the BCBS 118 PPO in April 2005. Participation in the new BCBS 118 PPO plan was somewhat disappointing, however, with fewer than 200 employees enrolled in that plan.

Finding the right combination of plan benefits and premium reductions that will meet the needs of employees is a difficult balance to achieve and requires input from all employees, especially those who purchase coverage for their dependents. To that end, the Insurance Task Force has developed a Strategic Listening Survey to help determine your interest in looking at a possible new "middle option" health plan with benefits and premiums mid-way between the richer BCBS 927 & 903 PPO plans and the lowest option BCBS 118 PPO plan.

A "middle option" plan would provide more Benefit Bank dollars for dependent health insurance or voluntary benefits than would be available under the BCBS 903 PPO plan, but not as many as would be available under the BCBS 118 PPO plan. Lower-cost plans, by design, do not have benefits as rich as higher-cost plans. They might have higher deductibles and out-of-pocket

expenses. They might, also, have higher co-payments for doctor visits, prescription drugs, etc. Additionally, choosing a health plan with lower premiums usually carries the trade-off of higher costs if and when you receive medical care.

To make sure it heads in the right direction, the Insurance Task Force will use the data gathered from the Strategic Listening Health Insurance Survey before making future health plan recommendations. The telephonic survey contains demographic and health insurance related questions and will be voluntary and confidential. The Strategic Listening format will help the Task Force sort the survey data by categories and help identify needs of various employee groups.

To make sure it heads in the right direction, the Insurance Task Force will use the data gathered from the Strategic Listening Health Insurance Survey before making future health plan recommendations.

A hard copy of the survey will be mailed to all employees eligible for health insurance during the week of February 6-10. The hard copy will serve as a guide to familiarize you with the questions and will help reduce the amount of time necessary to respond to each question. If you know the answer you will choose for each question, you will be able to press the appropriate telephone key and will not have to listen to the entire menu of answers. A hard copy of the survey questions is also available on page 2.

To participate in the survey, call 461-8400 and enter access code 2066 for English or access code 2067 for Spanish. The survey will be available between February 13 - 24.

Thank you, in advance, for participating in the Strategic Listening Health Insurance Survey and for sharing your health insurance needs and priorities with the Insurance Task Force. Although the cost of health insurance will likely increase each year, new options may help ease some of the burden for employees by meeting their more important needs.

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Sample: Strategic Listening Health Insurance Survey

You will be asked to respond to the following questions below when you call 461-8400 to participate in the District's Strategic Listening Health Insurance Survey between February 13 and 24. When prompted for an access code, enter 2066 for English or 2067 for Spanish.

1. Please select your age from the following:
 - 20 – 29,..... Press 1
 - 30 – 39,..... Press 2
 - 40 – 49,..... Press 3
 - 50 – 59,..... Press 4
 - 60 – 69,..... Press 5
 - 70 and over,..... Press 6
2. Please select your job description from the following:
 - instructional,..... Press 1
 - paraprofessional, helping teacher, clinic aide,..... Press 2
 - bus employees, mechanics,..... Press 3
 - clerical,..... Press 4
 - technical,..... Press 5
 - administration, supervisory,..... Press 6
 - food service,..... Press 7
 - maintenance,..... Press 8
 - custodial,..... Press 9
 - other,..... Press 0
3. Please indicate your annual School District salary:
 - Under \$20,000,..... Press 1
 - \$20,000 - \$29,999,..... Press 2
 - \$30,000 - \$39,999,..... Press 3
 - \$40,000 - \$49,999,..... Press 4
 - \$50,000 - \$59,999,..... Press 5
 - \$60,000 - \$69,999,..... Press 6
 - \$70,000 - \$79,999,..... Press 7
 - \$80,000 and over,..... Press 8
4. Please indicate your annual household income:
 - Under \$20,000,..... Press 1
 - \$20,000 - \$29,999,..... Press 2
 - \$30,000 - \$39,999,..... Press 3
 - \$40,000 - \$49,999,..... Press 4
 - \$50,000 - \$59,999,..... Press 5
 - \$60,000 - \$69,999,..... Press 6
 - \$70,000 - \$79,999,..... Press 7
 - \$80,000 and over,..... Press 8
5. Please indicate your marital status:
 - Single,..... Press 1
 - Married,..... Press 2
 - Divorced,..... Press 3
 - Widowed,..... Press 4
6. Please indicate the number of dependent children you have:
 - None,..... Press 1
 - One,..... Press 2
 - Two,..... Press 3
 - Three,..... Press 4
 - Four or more,..... Press 5
7. Please select the School District health plan in which you are currently enrolled:
 - BCBS 927 plan,..... Press 1
 - BCBS 903 plan,..... Press 2
 - BCBS 118 plan,..... Press 3
 - Not eligible for coverage,..... Press 4
 - Waived coverage,..... Press 5
 - Don't know,..... Press 6
8. If married, is your spouse covered under the School District's health plan?
 - Yes, my spouse is covered as an employee,..... Press 1
 - Yes, my spouse is covered as my dependent,..... Press 2
 - No,..... Press 3
 - Not applicable,..... Press 4
9. If your spouse is not covered under your School District plan, please indicate the reason:
 - My spouse is covered under his/her employer's plan,..... Press 1
 - My spouse is covered by an individual policy,..... Press 2
 - District's plan is not affordable for me,..... Press 3
 - Other,..... Press 4
 - Not applicable,..... Press 5
10. If you have dependent child(ren), please indicate how many are covered under your School District health plan?
 - None,..... Press 1
 - One,..... Press 2
 - Two,..... Press 3
 - Three,..... Press 4
 - Four or more,..... Press 5
 - Not applicable,..... Press 6
11. Please indicate how many of your dependent children are not covered under your School District health plan:
 - None,..... Press 1
 - One,..... Press 2
 - Two,..... Press 3
 - Three,..... Press 4
 - Four or more,..... Press 5
 - Not applicable,..... Press 6
12. If you have dependent child(ren) you do not cover under your School District health plan, please indicate the reason:
 - Covered under spouse's employer's plan,..... Press 1
 - Covered by ex-spouse,..... Press 2
 - Covered by an individual policy,..... Press 3
 - Covered by Florida Healthy Kids,..... Press 4
 - District's plan is not affordable for me,..... Press 5
 - Other,..... Press 6
 - Not applicable,..... Press 7
13. Are you satisfied with the School District's current choice of health plans?
 - Yes,..... Press 1
 - No,..... Press 2
 - No opinion,..... Press 3
14. Would you like additional health plan options from which to choose?
 - Yes,..... Press 1
 - No,..... Press 2
 - No opinion,..... Press 3
15. Would you be interested in a new "middle option" health plan with benefits and premiums mid-way between the District's richer plans (927 & 903) and the lowest benefit plan (118)?
 - Yes,..... Press 1
 - No,..... Press 2
 - No opinion,..... Press 3
16. Would you be interested in a new "middle option" plan for yourself if it would help pay for coverage for your dependents?
 - Yes,..... Press 1
 - No,..... Press 2
 - No opinion,..... Press 3
 - Not applicable,..... Press 4
17. Would you be interested in a new "middle option" plan for yourself if it would help pay for some of your voluntary benefits such as dental, vision, or cancer insurance?
 - Yes,..... Press 1
 - No,..... Press 2
 - No opinion,..... Press 3
18. How well do you understand your health plan benefits?
 - Very good understanding,..... Press 1
 - Good understanding,..... Press 2
 - Fair understanding,..... Press 3
 - Poor understanding,..... Press 4
19. How would you prioritize funds available for your total compensation?
 - Maintaining my current level of health insurance benefits is more important..... Press 1
 - A salary increase is more important than maintaining my current level of health insurance benefits,..... Press 2
 - Not sure,..... Press 3
 - No opinion,..... Press 4
20. Would you be willing to subsidize (help pay for) health insurance for the dependents of other employees?
 - Yes,..... Press 1
 - No,..... Press 2
 - No opinion,..... Press 3

Benefit Reminder

Don't Miss the Open Enrollment Deadline!

For most benefits, Open Enrollment is the only time you can add, drop, or change a benefit. Do not miss this important opportunity – be sure to submit all your Open Enrollment paperwork by the February 10 deadline!

If you are currently enrolled in a Flex Spending Account and wish to participate in the new plan year, you must re-enroll during Open Enrollment! Re-enrollment is not automatic.

If you have questions about any benefit or the required Open Enrollment forms, please refer to your Open Enrollment packet or call Insurance & Benefits Management at 337-8321.

ONE FINAL REMINDER: Please check all Open Enrollment paperwork for completeness and accuracy, be sure to sign and date all forms, and return them to Insurance & Benefits Management no later than February 10!



February's "Benefit Review": Group Term Life Insurance

Below are questions frequently asked by employees about group term life insurance. The answers to these questions should help you better understand and utilize this valuable benefit.

- Q.** Who is the School District's group term life insurance carrier?
A. The District's life insurance carrier is Minnesota Life Insurance Company and our group term policy number is 33327.
- Q.** How much life insurance is available to employees?
A. Active employees may carry up to a total of \$200,000 of group term life insurance. The first \$20,000 is provided by the School District. Employees may then purchase an additional \$20,000; \$40,000; \$60,000; \$80,000; \$130,000; or \$180,000 of supplemental term insurance themselves.
- Q.** How much coverage is guaranteed?
A. During initial eligibility (the first 31 days of employment or moving from under 30 hrs/wk to 30 hrs/wk or more), an employee is guaranteed up to \$100,000 of life insurance. All amounts over \$100,000 are subject to medical underwriting. Existing employees who did not take the maximum amount available at the time of their initial eligibility, are subject to medical underwriting for all additional amounts of supplemental life insurance.
- Q.** How much life insurance is available for my spouse and children?
A. Spouse coverage is available in amounts of \$20,000 and \$40,000. Children coverage is available in amounts of \$5,000 and \$10,000. Spouse coverage of \$20,000 is guaranteed during initial eligibility. All children coverage is guaranteed.
- Q.** When can I increase or decrease life insurance coverage?
A. You can only increase life insurance coverage during the Annual Open Enrollment (subject to medical underwriting) or for a Family Status Change (marriage, birth, etc.). You may decrease your coverage at any time.
- Q.** How and when can I change my beneficiary?
A. You can change your beneficiary at any time by completing a Group Term Life Insurance Change Form.
- Q.** If my spouse works for the School District, too, may I purchase spouse coverage on him and can he purchase spouse coverage on me?
A. No, the policy only permits an individual to be an employee or a dependent, not both. Since the School District provides the basic \$20,000 for all employees, they may not be covered as dependents.
- Q.** How do I remove my dependent who is no longer eligible?
A. It is your responsibility to notify the Minnesota Life representative in Insurance & Benefits and to complete a Life Insurance Change Form. Premium refunds will be granted for a period of up to one year.
- Q.** If my employment with the District ends, may I continue my life insurance?
A. You will no longer be eligible to remain in the group plan, but you may convert your term coverage to an individual whole life policy by contacting Minnesota Life at 1-866-293-6047.
- Q.** How much life insurance is available to retirees?
A. Retirees under 70 years of age may carry the same amount during retirement that they carried at the time of their retirement, up to a maximum of \$100,000. At age 70, that amount drops to half and at age 75, it drops to half again. Retirees may not increase coverage, but are permitted to reduce their coverage.
- Q.** How do retirees pay for their coverage?
A. Retirees may choose to be billed annually, semi-annually, or have monthly automatic premium withdrawals from their checking accounts.
- Q.** Who do I contact if I have a life insurance question?
A. Minnesota Life has a full-time representative in the Insurance & Benefits Department. Her name is Rafaelina "Raffy" Fermin and her number is 335-1402.

"Life is a long lesson in humility."—James M. Barrie

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:

BlueCross BlueShield
(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

Recovery Network Program

Assistance for Educators Impaired by Alcohol Abuse, Drug Abuse, or Mental Conditions

The Recovery Network Program (RPN) is a program created by the Florida Legislature to assist educators, impaired as a result of alcohol abuse, drug abuse, or a mental condition, obtain treatment and support so they can continue in the education profession. It was implemented in January, 1995, as an independent program within the Florida Department of Education.

An educator is eligible to participate in RPN if, at the time of application, he/she holds a valid certificate pursuant to Section 231.17, Florida Statutes, and may self-refer or be referred by a school district's personnel department, law enforcement, treatment providers, peers, family, students, etc. The educator may be a voluntary participant, a non-voluntary participant, or a participant resulting from a Deferred Prosecution Agreement.

Benefits and Services of RPN

RPN provides the following benefits and services to participating educators:

- Advocacy – RPN provides advocacy for educators who are compliant with their treatment process to school district personnel departments, Education Practices Commission, Bureau of Educator Certification, etc.
- Mitigation of Discipline – RPN will assist in requesting mitigation of disciplinary actions against an educator's certificate for substance abuse issues.
- Confidentiality – information is confidential and will not be revealed without the written consent of a participant unless the participant is not compliant with the treatment process.
- Assessment and Referrals – RPN will refer participants to qualified providers and treatment programs and is a compliment to the existing Employee Assistance Program (EAP).
- Teacher Support Groups – Anonymous support groups that address problems, teach coping skills, and provide a healing environment are available throughout the State of Florida.
- Periodic Drug Testing – Educators who are required to participate in periodic drug testing as a result of disciplinary action are monitored by RPN using individualized testing specific to the educator's particular situation.

Local Support Group Meetings

The local chapter of the Recovery Network Program holds voluntary and anonymous meetings. For a current meeting schedule, contact Brenda Livermore at 239/283-4934 or e-mail her at BN22DA@aol.com.

Questions?

If you or an educator you know has a problem, please call the Recovery Network Program for help and information at 1-850-922-9733 or call Lee County's local contact, Brenda Livermore, at 239/283-4934 or e-mail her at BN22DA@aol.com. Please type "request for recovery" in the subject matter field.

Be My  *Valentine*