



## 2009 Open Enrollment Recap

### *BCBS 706 Plan Becomes the New Flagship Plan*

The 2009 Open Enrollment was the busiest ever, with Insurance & Benefits staff processing over 20,000 enrollment and change forms in addition to the thousands of emails and phone calls. The Open Enrollment packet, personalized memos, daily email reminders, and the Benefit Revue facilitated the process and were well received by employees.

Open Enrollment saw a dramatic migration away from the BCBS 903 Plan and into the 706 Plan. The 706 Plan is now the District's flagship plan with an enrollment of over 6,800 employees. Enrollment in the 118 Plan increased by 260% and 665 employees enrolled in the new BCBS HMO 10 Plan. Over 6,000 employees left the 903 Plan leaving only 655 employees remaining.

Elimination of the BCBS 927 Plan and the decrease in 903 Plan enrollment were caused by the significant increase in health plan premiums coupled with no increase in the Benefit Bank contribution. Most employees opted for lower-cost health plans in order to eliminate or limit payroll deductions for health plan premiums.

Enrollment in the new BCBS HMO 10 Plan was encouraging. There are more employees enrolled in this plan than the 903 Plan. We will monitor this program and employee satisfaction. If the plan meets employees needs, we will expect to see a significant increase in enrollment in 2010.

Enrollment in Delta Dental's DPO/Indemnity Plan decreased (3.7%) for the first time since the plan was offered. Enrollment in Delta's DHMO Plan, however, increased by 120 employees. Enrollment in UNUM disability insurance decreased by 4.3%. Tough economic times are the most likely cause of the drop in those enrollments.

Participation in the old Hartford cancer plan decreased by 42 employees, but enrollment in the AIG cancer plan increased by 67, for a net cancer insurance enrollment increase of 25 employees.

Enrollment in the new Avesis Vision Plan is 11% higher than enrollment in the current VisionCare Plan. It appears employees realized how much richer the

benefits are under the Avesis Plan.

We want to extend a special "thank you" to the District's Benefit Contacts who provide so much on-site help to Insurance & Benefits during Open Enrollment and to the three Light Duty employees (Jerry Williams, Trans West; Traci Harlin, Trans West; and Connie Skillman, Tice Elementary) who pitched in to help Insurance & Benefits process the thousands of forms this year. We could not have met our March 13th payroll deadline without their help. We also want to thank the employees in the Payroll Department who entered every new or benefit change deduction in the District's payroll system. Thanks team—great work!



### **SPRING 2009 ISSUE**

#### In This Issue

**Page 1:**

2009 Open Enrollment Recap

**Page 2:**

Refer to Your BCBS Explanation of Benefits

Instructions for Purchasing Diabetic Supplies

**Page 3:**

Benefit Reminder

Avesis Vision Plan FAQ's

**Page 4:**

Benefit Directory

2009 Open Enrollment Statistics



## Refer to Your BCBS Explanation of Benefits

The Explanation of Benefits (EOB) sent to you by Blue Cross Blue Shield (BCBS) after you receive medical care is a very important document. It tells you which costs are covered by the plan and which are your responsibility.

After you receive care from a provider, you may receive a bill. The amount the provider bills is usually his/her standard charge. For participating providers, this is not the lower, negotiated rate they have contractually agreed to accept from BCBS. Therefore, if you receive a bill from a medical provider before you receive the EOB from BCBS—wait until you get the EOB. The amount you actually owe the provider is the amount indicated in the "Patient's Responsibility" box.

You should not call Debbie Strong, our on-site BCBS customer service representative, to ask how much you owe on a bill if you receive the bill before you receive your EOB. She will not know the answer until after your claim has been processed, at which time the EOB will be mailed to you.

You should retain all EOB's and compare them to your medical bills to ensure that you do not overpay medical providers and to maintain a complete medical treatment and payment history.

Employees enrolled in the BCBS HMO 10 Plan will not receive EOB's because all HMO Plan services are covered by a co-pay due at the time of service or they are covered at 100%.

## Instructions for Purchasing Diabetic Supplies

### **PPO Plans:**

Insulin, needles and syringes are covered under the BlueScript (pharmacy benefit) when purchased at a participating (in net-work) pharmacy. The following co-payments would apply:

- Insulin = 1 co-pay
- Needles & Syringes = 2 co-pays

Test strips, Lancets and other supplies are covered under the medical plan, subject to the deductible (if applicable) and coinsurance provisions, and must be ordered from one of the following vendors to get your in-network benefits:

- Byram Healthcare Centers  
Phone: 800-234-1779  
Fax: 800-574-9536
- Certified Diabetic Services  
Phone: 800-441-4156  
Fax: 800-529-0543
- Diabetic Products of Saracare  
Phone: 888-714-2276  
Fax: 877-449-6446
- Edgepark Medical Supplies  
Phone: 800-321-0591  
Fax: 330-963-6172
- J and B Medical Supply Co.  
Phone: 800-737-0045  
Fax: 800-737-0012
- Liberty Medical Supply  
Phone: 800-213-8912  
Fax: 888-392-0788

Contact one of the above vendors of your choice for instructions on

how to get your covered diabetic supplies delivered to your home.

A Complementary Glucose Monitor is available to diabetic members. The member should call Byram Healthcare at 1-800-234-1779; identify yourself as a Blue Cross Blue Shield of Florida PPO member. Then give them your member number from your BCBSF ID card and reference # 116560.

### **HMO Plan:**

Insulin, needles and syringes are covered under the BlueScript (pharmacy benefit) when purchased at a participating (in net-work) pharmacy. The following co-payments would apply:

- Insulin = 1 co-pay
- Needles & Syringes = 2 co-pays

Test strips and Lancets are covered at 100% when authorization has been obtained by the prescribing provider and when purchased through EMP.

Your prescribing doctor must call the BCBS authorization unit at 800-955-5692 to obtain authorization for diabetic supplies. Once authorization has been obtained, contact EMP at 800-225-6755 to request delivery of testing supplies.

Blue Care members are eligible to receive a complimentary glucose monitor. Call 800-225-6755 to request your free monitor.



## INSTRUCTIONS FOR INJECTABLE & SPECIALTY MEDICATIONS

Specialty pharmacy medications are defined as high-cost oral, injectable, infused or inhaled medications used in the treatment of chronic diseases and require close patient monitoring and/or special handling and delivery. These medications (listed below) include injectables that may be self-administered by the patient, or drugs that may be infused by a health care provider, depending on prescribing guidelines.

1. Procrit, Epogen (erythropoietin)
2. Genotropin, humatrope, norditropin, nutropin, saizen (somatropin)
3. Protropin (somatrem)
4. Serostim (somatropin)
5. Leukine (GM-CSF)
6. Neupogen (G-CSF)

7. Neumega (interleukin-II)
8. Avonex
9. Betaseron
10. Copaxone
11. Rebif

### **All specialty pharmacy medications for all plans must be ordered from CVS Caremark.**

PPO Plans—The medical plan's participating (in-network) deductible and coinsurance will apply.

HMO Plan—When authorization has been obtained by your prescribing physician, these medications will be covered at 100% when purchased through CVS Caremark.

CVS Caremark Customer Care Representatives are available at 1-866-278-5108, Monday through Friday, 7:30 a.m. to 9:00 p.m. Eastern Time.

# Benefit Reminder

## **Verify Your Open Enrollment Benefit Elections**

During Open Enrollment the Insurance & Benefits Department processed thousands of benefit applications and enrollment forms. While we were extremely careful and double-checked all our work, benefit elections made during Open Enrollment may have been processed incorrectly or lost in transit.

To ensure you receive the benefits you elected during Open Enrollment and that the proper amount for those benefits is being deducted from your paycheck, please verify both the benefits you elected and the deductions on your March 13, 2009, pay stub.

Life insurance and Flex Spending Account deductions are taken in the month of coverage, so be sure to check those deductions for correctness on your April 15, 2009, pay stub.

If you find a mistake or have a question, please call Insurance & Benefits Management at 337-8321.



## Avesis Vision Plan FAQ's

*Below are frequently asked questions about your new Avesis vision insurance. The answers to these questions should help you better understand the plan and maximize your vision benefits.*

Q. How often will I be entitled to a vision exam under the new Avesis plan?

A. You are entitled to one eye examination every 12 months.

Q. If I just got an eye exam and glasses in February, 2009 under the VisionCare Plan, do I have to wait until February, 2010 to schedule an exam under the new Avesis Plan?

A. No, you begin your coverage under Avesis with a clean slate. You are entitled to an eye exam beginning the first day of the plan year — April 1, 2009.

Q. Will I receive an Avesis ID card?

A. Yes, Avesis will send an ID card to your home address via US Mail. It will arrive by April 1, 2009.

Q. Will I have to call Avesis for approval or for a voucher before I can schedule an eye examination?

A. No, just show your Avesis ID card to your Avesis eye health provider at the time of your appointment.

Q. How often will I be entitled to lenses and frames?

A. Lenses are covered every 12 months and frames are covered every 24 months.

Q. What is the cost of an eye exam, lenses, and frames?

A. There is no charge for the eye exam, standard lenses, or frames that fall within Avesis' allowance. Lens options and frames over the allowance are offered at a substantial discount.

Q. Are contact lenses and a contact eye exam covered?

A. Yes, a contact lens eye exam is covered in full (no charge). In addition, you will receive a \$130 allowance toward the purchase of materials (contact lenses) and services (fittings).

Q. Are there any retail chains in the Avesis eye care network?

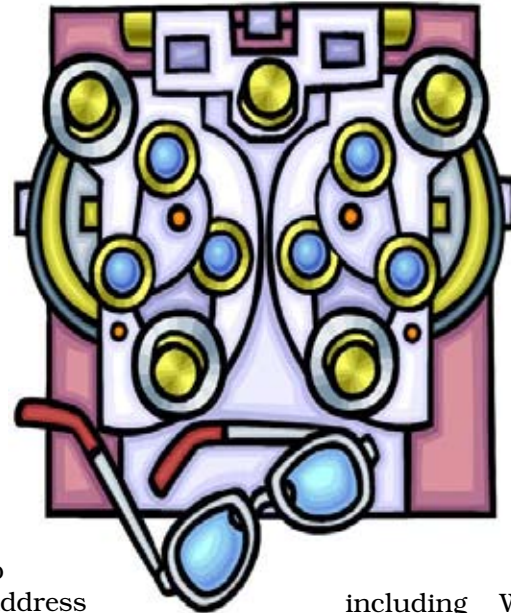
A. Yes, Avesis has a number of retail chain providers in Lee County including Walmart, Sam's Club, Costco, and Eyeglass World.

Q. Can I get both contact lenses and eye glasses in the same year?

A. Only one is covered per year for each member; however, you will be entitled to a discount on contact lenses, eyeglass lenses, and frames that are not covered by the plan.

Q. Who should I call if I have a question about my new Avesis vision plan?

A. Effective April 1, you should call Avesis customer service at 239-332-1417 (local call). Select prompt #3 "other services".



# Benefit Directory

## **Cancer Insurance:**

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

## **Dental Insurance:**

*Delta Dental DPO*  
1-888-858-5252  
*DeltaCare DHMO*  
1-800-422-4234

## **Disability Insurance:**

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

## **Employee Assistance Program:**

*EAP Consultants*  
(local) 433-1211

## **Flex Spending Accounts:**

*Cornerstone*  
(local) 337-8318  
(fax) 337-8666

## **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:**

*PrimeMail Pharmacy*  
Customer Service  
1-888-849-7865, TTY 711

## **Vision Insurance:**

*Avesis Vision Plan*  
(local) 332-1417

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

1-800-749-3044

# 2009 Open Enrollment Statistics

<u>Benefit</u>	<u>Before</u>	<u>After</u>	<u>Change</u>
<b>BCBS 903 PPO Health Plan</b>			
Employee only	5946	534	(5412)
Employee + Spouse	186	38	(148)
Employee + Child	411	52	(359)
Employee + Children	72	7	(65)
Employee + Family	<u>113</u>	<u>24</u>	<u>(89)</u>
Total	6728	655	(6073)
<b>BCBS 706 PPO Health Plan</b>			
Employee	877	5968	5091
Employee + Spouse	204	201	(3)
Employee + Child	420	434	14
Employee + Children	140	101	(39)
Employee + Family	<u>140</u>	<u>111</u>	<u>(29)</u>
Total	1781	6815	5034
<b>BCBS 118 PPO Health Plan</b>			
Employee	32	354	322
Employee + Spouse	112	223	111
Employee + Child	100	297	197
Employee + Children	69	119	50
Employee + Family	<u>142</u>	<u>190</u>	<u>48</u>
Total	455	1183	728
<b>BCBS HMO Health Plan</b>			
Employee only	0	552	552
Employee + Spouse	0	29	29
Employee + Child	0	51	51
Employee + Children	0	20	20
Employee + Family	<u>0</u>	<u>13</u>	<u>13</u>
Total	0	665	665
<b>INDEMNITY Dental Plan</b>			
Employee only	4000	3805	(195)
Employee + Spouse	947	944	(3)
Employee + Children	1023	975	(48)
Employee + Family	<u>787</u>	<u>780</u>	<u>(7)</u>
Total	6757	6504	(253)
<b>DHMO Dental Plan</b>			
Employee only	211	279	68
Employee + Spouse	59	72	13
Employee + Children	55	74	19
Employee + Family	<u>90</u>	<u>110</u>	<u>20</u>
Total	415	535	120
<b>Vision Insurance</b>			
Employee only	3445	3718	273
Employee + Spouse	868	1023	155
Employee + Children	590	663	73
Employee + Family	<u>584</u>	<u>679</u>	<u>95</u>
Total	5487	6083	596
<b>AIG Cancer Plan</b>			
Employee only	1723	1782	56
Employee + Family	<u>623</u>	<u>634</u>	<u>11</u>
Total	2349	2416	67
<b>UNUM Disability Insurance</b>			
Short Term 14 Day	348	329	(19)
Short Term 60 Day	89	91	2
Short Term/Long Term 14 Day	1793	1728	(65)
Short Term/Long Term 60 Day	650	610	(40)
Long Term 90 Day	289	279	(10)
Long Term 180 Day	<u>327</u>	<u>307</u>	<u>(20)</u>
Total	3496	3344	(152)