

Benefit Plan Description Booklet

**January 1, 2012-
December 31, 2012**

Columbia County School District
Benefit Plan Description Booklet
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Columbia County School District

Employee Benefits

The Columbia County School District is pleased to offer this open enrollment booklet for employees of the District to help you re-evaluate your benefit choices and determine which options will meet the needs of you and your family for the upcoming plan year, beginning January 1, 2012. Benefits covered in the booklet include :

- Blue Cross Blue Shield of Florida – Health Insurance
- Florida Combined Life - Dental/Vision/Short Term Disability, Group Term Life, Long Term Disability, Optional Life and Accidental Death & Dismemberment

Although other supplemental plans are offered to employees, these plans will offer separate sign-up opportunities. Please see Donna Williams for a complete list of providers.

Open Enrollment 2012

We are excited to announce that again, HRconnection will be used for on-line enrollment. On-line enrollment allows you to login to the District's confidential and secure HRconnection website, view your personal and dependent information and make benefit selections for the January 1, 2012 – December 31, 2012 Plan Year. We urge you to go online using your username and password to sign up for insurance. Open Enrollment will begin November 7th and be available through November 30th. Please see pages 3-9 for detailed instructions.

What is new with HRconnection?

The HRconnection human resources website has been updated for the 2012 Plan Year Open Enrollment. Designed specifically for the district, this website offers a one-stop shop for human resources related communications, upcoming events, District documents, contact information and much more. The HRconnection home page consists of your main menu, which can direct you to information you need about Columbia County School District benefits programs, company policies, benefit elections, personal information and much more.



How do I access my online enrollment?

Log on to **www.hrconnection.com**

You will be brought to the HRconnection Web Login. Enter your user name and password. Then, click.



Username: Provided in your cover letter

Password: Teamwork2


You will be prompted to re-enter Teamwork2 (as your old password) and enter a new password. You will enter your new password two times.

Your password must be 7 – 20 characters long, and include at least one number, one upper case and one lower case letter.

Please Note: Your unique user name and password grants access to your personal information. **Keep this information private!**

Open Enrollment


Open enrollment, or annual insurance sign-up, is a period of time when you can make additions, changes, or delete your benefit options. The annual sign-up period for Columbia County School District is November 7th – November 30th. All changes made during open enrollment will be effective January 1, 2012. When you are ready to complete your annual sign-up, click the orange **Time to enroll!** button in the top left corner of the screen. You can also enroll by clicking on the *My Information* menu and select *My Elections*.

Once you click on the  button. Look for the Time to Enroll tab.



Under the “Time to Enroll” tab, you will find two sections.

The **first section** is used to *Confirm Personal, Dependent and Beneficiary Information*

Time to Enroll		Current Elections			
Open Enrollment					
Confirm Personal, Dependent, and Beneficiary Information			 Add Contact		
Status	Name	Relationship	Dependent	Beneficiary	Actions
Action Required	Erick Lewis	Self	No	No	













To Review (Edit) your record: Click the  Pencil icon

To Add a Dependent or Beneficiary: Click the  Add Contact

Please Note: You will be required to have a beneficiary for the Employer Paid Life, AD&D Insurance, Optional Life Insurance and Optional AD&D Coverage. **YOU MUST REVIEW AND/OR ADD YOUR BENEFICIARY INFORMATION BEFORE YOU CAN CONFIRM YOUR BENEFITS!**

The **second section** is used to *Make Your Open Enrollment Elections*


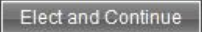



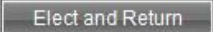
Make Your Open Enrollment Elections

Status	Plan Type	Plan	Amount Per Pay Period	Actions
Action Required	Medical		\$0.00	 
Action Required	Optional Life Insurance		\$0.00	 
Action Required	Optional AD&D Coverage		\$0.00	 
Pending	Employer Paid Long Term Disability		\$0.00	 
Action Required	Employer Paid Life and AD&D Insurance		\$0.00	 
Action Required	Dental / Vision / EE STD		\$0.00	 

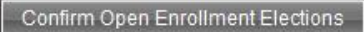

From this page you can also review your current insurance options under the “Current Elections” tab.

You will notice that most of the items show “Action Required” under the status field. This is because you are **required** to either make a coverage selection or waive (refuse) coverage for all benefit items listed.




Please Note:

1. Click the  next to the first benefit item listed (Medical). This will actually begin your enrollment process.
2. If you did not add your dependents previously, you may do it by clicking on the “Add Dependents” link shown on the various benefit selection pages.
3. Once you have made your plan selection and, if necessary, selected all dependents to be covered, click  from the bottom of the page. This will take you directly into the next available benefit item. *If you click  your selection will **not** be saved and you will return to the benefit list.
4. Please be aware, when electing the Optional Life Insurance and/or the Optional AD&D coverage, you will be required to click on the  [Choose Rate](#) link to select the appropriate rate for your coverage. This is required because these benefits are calculated on your age or your spouse’s age. There is also a separate rate for covering your dependent children.
5. If a benefit item is employer paid and an automatic benefit, you will not be required to make a benefit selection, however you may be required to enter a beneficiary. You can simply click on  to move on to the next benefit.
6. If at any time during this process you find you need to quit and come back at a later time, any selections you have chosen up to that point will be saved. You can simply sign back in when convenient and complete the open enrollment process.
7. Once you have completed making your selection on the final benefit, you will have the option to click . This will bring you to a summary page. Please review all benefit selections at this time.

The next few items are very important!! Please read carefully and DO NOT skip any of the following steps.

8. Now you will need to confirm, or finalize, your insurance sign-up for the upcoming year. When you are satisfied with all of your benefit selections, please click on the  button at the bottom of the summary page.
9. This will bring up a “pop-up” screen that shows  in the top left corner. You will see the following 2 options:

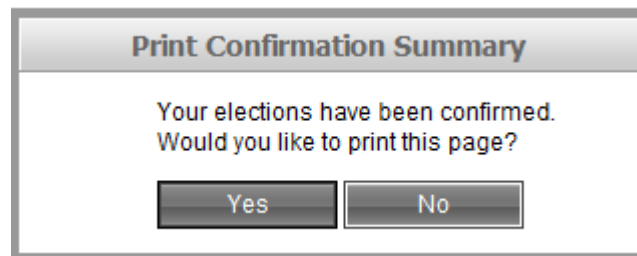


10. Please take time to carefully review this page. You should see a summary of all plans offered and your coverage level selected (even if you refused/waived). If you are covering dependents, they will be listed under the dependents/beneficiaries section. Please make sure that all dependents and beneficiaries that you want covered are listed on this page.
11. If you find any errors on this page, please click on the  button. This will return you to the summary page. You may then click on the  next to the benefit that needs attention. Please make any necessary adjustments and return to step 8.
12. After you have reviewed this page and verified that all selections are complete and correct, please click on . Keep in mind that once you have confirmed your elections, you won't be able to change them until your next enrollment period. (If you need to make an election change after you confirm. *Please see Error Correction instructions on page 9*)
13. Once you confirm you must print off a confirmation summary to sign and return to Donna Williams.

A BENEFIT SUMMARY MUST BE PRINTED, SIGNED AND TURNED IN TO DONNA WILLIAMS IN ROOM 120 AT THE DISTRICT OFFICE NO LATER THAN NOVEMBER 30TH. IF THIS PAGE IS NOT SIGNED AND TURNED IN, YOU WILL NOT BE ENROLLED IN BENEFITS.

THERE ARE A COUPLE WAYS TO PRINT A CONFIRMATION/ELECTION SUMMARY [SEE STEP #14 AND #15]


14. PRINT Option one : Once you click confirm, you will see a pop up message to *Print Confirmation Summary*




By clicking Yes, you will be prompted to select a printer and print the page. Please print and sign the confirmation summary.

A BENEFIT SUMMARY MUST BE PRINTED, SIGNED AND TURNED IN TO DONNA WILLIAMS IN ROOM 120 AT THE DISTRICT OFFICE NO LATER THAN NOVEMBER 30TH. IF THIS PAGE IS NOT SIGNED AND TURNED IN, YOU WILL NOT BE ENROLLED IN BENEFITS.

At this point, you will have the opportunity to print any necessary forms. Please reference the forms section below to see what may be necessary for you. If you do not print a form you need on this page, the forms may be accessed by clicking on the [Download Forms](#) link at the bottom of the "Future Elections" page. (see next page).

You will now see that on your Elections page, your tabs will show as Current Elections and Future Elections.  Under your current elections tab will be your insurance selections for 2011, and your 2012 insurance benefits will show under the future elections tab.

Elections

 Print elections effective as of:


15. PRINT Option two: You can print an election summary by selecting the election effective date of 01/01/2012 in the drop down window and click View. You will receive a report writer pop up window, click *download report* when it appears. Select the option to Open the report and select the Print Option.

 Print elections effective as of:

01/01/2012

01/01/2011

A BENEFIT SUMMARY MUST BE PRINTED, SIGNED AND TURNED IN TO DONNA WILLIAMS IN ROOM 120 AT THE DISTRICT OFFICE NO LATER THAN NOVEMBER 30TH. IF THIS PAGE IS NOT SIGNED AND TURNED IN, YOU WILL NOT BE ENROLLED IN BENEFITS.

(On January 1, 2012 the future election tab will disappear, and your 2012 benefit elections will now show under the current elections tab. Your prior year benefit history will be available by clicking the  (history) icon shown on the current benefits tab.)

What forms do I need?

Medical Insurance (Blue Cross & Blue Shield of Florida)

By completing the online sign-up and signing the Election Summary Page you printed in step #14 and/or #15 of the enrollment process, you have completed the necessary steps for any application, termination or changes for your medical coverage. However, if you are enrolling or adding

a dependent and anyone to be covered has had prior medical insurance within the previous 63 days, or will be covered under additional medical coverage, you need to print and complete the “*Prior/Concurrent Coverage Affidavit*” that is attached. This form must be signed and returned to Donna Williams along with your Election Summary page.

Dental/Vision/Emp Short Term Disability

No additional forms are necessary for Florida Combined Life Dental enrollment. The signed Election Summary Page will be sufficient.

Optional Life Coverage and Accidental Death & Dismemberment (Florida Combined Life)

If you are enrolling in Optional Life for the first time and electing coverage over the “Guaranteed Issue” amounts, you must complete an “Evidence of Insurability” (EOI) form. All forms must be submitted to Donna Williams.

- What are the “Guaranteed Issue” amounts for Optional Life Coverage?
 - Employee – Any coverage amount up to \$130,000 [or your current Voluntary Life coverage through Unum *whichever is higher*]
 - Spouse – Any coverage amount up to \$30,000
 - Children – Full benefit amount.
- What are the “Guaranteed Issue” amounts for Optional AD&D Coverage?
 - Employee – Any coverage amount up to \$250,000 [Amounts over \$150,000 are subject to a limit of 10 times annual earnings rounded to next highest 10,000]
 - Spouse – Any coverage amount up to \$140,000 [Coverage may not exceed 50% of employee coverage]
 - Children – Any coverage amount up to \$25,000 [Coverage may not exceed 50% of employee coverage]

Error Correction

If you decide that you need to make a change after your benefit elections have been confirmed, you will need to create an Error Correction life event. Please follow the steps below to complete this process.

1. Click the “My Information” menu and select “Life Events”.
2. Select “Error Correction” from the “Event Type” drop down list.
3. Provide a date (the current date is acceptable).
4. In the “comments” box, write a short description of the error you want to correct (please include which benefit you need to correct).
5. Click “save”.
6. You will receive an e-mail notifying you when you can log on and make the necessary changes. You will need to complete the enrollment steps above to make your corrected benefit selections.

You will be contacted by Human Resources if additional information is required.

What if I need to make a change during the year (Qualifying Event)?

If you need to make a change during the year due to a qualifying event (marriage, divorce, birth/death of a dependent, loss of coverage, etc) you will follow the same steps as listed above for an Error Correction. However, in Step 2, you will need to select the appropriate “Life Event” from the drop down list and in Step 3 you must enter the date of your Life Event. Please remember that all Life Event changes must be made within 30 days of the Life Event date.

How do I access my benefit information outside of the open enrollment period?

Because HRconnection is internet based and available to you on any computer with internet access, you now have easy access to your insurance/benefit information anytime you need it. Simply log on to www.hrconnection.com and click on “My Elections” under the “My Information” tab. You can access benefit information, company contact information, necessary forms (including some claim forms), and many other items.

Blue Cross and Blue Shield of Florida

Health Insurance Plan Information

Columbia County School District has approved the renewal of the Blue Cross and Blue Shield plan offerings for District employees. You will find below a brief description of all medical plans offered. On the following pages you will find additional information, including a detailed plan description, that will help you select the option that is best for you and your family.

BCBS HSA, is a *PPO* option. A PPO, or Preferred Provider Organization, offers discounted rates if you use providers from a pre-selected group. If you use a provider outside of the PPO plan, you may pay more for medical care. The particular plan is a qualified High Deductible Health Plan (HDHP) that gives employees the opportunity to open and contribute to a Health Savings Account* (HSA). This plan offers a lower cost health plan option. Employees who choose employee only coverage have a \$1,250 Calendar Year Deductible and all charges, with the exception of preventive care, are applied to that deductible. Once the deductible is met, the member pays only 20% for most covered medical expenses. One exception is prescription drugs where a co-payment then applies. For employees who choose to cover dependents, the Calendar Year Deductible is \$2,500. This deductible is a family deductible and all charges for all covered dependents apply to that figure. Your maximum Out-of-Pocket responsibility for both employee only and family plans are \$5,000. *Please see pages 17-18 for more information on HSAs.

BCBS PPO \$1,500, a *PPO* option, offers convenient co-payments when visiting your family physician as well as for prescription drugs. Specialists visits under this plan will be subject to your Calendar Year Deductible of \$1,500. Hospital visits on this plan are also subject to your Calendar Year Deductible. The maximum Out-of-Pocket responsibility is \$3,000 per insured or \$6,000 maximum for your family.

BCBS PPO \$1,000, a *PPO* option, offers convenient co-payments when visiting your family physician as well as for prescription drugs. Specialists visits under this plan will be subject to your Calendar Year Deductible of \$1,000. Hospital visits, in-patient or out-patient, continue to have a fixed facility cost. Your maximum Out-of-Pocket responsibility for this plan is \$3,000 per insured or \$6,000 maximum for your family.

BCBS PPO \$500 is a *PPO* option. This plan also offers a low deductible (\$500) and convenient co-payments for all physician visits and prescription drugs. This plan also offers a fixed facility cost share for in-patient and out-patient hospital visits. Your maximum Out-of-Pocket responsibility for this plan is \$2,500 per insured or \$5,000 maximum for your family.

BCBS HMO is the *HMO* for District employees. With the BCBSFL HMO plans, you are required to use in-network providers, otherwise you will have no coverage for services rendered, with the exception of emergency care. Although you are required to name and use a Primary Care Physician, you are not required to obtain a referral for most specialist visits. This plan provides a low deductible (\$500) option with convenient co-payments for all physician visits as well as prescription drugs. Your maximum Out-of-Pocket responsibility for this plan is \$3,500 per insured or \$7,000 maximum for your family.

Common Health Insurance Terms

Deductible - The amount an individual must pay for health care expenses before insurance covers the costs. Often, insurance plans are based on calendar year deductible amounts.

Co-payment - A Co-payment is a predetermined (flat) fee that an individual pays for health care services, in addition to what the insurance covers. For example, some plans require a \$25 "co-payment" for each office visit. Co-payments are not usually specified by percentages.

Co-insurance - Co-insurance refers to money that an individual is required to pay for services, after a deductible has been paid. Co-insurance is often specified by a percentage. For example, the employee pays 20 percent toward the charges for a service and the insurance company pays 80 percent.

Out-of-Pocket-Maximum - The maximum amount of money in a calendar year (including deductible, co-payments and co-insurance) for which an individual is responsible before the insurance company will pay 100% of covered expenses.

Columbia County School District 2012 Health Insurance Plan Options

	BCBS HSA	BCBS PPO \$1,500	BCBS PPO \$1,000	BCBS PPO \$500	BCBS HMO
Financial Features					
Deductible (DED) Per Benefit Period (PBP) Per Person/Family Aggregate					
In-Network	\$1,250 / \$2,500	\$1,500 / \$4,500	\$1,000 / \$3,000	\$500 / \$1,500	\$500/\$1,000
Out-of-Network	\$2,500 / \$5,000	\$3,000 / \$9,000	\$2,000 / \$6,000	\$750 / \$2,250	Not Applicable
Coinsurance (Coins) – Amount Member Pays					
In-Network	20%	20%	20%	20%	20%
Out-of-Network	40%	40%	40%	40%	Not Applicable
Out-of-Pocket Maximum Per Person/Family Aggregate	Includes DED, Coins, Copays	Includes DED, Coins, Copays; Excludes Rx	Includes DED, Coins, Copays; Excludes Rx	Includes DED, Coins, Copays; Excludes Rx	Includes DED, Coins and all copays
In-Network	\$5,000 / \$5,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$2,500 / \$5,000	\$3,500 / \$7,000
Out-of-Network	\$10,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	Not Applicable
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
Office Services					
E-Visits (available in Florida only)					
In-Network Family Physician/PCP	DED + 20%	\$10	\$10	\$10	\$15 PCP
In-Network Specialist	DED + 20%	\$10	\$10	\$10	\$30 SP
Out-of-Network	DED + 40%	DED + 40%	DED + 40%	DED + 40%	Not Covered
Office visits					
In-Network Family Physician/PCP (FP)	DED + 20%	\$25 FP	\$25 FP	\$20 FP	\$15 PCP
In-Network Specialist (SP)	DED + 20%	DED + 20%	DED + 20%	\$40 SP	\$30 SP
Out-of-Network	DED + 40%	DED + 40%	DED + 40%	DED + 40%	Not Covered
Advanced Imaging Services (MRI, MRA, PET, CT, Nuclear Medicine)					
In-Network Family Physician/PCP	DED + 20%	DED + 20%	\$125	\$150	\$0 x-rays; \$15 PCP other
In-Network Specialist	DED + 20%	DED + 20%	\$125	\$150	\$0 x-rays; \$30 SP other
Out-of-Network	DED + 40%	DED + 40%	DED + 40%	DED + 40%	Not Covered
Maternity (due at initial visit only)					
In-Network Specialist	DED + 20%	DED + 20%	DED + 20%	\$40 SP	\$30 SP
Out-of-Network	DED + 40%	DED + 40%	DED + 40%	DED + 40%	Not Covered
Allergy Injections (by In-Network Family Physician)	DED + 20%	\$10	\$10	\$10	\$5
Hospital/Surgical					
Ambulatory Surgical Center Facility Services					
In-Network	DED + 20%	DED + 20%	\$100	\$100	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	DED + 40%	DED + 40%	Not Covered
Inpatient Hospital Facility Services					
In-Network	Option 1 - DED + 20%	DED + 20%	Option 1 - \$750	Option 1 - \$600	DED + 20%
	Option 2 - DED + 25%	DED + 20%	Option 2 - \$1,000	Option 2 - \$1000	
Out-of-Network	DED + 40%	DED + 40%	DED + 40%	DED + 40%	Not Covered
Outpatient Hospital Facility Services					
In-Network	Option 1 - DED + 20%	DED + 20%	Option 1 - \$150	Option 1 - \$200	DED + 20%
	Option 2 - DED + 25%	DED + 20%	Option 2 - \$250	Option 2 - \$300	
Out-of-Network	DED + 40%	DED + 40%	DED + 40%	DED + 40%	Not Covered
Therapy at Outpatient Hospital					
In-Network	Option 1 - DED + 20%	Option 1 - \$45	Option 1 - \$45	Option 1 - \$45	\$15
	Option 2 - DED + 25%	Option 2 - \$60	Option 2 - \$60	Option 2 - \$60	
Out-of-Network	DED + 40%	DED + 40%	DED + 40%	DED + 40%	Not Covered
Emergency Medical Care					



Columbia County School District 2012 Health Insurance Plan Options

	BCBS HSA	BCBS PPO \$1,500	BCBS PPO \$1,000	BCBS PPO \$500	BCBS HMO
Urgent Care Centers					
In-Network	DED + 20%	DED + 20%	DED + 20%	\$45	\$30 SP
Out-of-Network	DED + 40%	DED + 40%	DED + 40%	DED + 40%	Not Covered
Emergency Room Facility Services (copay waived if admitted)					
In-Network	DED + 20%	DED + 20%	\$200	\$100	\$100
Out-of-Network	DED + 20%	DED + 40%	\$200	\$100	\$100
Ambulance					
Ground/Air & Water per day max	\$5,000 Combined	\$5,000 Combined	\$5,000 Combined	\$5,000 Combined	No Maximum
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	In-Network DED + 20%	In-Network DED + 20%	In-Network DED + 20%	In-Network DED + 20%	In-Network DED +20%
Preventive Care					
Adult Wellness (PBP Max)					
In-Network	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
Out-of-Network	40%	40%	40%	40%	Not Covered
Routine Adult Physical Exams and Immunizations					
In-Network Family Physician/PCP	0% (No DED)	\$0	\$0 FP (No DED)	\$0 FP (No DED)	\$0 FP (No DED)
In-Network Specialist	0% (No DED)	\$0	\$0 SP (No DED)	\$0 SP (No DED)	\$0 SP (No DED)
Out-of-Network	40% (No DED)	\$0	40% (No DED)	40% (No DED)	Not Covered
Mammograms (in- and out-of-network)	\$0	\$0	\$0	\$0	\$0; Not Covered OON
Colonoscopy (Routine for age 50+ then frequency schedule applies)	\$0	\$0	\$0	\$0	\$0; Not Covered OON
Well Child (No PBP Max)					
In-Network Family Physician/PCP	0% (No DED)	\$0	\$0 FP (No DED)	\$0 FP (No DED)	\$0 FP (No DED)
In-Network Specialist	0% (No DED)	\$0	\$0 SP (No DED)	\$0 SP (No DED)	\$0 SP (No DED)
Out-of-Network	40% (No DED)		40% (No DED)	40% (No DED)	Not Covered
Outpatient Diagnostic Services					
Independent Diagnostic Testing Facility (IDTF) (includes physician services)					
Advanced Imaging (MRI, MRA, PET, CT, Nuclear Medicine)					
In-Network	DED + 20%	DED + 20%	\$125	\$150	\$0 x-rays; \$30 SP other
Out-of-Network	DED + 40%	DED + 40%	DED + 40%	DED + 40%	Not Covered
Other IDTF Services					
In-Network	DED + 20%	DED + 20%	\$50	\$50	\$0 x-rays; \$30 SP other
Out-of-Network	DED + 40%	DED + 40%	DED + 40%	DED + 40%	Not Covered
Independent Clinical Lab					
In-Network	DED	\$0	\$0	\$0	\$0
Out-of-Network	DED + 40%	DED + 40%	DED + 40%	DED + 40%	Not Covered
Outpatient Hospital Facility Services	See Outpatient Hospital	See Outpatient Hospital	See Outpatient Hospital	See Outpatient Hospital	See Outpatient Hospital
Mental Health and Substance Abuse					
Inpatient Hospital Facility Services					
In-Network (Option 1 / Option 2)	DED + 20%	\$0	\$0	\$0	\$0
Out-of-Network	DED + 40%	DED + 40%	DED + 40%	DED + 40%	Not Covered
Outpatient Hospital Facility Services					
In-Network (Option 1 / Option 2)	DED + 20%	\$0	\$0	\$0	\$0
Out-of-Network	DED + 40%	DED + 40%	DED + 40%	DED + 40%	Not Covered



Columbia County School District 2012 Health Insurance Plan Options

	BCBS HSA	BCBS PPO \$1,500	BCBS PPO \$1,000	BCBS PPO \$500	BCBS HMO
Emergency Room Facility Services In-Network and Out-of-Network	In-Network DED + 20%	\$0	\$0	\$0	\$0
Provider Services at Hospital and ER In-Network Family Physician / Specialist Out-of-Network	DED + 20% In-Network DED + 20%	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician / Specialist Out-of-Network	DED + 20% DED + 40%	\$0 DED + 40%	\$0 DED + 40%	\$0 DED + 40%	\$0 Not Covered
Outpatient Office Visit In-Network Family Physician / Specialist Out-of-Network	DED + 20% DED + 40%	\$0 DED + 40%	\$0 DED + 40%	\$0 DED + 40%	\$0 Not Covered
Other Provider Services					
Provider Services at Hospital and ER In-Network Out-of-Network	DED + 20% In-Network DED + 20%	DED + 20% In-Network DED + 20%	DED + 20% In-Network DED + 20%	DED + 20% In-Network DED + 20%	\$0 \$0 (only emergency services covered out-of-network)
Radiology, Pathology, Anesthesiology Provider Services at an Ambulatory Surgical Center In-Network Out-of-Network	DED + 20% In-Network DED + 20%	DED + 20% In-Network DED + 20%	DED + 20% In-Network DED + 20%	DED + 20% In-Network DED + 20%	\$0 Not Covered
Provider Services at Locations other than Office, Hospital and Emergency Room In-Network Family Physician/PCP In-Network Specialist Out-of-Network	DED + 20% DED + 20% DED + 40%	DED + 20% DED + 20% DED + 40%	DED + 20% DED + 20% DED + 40%	DED + 20% DED + 20% DED + 40%	\$0 \$0 Not Covered
Home Health Care (PBP Max) In-Network Out-of-Network	20 Visits DED + 20% DED + 40%	20 Visits DED + 20% DED + 40%	20 Visits DED + 20% DED + 40%	20 Visits DED + 20% DED + 40%	No Maximum \$0 Not Covered
Outpatient Therapy + Spinal Manipulations (PBP Max) Refer to location of service for payment details	35 Visits	35 Visits	35 Visits	35 Visits	Chiro: Unlimited All other: 62 day period
Skilled Nursing Facility (PBP Max) In-Network Out-of-Network	60 Days DED + 20% DED + 40%	60 days DED + 20% DED + 40%	60 days DED + 20% DED + 40%	60 days DED + 20% DED + 40%	30 days \$0 Not Covered
Hospice (LTM) In-Network Out-of-Network	No Maximum DED + 20% DED + 40%	No Maximum DED + 20% DED + 40%	No Maximum DED + 20% DED + 40%	No Maximum DED + 20% DED + 40%	No Maximum \$0 Not Covered
Durable Medical Equipment (PBP Max) In-Network Out-of-Network	No Maximum DED + 20% DED + 40%	No Maximum DED + 20% DED + 40%	No Maximum DED + 20% DED + 40%	No Maximum DED + 20% DED + 40%	No Maximum DED + 20%* Not Covered *\$500 + 20% Motorized Wheelchair
Prosthetics and Orthotics (PBP Max) In-Network Out-of-Network	No Maximum DED + 20% DED + 40%	No Maximum DED + 20% DED + 40%	No Maximum DED + 20% DED + 40%	No Maximum DED + 20% DED + 40%	No Maximum \$0 Not Covered



Columbia County School District 2012 Health Insurance Plan Options

	BCBS HSA	BCBS PPO \$1,500	BCBS PPO \$1,000	BCBS PPO \$500	BCBS HMO
Pharmacy					
Retail (31 days)					
Deductible	DED	\$0	\$0	\$0	\$0
Generic/Preferred Brand/Non-Preferred	\$15 / \$30 / \$50	\$15 / \$30 / \$50	\$15 / \$30 / \$50	\$15 / \$30 / \$50	\$15 / \$30 / \$50
Mail Order (90 days)					
Generic/Preferred Brand/Non-Preferred	N/A	\$30 / \$60 / \$100	\$30 / \$60 / \$100	\$30 / \$60 / \$100	\$30 / \$60 / \$100
Payroll Deductions					
Employee Only	\$0	\$36	\$48	\$100	\$88
Employee + Spouse	\$181	\$223	\$249	\$349	\$340
Employee + Child(ren)	\$162	\$216	\$225	\$272	\$278
Employee + Family	\$290	\$330	\$365	\$462	\$460

Benefits are subject to change due to Federal Laws.

This is not an insurance contract or Benefit Booklet. The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's Benefit Booklet and Schedule of Benefits; their terms prevail.



Additional BCBSFL Information

Need quick access to your benefit or claims information?

Try My Blue Service!

My Blue Service allows you to review secured information about yourself and your dependents. It is a quick, convenient way to answer many of your health care coverage questions at a time that's convenient for you. Some of the services available through My Blue Service include:

- Check the status of a claim
- View your current benefits
- Order duplicate ID cards
- Update your personal information, including address
- Dependent verification
- Research health topics

My Blue Service is available 24 hours a day at www.bcbsfl.com



Blue365 - Your Resource for Living Healthier

Living well means having healthy options every day. Blue365 helps you find the health and wellness information, support and services you need 365 days a year - while at the same time enjoying special member savings.

As a member of Blue Cross and Blue Shield of Florida, you automatically have access to the content, tools and discounted offers available through Blue365.

Healthcare Resources - Find a doctor or hospital near you. Learn about distinguished specialty care centers. Check out specially priced healthcare products and services. It's all here in Healthcare Resources.

Healthy Choices - Whether you're looking for a discounted gym membership or diet program, tips on children's and seniors' health issues, or a personalizable cardiovascular workout plan, you'll find what you need in Healthy Choices.

Recreation & Travel - When you're on the road, it can be tough staying healthy. To make it a little easier, Blue365 gives you access to the best educational resources and great savings on healthy travel and leisure experiences in Recreation & Travel.

For more information on Blue365 visit www.bcbsfl.com and click on the Members tab.

Quickly Compare Pharmacy Costs

Blue Cross & Blue Shield of FL provides all members quick and easy access to a tool that allows you to compare the estimated cost of your prescriptions at the pharmacies in your area. This tool is located in the My Blue Service section of the BCBSFL website and uses your plan specific benefits to compare your prescription costs. Just log-in to My Blue Service, go to the “Drugs & Pharmacy” tab, and click on “Compare Drug Costs at Different Pharmacies”. Once you enter the prescription name, dosage and strength, the comparison tool will allow you to compare up to 3 pharmacies at a time. It will show you the estimated cost of your prescription as well as alternate medicines that may have the same effect with a lower out-of-pocket cost to you. This allows you to be more informed and make the best decision regarding your health care costs.



Additional BCBSFL Information

Continued

Care Comparison

Everyone can do their part to keep down the cost of health care while not sacrificing quality. You shop around for groceries, clothes, household items – why not health care? By calling one of the Blue Cross and Blue Shield of Florida Care Consultants you can improve the quality of care you receive, while reducing the cost.

- Care Comparison is a tool to assist members as they navigate through the health care system. It allows members to use and apply available cost and quality information to assist in decision making.
- Care Comparison provides quality and care information on 39 high-volume elective services, procedures and common office visits.
- Provider/facility quality information from publicly reported sources is available; including the number of times a procedure or service was performed, along with complication and patient safety rates.

Did you know?

- MRI of Leg = Tickets for 6 to a Florida amusement park
- Knee Replacement = Transatlantic cruise for 4
- Back Surgery = Premium Season Tickets for 4 at a Florida NFL Team
- Normal Childbirth = 2 years college tuition
- CT Scan of Head = 10 dinners out on the town



Blue Cross and Blue Shield of Florida understands the importance of members having access to the highest quality health care at the most affordable cost. That's why they have built Care Comparison to support your needs, as well as your family. Contacting a Blue Cross and Blue Shield of Florida Care Consultant can increase the quality of health care outcomes while saving you money.

Log on to My Blue Service at www.bcbsfl.com, click the WebMD link and research treatment costs. You can also call a Care Consultant at **1-800-955-5692**, Option 5.

Health Dialog

Giving you access to health information and support empowers you to take an active role in making educated health care choices for you and your family. Studies show that knowledgeable consumers become more involved in their health care decisions and tend to be more conservative with their health care expenditures. That's why BCBSFL is working with Health Dialog to offer members access to reliable health care information and support 24 hours a day, 7 days a week.

- Health Dialog offers:
- Health Coaches - Members can speak privately with experienced, licensed health care professionals, including Registered Nurses, dietitians, and respiratory therapists, 24 hours a day, 7 days a week
- Web-based information tools operated and maintained by Health Dialog - over 27,000 pages of up to date, easy to understand, in-depth information is available on more than 1,900 clinical topics including medical tests and medications
- Free audio, video and printed information on specific health conditions to help them weigh the risks and advantages of treatment options.

The Dialog Center can be accessed through My Blue Service or by phone at 1-877-789-2583.

HSA

Health Savings Accounts... What you need to know

Financial Facts:

2012 Financial Features set by the IRS for Health Savings Accounts

- Minimum allowable deductibles for a qualified HDHP are \$1,200 for self-only coverage and \$2,400 for family coverage
- Maximum Out-of-Pocket amounts for a qualified HDHP are \$5,950 for self-only coverage and \$11,900 for family coverage
- Maximum allowable contributions for HSAs are \$3,310 for self-only coverage and \$6,250 for family coverage
- Catch-up contributions of an additional \$1,000 are available for individuals age 55 and older.

Who can open a Health Savings Account?

- You must have an HSA compatible High Deductible Health Plan
- You can not have any other medical coverage prohibited by the IRS
- You are NOT enrolled in Medicare
- You are not claimed as a dependent on someone else's tax return

What are Health Savings Accounts?

A Health Savings Account (HSA) is an alternative to traditional health insurance; it is a savings product that offers a different way for consumers to pay for their health care. HSAs enable you to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis. It's like a savings account, only with an HSA the money can only be used to pay for medical expenses. The money in an HSA is owned and controlled by you, not your employer, health insurer or anyone else. Again, rules for how much can be contributed annually and what the funds can be used for have been established by the IRS.

How do they work?

Instead of relying on health insurance coverage alone, an individual buys a high-deductible insurance policy (which means lower premium) to cover major health care needs, and then sets aside money (the premium savings) in an HSA to pay for the smaller health expenditures. Since there is no first dollar coverage (with the exception of preventive care), all medical expenses up to the amount of your CYD will be paid by you. If you have an HSA, you can use the money you have set aside tax-free to pay for these expenses.

Funds in the HSA not spent during the year stay in the account, to be joined by funds deposited the next year and so on. The account remains in place even if you later decide to return to traditional insurance coverage or leave your current employment. Also, all interest earned on this account is tax exempt.

You also have the option to use the funds in your HSA for things not covered by your health insurance. Some examples include: dental care, vision care, hearing aids, COBRA premiums, qualified Long Term Care premiums and certain Medicare related expenses if you are 65 or older. To find a full list of qualified medical expenses visit www.irs.gov.

Effective 1/1/2011, you may no longer use your HSA to purchase over the counter medicine without a prescription.

The Health Insurance Plan

You must be covered by a qualified High Deductible Health Plan (HDHP) to be able to take advantage of a Health Savings Account. Guidelines were established by the IRS for health insurance plans to qualify, which include a minimum deductible, maximum out-of-pocket limit and restrictions on first dollar coverage. Because there can be no first dollar coverage, all medical expenses are applied to your calendar year deductible (CYD). The only exception to this rule is preventive care. Adult preventive care is covered at 100%. (Refer to the Financial Facts box for annual limits set by the IRS)

Think about this...

Do you have any idea how much money has been deducted from your paychecks to help pay for your health insurance through your lifetime? What does your bank account have to show for it today? If you would like the option to keep a good portion of that money for yourself to spend on health expenses or save it for future medical expenses, then you need to look into a Health Savings Account.

HSA's were created as a means to put the customer back in the driver's seat concerning health services procurement. The theory is you will be more cost-conscious while seeking medical care if the expenses come out of your pocket. It's hoped that increased financial responsibility makes you a better consumer of health care.

For more information ...

If you would like more information about High Deductible Health Plans and Health Savings Accounts please contact a representative at The Parks Johnson Agency. We would be happy to sit down with you and discuss your options to see if this would be a good choice for you. If you already have a High Deductible Health Plan and do NOT currently take advantage of the benefits of a Health Savings Account, we encourage you to consider this option. You can reach The Parks Johnson Agency in Lake City at 386-755-7275 or in Live Oak at 386-362-6286. You can also e-mail questions to info@parksjohnsonagency.com.

Additional Benefits Available

Employer Provided Benefits

- Group Term Life and AD&D
- Group Long-Term Disability

Optional Benefits

- Voluntary Group Term Life and AD&D
- Plan A - Dental / Vision / Short-Term Disability / Hospital Indemnity / Annual Physical Examination Benefit
- Plan B - Dental / Vision / Short - Term Disability

Group Term Life Insurance and AD&D– Florida Combined Life

All full-time active employees of Columbia County School District are provided a \$35,000 Group Term Life Insurance policy. This policy also includes \$35,000 Accidental Death and Dismemberment Insurance.

Group Long-Term Disability – Florida Combined Life

All full-time active employees are covered under the Group Long-Term Disability Plan. Benefits under the Columbia County School District plan include:

- Benefit covers 60% of your monthly earnings to a maximum of \$5,000 per month
- Elimination Period (amount of time you must be out of work before your benefits begin) – 180 Days
- Benefit duration – 24 months covering your current occupation. You will continue to be considered disabled if, after 24 months, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience. In this case your benefits would continue to the age of 65. If you become disabled after age 65, benefits are available on a decreasing scale.

Voluntary Group Term Life and AD&D– Florida Combined Life

In addition, all employees have the option to purchase additional coverage on themselves and their dependents in the form of Voluntary Group Term Life Insurance and Accidental Death and Dismemberment. **Please note that Florida Combined Life is offering ALL employees, and their dependents, a one-time option to take advantage of the Guaranteed Issue limits during the current Open Enrollment period for an effective date of 1/1/2012. All future elections (with the exception of new hires) will be subject to medical review by use of an Evidence of Insurability (EOI) application.**

WHAT DOES THIS MEAN FOR YOU? You may elect any amount of coverage up to the Guaranteed Issue limit (outlined below) without completing any additional forms. However, all new elections in excess of the Guaranteed Issue limit will require you to complete and submit an Evidence of Insurability application. If you had life insurance in place through Unum for the 2011 plan year that exceeds the Guaranteed Issue limit, you will NOT be required to prove eligibility again. These coverage amounts will remain effective if you elect to continue the same benefit during open enrollment.

Rates are based on age and available on HRconnection.

Voluntary Group Term Life and AD&D Continued

Voluntary Group Term Life

- Employee Benefit
 - Available in \$10,000 increments up to a maximum benefit of \$500,000
 - Guaranteed Issue Limit - \$130,000 (available during current open enrollment with no medical questions asked!)
- Spouse Benefit
 - Available in \$5,000 increments up to a maximum benefit of \$250,000.
 - Guaranteed Issue Limit - \$30,000 (available during current open enrollment with no medical questions asked!)
 - Spouse amount may not exceed 50% of the employee elected Voluntary Group Term Life
- Child(ren) Benefit
 - Available amounts are \$5,000 or \$10,000
 - Child must be between 6 months and 30 years old
 - Coverage may not exceed 50% of the employee elected Voluntary Group Term Life

Voluntary Accidental Death and Dismemberment (AD&D)

An amount, as determined by the Schedule of Benefits, is payable in the event of loss of life or dismemberment through accidental means.

- Employee Benefit
 - Available in \$10,000 increments up to a maximum benefit of \$250,000
 - Amounts over \$150,000 are subject to a limit of 10 times annual earnings rounded to the next highest \$10,000 increment
- Spouse Benefit
 - Available in \$5,000 increments up to a maximum benefit of \$140,000
 - Coverage may not exceed 50% of employee coverage
- Child(ren) Benefit
 - Available amounts are \$5,000 or \$10,000, \$25,000
 - Coverage may not exceed 50% of employee coverage

Dental Benefits – Florida Combined Life

	In-Network	Out-of-Network
Deductible (For Basic and Major Services Only)		
Per Person Per Plan Year	\$50*	\$50*
Per Family Per Plan Year	\$150*	\$150*
	Coinsurance	Coinsurance
Preventive Services	100%**	100%***
Basic Services	80%**	80%***
Major Services	80%**	80%***
Orthodontia Services (All insureds)	50%	50%
Plan Year Maximum Benefit	\$1,500	
Orthodontia Lifetime Maximum	\$1,000	
Dental Rollover - Threshold	\$700	
- Rollover Amount	\$500	
- Accumulated Rollover Maximum	\$1,250	

NOTE: See your certificate of coverage for a comprehensive listing of benefits

*No Deductible for Preventive Services; In-network deductible credits apply to out-of-network deductible and out-of-network deductible credits apply to in-network deductible.

**Of allowable expenses established through contract with the participating dentist.

*** Of allowable expenses based on the 80th percentile of UCR. Charges made by a Non-Participating Dentist that are in excess of our allowance will not be considered

Vision Benefits – Florida Combined Life (In Partnership with Davis Vision)

Benefits	In-Network (Copayment)	Out-of-Network (Reimbursement Schedule)
Eye Health Examination	\$10	Up to \$30
Lenses	\$15	\$25 - \$75*
Contact Lens Evaluation, Fitting & Follow-Up Care	\$15	Up to \$75 (Up to \$225 if Medically Necessary)
Davis Vision Frame Collection - Fashion Level	Included	Up to \$30
- Designer Level	Included	
- Premier Level	\$25	
Non-Collection Frame Allowance (Retail)	Up to \$130 + 20% discount on any overage	Up to \$30
Frequency	Once Every:	
Eye Health Examination (including Dilation)	12 Months	
Lenses	12 Months	
Frame	24 Months	
Contact Lenses	12 Months	
Contact Lens Evaluation, Fitting & Follow-Up Care	12 Months	
*Reimbursement ranges for lens type. Please refer to HRconnection or Certificate of Coverage for more details.		

Short-Term Disability – Florida Combined Life

Short-Term Disability insurance pays a percentage of your salary if you become temporarily disabled, meaning that you are not able to work for a short period of time due to sickness or injury. The basic benefits of the Columbia County School District plan include:

- Benefit covers 66 2/3% of your weekly salary up to a maximum of \$175
- Benefits begin on the:
 - 1st day of disability due to an accident
 - 8th day of disability due to sickness
- Maximum benefit duration is 26 weeks

Hospital Indemnity Plan & Annual Physical Examination Benefit

Plan A Participants Only

Hospital Indemnity Plan - The Hospital Indemnity Plan will pay an employee \$100 per day (must be at least 24 hours) for an inpatient stay in the hospital. Benefits begin on the first night and cover up to 365 days.

Annual Physical Examination Benefit - A physical examination is payable at \$200 per calendar year for services performed by a physician or an individual under a physician's supervision. The intention of this benefit is to provide coverage for preventive care and early detection of diseases. The Annual Physical Examination benefit is available to the Employee only. This benefit is renewable each January 1st.

Dental, Vision, Short-Term Disability, Hospital Indemnity & Annual Physical Examination Benefit

**Plan A or Plan B?
How do I know which plan I qualify for?**

Please pay careful attention to the descriptions below to ensure you enroll in the appropriate plan. Plan A is ONLY for employees who do NOT enroll in medical coverage through the District and Plan B is ONLY for employees that DO enroll in medical coverage offered through the District.

Plan A – Plan A is a benefit package offered to employees who DO NOT participate in the medical plan offered by the District. Plan A includes Dental, Vision, Short-Term Disability, Hospital Indemnity and an Annual Wellness Benefit. Employees may choose to cover their dependents on the dental and vision plans. Disability products, the Hospital Indemnity Plan and the Wellness Benefit are employee only benefits.

Payroll Deductions – Plan A

Employee Only	\$0.00
Employee + Spouse	\$26.22
Employee + Child(ren)	\$24.96
Employee + Family	\$31.05

Plan B – Plan B is a benefit package offered to employees who participate in the medical plan offered by the District. Plan B includes Dental, Vision and Short-Term Disability. Employees may choose to cover their dependents on the dental and vision plans, however Disability products are an employee only benefit.

Payroll Deductions – Plan B

Employee Only	\$28.73
Employee + Spouse	\$57.46
Employee + Child(ren)	\$55.07
Employee + Family	\$60.45

On the following pages you will find brief descriptions of the products mentioned above. Please refer to HRconnection for more detailed information on each of the plans including detailed benefit information, customer service contact information and provider directories (if applicable).