

**Annual Open Enrollment  
2018 Group Health Benefits Guide**



**CALHOUN COUNTY**  
SCHOOL DISTRICT

**Ralph Yoder  
Superintendent of Schools**

***Last Day of Open Enrollment  
August 17, 2018***



# Welcome from Benefits Management

Greetings Fellow Calhoun County School District Employee:

It is our pleasure to welcome you to the 2018 Open Enrollment for Group Health Benefits. The Annual Open Enrollment period is your once-a-year opportunity to make changes to your current benefit election and to review your covered dependents. The plan year for medical benefits begins on October 1, 2018 and continues through September 30, 2019. Health benefit elections made during Open Enrollment are generally binding for the entire plan year.

Calhoun County School District is committed to providing high quality benefits for you and your family. The diligent efforts of the Superintendent of Schools, School Board Members, Association of Calhoun Educators (ACE), and your Insurance Committee continue to demonstrate the results of an excellent partnership. Your benefits are a valuable part of your employment with the Calhoun County School District. Be sure you are making the most of them.

Open Enrollment of Dental and Vision Benefits will be in November with an effective date of January 1, 2019. Enrollment in the Flexible Spending Account (FSA), better known as the Cafeteria Plan or TASC Card will also be in November with an effective date of January 1, 2019.

The enclosed 2018 Medical Benefits Guide includes a summary of your benefit plans, the eligibility requirements and instructions on how to enroll. The guide will be available through the Calhoun County School District website at [www.calhounflschools.org/benefits](http://www.calhounflschools.org/benefits).

# What Should I Do?

## 1 Review this Booklet

Open Enrollment is your one-time opportunity to review your current medical benefit elections and make any changes that may be needed for you and your family. Please take the time to familiarize yourself with the guide's contents. We hope that after you review this guide you will have a clear understanding of the changes that will be effective October 1, 2018 and how they may impact you and your covered dependents. You are important! That's why we work hard to provide you with affordable benefit options for you and your family.

## 2 Make 2018 Elections

Forms included in this booklet must be returned to Rhonda O'Bryan by August 17, 2018. Representatives from the Benefits Office will be present at your school/work place on the following days to assist you with enrollment, answer any questions, and collect completed forms:

### Tuesday, August 14

Altha Public School  
Carr Elementary & Middle

### Thursday, August 16

Blountstown High School

### Wednesday, August 15

Blountstown Elementary School  
CARE/ALC/Adult/Special Programs

### Thursday, August 16

Blountstown Middle School

## 3 What if I do not want to make changes to my plan?

If you do not wish to make any changes to your plan, please select no changes on the enrollment form, sign and return your form along with dependent eligibility documentation to Rhonda O'Bryan through the County Mail, email, fax, or mail.

## 4 What if I don't return my form?

If you do not complete and return your enrollment form to Rhonda O'Bryan by August 17, 2018, your benefits **will remain the same** as your previous year's election.

## 5 What if I want to waive the medical insurance?

If you are covered by another medical plan and do not wish to enroll with the Calhoun County School District, please check the box to waive coverage and return the form to Rhonda O'Bryan by August 17, 2018.

# Who is Eligible?

## Employees

Employees who work at least 20 hours per week and have completed the necessary waiting period, including those active employees eligible for coverage under Medicare are eligible for benefits.

## Spouses

Spouses are eligible for coverage when they met all requirements of a legal marriage in the state of Florida. An ex-spouse does not meet eligibility criteria even if insurance coverage is specified by a judge in a divorce decree.

If you and your spouse are both employees and eligible for coverage, you will both receive the full board contribution for your coverage.

## Children

A covered employee's children are eligible for coverage until the end of the calendar month in which they turn 26. An eligible child includes the employee's natural born, adopted, foster, or step child(ren), and a child for whom the Covered Employee has been court-appointed as legal guardian or legal custodian.

There are provisions for continuing coverage for dependent children beyond the age of 26. If you feel you have a dependent who may meet this criteria and have not already submitted documentation to the Benefits Office, please contact Rhonda O'Bryan at 850-674-5927 ext 30 so that she can assist you with this process.



# Eligibility Documentation

It is your responsibility to show that your dependent meets the eligibility requirements and to remove them when eligibility ends. Eligibility ends on the last day of the month in which the requirements are no longer met. The premium will be deducted for the entire plan year; however, dependents will not be covered until documentation is received. **All covered employees must provide the following documentation to the Benefits Department for any covered dependent by the end of the open enrollment period.**

Dependent Relationship	Documentation Requirements*
Spouse	Copy of Marriage License
Natural Child	Copy of Birth Certificate (must list employee as a parent)
Step Child	Copy of Birth Certificate (must list employee's spouse as a parent) and Marriage License
Adopted Child	Adoption Certificate
Legal Custody or Guardianship	Court Order establishing legal guardianship
Disable Dependents Over Age 26	Social Security Disability Documentation. Disabled dependents are eligible only if covered by the Calhoun County School District Health Plan prior to age 26.
Adult Child (ages 19-26)	Copy of Birth Certificate

\*The previous year's U.S. Tax Return showing you claimed the dependent can also be used to establish eligibility.

## Premium Information

### Payroll Deductions

Premiums are due in advance: therefore deductions begin one month before coverage is effective. Deductions for October 1, 2018 coverage will be taken from your September paycheck. Be sure to check your paycheck to ensure 2018 elections are correct.

### When will your insurance end?

For 9 and 10 month employees: If you work to the end of the contract year, your benefits will end on September 30, 2019. If you resign prior to the end of the school year your benefits will end the last day of the month in which you paid for coverage from your last paycheck.

For 12 month employees: Your benefits will end the last day of the month in which you pay for coverage from your last paycheck.

### What is the amount of the Board Contribution?

The Calhoun County School Board contributes \$448.59 per month for health insurance for each eligible employee.

## What is a Life Status Change?

A **Life Status Change** is an event recognized as qualifying an employee to make changes in benefit selections at a time other than an Annual Enrollment Period. **Any request to make changes in benefit selections must be submitted in writing within 30 days of any applicable event.** The following events are Life Status Changes.

- Marriage
- Divorce, annulment or legal separation
- Birth or adoption of a child
- Death of a spouse
- Termination of a spouse's employment
- Enrollment in Medicare or Medicaid
- A change in the benefit plan available to the Employee's spouse
- A change in the Employee's or his or her spouse's employment status that affects either person's eligibility for benefits
- A loss of health coverage through another provider, proof of prior coverage is required.

## What about basic life insurance?

All regularly employed employees receive \$20,000 of term life insurance at no cost to them. Employees 65 or over receive a decreased value. Once an employee reaches age 65; the value of the life insurance decreases and continues to decrease every 5 years thereafter.

## What does self-insured mean?

Being self-insured means that the District sets aside a pool of money to pay the insurance claims for all of its employees. Any time you pay premiums (payroll deductions) for coverage, it goes into this pool along with the District's money. The District then uses this money to pay a share of your costs for health services.

So the less money we pay to doctors and other health care providers and prescriptions, the less money the District spends. That means it pays to shop around and always use network providers. Many organizations with group health insurance plans are fully insured rather than self-insured. However, being self-insured allows us to save our employees money by keeping health insurance premiums lower.

## What health insurance plans are offered?

Calhoun County School Board offers four (4) health plans to choose from through Blue Cross and Blue Shield of Florida, known as Florida Blue.



A full Summary of Benefits and Coverage can be viewed at

[www.calhounflschools.org/benefits](http://www.calhounflschools.org/benefits)

You can also call 1-800-352-2583 or visit [www.floridablue.com](http://www.floridablue.com)

Plan 0727 - \$500 Deductible (004)	Group	18/19 Employee Cost
Individual - age 64 and under	B7505004	400.21
1 Dependent - age 64 and under	B7505004	1,171.35
Family	B7505004	1,621.94
Family (2 Employees)	B7505004	1,173.35
<b>B7505R04</b>		

Plan 03359 - \$1,000 Deductible (001)	Group	18/19 Employee Cost
Individual - age 64 and under	B7505001	277.50
1 Dependent - age 64 and under	B7505001	964.39
Family	B7505001	1,365.52
Family (2 Employees)	B7505001	916.93
<b>B7505R01</b>		

Plan 0117 - \$1,500 Deductible (003)	Group	18/19 Employee Cost
Individual - age 64 and under	B7505003	162.10
1 Dependent - age 64 and under	B7505003	737.26
Family	B7505003	1,074.28
Family (2 Employees)	B7505003	625.69
<b>B7505R03</b>		

Plan 05901 - \$2,000 Deductible (002)	Group	18/19 Employee Cost
Individual - age 64 and under	B7505002	76.98
1 Dependent - age 64 and under	B7505002	606.12
Family	B7505002	916.19
Family (2 Employees)	B7505002	467.60
<b>B7505R02</b>		



Important Questions	Answers
What is the overall <u>deductible</u> ?	<u>In-Network</u> : <b>\$500</b> Per Person/ <b>\$1,000</b> Family. <u>Out-of-Network</u> : Not Applicable.
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive care</u> .
Are there other <u>deductibles</u> for specific services?	No.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	Yes. <u>In-Network</u> : <b>\$2,000</b> Per Person/ <b>\$4,000</b> Family. <u>Out-Of-Network</u> : <u>Combined with In-Network</u> .
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premium</u> , <u>balance-billed</u> charges, and health care this <u>plan</u> doesn't cover.
Will you pay less if you use a <u>network provider</u> ?	Yes. See <a href="https://providersearch.floridablue.com/providersearch/pub/index.htm">https://providersearch.floridablue.com/providersearch/pub/index.htm</a> or call 1-800-352-2583 for a list of <u>network providers</u> .
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay	
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)
If you visit a health care <u>provider's office</u> or clinic	Primary care visit to treat an injury or illness	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>
	<u>Specialist</u> visit	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>
	<u>Preventive care/screening/immunization</u>	No Charge	40% <u>Coinsurance</u>
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>
	Imaging (CT/PET scans, MRIs)	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at <a href="http://www.floridablue.com/tols-resources/pharmacy/me">www.floridablue.com/tols-resources/pharmacy/me</a>	Generic drugs	\$5 <u>Copay</u> per Prescription at retail, \$10 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>
	Preferred brand drugs	\$30 <u>Copay</u> per Prescription at retail, \$60 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>
	Non-preferred brand drugs	\$60 <u>Copay</u> per Prescription at retail, \$120 <u>Copay</u> per	50% <u>Coinsurance</u>

Common Medical Event	Services You May Need	What You Will Pay	
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)
<a href="#">dication-guide</a>		Prescription by mail	
	<u>Specialty drugs</u>	<u>Specialty drugs</u> are subject to the cost share based on applicable drug tier.	<u>Specialty drugs</u> are subject to the cost share based on the applicable drug tier.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>
	Physician/surgeon fees	<u>Deductible</u> + 20% <u>Coinsurance</u>	Ambulatory Surgical Center: <u>Deductible</u> + 40% <u>Coinsurance</u> / Hospital: <u>Deductible</u> + 20% <u>Coinsurance</u>
If you need immediate medical attention	<u>Emergency room care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>
	<u>Emergency medical transportation</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>
	<u>Urgent care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>
If you have a hospital stay	Facility fee (e.g., hospital room)	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>
	Physician/surgeon fees	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>
If you need mental health, behavioral health, or substance abuse services	Outpatient services	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>
	Inpatient services	<u>Deductible</u> + 20% <u>Coinsurance</u>	Physician Services: <u>Deductible</u> + 20% <u>Coinsurance</u> / Hospital: <u>Deductible</u> + 40% <u>Coinsurance</u>
If you are pregnant	Office visits	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>
	Childbirth/delivery professional services	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>
	Childbirth/delivery facility services	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>
If you need help recovering or have other special health needs	<u>Home health care</u>	No Charge	No Charge
	<u>Rehabilitation services</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>
	<u>Habilitation services</u>	Not Covered	Not Covered
	<u>Skilled nursing care</u>	No Charge	<u>Deductible</u> + 40%

For more information about limitations and exceptions, see the [plan](#) or policy document at [calhounflschools.org/benefits](http://calhounflschools.org/benefits)

Common Medical Event	Services You May Need	What You Will Pay	
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)
			<u>Coinsurance</u>
	<u>Durable medical equipment</u>	<u>Deductible + 20% Coinsurance</u>	<u>Deductible + 40% Coinsurance</u>
	<u>Hospice services</u>	No Charge	No Charge
<b>If your child needs dental or eye care</b>	Children's eye exam	Not Covered	Not Covered
	Children's glasses	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered

#### Excluded Services & Other Covered Services:

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- |                                |                             |  |
|--------------------------------|-----------------------------|--|
| • Acupuncture                  | • Hearing aids              | • Pediatric glasses                                  |
| • Bariatric surgery            | • Infertility treatment     | • Private-duty nursing                               |
| • Cosmetic surgery             | • Long-term care            | • Routine eye care (Adult)                           |
| • Dental care (Adult)          | • Pediatric dental check-up | • Routine foot care unless for treatment of diabetes |
| • <u>Habilitation services</u> | • Pediatric eye exam        | • Weight loss programs                               |

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- |                     |  |  |
|---------------------|--|--|
| • Chiropractic care | • Most coverage provided outside the United States. See <a href="http://www.floridablue.com">www.floridablue.com</a> . | • Non-emergency care when traveling outside the U.S. |
|---------------------|--|--|

For more information about limitations and exceptions, see the plan or policy document at [calhounflschools.org/benefits](http://calhounflschools.org/benefits)

Important Questions	Answers
What is the overall <u>deductible</u> ?	<u>In-Network</u> : \$1,000 Per Person/\$3,000 Family. <u>Out-of-Network</u> : \$2,000 Per Person/\$6,000 Family.
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive care</u> .
Are there other <u>deductibles</u> for specific services?	No.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	Yes. <u>In-Network</u> : \$3,000 Per Person/\$6,000 Family. <u>Out-Of-Network</u> : \$5,000 Per Person/\$10,000 Family.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premium</u> , <u>balance-billed</u> charges, and health care this <u>plan</u> doesn't cover.
Will you pay less if you use a <u>network provider</u> ?	Yes. See <a href="https://providersearch.floridablue.com/providersearch/pub/index.htm">https://providersearch.floridablue.com/providersearch/pub/index.htm</a> or call 1-800-352-2583 for a list of <u>network providers</u> .
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay	
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$25 <u>Copay</u> per Visit	<u>Deductible</u> + 40% <u>Coinsurance</u>
	<u>Specialist</u> visit	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>
	<u>Preventive care/screening/immunization</u>	No Charge	40% <u>Coinsurance</u>
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Independent Clinical Lab: No Charge/ Independent Diagnostic Testing Center: \$50 <u>Copay</u> per Visit	<u>Deductible</u> + 40% <u>Coinsurance</u>
	Imaging (CT/PET scans, MRIs)	\$125 <u>Copay</u> per Visit	<u>Deductible</u> + 40% <u>Coinsurance</u>

Common Medical Event	Services You May Need	What You Will Pay	
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)
<b>If you need drugs to treat your illness or condition</b> More information about <b><u>prescription drug coverage</u></b> is available at <a href="http://www.floridablue.com/tols-resources/pharmacy/medication-guide">www.floridablue.com/tols-resources/pharmacy/medication-guide</a>	Generic drugs	\$10 <u>Copay</u> per Prescription at retail, \$20 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>
	Preferred brand drugs	\$30 <u>Copay</u> per Prescription at retail, \$60 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>
	Non-preferred brand drugs	\$60 <u>Copay</u> per Prescription at retail, \$120 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>
	<u>Specialty drugs</u>	<u>Specialty drugs</u> are subject to the cost share based on applicable drug tier.	<u>Specialty drugs</u> are subject to the cost share based on the applicable drug tier.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: \$100 <u>Copay</u> per Visit/ Hospital Option 1: \$150 <u>Copay</u> per Visit	<u>Deductible</u> + 40% <u>Coinsurance</u>
	Physician/surgeon fees	<u>Deductible</u> + 20% <u>Coinsurance</u>	Ambulatory Surgical Center: <u>Deductible</u> + 40% <u>Coinsurance</u> / Hospital: <u>In-Network Deductible</u> + 20% <u>Coinsurance</u>
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	\$200 <u>Copay</u> per Visit	\$200 <u>Copay</u> per Visit
	<u>Emergency medical transportation</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 20% <u>Coinsurance</u>
	<u>Urgent care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	Hospital Option 1: \$750 <u>Copay</u> per Admission	<u>Deductible</u> + 40% <u>Coinsurance</u>
	Physician/surgeon fees	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 20% <u>Coinsurance</u>

For more information about limitations and exceptions, see the plan or policy document at [calhounflschools.org/benefits](http://calhounflschools.org/benefits)

Common Medical Event	Services You May Need	What You Will Pay	
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Physician Office: <u>Deductible</u> + 20% <u>Coinsurance</u> / Hospital Opt 1: \$150 <u>Copay</u> per Visit	<u>Deductible</u> + 40% <u>Coinsurance</u>
	Inpatient services	Physician Services: <u>Deductible</u> + 20% <u>Coinsurance</u> / Hospital Opt 1: \$750 <u>Copay</u> per Admission	Physician Services: In-Network <u>Deductible</u> + 20% <u>Coinsurance</u> / Hospital: <u>Deductible</u> + 40% <u>Coinsurance</u>
If you are pregnant	Office visits	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>
	Childbirth/delivery professional services	<u>Deductible</u> + 20% <u>Coinsurance</u>	In-Network <u>Deductible</u> + 20% <u>Coinsurance</u>
	Childbirth/delivery facility services	Hospital Option 1: \$750 <u>Copay</u> per Day	<u>Deductible</u> + 40% <u>Coinsurance</u>
If you need help recovering or have other special health needs	<u>Home health care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>
	<u>Rehabilitation services</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>
	<u>Habilitation services</u>	Not Covered	Not Covered
	<u>Skilled nursing care</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>
	<u>Durable medical equipment</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>
	<u>Hospice services</u>	<u>Deductible</u> + 20% <u>Coinsurance</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered
	Children's glasses	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered

#### Excluded Services & Other Covered Services:

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- |                                |                             |  |
|--------------------------------|-----------------------------|--|
| • Acupuncture                  | • Hearing aids              | • Pediatric glasses                                  |
| • Bariatric surgery            | • Infertility treatment     | • Private-duty nursing                               |
| • Cosmetic surgery             | • Long-term care            | • Routine eye care (Adult)                           |
| • Dental care (Adult)          | • Pediatric dental check-up | • Routine foot care unless for treatment of diabetes |
| • <u>Habilitation services</u> | • Pediatric eye exam        | • Weight loss programs                               |

For more information about limitations and exceptions, see the plan or policy document at [calhounflschools.org/benefits](http://calhounflschools.org/benefits)

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Chiropractic care - Limited to 35 visits
- Most coverage provided outside the United States. See [www.floridablue.com](http://www.floridablue.com).
- Non-emergency care when traveling outside the U.S.

For more information about limitations and exceptions, see the plan or policy document at [calhounflschools.org/benefits](http://calhounflschools.org/benefits)

Important Questions	Answers
What is the overall <u>deductible</u> ?	In-Network: <b>\$1,500</b> Per Person/ <b>\$4,500</b> Family. <u>Out-of-Network</u> : <u>Not Applicable</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive care</u> .
Are there other <u>deductibles</u> for specific services?	Yes. <b>\$150</b> <u>In-Network</u> / <b>\$300</b> <u>Out-of-Network</u> Per Admission <u>Deductible</u> ; <b>\$50</b> <u>In-Network</u> / <b>\$50</b> <u>Out-of-Network</u> Per ER Visit. There are no other specific deductibles.
What is the <u>out-of-pocket limit</u> for this plan?	Yes. In-Network: <b>\$5,000</b> Per Person/ <b>\$13,200</b> Family. <u>Out-Of-Network</u> : <u>Combined with In-Network</u> .
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premium</u> , <u>balance-billed</u> charges, and health care this plan doesn't cover.
Will you pay less if you use a <u>network provider</u> ?	Yes. See <a href="https://providersearch.floridablue.com/providersearch/pub/index.htm">https://providersearch.floridablue.com/providersearch/pub/index.htm</a> or call 1-800-352-2583 for a list of <u>network providers</u> .
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay	
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>
	<u>Specialist</u> visit	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>
	<u>Preventive care/screening/immunization</u>	No Charge	50% <u>Coinsurance</u>
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>
	Imaging (CT/PET scans, MRIs)	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>



Common Medical Event	Services You May Need	What You Will Pay	
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)
<b>If you need drugs to treat your illness or condition</b> More information about <b><u>prescription drug coverage</u></b> is available at <a href="http://www.floridablue.com/tools-resources/pharmacy/medication-guide">www.floridablue.com/tools-resources/pharmacy/medication-guide</a>	Generic drugs	<u>Deductible</u> + 30% <u>Coinsurance</u> at retail, \$14 <u>Copay</u> per Prescription by mail	<u>In-Network Deductible</u> + 50% <u>Coinsurance</u>
	Preferred brand drugs	<u>Deductible</u> + 30% <u>Coinsurance</u> at retail, \$40 <u>Copay</u> per Prescription by mail	<u>In-Network Deductible</u> + 50% <u>Coinsurance</u>
	Non-preferred brand drugs	<u>Deductible</u> + 30% <u>Coinsurance</u> at retail, Not Covered by mail	<u>In-Network Deductible</u> + 50% <u>Coinsurance</u> Not Covered by mail
	<u>Specialty drugs</u>	<u>Specialty drugs</u> are subject to the cost share based on applicable drug tier.	<u>Specialty drugs</u> are subject to the cost share based on the applicable drug tier.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>
	Physician/surgeon fees	<u>Deductible</u> + 30% <u>Coinsurance</u>	Ambulatory Surgical Center: <u>Deductible</u> + 50% <u>Coinsurance</u> / Hospital: <u>Deductible</u> + 30% <u>Coinsurance</u>
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	Per Visit <u>Deductible</u> + <u>Deductible</u> + 30% <u>Coinsurance</u>	Per Visit <u>Deductible</u> + <u>Deductible</u> + 30% <u>Coinsurance</u>
	<u>Emergency medical transportation</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>
	<u>Urgent care</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	Per Admission <u>Deductible</u> + <u>Deductible</u> + 30% <u>Coinsurance</u>	Per Admission <u>Deductible</u> + <u>Deductible</u> + 50% <u>Coinsurance</u>
	Physician/surgeon fees	<u>Deductible</u> + 30% <u>Coinsurance</u>	<u>Deductible</u> + 30% <u>Coinsurance</u>

For more information about limitations and exceptions, see the [plan](#) or policy document at [calhounflschools.org/benefits](http://calhounflschools.org/benefits).

Common Medical Event	Services You May Need	What You Will Pay	
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)
If you need mental health, behavioral health, or substance abuse services	Outpatient services	<u>Deductible + 30% Coinsurance</u>	<u>Deductible + 50% Coinsurance</u>
	Inpatient services	Physician Services: <u>Deductible + 30% Coinsurance</u> / Hospital: Per Admission <u>Deductible + 30% Coinsurance</u>	Physician Services: <u>Deductible + 30% Coinsurance</u> / Hospital: Per Admission <u>Deductible + 50% Coinsurance</u>
If you are pregnant	Office visits	<u>Deductible + 30% Coinsurance</u>	<u>Deductible + 50% Coinsurance</u>
	Childbirth/delivery professional services	<u>Deductible + 30% Coinsurance</u>	<u>Deductible + 30% Coinsurance</u>
	Childbirth/delivery facility services	Per Admission <u>Deductible + 30% Coinsurance</u>	Per Admission <u>Deductible + 50% Coinsurance</u>
If you need help recovering or have other special health needs	<u>Home health care</u>	<u>Deductible + 30% Coinsurance</u>	<u>Deductible + 50% Coinsurance</u>
	<u>Rehabilitation services</u>	<u>Deductible + 30% Coinsurance</u>	<u>Deductible + 50% Coinsurance</u>
	<u>Habilitation services</u>	Not Covered	Not Covered
	<u>Skilled nursing care</u>	<u>Deductible + 30% Coinsurance</u>	<u>Deductible + 50% Coinsurance</u>
	<u>Durable medical equipment</u>	<u>Deductible + 30% Coinsurance</u>	<u>Deductible + 50% Coinsurance</u>
	<u>Hospice services</u>	<u>Deductible + 30% Coinsurance</u>	<u>Deductible + 50% Coinsurance</u>
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered
	Children's glasses	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered

For more information about limitations and exceptions, see the [plan](#) or policy document at [calhounflschools.org/benefits](http://calhounflschools.org/benefits).

### Excluded Services & Other Covered Services:

#### **Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- |                         |                             |  |
|-------------------------|-----------------------------|--|
| • Acupuncture           | • Hearing aids              | • Pediatric glasses                                  |
| • Bariatric surgery     | • Infertility treatment     | • Private-duty nursing                               |
| • Cosmetic surgery      | • Long-term care            | • Routine eye care (Adult)                           |
| • Dental care (Adult)   | • Pediatric dental check-up | • Routine foot care unless for treatment of diabetes |
| • Habilitation services | • Pediatric eye exam        | • Weight loss programs                               |

#### **Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- |  |  |  |
|--|--|--|
| • Chiropractic care - Limited to 15 visits | • Most coverage provided outside the United States. See <a href="http://www.floridablue.com">www.floridablue.com</a> . | • Non-emergency care when traveling outside the U.S. |
|--|--|--|

Important Questions	Answers
What is the overall deductible?	In-Network: <b>\$2,000</b> Per Person. Out-of-Network: <b>\$6,000</b> Per Person.
Are there services covered before you meet your deductible?	Yes. <u>Preventive care</u> .
Are there other deductibles for specific services?	No.
What is the <u>out-of-pocket limit</u> for this plan?	Yes. In-Network: <b>\$6,350</b> Per Person/ <b>\$12,700</b> Family. Out-Of-Network: <b>\$30,000</b> Per Person/ <b>\$30,000</b> Family.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premium</u> , <u>balance-billed</u> charges, and health care this plan doesn't cover.
Will you pay less if you use a network provider?	Yes. See <a href="https://providersearch.floridablue.com/providersearch/pub/index.htm">https://providersearch.floridablue.com/providersearch/pub/index.htm</a> or call 1-800-352-2583 for a list of <u>network providers</u> .
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay	
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$35 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>
	<u>Specialist</u> visit	\$75 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>
	<u>Preventive care/screening/immunization</u>	No Charge	50% <u>Coinsurance</u>
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Independent Clinical Lab: No Charge/ Independent Diagnostic Testing Center: \$50 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>
	Imaging (CT/PET scans, MRIs)	\$200 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>

Common Medical Event	Services You May Need	What You Will Pay	
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)
<b>If you need drugs to treat your illness or condition</b> More information about <b><u>prescription drug coverage</u></b> is available at <a href="http://www.floridablue.com/tols-resources/pharmacy/medication-guide">www.floridablue.com/tols-resources/pharmacy/medication-guide</a>	Generic drugs	\$15 <u>Copay</u> per Prescription at retail, \$40 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>
	Preferred brand drugs	\$50 <u>Copay</u> per Prescription at retail, \$125 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>
	Non-preferred brand drugs	\$80 <u>Copay</u> per Prescription at retail, \$200 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>
	<u>Specialty drugs</u>	<u>Specialty drugs</u> are subject to the cost share based on applicable drug tier.	<u>Specialty drugs</u> are subject to the cost share based on the applicable drug tier.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: <u>Deductible</u> + 50% <u>Coinsurance</u> / Hospital Option 1: \$300 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>
	Physician/surgeon fees	<u>Deductible</u> + 50% <u>Coinsurance</u>	Ambulatory Surgical Center: <u>Deductible</u> + 50% <u>Coinsurance</u> / Hospital: <u>In-Network Deductible</u> + 50% <u>Coinsurance</u>
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>
	<u>Emergency medical transportation</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 50% <u>Coinsurance</u>
	<u>Urgent care</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	Hospital Option 1: \$2,000 <u>Copay</u> per Admission	<u>Deductible</u> + 50% <u>Coinsurance</u>
	Physician/surgeon fees	<u>Deductible</u> + 50% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 50% <u>Coinsurance</u>

For more information about limitations and exceptions, see the plan or policy document at [calhounflschools.org/benefits](http://calhounflschools.org/benefits)

Common Medical Event	Services You May Need	What You Will Pay	
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No Charge	50% <u>Coinsurance</u>
	Inpatient services	No Charge	Physician Services: No Charge/ Hospital: 50% <u>Coinsurance</u>
If you are pregnant	Office visits	\$75 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>
	Childbirth/delivery professional services	<u>Deductible</u> + 50% <u>Coinsurance</u>	<u>In-Network Deductible</u> + 50% <u>Coinsurance</u>
	Childbirth/delivery facility services	Hospital Option 1: \$2,000 <u>Copay</u> per Admission	<u>Deductible</u> + 50% <u>Coinsurance</u>
If you need help recovering or have other special health needs	<u>Home health care</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>
	<u>Rehabilitation services</u>	\$75 <u>Copay</u> per Visit	<u>Deductible</u> + 50% <u>Coinsurance</u>
	<u>Habilitation services</u>	Not Covered	Not Covered
	<u>Skilled nursing care</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>
	<u>Durable medical equipment</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>
	<u>Hospice services</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>	<u>Deductible</u> + 50% <u>Coinsurance</u>
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered
	Children's glasses	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered

#### Excluded Services & Other Covered Services:

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- |                                |                             |  |
|--------------------------------|-----------------------------|--|
| • Acupuncture                  | • Hearing aids              | • Pediatric glasses                                  |
| • Bariatric surgery            | • Infertility treatment     | • Private-duty nursing                               |
| • Cosmetic surgery             | • Long-term care            | • Routine eye care (Adult)                           |
| • Dental care (Adult)          | • Pediatric dental check-up | • Routine foot care unless for treatment of diabetes |
| • <u>Habilitation services</u> | • Pediatric eye exam        | • Weight loss programs                               |

For more information about limitations and exceptions, see the plan or policy document at [calhounflschools.org/benefits](http://calhounflschools.org/benefits)

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Chiropractic care - Limited to 25 visits
- Most coverage provided outside the United States. See [www.floridablue.com](http://www.floridablue.com).
- Non-emergency care when traveling outside the U.S.

For more information about limitations and exceptions, see the plan or policy document at [calhounflschools.org/benefits](http://calhounflschools.org/benefits)

All forms must be returned to Rhonda O'Bryan, Benefits by August 17, 2018 by:

**County Mail:**

Give to your school secretary

**FAX:**

850-674-5814

**Mail:**

Calhoun County School District  
Attn: Rhonda O'Bryan  
20859 Central Ave. East, Room G-20  
Blountstown, FL 32424

**Email:**

rhonda.obryan@calhounflschools.org

## Reminder

Deductions for October 1, 2018 coverage will be taken from your September paycheck. Be sure to check your paycheck to ensure 2018 elections are correct.

*For additional assistance please contact Rhonda O'Bryan at:*

**Phone:**

850-674-5927 ext 30

**Email:**

Rhonda.o'bryan@calhounflschools.org



**GROUP HEALTH INSURANCE OPEN ENROLLMENT INTENT FORM  
2018-19**

SECTION ONE

PRINT NAME LEGIBLY \_\_\_\_\_

DATE OF HIRE \_\_\_\_\_  
Required by Blue Cross

WORK LOCATION \_\_\_\_\_  
BHS, Altha, District, etc.

<b>CURRENT LEVEL OF COVERAGE:</b> (Circle One)				
Employee Only	One Dependent	Family	N/A	
<b>CURRENT AMOUNT OF DEDUCTIBLE:</b> (Circle one)				
\$500	\$1000	\$1500	\$2000	N/A
0727	03359	0117	05901	

SECTION TWO

I am not making any changes to my current group health insurance participation whether I am enrolled or not. I understand that by signing below, unless I experience a qualifying event\*\*, I will not be able to enroll in group health insurance until the next open enrollment period. I also understand that I cannot change from one group health plan to another until the next open enrollment period regardless of a qualifying event.

(\*\*A qualifying event includes but is not limited to a change in marital status, loss of dependent eligibility, change of employment status of employee or spouse, FMLA, court order, loss of other coverage)

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SECTION THREE



By signing Section Two you have indicated that you are making no changes to your current enrollment status. DO NOT complete Section Four. Please turn in your enrollment intent form and dependent eligibility documentation as soon as possible. **DO NOT SIGN SECTION FOUR.**



If you are making any type of change or enrolling for the first time proceed to Section Four and complete all areas that apply to your enrollment situation. Additional paperwork is required.

SECTION FOUR

**A.** I am currently covered under one of our group health plans and want to make the following changes:

\_\_\_\_\_ I am adding a dependent or dependent coverage to my current plan  
\_\_\_\_\_ I am dropping a dependent or dependent coverage from my current plan  
\_\_\_\_\_ I am changing plans from \_\_\_\_\_ to \_\_\_\_\_

*If you are terminating or declining group health participation please check here \_\_\_\_\_ and sign below.*

**B.** I am enrolling for the first time (Indicate plan and level of coverage)

**Plan:**                      0727                      3359                      0117                      05901

**Level of coverage:**                      Employee Only                      One Dependent                      Family

*Employees enrolling in group health insurance are required to provide date of birth, gender, social security number and relationship to employee for all eligible dependents as well as a copy of marriage license to add their spouse and/or a birth certificate for all dependent children. Section 125 of the IRS code allows employees to use pretax dollars to pay the premiums on certain group insurance products. Benefit elections must remain in effect until the next open enrollment period unless you experience a qualifying event.*



Your signature in Section 4 indicates that you are making a change to your current enrollment status. You authorize the employer to reduce your wages by the amount necessary to pay for the coverage selected. These deductions are taken pre-tax unless we are notified in writing otherwise. Additional paperwork is required.

**THIS FORM IS DUE IN THE FINANCE OFFICE NO LATER THAN 3:00 ON FRIDAY, AUGUST 17**