



2018 OPEN ENROLLMENT

What You Need to Know!

Your Choices. Your Benefits. Your Health.



Benefits Reminders for 2018

Open Enrollment for 2018 will begin **Tuesday, October 3, 2017** and will end on **Friday, October 27, 2017**. Please keep in mind that while Open Enrollment takes place in October, the benefits you select will go into effect on January 1, 2018.

There are many useful resources, phone numbers and links to assist you on the Benefits Department website at browardschools.com/benefits. The Benefits Department, in addition to the District's benefits carriers will be available for questions at select locations throughout the District during the month of October. A listing of the locations can be found on the Benefits Department website by clicking on the 2018 Open Enrollment link. Should you have any questions, you may call the Open Enrollment Hotline at 754-321-3230, or e-mail us at open.enrollment@browardschools.com.

Open Enrollment must be completed online through Employee Self Service (ESS). A Benefits Confirmation Form should be printed and kept as proof of enrollment and coverage for you and your dependent(s), if applicable. Please note that **ESS is NOT AVAILABLE on Saturdays from 12:00 PM until Sunday at 1:00 pm and on Mondays, if your paycheck is being processed for that particular week.** For Technical Support Assistance, please contact the ETS Help Desk at 754-321-0411, Monday – Friday, 7:00 a.m. - 4:00 p.m.

National Network

Employees and their dependents will continue to utilize Aetna's National Network. This means services are no longer restricted to the HMO areas (Broward, Dade and West Palm Beach Counties). Some restrictions may apply. Prior authorization will remain for services such as CT Scan, PET Scan and MRI.

Laboratory

Quest Diagnostics became the provider for lab services, effective, January 1, 2017. LabCorp is no longer an authorized provider with Aetna.

Kids Plans

The selection of a Primary Care Physician (PCP) is not required, but is encouraged. Also, no PCP referral is required to see a Specialist. Maternity coverage is available. As a reminder, the dental discount was discontinued, effective, January 1, 2017; however, members will continue to receive the vision discount in 2018.

Prescription Drug Benefits

Prescription drug coverage is included with the health plans. Below are several options to refill your prescriptions:

Short-term prescriptions (up to 30-day supply) - you will be able to fill short-term prescriptions (up to a 30-day supply) at participating retail pharmacies. These include both chain (CVS, Publix®, Target®, Walgreens®) and local pharmacies. Visit aetna.com/docfind to find participating pharmacies near you.

Long-term prescriptions (up to 90-day supply) - you will be able to obtain 90-day refills for drugs you take regularly with the Maintenance Choice Program. You have two (2) ways to get your refills and either choice is the same low price.

1. Choose delivery or pickup

- Aetna Rx Home Delivery® pharmacy can deliver your 90-day supply to your home. It will arrive in a private, secure packaging and it is easy to track your order online.
- You can pick it up at your local CVS/Pharmacy (including those inside Target stores).

2. Call Customer Service or Order Online.

- Call the Customer Care number on your Member ID Card. Customer Care will contact your doctor for new prescriptions and handle all of the details.
- Order online by logging on to aetna.com and select "Manage Prescriptions."

Pharmacy

Access to the full Aetna pharmacy network is available. Partnership with CVS, allows plan members to receive a 20% discount on select over-the-counter drugs by using the Aetna Discount Card.

Disease Management Programs

Program support available for more than thirty-seven (37) conditions.

Aetna Navigator

Aetna Navigator is a self-service website, which provides members with a single source of online health and benefits information 24 hours a day, 7 days a week. For further information, please log-on to www.aetna.com.

Teladoc

Provides alternative emergency room and urgent care that allows members to resolve many of their common medical issues 24/7 through the convenience of phone or online video consultations.

Medical Plan Options for 2018



NEW


Discontinuation of the Consumer Driven Plan

Effective January 1, 2018, the Consumer Driven Plan will no longer be offered as one of the medical plan options. Employees who are currently enrolled in the Consumer Driven Plan, **MUST** access Employee Self Service (ESS) during Open Enrollment and select a new health plan. Affected employees who **DO NOT** select a new health plan during Open Enrollment, will automatically be placed, along with their dependent(s), if applicable, into the Premier Choice HSA Plan.

Please be advised, in accordance with IRS guidelines, employees who are currently contributing to a Medical FSA are NOT PERMITTED to maintain their Medical FSA for 2018 if they enroll in the Premier Choice HSA Plan, effective, January 1, 2018. Those who wish to enroll into the Premier Choice HSA Plan during Open Enrollment in October, MUST utilize ALL FUNDS in his or her Medical FSA by December 31, 2017.

Please note, employees are permitted to contribute to a Dependent FSA and simultaneously enroll in the Premier Choice HSA Plan.

Great News! For 2018, employees will continue to have a choice of five (5) great medical options:

- Premier
- Premier Plus
- Premier Choice HSA 
- Kids Basic
- Kids Enhanced

New Medical Plan – Premier Choice HSA

Employees will continue to have a choice of five (5) great medical options, including the new Premier Choice Health Savings Account (HSA) Plan. The Premier, Premier Plus and the Kids Basic and Enhanced Plans will include slight plan design changes for 2018; however, the plans will continue to operate on the national network, where a referral is not required. Prior authorization is required for some services, such as MRI and CT Scan. In addition, members are not required to select a Primary Care Physician (PCP); however, less out-of-pocket cost may be incurred if you visit a PCP.

In an effort to continue providing our employees with the best comprehensive benefits and economical insurance coverage, the District has designed the new Premier Choice HSA Plan for 2018. Some of the benefits included in this plan are as follows:

- Lower premiums for dependent coverage.
- Employer contribution to your HSA; employees in the amount of \$500 individual/\$1,000 family. Employees are also able to contribute \$2,950 individual/\$5,900 family. The 2018 IRS calendar-year maximum contribution is \$3,450 individual/\$6,900 family.
- An extra \$1,000 "catch up" contribution is available for employees age 55 or older.
- Your HSA stays with you, even if you switch employers, change health plans or retire.
- If you have an HSA somewhere else, you can transfer the balance to your new HSA.
- Unused funds rollover from year to year; your money can earn interest and you can enjoy investment options.
- In accordance with IRS Guidelines, employees currently enrolled in Medicare or TRICARE are not permitted to participate in the Premier Choice HSA Plan.

For further information regarding the plan choices being offered in 2018, please log-on to the Benefits Department website at browardschools.com/benefits, select the Open Enrollment Link, then select the Aetna 2018 Booklet. Eligible dependent children remain covered through the end of the month in which they reach age 26, unless your dependent(s) qualifies for the Adult Child Health Plan. If the eligibility criteria is met, adult children can remain covered on the plan until the end of the year in which they reach age 30.

Kids Basic Plans

Dependents enrolled in the Kids Basic Plans will now have access to Tier 3 Medications.

PREMIUMS

Medical

Employees continue to have a zero out-of-pocket premium cost for their individual medical benefits. In addition, employees with dependent coverage, have not experienced a rate increase since 2013. As medical costs continue to increase, the Board has managed cost and have not had to increase its monthly medical contributions until 2017.

In 2017, the Board experienced a slight increase (5%) to the monthly medical contributions it pays for employee only

coverage. This means, employees who have employee only coverage continued to have zero out-of-pocket cost for their medical benefits. As a result of the Board's and the Superintendent's desire to manage the out-of-pocket cost for medical dependent monthly premiums, the Board assumed the 5% increase for the dependent medical premiums for 2017. As a result, employees who covered their dependents were not impacted by the 2017 rate increase.

The trend in healthcare expenses has been rising between 8% - 12% annually. **In order to continue successfully managing the dependent coverage out-of-pocket cost and provide a rich benefits package, there will be a slight rate increase for dependent coverage on the Premier Plus and all Kids Plans. The introduction of the new Premier Choice HSA Plan provides employees who cover dependents with an option, which will allow them to reduce their out of pocket monthly dependent premium cost. The dependent coverage rate for the Premier Plan will remain the same for 2018.**

Dependent Verification

With its commitment to continuous improvement and in an effort to better manage the District's Employees Benefits Program, the District has enhanced the Dependent Verification Process to ensure all current and future dependents enrolled in the health, dental and/or vision plans, meet the District's established **Dependent Eligibility Criteria**. Beginning September 1, 2017, employees who are currently covering their dependent(s) on their Medical, Dental and/or Vision plan(s), are required to present documentation to verify their dependent's eligibility in order to remain on the District's insurance plan(s) for January 1, 2018. Information regarding the implementation of the District's new Dependent Verification Process was disseminated on May 24, 2017, July 24, 2017, and August 28, 2017 via a **BCPS Alert**, in order to provide employees an opportunity over the Summer to visit the Benefits Department and verify their dependent(s). In addition, the Benefits Department has coordinated the scheduling of Dependent Verification Sites across the District, in order to ensure the highest level of convenience to employees who wish to verify their current dependents and/or verify dependents they may wish to add during this year's annual Open Enrollment period in October. A listing of the Dependent Verification Sites can be found on the

Benefits Department website at www.browardschools.com/benefits by clicking the Open Enrollment Link.

Employees who are currently covering or would like to add dependents during the Open Enrollment period, are required to present their original document(s) to a Benefits staff member at the Benefits Department or at one of the listed Dependent Verification Sites, by Friday, October 27, 2017 in order to verify their dependent(s). If this deadline is not met, your dependent(s) will be deleted from or will not be enrolled on your plan(s), effective, January 1, 2018. For further details regarding the Dependent Verification Process, please review the Dependent Eligibility Verification Documents, which can be found on the Benefits Department website at www.browardschools.com/benefits by clicking on the Open Enrollment Link.

VOLUNTARY SUPPLEMENTAL INSURANCES

Some of the Voluntary Supplemental companies and benefit options are changing for 2018. You MUST contact the vendors directly to enroll. For enrollment information, a list of the vendors and further details regarding the supplemental plans, please visit the Benefits Department website at www.browardschools.com/benefits and select the Open Enrollment Link.

Opt-Out

Employees Currently Opted-Out of Health Coverage and Receiving Medical Opt-Out Supplement

Employees who are currently opted out of the health coverage and currently receiving the Opt-Out Supplement and would like to remain opted-out, are NO longer required to annually complete and submit the Medical Affidavit Form and proof of other coverage.

Employees Currently Opted-Out of Health Coverage and NOT Receiving Medical Opt-Out Supplement

If you wish to receive the Opt-Out Supplement for 2018, you **MUST** provide proof of other coverage to the Benefits Department by **Friday, October 27, 2017**. Please email your proof of coverage to open.enrollment@browardschools.com and include your name, personnel number and in the **subject line: Medical Opt-Out Supplement**. If your proof of coverage is not received by Friday, October 27, 2017,

you will remain opted-out of the health coverage for 2018 and will not receive the medical opt-out supplement.

Employees Opting-Out For The First Time

If you are opting out of the health coverage for the first time, you are required to complete and submit the Medical Affidavit Form and proof of other coverage by Friday, October 27, 2017 by email to open.enrollment@browardschools.com in order to receive the annual stipend of \$750. Submission of the Medical Affidavit Form and proof is NOT required annually. Employees may also opt-out of the dental and/or vision coverage; however, no stipend is available for these options and submission of an Affidavit Form is not required. Those who wish to opt-out for the first-time, must access Employee Self-Service (ESS) by Friday, October 27th and elect the Medical, Dental and/or Vision Opt-Out Plan Options. If you are currently opted-out, no action is required on your part. Your current opt-out records will automatically rollover to plan year 2018. If you are opting-out of the health coverage for the first time and do not submit the Medical Affidavit Form and proof of other coverage by Friday, October 27th, you will be placed into a **Medical Non-Paid Opt-Out Plan for 2018**. The Medical Opt-Out Affidavit Form can be located on the Benefits Department website at www.browardschools.com/benefits by clicking on the "Rates & Documents" tab.

For Opt-Out Status Changes outside of the Open Enrollment period, employees must access the Benefits Department website at www.browardschools.com/benefits in order to download the Opt-Out Affidavit Forms and submit the completed form and insurance documentation to the Benefits Department. Please see further details regarding the requirements delineated on the forms located in the "Rates & Documents" tab of the Benefits Department website.

A Summary Plan Document (SPD), which summarizes important information about your health coverage options is available on the Benefits Department website at www.browardschools.com/benefits by selecting the "BCPS Benefits" tab then clicking on the Health link. A copy is also available, free of charge, by calling 754-321-3100.

ID CARDS

New Medical, Dental and Vision ID Cards will be issued in December.

Flexible Spending Account (FSA)

The District's current FSA Administrator is PayFlex USA System, Inc. During Open Enrollment, you will have the option to enroll in a Health Care and/or Dependent Care FSA through Employee Self-Service (ESS). Both accounts can help you reduce your taxable income and increase your take-home pay!

- As a reminder, in accordance with IRS guidelines, employees who are currently contributing to a Medical FSA are NOT PERMITTED to maintain their Medical FSA if they enroll in the Premier Choice HSA Plan, effective, January 1, 2018.
- Those who wish to enroll into the Premier Choice HSA Plan during Open Enrollment in October, MUST utilize ALL FUNDS in his or her Medical FSA, by December 31, 2017.
- Please note, employees are permitted to contribute to a Dependent FSA and simultaneously enroll in the Premier Choice HSA Plan.

Please visit PayFlex's member website at www.payflex.com or contact the carrier directly at 1-800-284-4885 or 954-858-3262 to learn more about your Flexible Spending Account options. Employees with new accounts, effective for January 1, 2018, MUST register on PayFlex's member website using your full Personnel number including the "P" and leading zeros as your Member ID. For employees with existing accounts, in order to log-in, please utilize the information you created as your User Name when you first registered. For general Cafeteria Plan information, please visit the Benefits Department website at www.browardschools.com/benefits and select the "BCPS Benefits" tab, then click on the Cafeteria Plan link.

Dental and Vision

The District's current dental and vision options will remain for 2018. There will be NO dental and vision rate changes in 2018. As a reminder, dependent children are eligible to remain covered through the end of the month in which they reach age 26. To view the Dental and Vision Monthly Rate Sheets for 2018, please log-on to the Benefits Department website at www.browardschools.com/benefits and select the 2018 Open Enrollment link.

Long Term Disability Plan

The District provides Basic Disability Coverage, at no charge to all benefit eligible employees who work a minimum of 20 hours per week. The District also provides eligible employees with the option to increase the basic benefit by selecting the Enhanced Disability Plan. If employees elect to enroll in the Enhanced Disability Plan, the premium will be deducted from their paycheck.

The Enhanced Disability Plan has a 90-day elimination period. In order to assist employees with offsetting the 90-day elimination period, the District also offers a Voluntary Supplemental Short Term Disability Insurance Plan through AFLAC. For further information, you may visit AFLAC's website at:

https://enrollment.aflac.com/AccountSites/A_C/browardcountyschoolboard/Homepage.aspx

Additional information regarding the Enhanced LTD Plan and monthly premiums can be found on the Benefits Department website at www.browardschools.com/benefits by selecting the "BCPS Benefits" tab, then click on the Disability Link.

Please note, employees on Leave are not eligible to enroll in the Enhanced Disability Plan.

Life Insurance

Your Life Insurance plan options will remain the same for 2018.

The District provides basic life insurance coverage, at no charge to all benefit eligible employees who work a minimum of 20 hours per week. The District also provides eligible employees with the option to increase the basic benefit by electing to enroll in the enhanced life plan.

For all employees (with the exception of Paraprofessionals), the Group Term Life Insurance and AD&D amount is 125% of their annual salary, rounded to the next higher \$1,000, if not an exact multiple of \$1,000. The minimum amount is \$7,000 and the maximum amount is \$50,000. In the event of accidental death, the insurance is doubled. For Paraprofessionals, Group Term Life Insurance is 125% of their earnings, rounded to the next higher \$1,000, subject to a minimum of \$20,000 and a maximum of \$50,000.

The Enhanced Life Insurance and AD&D benefit is in addition to the Basic Life Insurance benefit and AD&D. The coverage is affordable and convenient; premiums are remitted through payroll deductions. Employees are able to purchase additional group term life insurance at competitive rates. Newly eligible employees may purchase life insurance from 1.25 times their annual salary up to 5 times their annual salary, not to exceed \$500,000 on a Guarantee Issue basis. In the event of accidental death, the insurance is doubled. **Employees on Leave are not eligible to enroll in the Enhanced Life Insurance Plan.**

Employees (with the exception of Paraprofessionals earning less than \$16,000) may choose additional life insurance:

- **Option 1** – 1.25 times annual salary, rounded to the next highest \$1,000 to a maximum of \$50,000. (Paraprofessionals earning \$16,000 or less receive a minimum election of \$20,000 for Option 1). The monthly cost is \$0.23 cents per \$1,000 of coverage.

- **Option 2** – 2.5 times annual salary, rounded to the next highest \$1,000 to a maximum of \$100,000. (Paraprofessionals earning \$16,000 or less receive a minimum election of \$40,000 for Option 2). The monthly cost is \$0.26 cents per \$1,000 of coverage.
- **Option 3** – 3 times annual salary, rounded to the next highest \$1,000. The monthly cost is \$0.26 cents per \$1,000 of coverage.
- **Option 4** – 4 times annual salary, rounded to the next highest \$1,000. The monthly cost is \$0.26 cents per \$1,000 of coverage.
- **Option 5** – 5 times annual salary, rounded to the next highest \$1,000. The monthly cost is \$0.26 cents per \$1,000 of coverage.

Medical Underwriting is required for late enrollment and any amounts over \$500,000.

Living Benefit Rider

The Living Benefit is available to employees who meet certain criteria. It is an innovative feature, which allows an insured employee to apply for an accelerated death benefit. This benefit will be paid during his or her lifetime, if the employee has a terminal condition, which is expected to result in death within twelve months. The maximum Living Benefit for which an employee can apply is 75% of his or her total life insurance amount with a maximum benefit of \$375,000. The amount paid under the Living Benefit Rider will reduce the Beneficiary Life Insurance benefit.

Subsequent Annual Open Enrollments

If you did not select Enhanced Life Insurance coverage at the time of your initial employment, you may only select enhanced coverage during subsequent Open Enrollment periods, at which time Evidence of Insurability (EOI) will be required, if increasing two or more levels.

If you select Enhanced Life Insurance during Open Enrollment, no Medical Evidence of Insurability is required, unless you are applying for amounts over the Guarantee Issue amount and/or increasing more than one level.

The EOI can be downloaded by visiting the Benefits Department website at browardschools.com/benefits and clicking on the Open Enrollment Link.

Please submit the completed form to the Benefits Department by Friday, October 27, 2017. If the EOI Form is not received by

the stated deadline, your Enhanced Life Insurance election will be reversed.

If you elect to enroll in the Enhanced Life coverage, the premium will be deducted from your paycheck.

For rates and further details regarding the life insurance benefits, please visit the Benefits Department website at browardschools.com/benefits, select the "BCPS Benefits" tab then click on the Life Insurance link.

Customer Service

Open Enrollment Hotline:	754-321-3230
Open Enrollment Email:	open.enrollment@browardschools.com
Benefits website:	browardschools.com/benefits
Benefits Department:	754-321-3100
Aetna website:	www.aetna.com
Aetna On-Site Representatives (Health):	954-858-3262
Aetna Vision	1-800-562-7822 or 954-858-3262
Aetna Vision website	www.aetnavision.com
CompBenefits (Humana) – Dental	1-866-890-4464 or 954-527-4088
CompBenefits (Humana) – Vision	1-800-865-3676 or 954-527-4088
MetLife DHMO	1-800-936-5315 or 954-321-6911
MetLife PPO	1-888-865-6878 or 954-321-6911
MetLife website	www.mybenefits.metlife.com
PayFlex (Flexible Spending Account):	www.payflex.com
	1-800-284-4885



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Your Privacy Matters - All employees receive the District's Notice of Privacy Practices Related to his or her Health Plan at their Benefits Orientation. This notice lists your privacy rights. In addition, the notice is available from the main page of the District's website browardschools.com. For more information on your privacy rights, contact Todd Sussman, Privacy Officer, Risk Management at 754-321-1914.