

Please read carefully—This publication contains important information/changes regarding the district's insurance benefits.



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Online Open Enrollment is Here!

Employees can now make changes or enroll in health and vision insurance during the open enrollment period by using Online Open Enrollment on Employee Online. Go to www.thompsonschoools.org. Select Resources on the top banner and choose Staff and Employee Online from the drop-down menus. Login to Employee Online using your employee identification number and password, then click the Open Enrollment icon. Employees can view their current coverage and follow the instructions to make changes or enroll. Employees will receive a confirmation notification after submitting enrollment/change information. Employees must submit a notification through Online Open Enrollment even if not making changes.

IMPORTANT: Effective 7/1/2011, there are changes to rates and coverage for the PPO 4 and PPO 5 health options. Before making changes or enrolling, review the Benefits Comparison & Monthly Rates information that is available on Online Open Enrollment.

Health Insurance Open Enrollment

The CEBT and Thompson School District offer a *plan selection/open enrollment period* in April and May with an effective date of July 1. The open enrollment period allows eligible employees to enroll in a health plan or add dependents not currently enrolled; pre-existing condition limitations may apply. The plan selection period allows the employee to change health plans. The employee **must** submit their selections during the open enrollment period, **April 25, 2011 – May 6, 2011** through Online Open Enrollment on Employee Online. **Changes MUST be submitted on Employee Online by midnight on Friday, May 6, 2011. Submissions will not be accepted after May 6, 2011.** The effective date of the change will be July 1, 2011. District employees pay their insurance premiums one month in advance, e.g., June paychecks pay for July benefits. Rate changes will take affect beginning with the June paycheck.

Part-time employees electing to discontinue coverage must submit their request through Online Open Enrollment on Employee Online during the open enrollment period (coverage will end on 6/30/2010).

Employees who do not make a new selection during the open enrollment period will remain with their current insurance option(s). Employees are encouraged to submit a notification through Online Open Enrollment even if not making changes.

VISION INSURANCE:

The open enrollment period is also the time to enroll or discontinue the voluntary vision insurance. To enroll in the vision insurance, the employee **must** submit their selection through Online Open Enrollment on Employee Online by **midnight on Friday, May 6, 2011**. The effective date of coverage will be July 1, 2011. **To discontinue vision insurance, submit your cancellation** through Online Open Enrollment on Employee Online by **midnight on Friday, May 6, 2011. Coverage will end on 6/30/2011.** Please note that an employee discontinuing coverage on themselves and/or their spouse/dependents must wait for the first open enrollment following two (2) years from the date coverage was discontinued before re-enrollment.

Insurance Eligibility: Employees that work at least a 50% assignment, are on a contract or notice of assignment **and** have at least a 45-day assignment are eligible to enroll in the district's health package. Part-time employees pay a portion of the monthly insurance premium based on percentage of assignment.

For assistance regarding open enrollment, contact the Insurance Department at 613-5004 or paula.dodds@thompsonschoools.org.

Health Plan Design Changes—Effective 7/1/2011

CEBT Changes: \$5 increase to preferred & non-preferred prescriptions, \$500 increase to out-of-pocket maximum (effective 1/1/2012), and elimination of Oct/Nov/Dec deductible carryover (except maternity).

Healthcare Reform (PPACA) Changes: Coverage for adult children to age 26. Elimination of the following: Pre-existing condition limitation for children under age 19, lifetime dollar limits, cost sharing (co-pays) for preventative care, \$300 wellness limit and \$5,000 maximum for physical therapy.

Health Insurance Plans

Benefit Structure— PPO Health Plans: Both health plans include health, dental and life insurance coverage. Both health plans are based on maintaining comprehensive benefit structure, e.g., coverage for office visits, prescriptions, physical therapy, surgery and hospitalization. Each plan requires the participant to assume a different level of financial risk. The following is a brief summary of each plan and is only intended to highlight some of the pertinent provisions of the Group Plan:

Preferred Provider Plan—(PPO 5):

\$45 office visit co-payment*

\$45 lab co-payment (PPO) or non-PPO subject to \$2,500 deductible then 60/40.

\$20/40/60 retail prescription drug co-payment, generic/preferred brand/non-preferred brand 30 day supply.

\$40/80/120 mail order prescription drug co-payment, generic/preferred brand/non-preferred brand, up to 90 day supply.*

\$2,500 calendar year deductible for (non-preferred provider office visits and pharmacy, hospital-related charges) 80/20 (PPO) or 60/40 (non-PPO) coinsurance for services not subject to co-payments.

Premiums: The district will pay the single PPO 5 premium for full-time employees. The premiums for dependent coverage and the PPO 4 employee's portion, or the part-time employee's share of the insurance premium will be deducted from the employee's paycheck. The monthly insurance premiums will be deducted on a pre-tax basis unless you direct us otherwise.

Preferred Provider Plan—(PPO 4):

\$40 office visit co-payment*

\$40 lab co-payment (PPO) or non-PPO subject to \$1,500 deductible then 60/40.

\$20/40/60 retail prescription drug co-payment, generic/preferred brand/non-preferred brand 30 day supply.

\$40/80/120 mail order prescription drug co-payment, generic/preferred brand/non-preferred brand, up to 90 day supply.*

\$1,500 calendar year deductible (non-preferred provider office visits and pharmacy, hospital-related charges) 80/20 (PPO) or 60/40 (non-PPO) coinsurance for services not subject to co-payments.

*All co-payments are based on specific types of services rendered by a **preferred** provider/pharmacy.

The **provider directory** for the district's health plans is accessible at www.cebt.org.

Click on the following links:

Our Providers

UMR

Select a Plan—UnitedHealthcare Options PPO

Search Physicians or Facilities

Enter search criteria

Hospital Reimbursement Plan: Are you full-time? Do you have other insurance coverage? The CEBT and Thompson School District offer a Hospital Reimbursement Plan (HRP) to full-time employees (single coverage only) who are covered on other medical insurance, e.g., through spouse's employer and they wish to use that coverage as primary. The district pays the cost of the HRP option which includes the dental coverage. The district's dental coverage is primary to other dental coverage(s) the employee may have. Full-time employees electing the HRP option in lieu of a PPO plan must submit their change through Online Open Enrollment during the open enrollment period.

Dental Insurance Benefits (There are no changes to coverage)

There is no provider directory or preferred dentists; members may go to a dentist of their choosing.

ELIGIBLE EXPENSES: Eligible Dental Expenses are the reasonable, necessary and customary charges. If the provider charges above the reasonable, necessary and customary guidelines, the member will be responsible for the difference.

TYPE I Preventative and Diagnostic Treatment—(prophylaxis, routine exams, bite-wing, and full mouth x-rays)
Deductible—Waived, Coinsurance—100% of R&C

TYPE II Basic Dental Treatment—(fillings, extractions, root canal therapy, oral surgery, anesthesia, repair to dentures or bridgework) Deductible—\$50 annual, Coinsurance—80% of R&C

TYPE III Major Treatment—(crowns, partial or full dentures, dental implants) Deductible—Combined with Basic, Coinsurance 50% of R&C

ANNUAL MAXIMUM: Types I, II, III, \$1,500

TYPE IV Orthodontics—(coverage for dependent children only, completed by age 19)

Coinsurance	50%	Max. Lifetime Benefit	\$2,000
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Monthly Health Insurance Rates—Effective July 1, 2011

*The district's health insurance package includes health, dental and life insurance coverage.

Rates for part-time staff electing to enroll in one of the district's health/dental plans are determined by the employee's percentage of contract (licensed, administrative, professional and technical staff) or notice of assignment (classified staff) and plan selection. The PPO 5 single rate (\$522.46) is used when figuring the district contribution for PPO 4 and PPO 5 single coverage. The district benefit for a part-time employee's premium is calculated by multiplying the percentage of the contract or notice of assignment by the PPO 5 (~~\$522.46~~) single rate; that amount is applied to the single premium of the plan selected; the difference is what the part-time employee pays through a payroll deduction. Dependent coverage, if selected, is in addition to what the employee pays for single coverage.

Percentage of Assignment	District Benefit PPO 4 & 5 Plans	Employee Deduction Single PPO 4	Employee Deduction Single PPO 5
100%	\$525.86	\$ 42.08	\$ 0.00

100% EE + Spouse Insurance

PPO 4 \$602.60
PPO 5 \$518.84

100% EE + Child(ren) Insurance

PPO 4 \$541.50
PPO 5 \$464.01

100% EE + Family Insurance

PPO 4 \$782.72
PPO 5 \$687.03

100% TWO EE Family Insurance

PPO 4 \$260.26
PPO 5 \$164.57

Medicaid and the Children's Health Insurance Program (CHIP)

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. Contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov. More information is posted on First Class in District News.

Voluntary Vision Insurance

***There are no rate/coverage changes to vision insurance.**

VISION INSURANCE MONTHLY PREMIUMS:

Employee \$ 9.66
Employee + Child(ren) \$12.56
Employee + Spouse \$14.16
Employee + Family \$24.22

REMINDER: *The employee may enroll or discontinue vision coverage ONLY during the open enrollment period.*

Please access the Vision Service Plan provider directory using the VSP link under Our Providers at www.cebt.org.

VISION SERVICE PLAN (VSP) BENEFITS:

Member Doctor Benefits

Contact Lens Allowance \$120 (every 12 months)
Exam Co-pay \$ 15 (every 12 months)
Material Co-pay \$ 15 (every 12 months)
Frame Allowance \$120 (every 24 months)

Non-Member Reimbursement

Exam \$ 35
Single Lens \$ 25
Bifocal Lens \$ 40
Trifocal Lens \$ 55
Elective Contact Lens \$120
Frame \$ 45

Group Life Insurance Benefits

Life insurance, accidental death and dismemberment (AD&D) insurance: Eligible employees (employees with at least a 50% assignment) receive the district-paid life insurance and AD&D benefit of \$20,000. Administrative employees receive the life insurance and AD&D benefit at the lesser of 1 1/2 times your basic yearly earnings or \$300,000.

The amount of insurance will be reduced as follows: Age 65, 40%; Age 70, 65%; Age 75, 75%; Age 80, 80%.

Dependent Life Insurance—*Dependents must be enrolled in health/dental to be eligible for the life benefit. Spouse \$500, Child (each) over 14 days but less than 6 months \$200, 6 months but less than 19 years \$2000.

Long Term Disability Insurance & Employee Assistance Program

The monthly premium for the long-term disability is district paid for employees in 100% assignments. Part-time employees pay a portion of the monthly premium if they elect to enroll in the long-term disability insurance. If the employee is considered disabled and eligible for benefits, the employee may receive up to 66 2/3% of gross earnings, the benefit waiting period is 60 calendar days or full use of available paid leave, whichever is greatest. The maximum monthly benefit is \$6,000; if other deductible income is received or payable, the disability benefit will be reduced by that amount. The minimum monthly LTD benefit is the greater of, either \$100 or 10% of the 66 2/3% LTD benefit. **Employees enrolled in the LTD benefit also receive access to an Employee Assistance Program (EAP) through Horizon Health. The EAP provides support for employees and family members for many of life's challenges. Contact Paula in the Insurance Department for more information 613-5004.**

Health Insurance Options Upon Separation of Employment

An employee who has district insurance coverage at the time of his/her separation of employment will be offered insurance coverage continuation through either retiree benefits or COBRA.

2010-2011 Temporary Employees:

District-paid insurance coverage will continue through June 30, 2011, for temporary employees hired **after** September 1, 2010, who fulfill their 2010-2011 assignment. Information on continuing coverage on COBRA will be sent to you in May.

District-paid insurance coverage will continue through September 30, 2011, for temporary employees hired **prior** to September 1, 2010, who fulfill their 2010-2011 assignment. Information on continuing coverage on COBRA will be sent to you in August.

2011 Retirees and 2011-2012 Transitional Retirees:

District-paid insurance coverage will continue for licensed and classified school year staff until September 30, 2011. Effective October 1, 2011, you may elect to continue with the district's coverage and pay the monthly premium or obtain continuing coverage on your own. You may remain on the district's plan as a retiree until you are age 65. Retirees who are age 65 and not receiving Medicare benefits may elect to pay the monthly premiums and continue with the district's COBRA coverage for up to 18 months. Information on continuing coverage through the district will be sent to you in August.

Coverage ending dates for 260-day employees and administrators is dependent upon the date of your last paycheck. Please contact Paula Dodds for your particular insurance termination date information.

Reminders

Open enrollment for the district's flex spending account program is underway. The flex spending account allows employees to use "pre-tax" dollars to pay for qualified medical and dependent care expenses as well as other selected benefits. ALL employees are eligible to participate and should plan to meet with the representative. Employees nearing retirement or those individuals who, for a variety of reasons, want to report the highest earnings possible may elect to have insurance premiums withheld on a post-tax basis. The site visit schedule and American Fidelity flyer are posted in District News on First Class. If you cannot meet with the representative at your location, please go to another location.

Contact Paula at 613-5004 or e-mail paula.dodds@thompsonschoools.org if you have wellness/health/insurance related suggestions, questions or a healthy recipe to share.