



CCPS

Insurance Benefits
2013

C H E S T E R F I E L D C O U N T Y P U B L I C S C H O O L S

2013 HEALTH AND DENTAL INSURANCE PROGRAMS

OPEN ENROLLMENT DATES

October 1 - October 31, 2012 Employees

October 10 - November 9, 2012 Retirees

Open Enrollment is a period of time during which full-time employees may make changes in coverage or enroll in health insurance programs. The effective date for coverage chosen during the open enrollment period is January 1, 2013.

HEALTH INSURANCE PLAN FOR 2013

Triple Option

Anthem HealthKeepers HMO 15

Anthem Healthkeepers HMO 20

Anthem KeyCare PPO

DENTAL PLANS FOR 2013

Delta Dental Basic Plan

Delta Dental Comprehensive Plan

Delta Dental DeltaCare (DHMO) Plan

CONTRIBUTION STRATEGY

The School Board contributions for medical are based on the mid priced plan, which is the HMO 15 plan. They are approximately 90% for employee only coverage, 65% for employee and one child, 55% for employee and children, 55% for employee and spouse, 55% for employee and family. The same dollar amount is applied toward all other medical plans.

OVERVIEW OF EMPLOYEE BENEFITS

Eligibility

All full-time employees are eligible for participation in the group health and/or dental insurance plans. An employee may obtain coverage for:

- the employees legally married spouse
- the employees children until the end of the calendar year they reach age 26 which includes:
 - the employees newborn, natural child, or child placed with employee for adoption;
 - the employees stepchild;
 - any other child for whom the employee is a legal guardian.

Health Insurance Plans

The Chesterfield County School Board offers a triple option health insurance plan through Anthem. Employees may choose between: HMO 15, HMO 20 or PPO.

An HMO requires that the employee select a primary care physician (PCP) who coordinates all medical treatment. A PCP is the employee's first source of medical care and practices in the field of family practice, general practice, internal medicine, or pediatrics.

The PPO product allows members to seek care through a large network of physicians without a referral.

Dental Insurance Plans

The School Board offers a basic, comprehensive and a DHMO (DeltaCare) dental plan through Delta Dental of Va. A comparison of benefits and dental rates are included in this booklet.

Prescription Drugs

Prescription drugs are covered under the medical plan. All FDA approved drugs are covered at one of three levels of co-payment.

Types of Coverage

Five coverage plans are available; employee only, employee plus one child, employee plus spouse, employee plus children and employee plus family.

Premiums

Premiums are deducted from each paycheck. The School Board must pay the insurance providers one month in advance; therefore, deductions are taken from an employee's paycheck one month in advance. Changes in coverage or a new enrollment other than January 1 could result in multiple premiums being deducted from an employee's paycheck. Questions regarding health insurance deductions can be answered by the Finance Office at 748-1719.

Coverage for New Employees

New employees have 31 days from the date of employment to enroll in health and/or dental insurance coverage. If coverage is not selected during this period of time, the employee is not eligible for health and/or dental insurance through the School Division unless there is a qualifying family status change or until the next open enrollment period.

Status Change

A new enrollment, addition of eligible dependents, termination of all coverage or removal of a spouse or dependant outside of the open enrollment period is permitted if there is a qualifying family status change. (Examples: marriage, divorce, death of spouse or child, legal adoption of minor child, award of legal custody for minor child to subscriber and/or subscriber's spouse, birth of child, termination of spouse's employment, and retirement of spouse.) Official documentation of the event will be required in certain circumstances. Coverage for all changes must be made within 31 days from date of the event.

Insurance Under the Consolidated Omnibus Budget Reconciliation Act (COBRA)

Under COBRA, covered employees, their spouses and/or dependent children are eligible for continuation of health and/or dental insurance coverage if one of the following qualifying events occurs:

- termination of employment (except for gross misconduct)
- loss of coverage because of reduction in work hours
- divorce
- dependent child no longer eligible
- death of spouse or parent
- entitlement to Medicare

Retirees

School Board Policy 5320, Benefits for Retirees, identifies eligibility and contribution requirements for retiree health coverage.

If a eligible retiree covered under a group insurance plan with Chesterfield County Public Schools should die, the spouse and eligible dependents (subject to the dependent children age limit) may continue with group health and/or dental insurance through a survivor option. The cost is payable by the survivor(s).

At the time of retirement, an employee eligible for retiree benefits who does not have health and or dental insurance coverage through Chesterfield County Public Schools or who fails to file a properly completed enrollment form on a timely basis loses all future eligibility to join the health and/or dental benefits program offered through the school system. Once a retiree terminates his/her coverage through Chesterfield County Public Schools, the retiree is not permitted to be covered in the future.

Employees who resign and then retire at a later date are not eligible for health and/or dental insurance through Chesterfield County Public Schools.

Flexible Benefit Plan

Under the Internal Revenue Code, Chesterfield County Public Schools has adopted a flexible benefit plan. Eligible employees have the option of paying health insurance premium deductions with tax-free dollars.

Eligible employees may also participate in *Tax-Free Reimbursement Accounts*. This plan allows an employee to deduct amounts on a pre-tax basis each pay period to pay for expenses in the following areas: dependent care expenses, certain private insurance premiums, and health care expenses not covered by insurance. Elections for Insurance Premium Conversion or Tax-Free Reimbursement Accounts may not be changed once the plan year has begun unless there is a qualifying family status change.

The Flexible Benefit card allows the employee to pay for eligible pre-tax account expenses electronically at approved service providers, merchants and day care facilities. The Flexible Benefit card works like a credit card consisting of funds that were set aside in the employee's pre-tax account. Employees are still required to save receipts as they may be requested by the vendor, Flexible Benefit Administrators, to verify expense eligibility.

New employees have 31 days from the date of employment to enroll in the Flexible Benefit Plan. The manual, *CCPS Flexible Benefit Plan*, describes the plan in detail and is available through the Office of Compensation & Benefits. The annual open enrollment period for the Flexible Benefit Plan is held from October 1 - November 30 each year.

*QUESTIONS CONCERNING
GROUP HEALTH AND DENTAL INSURANCE*

Insurance Coverage or Claims

Anthem HealthKeepers HMO

358-7390

1-800-421-1880 (toll-free)

Hours 8:00 a.m.-6:00 p.m. Monday-Friday

9:00 a.m.-1:00 p.m. Saturday

Anthem KeyCare PPO

358-1551

1-800-451-1527 (toll-free)

website: www.anthem.com

Delta Dental of Virginia

1-800-237-6060 (toll-free)

website: www.deltadentalva.com

Enrollment or Change in Coverage

Benefits 748-1226, 751-4997, 717-6758 or 751-4956

Hours 7:00 a.m. - 5:00 p.m.

Email address: benefits@ccpsnet.net

Payroll Deductions for Insurance Premiums

Finance Department 748-1719

NOTE: This comparison is not intended to be a complete benefit-by-benefit analysis. Its purpose is to draw attention to the differences in coverage offered by the plans for commonly used services. For additional details about the plans, see the literature provided by the insurance providers or call their member services department.

HOW TO BECOME MORE INFORMED ABOUT YOUR HEALTH CARE

As health care costs continue to be a national issue, estimating them has become an increasingly important subject. While it may seem like there's not much an individual can do to control health care cost, by simply becoming more informed about your health care choices, you actually can make a difference in how they affect your budget. Anthem's website can help you make better health care decisions and gain more control over your health care expenses. Simply click on www.anthem.com to view valuable information such as:

Treatment Cost Advisor:

Before seeking care, learn about the typical costs for medical procedures and treatment options by using this tool. View a list of health care services typically needed for common conditions and estimate the costs for the health care services such as diagnostic tests, inpatient procedures, medications, office visits and other medical services.

Prescription Drug List:

Search this comprehensive list to see specific information on prescription drugs such as costs, generic availability, lower-cost alternatives and more.

Coverage Advisor:

Predict health care expenses before they occur with this easy to use tool. Based on your family's health profiles that you created through the Coverage Advisor, this tool helps you estimate annual health care expenses, see how costs vary between health plans available to you, and determine the out-of-pocket costs associated with the health plans.

Member Self- Service and On-line Pharmacy

You can check the status of claims, change your PCP, check to see if a copayment or coinsurance is due on a claim, request an ID card or update personal contact information. You can order drug refills, check the status of your order or set up refill reminders. You can also find a pharmacy, check drug interactions, research generic drug alternatives and learn about medication safety.

MyHealth@Anthem, powered by WebMD

Gain access to award-winning health material and an array of easy-to-use personalized tools that you'll only find at Anthem.com. You may choose to receive a weekly newsletter covering general health and wellness issues as well as select from a variety of other specialized newsletters. Other resources include health library, condition centers, health channels, and health quizzes.

Note: In order to protect your privacy, some of Anthem's online tools require you to register and log in. This process is quick and easy.

COMPARISON OF BENEFITS HMO

SERVICES	HEALTHKEEPERS HMO 15	HEALTHKEEPERS HMO 20
Waiting Periods	None	None
How Benefits are Received	<p>Select a primary care physician from the HealthKeepers directory. A PCP can be selected from the practitioners in family practice, general practice, internal medicine, or, for children, pediatrics. This is the doctor that will provide your basic care-both prevention and treatment.</p> <p>When you need to see a specialist, your primary care physician will give you a referral. This specialist must be a member of the HealthKeepers plan.</p> <p>Female members have direct access to a participating OB/GYN for services rendered in the OB/GYN's office that are related to the female reproductive organs and breasts, including their annual well woman exam. These services do not require a referral from the primary care physician. All infertility services, bone density studies and OB ultrasound (exceeding two) still require pre-authorization.</p>	<p>Select a primary care physician from the HealthKeepers directory. A PCP can be selected from the practitioners in family practice, general practice, internal medicine, or, for children, pediatrics. This is the doctor that will provide your basic care-both prevention and treatment.</p> <p>When you need to see a specialist, your primary care physician will give you a referral. This specialist must be a member of the HealthKeepers plan.</p> <p>Female members have direct access to a participating OB/GYN for services rendered in the OB/GYN's office that are related to the female reproductive organs and breasts, including their annual well woman exam. These services do not require a referral from the primary care physician. All infertility services, bone density studies and OB ultrasound (exceeding two) still require pre-authorization.</p>
Provider Network	<p>Large HMO Network</p> <p>*please visit www.anthem.com for the most current information, including the provider listing.</p>	<p>Large HMO Network</p> <p>*please visit www.anthem.com for the most current information, including the provider listing.</p>
Eligibility	<p>Full-time employees must live or work in the service area at least 9 months per contract year. Retirees under age 65 must live in the service area at least 9 months of the contract year.</p>	<p>Full-time employees must live or work in the service area at least 9 months per contract year. Retirees under age 65 must live in the service area at least 9 months of the contract year.</p>

COMPARISON OF BENEFITS HMO

SERVICES	HEALTHKEEPERS HMO 15	HEALTHKEEPERS HMO 20
Deductible	None	None
Out-of-Pocket Maximum	\$1,500/member \$3,000/family	\$1,500/member \$3,000/family
Lifetime Maximum	Unlimited	Unlimited
Outpatient Physician Office Visits:		
· Primary Care & Well Baby Care	\$15 copayment	\$20 copayment
· Specialty Care	\$30 copayment	\$40 copayment
· OB/GYN Care		
· routine services	\$15 copayment	\$20 copayment
· specialty services	\$30 copayment	\$40 copayment
	No referral necessary for conditions related to breasts or female organs or annual routine check-up.	No referral necessary for conditions related to breasts or female organs or annual routine check-up.
· Outpatient Diagnostic Lab & X-Ray Services	No charge	\$20 or \$40
· Pre/Post Natal Care	No charge for routine pre and post natal care of the mother. (First visit to confirm pregnancy will require \$15 copayment)	\$200 per pregnancy
Inpatient Hospitalization Includes semi-private room, physician services, surgery, anesthesia, diagnostic services, blood transfusion procedures (refer to the company's summary of benefits for a full description of services)	\$300 copayment, then full coverage	\$200 per day (not to exceed \$1000) copayment, then full coverage for an admission.
Hospice Care	Covered at 100%	Covered at 100%
Outpatient Surgery (Hospital outpatient)	\$30 physician \$75 facility	\$40 physician \$200 each visit
Emergency Room (Life threatening illness/injury)	\$75; then 100% per visit (waived if admitted)	\$100; then 100% per visit (waived if admitted)
(Out of area emergency for unexpected conditions requiring	Same as above; member must notify health plan within 48 hours of treatment or next working day.	Same as above; member must notify health plan within 48 hours of treatment or next working day.

COMPARISON OF BENEFITS HMO

SERVICES	HEALTHKEEPERS HMO 15	HEALTHKEEPERS HMO 20
Urgent Care Center	\$30	\$50
Home Health Care	Covered in full upon referral and health plan authorization.	Covered in full upon referral and health plan authorization.
Ambulance	Covered at 100%	Covered at 100%
Physical Therapy (includes physical, occupational, and speech)	\$15 copayment per outpatient visit; 60 visits per illness or condition per year (combined); no limit for inpatient	\$25 copayment per outpatient visit; 60 visits per illness or condition per year (combined); no limit for inpatient
Durable Medical Equipment	\$300 copayment per calendar year; covered at 100%	Covered at 100%
External Prosthetics	\$200 copayment per calendar year; covered at 100%	20% of the amount the health care professionals in the network have agreed to accept for their services.
Transplants	Recipient coverage only.	Recipient coverage only.
Student Benefits	Full-time students have coverage for emergency care and urgent care situations out-of-area. May use away-from-home care where available.	Full-time students have coverage for emergency care and urgent care situations out-of-area. May use away-from-home care where available.
Family Planning Services Vasectomy Tubal Ligation Infertility (surgical treatment) (limited to 4 per lifetime)	\$30 specialist office; \$200 facility copayment \$200 facility copayment \$300 copayment	\$40 specialist office; \$200 facility copayment \$200 facility copayment Copayment based on service rendered
Mental Health/Substance Abuse Inpatient Outpatient	\$300 copayment; then 100%. \$15 copayment	\$200 per day not to exceed \$1000 \$20 copayment each visit up to 30 minutes; \$30 copayment for others

COMPARISON OF BENEFITS HMO

SERVICES	HEALTHKEEPERS HMO 15	HEALTHKEEPERS HMO 20
Prescription Drugs	<p>\$10 copayment-tier 1 \$30 copayment-tier 2 \$50 copayment-tier 3 Tier 1 - Typically generic drugs. Tier 2 - Typically lower cost brand-name drugs. Tier 3 - Typically higher cost brand-name drugs. Limit per prescription of a 30-day supply through participating pharmacies. Member pays difference between available generic and brand if brand is dispensed. Includes oral contraceptives and diabetic supplies.</p>	<p>\$10 copayment-tier 1 \$30 copayment-tier 2 \$50 copayment-tier 3 Tier 1 - Typically generic drugs. Tier 2 - Typically lower cost brand-name drugs. Tier 3 - Typically higher cost brand-name drugs. Limit per prescription of a 30-day supply through participating pharmacies. Member pays difference between available generic and brand if brand is dispensed. Includes oral contraceptives and diabetic supplies.</p>
Mail order Pharmacy	<p>Mail service pharmacy covers up to 90-day supply for maintenance medications. \$20 tier 1, \$60 tier 2, \$100 tier 3.</p>	<p>Mail service pharmacy covers up to 90-day supply for maintenance medications. \$20 tier 1, \$60 tier 2, \$100 tier 3.</p>
Vision Care	<p>\$15 copayment for routine eye exam once every contract year. \$30 out-of-network allowance. The designated vision provider also offers discounts off the price of eyeglasses, contact lenses, eyewear accessories and eyeglass lens upgrades. The program also includes discounts off of the normal cost of laser vision correction.</p>	<p>\$15 copayment for routine eye exam once every contract year. \$30 out-of-network allowance. The designated vision provider also offers discounts off the price of eyeglasses, contact lenses, eyewear accessories and eyeglass lens upgrades. The program also includes discounts off of the normal cost of laser vision correction.</p>

DESCRIPTION OF BENEFITS KeyCare PPO

The KeyCare PPO plan allows employees access to covered services from physicians and hospitals that are in the network established by the insurance company. The employees are not required to select a primary care physician. No referrals are required. Premiums and out of pocket costs are somewhat higher than an HMO product; however, these plans work well for employees who seek treatment outside of an HMO's network of physicians and hospitals.

SERVICES	KEYCARE PPO
Waiting Periods	None
How Benefits are Received	No PCP Required
Provider Network	Large PPO Network
Eligibility	Not applicable
Deductible/In-Network	None
Out-of-Pocket Maximum	\$2,000/member \$4,000/family
Lifetime Maximum	Unlimited
Outpatient Physician Office Visits:	
· Primary Care & Well Baby Care	\$15 copayment
· Specialty Care	\$30 copayment
· OB/GYN Care	\$15 copayment for routine; \$30 copayment for medical
· Outpatient Diagnostic Lab & X-Ray Services	No charge
· Pre/Post Natal Care	No charge for routine pre and post natal care of the mother.
Inpatient Hospitalization	\$300 copayment plus 20% coinsurance
Includes semi-private room, physician services, surgery, anesthesia, diagnostic services, blood transfusion procedures (refer to the company's summary of benefits for a full description of services)	
Hospice Care	Covered at 100%
Outpatient Surgery (Hospital outpatient)	\$30 physician \$100 facility
Emergency Room (Life threatening illness/injury) (Out of area emergency for unexpected conditions requiring immediate attention.)	\$100 plus \$15 or \$30 to physician -if medical emergency paid as in network -if non emergency, out of network benefits apply
Urgent Care Center	\$15 or \$30

DESCRIPTION OF BENEFITS KeyCare PPO

SERVICES	KEYCARE PPO
Home Health Care	No Charge
Ambulance	20%
Physical Therapy/Occupational Therapy	\$15 or \$30 copayment; 30 combined visits
Durable Medical Equipment (including External Prosthetics)	20% of the negotiated amount
Transplants	Recipient coverage only.
Student Benefits	Out of state has the same benefits as in-network for services rendered by PPO Blue Card Providers.
Family Planning Services	
Vasectomy	\$15 or \$30 copayment if done in office
Tubal Ligation	\$100 copayment if done in out patient facility \$300 plus 20% if done in an inpatient facility
Mental Health/Substance Abuse	
Inpatient	\$300 copayment plus 20%
Outpatient	\$30 copayment
Prescription Drugs	\$10 copayment-tier 1 \$30 copayment-tier 2 \$50 copayment-tier 3 Tier 1-Typically generic drugs. Tier 2-Typically lower cost brand-name drugs. Tier 3-Typically higher cost brand-name drugs. Limit per prescription of a 30-day supply through participating pharmacies. Member pays difference between available generic and brand if brand is dispensed. Includes oral contraceptives and diabetic supplies.
Mail order Pharmacy	Mail service pharmacy covers up to 90-day supply for maintenance medications. \$20 tier 1, \$60 tier 2, \$100 tier 3.
Vision Care	\$15 copayment for routine eye exam once every contract year. \$30 out-of-network allowance. The designated vision provider also offers discounts off the price of eyeglasses, contact lenses, eyewear accessories and eyeglass lens upgrades. The program also includes discounts off of the normal cost of laser vision correction.
Out of Network	\$400 deductible per person (maximum \$800 for two or more family members) \$4,000 out of pocket maximum (maximum \$8,000 for two or more family members) Services covered at 70% after deductible; covered at 100% after out of pocket maximum is met.

CHESTERFIELD COUNTY GOVERNMENT AND PUBLIC SCHOOLS PROGRAM COMPARISON

Plan Features	DeltaCare	Delta Dental PPO plus Premier Basic Option		Delta Dental PPO plus Premier Comprehensive Option		
Annual Deductible <ul style="list-style-type: none"> • Diagnostic & Preventive Services • Basic and Major Services 	No deductible	No deductible PPO Dentist		No deductible PPO Dentist		
	No deductible	\$ 50 per patient per calendar year; \$150 per family unit Premier or Out-of-Network Dentist \$ 75 per patient per calendar year \$225 per family unit		\$ 50 per patient per calendar year; \$150 per family unit Premier or Out-of-Network Dentist \$ 75 per patient per calendar year \$225 per family unit		
Annual Benefit Maximum	No maximum	\$1500 per patient per calendar year		\$1500 per patient per calendar year		
Benefits	Plan Covers* Approximately	You Pay* Approximately	Plan Pays	You Pay	Plan Pays	You Pay
• Diagnostic & Preventive Services (exams, cleanings, x-rays, Prevention First)	100% Plan Allowance	0% Plan Allowance	100% Plan Allowance	0% Plan Allowance	100% Plan Allowance	0% Plan Allowance
• Basic Services (fillings, oral surgery, endodontics, periodontics)	55-75% Plan Allowance	25-45% Plan Allowance	80% Plan Allowance (after deductible)	20% Plan Allowance (after deductible)	80% Plan Allowance (after deductible)	20% Plan Allowance (after deductible)
• Major Services (crowns, bridges, dentures)	40-50% Plan Allowance	50-60% Plan Allowance	NOT COVERED		50% Plan Allowance (after deductible)	50% Plan Allowance (after deductible)
• Orthodontic Services	*50% Plan Allowance		NOT COVERED		50% Plan Allowance	
Lifetime Orthodontic Maximum	No maximum		NOT COVERED		\$1500 lifetime maximum per patient	
Dentist Network	Your DeltaCare dentist must be utilized for care. Specialty care is available through Delta Dental's referral process if needed.		Choose any dentist or specialist, but your out of pocket cost is lowest with a Delta Dental PPO participating dentist.		Choose any dentist or specialist, but your out of pocket cost is lowest with a Delta Dental PPO participating dentist.	
Benefit/Membership Services	1-800-862-0838		1-800-237-6060		1-800-237-6060	

*DeltaCare services are covered subject to co-payments. Your co-payments range from 0% for most Diagnostic & Preventive Services, to approximately 25-45% for Basic Services, approximately 50-60% for Major Services, and approximately 50% for Orthodontic Services. Refer to the DeltaCare Description of Benefits and Co-payments for specific covered services and co-payments.

**CHESTERFIELD COUNTY PUBLIC SCHOOLS
2013 HEALTH CARE RATES COMPARISON
24 PAY PERIOD**

	Anthem HK 20	Anthem HK 15	Anthem PPO	Delta Dental Basic	Delta Dental Comprehensive	Delta Dental DeltaCare
Employee Only						
Employee cost	5.00	28.67	84.11	8.13	16.48	8.17
Employer cost	230.64	232.03	232.03	5.87	5.87	5.87
Total Cost	235.64	260.70	316.14	14.00	22.35	14.04
Employee & Child						
Employee cost	105.92	145.99	234.68	13.69	25.34	13.76
Employer cost	271.12	271.12	271.12	5.95	5.95	5.95
Total Cost	377.04	417.11	505.80	19.64	31.29	19.71
Employee & Children						
Employee cost	179.94	228.75	336.86	13.69	25.34	13.76
Employer cost	279.60	279.60	279.60	5.95	5.95	5.95
Total Cost	459.54	508.35	616.46	19.64	31.29	19.71
Employee & Spouse						
Employee cost	179.94	228.75	336.86	21.86	39.39	21.94
Employer cost	279.60	279.60	279.60	7.54	7.54	7.54
Total Cost	459.54	508.35	616.46	29.40	46.93	29.48
Employee & Family						
Employee cost	272.22	346.05	509.63	29.19	52.54	29.30
Employer cost	422.95	422.95	422.95	10.05	10.05	10.05
Total Cost	695.17	769.00	932.58	39.24	62.59	39.35

Important Notice from Chesterfield County Public Schools About Your COBRA Rights and Obligations

This notice is intended to summarize your rights and obligations under the group health continuation coverage provision of COBRA. You and your spouse should take the time to read this notice carefully. Should you qualify for COBRA coverage in the future, the group health plan administrator or plan sponsor will send you the appropriate notification.

Federal law requires Chesterfield County Public Schools to offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end.

TO QUALIFY FOR COBRA COVERAGE

Employees. As an employee of Chesterfield County Public Schools covered by Anthem, you have the right to elect this continuation coverage if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part).

Retirees. As a retiree, spouse of a retiree, or dependent child of a retiree, of Chesterfield County Public Schools covered by Anthem you have the right to elect this continuation coverage if you lose your group health coverage because Chesterfield County Public Schools declares Chapter 11 bankruptcy and you lose your group health and/or dental coverage within one year before or after the bankruptcy proceedings.

Spouses. As the spouse of an employee covered by Anthem, you have the right to choose continuation coverage for yourself if you lose group health coverage under Anthem for any of the following reasons:

- The death of your spouse who was an employee of Chesterfield County Public Schools
- A termination of your spouse's employment (for reasons other than gross misconduct)
- A reduction in your spouse's hours of employment
- Divorce or legal separation from your spouse
- Your spouse becomes entitled to Medicare

Dependent Children. In the case of a dependent child of an employee covered by Anthem, he or she has the right to continuation coverage if group health coverage under Anthem is lost for any of the following reasons:

- The death of a parent who was an employee of Chesterfield County Public Schools
- The termination of a parent's employment (for reasons other than gross misconduct) or reduction in a parent's hours of employment with Chesterfield County Public Schools
- Parent's divorce or legal separation
- A parent who was an employee of Chesterfield County Public Schools becomes entitled to Medicare
- The dependent ceases to be a "dependent child" under Anthem

YOUR NOTICE OBLIGATIONS

Under the law, the employee or a family member has 60 days from (1) the date of the event or (2) the date on which coverage would be lost, whichever is later, to inform Chesterfield County Public Schools of the employee's divorce or legal separation, or of the employee's child losing dependent status under Anthem. Please give notice by contacting the Benefits and Compensation Department at 748-1226 or by email at benefits@ccpsnet.net. Failure to give notice within the time limits can result in COBRA coverage being forfeited.

TO ELECT COVERAGE

When Anthem is notified that one of these events has happened, Chesterfield County Public Schools will in turn notify the employee, spouse and dependents that they have the right to choose COBRA continuation coverage. The employee and spouse have independent election rights. The employee, spouse and dependents have 60 days from either (1) the date coverage is lost under Anthem or (2) the date of the notice, whichever is later, to respond informing Chesterfield County Public Schools that they want to elect continuation coverage. There is no extension of the election period.

If an employee, spouse or dependent does not elect continuation coverage within this election period, then rights to continue group health insurance will end.

If an employee, spouse or dependent chooses continuation coverage and pays the applicable premium, Chesterfield County Public Schools is required to provide coverage which, as of the time coverage is being provided, is identical to the coverage provided under the plan to similarly situated active employees or family members. If Chesterfield County Public Schools changes or ends group health coverage for similarly situated active employees, your coverage will also change or end.

DURATION OF COBRA COVERAGE

Termination or Reduction in Hours. If group health coverage was lost because of a termination of employment (other than for reasons of gross misconduct) or a reduction in work hours, the continuation coverage period is 18 months from the date of the qualifying event, if elected.

Employees, Spouses or Dependents with Disabilities. The 18 months of continuation coverage can be extended to 29 months if the Social Security Administration determines that the employee, spouse or dependent child was disabled on the date of the qualifying event according to Title II (Old Age Survivors and Disability Insurance) or XVI (Supplemental Security Income) of the Social Security Act. Disabilities that occur after the qualifying event do not meet the criteria for the extended COBRA coverage period.

The employee, spouse or dependent must obtain the disability determination from the Social Security Administration and notify Chesterfield County Public Schools of the result within 60 days of the date of disability determination and before the close of the initial 18-month period. The employee, spouse or dependent has 30 days to notify Chesterfield County Public Schools from the date of a final determination that he or she is no longer disabled.

Multiple Events. The 18-month continuation period can also be extended, if during the 18 months of continuation coverage, a second event takes place (divorce, legal separation, death, Medicare entitlement, or a dependent child ceasing to be a dependent). The 18 months of continuation coverage will be extended to 36 months from the date of the original qualifying event. Upon the occurrence of a second event, it is the employee's, spouse's or dependent's responsibility to notify Chesterfield County Public Schools within 60 days of the event and within the original 18-month COBRA period. COBRA coverage does not last beyond 36 months from the original qualifying event, no matter how many events occur.

DURATION OF COBRA COVERAGE

Other Qualifying Events. If group health coverage was lost because of the death of the employee, divorce, legal separation, Medicare entitlement, or a dependent child ceasing to be a dependent child under Anthem and/or Delta Dental, then the continuation coverage period is 36 months from the date of the qualifying event, if elected.

COBRA CANCELLATION

The law provides that continuation coverage may be cut short for any of the following reasons:

- Chesterfield County Public Schools no longer provides group health coverage to any of its employees
- The premium for continuation coverage is not paid in a timely manner
- The employee, spouse or dependent becomes covered under another group health plan that does not contain any exclusion or limitation with respect to any preexisting condition
- The employee or spouse becomes entitled to Medicare
- The employee, spouse or dependent extended continuation coverage to 29 months due to a Social Security disability and a final determination has been made that he or she is no longer disabled
- The employee, spouse or dependent notifies Chesterfield County Public Schools that they wish to cancel continuation coverage.

PREMIUMS

An employee, spouse or dependent does not have to show that they are insurable in order to choose continuation coverage. But an employee, spouse or dependent must have been actually covered by the group health plan the day before the qualifying event in order to elect COBRA coverage.

An employee, spouse or dependent may have to pay all of the applicable premium, which generally can not exceed 102% of the plan costs for a 12-month period. An exception exists for coverage of employees with disabilities during the extension from the 19th month to the 29th month. During that time, 150% of the plan cost may be charged. The group health and/or dental plan may increase the cost that must be paid for COBRA coverage if the applicable premium increases.

The period for paying the initial COBRA premium following the election of coverage is 45 days. The first payment made is to be applied retroactively toward coverage for the period beginning after the date on which coverage would have been lost as a result of the qualifying event.

There is a 30-day grace period following the date regularly scheduled monthly premiums are due. Only in the case of mental incapacity is any further extension permitted, since the group health plan does not permit extensions.

CONVERSION PRIVILEGES

At the end of the continuation coverage period, the employee, spouse or dependent must be allowed the option to enroll in an individual conversion health plan provided under Anthem if such conversion plan is available.

FURTHER INFORMATION

If you have any questions about the law or your obligations, please contact Chesterfield County Public Schools, Office of Compensation & Benefits.

Important Notice from Chesterfield County Public Schools About Your Prescription Drug Coverage and Medicare for Medicare Eligible Participants

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Chesterfield County Public Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
 2. Chesterfield County Public Schools has determined that the prescription drug coverage offered by Anthem is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
-

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Anthem coverage may be affected. You can keep this coverage if you elect part D and Anthem plan will coordinate with your Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Chesterfield County Public Schools coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Chesterfield County Public Schools and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the Office of Compensation and Benefits at (804) 748-1226. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Chesterfield County Public Schools changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: September 12, 2012

Name of Entity/Sender: Chesterfield County Public Schools

Contact--Position/Office: Office of Compensation and Benefits

Address: P.O. Box 10, Chesterfield, Va. 23832

Phone Number: 804-748-1226



Chesterfield County Public Schools
Office of Benefits and Compensation
P. O. Box 10
Chesterfield, Virginia 23832

The Chesterfield County Public Schools does not unlawfully discriminate on the basis of sex, race, color, religion, handicapping conditions or national origin in employment or in its educational programs and activities
