OPEN ENROLMENT FOR PLAN YEAR 2010 EMPLOYEE BENEFITS

October 19, 2009 – November 20, 2009

Remember that selections made for 2010 during open enrollment cannot be changed after November 20, 2009 without a qualifying change in status event, so please choose carefully! Benefits that you select during this Open Enrollment will be in effect for the plan year January 1 through December 31, 2010.

More information will be available in your Benefits Reference Guide and on the Employee Benefits Department (EBARM) website. The reference guides will be distributed to your school or work site as soon as they are available. Please keep checking the EBARM website for more information. http://ebarm.pasco.k12.fl.us/

WHAT’S NEW FOR 2010?

CHANGES ONLY ENROLLMENT

You do not have to take any action if you want your 2009 benefits to remain the same in 2010. There is one important exception:

- In compliance with IRS rules, all existing Medical and Dependent Care Flexible Spending Accounts (FSAs) will be canceled as of 12/31/2009. If you want an FSA (medical or dependent care) in 2010, you must enroll in this benefit during Open Enrollment. Remember that no changes can be made to the FSA amounts during the plan year without a qualifying change in status event.

WEB BASED ENROLLMENT

The District will offer web-based enrollment for all employee benefits, with the option of self-enrolling. Enrollers from Sunbelt Worksite Marketing, Inc. will be at your school or worksite to help you. While it is not mandatory, we strongly recommend that you make an appointment with an enrollee. There will be some products that you will not be able to select without an enrollee, such as accident insurance, cancer insurance, critical illness insurance and Universal Life.

- At the end of the enrollment process, you will be provided an Enrollment Summary that will show all of the options that you have chosen and the per pay period cost to you, if any. Please review the Enrollment Summary and be sure to keep a copy. If you have any issues about enrollment later, you will be asked for this statement. If you or your enrollee have trouble printing this statement, please contact your school or worksite Benefits Coordinator or the Employee Benefits Department immediately.

INCREASE IN MEDICAL PLAN COSTS AND BENEFIT CHANGES

Unfortunately, due to dramatically rising costs, it was necessary to increase premiums (both to the District and for dependent coverage) by 13%. The good news is that the District-paid premium, $5,799.29 for 2010, is a tax-free benefit to you. Also, the dependent premiums that you pay are pre-tax so your overall tax liability is decreased.

In order to avoid an even higher increase in premiums, there were changes made to both the BlueCare (HMO) and the BlueOptions (PPO) benefit plans. Copays, deductibles and coinsurance rates have been increased. The Insurance Committee made every effort to keep these changes minimal.

A comparison sheet was emailed to your worksite Benefit Coordinator. It shows the 2009 and 2010 plan benefit highlights side by side for both the HMO and the PPO plans. This document will also be available on the EBARM website. Please review this document carefully so that you know what your plan benefits are for 2010. If you want to switch plans for 2010, you must make the change during open enrollment.

There are some good news: The Board continues to pay 100% of the single coverage cost for eligible employees. (This is a unique and valuable benefit that is not currently provided by most employers.) No other Board-paid benefits – pharmacy, dental, mental health, life insurance and EAP - are changing. Pharmacy copays are staying the same and there are many opportunities to save money by using generics and mail order. The annual $150 in flex dollars is also still available to help offset dependent premiums or to purchase voluntary benefits.

REMEMBER THE

**DEPENDENT CHILDREN ONLY PLAN**

OPTIONAL COVERAGE for dependent children to the District’s medical plan --- A "Dependent Children Only" plan is available. This is a lower benefit/lower cost program intended for healthy children. The medical benefits are less than with the HMO or Blue Options plan and the associated pharmacy plan has a $15 copay and covers generics only. However, the premium is $278.49 per month for any number of children, which is considerably less than the premiums for dependents on the HMO plan or the Blue Options plan. Your Board-provided flex dollars will further reduce the monthly premium cost. Please review the plan design description in your Benefits Reference Guide very carefully to determine whether this is an acceptable plan for your child(ren).

Remember that if you are also covering a spouse as a dependent, it is not cost effective to put your children in this plan. If you have any questions, please contact the BCBS representative in the EBARM office at X42492.

BENEFICIARY INFORMATION

If you are enrolling in the Transamerica or LINA life insurance plans you will be required to provide beneficiary information including home address and date of birth.

Check Out the Wellness Website!

http://ebarm.pasco.k12.fl.us/pages/wellness.html
**$BOARD PROVIDED FLEX DOLLARS$**

As in years past, all eligible employees will have $150 in flex dollars provided by the Board ($6.25 per pay period for those with 24 deductions per year/$7.50 per pay period for those with 20 deductions per year). These flex dollars are used first to reduce the cost of dependent medical coverage premiums. If you do not purchase dependent medical coverage, you may use the flex dollars to purchase any voluntary benefit product.

If you don’t spend all of your Board-provided flex dollars, the balance will be placed in a health reimbursement account (HRA) for your use. An HRA is similar to a Medical Flexible Spending Account (FSA) except that you may carry any unspent funds over to the next year. Only Board dollars can go into the HRA. If you need access to additional pre-tax funds for medical expense reimbursement, you will need to contribute to a Medical FSA. If you are enrolled in an HRA or FSA, you will receive more information about it from TASC (formerly Cornerstone Administrative Services), the FSA administrator.

**FLEXIBLE SPENDING ACCOUNT (FSA)**

All existing FSAs will be canceled as of 12/31/2009. If you want a medical or dependent care FSA in 2010, you must enroll in this benefit during Open Enrollment. Remember that no changes can be made to the FSA amounts during the plan year without a qualifying change in status event. See your Benefits Reference Guide or the Employee Benefits Department website for a description of qualifying change in status events.

- The annual minimum amount for a FSA will be $240. All employees who select a medical FSA will receive a debit card to use against their account – free of charge! All medical FSA participants will receive a new card for 2010. Dependent care FSA participants may request a card.
- Remember that even though you use your FSA debit card, you still may need to provide receipts. Normal medical and pharmacy co-pays will be automatically accepted but you will need to submit receipts for all other purchases made on your debit card. If you do not provide receipts for these purchases, you will be required to repay the amount of the undocumented purchase and your card will be inactivated.
- FSA contributions are “use it or lose it.” You must request reimbursement or provide receipts by the required due dates or your unspent funds will be forfeited. More information will be provided by TASC.
- REMEMBER – FSA deductions are pre-tax – saving you money on FICA and federal income tax.

**VOLUNTARY BENEFITS**

You will be able to use your Board-provided $150 flex dollar to reduce the cost of dependent premiums, participate in a Health Reimbursement Account or to purchase additional voluntary benefits, except for a flexible spending account, AFLAC, Trustmark or Minnesota Life supplemental insurance products. After you have used your Board contribution, you may also purchase these products through payroll deduction, most are pre-tax, saving you money on FICA and federal income tax. A description of these options is included in your Benefits Reference Guide and on the Employee Benefits Department website.

Voluntary Benefits offered through Sunbelt:
- Critical Illness: Heart, Stroke, Cancer, Renal Failure, etc. Guarantee Issue to all employees for $30,000 of coverage/$5,000 for spouse regardless of Health Conditions.
- Universal Life: Guarantee Issue $100,000 for employees
- Accident Insurance-Coverage for the unexpected. Family coverage available.
- Hospital Income-Coverage designed to cover hospital stays. Three options available. Family coverage available.
- Prepaid Legal, Vision, Short and Long Term Disability, and voluntary Dental.

**HEALTH PLAN OPT-OUT**

If you have other medical insurance coverage, you may want to consider opting out of the Board’s medical plan. The taxable cash benefit for employees opting out of the Board’s medical plan is $1,200 - $50 per pay period for those with 24 deductions per year/$60 per pay period for those with 20 deductions per year. Even if you opt-out, you still receive the $150 flex dollars, the $35,000 Board-provided life insurance, and you have use of the Employee Assistance Program. You may also purchase voluntary benefits, including dental.

**ENROLLMENT OPTIONS**

You have 3 options to enroll:
- You may sit with an enroller at your worksite.
- If you do not need assistance in selecting your benefits, you will be able to review your existing benefits and self-enroll on the website from any computer with Internet access. The link to the website is: https://www.mywecarebenefits.net/PascoEnrollment2010.
- Sign in with your Online ID (your first and last initial and the last 7 digits of your social security number – for example: the Online ID for Joe Pasco 123-45-6789 would be JP3456789) and the Password is pasco2010. You will be required to change your password the first time you sign on. When you are finished making your selections, be sure to print and keep your Enrollment Summary. If you make changes to your benefit selections later in the Open Enrollment period, be sure to print and keep the new version of your Enrollment Summary.
- You may also contact the Sunbelt Call Center to make your benefit selections. The selections will be entered into the system immediately and you will be able to go back to the website and review your selections. The number for the call center is 1-800-822-8045 press 2 and then 1 to reach an enroller. The Sunbelt Call Center is open from 8:00 AM to 5:00 PM. Be sure to print and keep your Enrollment Summary. If you do not have access to a computer and printer, please contact your worksite Benefits Coordinator or the Employee Benefits Department for assistance.

**WHAT DO YOU THINK??**

If you have any questions, concerns, comments or suggestions – please contact me at mtillman@pasco.k12.fl.us

Thanks!
Mary Tillman, Director - EBARM

**WHAT HAPPENS IF YOU DON’T ENROLL??**

If you take no action to select your benefits during the open enrollment period:
- You and your covered dependents will remain in the same benefit plans that you had in 2009.
- Any medical or dependent care flexible spending accounts (FSAs) will be canceled as of December 31, 2009.

REMEMBER – FSA deductions are pre-tax – saving you money on FICA and federal income tax.