

Lawrence County Schools Council of Government District: Ironton City School District Employee Benefits Enrollment Guide

Plan Year: May 1, 2015 through April 30, 2016



Contact Information

Refer to this list when you need to contact one of your benefit vendors.

BROWER INSURANCE:

Claims Manager: Thadd Scott - Phone: 513-707-5017; Email: tscott@browerinsurance.com

Account Management: Michelle Meyer - Phone: 513-707-5022; Email: mmeyer@browerinsurance.com

Account Assistant: Kara Valle – Phone: 513-707-5024; Email: kvalle@browerinsurance.com

Toll Free Number: 1-800-949-1167

Address: 6279 Tri-Ridge Blvd., Suite 400, Loveland, OH 45140

MEDICAL PLAN:

Anthem Blue Cross/Blue Shield

Member Services: 1-800-552-9159

Nurse Line: 1-888-249-3820

Claim Address: Anthem, P. O. Box 105187, Atlanta GA 30348-5187

Website: www.anthem.com

PRESCRIPTION DRUG PLAN:

Express Scripts

Member Services: 1-855-216-1512

Website: www.Express-Scripts.com

DENTAL:

Guardian Life Insurance Company

Member Services: 1-800-541-7846

Claim Address: Guardian Group Dental Claims, P. O. Box 2459, Spokane WA 99210-2459

Website: www.guardiananytime.com

VISION:

Guardian / VSP - Choice

Member Services: 1-877-814-8970

Claim Address: Vision Service Plan, P. O. Box 997105, Sacramento CA 95899-7105

Website: www.vsp.com

LIFE INSURANCE:

Guardian Life Insurance Company

Member Services: 1-800-541-7846

Welcome to Open Enrollment!

Elections you make during open enrollment will become effective May 1, 2015.

Lawrence County Schools Council of Government offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.



How to Enroll or Waive Coverage

The first step is to review your current benefit elections. Verify your personal information and make any changes if necessary. Make your benefit elections. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status. If you are not making any changes during this enrollment period, no form is necessary.

If waiving health insurance coverage, please sign waiver form.



When to Enroll

The open enrollment period runs from 4/1/15 through 4/30/15. The benefits you elect during open enrollment will be effective from 5/1/15 through 4/30/16.



How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include, for example: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence, commencement or termination of adoption proceedings, change in employment status or change in coverage under another employer-sponsored plan.

What's New?



✓ Medical

- Prescription Drug Benefits will no longer be handled by Anthem as of May 1, 2015. Please see PRESCRIPTION section below for important Rx plan information. Anthem will be sending out new Medical ID cards which should be used only at medical providers (not at pharmacy as of 5/1/15). You will receive your new Anthem Medical ID cards prior to the May 1st effective date.

✓ Prescription Drug

- Prescription Drug Benefits will be handled directly with Express Scripts as of 5/1/15 (no longer affiliated with Anthem). You will be receiving an Express Scripts Prescription Drug ID Card prior to May 1st. Please be sure to present your new Prescription ID card to your Pharmacy as of 5/1/15.
- Your Prescription Drug Tier copayments will be the same dollar amounts, but you may experience some tier changes as of 5/1/15 (some prescriptions will go down in copayment and others will go up in copay).
- If you have been using the Mail Order Program through Anthem, your information has been transferred, so you do not have to start the process all over again.
- If you have previously been approved for a Prior Authorization or Step Therapy, that information has been transferred, so you will not have to go through that process again, unless your Prior Authorization has expired (authorizations are typically valid for up to 1 year at a time).
- Due to Health Care Reform, prescription drug copayments will have a maximum out of pocket as of this renewal period. This is a benefit improvement because, in the past, there has been no cap on prescription copayments. The maximum out of pocket is \$1,000 per individual or \$2,000 per family. This year, the cap will run for the time period of 5/1/15 – 12/31/15. This will reset as of 1/1/16.
- Some prescription drugs will no longer be covered on the Prescription Drug Formulary as of 5/1/15. The member impact is very low. If you are impacted by this change, you will receive a letter at your home address from Express Scripts advising you of this and you will be given alternate options. Each drug that is not covered does have other therapeutic equivalents in the same class of drugs. You will need to discuss this with your prescribing physician to determine what alternative is best for you.

Medical [Anthem] & Prescription Drugs [Express Scripts]

Our Anthem PPO plans allow you the freedom to use providers in and out-of-network, although the chart below only outlines the in network benefits. If you receive services out-of-network, your cost increases significantly. As a reminder, our benefits run on a calendar year basis.

Services	OPTION 1	OPTION 2
Preventive Care	Covered in Full	Covered in Full
Physician Office Visit *PCP includes family practice, general physician, internist, pediatricians, OB/GYNs	\$20 copayment Primary Care Physician*; \$30 copayment Specialist	\$20 copayment Primary Care Physician*; \$30 copayment Specialist
Calendar Year Deductible	\$500 per person to a maximum of \$1,500 per family	\$4,000 per person to a maximum of \$8,000 per family
Inpatient Hospitalization	80% after Deductible	80% after Deductible
Outpatient Surgery	80% after Deductible	80% after Deductible
Non-Surgical Outpatient Services for diagnostic testing, labs and x-rays (except Advanced Imaging)	Covered in Full	Covered in Full
Advanced Diagnostic Imaging (CT Scan, MRI, Nuclear Medicine, PET Scan, etc.)	80% after Deductible	80% after Deductible
Durable Medical Equipment	80% after Deductible	80% after Deductible
Outpatient Therapies Calendar Year Visit Limits: Cardiac Rehab: 60 Pulmonary Rehab: 30 Physical Therapy: 30 Occupational Therapy: 30 Manipulation Therapy: 20 Speech Therapy: 30	If billed as office visit, then Specialty Physician Office Visit applies. If billed as outpatient facility, 80% after Deductible	If billed as office visit, then Specialty Physician Office Visit applies. If billed as outpatient facility, 80% after Deductible
Urgent Care	\$35 copayment	\$35 copayment
Emergency Room	\$250 copayment (waived if admitted)	\$250 copayment (waived if admitted)
Out of Pocket Maximum (includes deductible) Per Calendar Year	\$2,000 per person to a maximum of \$4,000 per family (INCLUDES COPAYS EXCEPT RX)	\$5,000 per person to a maximum of \$10,000 per family (INCLUDES COPAYS EXCEPT RX)
NEW PHARMACY PLAN THROUGH EXPRESS SCRIPTS EFFECTIVE 5/1/15 – REMEMBER TO USE NEW PRESCRIPTION ID CARD FOR ALL PRESCRIPTIONS AS OF 5/1/15!!!!		
Prescription Drugs Retail Pharmacy (30-days) Mail Order (90-days) Specialty Rx is Retail Copay	Retail Pharmacy \$10 / \$25 / \$40 Mail Order \$20 / \$50 / \$80	Retail Pharmacy \$10 / \$25 / \$40 Mail Order \$20 / \$50 / \$80