

Lee County Public Schools

2855 Colonial Blvd.
Fort Myers, Florida 33966

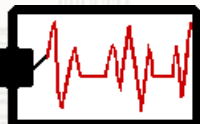


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Vision: To Be a World-Class School System

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Medical Insurance

The District is self-insured for the medical insurance and uses **BlueCross BlueShield of Florida (BCBS)** as a Third Party Administrator (TPA) to utilize their network of providers, to administer the benefits and to process claims. The District offers two (2) Blue Choice plans, one (1) Blue Options Plan and one (1) HMO plan (**Plan Comparison**) to choose from that best meets the needs of the employee and/or their dependents. All regular employees working at least **30** hours per week are entitled to employee only medical insurance. The District gives every eligible employee benefit bank dollars to apply towards their medical insurance. The amount is \$6,372 annually.

Dependent Eligibility - 1) Spouse - Legally married; **2) Children** - Employee's natural, newborn, adopted, foster, step child(ren) (or a child for whom the Covered Employee has been court-appointed as legal guardian or legal custodian) may be covered until the end of the calendar year in which he/she turn 26 years of age with NO Criteria (such as dependent marital status, student status, financial dependency on the Covered Employee, etc.)

The premiums listed below are **per paycheck** and are deducted twice a month, the 15th and the last day of the month.

24- Pay Deductions **Premiums effective 3/12**

	702 Plan	117 Plan	3359 Plan	HMO 05
Employee Only	\$346.00	\$265.50	\$245.00	\$326.00
Employee / Spouse	\$858.50	\$642.00	\$593.00	\$803.50
Employee / Child	\$536.50	\$398.50	\$368.00	\$502.00
Employee / Children	\$748.00	\$559.00	\$516.00	\$700.00
Employee/ Family	\$1,079.00	\$809.50	\$747.50	\$1,010.00

You will receive \$265.50 in Flex Credits each pay period to apply toward the purchase of the following Medical, Dental, Vision and/or Cancer insurance benefits (Core Health Benefits). *(Keep in mind....subtract \$265.50 from each premium above for the actual premium you will pay per period.)*

20 -Pay Deductions **Premiums effective 3/12**

	702 Plan	117 Plan	3359 Plan	HMO 05
Employee Only	\$415.20	\$318.60	\$294.00	\$391.20
Employee / Spouse	\$1,030.20	\$770.40	\$711.60	\$964.20
Employee / Child	\$643.80	\$478.20	\$441.60	\$602.40
Employee / Children	\$897.60	\$670.80	\$619.20	\$840.00
Employee/ Family	\$1,294.80	\$971.40	\$897.00	\$1,212.00

You will receive \$318.60 in Flex Credits each pay period to apply toward the purchase of the following Medical, Dental, Vision and/or Cancer insurance benefits (Core Health Benefits). *(Keep in mind....subtract \$318.60 from each premium above for the actual premium you will pay per period.)*

(Please note: 24 Pay is for All employees, excluding Bus Operators / Attendants; **20 Pay** is for Bus Operators / Attendants and 186 - day clerk typists)

Coverage Effective Dates

For new employees and their dependents, medical insurance will be effective the first of the month following 45-day waiting period.

Referrals Needed?

With these plans, no referrals from the Primary Care Physician (PCP) are needed to see a Specialist. However, it is the responsibility of the employee / patient to make sure the provider is in the network. The PPO network of providers are the same for all three (3) PPO plans. For the HMO Plan, please make sure the Specialist is in the HMO network. The most up-to-date way to find out if a provider is in the network, is to use the BCBS website www.bcbsfl.com *(This website is not hosted nor endorsed by the District.)*



PROVIDER

The most up-to-date way to find out if a provider is in the network, is to use the BlueCross BlueShield website located at: www.bcbsfl.com

Click the Blue Tab - "Find a Doctor and More".

SPANISH VERSION – On the right side of the screen under "Other Provider Searches", you may choose to perform a provider search in Spanish by selecting "en español".

There are 3 tabs that you can choose from:

Search; Advanced Search; or Create A Directory

Instructions for Search or Advanced Search:

NOTE: The tab will be on "Search". If you want to do an Advanced Search, click the tab for "Advanced Search" and follow the steps.

Step 1: Doctor or Facility Information

- Select the type of provider you are looking for. Health Care Facility includes Hospitals, Urgent Care Centers/Clinics, X-Ray/Imaging and Labs. All other provider types (other than Doctors or Pharmacy which are listed separately) will be found under Support Service. If you are searching for a Doctor, you will need to select Primary/Family Care or Specialist. You may enter a doctor's name or search by category.

Step 2: Insurance Plan Information

- Under Insurance Plan Information, select either:
Blue Choice (Preferred Patient Care {PPO}) for 702 and 117 Plans
Blue Options (Network Blue) for 3359 Plan
BlueCare (HMO) for HMO 05 Plan

Step 3: Location

- Select the location that you want to search by using either the Zip Code/Distance, Street/City or County. If you input Lee County, all physicians and facilities for Lee County will display.
- Click on "Search".

This is the most up-to-date information. However when making your appointments, you should always verify with the providers that they are on the BCBS PPO Plan BCBS Blue Option or BlueCare HMO plan.



If you want to print a copy of these instructions, please

Please note...if you go to an Out-of-Network provider, BlueCross BlueShield will send the Subscriber (employee) the payment for services rendered. In return, the Subscriber (employee) pays the provider.



GOOD NEWS!

You can obtain more additional information through BlueCross BlueShield's website and here's how:

Step 1: Register – (For the first time, be sure to have your BCBS ID card available as you will need to use your ID number on the ID card to register.)

Step 2: Login with your User ID (your SS#) and password that you created. (You will know you are logged in when at the top right corner of the screen, it will say WELCOME, your name)

Step 3: Under *What can we help you with today?* You can:

- "Understand your benefits" – gives an explanation of the PPO plan you and your dependents, if applicable, have
- "View Claims" – enables you to review your claims
- "Request an ID card" – allows you to order an ID card and have it mailed to your home
- "Print Forms" – allows you to download medical claim forms, Prime Mail 90-day mail order forms, etc.

For Blue Compliments Discount Programs available:

Step 1: Click on the *Health and Wellness* tab

Step 2: Click on *Member Tools*

Step 3: Scroll down to "Save Money Through the Blue Compliments Discount Programs", then click on *More Info*.

Step 4: Click on any of the topics you are interested in receiving a possible discount, such as *Bicycle Helmets, Smoking Cessation Programs, Contact Lenses, Laser Vision Correction, etc.*

Pre-existing Conditions?

Under all four (4) plans, if you have been seen by a physician, treated for and/or taking medication for any illness or injury three (3) months prior to your full-time hire date (for dependents - three (3) months prior to the dependents effective date), then that particular illness or injury will not be covered for **90 days**.

However, if you have Creditable Coverage from a previous group health carrier and there is no more than a 63 day lapse from when your previous coverage ended to when your new coverage begins with the District, Blue Cross BlueShield will give credit for any creditable portion of the required three (3) month exclusionary period that has been satisfied with the previous insurance carrier. This is part of HIPAA.

Be sure to keep your Certificate of Creditable Coverage from your previous carrier to submit to Blue Cross BlueShield.

Definition of a dependent

- Spouse - legally married
- Child(ren) - Covered until the end of the Calendar Year, in which the child reaches age 26 with no additional criteria.

Adding Newborns to Coverage

To enroll a newborn child who is an Eligible Dependent, you must physically come to the Insurance & Benefits Department with proof of birth (i.e. copy of birth record from the hospital).

You have **60** days from the date of birth to physically add the newborn to your health plan. If you complete the required paperwork within **30** days after the birth, no premium will be charged for the first 30 days of life. If the required paperwork is completed between the **31st** and the **60th** day after birth, you will be charged the applicable premium for the child from the date of birth.

The Effective Date of coverage for a newborn child shall be the date of birth.

In the event you do not complete the required paperwork to add the newborn within **60** days of the birth of the newborn child, you will not be able to add the newborn until the District's annual Open Enrollment. The effective date then would be April 1st of that year.

If you need to order an ID card or have any questions, you may contact Blue Cross BlueShield at 800-945-3676 or you may contact [Karen Whitmore](#), our Blue Cross BlueShield On-Site Representative at (239) 335-1403.