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OPEN ENROLLMENT GUIDE



**COBRA &
RETIREE MEMBERS**

**DID YOU
KNOW?**

OPEN
ENROLLMENT
BEGINS OCT. 29TH
THROUGH NOV. 16TH
2018

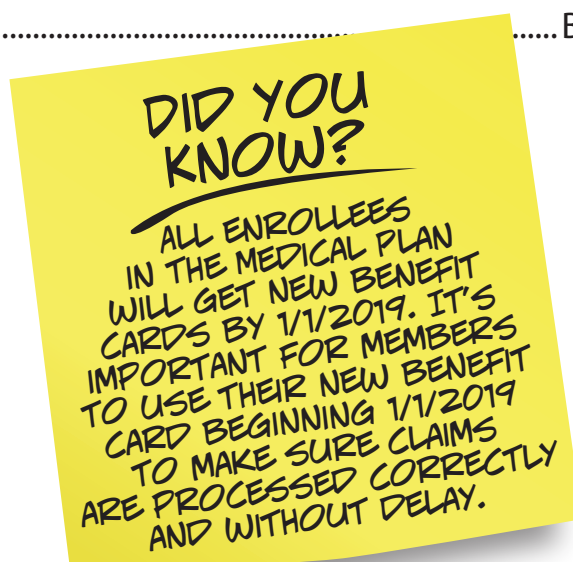
A TRADITION OF EXCELLENCE FOR ALL



LYNCHBURG CITY SCHOOLS

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ADMINISTRATOR CONTACT INFORMATION			
BENEFIT	ADMINISTRATOR	PHONE NUMBER	WEBSITE
Medical Plan	Anthem Blue Cross and Blue Shield	800.451.1527	anthem.com
Prescription Drug Plan	Anthem Blue Cross and Blue Shield	800.451.1527	anthem.com
90-Day Mail Order (Home Delivery)	Express Scripts	877.498.5464	express-scripts.com
Dental Plan	Anthem Dental of VA Group #033300	866.956.8607	anthem.com
Vision	EyeMed Group #9855891	866.723.0514	eyemedvisioncare.com
Life Insurance	Minnesota Life (Group Basic Life and Optional Life Insurance)	800.441.2258	varetire.org
Retirement	Virginia Retirement System (VRS)	888.827.3847	varetire.org

Open Enrollment is here!

Welcome to another Open Enrollment season! Open Enrollment for benefit coverage effective **January 1, 2019, will begin on Monday, October 29, 2018, and end Friday, November 16, 2018, at 5:00 PM EST.** Open Enrollment gives eligible Lynchburg City Schools plan members an opportunity to review, make changes, and/or waive (cancel) coverage. Now is the time to make changes to all 2018 elections. This guide has all of the information you will need for Open Enrollment so that you can make an educated decision that is right for you and your family.

DID YOU KNOW?






MEDICAL RATES ARE INCREASING FOR THE 2019 PLAN YEAR.

NEW Changes for 2019

Medical Plan Changes

- There is an increase in the monthly Medical Benefit Premiums effective 1/1/2019.

NEW Monthly Medical Benefit Premiums

Monthly Medical Premium	
Type of Coverage	Medical Premium – 750 Deductible
 Plan Member	\$532.04
 Plan Member + Spouse	\$886.56
 Plan Member + Child	\$708.76
 Plan Member + Children	\$849.20
 Family	\$1055.86

What's the same for 2019?

- No increases for Dental or Vision benefit premiums.
- No changes to Medical (Anthem), Dental (Anthem) or Vision (EyeMed) plan design.

Enrollment Process

What Action to Take During Open Enrollment? Must Read!

Your Open Enrollment material contains important information regarding your benefits options for the upcoming 2019 plan year. Included in this material are the Open Enrollment booklet and the enrollment form. **During the Open Enrollment period, you will not be able to make an election to participate in coverage that you have previously waived.** For example, if you have previously waived Dental coverage, you are not eligible to enroll in Dental coverage this Open Enrollment period.

Step 1: Please read all the Open Enrollment materials.

Step 2: If you wish to retain the same Medical, Dental, and Vision elections for the 2018 plan year, **No Action is required.**

Helpful Benefit Terms

Deductible

The amount plan members pay for covered health care services before the plan begins to pay. Deductible starts over every January.

Coinsurance

Your share of the cost for a covered health service, calculated as a percent of the allowed amount. The plan pays the rest of the allowed amount. Coinsurance is in addition to deductibles.

Copayment

A fixed amount plan members pay for covered health care services. The amount can vary by the type of provider or covered health care service (i.e., Primary Care vs. Specialist).

Out-of-Pocket Maximum

The annual out-of-pocket maximum protects plan members against high or unexpected medical cost by limiting the amount that plan members pay of their own money for eligible medical care during the year. Once plan members reach the out-of-pocket maximum, Anthem pays 100% of your eligible medical expenses for the rest of the year.



PPO Medical Plan

Administered by Anthem BlueCross and BlueShield

The PPO plan is a “preferred provider organization.” A PPO is a program in which a network of doctors, hospitals, and other health care providers agree to provide medical services to plan enrollees at special and negotiated rates. Each health care provider in the network must meet and maintain strict quality requirements.

Once the plan members meet the \$750 deductible, the plan members pay 20% and Anthem BlueCross and BlueShield pays 80% until the plan members have reached the maximum out-of-pocket of \$4,500. After the plan member reaches the maximum out-of-pocket amount, Anthem BlueCross and BlueShield will pay 100%. Please remember that the annual deductible amount starts over each calendar year (January 1st). To locate Anthem BlueCross and BlueShield providers near you, visit www.anthem.com. Below is the Medical benefit summary.

IN-NETWORK SERVICES	YOU PAY
Preventive Care Services	
Preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations, and physician visits. * During the course of a routine screening procedure, abnormalities or problems may be identified that require immediate intervention or additional diagnosis. If this occurs, and your provider performs additional necessary procedures, the service will be considered diagnostic and/or surgical, rather than screening, depending on the claim for the services submitted by your provider, which will result in a member cost share.	No Cost Share*
Doctor Visits	
office visits • pre- and postnatal office visits* • urgent care visits • home visits * If your physician submits one bill for prenatal, delivery, and postnatal care, services are covered as listed below.	\$25 for each visit to a PCP \$45 for each visit to a specialist
online visits (https://livehealthonline.com) (does not include livehealthonline mental health/substance abuse therapist visits)	\$15 for each visit
allergy injections • allergy serum	\$5 for each visit
mental health and substance abuse visits	\$5 for each visit
• physical therapy visits in an officesetting (30 visit limit per CY)* • occupational therapy visits in an office setting (30 visit limit per CY)* • speech therapy visits in an office setting (30 visit limit per CY)* * Limit does not apply to Autism Spectrum Disorder.	\$45 for each visit
spinal manipulations and other manual medical intervention visit (20 visit limit per CY)	\$45 for each visit
emergency room ER Facility associated Professional Provider Services (ER Dr., Radiologist, Surgeon) are covered at 20%	\$200 copay/visit+ 20% no deductible) of the amount the health care professionals in our network have agreed to accept for their services
Maternity – Global Billed Services*	
Ob Physician - all routine global billed prenatal, delivery and postnatal care (excluding inpatient stays)	\$100 per pregnancy
Maternity Outpatient Services	
Outpatient Labs and X-Rays, maternity ultrasounds	20% of the amount the health care professionals in our network have agreed to accept for their services (no deductible)
Other Outpatient Services	
diagnostic lab services • diagnostic x-rays	20% of the amount the health care professionals in our network have agreed to accept for their services (no deductible)
Outpatient Surgery (at a facility or ambulatory surgery center)	
surgery	\$200 copay/visit+ 20% of the amount the health care professionals in our network have agreed to accept for their services (no deductible)

Your benefit period runs on a calendar year basis. A calendar year means your benefit period runs from January through December.

All services received in the calendar year for a benefit listed with a specific limit are applied to the limit whether the services are received in or out of network.

PPO Medical Plan

Administered by Anthem BlueCross and BlueShield (continued)

01/16 ASO

In most of Virginia: Anthem BlueCross and Blue Shield is the trade name of Anthem Health Plans of Virginia, Inc. (serving Virginia excluding the city of Fairfax, the town of Vienna and the area east of State Route 123). Independent licensee of the Blue Cross and Blue Shield Association. * ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The BlueCross and BlueShield names and symbols are registered marks of the BlueCross and BlueShield Association.

ALL OTHER IN-NETWORK SERVICES	YOU PAY
<p>You will pay all the costs associated with care until you have paid \$750 in one calendar year. This is known as your deductible.</p> <ul style="list-style-type: none"> If two people are covered under your plan, each of you will pay the first \$750 Individual of the cost of your care (\$1,500 total). If three or more people are covered under your plan, together you will pay the first \$1,500 of the cost of your care. However, the most one family member will pay is \$750. <p>Once you reach your deductible you pay:</p>	
Autism Spectrum Disorder (ASD) – For children from age 2 through 10	
<p>Diagnosis and treatment of autism spectrum disorder including:</p> <ul style="list-style-type: none"> behavioral health treatment pharmacy care psychiatric care psychological care therapeutic care** <p>**Unlimited physical, occupational, and speech therapy.</p>	Member cost shares will be dependent on the services rendered.
<ul style="list-style-type: none"> applied behavioral analysis unlimited per member annual maximum 	20% of the amount the health care professionals in our network have agreed to accept for their services
Early Intervention – For children from birth up to age 3	
unlimited per member per calendar year up to age 3	Member cost shares will be dependent on the services rendered.
Other Outpatient Services	
<ul style="list-style-type: none"> shots and therapeutic injections including infusion medications dialysis chemotherapy (not given orally), IV, radiation, travel cardiac, and respiratory therapy medical appliances, supplies, and medications durable medical equipment in-office surgery ambulance 	20% of the amount the health care professionals in our network have agreed to accept for their services
Other Outpatient Services	
<ul style="list-style-type: none"> diabetic supplies, equipment, and education 	Member cost shares will be dependent on the services rendered.
Outpatient Visits in a Hospital or Facility	
<ul style="list-style-type: none"> physical therapy (30 visit limit per CY)* occupational therapy (30 visit limit per CY)* speech therapy (30 visit limit per CY)* partial day mental health and substance use services <p>*Limit does not apply to Autism Spectrum Disorder.</p>	20% of the amount the health care professionals in our network have agreed to accept for their services
Care At Home	
<ul style="list-style-type: none"> home health care (100 visit limit per CY) private duty nursing limited to 16 hours per member per calendar year* <p>*Since there is no network for this service, you may be billed for the difference between what we pay for this service and the amount the private duty nursing service charged.</p>	20% of the amount the health care professionals in our network have agreed to accept for their services
<ul style="list-style-type: none"> hospice care 	No cost share
Inpatient Stays in a Network Hospital or Facility	
<ul style="list-style-type: none"> semi-private room, intensive care or similar unit physician, nursing, and other medically necessary professional services in the hospital including anesthesia, surgical, and maternity delivery services. skilled nursing facility care (30 day limit per admission) 	20% of the amount the health care professionals in our network have agreed to accept for their services

PPO Medical Plan

Administered by Anthem BlueCross and BlueShield *(continued)*

OUT-OF-NETWORK SERVICES

Using Doctors, Hospitals, and Other Health Care Professionals not Contracted to Provide Benefits

It's important to remember that health care professionals not in our network can charge whatever they want for their services. If what they charge is more than the fee our network health care professionals have agreed to accept for the same service, they may bill you for the difference between the two amounts.

You will pay all the costs associated with the covered services outlined in this insert until you have paid \$880 in one calendar year. This is called your out-of-network deductible.

- If two people are covered under your plan, each of you will pay the first \$880 of the cost of your care (\$1,760 total).
- If three or more people are covered under your plan, together you will pay the first \$1,760 of the cost of your care. However, the most one family member will pay is \$880.

Once you have reached this amount, when you receive covered services we will pay 60% of the fee our network health care professionals have agreed to accept for the same service. You will pay the rest, including any difference between the fee our network health care professionals have agreed to accept for the same service and the amount the health care professional not in our network charges.

OUT-OF-POCKET MAXIMUMS

What You Will Pay for Covered Services in One Calendar Year

When using network professionals
If you are the only one covered by your plan, you will pay \$4,500 for covered services outlined in this insert. Once you have reached this amount, your payment for covered services is \$0, except for those services listed below that do not count toward the annual out-of-pocket maximum.*

- If two people are covered under your plan, each of you will pay \$4,500 (\$9,000 total).
- If three or more people are covered under your plan, together you will pay \$9,000. However, no family member will pay more than \$4,500 toward the limit.

When not using network professionals
If you are the only one covered by your plan, you will pay \$5,200 for covered services outlined in this insert. Once you have reached this amount, your payment for covered services is \$0, except for those services listed below that do not count toward the annual out-of-pocket maximum.*

- If two people are covered under your plan, each of you will pay \$5,200 (\$10,400 total).
- If three or more people are covered under your plan, together you will pay \$10,400. However, no family member will pay more than \$5,200 toward the limit.






***The following do not count toward the calendar year Medical out-of-pocket maximum:**

- your share of the cost of outpatient prescription drugs
- the cost of routine vision care
- the cost of services and supplies not covered under your benefits
- the additional amount health care professionals not in our network may bill you when their charge is more than what we pay

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This policy has exclusions and limitations to benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent or contact us. If there is a difference between this summary and the contract of coverage, the contract of coverage will prevail.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Services, we may be required to make additional changes to this summary of benefits.

NEW Monthly Medical Benefit Premiums

Monthly Medical Premium		
	Type of Coverage	Medical Premium – 750 Deductible
	Plan Member	\$532.04
	Plan Member + Spouse	\$886.56
	Plan Member + Child	\$708.76
	Plan Member + Children	\$849.20
	Family	\$1055.86

Take care of yourself

Use your preventive care benefits

Preventive vs. diagnostic care

What's the difference? Preventive care helps protect you from getting sick. If your doctor recommends you have services even though you have no symptoms, that's preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to determine what's causing those symptoms.

Adult preventive care

Preventive physical exams

Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening*
- Eye chart test for vision²
- Hearing screening
- Height, weight, and body mass index (BMI)
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years³
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

- Diphtheria, tetanus, and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps, and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met⁴
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies, and counseling^{5,6,7}
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those with a high risk of breast cancer

- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- HPV screening⁶
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV, and depression⁶
- Pelvic exam and Pap test, including screening for cervical cancer

These preventive care services are recommendations of the Affordable Care Act (ACA or health care reform law). They may not be right for every person, so ask your doctor what's right for you.

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will rule. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for exclusions and limitations.

* CDC-recognized Diabetes Prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

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Child preventive care

Preventive physical exams

Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight, and BMI
- Hemoglobin or hematocrit (blood count)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10-24 with fair skin about lowering their risk for skin cancer
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening when done as part of a preventive care visit²

Immunizations:

- Chickenpox
- Flu
- Haemophilus influenza type b (Hib)
- Hepatitis A and hepatitis B
- HPV
- Meningitis
- MMR
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

¹ The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your Certificate of Coverage or call the Member Services number on your ID card.

² Some plans cover additional vision services. Please see your contract or Certificate of Coverage for details.

³ You may be required to get preapproval for these services.

⁴ Check your medical policy for details.

⁵ Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.

⁶ This benefit also applies to those younger than age 19.

⁷ Counseling services for breastfeeding (lactation) can be provided or supported by a plan doctor or hospital provider, such as a pediatrician, obstetrician/gynecologist or family medicine doctor, and hospitals with no member cost share (deductible, copay, coinsurance). Contact the provider to see if such services are available.

PPO Medical Plan

Administered by Anthem BlueCross and BlueShield (continued)

Additional Medical Programs



LiveHealth Online – Easy, fast doctor visits!

A program that provides 24/7 service that connects our plan members with board-certified doctors through a two-way, live video chat from their smartphone, tablet, or computer with a webcam. The doctor can answer questions and diagnose many common problems, like a sore throat, the flu, or allergies. In less than 10 minutes, you can get medical advice, a diagnosis, and even a prescription.

With LiveHealth Online, you get:

- Immediate doctor visits through live video
- Your choice of board – certified doctors
- Private, secure, and convenient online visits
- Copayment –\$15.00

Sign up for LiveHealth Online today!

It's quick and easy to sign up, just go to livehealthonline.com or download the mobile app.

Condition Care

A free program that helps members with asthma, diabetes, heart failure, coronary artery disease, and more. When you join the program, you will get the tools and resources you need to take charge of your health. Call to sign up at 800.445.7922.

Future Moms

A free program that helps members have a healthy pregnancy and a healthy baby. Sign up as soon as you know you are pregnant by calling 800.828.5891.

24/7 NurseLine

The NurseLine puts members directly in touch with a live, registered nurse who's prepared to offer reliable health care advice and guidance on choosing the right level of care. Members can easily reach a nurse, day or night, by calling 800.337.4770.

**DID YOU
KNOW?**

PREVENTIVE
CARE SERVICES THAT
MEET THE REQUIREMENTS
OF FEDERAL AND STATE LAW,
INCLUDING CERTAIN
SCREENINGS, IMMUNIZATIONS,
AND PHYSICIAN VISITS,
ARE COVERED
AT 100%.



Pharmacy Drug Plan

Administered by Anthem BlueCross and BlueShield

The Medical plan, includes the following Prescription Drug Plan. To make sure your pharmacy is in the network, visit www.anthem.com and select Find a Doctor.

Anthem National 4 Tier Drug Formulary

YOUR SMART 90 PRESCRIPTION DRUG PLAN	TIER 1 COPAY	TIER 2 COPAY	TIER 3 COPAY	TIER 4 COPAY (specialty drugs)
Up to a 30-day medication supply at participating pharmacies	40% coinsurance, \$20 minimum, \$50 maximum/script	40% coinsurance, \$20 minimum, \$100 maximum/script	40% coinsurance, \$20 minimum, \$100 maximum/script	40% coinsurance, \$20 minimum, \$100 maximum/script
Up to a 90-day medication supply delivered to your home	40% coinsurance, \$60 minimum, \$125 maximum/script	40% coinsurance, \$60 minimum, \$300 maximum/script	40% coinsurance, \$60 minimum, \$300 maximum/script	*40% coinsurance, \$60 minimum, \$300 maximum / script. 90-day mail order benefit only allowed for Transplant & HIV/AIDS drugs.
Up to a 90-day maintenance medication supply purchased at a Smart 90 participating** retail pharmacy	40% coinsurance, \$60 minimum, \$125 maximum/script	40% coinsurance, \$60 minimum, \$300 maximum/script	40% coinsurance, \$60 minimum, \$300 maximum/script	Not Applicable

*Most specialty medications are limited to a 30-day supply regardless of whether they are retail or mail.

If you get the brand name drug when a generic drug is available, you will pay the applicable coinsurance based on the brand drug cost plus the difference in cost between the brand and the generic.

Prescription Drug Out of Pocket Maximum

\$2,850 Individual/\$5,700 Family (separate from the Medical out of pocket maximum)

Mandatory Maintenance Medications

Maintenance classified medications must be filled through the Home Delivery Pharmacy Express Script) or Smart90 participating pharmacies after a specified number of 30 day retail fills.

30 Day Retail Pharmacy Network

Our network includes more than 69,000 pharmacies across the country. That means you have easy access to your prescriptions wherever you are – at work, home, or even on vacation. Using pharmacies in the network will help you get the most from your drug plan. When picking up your prescription at the pharmacy, be sure to show your Anthem Medical ID card.

Smart90 Pharmacies

Smart90** is a unique network that offers more ways for you to get the maintenance medications you need. Maintenance medications are drugs taken on an ongoing basis for conditions such as asthma, diabetes, or high cholesterol. Through Smart90, you can choose to get a 90-day supply of medications from a participating retail pharmacy or the mail order pharmacy.

**Only certain pharmacies in our network participate in the Smart90 program. Be sure to check with your local pharmacy to verify their participation status prior to placing your 90-day retail prescription order.

To make sure your pharmacy is in our network, visit anthem.com and select Find a Doctor. This will take you to the list of providers, pharmacies, and hospitals who participate in our network.

Home Delivery Pharmacy (Express Scripts)

Members needing maintenance medications also have the option to use our Home Delivery Pharmacy service. Our preferred Home Delivery Pharmacy, managed by Express Scripts, sends you the medicine you need right to your door. As a home delivery customer, you'll also enjoy:

- 90-day maintenance medications for less cost than if you purchased them at a retail location
- Free standard shipping
- Access to pharmacists for drug questions
- Safe, accurate prescriptions

Ordering Refills (Express Scripts)

With home delivery, you don't have to worry about running out of medication. That's because the pharmacy will let you know when it's time to order refills. You can easily order by phone, mail, or online.

Dental Plan




Administered by Anthem BlueCross and BlueShield

The dental benefit is designed to help employees maintain good dental health. To locate Anthem Dental providers near you, visit: www11.anthem.com and choose Anthem Dental Complete. Below is the Dental benefit summary.

YOUR DENTAL PLAN AT A GLANCE	In-Network	Out-of-Network	
Annual Benefit Maximum Calendar Year • Per insured person Annual Maximum Carryover	\$1,500 No	\$1,500 No	
Orthodontic Lifetime Benefit Maximum • Per eligible insured person	\$1,000	\$1,000	
Annual Deductible Calendar Year (The Deductible does not apply to Orthodontic Services) • Per insured person • Family maximum	\$50 3x Individual	\$50	
Deductible Waived for Diagnostic/Preventive Services	Yes	Yes	
Out-of-Network Reimbursement Options:	80th Percentile		
Dental Services	In-Network Anthem Pays:	Out-Of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services • Teeth cleaning (prophylaxis) • Intraoral X-rays	100% Coinsurance	100% Coinsurance	No Waiting Period
Basic Services • Front composite (tooth-colored) filling • Simple extractions	80% Coinsurance	80% Coinsurance	No Waiting Period
Endodontics	80% Coinsurance	80% Coinsurance	No Waiting Period
Periodontics	80% Coinsurance	80% Coinsurance	No Waiting Period
Oral Surgery	50% Coinsurance	50% Coinsurance	12 Months
Major Services	50% Coinsurance	50% Coinsurance	12 Months
Prosthodontics • Bridges • Dental Implants Standard-Covered	50% Coinsurance	50% Coinsurance	12 Months
Prosthetic Repairs/Adjustments	80% Coinsurance	80% Coinsurance	No Waiting Period
Orthodontic Services • Dependent Children Only*	50% Coinsurance	50% Coinsurance	12 Months

* Child orthodontic coverage begins at age 8 and continues through age 18. This means that the child must have been banded between the ages of 8 and 19 in order to receive coverage. If children are dependents until age 19, they can continue to receive coverage, but they must have been banded before age 19.

Monthly Dental Benefit Premiums

Monthly Dental Premium	
Type of Coverage	Dental Premium
 Plan Member	\$28.00
 Plan Member + One Dependent	\$50.00
 Family	\$76.00




Vision Plan

Administered by EyeMed

Enroll in the EyeMed vision plan and receive comprehensive vision benefits. The plan pays benefits for vision exams, eyeglasses, contact lenses, and more. EyeMed's network of providers includes private practitioners as well as the nation's premier retailers, LensCrafters®, Sears Optical, Target Optical, JCPenney Optical, and most Pearle Vision locations. To locate EyeMed Vision Care providers near you, visit www.eyemed.com and choose Find a Provider. Below is the Vision benefit summary.

	YOUR IN-NETWORK COST	YOUR OUT-OF-NETWORK REIMBURSEMENT*
Exam Dilation as necessary Refraction	\$15 copay \$0 \$0	Up to \$34
Retinal Imaging	Up to \$39	N/A
Exam Options - Contact Lenses Standard Fit and Follow-Up Premium Fit and Follow-Up	\$25 copay fit & follow up, two visits \$25 copay, 10% off retail price, \$40 allowance	Up to \$40 Up to \$40
Frames	\$0 copay, plus 80% of balance over \$125	Up to \$65
Standard Plastic Lenses Single Vision Bifocal Trifocal Standard Progressive Premium Progressive	\$30 copay \$30 copay \$30 copay \$95 copay \$95 copay plus (80% of charge less \$120 allowance)	Up to \$29 Up to \$43 Up to \$53 Up to \$53 Up to \$53
Standard Lens Options UV coating Tint (solid and gradient) Standard scratch resistance Standard polycarbonate Standard anti-reflective coating Polarized Other add-ons and services	\$15 \$15 \$0 copay \$40 \$45 80% of retail price 80% of retail price	N/A N/A Up to \$5 N/A N/A N/A N/A
Contact Lenses Conventional Disposable Medically Necessary LASIK or PRK from US Laser Network	\$0 copay, plus 85% of balance over \$120 \$0 copay, plus 100% of balance over \$120 \$0 (paid in full by Plan) 85% of retail price or 95% of promotional price Whichever is lesser	Up to \$100 Up to \$100 Up to \$210 N/A
Frequency - based on date of service Exam Lenses or Contact Lenses Frames	Once every 12 months Once every 12 months Once every 24 months	Once every 12 months Once every 12 months Once every 24 months

Monthly Vision Benefit Premiums

Monthly Vision Premium	
Type of Coverage	Vision Premium
 Plan Member	\$ 4.08
 Plan Member + One Dependent	\$ 8.16
 Family	\$12.24



Krista King



Lakrisha Young

For Questions Contact

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DID YOU KNOW?

RETIREEES CAN ONLY ADD DEPENDENTS DURING THE TIME THEY COMPLETE THEIR RETIREMENT APPLICATION.

REMINDERS

Qualified Life Events (Only for COBRA Members)

The choices plan members make during Open Enrollment will be in effect for the entire calendar year. During the year, plan members may only make a change if they experience a qualified status, known as a "life event." Some examples of life events are:

- Birth or adoption of a child
- Marriage
- Divorce and/or legal separation
- Death or loss of dependent (including loss of dependent status)
- Change in your spouse's employment status causing loss or gain of benefits coverage
- Change in your own employment status causing a loss/gain of benefits coverage
- Eligibility for Medicare

Contact the Benefits Department as soon as one of the events listed above occurs. We can provide you and your family with the necessary documents to enroll or change your benefit options.

NOTE: You must notify the Benefits Department of a change in status within 31 days of the date the event took place.

Come to the 2019 Informational Benefit Meeting

(Medical, Dental, & Vision)

When: Thursday, November 1, 2018

Where: E.C. Glass High School

Room: Lecture Hall

Time: 4:30PM – 5:30PM

Benefit Cards

MEDICAL

All enrollees will be issued a new card by January 1, 2019. If you have dependents on your Medical plan they will get their own card.

PHARMACY

All enrollees will use their medical card for filling prescriptions.

DENTAL

All new enrollees will be issued a new card by January 1, 2019. Existing members will not receive a new card.

VISION

All new enrollees will be issued a new card by January 1, 2019. Existing members will not receive a new card.

Form 1095-C

LCS is now required to provide all plan members who are enrolled in the Medical Plan with an annual statement describing the health care coverage that was available to them through LCS during each month of that calendar year. If you are enrolled in the Medical plan for at least one month during 2018, you will get a statement next year.

If you plan to claim premium tax credit subsidies for Marketplace coverage, you will need this form when filing your federal income taxes to confirm you are eligible to claim the tax credits. If you (and any of your dependents) were enrolled in LCS medical coverage during 2018, your Form 1095-C will also include information documenting the months you were covered by the plan. If you have any questions about the form, you should consult a tax advisor.

