

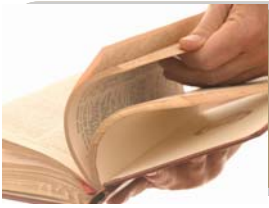
Garden City Public Schools

2015

Benefits Enrollment Guide



TEACHERS



Open Enrollment Process

Open Enrollment for making insurance benefit changes will be from November 20th to December 4th.

Employee contributions will be adjusted January 1st for Teachers. Employees should review the employee contributions and estimate their expected utilization.

Remember that the choices you make now will be effective January 1, 2015 and will remain in effect until December 31, 2015 unless you experience a qualified special enrollment event.

All employees will need to complete the Garden City Public Schools Enrollment and Change form for 2015. GCPS is required to capture dependent social security numbers for reporting under Healthcare Reform. All forms should be sent securely through inner office mail in a sealed envelope.

The Enrollment Form is due to the Benefits Department no later than Thursday, December 4th.

Your other benefits (dental, vision, life and disability) are not changing.

If you are interested in Supplemental Life coverage, contact Anne Waldron for additional details.

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Medical & RX Overview



The chart below offers a high level summary of the In-Network benefits. Benefits at a Glance and Summary Benefit and Coverage (SBC's) are available on the district's website for further details including the Out-of-Network benefits. Additional limitations and exclusions may apply. For an official description of benefits, please refer to each carrier's official certificate/benefit guide. For more information, please contact the Benefits Department.

	Community Blue PPO 1 (Cost when you use the Coverage)
	In-Network
Calendar Year Deductible	
Single	\$0
Family	\$0
Co-Insurance	Not Applicable
Calendar Year Co-Insurance Maximum (Deductibles not included)	
Single	Not Applicable
Family	Not Applicable
Total Out-of-Pocket Maximum (Including Deductibles, Co-Insurance, Copays and Rx Copays)	
Single	\$6,350
Family	\$12,700
Physician Office Services	
Office Visit & Chiro	\$10 Copay
Emergency Medical Care	
Emergency Room	\$50 Copay
Urgent Care Visits	\$10 Copay
Prescription Drugs (RX)	
Generic or Brand	\$10 Generic / \$20 Brand Mail Order 1 Times the Copay
Flexible Spending Account	
Flexible Spending Account (FSA)	FSA Eligible

Employee Contributions



Below is the employee contribution or pre-tax deduction for the coverage. Based on Public Act 54, Garden City Public Schools will be required to pass on the full renewal increase to employees on January 1st. Employee contributions may change based on collective bargaining. In addition, employee contributions will be adjusted each year effective January 1st.

EMPLOYEE CONTRIBUTIONS (Cost to have the Coverage) Please note that the amount of the deduction may vary depending on the number of pays you receive and your employment status (i.e. part time).	
Election	Community Blue PPO 1
Single	\$195.66 Per Month \$2,347.92 Annually
Two Person	\$618.78 Per month \$7,425.36 Annually
Family	\$724.02 Per Month \$8,688.24 Annually

Items to Note

Your life insurance policy pays death benefits to your survivors if you should die while participating in the program. Your will or trust document often is not enough to control how your death benefits are paid. **You must file a Beneficiary Designation with the program provider to determine who receives the benefit.** It's important to keep a record of your beneficiary designations and to update them whenever your circumstances change.



Healthcare Premiums

Employee contributions are outlined on page 3. Please note these amounts will be adjusted each January 1st.

Premium Conversion

To help minimize your employee contribution for your medical plan, Garden City Public Schools will continue to offer an IRC (Internal Revenue Code) Section 125 Premium Conversion Plan. This allows you to pay for your coverage on a pre-tax (before tax) basis. As a result, your net take home pay will be higher than if contributions were deducted on a post-tax (after tax) basis.

Contributions taken on a pre-tax basis are not subject to federal or state income taxes or FICA taxes. The amount of savings depends on your individual contribution and tax bracket. Your 2015 Enrollment Election will be locked in for the entire benefit year (January 1st to December 31st). Election changes are only allowed if you experience a mid-year qualifying event.

Flexible Spending Account (FSA)

An FSA is an employee benefit program that allows you to set aside money on a pre-tax basis for certain kinds of common expenses for you and your eligible dependents. With an FSA, you can reduce your taxes while paying for services that you'd purchase anyway.

The healthcare FSA is for healthcare expenses not paid by insurance, including exams, co-payments, deductibles, eyeglasses, contact lenses and dental expenses. The dependent care FSA is used for dependent care expenses you incur so you (and your spouse, if you're married) can work or look for work, or your spouse can attend school full-time (ex: day care for a child).

Please contact Anne Waldron in the Benefits Department for the enrollment packet.

Required Action Step:

**Forms must be completed and turned into the Benefits Dept. no later than
Thursday, December 4th.**



Your Rights Under Federal Law

Change in Status or Special Enrollment

You may qualify for a special enrollment if certain events occur in your life:

- If you decline coverage for yourself and/or your dependents (including your spouse) because you are covered under another health plan, you may be able to enroll yourself and/or your dependents in the plan if you experience an involuntary loss of that coverage (e.g., spouse loses his/her job, divorce).
- If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in the plan.

In either situation, you must request enrollment through the Employee Benefits Department within 30 days after the special enrollment event as described above. If you enroll as the result of a special enrollment event, coverage will be made effective on the date of the event.

Newborn and Mother's Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health & Cancer Rights Act

Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy:

These services include:

- Reconstruction of the breast upon which the mastectomy has been performed;
- Surgery/reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis;
- Physical complication during all stages of mastectomy, including lymph edemas.

The plan may not:

- Interfere with a woman's right under the plan to avoid these requirements;
- Offer inducements to the health provider, or assess penalties against the health provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles and co-insurance requirements consistent with other coverage provided under the plan.



Your Benefit Resources



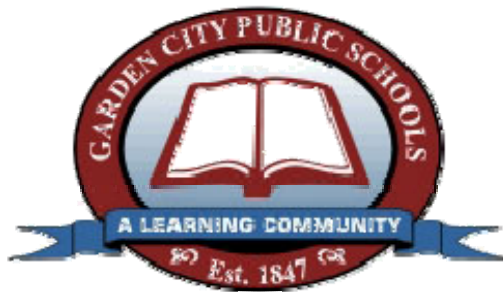
Medical, Prescription Drug and Dental **Blue Cross Blue Shield—BCBS**

800-637-2227
www.bcbsm.com

Flexible Spending Accounts (FSA)

Next Generation Enrollment (NGE)

888-266-1732
www.nextgenerationenrollment.com



The information contained in this summary should in no way be construed as a promise or guarantee of employment or benefits. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this notice and the actual plan policies, the policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, and policies available from the Benefits Department.