

BREVARD PUBLIC SCHOOLS

RETIREE BENEFITS



2024 INSURANCE BENEFITS GUIDE



CUSTOMER SERVICE INFORMATION

Brevard Public Schools

Office of Employee Benefits

Mon-Fri, 8:00 a.m. – 4:30 p.m. ET

321-633-1000, x11216

Email: BPSBenefitsWellnessAndChoice@brevardschools.org

Benefits Education & Call Center

Mon-Fri, 9:00 a.m. – 9:00 p.m. ET

321-800-4490

Email: BPS@pesenroll.com

TASC (payment information)

Mon-Fri, 8:00 a.m. – 5:00 p.m. ET

800-422-4661

Fax:

608-663-2753

Medical & Pharmacy

Brevard Public Schools Health Plan

Cigna - Third Party Administrator (TPA)

Mon-Fri, 8:00 a.m. – 6:00 p.m.

800-244-6224

Pre-Enrollment:

800-564-7642

Dental

Humana

Mon-Fri, 9:00 a.m. – 5:00 p.m. ET

800-233-4013

Vision

Humana

Mon-Fri, 8:00 a.m. – 6:00 p.m. ET

877-398-2980

TABLE OF CONTENTS

2	Welcome to 2024 Open Enrollment
3-5	Medical & Rx Information
6-8	Dental Information
9	Vision Information
10-11	2024 Rates

Welcome to BPS’s Annual Benefits Enrollment for Plan Year 2024!

The Brevard Public Schools Benefit Plan Year begins January 1 and ends December 31. In the 2024 plan year, BPS will continue its partnerships with:

- Cigna as Third-Party Administrator of the Medical/Rx plan
- Humana – Dental and Vision
- Standard Insurance Company – Life Insurance
- Marathon Health – Well-Care Centers
- Surgery Plus – Covers eligible, non-emergency surgeries at no additional cost
- Hinge Health – Offers virtual back and joint care from physical therapists and health coaches at no additional cost

BPS will also continue to sponsor the tobacco-cessation program which includes free coaching sessions. Further, we’ll continue to use our Benefits mailbox. If you need assistance with your benefits, you can email us at: BPSBenefitsWellnessAndChoice@brevardschools.org. This email box is continuously monitored by the benefits team.

Finally, we remind you that Cigna (our medical and Rx plan administrator) may at times reach out to you by US mail, e-mail, or phone to offer cost-effective services and programs available to you as a plan member. In many instances, the information will be customized just for you. We encourage you to engage in their outreach efforts; you may be pleasantly surprised at what you learn.

IMPORTANT NOTE: Please be reminded that an **annual physical** is one of the two required activities which leads to a reduced health plan deductible. *No form is needed* as the claim generated by the physician’s office will let Cigna know you completed the activity. You can have an annual physical completed at any of the BPS Well-Care Centers at no cost to you, or with your own physician. If you use an IN-network physician, there will be no cost for a preventive-care Annual Physical. **The time frame to complete these activities is 9/1/23 to 8/31/24, for a reduced medical plan deductible in the 2025 plan year.** Completing a **Health Assessment** at *mycigna.com* remains the *second* activity.

This guide highlights the various options available to you as a benefit-eligible retiree and provides information to help you make well-informed decisions about your health care. When you make healthy lifestyle choices and seek care, you can improve your health and reduce your out-of-pocket costs. We encourage you to read the information in this guide to determine which benefits best suit your and your family’s needs.


We wish you a healthy and happy year!

Your Employee Benefits & Risk Management Team

2024 MEDICAL PLAN OPTIONS

TYPE OF SERVICE	Gold Plan Cigna's Open Access Plan		Silver Plan	
	In-network	Out-of-network	Parrish & Steward Hospital Systems & their Affiliates plus independent Physicians in Brevard County and all Cigna Ancillary Providers	Health First & other Cigna network providers (excluding Schedule 1 providers) plus Non-network Providers
			Schedule 1	Schedule 2
Annual Deductible (Indiv/Fam)	Wellness: \$1,500/\$3,000	Wellness: \$3,000/\$6,000	Wellness: \$750/\$1,500	Wellness: \$1,250/\$2,500
	1/2 Wellness: \$2,000/\$4,000	1/2 Wellness: \$4,000/\$8,000	1/2 Wellness: \$1,250/\$2,500	1/2 Wellness: \$2,250/\$4,500
	Non-Wellness: \$2,500/\$5,000	Non-Wellness: \$5,000/\$10,000	Non-Wellness: \$1,750/\$3,500	Non-Wellness: \$3,250/\$6,500
Coinsurance (mbr paid)	20%	50%	20%	40%
Annual out-of-pocket Maximum (Indiv/Fam)	\$5,500/\$11,000 (Medical)	\$12,500/\$25,000 (Medical)	\$4,500/\$9,000 (Medical)	\$6,500/\$13,000 (Medical)
OFFICE VISITS				
Primary Care office visit	Tier 1*: \$30/ Non-Tier 1: \$45	50% AD ³	\$30	40% AD
Specialist office visit	Tier 1*: \$50/ Non-Tier 1: \$75	50% AD	\$50	40% AD
BPS Employee Well-Care Centers	\$0	Not Covered	\$0	Not Covered
Preferred Health Center	\$30	Not Covered	\$30	Not Covered
Advanced Radiology/ Outpatient Facility at a Preferred Facility	\$200	50% AD	\$125	40% AD
HOSPITAL SERVICES				
Inpatient Hospital	\$900 copay + 20% AD	50% AD	\$600 copay + 20% AD	40% AD
Outpatient Surgery	20% AD	50% AD	20% AD	40% AD
EMERGENCY & LAB				
Emergency Room	\$450 copay + 20% AD		\$300 copay+ 20% AD	
Urgent Care	\$75	\$75	\$50	\$50
Major Diagnostics (CT/ PET scans, MRI) Outpt/ Non-preferred	20% AD	50% AD	20% AD	40% AD

NOTES:

*Tier 1 = For lower copay, provider must have the Tier 1 symbol --  Tier 1 Provider -- next to their name in Cigna's provider directory.

1. Ancillary Providers, e . g . , labs, imaging centers, and outpatient surgical facilities

2. "Non-contracted" means has no contract with Cigna

3. AD = After Deductible



CIGNA PHARMACY SERVICES

PHARMACY BENEFITS	In-network	Out-of-network	In-network	Out-of-network
Separate Out-of-Pocket Maximum (OOPM)	Indiv/Family: \$2,200/\$4,400	Not Covered	Indiv/Family: \$2,200 /\$4,400	Not Covered
Generic	\$20	Not Covered	\$20	Not Covered
Preferred Brand	\$50	Not Covered	\$50	Not Covered
Non-Preferred Brand	\$150	Not Covered	\$150	Not Covered
Mail Order Pharmacy	2x 30-day Retail	Not Covered	2x 30-day Retail	Not Covered

Cigna Home Delivery Pharmacy

Using Cigna Home Delivery PharmacySM is an easy, reliable way to get your medications. In most cases, your cost will be lower than at a retail pharmacy.

Benefits of Cigna Home Delivery Pharmacy

Home Delivery is designed especially for individuals who take prescriptions medications on an ongoing basis.

When you choose Cigna Home Delivery Pharmacy to fill your ongoing medications, you can take advantage of the following:

- Licensed pharmacists available 24/7
- Save money and valuable time by ordering up to a 90-day supply of your prescriptions at one time
- Standard delivery to your home or other location at no additional cost
- Reminders if you forget to refill your prescriptions

Cigna Specialty Pharmacy is for specialty medications which are different from traditional pharmacy medications. They are used to treat long-term, life-threatening or rare conditions. To find out more about specialty medications, to download the prescription form, and to watch a video with additional pharmacy coverage information, visit www.Cigna.com.

For additional information regarding pharmacy benefits and services, call CIGNA at 1-800-244-6224.

Frequently Asked Questions

What is Calendar-Year-Deductible (CYD)?

The amount you must pay before the BPS Health Plan will begin paying anything. This only applies if you use an out-of-network provider. You will pay this once per plan year. For an individual, in network, your deductible would be \$500, and for two or more it would be \$1,000, as long as the Health Assessment and Biometrics have been completed and reported.

What is a Copay?

A flat fee you pay at the time you receive a medical service. For example, when you visit your in-network primary care doctor, you will pay a flat \$30 copay for that office visit. The remaining balance will be paid by the BPS Health Plan.

What is Coinsurance?

A percentage of the total allowed charge that you must pay. For example, if the in-network allowed charge is \$100 and your coinsurance is 20%, you will pay \$20, which is 20% of \$100, and the BPS Health Plan will pay the remaining \$80 balance.

What is the Out-Of-Pocket (OOP) Maximum?

This is the maximum amount of money you are required to pay in copays, deductibles, and coinsurance for covered medical services during the plan year. Once you reach this level during any plan year, the BPS Health Plan will cover all necessary medical expenses at 100% for the remainder of the plan year. Please note that pharmacy copays do not apply to the medical out-of-pocket maximum.

Who is included in the Calendar-Year-Deductible and Out-of-Pocket (OOP) Maximum when you refer to an “Individual” or “two or more”?

To fulfill the requirements of the CYD and/or OOP Maximum, an individual BPS Health Plan member must incur the total amount for the “Individual.” However, when you cover “two or more” members through the BPS Health Plan, any combination of incurred amount by any member will count toward the total amount.

An example of reaching the in-network two or more OOP Maximum of \$8,000 would be: Mary covers her spouse, John, her son, Joe, and her daughter, Jane, under the BPS Health Plan. Mary incurs \$1,500 of coinsurance and deductible charges. John incurs \$2,500, Joe incurs \$3,000 and Jane incurs \$1,000. The plan will now pay 100% of all in-network covered services for the remainder of the plan year. Using the same family, an example of reaching the in-network individual OOP Maximum of \$8,000 would be: Mary incurs \$1,050 of coinsurance and deductible charges, John incurs \$1,200, Joe incurs \$4,000 and Jane incurs \$1,000. In this case, the plan will pay 100% of all in-network covered services for the remainder of the plan year for JOE ONLY until Mary, John, and Jane incur \$750 more in combined charges to reach the \$8,000 two or more OOP Maximum.

What is meant by the out-of-network Maximum Reimbursable Charge?

The Maximum Reimbursable Charge (MRC) is determined by the Third-Party Administrator (TPA), CIGNA. The MRC is based on the average provider charges for the area and it is the amount that is used to determine your 40% coinsurance and the 60% amount that will be paid by the plan. The MRC is not always the total amount billed by the out-of-network provider. You may be liable for the difference between the MRC and the billed charges.

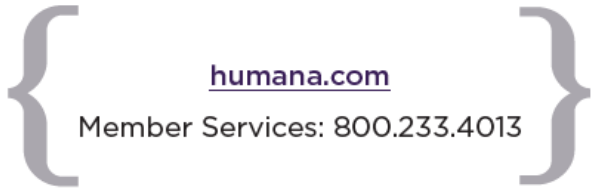
How are laboratory and x-ray services charged to the member?

Allowed in-network laboratory expenses are paid by the plan after the office visit copay is paid. This includes labs done in the physician’s office or at an in-network laboratory facility. Out-of-network labs are 40% coinsurance after the CYD. Allowed in-network x-rays performed in a physician’s office are paid by the plan after the office visit copay is paid. X-rays performed at an in-network facility will incur a 20% coinsurance. Out-of-network x-rays are 40% coinsurance after the CYD.

DENTAL — PPO



Humana



Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less. **If you choose an out-of-network provider, you may be billed the difference between what Humana pays, and what your out-of-network provider charges for the services.** To locate an in-network provider, please visit humana.com.

	Low PPO Plan		High PPO Plan	
	Member Pays			
	In-network	Out-of-network*	In-network	Out-of-network*
Annual deductible (Individual/Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual maximum (per person)	\$750	\$750	\$1,250	\$1,250
Diagnostic and preventive care Includes cleanings, fluoride treatments, sealants and x-rays	0%	0%	0%	0%
Basic services Includes fillings, periodontics, scaling and root planning, and oral surgery	30% AD	30% AD	20% AD	20% AD
Major services Includes crowns, bridges and full and partial dentures	60% AD	60% AD	50% AD	50% AD
Orthodontia	60% AD	60% AD	50% AD	50% AD
Orthodontia Lifetime maximum	\$1,000	\$1,000	\$1,000	\$1,000
Non-network reimbursement	N/A	UCR 90th (Preventive)/ UCR 80-85th (Basic and Major)	N/A	Maximum Allowable Fee

Plan includes out-of-network benefits, see plan summary for additional details.

*If you choose an out-of-network provider, you may be billed the difference between what Humana pays, and what your out-of-network provider charges for the services.

Program Features:

- 4 cleanings per year
- 4 periodontal cleanings covered 100% 4 times per year
- Extended maximum: If you meet your dental plan maximum and you need additional dental services within the plan year, you will receive a discount rather than paying 100% out-of-pocket.



DENTAL – HMO



[humana.com](https://www.humana.com)

Member Services: 800.233.4013

Humana

To locate an in-network provider, please visit [humana.com](https://www.humana.com). When enrolling for this plan, you'll need to put the office ID number of your selected office in the designated field of the enrollment screen.

	Low DHMO Plan	High DHMO Plan
Member Pays		
	In-network	In-network
Calendar Year Deductible	None	None
Calendar Year Maximum/Member	None	None
Office Visit Copay - charged even if preventative services visit itself is at No Charge	\$15	\$10
Preventative Services	See Schedule	See Schedule
Cleanings	No Charge	No Charge
Cleaning Frequency	Twice in any 12 calendar months	Twice in any 12 calendar months
Oral Exams	No Charge	No Charge
Sealants (age restrictions)	\$20 copay, up to age 16	\$15 copay, up to age 16
Fluoride	No Charge, for child up to age 16 (limited to twice in any 12 calendar months)	No Charge, for child up to age 16 (limited to twice in any 12 calendar months)
Bitewing - four images	No Charge (limited to twice in any 12 calendar months)	No Charge (limited to twice in any 12 calendar months)
Basic services	See Schedule	See Schedule
Fillings (one surface)	\$45	\$35
Space Maintainers	\$95	\$75
Extractions	\$60	\$55
Crown	\$410	\$350
Root Canal	\$390	\$310
Major services	See Schedule	See Schedule
Bridges	\$410	\$350
Dentures	\$550	\$475
Inlay (two surface)	\$380	\$320
Onlay (two surface)	\$395	\$335
Implants	Not Covered	Not Covered
Orthodontia services	See Schedule	See Schedule
Orthodontia (Child/Adult)	Orthodontic Treatment \$1,900	Orthodontic Treatment \$1,900

DENTAL — HMO

Humana

How to Find a Primary Dentist – go to [Humana.com](https://www.humana.com)

- Choose “Shop for Plan” and click “Find a Dentist” from the drop down menu.
- Click “Find a Dentist”.
- Enter your in Zip Code.
- Choose “Look up by Coverage Type”.

For the PPO, select PPO/Traditional Preferred. For the Low DMO, select HD215 DHMO/ Prepaid Network. For the High DHMO, select HS210 DHMO/Prepaid Network.

- Search by Name or Specialty Dentist and the system will provide a list of dentists near you who are part of the network.

Pro-Tip: Be sure to select a Dentists who is accepting new patients!

If I am enrolled in the DHMO, what if I don't choose a Primary Care Dentist (PCD)?

You will receive a letter from Humana informing you that a PCD needs to be assigned. Your member ID card will indicate “unassigned” until you select a Primary Care Dentist. The member services phone number will be on the ID card. Any Primary Care Dentist requests received from a member who has never selected a facility, will be given an effective date of the first of the current month. If you select a Primary Care Dentist but choose to change it, it must be changed prior

to the 15th of the month to be effective 1st of the following month. If you change the Primary Dentist after the 15th of the month, your new Primary Dentist selected will go into effect the 1st of the following next month. New ID cards are sent to members when adding or changing Primary Care Dentists.



VISION

Humana

Our vision care benefits include coverage for eye exams, lenses and frames, contact lenses, and discounts for laser surgery. The vision plan is built around the Humana providers, who have higher benefits at a lower cost to you. When you need services, consider using an in-network provider for the most bang for your buck! When you use an out-of-network provider, you will be reimbursed for services according to the grid below. To locate an in-network provider, visit humana.com.

Humana.

humana.com

Member Services: 877.398.2980

	Basic Plan		Enhanced Plan	
	In-network	Out-of-network	In-network	Out-of-network
Examination (every 12 months)	100% after \$0 copay	up to \$35	100% after \$0 copay	up to \$35
Lenses	Every 24 months		Every 12 months	
Single	100% after \$0 copay	\$20	100% after \$0 copay	\$20
Bifocal		\$40		\$40
Trifocal		\$60		\$60
Frames	Every 24 months		Every 12 months	
New frames	\$120 allowance	\$30	\$120 allowance	\$30
Contact lenses	Every 24 months		Every 12 months	
Elective	\$100 allowance	\$100	\$100 allowance	\$100
Medically necessary*	Covered 100%	\$150	Covered 100%	\$150

* Medically necessary (prior authorization required) is defined as 1) following cataract surgery w/o intraocular lens; 2) correction of extreme visual acuity problems not correctable with glasses; 3) anisometropia greater than 5.00 diopters and asthenopia or diplopia, with spectacles; 4) Keratoconus; or 5) monocular aphakia and/ or binocular aphakia where the doctor certifies contact lenses are medically necessary for safety and rehabilitation to a productive life



2024 MONTHLY RETIREE RATES

Medical Plans – Non-Medicare

	Gold Plan Rates	Silver Plan Rates
Medical Plan – Retiree Only	\$ 857.19	\$ 822.28
Medical Plan – Retiree + Spouse	\$ 1,921.07	\$ 1,813.65
Medical Plan – Retiree + Children	\$ 1,549.14	\$ 1,482.01
Medical Plan – Retiree + Family	\$ 2,592.91	\$ 2,472.06
Over-age Dependent Charge	\$ 358.88	\$ 358.88
Spousal Surcharge	\$ 250.00	\$ 250.00
Tobacco Surcharge	\$ 50.00	\$ 50.00

BPS Medical Plans with FSRBC* Medicare

	Gold Plan Rates	Silver Plan Rates
Medical Plan – Spouse Only	\$ 1,063.88	\$ 991.36
Medical Plan – Children Only	\$ 691.95	\$ 659.73
Medical Plan – Family	\$ 1,735.72	\$ 1,649.78
Overage Dependent Charge	\$ 358.88	\$ 358.88
Spousal Surcharge	\$ 250.00	\$ 250.00
Tobacco Surcharge	\$ 50.00	\$ 50.00

**Medicare-eligible retiree must be enrolled in an FSRBC medical plan in order to cover non-Medicare eligible dependents on a BPS medical plan.*

2024 MONTHLY RETIREE RATES

Dental PPO High Plan

Rates

Retiree Only Dental	\$30.34
PPO High Plan – Retiree + 1	\$61.24
Dental PPO High Plan – Retiree + 2 or more	\$90.44

Dental PPO Low Plan

Retiree Only Dental	\$23.82
Dental DHMO High Plan – Retiree + 1	\$48.17
Dental DHMO High Plan- Retiree + 2 or more	\$71.25

Dental DHMO High Plan

Retiree Only Dental	\$10.48
Dental DHMO High Plan – Retiree + 1	\$20.74
Dental DHMO High Plan- Retiree + 2 or more	\$36.88

Dental DHMO Low Plan

Retiree Only	\$ 6.39
Dental DHMO Low Plan – Retiree + 1	\$12.65
Dental DHMO Low Plan – Retiree + 2 or more	\$22.48

Humana Vision Basic Plan

Rates

Retiree Only Vision	\$ 3.92
Humana Vision Basic – Retiree + 1	\$ 9.75
Humana Vision Basic – Retiree + 2 or more	\$16.72

Humana Vision Enhanced Plan

Rates

Retiree Only Vision	\$ 5.91
Retiree Only Humana Vision Enhanced – Retiree + 1	\$14.69
Humana Vision Enhanced – Retiree + 2 or more	\$25.19