



## 2018 Open Enrollment

### Guide for Retirees

November 6, 2017 – November 17, 2017

**\*\*ALL** forms must be completed and returned by 5pm, November 17, 2017 \*\*

#### **IMPORTANT BENEFIT INFORMATION INSIDE**

Open Enrollment is your only opportunity to make changes to your coverage, unless you experience a qualified change in status (Qualifying Event). You may need to submit additional documentation with your Open Enrollment Change form to ensure you and your family members are covered.

It is the responsibility of each individual retiree to read the information contained in this packet. Questions regarding this packet should be directed to Human Resources at (239) 533-2245. Failure to read or understand the information contained within this packet will not constitute an event that would allow changing or dropping elected coverage.

Please review the details in this Guide to determine what benefit plans are best for you and your family.

To submit your 2018 benefit elections you may:

Return forms in person or by mail to: Human Resources Benefits, County Administration Building, 2115 Second Street, 1<sup>st</sup> Floor, Fort Myers, FL, 33901.

**\*\*ALL** forms must be completed and returned by 5pm, November 17, 2017 \*\*

**NO FAX/SCANNED** copies will be accepted

# 2018 Benefit Information

We have included the Summary Benefits of Coverage for each benefit. This will allow you to compare the different benefit plans and make the best selection for you and your family.

All benefit changes will be effective on January 1, 2018.

- **Effective 1/1/2018 Aetna will become the new insurance carrier for the Medicare Advantage Plan. Retirees who are under the United Health Care plan will automatically transition to the Aetna Medicare Advantage plan, unless you make a change during open enrollment.**

There will be an Aetna Medicare Advantage retiree meeting on Wednesday, November 8 at 10:30 – 11:30 & 1:00 – 2:00. This meeting will be held at 2201 Second Street, Room 118, and Fort Myers, FL 33901. To attend this meeting, please RSVP at 533-2245.

## Medicare Advantage Plan

### **IMPORTANT INFORMATION REGARDING YOUR PRESCRIPTION DRUG COVERAGE:**

**For Pre-Enrollment Questions call 800-307-4830**

- **PRE-AUTHORIZATION FOR CERTAIN PRESCRIPTION DRUGS:**

Certain medications will require Pre-Authorization prior to the filling of the prescription. The 2018 Drug Formulary will indicate if the pre-authorization is required with a notation next to the drug name. Aetna uses the FDA, CMS and Clinical standards to determine if a drug requires pre-authorization. Aetna does not have the ability to transfer over pre-certifications from United Health Care. You will be required to obtain a pre-certification for prescriptions as indicated in the drug formulary.

- **TRANSITION OF COVERAGE FOR PRESCRIPTION DRUGS:**

For prescriptions that require pre-authorization, Aetna will offer a transition of coverage that allows retirees to obtain the first 30-day prescription within 90 days of the plan effective date. A letter will be generated to the member and prescribing physician from Aetna notifying them of the pre-authorization requirement and the process. In order to expedite the exception process, please have your physician who is prescribing the prescription contact Aetna via phone. Aetna has 72 hours to provide an update to that exception request.

- There are no premium increases or plan design changes for the Retiree Life Insurance.
- Life Insurance beneficiaries can be changed anytime during the year. To obtain a beneficiary form, please visit our website at: <http://www.leegov.com/hr/retirees/forms>. Please send original signed form to Human Resources.
- **If you have received your Medicare card and have not sent a copy to Human Resources, you can mail a copy of your card to Human Resources, County Administration Building, 2115 Second Street, 1<sup>st</sup> Floor, Fort Myers, FL, 33901.**
- **What you MAY CHANGE:** You may DROP or ADD qualified dependents to any plans in which you are currently enrolled. You may also change the type of coverage (example: change from Aetna Select to Aetna POS II, or to the Medicare Advantage Plan, or choose the higher or basic vision plan). Though you can change the level of coverage in your current plans, if you are NOT already enrolled in a plan, you CAN NOT now elect that coverage.

- **Qualifying Events:** A personal change in status which may allow you to change your benefit elections any time during the year, include but not limited to:
  - Marriage, divorce, or annulment;
  - The birth or adoption of a child;
  - The death of your spouse or child;
  - A change in the number of your dependents;
  - A change in employment status for you, your spouse, or your dependent that results in a change of insurance eligibility.

A qualifying event must be reported within **60 days** of the date of the event. Due to Health Care Reform policy changes, the above-mentioned status changes for dependent children may be subject to revision based on future amendments to regulations that govern “changes in status” for cafeteria benefits plans. Failure to report the qualifying event timely may result in a reversal of claims, which will become your financial responsibility.

- Legal documents are required for any dependent(s) that have not previously been enrolled in the plan(s) you elect: marriage certificate (spouse only), birth certificate, social security cards, and driver’s license (spouse only) for ALL family members enrolled in any of your plans. Failure to provide the necessary documentation for dependents will result in the dependents not being added to the plan.
- Complete and staple together all form(s) you are returning to our office:
  - Open Enrollment/Change form (Page 4)
  - Over-Age Dependent Affidavits (Age 26-30), if applicable, and if you are currently receiving this benefit, make sure you update the required form annually
  - Documents needed:

To Add Spouse:

- Birth Certificate, driver’s license, or passport
- Social security card
- Marriage license
- Spouse COBRA acknowledgement form

To Add Dependent:

- Birth Certificate
- Social security card
- Legal documentation for adoption, fostering, or court appointed guardianship
- Stepchildren: marriage license, birth certificate and social security card.

Open Enrollment forms must be received back in Lee County Human Resources:

**NO LATER THAN 5:00 p.m. on Friday, November 17, 2017.**

# Notice of Availability of HIPAA Privacy Practices

Lee County BoCC would like to communicate the availability of its Notice of Privacy Practices.

A copy of the current Notice of Privacy Practices is posted on Human Resources web site at:  
<http://www.leegov.com/hr/retirees/hipaa>

At any time, a copy of the current Notice of Privacy Practices may be obtained by contacting the following:

**Privacy Officer Contact Information:**

Privacy Officer

**Lee County BoCC Health Plan**

**P O Box 398, Fort Myers, FL**

Phone: **239-533-2230**

Email: [privacyofficer@leegov.com](mailto:privacyofficer@leegov.com)

# 2018 Benefit Highlights

Lee County Government offers retirees two medical plans through Aetna (Select and Choice POS II plans) and a Medicare Advantage plan through Aetna.

## MEDICAL

### Aetna Select Open Access

- Does not require a Primary Care Physician (PCP)
- No referrals are required
- No out-of-network benefits available, unless incurred as the result of a life or limb-threatening emergency
- \$10 co-pay for PCP office visits
- \$25 co-pay for Specialist office visits

### Aetna Choice POS II (Open Access)

- Does not require a Primary Care Physician (PCP)
- Provides an out-of-network benefit should you choose to use it (annual deductible and co-insurance apply)
- No referrals are required
- \$10 co-pay for PCP office visits
- \$35 co-pay for Specialist office visits

### Doctor Co-Pays:

Select Plan	PCP: \$10	Specialist: \$25	Urgent Care: \$50	Lab: \$25
POSII Plan	PCP: \$10	Specialist: \$35	Urgent Care: \$50	Lab: \$35

**Hospital Services:** (these are the same for both plans, except for Out-of-Network use by POSII members, which reverts to the \$500/\$1,000 Deductible + 30% coinsurance, no change to Out-Of-Network fees):

Emergency Room	\$150
Hospital Admission (overnight stay)	\$500
Outpatient Services (surgery, some tests)	\$200

**Complex Imaging Services:** \$50 (for either plan - no change). These services include but are not limited to MRI, PET Scan, CAT Scan, and Nuclear Stress Test. Pre-authorization for these services must be obtained by your physician's office. Please visit Aetna's website at [www.aetna.com](http://www.aetna.com) for additional services.

**Preventive Services:** The following preventive services will be offered at no cost to the member: Routine Adult Physical Exams, Routine Well Child Physical Exams (includes audiometric exam), Routine GYN, Routine Cancer Screenings (Mammography/Colon Screening/DRE/PSA), Routine Vision Exam.

**Aetna Vision Discounts:** Covers one routine eye exam annually and provides discounts on eyeglasses, sunglasses, contact lenses and solutions, LASIK surgery, and more. This coverage is included with your Aetna health benefits plan at no additional cost for the program.

## **Medicare Advantage Plan**

### **IMPORTANT INFORMATION REGARDING YOUR PRESCRIPTION DRUG COVERAGE:**

**For Pre-Enrollment Questions call 800-307-4830**

➤ **PRE-AUTHORIZATION FOR CERTAIN PRESCRIPTION DRUGS:**

Certain medications will require Pre-Authorization prior to the filling of the prescription. The 2018 Drug Formulary will indicate if the pre-authorization is required with a notation next to the drug name. Aetna uses the FDA, CMS and Clinical standards to determine if a drug requires pre-authorization. Aetna does not have the ability to transfer over pre-certifications from United Health Care. You will be required to obtain a pre-certification for prescriptions as indicated in the drug formulary.

➤ **TRANSITION OF COVERAGE FOR PRESCRIPTION DRUGS:**

For prescriptions that require pre-authorization, Aetna will offer a transition of coverage that allows retirees to obtain the first 30-day prescription within 90 days of the plan effective date. A letter will be generated to the member and prescribing physician from Aetna notifying them of the pre-authorization requirement and the process. In order to expedite the exception process, please have your physician who is prescribing the prescription contact Aetna via phone. Aetna has 72 hours to provide an update to that exception request.

## **VISION**

### **Low Plan**

Members are eligible to receive coverage for routine eye exams and lenses every calendar year and frames every other calendar year through one of Davis Vision's 58,000 points of in-network access. The co-payment for an eye exam is only \$10 and the co-payment for the spectacle lenses is only \$15. There is no co-payment for your frame benefit. In addition to the standard \$120 frame allowance, we offer an additional \$50 enhanced allowance at Visionworks for a total of \$170. Or members may choose from Davis Vision's Exclusive Collection available at participating providers with little to no out-of-pocket cost.

### **High Plan**

Members are eligible to receive coverage for routine eye exams and lenses every calendar year and frames every other calendar year through one of Davis Vision's 58,000 points of in-network access. The co-payment for an eye exam is only \$10 and the co-payment for the spectacle lenses is only \$15. There is no co-payment for your frame benefit. In addition to the standard \$150 frame allowance, we offer an additional \$50 enhanced allowance at Visionworks for a total of \$200. Or

members may choose from Davis Vision's Exclusive Collection available at participating providers with no out-of-pocket cost.

## **DENTAL**

The dental plan provides four types of services: preventive, basic, major and orthodontic services. The PPO dental plan allows you to use an Aetna provider dentist where your coinsurance is based on a negotiated fee schedule or you can choose to go out of network where the provider may charge more than the fee schedule and you will be responsible for the balance. A \$50/individual and \$100/family deductible applies to basic and major services.

## **Retiree Life Insurance**

The Retiree (term) Life Insurance value is a flat \$5,000 at a monthly premium of \$5.40. The amount does **not** reduce as age increases. Upon death, the full amount will be paid to the named beneficiary or beneficiaries. If there are no named or eligible beneficiaries, the death benefit will be paid as indicated in the Term Life Certificate. Your beneficiary may be changed at any time.

**Note:** Benefits that were not elected immediately upon retirement, or were dropped during open enrollment are not eligible for enrollment at any future date.

## **Overage Dependent Eligibility & Affidavits**

### **Eligibility for Coverage from Age 26-30 and Affidavit of Dependent Eligibility**

At the end of the month in which a covered dependent attains the age of 26 he/she will be dropped from all insurance plans. The retiree may elect to continue their dependent(s) coverage in the medical plan only and pay an additional premium for each dependent covered in the 26-30 age group.

**For the plan year 2018, that rate is \$780.00 per month in addition to any other applicable tier of medical premiums.** The dependent(s) must meet the eligibility requirements, and an Affidavit of Dependent Eligibility (26-30 years old) must be completed for each dependent in order to continue coverage for that dependent.

# Benefit Carrier Contacts

Benefit	Carrier	Website	Phone
Medical	Aetna Select Aetna Choice POS II	www.aetna.com	888-266-5519
Medicare Advantage Plan	Aetna	www.aetna.com	888-267-2637
Dental	Aetna	www.aetna.com	877-238-6200
Vision	Davis Vision	www.davisvision.com	877-923-2847
Life	Liberty Mutual	www.MyLibertyConnection.com	888-787-2129
Lee County Human Resources	www.leegov.com		239-533-2245



**RETIREE MONTHLY PREMIUM RATES – WITH SUBSIDY  
PLAN YEAR 2018**

**Employees hired on or after 1/1/2008 pay full premium at retirement with no County subsidy.**

<b>Aetna Retirees' Medical Insurance Premiums</b>	<b>County Share</b>	<b>Retiree's Share</b>	<b>Total</b>
Retiree Only - No Medicare	\$390.00	\$390.00	\$780.00
Retiree Only w/Medicare	\$293.60	\$293.60	\$587.20
Spouse Only - No Medicare	\$397.50	\$397.50	\$795.00
Spouse Only w/Medicare	\$301.10	\$301.10	\$602.20
Dependent Only - No Medicare	\$382.50	\$382.50	\$765.00
Dependent Only w/Medicare	\$286.10	\$286.10	\$572.20
Family Only – No Medicare	\$405.00	\$405.00	\$810.00
Family Only w/Medicare	\$308.60	\$308.60	\$617.20
<b><i>COMBINED PREMIUM TOTALS</i></b>	<b><i>SHOWN</i></b>	<b><i>BELOW THIS</i></b>	<b><i>LINE!</i></b>
Retiree + Spouse No Medicare	\$787.50	\$787.50	\$1,575.00
Retiree + Spouse w/Medicare	\$594.70	\$594.70	\$1,189.40
Retiree + Dependents-No Medicare	\$772.50	\$772.50	\$1,545.00
Retiree + Dependents w/Medicare	\$579.70	\$579.70	\$1,159.40
Family (includes children & spouse) – No Medicare	\$795.00	\$795.00	\$1,590.00
Family (includes children & sp) – w/Medicare	\$602.20	\$602.20	\$1,204.40

<b><i>AETNA - RETIREES' DENTAL PREMIUMS</i></b>	
Retiree Only	\$ 42.00
Spouse and/or Dependents	\$ 35.00
<b><i>Monthly Combined Premium Rate</i></b>	
Retiree + Spouse and/or Dependents	\$ 77.00

<b><i>Davis Vision - RETIREES' VISION PREMIUMS</i></b>	
Retiree Only	\$ 7.92
Retiree + Spouse and/or Dependents	\$ 16.68
Retiree Only – High Option	\$ 10.58
Retiree + Spouse and/or Dependents – High Option	\$ 22.28

<b><i>Retirees' Life Insurance - \$5,000.00</i></b>	\$ 5.40
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**Retirees, who were employed prior to 01/01/2008, pay one-half the total cost for their medical premiums; and, 100% of the cost for the dental, vision, and life insurance plans.**

Medical Premium Rates are calculated on the 2009 Medicare Part B premium rate of \$96.40, as last approved by the Board of County Commissioners. The Board subsidizes this rate upon proof of enrollment in Medicare Part B, in addition to 50% of the total cost of our medical plan for retirees.

## AETNA MEDICARE ADVANTAGE PLAN (MAP) – WITH SUBSIDY Premiums for Plan Year 2018

**\*Employees hired on or after 01/01/2008 pay full premium at retirement with no County subsidy.**

Lee County is very pleased to offer a Medicare Advantage Plan option for retirees for plan year 2018.

The premiums below are shown based on ONE individual member. A retiree with a spouse covered on their plan will pay exactly **TWICE** the Retiree's share of the cost. For retirees with an *eligible covered* dependent will pay **THREE (3) TIMES** the Retiree's share of the cost. All covered family members are enrolled *individually* in this plan.

The retiree, the covered spouse, AND any covered dependent children must ALL be Medicare eligible in order to enroll in this plan (as in the case of a permanently disabled dependent).

Medicare Eligible retirees who wish to continue covering a spouse or dependent children who are NOT ELIGIBLE for Medicare may ONLY do so by remaining in the active employee self-funded plan.

Retirees and spouses/dependents they wish to cover are still required to enroll in **both Parts A & B of Medicare** in order to participate in this plan.

**The Medicare Part B premium must be paid IN ADDITION TO the premium amounts shown below for each family member enrolled.**

Retirees' Medicare Option Premiums (Includes Prescription Drugs)	COUNTY Share	*RETIREE'S Share	TOTAL Cost
Retiree Only	\$215.89	\$143.92	\$359.81
Retiree + Spouse	\$431.78	\$287.84	\$719.62
Retiree + One Dependent	\$431.78	\$287.84	\$719.62
Retiree + Family (Spouse & One other dependent)	\$647.67	\$431.76	\$1,079.43

With the Medicare Advantage Plan option, retirees will pay **only 40% of the total cost** for their premiums on the medical plan – the (former) employer pays the other **60%**!

- Retirees must continue to pay their Medicare Part B premiums in full; and, 100% of the cost for the dental and vision plans to continue enrollment in those plans.

Enrollment in the Medicare Advantage Plan does NOT affect continued participation in the Dental and/or Vision plans. Each plan is elected separately and enrollment may continue until ***declined*** by the retiree during any annual open enrollment period.



## RETIREE PREMIUM RATES – NO SUBSIDY PLAN YEAR 2018

Employees hired on or after 01/01/2008 pay full premiums at retirement with no County subsidy.

<b>Aetna Retirees' Medical Insurance Premiums</b>	<b>Total</b>
<b><i>Individual Premiums</i></b>	
Retiree Only	\$780.00
Spouse Only	\$795.00
Dependent Only	\$765.00
Family Only	\$810.00
<b><i>COMBINED PREMIUM TOTALS</i></b>	
Retiree + Spouse	\$1,575.00
Retiree + Dependents	\$1,545.00
Family (includes children & spouse) –	\$1,590.00

<b><u>AETNA - RETIREES' DENTAL PREMIUMS</u></b>	
Retiree Only	\$ 42.00
Spouse and/or Dependents	\$ 35.00
<b><i>Monthly Combined Premium Rate</i></b>	
Retiree + Spouse and/or Dependents	\$ 77.00

<b><u>VSP - RETIREES' VISION PREMIUMS</u></b>	
Retiree Only	\$ 7.92
Retiree + Spouse and/or Dependents	\$ 16.68
Retiree Only – High Option	\$ 10.58
Retiree + Spouse and/or Dependents – High Option	\$ 22.28

<b><i>Retirees' Life Insurance - \$5,000.00</i></b>	<b>\$ 5.40</b>
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## AETNA - MEDICARE ADVANTAGE PLAN (MAP) – NO SUBSIDY Premiums for Plan Year 2018

**\*Employees hired on or after 01/01/2008 pay full premium at retirement with no County subsidy.**

Lee County is very pleased to offer a **Medicare Advantage Plan** option for retirees for plan year 2018.

The premiums below are shown based on ONE individual member. A retiree with a spouse covered on their plan will pay exactly twice the Retiree’s share of the cost. For retirees with an *eligible covered* dependent will pay three times the Retiree’s share of the cost. All covered family members are enrolled *individually* in this plan.

The retiree, the covered spouse, and any covered dependent children must ALL be Medicare eligible in order to enroll in this plan (as in the case of a permanently disabled dependent).

Medicare Eligible retirees who wish to continue covering a spouse or dependent children who are not eligible for Medicare may only do so by remaining in the active employee self-funded plan.

Retirees and spouses/dependents they wish to cover are still required to enroll in **both Parts A & B of Medicare** in order to participate in this plan.

**The Medicare Part B premium must be paid IN ADDITION TO the premium amounts shown below for each family member enrolled.**

Retirees’ Medicare Option Premiums (Includes Prescription Drugs)	TOTAL Cost
Retiree Only	\$359.81
Retiree + Spouse	\$719.62
Retiree + One Dependent	\$719.62
Retiree + Family (Spouse & One other dependent)	\$1,079.43

Retirees must continue to pay their Medicare Part B premiums in full; and, 100% of the cost for the Dental, Vision and Life plans to continue enrollment in those plans.

Enrollment in the Medicare Advantage Plan does NOT affect continued participation in the Dental, Vision and/or Life plans. Each plan is elected separately, and enrollment may continue until ***declined*** by the retiree during any annual open enrollment period.

## **Medicare and Lee County Health Insurance**

**Turning 65?** If you are already drawing Social Security before the age of 65, you will be automatically enrolled in both Part A and Part B. Your Medicare card will be sent to you approximately 3 months before you turn 65.

Your first point of contact with the Medicare program is Social Security. You don't have to draw Social Security benefits to be covered by Medicare; however, whether or not you already draw Social Security benefits at age 65 does determine when and how you enroll.

If you will not be receiving Social Security benefits at 65, you have to contact Social Security to enroll in Medicare – they will not contact you. Call Social Security at 1-800-772-1213 to begin your enrollment process.

If you are already retired when you turn 65, you should notify the Lee County Benefits Office *immediately*. When you enroll in Part B, you will receive a reduction in your retiree medical premium, if you were employed by Lee County prior to 1/1/2008 and if you choose to remain enrolled in one of the Aetna self-funded plans. Your premium amount will be reduced by the subsidy amount approved by the Board of County Commissioners for the Medicare Part B premium. Regardless of whether or not you are enrolled in Part B; your claims will be paid by Aetna at the *secondary payer* rates.

If you choose to enroll in the **Medicare Advantage Plan**, there will be no *additional* subsidy for Part B, since premium rates for that plan are already substantially lower.

**Note:** For Retirees, the Lee County Benefits Plan requires that Medicare become the primary payer for medical expenses when you become eligible, regardless of whether or not you are enrolled – so, please remember to enroll in Part B when you retire and/or become eligible.

Upon enrollment in both Medicare Parts A & B, your Lee County medical insurance becomes the secondary payer after Medicare. To ensure that your medical claims are coordinated with Aetna and Medicare, be sure to call the Member Services number on your Aetna Medical ID card and notify them that you want to enroll in "Medicare Direct". Aetna will notify Medicare and all claims should be automatically routed to Aetna for secondary review and payment.

### **Medicare Part D:** The Prescription Drug Plan (and other Medicare Supplements)

Careful consideration should be given to your own personal situation before a decision is made to enroll in a Medicare Part D or any other Medicare supplement that includes a prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plan offered under Medicare D. See the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance included in this packet, which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

**Disability, Medicare, & the Lee County Medical Plan:** If you are disabled at the time of your retirement and are not yet 65, you may become eligible for Medicare after two years of continuous disability, regardless of your age.

The same “primary payer” rule applies to Social Security disability status as for turning age 65: once you become eligible for Medicare, you must enroll in both Parts A & B, and Medicare will become the primary payer of your medical claims, regardless of your age at the time you become eligible for Medicare. This rule also applies to a disabled spouse who is currently on Medicare, if you have enrolled your disabled spouse in the Lee County Medical plan.

## Changes in Retiree Benefits

*Effective 1/1/2018, United Health Care (UHC) will no longer be available as a retiree plan. Lee County is transitioning from the United Health Care Medicare Advantage Plan to the Aetna Medicare Advantage Plan. Retirees who are under the UHC plan will be transitioned to the Aetna plan automatically, unless you make a change during open enrollment.*

# Aetna Medicare Advantage



Date: Wednesday, November 8, 2017  
Time: 10:30 A.M. to 11:30 A.M.  
1:00 P.M. to 2:00 P. M.  
Location: Admin East Building Room 118  
2201 Second Street  
Fort Myers, FL 33901

The purpose of this **INFORMATION ONLY** seminar is to provide a resource of reliable information to assist you in making important decisions regarding your retirement healthcare needs.

## COME JOIN US!

R.S.V.P. to 533-2245

