



## 2019 Open Enrollment

### Guide for Retirees

November 5, 2018 – November 16, 2018

**\*\*ALL required forms must be completed and returned by 5pm, November 16, 2018 \*\***

#### **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 2019 benefit elections you may:

- Return required 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** required forms must be completed and returned by 5pm, November 16, 2018
- **NO FAX/SCANNED** copies will be accepted

# 2019 Benefit Changes & 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, 2019.

- The Aetna Select and Aetna POSII medical premiums are increasing for Retirees. Please review the enclosed 2019 Rate sheet.
- The Aetna Medicare Advantage Plan premiums are decreasing for 2019. Please review the enclosed 2019 Rate sheet.
- **Vision Service Plan (VSP)** will be our new carrier for 2019. Vision rates have increased for 2019. Please review the enclosed 2019 Rate sheet. Check your benefit summaries for more information regarding these plans.
- **LabCorp joins Quest Diagnostics, as a nationally preferred lab for Aetna. Members will have in-network access to LabCorp's full range of services beginning January 2019.**
- **The Standard Life Insurance Company** will be our new life insurance carrier. 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.
- Aetna Dental will cover dental implants at 50%. Check your benefit summary for more information regarding this benefit.
- **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.

# 2019 Benefit Changes & Information-cont'd

- 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
  - Documents needed to add Spouse or dependents:
    - Spouse
      - Birth Certificate, driver's license, or passport
      - Social security card
      - Marriage license
      - Spouse COBRA acknowledgement form
    - Dependents:
      - 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 16, 2018.**

# 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)

# 2019 Benefit Highlights

Benefits that are not elected immediately upon retirement, or were dropped during a past open enrollment will not be eligible for re-enrollment.

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
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**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**

Aetna is the administrator for this benefit. Please see attached Summary of Benefits Coverage for more information.

**VISION – Vision Service Plan \*VSP\***

**Low Plan:**

Members are eligible to receive coverage for routine eye exams and lenses every calendar year and frames every other calendar year through the VSP network of participating providers. The co-payment for an eye exam is only \$10 and the co-payment for the spectacle lenses is only \$15. In addition to the standard \$120 frame allowance, VSP offers featured frame brand allowance of \$170 Costco Frame allowance of \$65 and a 20% savings on the amount over your frame allowance. This coverage, if elected, is paid for entirely by the employee.

**High Plan:**

Members are eligible to receive coverage for routine eye exams and lenses every calendar year and frames every other calendar year through the VSP network of participating providers. The co-payment for an eye exam is only \$10 and the co-payment for the spectacle lenses is only \$15. In addition to the standard \$150 frame allowance, VSP offers featured frame brand allowance of \$200 Costco Frame allowance of \$80 and a 20% savings on the amount over your frame allowance. This coverage, if elected, is paid for entirely by the employee.

**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.

## **Overage Dependent Eligibility & Affidavits**

Over-Age Dependent Affidavits (Age 26-30), if applicable, must be updated form annually by submitting the required form.

### **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 2019, that rate is \$880.00 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	Pre-enrollment 800-307-4830 Post-enrollment 888-267-2637
Dental	Aetna	www.aetna.com	877-238-6200
Vision	Vision Service Plan VSP	www.vsp.com	800.877.7195
Life	The Standard	www.standard.com	800.628.8600
Lee County Human Resources	www.leegov.com		239-533-2245



## RETIREE MONTHLY PREMIUM RATES – WITH SUBSIDY 2019 PLAN YEAR

**\*\*Medical Subsidy Eligibility:** BOCC Retired Employees who have six (6) or more years of consecutive BOCC employment prior to retirement are eligible to receive the Medical Subsidy. If the criteria for the subsidy were not met, the retiree would owe the Total monthly premium cost.

<b>Aetna Select &amp; Aetna POS2 Retiree Medical Premiums</b>	<b>**County Share</b>	<b>**Retiree's Share</b>	<b>Total Cost</b>
Retiree Only - No Medicare	\$440.00	\$440.00	\$880.00
Retiree Only w/Medicare	\$343.60	\$343.60	\$687.20
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 PREMIUMS SHOWN BELOW:</i></b>			
Retiree + Spouse No Medicare	\$837.50	\$837.50	\$1,675.00
Retiree + Spouse w/Medicare	\$644.70	\$644.70	\$1,289.40
Retiree + Dependents-No Medicare	\$822.50	\$822.50	\$1,645.00
Retiree + Dependents w/Medicare	\$629.70	\$629.70	\$1,259.40
Family (includes children & spouse) – No Medicare	\$845.00	\$845.00	\$1,690.00
Family (includes children & spouse) – w/Medicare	\$652.20	\$652.20	\$1,304.40

<b><u>AETNA - DENTAL PREMIUMS</u></b>	<b>Monthly Cost</b>
Retiree Only	\$ 42.00
Spouse and/or Dependents	\$ 35.00
Total Cost for Retiree and Family	\$ 77.00

<b><u>VSP – VISION PREMIUMS</u></b>	<b>Monthly Cost</b>
Retiree Only – Low Option	\$ 9.43
Retiree + Spouse and/or Dependents – Low Option	\$ 18.38
Retiree Only – High Option	\$ 16.42
Retiree + Spouse and/or Dependents – High Option	\$ 31.36

<b>RETIREE LIFE INSURANCE - \$5,000.00 (limited)</b>	\$ 5.40
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Medical Medicare Premium Rates are calculated on the 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.



**RETIREE MONTHLY PREMIUM RATES – NO SUBSIDY  
PLAN YEAR 2019**

Employees retiring with less than 6 years of BOCC service are not eligible for the monthly medical subsidy.

<b>Aetna Select and Aetna POS2 Retirees' Medical Insurance Premiums</b>	<b>Total</b>
<b><i>Individual Premiums</i></b>	
Retiree Only	\$880.00
Spouse Only	\$795.00
Dependent Only	\$765.00
Family Only	\$810.00
<b><u>COMBINED PREMIUM TOTALS</u></b>	
Retiree + Spouse	\$1,675.00
Retiree + Dependents	\$1,645.00
Family (includes children & spouse) –	\$1,690.00

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

<b><u>VSP - VISION PREMIUMS</u></b>	
Retiree Only	\$ 9.43
Retiree + Spouse and/or Dependents	\$ 18.38
Retiree Only – High Option	\$ 16.42
Retiree + Spouse and/or Dependents – High Option	\$ 31.36

<b>Retirees' Life Insurance - \$5,000.00</b>	<b>\$ 5.40</b>
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## AETNA MEDICARE ADVANTAGE PLAN (MAP) Premiums for Plan Year 2019

- **\*Subsidy Eligibility: BOCC Retired Employees who have six or more years of consecutive BOCC employment prior to retirement are eligible to receive the Medical Subsidy.**
- **\*\* If the subsidy criteria is not met, the retiree pays the total cost.**

Lee County is very pleased to continue offering a Medicare Advantage Plan option for retirees for plan year 2019.

In order to enroll in the Medicare Advantage Plan, the person(s) must be Medicare Eligible and enrolled in **Medicare Part A and Part B** in order to participate in this plan.

The Part B premium is in addition to the premium amounts shown below for each family member enrolled. Medicare requires payment for the Medicare Part B premium.

All covered family members are enrolled individually in this plan.

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 Aetna POS2 or Aetna Select self-funded plan.

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' Medicare Option Premiums (Includes Prescription Drugs)	*COUNTY Share	*RETIREE'S Share	**TOTAL Cost
Retiree Only	\$202.61	\$135.08	\$337.69
Retiree + Spouse	\$405.22	\$270.16	\$675.38
Retiree + One Dependent	\$405.22	\$270.16	\$675.38
Retiree + Family (Spouse & One other dependent)	\$607.83	\$405.24	\$1,013.07

Enrollment in the Medicare Advantage Plan does not affect continued participation in the Life (limited amount), Dental and/or Vision plans. Each plan is elected separately and enrollment may continue until ***cancelled*** by the retiree.

## **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 benefits 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.

