



*For Pre-65 and Post-65 Retirees*



# Benefits & You

Your 2016 guide to benefits for your health

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## Benefits & You

Shelby County Board of Education is pleased to provide retirees a choice of health and life insurance benefits for you and your family. This guide provides highlights of the programs available for Pre-Age 65 (“Pre-65”) and Post-Age 65 (“Post-65”) retirees:

### Your Coverage Options for 2017 are:

- **Pre-65 Retirees:**

- Three medical plan options, including a high deductible health plan with a health reimbursement account
- Voluntary dental plan option for retirees (currently enrolled only)
- Voluntary vision plan option for retirees (currently enrolled only)

- **Post-65 Retirees:**

- Two medical plan options, including a Medicare Surround and Part D Prescription Drug plan (Medicare Supplement) and Medicare Advantage plan (Medicare Replacement) which includes prescription drug coverage
- Voluntary dental plan option for retirees (currently enrolled only)
- Voluntary vision plan option for retirees (currently enrolled only)

**Any retiree, Pre-65 or Post-65, wanting to make a change to their current coverage, must do so beginning Monday, October 3, 2016 through Friday, October 21, 2016.**

Please keep in mind, should you cancel medical, dental and/or vision benefits for yourself and/or a dependent you will NOT be allowed to reinstate coverage at any time.

Note: You will not have another opportunity to enroll - even if you and/or a dependent lose coverage elsewhere or if coverage is cancelled for any reason.

**Benefit elections and changes made during this period will take effect January 1, 2017.**

#### Important – Must Read

- Nothing is required if you wish to retain your current benefit elections.
- Changes are being made to the Pre-65 medical plans effective January 1, 2017
- Premium increase for Pre-65 plans and the Post-65 Medicare Surround plan – but no cost increase for the Medicare Advantage plan
- The OAPIN Plan is not available in the State of Texas
- Your current vision plan will now be insured through Cigna – and costs less

## **Deadline to Make Changes is October 21, 2016**

**Nothing is required if you wish to retain your current benefits elections.** If you decide to make changes to your coverage, please complete the application located at the end of this booklet and submit it to the Employee Benefits Department between Monday, October 3rd and Friday, October 21st.

## **Your Benefits**

This Guide provides highlights of benefits and features of the health care and other plans available to you as a Pre- 65 or Post-65 Retiree of Shelby County Schools. Use this information to select the coverage that's best for you and your family.

This booklet contains:

- Benefit plan descriptions
- Premium rates for each benefit plan
- Instructions on how to enroll
- Annual notices
- Who to contact with questions

## **How to Make Changes**

Complete the enclosed application and return it to the Employee Benefits Department by Friday, October 21, 2016.

You may submit your application to Employee Benefits, Barnes Building, 160 S. Hollywood St., Memphis, TN 38112, Room 108, or fax it to (901) 416-6463. Please keep a copy of your application and your fax confirmation, if applicable, for your records.

## **Eligibility**

You are eligible for Shelby County Schools benefit programs if you meet specific qualifications to continue coverage at retirement. If you have questions, please contact the Employee Benefits Department. (Please note: You cannot be covered as both a retiree and as a dependent under any of Shelby County Schools' health insurance plans.)

## Benefits that DO NOT Require Re-enrollment

Nothing is required if you wish to retain your current benefits elections.

### Medical Benefits

#### **Pre-65 retirees:**

- Three medical plan options administered by Cigna, including a high deductible health plan with a health reimbursement account

#### **Post-65 retirees:**

- Two medical plan options insured with Cigna including a Medicare Surround & Part D Prescription Drug plan (Medicare Supplement) and Medicare Advantage plan (which includes prescription drug coverage – Medicare Replacement).

### Dental Benefits

You must be enrolled in medical coverage to be eligible for dental coverage. These benefits are administered by Cigna. (Currently enrolled only)

### Vision Benefits

You must be enrolled in medical coverage to be eligible for vision coverage. These benefits are administered by Cigna, NEW for 2017. (Currently enrolled only)

### Basic Life Insurance Coverage

If you currently have life insurance with Shelby County Schools, there are no changes to life insurance benefits. Shelby County Schools will continue to pay 100% of your life insurance premium. This plan is insured by MetLife. **(Note, this is subject to change in 2017.)**

## Should You Cancel Your Retiree Coverage

You can cancel medical, dental and vision coverage at any time. Billing will be adjusted according to the receipt of the written request for cancellation.

Please keep in mind, should you cancel medical, dental and/or vision benefits for yourself and/or a dependent you will NOT be allowed to reinstate coverage at any time.

Note: You will not have another opportunity to enroll - even if you and/or a dependent lose coverage elsewhere or if coverage is cancelled for any reason.

## When You Become Medicare Eligible

If you become Medicare eligible and would like to continue your benefits with Shelby County Schools, it is **required** that you and/or your dependents:

- enroll in Medicare Part A&B
- provide a copy of your Medicare card to Benefits
- elect Post-65 plan
- complete healthcare enrollment form

Medicare open enrollment for part A & B begins in October. If you have any questions regarding Medicare, you should contact Social Security Administration at 1-800-MEDICARE or [www.medicare.gov](http://www.medicare.gov).

## Additional Information for Pre-65 Retirees

- Effective January 1, 2017, the District will pay 50% of the cost of the medical coverage and retirees will be required to pay the additional 50% of the cost.
- A retiree and 1 dependent will now be required to satisfy the family deductible and out-of-pocket maximums.
- Any combination of family members can satisfy the family deductible. For example, one (1) member can satisfy the deductible or multiple members' expenses combined can satisfy it.
- Once one (1) individual with family coverage satisfies the single out-of-pocket maximum, benefits are paid at 100% for that one individual.
- If you have not received your first TCRS retirement, you must submit your medical payment directly to SCS to prevent cancellation due to non-payment.
- The OAP IN Network Plan is not available in the state of Texas.
- Several programs continue to be available through Cigna in 2017 (Pre-65 only):
  - “Quit Today” tobacco cessation program
  - “MDLive” allows you to access a physician online, saving you time and money
  - “American Well” allows you to access a physician by phone – also saving you time and money
  - “PHS+” clinical care management program directs you to services that are most appropriate for you

## Additional Information for Post-65 Retirees

Two medical plan options are available – the Medicare Surround (Medicare Supplement) and Medicare Advantage (Medicare Replacement) plans. Both include prescription drug coverage. Detailed benefit information can be found **on page 12**.

**Effective January 1, 2017, the District will contribute 50% of the cost of the Medicare Surround Plan. The District will continue to contribute 70% of the cost of the Medicare Advantage Plan.**

- **Medicare Surround (Medicare Supplement) and Part D Prescription Drug (Rx) benefits:**
  - Medicare Surround generally pays what Medicare Parts A&B does not pay.
  - There is a small Medicare deductible for Part B services, but no deductible for Part A services.
  - Medicare Surround utilizes Medicare’s physician and hospital network. This means you can use any provider which accepts Medicare. You are not limited to using a Cigna network provider.
  - Higher premium costs than Medicare Advantage.
  - If you are enrolled in the Medicare Surround plan, you cannot be enrolled in any other supplement which includes prescription drug plans.
  - Retiree continues to pay Medicare B premium
  - Access to Cigna Healthy Rewards program
  - Retiree will have three (3) identification cards (Medicare card, Medical plan card and Prescription drug card)
  
- **Medicare Advantage Plan (Medicare Replacement):**
  - Medicare Advantage “replaces” Medicare Parts A&B
  - Retiree continues to pay Medicare B premium
  - Lower premium due to managed care approach
  - End stage renal (cannot participate if pre-existing)
  - Retiree has one (1) identification card (includes medical and prescriptions)
  - Must live in participating area (Tennessee or Mississippi)
  - Retirees have access to the Cigna-HealthSpring Living Well Center
  - Access to Cigna Healthy Rewards program
  - Silver and Fit benefit added for 2017





## Pre-65 Retiree Medical Benefits - Cigna

Pre-65 Retiree Medical Benefit	OAP IN-NETWORK Plus	OAP Basic Option		CHOICE FUND HRA Option	
	Network Only Plan	Network	Out-of-Network	Network	Out-of-Network
	You Pay	You Pay		You Pay	
Annual Deductible					
Retiree	\$500	\$1,000	\$2,000	\$1,500	\$3,000
Retiree+1	\$1,000	\$2,000	\$4,000	\$3,000	\$6,000
Family	\$1,000	\$2,000	\$4,000	\$3,000	\$6,000
Annual Health Fund provided to employees and dependents to offset your deductible	N/A	N/A		\$500/retiree, \$1,000/retiree + 1, \$1,000/family	
Out-of-Pocket Maximum					
Coinsurance	20%	20%	50%	30%	50%
Retiree	\$3,000	\$4,000	\$8,000	\$7,150	\$14,300
Retiree+1	\$9,000	\$12,000	\$24,000	\$14,300	\$28,600
Family	\$9,000	\$12,000	\$24,000	\$14,300	\$28,600
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit					
Primary Care Physician	\$25 copay	20%*	50%*	30%*	50%*
Specialist	\$40 copay	20%*	50%*	30%*	50%*
Hospital					
Inpatient	\$500 copay*	20%*	50%*	30%*	50%*
Outpatient	\$250 copay*	20%*	50%*	30%*	50%*
Emergency Room	\$250 copay*	\$400 copay*	\$400 copay*	30%*	30%*
Urgent Care	\$75 copay*	20%*	50%*	30%*	30%*
TeleHealth (MDLive or American Well)	\$25 copay	\$40 copay; 20%	N/A	\$40 copay; 30%	N/A
X-Ray, Labs, Etc.	20%*	20%*	50%*	30%*	50%*
Preventive Care (mammograms, PAP tests, physicals, immunizations)	0%	0%	Not covered	0%	Not covered
Behavioral Health/Substance Abuse					
Inpatient	\$500 copay*	20%*	50%*	30%*	50%*
Outpatient	\$40 copay	20%*	50%*	30%*	50%*
Prescription drugs					
Deductible	None	None	\$100 per person	None	\$100 per person
Retail (30-day supply)					
Generic	\$10 copay	\$10 copay	50%*	\$10 copay	50%*
Preferred Brand	20% (\$25 min/\$60 max)	20% (\$25 min/\$60 max)	50%*	20% (\$25 min/\$60 max)	50%*
Non-Preferred Brand	30% (\$50 min/\$80 max)	30% (\$50 min/\$80 max)	50%*	30% (\$50 min/\$80 max)	50%*
Mail Order (90-day supply)	3 x Retail	3 x Retail	Not covered	3 x Retail	Not covered

\*after deductible

**Summaries of Benefits and Coverage (“SBCs”), as required by the Affordable Care Act, are available on the Employee Benefits webpage. Hard copies of the SBCs are also available at the Employee Benefits Department.**

## **Health Reimbursement Account (HRA) – Pre-65 Retirees only**

If you enroll in the Choice Fund HRA medical plan option it will include a health reimbursement account (HRA), funded by Shelby County Schools, to help you pay for some of the costs of eligible health care expenses.

At the start of the plan year, Shelby County Schools will deposit a specific dollar amount in the HRA. The medical summary on the previous page shows the Shelby County Schools' 2017 contribution amounts for the HRA. Cigna manages the claims process for you and applies your HRA funds to pay 100% of your eligible health care expenses until the money is used up. Here's how it works:

- When you go to most in-network providers, the provider does not collect any money from you at the point of service. Instead, the provider sends the claim directly to Cigna.
- Cigna processes the claim and identifies the amount due to the provider, including any discounts.
- Claims are deducted from your HRA account up to the balance of your account. Once the HRA fund balance has been exhausted, then ongoing claims are paid by the retiree as part of the deductible. When those two parts have been exhausted then the plan acts like a traditional plan where the employer pays 70% and the retiree picks up the remaining 30%, up to the out of pocket maximum.
- If you leave the plan or Shelby County Schools, you lose your HRA account funds.
- You may roll over funds from one year to the next.

Cigna will send out quarterly statements to those retirees who participate in the Choice Fund HRA plan.

## Pre-65 and Post-65 Retiree Dental Benefits – Cigna

Benefit	Cigna TOTAL DPPO \$1,500 Plan	
	Network	Out-of-Network
Annual Deductible		
Individual	\$50	\$100
Family	\$150	\$300
Annual Plan Maximum	\$1,500	\$1,500
Reimbursement Levels*	Based on reduced contracted fees	80 <sup>th</sup> percentile
Diagnostic and Preventive	100%	100%
Basic Services		
Basic	80%**	80%**
Periodontic Treatment	50%**	50%**
Re-lining/Re-basing of Existing Removable Dentures	50%**	50%**
Repair or Re-cementing of Crowns, Inlays, Onlays, Dentures or Bridgework	50%**	50%**
Major Services		
Major	50%**	50%**
Crowns, Jackets and Cast Restoration Benefits	50%**	50%**
Prosthetic Benefits	50%**	50%**
TMJ and Implants	Not covered	Not covered
Orthodontia Services	50%	50%
Deductible	None	None
Dependent Children	Up to age 26	Up to age 26
Adults	Not covered	Not covered
Lifetime Maximum for Orthodontia	\$1,500	\$1,500

\*For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Contracted Fee Schedule. For services provided by an out-of-network dentist, Cigna Dental will reimburse according to Reasonable and Customary Allowances but the dentist may balance bill up to their usual fees.

\*\*After Deductible

## Pre-65 and Post-65 Retiree Vision Benefits – Cigna

Benefit	Cigna	
	Network	Out-of-Network
Benefit Frequency		
Exam/Lenses/Contacts	12 months	12 months
Frames	24 months	24 months
Exam	\$10 copay	Up to \$30 allowance
Lenses		
Single Vision	\$20 copay	Up to \$25 allowance
Bifocal	\$20 copay	Up to \$35 allowance
Trifocal	\$20 copay	Up to \$45 allowance
Lenticular	\$20 copay	Up to \$60 allowance
Lens Options		
UV Coating	Up to \$17 copay	Not Covered
Tint/Scratch Resistance	Up to \$17 copay	Not Covered
Basic Polycarbonate	Up to \$40 copay under age 18	Not Covered
Anti-Reflective		Not Covered
Standard	Up to \$45 copay	
Progressive		
Standard	Up to \$65 copay	Not Covered
Premium	20% discount	Not Covered
High Index	20% discount	Not Covered
Polarized	20% discount	Not Covered
Plastic Photosensitive	20% discount	Not Covered
Intermediate	20% discount	Not Covered
Frames	\$130 credit/allowance + 20% discount (20% savings on amount that exceeds frame allowance)	Up to \$30 allowance
Contact Lenses		
Medically Necessary	\$20 exam copay, then 100%	Up to \$225 allowance
Elective	\$20 exam copay, \$150 credit/allowance includes fitting and evaluation	Up to \$75 allowance
Other Services		
LASIK Vision Services	Up to 15% discount or 5% off promotional 20% savings	Not Covered

## Post-65 Retiree Medical Benefits – Cigna

Benefit Description	Medicare Surround & Part D Prescription Drug Plan	Medicare Advantage Plan
Annual Plan Deductible	Same as Medicare Part B	\$0
Annual Out-of-Pocket Maximum	\$0	\$1,500
Medicare Part A/B Expenses	Retiree Pays	Retiree Pays
Outpatient Physician Services	No referrals or authorizations required to see a specialist	Referral from the PCP is required to see a specialist*
Primary Care Physician Office Visit	0%	\$5 copay
Specialty Care Physician Office Visit	0%	\$10 copay
Hospital Emergency Room	0%	\$50 copay waived if admitted
Urgent Care Facility	0%	\$10 copay
Outpatient Non-Surgical Services	0%	\$10 copay
Diagnostic Radiology Services	0%	10%*
Pharmacy	Retiree Pays	Retiree Pays
Retail Prescriptions (Rx) (30-day supply)		
Generic	\$10 copay	\$10 copay
Preferred Brand	\$25 copay	\$25 copay
Non-Preferred	\$50 copay	\$50 copay
Specialty	\$50 copay	\$50 copay
Retail Prescriptions (Rx) (90-day supply)		
Generic	\$20 copay	\$20 copay
Preferred Brand	\$50 copay	\$50 copay
Non-Preferred	\$100 copay	\$100 copay
Specialty	Not available	Not available
Out-of-Network	40%	Paid at the Network level Retiree responsible for any difference in Out-of-Network & Network allowance Limited to 30-day supply

\*Authorization rules may apply.

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## Retiree Contributions

### Pre-65 Retiree Contributions

Pre-65 Retiree Medical Plan	Monthly Premiums
<b>OAP IN-NETWORK PLUS Option</b>	
Retiree	\$299.56
Retiree + 1	\$599.11
Family	\$835.76
<b>OAP BASIC Option</b>	
Retiree	\$271.87
Retiree + 1	\$543.73
Family	\$758.49
<b>CHOICE FUND HRA Option</b>	
Retiree	\$246.27
Retiree + 1	\$492.52
Family	\$687.07
Dental Plan	Monthly Premiums
<b>DPPO (\$1,500) Option</b>	
Retiree	\$25.79
Retiree + 1	\$54.17
Family	\$77.38
Vision Plan	Monthly Premiums
Retiree	\$5.10
Retiree + 1	\$9.77
Family	\$15.84

## Post-65 Retiree Contributions

### Medicare Surround & Part D Prescription Drug Plan

	Classified or Less than 15 Years of Service	15-19 Years of Service (\$25 credit)	20 – 29 Years of Service (\$37.50 credit)	30 Plus Years of Service (\$50 credit)
Retiree with Medicare	\$187.65	\$162.65	\$150.15	\$137.65
Retiree +1 with Medicare	\$375.29	\$350.29	\$337.79	\$325.29
Family with Medicare	\$562.94	\$537.94	\$525.44	\$512.94

### Medicare Advantage (including Prescription Drugs) Plan

	Classified or Less than 15 Years of Service	15-19 Years of Service (\$25 credit)	20 – 29 Years of Service (\$37.50 credit)	30 Plus Years of Service (\$50 credit)
Retiree with Medicare	\$71.41	\$46.41	\$33.91	\$21.41
Retiree +1 with Medicare	\$142.82	\$117.82	\$105.32	\$92.82
Family with Medicare	\$214.24	\$189.24	\$176.74	\$164.24

### Dental Plan

### Monthly Premiums

#### DPPO (\$1,500) Option

Retiree	\$25.79
Retiree + 1	\$54.17
Family	\$77.38

### Vision Plan

### Monthly Premiums

Retiree	\$5.10
Retiree + 1	\$9.77
Family	\$15.84



## **How do I Pay for My Benefits?**

Your premiums for medical, dental and vision benefits will continue to be deducted from your TCRS pension check.

If you have any questions or need to make any updates including cancellations, address changes, etc. submit your request in writing to Shelby County Schools, Barnes Building, 160 S. Hollywood Room 108, Memphis, TN 38112.



## Legal Notices

### IMPORTANT NOTICE ABOUT CREDITABLE PRESCRIPTION DRUG COVERAGE AND MEDICARE

The purpose of this notice is to advise you that the prescription drug coverage you have under the medical plans sponsored by Shelby County Schools are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2017. (This is known as “creditable coverage.”)

**Why this is important.** If you or a covered dependent are enrolled in any prescription drug coverage in 2017 and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty -- as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

**Please read this notice carefully. It has information about prescription drug coverage available under Shelby County Schools' medical plans and prescription drug coverage available through Medicare. It also tells you where you can get help to make decisions about your prescription drug coverage.**

**You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.**

**Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer coverage may be eligible for a Medicare Special Enrollment Period.**

If you are covered under any of Shelby County Schools' medical plans, you'll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2017. This is called creditable coverage. Coverage under these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Shelby County Schools' plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Shelby County Schools' coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the Shelby County Schools' plans.

You should know that if you waive or leave coverage with Shelby County Schools and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if your Shelby County Schools' coverage changes, or upon your request.

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number).
- Call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 1.800.772.1213 (TTY 1.800.325.0778).

**Remember: Keep this creditable coverage notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.**

**For more information about this notice or your prescription drug coverage, contact:**

**Shelby County Schools  
Employee Benefits  
160 S. Hollywood St.  
Memphis, TN 38112  
(901) 416-5300  
<http://www.scsk12.org/uf/benefits/>**

## CONTINUATION COVERAGE RIGHTS UNDER COBRA

### **Introduction**

You're receiving this notice because you are covered under the group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a Federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under Federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### **What is COBRA continuation coverage?**

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [*choose and enter appropriate information: must pay or aren't required to pay*] for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

### **When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

### **You Must Give Notice of Some Qualifying Events**

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. If the notice is not received within the 60-day period, the dependent or spouse will not be entitled to choose continuation coverage. You must provide this notice to Shelby County Schools (please see Plan Contact Information section of this notice).

If you do not choose continuation coverage within the 60-day period, your group health coverage will end at the end of the month in which the qualifying event occurs.

### **How is COBRA Coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

#### ***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. *[Add description of any additional Plan procedures for this notice, including a description of any required information or documentation, the name of the appropriate party to whom notice must be sent, and the time period for giving notice.]*

#### ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### **If You Have Questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit

www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

**Keep Your Plan Informed of Address Changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

**Plan Contact Information**

Shelby County Schools  
160 S. Hollywood Street  
Memphis, TN 38112  
(901) 416-5300  
[www.scsk12.org](http://www.scsk12.org)

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the Shelby County Schools' medical plans. Specific deductibles and coinsurance applicable to each of Shelby County Schools' medical plans are included in this enrollment guide and in the medical Summary Plan Descriptions. If you would like more information on WHCRA benefits, call your plan administrator at (901) 416-5300.

## **NEWBORNS & MOTHER'S HEALTH PROTECTION ACT OF 1996**

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). If you would like more information on maternity benefits, call your plan administrator at (901) 416-5300.

## **NOTICE OF SPECIAL ENROLLMENT RIGHTS FOR MEDICAL COVERAGE**

If you have declined enrollment in a Shelby County Schools' health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in Shelby County Schools' medical plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends.

In addition, 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 eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Shelby County Schools' health plan will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in a Shelby County Schools' health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.



## Shelby County Schools Board of Education Privacy Notice

**Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information.**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by Shelby County Schools Board of Education health plans. This information, known as protected health information, includes almost all individually identifiable health information held by a plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of these plans: Medical, Dental, Vision, Health Reimbursement Account, and Flexible Spending Account. The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

### **The Plan's duties with respect to health information about you**

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not Shelby County Schools Board of Education as an employer — that's the way the HIPAA rules work. Different policies may apply to other Shelby County Schools Board of Education programs or to data unrelated to the Plan.

### **How the Plan may use or disclose your health information**

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

**Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.

- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing “behind the scenes” plan functions, such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- **Health care operations** include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include evaluating vendors; engaging in credentialing, training, and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses Personal Health Information (PHI) for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

### **How the Plan may share your health information with Shelby County Schools Board of Education**

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to Shelby County Schools Board of Education for plan administration purposes. Shelby County Schools Board of Education may need your health information to administer benefits under the Plan. Shelby County Schools Board of Education agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Benefit department employees are the only Shelby County Schools Board of Education employees who will have access to your health information for plan administration functions.

Here's how additional information may be shared between the Plan and Shelby County Schools Board of Education, as allowed under the HIPAA rules:

- The Plan, or its insurer or HMO, may disclose “summary health information” to Shelby County Schools Board of Education, if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or

terminating the Plan. Summary health information is information that summarizes participants' claims information, from which names and other identifying information have been removed.

- The Plan, or its insurer or HMO, may disclose to Shelby County Schools Board of Education information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that Shelby County Schools Board of Education cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by Shelby County Schools Board of Education from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation programs — is *not* protected under HIPAA (although this type of information may be protected under other Federal or state laws).

**Other allowable uses or disclosures of your health information**

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

<b>Workers' compensation</b>	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
<b>Necessary to prevent serious threat to health or safety</b>	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
<b>Public health activities</b>	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
<b>Victims of abuse, neglect, or domestic violence</b>	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
<b>Judicial and administrative proceedings</b>	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
<b>Law enforcement purposes</b>	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the Plan's premises
<b>Decedents</b>	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
<b>Organ, eye, or tissue donation</b>	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death

<b>Research purposes</b>	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
<b>Health oversight activities</b>	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
<b>Specialized government functions</b>	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized Federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
<b>HHS investigations</b>	Disclosures of your health information to the Department of Health and Human Services (HHS) to investigate or determine the Plan's compliance with the HIPAA privacy rule

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use, or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

#### **Your individual rights**

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

#### **Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse**

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

#### **Right to receive confidential communications of your health information**

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

### **Right to inspect and copy your health information**

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a “designated record set.” This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request, the Plan will provide you with one of these responses:

The access or copies you requested

- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint.
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.
- You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn’t maintain the health information but knows where it is maintained, you will be informed where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan’s cost.

### **Right to amend your health information that is inaccurate or incomplete**

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

- Make the amendment as requested
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

### **Right to receive an accounting of disclosures of your health information**

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an “accounting of disclosures.” You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- For treatment, payment, or health care operations
- To you about your own health information
- Incidental to other permitted or required disclosures
- Where authorization was provided
- To family members or friends involved in your care (where disclosure is permitted without authorization)

- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances
- As part of a “limited data set” (health information that excludes certain identifying information)

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You’ll be notified of the fee in advance and have the opportunity to change or revoke your request.

#### **Right to obtain a paper copy of this notice from the Plan upon request**

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

#### **Changes to the information in this notice**

The Plan must abide by the terms of the privacy notice currently in effect. This notice takes effect on September 23, 2013. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan’s privacy policies described in this notice, you will be provided with a revised privacy notice via email.

#### **Complaints**

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You won’t be retaliated against for filing a complaint. To file a complaint, you may file a written complaint with the Benefits Departments.

#### **Contact**

For more information on the Plan’s privacy policies or your rights under HIPAA, contact:

Benefits Department  
Shelby County Schools Board of Education  
160 S. Hollywood St.  
Memphis, TN 38112  
(901) 416-5300

Your complaint should include the following:

- Your name
- The policyholder’s name
- Contract or policy number
- Name of employer or plan sponsor
- The identification number on the health plan card (this may be the employee’s social security number)
- Address or other means of communicating with you in writing
- A telephone number where you can be reached
- A brief description of the nature of your complaint
- The names and phone numbers, if available, of any of our employees with whom you have discussed your complaint
- Any other information you think is important in order to resolve your complaint

Please note: You will not be retaliated against or denied any health plan benefit or service because you file a complaint.

***Effective Date of this Notice and Revisions to the Notice***

This notice is effective July 1, 2013. We're required to abide by the terms of the notice that's currently in effect. We reserve the right to change the terms of this notice and to make the new notice effective for all PHI we maintain. If we change the notice, we will provide it to you by direct mail. Also, it is posted on our Web site at [www.scsk12.org](http://www.scsk12.org). We will promptly revise and distribute this notice whenever there is a material change to the uses or disclosures, your rights, our duties, or other practices stated in this notice. Except when required by law, a material change to this notice will not be implemented before the effective date of the new notice in which the material change is reflected.



## Who to Contact with Questions

Plan	Who to Call	Web Address	Phone Number
<b>Medical – Pre-65</b>	Cigna	<a href="http://www.mycigna.com">www.mycigna.com</a>	<b>Open Enrollment Questions:</b> 1-800-401-4041  <b>On-going Customer Service:</b> 1-800-736-7568
<b>Medical – Post-65</b> – Medicare Surround – Prescription Drug Plan - Cigna HealthSpring	Cigna	<a href="http://www.mycigna.com">www.mycigna.com</a>	<b>Customer Service:</b> 1-800-244-6224  1-800-558-9562
<b>Medical – Post-65</b> – Medicare Advantage	Cigna	<a href="http://www.mycigna.com">www.mycigna.com</a>	<b>Customer Service:</b> 1-888-281-7867
<b>Dental</b>	Cigna	<a href="http://www.mycigna.com">www.mycigna.com</a>	<b>Open Enrollment Questions:</b> 1-800-401-4041
<b>Vision</b>	Cigna	<a href="http://www.mycigna.com">www.mycigna.com</a>	<b>On-going Customer Service:</b> 1-800-736-7568
<b>Life Insurance</b>	Employee Benefits Department	<a href="http://www.mybenefits.metlife.com">www.mybenefits.metlife.com</a>	<b>Customer Service:</b> <i>Basic Life Insurance</i> 1-901-416-5344

*This open enrollment guide is intended to be a summary of the retiree benefit programs offered by Shelby County Board of Education. If you would like further details about any of the benefit offerings described herein, refer to each plan's Summary Plan Description (SPD), if applicable, or to the official policy relating to that benefit. Benefits described in this open enrollment guide also constitute a Summary of Material Modifications (SMM) in years when a new SPD is not required. Both SPDs and policies are available upon request by contacting human resources.*

*Shelby County Board of Education always works to ensure information provided to retirees is accurate. However, if for some reason the information in this open enrollment guide conflicts with any information in the plan or benefits policy, the plan or policy document will govern. Shelby County Board of Education reserves the right to amend, suspend or terminate these plans at any time.*

***NOTES:***



**SHELBY COUNTY SCHOOLS**  
*New Retiree Health Care Plan*  
**Enrollment/Change Form**  
*(Please complete this form in its entirety)*



Administered by  
 Connecticut General Life Insurance Company  
 Cigna HealthCare of Tennessee, Inc.

<b>A</b>	<input type="checkbox"/> NEW RETIREE <input type="checkbox"/> ENROLL CHANGE PERIOD EFFECTIVE DATE OF ADD/CHANGE/ CANCELLATION (MM/DD/CCYY)	CIGNA ACCOUNT NO.: <b>3211484</b>	BRANCH CODE <b>3211484</b>
	EMPLOYER NAME <b>SHELBY COUNTY SCHOOLS</b>	SCS PLAN GROUP <b>160 S. HOLLYWOOD, MEMPHIS, TN 38112</b>	MEDICAL COVERAGE TIER <input type="checkbox"/> RETIREE ONLY <input type="checkbox"/> RETIREE + ONE <input type="checkbox"/> RETIREE + FAMILY <input type="checkbox"/> WAIVE MEDICAL PRE-65 RETIREE (under age 65) <input type="checkbox"/> OAP IN-Network Plus <input type="checkbox"/> OAP Basic <input type="checkbox"/> Choice Fund HIRA POST-65 RETIREE or Medicare eligible (over age 65) <input type="checkbox"/> MEDICARE SURROUND & PART D PHARMACY PLAN <input type="checkbox"/> MEDICARE ADVANTAGE COVERAGE DENTAL COVERAGE TIER (MUST HAVE MEDICAL COVERAGE) <input type="checkbox"/> RETIREE ONLY <input type="checkbox"/> RETIREE + ONE <input type="checkbox"/> RETIREE + FAMILY <input type="checkbox"/> DPO 1500 <input type="checkbox"/> WAIVE DENTAL VISION COVERAGE TIER (MUST HAVE MEDICAL COVERAGE) <input type="checkbox"/> RETIREE ONLY <input type="checkbox"/> RETIREE + ONE <input type="checkbox"/> RETIREE + FAMILY <input type="checkbox"/> VISION <input type="checkbox"/> WAIVE VISION
	TYPE OF CHANGE: <input type="checkbox"/> Cancel Dependent(s)* <input type="checkbox"/> Change to Single <input type="checkbox"/> Other _____ <input type="checkbox"/> Cancel Coverage* <input type="checkbox"/> Change to Retiree + One Dependent		
	* List Names in Section B		

<b>B</b>	RETIREE NAME (Last) _____ (M.I.) SOCIAL SECURITY NO. _____	PRIMARY CARE PHYSICIAN NAME _____ PRIMARY CARE PHYSICIAN ID _____
	DATE OF BIRTH (MM/DD/CCYY) GENDER <input type="checkbox"/> M <input type="checkbox"/> F HOME PHONE   (   )   (   ) WORK PHONE   (   )   (   ) E-MAIL ADDRESS _____	ADDRESS (Street) _____ (City) _____ (State) _____ (Zip Code)
	DEPENDENT INFORMATION Last Name   First Name   M.I. Spouse Name ID _____   Relationship Name ID _____   Relationship Name ID _____   Relationship	DEPENDENT SOCIAL SECURITY NO. _____ DEPENDENT PRIMARY CARE PHYSICIAN Name ID _____   Name ID _____   Name ID _____ DATE OF BIRTH MM DD CCYY GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> F DEPENDENT COVERAGES <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision SCS EMPLOYEE?   Yes   No (check one)
	* DEPENDENTS - Up to age 26. Adult children married or unmarried and living or not living with parent qualify for this coverage. If totally disabled prior to age 26, attach proof of disability for eligibility review.	

<b>C</b>	OTHER HEALTH CARE COVERAGE: Do you or your dependents have other health insurance under a group plan, HMO, or Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following: NAME OF PERSON COVERED   SOCIAL SECURITY NO.   MEDICARE Part A   Part B   HIC # (MEDICARE ID NUMBER)   MEDICAID   OTHER INSURANCE CARRIER
<b>D</b>	SIGNATURE - I have read this form and certify that all statements contained are true and correct to the best of my knowledge. I understand any material misrepresentation will result in the cancellation of my coverage and the denial of claims plus reimbursement to the health plan of any benefit payments. I understand that if my coverage contains limitations on pre-existing conditions that these limitations will be stated in the plan. I accept the provisions on the reverse side of this form which I have read and understand. RETIREE'S SIGNATURE _____ DATE _____

### **PROVISIONS**

- "CIGNA HealthCare" refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.
- I agree, for myself and my dependents, that, in the event any health services provided are the primary responsibility of any other party by way of other group health coverage or by the act or omission of another person to fully inform the healthplan and will execute such assignments, liens or other documents which maybe necessary to enable the healthplan to recover the value of the services provided. I further agree that in the event I or any of my dependents collect benefits or damages from any other party who has primary responsibility for services provided by the healthplan, I will immediately reimburse the healthplan to the extent of services provided, to the extent permitted by state law.

### **FRAUD WARNING**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

### **AUTHORIZATION TO DEDUCT CONTRIBUTIONS**

I authorize deductions from my earnings of the required contributions, if any, toward the cost of the coverage. This authorization applies only if employee contributions are required.

### **SPECIAL PROVISION FOR EMPLOYERS WITH SECTION 125 PLANS**

By allowing an individual to enroll in the Insurance Plan other than during the open enrollment period, CIGNA HealthCare or Connecticut General Life Insurance Company does not waive any terms of its contract. Further, by allowing an individual to enroll in the Insurance Plan other than during an open enrollment period, CIGNA HealthCare or Connecticut General Life Insurance Company does not thereby express any opinion regarding the appropriateness of the change under Section 125 of the Internal Revenue Code or the terms of the employer's Section 125 Plan.

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