



For Pre-65 and Post-65 Retirees



Benefits & You

Your 2019 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 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.

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

IMPORTANT – MUST READ

- Nothing is required if you wish to retain your current benefit elections
- Dental and vision coverage can not be added if you are not currently enrolled
- There are no premium increases for 2019 for Pre-65 retirees for medical, dental or vision plans.
- Slight premium increase for Post-65 Medicare Surround plan – but no cost increase for the Post-65 Medicare Advantage plan
- **Benefit elections and changes made during this period will take effect January 1, 2019.**

2019 CHANGE PERIOD DATES

Monday, November 5, 2018 through
Monday, November 19, 2018

2019 COVERAGE OPTIONS

- **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)

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.

DEADLINE TO MAKE CHANGES

Monday, November 19, 2018

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, November 5th through Monday, November 19th.

PRE-65 & POST-65 RETIREE MEETINGS

This meeting is “optional” to answer any questions and to provide information regarding the SCS’ Cigna medical plans offered. Cigna representatives and other vendors will be present.

Wednesday, November 7, 2018

Last Names **A-K** from 9:00 a.m. – 11:00 a.m.

Last Names **L-Z** from 2:00 p.m. – 4:00 p.m.

Location: Shelby County Schools
BOE Avery Auditorium
160 South Hollywood Street
Memphis, TN 38112

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 (currently enrolled only)
- Dental (currently enrolled only)
- Vision (currently enrolled only)
- Basic Life Insurance (currently enrolled only)

Details regarding these benefits listed above are found within this Guide.

HOW TO MAKE CHANGES

Complete the enclosed application and return it to the Employee Benefits Department by **Monday, November 19, 2018.**

You may submit your application to Employee Benefits, Barnes Building, 160 S. Hollywood Street, 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.



SHOULD YOU CANCEL YOUR RETIREE COVERAGE

You can cancel medical, dental, vision, or basic life insurance 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, vision or basic life insurance 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 and/or your dependent 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.

PRE-65 RETIREE INFORMATION

- Employees enrolling in the Choice Fund HRA option have access to 100% of their Annual Health Fund on January 1, 2019.
- Dependents of Pre-65 Retirees that are Medicare eligible, must have Medicare A&B coverage (even if the retiree is under 65 and not Medicare eligible).
- Any Pre-65 retiree that is enrolled in Medicare A&B must provide our office a copy of the Medicare A&B card. It is also required that eligible dependents provide a copy of the Medicare A&B card as well.
- The OAP-IN plan is not available in the State of Texas
- There are several programs sponsored by Cigna that will continue for the 2019 plan year. Check out mycigna.com for more information.
 - “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

POST-65 RETIREE INFORMATION

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 10**.

Continuing in 2019, the District will contribute 70% of the cost of the Medicare Advantage Plan and 50% of the cost of the Medicare Supplement Plan.

- **Medicare Surround (Medicare Supplement) and Part D Prescription Drug (Rx) benefits:**
 - Medicare Surround pays according to Medicare. The plan 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.
 - 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
 - Active and Fit benefit
 - 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
 - Must live in participating area (Tennessee, Mississippi or Arkansas)
 - You must choose a primary care physician and stay within the participating network of physicians and hospitals
 - Emergency room copay increases from \$100 to \$120
 - Lower premium due to managed care approach
 - End stage renal disease (cannot participate if pre-existing)
 - Retirees have access to the Cigna-HealthSpring Living Well Center
 - Access to Cigna Healthy Rewards program
 - Silver and Fit benefit
 - Retiree has one (1) identification card (includes medical and prescriptions)

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	\$42 copay; 20%	N/A	\$42 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

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

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' 2019 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 th 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%**
Prosthodontic 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%	\$120 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) (60 or 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.

PRE-65 RETIREE CONTRIBUTIONS

Pre-65 Retiree Medical Plan		Monthly Premiums
OAP IN-NETWORK PLUS Option		
Retiree		\$299.56
Retiree + 1		\$599.11
Family		\$835.76
OAP BASIC Option		
Retiree		\$271.87
Retiree + 1		\$543.73
Family		\$758.49
CHOICE FUND HRA Option		
Retiree		\$246.27
Retiree + 1		\$492.52
Family		\$687.07
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

POST-65 RETIREE CONTRIBUTIONS

Medicare Surround & Part D Prescription Drug Plan - Monthly Premiums				
	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	\$195.48	\$170.48	\$157.98	\$145.48
Retiree +1 with Medicare	\$390.96	\$365.96	\$353.46	\$340.96
Family with Medicare	\$586.44	\$561.44	\$548.94	\$536.44

Medicare Advantage (including Prescription Drugs) Plan – Monthly Premiums				
	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

Other SPLIT rates may apply if you have dependents that do not have Medicare A&B

HOW DO I PAY FOR MY BENEFITS?

Your premiums for medical, dental, vision, and/or basic life insurance 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 Street, Room 108, Memphis, TN 38112.

Note:

If you are a new retiree and have not received your first TCRS retirement check, you must submit your health insurance payment directly to SCS to prevent cancellation.



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 2019. (This is known as “creditable coverage.”)

Why this is important. If you or a covered dependent are enrolled in any prescription drug coverage in 2019 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 2019. 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 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 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/>**

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;
- Prostheses; 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.

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:

Workers' compensation	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
Necessary to prevent serious threat to health or safety	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
Public health activities	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
Victims of abuse, neglect, or domestic violence	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)
Judicial and administrative proceedings	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)
Law enforcement purposes	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
Decedents	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
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death

Research purposes	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
Health oversight activities	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
Specialized government functions	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
HHS investigations	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. 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
Medical – Pre-65	Cigna	www.mycigna.com	Open Enrollment Questions: 1-800-401-4041 On-going Customer Service: 1-800-736-7568
Medical – Post-65 – Medicare Surround – Prescription Drug Plan - Cigna HealthSpring	Cigna	www.mycigna.com	Customer Service: 1-800-244-6224 1-800-558-9562
Medical – Post-65 – Medicare Advantage	Cigna	www.mycigna.com	Customer Service: 1-888-281-7867
Medicare Surround	Active & Fit	www.ActiveandFitDirect.com/fitness/Cigna	1-844-646-2746
Medicare Advantage	Silver & Fit	www.SilverandFit.com	1-888-886-1992
Dental & Vision	Cigna	www.mycigna.com	Open Enrollment Questions: 1-800-401-4041 On-going Customer Service: 1-800-736-7568
Basic Life Insurance	Employee Benefits Department		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.



SHELBY COUNTY SCHOOLS
New Retiree Health Care Plan
Enrollment/Change Form

(Please complete this form in its entirety)

A	<input type="checkbox"/> NEW RETIREE <input type="checkbox"/> ENROLL CHANGE PERIOD	EFFECTIVE DATE OF ADD/CHANGE/ CANCELLATION (MM/DD/CCYY)	SCS PLAN GROUP	CIGNA ACCOUNT NO. 3211484	BRANCH CODE
EMPLOYER NAME SHELBY COUNTY SCHOOLS		EMPLOYER ADDRESS 160 S. HOLLYWOOD, MEMPHIS, TN 38112			
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					
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 HRA 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"/> DPPO 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					

B	RETIREE NAME (Last)		(M.I.)		SOCIAL SECURITY NO.	
DATE OF BIRTH (MM/DD/CCYY)		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	HOME PHONE () ()	WORK PHONE () ()	PRIMARY CARE PHYSICIAN NAME	PRIMARY CARE PHYSICIAN ID
ADDRESS (Street)		(City)		(State) (Zip Code)		
DEPENDENT INFORMATION						
Last Name		First Name	M.I.	DEPENDENT SOCIAL SECURITY NO.	DEPENDENT PRIMARY CARE PHYSICIAN	DATE OF BIRTH MM DD CCYY
Spouse				Name ID	Name ID	Medical Dental Vision
Dependent *		Relationship		Name ID	Name ID	Medical Dental Vision
Dependent *		Relationship		Name ID	Name ID	Medical Dental Vision
* 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.						

C	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:		MEDICARE Part A Part B		HIC # (MEDICARE ID NUMBER)	MEDICAID	OTHER INSURANCE CARRIER
NAME OF PERSON COVERED		SOCIAL SECURITY NO.		EFFECTIVE DATE					

D	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.		DATE
RETIREE'S SIGNATURE			

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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Shelby County Schools
160 South Hollywood
Memphis, TN 38112