

Your Guide to NEISD Health Plan Changes



2005 Open Enrollment

About Your North East ISD Health Benefits Plan

As a valued employee of North East ISD, you have access to a quality, group health plan through the BlueCross and BlueShield of Texas healthcare system. This program is self-funded, which means that the District pays all medical claims, prescription drug claims, and administrative fees. A unique feature of self-funding is that you help determine the cost of your premiums through the choices you make in receiving health care.

Over the past seven years, the District has absorbed the majority of the premium increases by raising the District contribution to offset the high utilization and rising costs of health care. For this reason, the District has been forced to increase premiums and modify benefits to its current health care options. While we recognize how these changes may impact you and your family, they are crucial to maintaining and preserving the District health fund.

Important Benefit Changes for 2005-2006

Plan design changes will be implemented on October 1, 2005. Below are some of the highlights:

- BlueChoice Low Option PPO will replace BlueChoice PPO;
- BlueChoice High Option PPO will replace BlueChoice Plus POS;
- Primary care physicians are no longer required under the former BlueChoice Plus POS plan;
- Monthly premiums, annual deductibles, and prescription and office copay amounts have increased;
- Infertility services will no longer be covered.

Please refer to the *Summary of Health Plan Changes* on Page 3 for more details.

What Happens Now?

If you are a current plan participant, you will need to carefully review your health care needs. We have provided you with step-by-step instructions to guide you through this process.

- Step 1 Using the *Summary of Health Plan Changes* on Page 3, compare your current health plan to the new plan design changes.
- Step 2 Decide which health plan will meet your medical and financial needs.
- Step 3 After making your decision, please refer to the table below to determine your next step.

<i>I am currently enrolled in</i>	<i>My health plan will . . .</i>
BlueChoice PPO	be <i>automatically converted</i> to BlueChoice Low Option PPO <u>or</u> I will select another plan by completing a health change form.
BlueChoice Plus POS	be <i>automatically converted</i> to BlueChoice High Option PPO <u>or</u> I will select another plan by completing a health change form.
HMO Blue® Texas	<i>remain</i> as HMO Blue® Texas <u>or</u> I will select another plan by completing a health change form.

- Step 4 If you have made the decision to change your health plan, please indicate your change in Section 2 of the *North East ISD Notice of Enrollment or Change in Health Coverage* form.

Example: *Change Health Selection from* BlueChoice PPO to BlueChoice High Option PPO

For more details on completing the form, refer to *Enrollment Instructions* which are available on the intranet.

- Step 5 Please sign, date, and return your application. All applications must be officially received by the Employee Benefits Office for validation no later than August 31, 2005.

Summary of Health Plan Changes

	CURRENT PLAN YEAR 2004-2005	CHANGES FOR PLAN YEAR 2005-2006	CHANGE IN BENEFITS Increase/(Decrease)
BENEFITS	BlueChoice (PPO)	BlueChoice - Low Option	
Primary Care Physician (PCP)	Not Required	Not Required	
Calendar Year Deductibles	\$300 Individual \$900 Family	\$500 Individual \$1,500 Family	\$200 \$600
Co-share	80% PPO / 60% Non PPO	80% PPO / 60% Non PPO	
Co-Insurance Maximum	\$1,800 Individual \$3,600 Family	\$2,000 Individual \$4,000 Family	\$200 \$400
Office Visit	\$15 Copay PPO 60% Non PPO after Deductible	\$15 Copay PPO 60% Non PPO after Deductible	
Emergency Room	80% (Deductible Waived)	80% after \$25 Copay	\$25 Copay
Inpatient Hospital	\$0 Per Admission Deductible 80% after Deductible	\$100 Per Admission Deductible 80% after Deductible	\$100 Per Admission Deductible
Outpatient Surgery	80% after Deductible	80% after Deductible	
Hospice Care	80% after Deductible	80% after Deductible	
Prescription Drug Copay	\$10 / \$20 / \$35 1 Copay for 90-day Mail Order	\$10 / \$25 / \$45 2 Copays for 90-day Mail Order	\$0 / \$5 / \$10 Additional Copay
Monthly Premium (Employee Share)			
Employee Only	\$70	\$75	\$5
Employee/Children	\$189	\$194	\$5
Employee/Spouse	\$216	\$221	\$5
Family	\$334	\$339	\$5
BENEFITS	BlueChoice Plus (POS)	BlueChoice - High Option	
Primary Care Physician (PCP)	Required	Not Required	No PCP required
Calendar Year Deductibles	None None	\$200 Individual \$600 Family	\$200 \$600
Co-share	90% PPO / 70% Non PPO	90% PPO / 70% Non PPO	
Co-Insurance Maximum	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family	\$500 \$1,000
Office Visit	\$15 Copay PPO 70% Non PPO after Deductible	\$15 Copay PPO 70% Non PPO after Deductible	
Emergency Room	100% after \$25 Copay	90% after \$25 Copay	10%
Inpatient Hospital	\$0 Per Admission Deductible 90%	\$100 Per Admission Deductible 90% after Deductible	\$100 Per Admission Deductible Deductible
Outpatient Surgery	90% after Deductible	90% after Deductible	
Hospice Care	100%	90% after Deductible	(10%) + Deductible
Prescription Drug Copay	\$10 / \$20 / \$35 1 Copay for 90-day Mail Order	\$10 / \$25 / \$45 2 Copays for 90-day Mail Order	\$0 / \$5 / \$10 Additional Copay
Monthly Premium (Employee Share)			
Employee Only	\$78	\$118	\$40
Employee/Children	\$207	\$247	\$40
Employee/Spouse	\$236	\$276	\$40
Family	\$362	\$402	\$40
BENEFITS	HMO Blue® Texas	HMO Blue® Texas	
Primary Care Physician (PCP)	Required	Required	
Calendar Year Deductibles	None	None	
Co-share	100%	100%	
Out-of-Pocket Maximum	Unlimited Unlimited	\$1,500 Individual \$3,000 Family	Employee Cost Limited
Office Visit	\$10 Copay	\$20 Copay	\$10 Copay
Emergency Room	\$25 Per Visit	\$75 Per Visit	\$50 Per Visit
Inpatient Hospital	100% after \$50/day to \$200 Maximum	100% after \$500 Copay	\$500 Copay
Outpatient Surgery	100%	100% after \$200 Copay	\$200 Copay
Infertility Services	50%	None	(50%)
Prescription Drug Copay	\$10 / \$20 / \$35 1 Copay for 90-day Mail Order	\$10 / \$25 / \$45 2 Copays for 90-day Mail Order	\$0 / \$5 / \$10 Additional Copay
Monthly Premium (Employee Share)			
Employee Only	\$70	\$95	\$25
Employee/Children	\$205	\$230	\$25
Employee/Spouse	\$235	\$260	\$25
Family	\$392	\$417	\$25

Protect Yourself from Health Care Fraud

Health care fraud is a contributing factor to the rising costs of health care in America today. Here are a few things you can do to protect yourself and the District health fund:

- Do not give your health plan identification number over the telephone to people you do not know other than your treating physician or other health care provider.
- Do not allow anyone other than the appropriate medical professionals to review your medical records or recommend services.
- Do not allow or ask your doctor to make false entries on billing records to get your health plan to pay for an item or service.
- Avoid health care providers that say an item or service is not usually covered, but they know how to get the health plan to pay for it.
- Carefully review all explanation of benefits (EOBs) that you receive from your health plan.
- If you feel that you were charged for services you did not receive, billed twice, or misrepresented by the information received from your provider, please do the following:
 - Call the provider and ask for an explanation.
 - If the provider is not able to resolve the matter, please contact BlueCross BlueShield of Texas to explain the situation.
 - If they cannot resolve the issue, please contact the Employee Benefits Office.
- Remember to drop any family members when they are no longer eligible to participate in the health plan. This includes:
 - Divorced spouses;
 - Children over the age of 19 who are not full-time students or have graduated from college; or
 - Stepchildren who do not live in your household (unless coverage is court ordered).
- Remember, unauthorized, fraudulent, or improper use of your health plan can result in the immediate termination of your benefits.

Important Contact Information

BlueChoice PPO

Group 93748
1-800-521-2227
Monday through Friday
8:00 a.m. to 8:00 p.m.
www.bcbstx.com

HMO Blue® Texas

Group 93748P
1-877-299-2377
Monday through Friday
7:30 a.m. to 6:00 p.m.
www.bcbstx.com

NEISD Employee Benefits Office

210-804-7231 or 210-804-7232
Monday through Friday
8:00 a.m. to 4:45 p.m.
eb@neisd.net

