

Aurora City Schools

Insurance changes as of July 1st, 2011

Question and Answer Sheet

1) What are the Federal Health Law changes that go into effect July 1st, 2011?

You will be receiving a Plan Amendment from our benefits coordinator, which explains in detail all of the changes in our plan due to the new Federal Health Law. Here are a few of the hi-lights:

- a.) No lifetime dollar limit
- b.) **Physicians office visit for Routine Physical Exam (100% in-network)**
Charges for Routine X-Ray, Lab (100% in-network)
- c.) Preventive Health Benefits - vaccines, immunizations, screenings and tests for diseases (such as colonoscopy), annual screening for cervical cancer, initial mammography starting at age 35, Mental Health screenings, and well baby and well child visits through age 21.
(These preventive services will be covered without a copayment, coinsurance or deductible when these services are delivered by a network provider)

2) What are the new age requirements for older age dependents due to new federal/state health law?

Starting July 1st, 2011, per the new federal law, our plan will cover your married or unmarried child as defined below until your child reaches **age 26**. (See amendment for state expansion to age 28)

- a.) Be the child of the employee as that is defined under the plan
- b.) Have not yet reached their 26th birthday, and
- c.) No other eligibility requirements needed

(You will no longer be required to provide full time student Status)

Please contact Amy Lange, our benefits coordinator, if you need to add a child. You only have till June 30th, 2011 to add any child that meets the new requirements as of July 1st, 2011.

3) Do we pay the \$15 co-pay for specialty doctors?

No, the \$15 co-pay is only for primary doctors which are Family Practice, Internal Medicine, Pediatricians, or the doctors you would see at a Med Center. The \$15 co-pay does not go towards the deductible.

Specialty Doctors, such as Allergist, Surgeon, Neurologist, Chiropractor, OB/GYN etc. will be subject to the deductible. (OB/GYN annual pap is covered (in network) no deductible 100%)

Example:

- a) You go to your family physician for a sore throat – you would pay \$15 at the time of the visit and that is the only amount you will pay for the Doctor charge. (Any testing or ex-rays at the time of your visit will be processed as a claim and will be subject to the deductible)
- b) You go to your allergist (specialty doctor) – processed as it is presently – no payment at time of visit, goes towards deductible.

- 4) Since the change in our deductible is taking effect in the middle of the calendar year and we have already accumulated expenses towards our deductibles will those expenses roll over into the new deductible amounts?**

Yes. Any amount you have paid towards your deductible for 2011 will still count towards the new deductible amount. If you reached your \$100 single deductible, you will only pay an additional \$200 to reach the new \$300 deductible.

- 5) If someone met their deductible of \$100 this year and since that time they accumulated another \$500 in medical expenses that the insurance paid before July 1st, and they don't accumulate anymore medical expense this year, will they have to pay back \$200 in order to reach the \$300 deductible?**

No. The new deductible starts July 1st so any expense that applies to the \$300 must have a date of service July 1st or after.

- 6) Does my annual out of pocket per year increase?**

No. The annual out of pocket remains as it was – in network \$500/\$1000 family
out of network \$900/\$1800 family

Once you reach these maximum amounts the plan pays 100% of the in network discounted amount or 100% of reasonable and customary for out of network.

- 7) Since our deductibles are increasing to \$300 single/\$600 family July 1st, can I increase my flexible spending amount for this calendar year?**

Yes. Our plan change is a qualifying event so an employee can join, increase or decrease their amount for the year. There will be a 30 day window to make the change, July 1st to July 30th. The new amount will be divided by the remaining pays for the calendar year.

(We will be sending out the forms in June)

- 8) When does the increase in premium take effect?**

The premium increase will take effect September 1st, 2012, a year from this September.

- 9) Can a person on the single plan who drops all coverage September 1, 2012, when they have to start paying the 5% premium, get the \$2500 waiver of coverage?**

No. Waiver of coverage is only paid to employees that have family coverage as of August 31, 2011 and drop all coverage.

10) Can a person on the family or single plan get the waiver of coverage if they drop their medical coverage and RX coverage and keep their dental coverage?

No. You must have family coverage as of August 31, 2011 and drop all coverage (life insurance will continue) in order to get the waiver of coverage.