Available online at **www.saintmartinschools.org** under Departments, Business Office, Group Health, Group Health Announcements, Medicare Part D Disclosure



TO YOUR HEALTH!

A NEWSLETTER FROM THE ST MARTIN PARISH SCHOOL BOARD HEALTH PLAN

Inside this issue:			
Exemption from Mental Health	2		
Medicare Part D Disclosure	3-4		
Health Care Reform disclosures	5		
Medicare Part B, Contact Info, Other Insurances Medicare Part B	6		
<i>Premiums effective 7/1/2012</i>	6		

Special points of interest:

- RETIREES...If you or your covered dependents (including spouse) qualify for Medicare, please provide a copy of your card to the Health Insurance bookkeeper. This is the only way we will be notified of the change so that we can lower your premium.
- To insure coverage, you must add newborns to your plan within 31 days of birth.

Annual open enrollment begins

Please note that annual open enrollment for active employees begins **May 1**, 2012 and runs through **May 31**, 2012. Anyone needing to enroll in group health, drop group health, or make changes to their existing group health coverage should call to make an appointment with Janell LeBlanc at 332-2105 x3021. Changes made during open enrollment will be effective July 1st with the deduction withheld from your June payroll check. If you do not need to make any changes to your group health you DO NOT need to see Ms LeBlanc.

However, **ALL EMPLOYEES MUST** see Taylor & Sons during the open enrollment period. By law SMPSB must annually show proof that employees have been educated about the availability of 403b tax deferred savings plans. Taylor & Sons assists us in meeting that legal requirement. In addition, Taylor & sons assists SMPSB in enrolling employees in other optional benefits. AFLAC will also be visiting the schools. Please check with your administrator for dates that Taylor & Sons and AFLAC will be at your site.

CERTAIN DRUGS FOR SERIOUS DISEASES :

Drugs needed to treat serious and life threatening diseases (cancer, HIV, multiple sclerosis, etc) and very expensive drugs must be ordered through SCL Specialty Pharmacy. These medications will be delivered to your home, office, physician's office or home health care agency via Fed-Ex or UPS per your direction. You must call SCL Specialty Pharmacy at the number below to enroll. If your medicine is bought at retail you will be paying a SUBSTANTIAL cost for the drug rather than the regular co pay. The current specialty drug list in on our website under pharmacy

CONTACT NUMBERS YOU SHOULD KNOW:

 BENEFIT MANAGEMENT SERVICES:
 1-800-603-2299

 SCRIPT CARE:
 1-800-880-9988

 SCL Specialty Pharmacy
 1-866-443-1991

 MANAGED CARE CONCEPTS
 1-866-750-2723

 EMPLOYER SUPPORT SERVICES
 1-800-535-7206

 TAYLOR & SONS
 1-877-365-2341



NOTICE TO PLAN PARTICIPANTS OF ST. MARTIN PARISH SCHOOL BOARD HEALTH BENEFIT PLAN

This notice is to inform you of St. Martin Parish School Board's election to exempt the St. Martin Parish School Board Health Benefit Plan (the plan) from parts of the requirements of the Public Health Service Act (PHSA), and more recently, the Patient Protection and Affordable Care Act (PPACA) which permits non-federal, governmental health plans which are self-funded to elect this exemption. Uncertainty about the cost of complying with this law has led to this decision and this will be reviewed annually.

Specifically, St. Martin Parish School Board will not adopt mental health and substance abuse mandates specified in the MHPAA (Mental Health Parity and Addiction Act). If St. Martin Parish School Board determines that continuing to elect this exemption is in the best interest of the plan, further notice will be provided. All parts of the plan are subject to this election. Further, neither the Plan nor state law requires the St. Martin Parish School Board and/or Plan to comply with the mental health parity requirements. Lastly, this election does not impact our compliance with obligations related to Creditable Coverage notices required by Centers for Medicare and Medicaid (CMS) related to Part D or as required by Health Insurance Portability and Accountability Act (HIPAA).

This means that coverage for mental health and substance abuse treatments will continue to be covered as they are presently pursuant to our plan document.

Benefits for newborns and mothers, coverage for reconstructive surgery following mastectomies and coverage extensions for dependents due to Megan's Law will remain unchanged as they currently comply with the mandates of this and other federal or state laws.

Important Notice from St Martin Parish School Board About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with St Martin Parish School Board and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

St Martin Parish School Board has determined that the prescription drug coverage offered by St Martin Parish School Board Group Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. If you join later and do not have previous creditable coverage you may pay a higher premium (a penalty) . You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan. *In addition, if you lose or decide to leave the* **St Martin Parish School Board plan**; you will be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period. You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

CURRENT RX BENEFITS

COPAYMENTS				
	<u>Retail</u>	Mail Order		
		1-30 DS	31-60 DS	61-90 DS
Formulary:	\$30.00	\$30.00	\$60.00	\$75.00
Non-formulary:	\$45.00	\$45.00	\$90.00	\$112.50
Generic:	\$10.00	\$10.00	\$20.00	\$25.00
•				
Deductible:	\$100.00 per member / per calendar year			
\$300.00 per family / per calendar year				r

N/A to generics

If you decide to join a Medicare drug plan, your St Martin Parish School Board coverage will NOT be affected. However, if you do decide to *join a Medicare drug plan and drop* your St Martin Parish School Board health & prescription drug coverage, be aware that you and your dependents **Will not** be able to get this retiree coverage back with SMPSB.

Important Notice from St Martin Parish School Board About Your Prescription Drug Coverage and Medicare (cont)



You should also know that if you drop or lose your coverage with St Martin Parish School Board and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition if you go 63 continuous days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, you may have to wait until the following November to join a Medicare drug plan.

For more information about this notice or your current prescription drug coverage...

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through St Martin Parish School Board changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at <u>www.socialsecurity.gov</u>, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date:	April 20, 2012
Name of Entity/Sender:	St Martin Parish School Board
ContactPosition/Office:	Emile E Soulier III, CFO
Address:	111 Courville St
	Breaux Bridge, LA 70517
Phone Number:	337-332-2105
ContactPosition/Office: Address:	Emile E Soulier III, CFO 111 Courville St Breaux Bridge, LA 70517

The St. Martin Parish School Board believes our group health benefits plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

The following are key elements of the health care reform changes effective for many plans issued or renewed on or after September 23, 2010. Effective July 1, 2011 our group health plan will comply with the following requirements of the reform law:

No Lifetime Maximum Limits on Benefits

There is no longer a lifetime limit on the dollar value of benefits under the St. Martin Parish School System's Group Health Plan. If your coverage ended because you reached a lifetime limit under your plan, you are eligible to enroll again at your next plan renewal. You will have 30 days from the start of your plan's next Open Enrollment period to request enrollment.

Children with Pre-Existing Conditions

Our plan will no longer deny a claim due to pre-existing condition benefit limitations or exclusion for children under age 19.

Your dependents up to age 26 are eligible to enroll

Dependent children up to age 26, who previously exceeded the age limits under our plan or who were not previously eligible due to age limits under their plan, can now be covered. Enrollment is available from May 1 through May 31. Enrollment will be effective the July 1, 2012.

You may contact the plan administrator (337-332-2105) or Benefit Management Services (1-800-603-2299) with questions you have about how this may impact you or your benefits. You may also contact the U.S. Department of Health and Human Services for more information about health care reform at: www.healthreform.gov.

Page 5

ST MARTIN PARISH SCHOOL BOARD

GROUP HEALTH PLAN RATES-7/1/2012

	TOTAL	TOTAL BOARD	EMPLOYEE
EMPLOYEES	PREMIUM	CONTRIBUTION	CONTRIBUTES
Employee only	676	492	184
Employee +1	857	492	365
Employee + 2 or more	1,026	492	534

Persons retired before 4/1/2002 pay the 30+ year rate.

			EFFECTIVE WITH RETIREES 4/2002— RETIREE PAYS BASED ON YEARS OF SERVICE IN ST MARTIN PARISH				
	TOTAL 30+	TOTAL BOARD					
RETIREES	PREMIUM	CONTRIBUTION	30+ yrs svc	25-29 yrs svc	20-24 yrs svc	10-19 yrs svc	0-9 yrs svc
Retiree w/o Medicare	700	492	208	254	291	326	487
Retiree w/o +1 w/o Mcare	907	492	415	508	582	654	973
Retiree + 2 or more w/o Mcare	1100	492	608	745	852	960	1426
Retiree w/ Medicare	620	492	128	156	180	201	299
Retiree- 1 w MC and 1 w/o MC	827	492	335	410	470	527	786
Retiree- Two w Medicare	746	492	254	312	358	402	599
Retiree-1 w MC, 2or more w/o MC	931	492	439	538	615	692	1029
Retiree w/o MC & 2 or more wMC	891	492	399	567	648	730	1085
Retiree+2 or more w/MC	866	492	374	458	523	591	876

Surviving Spouse rates are the same as the retiree rates above. COBRA rates are 102% of TOTAL PREMIUM.

RETIREES and their **SPOUSE ARE REQUIRED TO PURCHASE PART B MEDICARE TO MAINTAIN CURRENT LEVEL OF OUTPATIENT BENEFITS**. PLEASE CONTACT MEDI-CARE 3 MONTHS BEFORE YOU TURN 65 EVEN IF YOU NEVER CONTRIBUTED TO **MEDICARE PART A**.

St Martin Parish School Board 111 Courville St Breaux Bridge, LA 70517 Phone: 337-332-2105 Fax: 337-332-2156 Emile Soulier, Plan Administrator (x 3039) Janell LeBlanc, Bookkeeper (x 3021) Gwyn Theriot, Accountant (x3044) E-mail: Janell_LeBlanc@stmartin.k12.la.us E-mail: Gwyn_Theriot@stmartin.k12.la.us **OTHER INSURANCES** In order that you can avoid longer wait times on the telephone, please note that other insurance products are handled through the payroll department. For questions about the benefits please contact Taylor & Sons toll free at 877-365-2341

YOUR CONTACT INFORMATION

PLEASE CONTACT US WITH YOUR NEW ADDRESS OR PHONE NUMBER IF THEY SHOULD CHANGE!!!