

FREDERICK COUNTY PUBLIC SCHOOLS

DEPARTMENT OF HUMAN RESOURCES

7630 Hayward Road
Frederick, Maryland 21702

COLETTE BAKER
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May 9, 2007

TO: Retired Employees Continuing Insurance: **RETIREMENTS PRIOR TO JULY 1, 2005**

FROM: Colette Baker, FCPS Benefits Office

RE: Insurance Information
Plan Year July 1, 2007 – June 30, 2008

IMPORTANT INFORMATION ABOUT YOUR INSURANCE BENEFITS

As a result of recommendations made by the Insurance Council to address rapidly increasing insurance costs and to provide more affordable insurance for current and future retirees, premium contributions for FCPS retirees continuing insurance coverage will increase July 1, 2007. A schedule of the projected premium contributions paid by retired employees and FCPS is included in this packet.

Additionally, certain medical plan benefits change effective July 1, 2007. A list of the plan changes is included in the attached Summary of Benefit Plans. The Insurance Council jointly recommended the premium contribution and plan benefit changes, which are contingent on final adoption of the Board of Education's Fiscal Year 2008 Budget.

⇒ You are encouraged to attend an insurance information meeting in May. Representatives from the health, prescription drug, and dental plans, along with Insurance Council members, will be available at locations throughout the county. The meeting schedule is included in this packet.

*This publication is intended to provide an overview of FCPS benefits; complete details can be found in the insurance companies' documents and the plans' legal documents, which will always govern in case of dispute. The Board of Education of Frederick County, FCTA, FCASA, and FASSE reserve the right at any time to modify or amend, in whole or in part, any or all plan provisions.

MORE INFORMATION AVAILABLE AT BENEFITS SESSIONS IN MAY, 2007

During May, representatives from the health, dental, and prescription drug plans along with Insurance Council members, will be available at locations throughout the county. They will explain the benefits and offer assistance with making benefit plan changes. You are encouraged to attend a session near you:

DATE	LOCATION	TIME
May 10	Urbana High	3-5:30 pm
May 14	Catoctin High	3-5:30 pm
May 15	Middletown High	3-5:30 pm
May 16	Walkersville High	3-5:30 pm
May 21	7630 Hayward Road	9 am-Noon
May 23	7630 Hayward Road	4-7:00 pm (Retirement Planning Fair)

INSURANCE COMPANY CONTACT INFORMATION

<p>Health/Vision Insurance – UnitedHealthcare Main Contact: Claims Office UnitedHealthcare PO Box 740800 800 Oak Street Atlanta, GA 30374-0800 Frederick, MD 21703</p> <p>Phone: 1-877-702-5116 Website: www.myuhc.com</p>	<p>Spectera (Vision) 2811 Lord Baltimore Drive Baltimore, Maryland 21244-2644 Customer Service: 1-800-638-3120 Provider Locator: 1-800-839-3242 Website: www.spectera.com</p>
<p>Dental Plan – Delta Dental One Delta Drive, Mechanicsburg, PA 17055 Phone: 1-800-932-0783 Website: www.midatlanticdeltadental.com</p>	<p>Prescription Plan – PharmaCare Claims Office P.O. Box 270, Pittsburgh, PA 15230 Phone: 1-800-581-5300 Website: www.pharmacare.com</p> <p>Mail Order: PharmaCare Direct P.O. Box 270, Pittsburgh, PA 15230</p> <p>Fax for Preauthorization: 1-412-967-2364</p>

FCPS BENEFITS OFFICE CONTACTS

Benefits Office:	301-644-5080
Colette Baker	301-644-5112; E-mail: colette.baker@fcps.org
Teresa Harris	301-644-5085; E-mail: teresa.harris@fcps.org
Brenda Hedges	301-644-5058; E-mail: brenda.hedges@fcps.org
Linda Stout	301-644-5093; E-mail: linda.stout@fcps.org

**FOR BENEFITS INFORMATION AND FORMS
 YOU MAY USE THE FCPS WEBSITE**
<http://www.fcps.org/content/hrbenefits.cfm>

The HIPAA Privacy Rules require health plans to provide a Notice of Privacy Practices to persons covered under the health plan. Eligible employees may obtain a copy of the Notice of Privacy Practices by visiting the school system's website: www.fcps.org. Go to Departments, Human Resources, Benefits Information, HIPAA Privacy Statement. Employees may also contact the school system's Benefits Office for a copy of the privacy practice notice.

Questions concerning the HIPAA Privacy Rules may be directed to:

Frederick County Public Schools
 Colette Baker, Senior Manager, Benefits
 7630 Hayward Road
 Frederick, MD 21702

FREDERICK COUNTY PUBLIC SCHOOLS
 PROJECTED RETIRED EMPLOYEE MONTHLY HEALTH AND DENTAL
 PLAN RATES FOR FY2008*
 (*Retirements Prior to July 1, 2005*)

TYPE OF COVERAGE	<i>RETIREE'S COST (What you pay per month)</i>	<i>FCPS CONTRIBUTION (What FCPS pays per month)</i>
Individual retiree – Non-Medicare Eligible:		
UnitedHealthcare Choice Plus	\$206.15	\$309.22
Dental Plan	25.38	8.46
Total medical and dental cost	\$231.53	\$317.68
Individual retiree – Medicare Eligible:		
UnitedHealthcare Options PPO	\$132.09	\$242.10
Dental Plan	25.38	8.46
Total medical and dental cost	\$157.47	\$250.56
Retiree & dependent – Non-Medicare Eligible:		
UnitedHealthcare Choice Plus	\$631.46	\$538.23
Dental Plan	63.31	8.46
Total medical and dental cost	\$694.77	\$546.69
Retiree & dependent:		
Retiree – Medicare Eligible (Options PPO)	\$132.09	\$242.10
Dependent – Non-Medicare Eligible (Choice Plus)	425.31	229.01
Dental Plan	63.31	8.46
Total medical and dental cost	\$620.71	\$479.57
Retiree & dependent:		
Retiree – Non-Medicare Eligible (Choice Plus)	\$206.15	\$309.22
Dependent – Medicare Eligible (Options PPO)	173.75	173.75
Dental Plan	63.31	8.46
Total medical and dental cost	\$443.21	\$491.43
Retiree & Dependent – Medicare Eligible:		
UnitedHealthcare Options PPO	\$305.84	\$415.85
Dental Coverage	63.31	8.46
Total medical and dental cost	\$369.15	\$424.31

*FCPS contributions are contingent upon final adoption of the Board of Education's Fiscal Year 2008 budget.

5/1/07

SUMMARY OF BENEFIT PLANS

For Retired Employees Not Eligible for Medicare:

UnitedHealthcare Choice Plus Medical Plan

UnitedHealthcare Choice Plus allows you to take advantage of two levels of care benefits:

In-network – Selecting a physician or health care provider within the UnitedHealthcare’s large local and national network means maximum coverage and lower out-of-pocket expenses. Co-payments are charged for eligible services, and *referrals are not required for specialty services.*

Out-of-network – Higher deductibles are required and you must file claims for reimbursement of 80% of eligible expenses. Employees have a \$200 deductible and an annual out-of-pocket maximum of \$1,250. Family coverage requires a \$400 deductible and an annual out-of-pocket maximum of \$2,500.

For Retired Employees Eligible for Medicare:

UnitedHealthcare Options PPO

Options PPO provides you flexibility for dealing with any health care situation. This program lets you make your own health care decisions, including which doctors and specialists to visit. Benefits are provided for covered health services received from any physician or other licensed medical provider. When you do receive covered health services from the national network of physicians, hospitals and other health care providers, you benefit from the contracted rates and fees that have been negotiated.

UnitedHealthcare Choice Plus Medical Plan and UnitedHealthcare Options PPO include:

- ◆ 24 hour/7 days a week telephone access to:
 - ◆ UnitedHealthcare’s Customer Service Center in Frederick
 - ◆ NurseLine to get answers to your health care questions
- ◆ UnitedHealth Allies – discounts on certain services not covered by the medical plan
- ◆ Mental health and substance abuse services – Through United Behavioral Health, this program requires prior authorization of treatment, and treatment by in-network providers receives maximum coverage and lower out-of-pocket expenses.
- ◆ Web-based tools through myuhc.com

CHOICE PLUS BENEFIT PLAN CHANGES – EFFECTIVE JULY 1, 2007

COPAYMENT	IN-NETWORK	OUT OF NETWORK
Primary Care Physician	\$15 (No change)	80% after deductible (no change)
Specialist	\$25 (Increase from \$15)	80% after deductible (no change)
Outpatient Diagnostic Services	\$15 (New)	80% after deductible (New)
Inpatient Hospital Copayment	\$100 (New)	80% after deductible (no change)
Emergency Room Copayment (non-emergency visit only)	\$75 (Increase from \$50)	80% after deductible (no change)

Spectera Vision Plan

The Spectera vision plan allows you to choose in-network or out-of-network providers, and benefits are available every 24 months.

In-network – Includes both private practice and retail chain providers. Exams and standard lenses are covered in full. The frame allowance is \$130 at retail chains and \$50 at private doctors.

Out-of-network – You will be reimbursed according to a fee schedule for exams, lenses and frames.

PharmaCare Prescription Plan

- ◆ Copayments for preferred and non-preferred brand prescription drugs, per the following schedule:

	Retail	Mail Order
Generics	\$8	\$16
Preferred brand prescription drugs	\$20	\$40
Non-preferred brand prescription drugs	\$35	\$60

- ◆ Mandatory mail order program for long term maintenance drugs
- ◆ Mandatory generics when available
- ◆ Mandatory specialty pharmacy program for specialty prescription drugs

Delta Dental Plan

Dental coverage will be offered solely through Delta Dental, at three levels:

Delta PPO (formerly Preferred) – You receive in-network benefits, which include no deductible, no forms to file and lower co-payments.

Delta Premier – You are responsible for co-payments and a deductible.

Out-of-network – You have a deductible to satisfy and need to file claims for reimbursement.



**Delta Dental PPO Plus Premier
EMPLOYEE INFORMATION SHEET**

FEATURES OF DELTA DENTAL PPO PLUS PREMIER

- Cost-saving safety net that expands your access to Delta Dental participating dentists.
- Two dentist networks that can limit your out-of-pocket payments.
- Freedom to choose any dentist, but non-participating dentists do not contract with Delta Dental Dentist to limit their fees.

How You CAN SAVE MONEY

You'll save:

- Most if you go to a Delta Dental PPO dentist.
- Considerably if you go to a Delta Dental Premier® dentist.
- Least if you go to a non-participating dentist.

Summary of services covered and benefits provided under your dental program:

Dentist Visited	Annual Deductible Per Person	Annual Deductible Per Family	Services Exempt From Annual Deductible	Annual Maximum Per Person	Orthodontic Lifetime Maximum Per Patient
Delta Dental PPO	N/A	N/A	N/A	\$1000	unlimited
Delta Dental Premier or Non-Participating	\$50	\$100	Diagnostic, Preventive, and Orthodontic	\$1000	\$2000**

****Orthodontics has a separate \$50 lifetime deductible per patient for Premier and Non-Participating Dentists.**

The following table illustrates copayment percentages for each covered procedure in accordance with Delta Dental's payout level:

Service	Examples of Procedures	Delta Dental PPO Dentist		Delta Dental Premier Dentist		Non-Participating Dentist	
		Delta Dental	Patient	Delta Dental	Patient	Delta Dental	Patient
Diagnostic	exam & x-rays	100%*	0%*	100%*	0%*	100%*	0%*
Preventive	fluoride treatments to age 19, teeth cleaning, sealants to age 15	100%*	0%*	100%*	0%*	100%*	0%*
Basic Restorative	fillings	80%*	20%*	80%*	20%*	80%*	20%*
Major Restorative	crowns	50%*	50%*	50%*	50%*	50%*	50%*
Oral Surgery	extractions	80%*	20%*	80%*	20%*	80%*	20%*
Endodontics	root canal therapy	80%*	20%*	80%*	20%*	80%*	20%*
Periodontics	treatment of gum disorders	80%*	20%*	80%*	20%*	80%*	20%*
Prosthodontics	dentures, bridgework	50%*	50%*	50%*	50%*	50%*	50%*
Orthodontics	straightening of teeth	50%*	50%*	50%*	50%*	50%*	50%*
Orthodontics is covered for employees, spouses, and dependents to the end of the month in which age 19 is reached, unless a full-time student, in which case eligibility is extended to the end of the month in which they graduate or until 23 if they remain a FTS.							
Denture Repair or Denture Relining	repair to or relining of existing dentures	80%*	20%*	80%*	20%*	80%*	20%*
Additional General Anesthesia	applies to all surgical services	80%*	20%*	80%*	20%*	80%*	20%*
Crown, Inlay, Onlay & Bridge Repair and Recementation	repair and recementation of existing crowns, onlays, inlays and bridges	80%*	20%*	80%*	20%*	80%*	20%*
Posterior Composites	posterior resin filling	80%*	20%*	80%*	20%*	80%*	20%*

*DELTA DENTAL'S ALLOWED AMOUNT: Percentage is based on applicable Delta Dental Allowance or the dentist's actual fee, whichever is less (the Allowed Amount).

PAYMENT FOR SERVICES

The following illustrates payment responsibilities depending on your choice of dentist:

Dentist Status	Allowance	Payment Responsibilities
Delta Dental PPO Participating	Dentists are paid the Delta Dental PPO Allowed Amount.	The benefit payment is sent directly to the dentist. By agreement, participating dentists must accept Delta Dental's allowances as payment in full for covered services. Delta Dental's benefit is a percentage of the applicable Maximum Plan Allowance, which may require a copayment. Deductibles may also apply.
Delta Dental Premier Participating	Dentists are paid the Delta Dental Premier Allowed Amount.	
Non-Participating	Claims for services provided by non-participating dentists are processed using the Delta Dental Premier Allowed Amount.	You are responsible for paying the non-participating dentist's actual fee. Delta Dental sends its applicable benefit payment to you. Your out-of-pocket cost may include applicable copayments or deductibles, as well as any difference between Delta Dental's payment and the dentist's actual charge.

ELIGIBILITY

Eligible for coverage are employees, spouses, and dependent children to the end of the month in which age 19 is reached, unless a full-time student, in which case eligibility is extended to the end of the month in which they graduate or until 23 if they remain a FTS.

LIMITATIONS AND EXCLUSIONS

There are certain limitations and exclusions which apply to your dental plan. For example, dentistry that is performed for appearance only, preventive plaque control programs, periodontal splinting, and services provided or devices started prior to the effective date of the program are not covered.

PREDETERMINATION

If the cost of care to be provided to any one patient is expected to exceed \$300, Delta Dental recommends that you ask your dentist to submit the claim form in advance of treatment. Delta Dental will review the claim and return a predetermination voucher to both you and the dentist indicating the services that are covered, how much of the proposed treatment will be paid by Delta Dental and how much is your responsibility. This understanding can make it easier to plan an appropriate course of treatment. Predetermination also can be helpful for any service for which you would like an advance breakdown of the coverages and the charges.

ONLINE SERVICES

Visit Delta Dental's web site, www.MidAtlanticDeltaDental.com, to locate participating dentists and to check your eligibility and benefits. Delta Dental's online dentist directory helps you find the dentists most convenient to you or to find out if your current dentist is a participating dentist with Delta Dental.

CUSTOMER SERVICE

If you or your dentist have questions about claim status or filing procedures, please contact Delta Dental's Customer Service Department at:

Delta Dental
One Delta Drive
Mechanicsburg, Pennsylvania 17055

Phone Number: 717-766-8500
Toll-Free WATS Number: 800-932-0783
TTY/TDD: 888-373-3582
Web site: www.MidAtlanticDeltaDental.com

IMPORTANT - The benefit explanations contained herein are subject to all provisions of the Group Dental Contract, and do not modify such contract in any way, nor shall the subscriber accrue any rights because of any statement in or omission from this information sheet.

Administered by Delta Dental of Pennsylvania. One Delta Drive, Mechanicsburg, PA 17055.

04/07