



2014 Open Enrollment

Shasta Trinity Schools Insurance Group open enrollment period begins October 28 and runs through November 22, 2013. This is your annual opportunity to make changes or additions to your medical, dental, and/or vision insurance plans. STSIG will be hosting an Open Enrollment meeting geared toward Medicare Retirees on **November 13, 2013** from 9:30-10:30am at Sequoia Middle School (McLaughlin Theater). We will be providing details on important changes for 2014 including:

- NEW medical plan options
- Online Enrollment and Eligibility system

Although attendance is not mandatory, we do strongly encourage all Medicare Retirees to attend this Open Enrollment meeting.

Our **Dental** plans have been enhanced with an additional \$100 added to the annual benefit maximum. This change was made with NO premium increase.

Likewise, the **Vision** plans have been enhanced with an increased annual frame/contact lens allowance (\$150 effective January 1, 2014). There is NO premium increase associated with this change.

Effective January 1, 2014, you will have four **medical** plans to choose from:

1. Premier
2. Coinsurance Only
3. Consumer Choice
4. Bronze

A brief, 1-page summary of our medical plan options is included for your reference. Please visit our website for complete plan descriptions. Please note that Medicare Retirees automatically receive the Wellness Advantage level benefit with lower copays, deductibles and/or out-of-pocket maximums.

This is an ACTIVE Open Enrollment, meaning that all eligible members should elect their desired benefits. We strongly encourage you to utilize our new online eligibility and enrollment system, PlanSource. This secure website makes it quick and easy to manage your benefits from the comfort of your computer. No paper, no faxing, no hassle! <https://benefits.plansource.com> If you need assistance doing your enrollment online, we are available to help. See the attached schedule for computer lab times and dates.

Questions? Visit our website for a full library of Open Enrollment resources!

www.stsigjpa.com

(530) 221-6444



HEALTH CARE REFORM

MADE SIMPLE

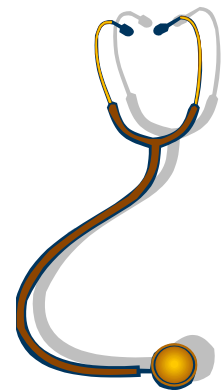
Follow the link below for information regarding the Health Care Reform beginning January 1, 2014.

<http://stsigjpa.hcrrmadesimple.com>

password: STSIGJPA

Topics covered on the website:

1. **WHAT IT MEANS TO YOU**
2. **WATCH AND LEARN**
3. **WHAT YOU SHOULD DO**
4. **WHAT'S COMING UP**
5. **Q & A**
6. **WORDS TO KNOW**
7. **DIG DEEPER**



RESOURCES:

To access your Summary of Benefit Coverage (SBC) please log on to the Shasta Trinity School Insurance Group website to view these documents.

WWW.STSIGJPA.COM

All benefit summaries will also be available to view on the website.



To access the online system for completing you open enrollment election logon to

[HTTPS://BENEFITS.PLANSOURCE.COM](https://BENEFITS.PLANSOURCE.COM)

See the first-time logon instructions included in this packet.



Walk-in Hours: Computer Lab

We are offering assistance on a walk-in basis for those members that need help navigating PlanSource, our new online enrollment system. If you don't have a computer at home, or aren't comfortable with the online enrollment process, please drop in during the hours listed below.

Note: These sessions are designed to help with the online enrollment process, and will not include any formal presentation or information about benefit options. Please attend an Open Enrollment meeting to learn about your options and come to the computer lab prepared to do your online enrollment. The open hours at the computer lab are designed to provide technical assistance only. There is no credit toward Wellness Incentive activities for computer lab assistance.

November 4, 2013 (Monday)

- 1:00 p.m. to 3:30 pm – Shasta College Room 2209

November 6, 2013 (Wednesday)

- 8:00 a.m. to noon – SCOE Room 19

November 7, 2013 (Thursday)

- Noon to 3:00 p.m. – SCOE Room 19

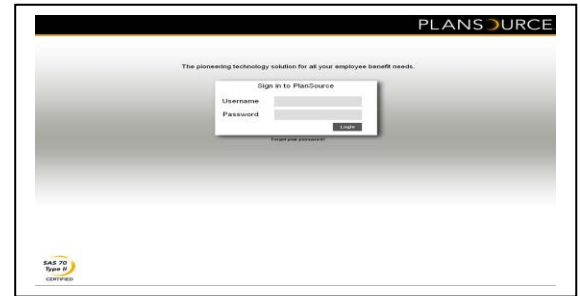
November 8, 2013 (Friday)

- 9:00 a.m. to 11:30 p.m. – Shasta College Room 2217
- 1:00 p.m. to 3:30 p.m. – Shasta College Room 2217

1. Login

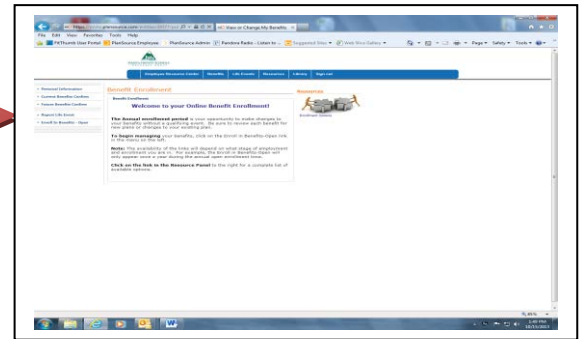
ENROLLMENT URL: <https://benefits.plansource.com>

- **USERNAME:** Your user name is the following: the first initial of your first name, up to the first six characters of your last name, and the last four of your SSN. For example: If your name is Jane Anderson and the last four of your SSN is 1234, your user name would be janders1234.
- **PASSWORD:** Your birthdate in YYYYMMDD format. For example: If your birthdate is August 14, 1962, your password would be 19620814. At initial login, you will be prompted to change your password. Keep this information in a place you can find it for later use.



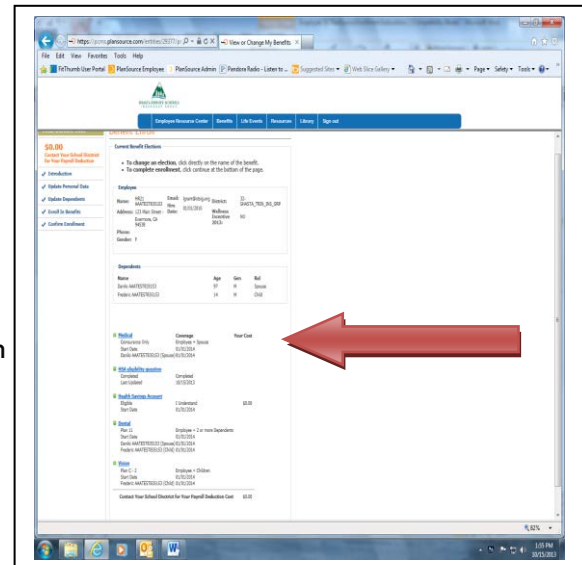
2. Launch Enrollment

- Click on “View or Change My Benefits”.
- On the next screen, Click on “Enroll in Benefits – Open” link at the left of the screen to begin your enrollment.
- Confirm your personal information then continue.
- Confirm dependents then continue.



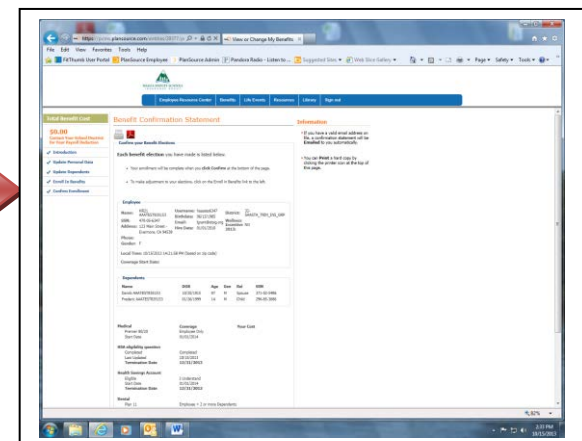
3. ENROLL

- Begin enrollment by clicking on the “medical” coverage.
- Make your election for each plan –medical, dental, and vision.
- Dependents on the vision plan are not currently listed. Please be sure to enroll each dependent you want on the vision plan.
- Follow the enrollment through each step of the enrollment process from top to bottom.
- In making your elections, choose the plan option of choice or select the “Decline” option and then select “Continue” after each election has been made. Full-time employees may not decline coverage and must enroll in all available plans.



4. CONFIRM ENROLLMENT SELECTIONS

- Once you complete all coverage elections, you will land on the Confirmation Statement. Select the “Confirm Enrollment” button to complete the enrollment process.
- You may change your elections at any time during the Open Enrollment period (Oct 28-Nov 22, 2013).
- PlanSource does not have employee costs available. Contact your school district for costs.



You may not make changes to your benefit elections after Open Enrollment unless you experience a Qualifying Event.



Medical Plan Comparison for 2014
(for in-network services)

DEDUCTIBLES	Premier		Coinsurance Only		Consumer Choice		Bronze Plan	
	Base	Wellness	Base	Wellness	Base	Wellness	Base	Wellness
Per Individual Per Calendar Year	\$750	\$250	None	None	\$1,500	\$1,250	\$2,500	\$2,250
Per Family Per Calendar Year	\$1,250	\$750	None	None	\$4,500	\$3,750	\$5,000	\$4,250
CALENDAR YEAR OUT-OF-POCKET MAX								
Per Individual per cal yr	\$4,250	\$3,750	\$6,250	\$5,750	\$4,500	\$4,250	\$6,250	\$6,000
Per Family per cal yr	\$7,750	\$7,250	\$12,500	\$11,500	\$11,750	\$11,000	\$12,500	\$11,750
Components of Out-of-Pocket Max	Includes Deductible, Copays & Coinsurance		Includes Coinsurance, & Copays		Includes Deductible & Coinsurance		Includes Deductible & Coinsurance	
COINSURANCE - Employee Portion	20%		40%		30%		50%	
CO-PAYS								
Physician Office Visit Copay	\$35	\$25	N/A		N/A	N/A	N/A	N/A
Specialist Office Visit Copay	\$45	\$35	N/A		N/A	N/A	N/A	N/A
LiveHealthOnline Consultation	\$5		\$5		\$49 until deductible is met, then coinsurance applies		\$49 until deductible is met, then coinsurance applies	
HEALTH SAVINGS ACCOUNT								
Employee Only	Not Eligible		Not Eligible		\$750 JPA Contribution*		\$750 JPA Contribution*	
Employee +1 or more					\$1500 JPA Contribution*		\$1500 JPA Contribution*	
PREVENTATIVE CARE	Covered 100% on all plans							

*Only eligible ACTIVE employees will receive JPA contributions to HSA

Prescription Drug Copays/Coinsurance

	Premier			Coinsurance Only	Consumer Choice Plan	Bronze
	Retail Pharmacy <i>30 Day Supply</i>	Retail Pharmacy <i>90 Day Supply</i>	Costco Mail Order <i>90 Day Supply</i>			
Generic	\$7.50	\$15.00	15.00	40%	30% after deductible	50% after deductible
Preferred Brand	\$30.00	\$90.00	60.00	40%	30% after deductible	50% after deductible
Non-Preferred Brand	\$40.00	\$120.00	80.00	40%	30% after deductible	50% after deductible

This summary is intended for comparison purposes only and is NOT a guarantee of coverage. Refer to Summary Plan Description for full details.

Now you can get the health care you need without all the hassle.

Have a health question? Under the weather? With LiveHealth Online, you don't have to schedule an appointment, drive to the provider's office, and then wait for your appointment. With LiveHealth Online, you don't even have to leave your home or office.

LiveHealth Online lets you talk to providers online by video conference. Providers can answer questions, make a diagnosis, and even prescribe basic medications when needed.

Why not start a conversation now? All you have to do is register at LiveHealthOnline.com and you're ready to go. There is no cost to sign up.

Here's to your health!

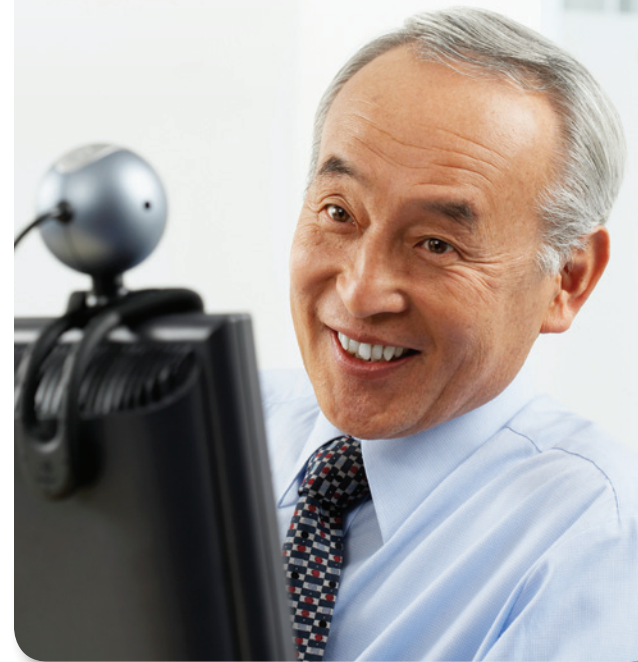
When can you use LiveHealth Online?

As always, you should call 911 with any emergency. Otherwise, you can use LiveHealth Online whenever you have a health concern and don't want to wait. Some of the most common uses we see include:

- Cold and flu symptoms such as a cough, fever and headaches
- Allergies
- Sinus infections
- Family health questions

LiveHealth Online fees for STSIG Members:

Premier	\$5
Consumer Choice	\$49 (until deductible is met)
Coinsurance Only	\$5
Bronze	\$49 (until deductible is met)



www.livehealthonline.com

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Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

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Your Rights *continued*

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

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How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

This Notice of Privacy Practices applies to the following organizations.

Insert district rate sheet HERE

M edical/ Dental/ Vision