

# Mobile County Public Schools (MCPSS) – Health Insurance

| PEEHIP  | Public Education Employees' Health Insurance Plan   |   |          |   |          |   |          |  |          |
|---|---|---|----------|---|----------|---|----------|--|----------|
| <b>Plans Available through PEEHIP</b>   | <ul style="list-style-type: none"> <li>• Blue Cross Blue Shield of Alabama</li> <li>• Blue Cross Blue Shield Supplemental Plan (must have a primary insurance plan to be eligible for supplemental coverage)</li> <li>• VIVA Health</li> </ul>  |   |          |   |          |   |          |  |          |
| <b>Optional Coverage</b>  | Dental, Vision, Cancer and Hospital Indemnity provided by Southland Benefit Solutions.  |   |          |   |          |   |          |  |          |
| <b>Effective Date of Coverage</b>   | <p>New employees have the option of coverage taking effect on their date of hire or the first day of the month following their date of hire.</p> <p>The new employee <b>enrollment period expires 30 days AFTER hire.</b></p>   |   |          |   |          |   |          |  |          |
| <b>Employer Contribution</b>  | <p>This is a fringe benefit provided by the state to assist employees with the purchase of health insurance or optional plans.</p> <p>An active member of PEEHIP receives the Employer Contribution by being in pay status at least one-half of the working days of that month.</p> <p>A member <u>earns one month of additional insurance coverage</u> for every three months the employee is in pay status at least one-half of the working days in the month for that school year.</p> |   |          |   |          |   |          |  |          |
| <b>Hospital/Medical Premium (effective 05/01/2018)</b>  | <table border="0"> <tr> <td>Individual</td> <td style="text-align: right;">\$ 30.00</td> </tr> <tr> <td>Individual plus non-spouse dependents (no spouse)</td> <td style="text-align: right;">\$207.00</td> </tr> <tr> <td>Individual plus spouse only (no other dependents)</td> <td style="text-align: right;">\$282.00</td> </tr> <tr> <td>Individual plus spouse plus other dependents</td> <td style="text-align: right;">\$307.00</td> </tr> </table>                               | Individual                                      | \$ 30.00 | Individual plus non-spouse dependents (no spouse) | \$207.00 | Individual plus spouse only (no other dependents) | \$282.00 | Individual plus spouse plus other dependents | \$307.00 |
| Individual  | \$ 30.00  |   |          |   |          |   |          |  |          |
| Individual plus non-spouse dependents (no spouse)   | \$207.00  |   |          |   |          |   |          |  |          |
| Individual plus spouse only (no other dependents)   | \$282.00  |   |          |   |          |   |          |  |          |
| Individual plus spouse plus other dependents  | \$307.00  |   |          |   |          |   |          |  |          |
| <b>Optional Coverage Premium (Southland Benefit Solutions)</b>                                  | <table border="0"> <tr> <td>Cancer, Indemnity and Vision – Single or Family</td> <td style="text-align: right;">\$ 38.00</td> </tr> <tr> <td>Dental – Single</td> <td style="text-align: right;">\$ 38.00</td> </tr> <tr> <td>Dental - Family</td> <td style="text-align: right;">\$ 50.00</td> </tr> </table>  | Cancer, Indemnity and Vision – Single or Family | \$ 38.00 | Dental – Single                                   | \$ 38.00 | Dental - Family                                   | \$ 50.00 |  |          |
| Cancer, Indemnity and Vision – Single or Family   | \$ 38.00  |   |          |   |          |   |          |  |          |
| Dental – Single   | \$ 38.00  |   |          |   |          |   |          |  |          |
| Dental - Family   | \$ 50.00  |   |          |   |          |   |          |  |          |
| <b>Tobacco Usage Surcharge</b>  | Additional Premium for Tobacco users of \$50.00 for both member and spouse.   |   |          |   |          |   |          |  |          |
| <b>Eligible Dependents</b>  | Spouse as defined by Alabama law to whom the employee is currently and legally married and dependent children up to age 26.   |   |          |   |          |   |          |  |          |
| <b>Required Documents for PEEHIP regarding Spousal Eligibility</b>                              | <p>Copy of marriage certificate and recent document listing the names of both member and spouse.</p> <p>Example: Utility billing, bank or credit card statement, income tax returns, auto insurance or registration.</p>  |   |          |   |          |   |          |  |          |
| <b>Required Documents for PEEHIP regarding Dependent Child Eligibility</b>                      | <p>Copy of dependent child's birth certificate</p> <ul style="list-style-type: none"> <li>• <u>Adopted children</u> - Copy of adoption papers</li> <li>• <u>Step Children</u> – Marriage certificate and copy of birth certificate listing spouse</li> <li>• <u>Foster/Other</u> – Placement Authorization signed by judge or final court order with presiding judge's signature and seal.</li> </ul>   |   |          |   |          |   |          |  |          |
| <b>Health Screening &amp; Questionnaire Mandatory for those with BCBS Medical (Group 14000)</b> | <p>Employees and covered spouse that enroll with Blue Cross Blue Shield of Alabama are required to submit to a Health Screening &amp; Questionnaire each plan year.</p> <p>A \$50.00 surcharge will be placed on account for employee and spouse if not completed by August 31<sup>st</sup> of each year.</p>   |   |          |   |          |   |          |  |          |
| <b>Premium Assistance Program</b>   | Assistance Program provides a discount on premiums to PEEHIP members with a total combined family income of less than or equal to 300% of the Federal Poverty Level as defined by federal law.  |   |          |   |          |   |          |  |          |
| <b>MCPSS Insurance Department</b>   | <b>Lois Melton</b> Phone: 251-221-4456 Email: <a href="mailto:lmelton@mcpss.com">lmelton@mcpss.com</a>  |   |          |   |          |   |          |  |          |

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|---|---|
| <p><b>PEEHIP Member Handbook</b><br/>(Visit <a href="http://www.rsa-al.gov/PEEHIP">www.rsa-al.gov/PEEHIP</a> to learn more)</p> | <p>A handbook will be mailed to your residence outlining coverage, co-pays and deductibles. Your PID number (personal identification number) will also be mailed to you within the same week. Your PID number will be required when completing the online enrollment.</p>   |
| <p><b>How to Enroll Online</b></p>  | <ul style="list-style-type: none"> <li>• Go to <a href="http://www.rsa-al.gov">www.rsa-al.gov</a> – top right click on MOS Login for Member Online Services</li> <li>• Select “<b>Register Now</b>” as a first time user and create a user ID and Password</li> <li>• Once logged in, click “<b>ENROLL or CHANGE</b>” PEEHIP coverage – select “<b>New Enrollment.</b>”</li> <li>• Follow the onscreen prompts to select your desired coverage options until reaching the Confirmation page confirming your enrollment request has been saved and submitted.</li> <li>• Print the page and keep as confirmation for your records.</li> </ul>                          |
| <p><b>Premiums</b></p>  | <p>The first month’s premium must be submitted directly to PEEHIP at the time of enrollment. Once payroll deduction has been set up, subsequent premiums will be deducted from each paycheck.<br/>A member does not pay federal, social security, or Alabama state income taxes on health insurance premiums.</p>   |
| <p><b>Changes to Coverage</b></p>   | <p>Changes to coverage are to be made during open enrollment which is July 1st – August 31<sup>st</sup>.</p> <p>Certain life events are considered a “Qualifying Event” and could be considered acceptable changes outside of open enrollment and when made within 45 days of the event.</p> <p>Refer to the PEEHIP Member Handbook for more information.</p>   |
| <p><b>What if a new hire does NOT need medical coverage?</b></p>  | <p>The Employer Contribution could possibly be applied to the BCBS Supplemental Plan (refer to Member Handbook for group exclusions) or the four optional coverage plans offered through Southland Benefit Solutions.<br/>This would result in no premium cost.</p>   |
| <p><b>What happens when a new employee did not begin at the beginning of the school year?</b></p>                               | <p>Nine and ten months employees hired AFTER December 31<sup>st</sup> of the school year will NOT work enough months to earn an Employer Contribution. Coverage will cancel for one or two of the summer months depending on hire date. Contact MCPSS Insurance Department at 221-4456 for Employer Contribution entitlement information.</p> <p>An employee will be eligible to continue coverage through COBRA and PEEHIP will automatically mail out an application.</p> <p>Employees who elects to not continue coverage through COBRA will be treated as a NEW HIRE and have <u>30 days from “date of return”</u> to enroll in desired coverage with PEEHIP.</p> |