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SCPS 2024
Medical Plan FAQ's
(Frequently Asked Questions)

1. What's changing for our 2024 medical plans?

Quite a bit. We have removed the Dependent Value HDHP, we have enhanced the benefits for our new HDHP with HRA plan with includes some copayments for certain services. We have enhanced the care provided at the Wellness Center (onsite clinic). Payroll deductions for employees and dependents have been lowered on the HDHP SureFit plan. We will have a new vendor for the pharmacy program with MagellanRx. Also new for 2024, we will have a program called Healthcare Bluebook, this is a quality and cost navigation tool that coordinates with Cigna network data where you can shop, compare facilities, save money and earn a reward for seeking care from color coded (green yellow red) providers. This tool is not available if you elect the Board Paid HDHP with SureFit plan. For more information check out the 2024 benefits guide and numerous resources on the Insider site.

2. What is the difference between the OAP Buy-Up and the LocalPlus Buy-Up Plans?

The LocalPlus Buy-up plan offers you cost-efficient access to a local network that is limited to the best performing doctors, specialists, and hospitals from both a cost and quality perspective. The OAP Buy-Up plan has a larger network of providers.

3. Why would I choose the LocalPlus Buy-Up plan?

This plan is **almost** identical to our current OAP Buy-Up, with a smaller local network (which your current doctor(s) may be a part of), and the payroll deduction is less than the current OAP Buy Up. Both plans have national networks.

4. How do I know if my provider participates in the LocalPlus Network?

Log onto www.cigna.com (**not mycigna.com**) and select "Find a doctor". Select employer or school". Enter address, city or zip code of your provider, then select doctor by type, doctor by name or health facility. On the Login/Register screen, select Continue as guest. On the "Please select a plan screen", click Continue for a list of available plans. On the next page, select **LocalPlus**.

5. How do I know if my provider participates in the Surefit Network?

Log onto www.cigna.com (**not mycigna.com**) and select "Find a doctor". Select employer or school". Enter address, city or zip code of your provider, then select doctor by type, doctor by name or health facility. On the Login/Register screen, select Continue as guest. On the "Please select a plan screen", click Continue for a list of available plans. On the next page, select **SureFit**. **You must live in Seminole, Orange, Osceola or Lake counties to enroll in the HDHP with SureFit.**

6. Do I need to choose a Primary Care Provider (PCP) for any of our medical plans?

Yes, for the SureFit HDHP you are required to choose a PCP. If you do not choose a PCP, Cigna will assign one to you based on your address. This provider can be changed by you at any time.

7. Do I need to seek a referral from a PCP to visit a Specialist?

No, you don't need referrals to see specialists on any of the 4 plans. It is highly recommended that you coordinate your care through a primary care provider for the best health outcomes.

8. I am currently enrolled in the OAP Buy-Up plan. Can I keep this plan?

Yes, you can keep it, you must re-enroll in it for 2024. You will have a higher payroll deduction if you elect this plan for 2024.

9. I am currently enrolled in the OAP Buy-Up plan. Can I switch to the LocalPlus Buy-Up or High Deductible plans?

Yes, you can switch to any medical plan for 2024 during annual enrollment. If you enroll in the Board Paid HDHP with SureFit, you and your covered dependents **must** live in Orange, Osceola, Lake or Seminole counties. You can enroll in the HDHP with HRA, this plan utilizes the same network (LocalPlus) that we currently use today. You can also switch to the LocalPlus Buy-Up plan, this plan has similar benefits to the OAP Buy-Up, but the provider network is smaller. You will have the opportunity to elect a new plan during annual enrollment beginning October 2-October 13, 2023. Otherwise, you must experience a qualifying event throughout the year to change medical plans.

10. Is annual enrollment mandatory?

YES – no exceptions! You must accept or decline benefits.

11. What happens if I fail to make my annual enrollment selections by the deadline?

You will be automatically enrolled in the appropriate High Deductible Health Plan and charged the tobacco surcharge since you failed to complete the tobacco attestation form. You would lose all other benefits, as they do not roll over from year to year. It is important to note that this cannot be corrected until the next annual enrollment or if you have a qualified life event.

ANNUAL ENROLLMENT

OCTOBER 2-13

DEADLINE FOR COMPLETING YOUR SELECTIONS

OCTOBER 13

NO EXCEPTIONS

CLICK www.scps.us/BenefitsAE to make your elections/changes

Go to Cigna.com for provider search

Call 888-806-5042 for pre-enrollment questions

Call 800-244-6224 for Cigna One Guide customer service

SCPS 2024
Board Paid HDHP SureFit (HSA)
Medical Plan FAQ's
(Frequently Asked Questions)

1. Do my covered dependent(s) and I need to live in the SureFit service area in order to enroll in the Board Paid HDHP SureFit plan?

YES. You and your covered dependents must live in Orange, Osceola, Lake or Seminole counties to enroll in this plan. If you or any covered dependent live outside of the SureFit service area, the entire family needs to enroll in a different plan. Only urgent or emergent care is covered outside of the SureFit service area for those eligible to enroll.

2. How do I know if my provider participates in the SureFit Network?

Log onto www.cigna.com and select "Find a doctor". Select employer or school, enter address, city or zip code of your provider, then select doctor by type, doctor by name or health facility. On the Login/Register screen, select Continue as guest. On the "Please select a plan screen", click Continue for a list of available plans. On the next page, select Cigna SureFit with Advent Health |Orlando. **You and your covered dependents must live in Orange, Osceola, Lake or Seminole counties.**

3. Will I be able to use the Orlando Health onsite clinic at the Transportation Compound if I am enrolled in the Board Paid HDHP SureFit?

No, the onsite clinic is not in the SureFit network (SureFit network utilizes Advent Health providers only). You will not be able to seek preventive or acute care services at the onsite clinic.

4. Will I have to select a Primary Care Provider (PCP) at enrollment in the Board Paid HDHP SureFit plan?

Yes. You and your covered dependent(s) are required to select PCPs. The PCP's name will be printed on your ID card. Each individual can select their own PCP. For example, the employee can choose a pediatrician for a child and an internist for themselves. If you do not select a PCP, one will automatically be assigned to you. However, you can change this selection at any time. This means you can use a network-participating PCP other than the one shown on your ID card and receive the same level of coverage.

5. Can I change the PCP who was automatically assigned to me?

Yes. You can change the PCP selection up to once a month on myCigna.com, or by calling the customer service toll-free number on your ID card. The new SureFit-participating PCP will become effective on the first day of the following month. If you change your PCP selection, you will receive a new ID card with the newly selected PCP's name and phone number.

6. Do I need to seek a referral from a PCP to visit a Specialist?

No, you are not required obtain referrals from your PCP to see specialists. It is highly recommended that you coordinate your care through a primary care provider for the best health outcomes.

7. Can OB/GYN's, Nurse Practitioners, or physician assistants be selected as PCP's?

Yes, but only if they are designated as participating PCPs in the Cigna SureFit provider directory.

- 8. I am an existing Cigna customer already seeing a PCP in the plan, but when I enrolled in the Board Paid HDHP SureFit plan, the provider directory shows my PCP does not accept new patients. What should I do?**

If an existing Cigna customer already sees a PCP who participates in the Cigna SureFit network, they can stay with their PCP. For additional support while selecting this PCP during enrollment, you have access to dedicated One Guide agents via telephone or Click-to-Chat, or call 800-CIGNA24, or refer to the number on the back of your ID card.

- 9. Will I be notified if my PCP leaves the SureFit network?**

Yes. You will be notified, and a new PCP will be automatically assigned. You can change this assignment on either myCigna.com, or by calling Cigna customer service at 800-CIGNA24.

- 10. Will my covered dependents and I receive a new ID card once we enroll in the SureFit plan?**

Yes. Since each enrolled dependent will have their own ID number, each will receive their own ID card. For example, if two adults and three children in a family are enrolled in the plan, there will be a total of five ID cards for the family.

- 11. If I am a new member and I am receiving treatment from a provider who does not participate in the SureFit network, how will those claims be handled?**

The SureFit product has transition of care (TOC) and continuity of care (COC) available. You must contact a customer service agent and they will help complete and submit the form on your behalf within 30 days of the effective date of the plan (when the plan started).

Cigna's medical management clinical team will review the request and take the appropriate action. Note: The customer service phone number is on the back of your ID card.

- 12. Is annual enrollment mandatory?**

YES – no exceptions! You must accept or decline benefits.

- 13. What happens if I fail to make my annual enrollment selections by the deadline?**

You will be automatically enrolled in the appropriate HDHP and charged the tobacco user surcharge, since you failed to fill out the tobacco attestation. You will lose all other benefits, as they do not roll over from year to year. It is important to note that this cannot be changed until the next annual enrollment or if you have a qualified life event.

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**HDHP with HRA Medical Plan FAQ's
(Frequently Asked Questions)**

1. What is the difference between the Board Paid HDHP SureFit (HSA) and HDHP with HRA plans?

Several, the biggest difference is the HDHP with HRA will have copayments for Tier 1 Primary Care, Tier 1 Specialists, MD Live Virtual Care visits, Mental Health/Substance Use and \$0 for Acute care at the Wellness Center (clinic). The SureFit plan does not have copayments for these services, and the Orlando Health clinic cannot be utilized if you elect the SureFit plan.

The Board Paid HDHP SureFit allows you to contribute tax free funds into a Health Savings Account. The HDHP with HRA is funded by the district, employees cannot contribute to a Health Reimbursement Arrangement (HRA). Details on this can be found in the Comparison document on the Insider site.

2. What network does the HDHP with HRA plan utilize?

This plan utilizes the LocalPlus network, this is the same network we have currently with most of our plans. This is a national network and slightly smaller local network (which your current doctor(s) may be a part of).

3. How do I know if my provider participates in the LocalPlus Network?

Log onto www.cigna.com and select "Find a doctor". Select employer or school when Enter address, city or zip code of your provider, then select doctor by type, doctor by name or health facility. On the Login/Register screen, select Continue as guest. On the "Please select a plan screen", click Continue for a list of available plans. On the next page, select LocalPlus.

4. Will I have to select a Primary Care Provider (PCP) at enrollment in the HDHP with HRA plan?

No, selection of a PCP is not required. However, it is always a good idea to establish with a PCP to ensure your care is coordinated appropriately.

5. Do I need to seek a referral from a PCP to visit a Specialist?

No, you are not required obtain referrals from your PCP to see specialists. It is highly recommended that you coordinate your care through a primary care provider for the best health outcomes.

6. What happens if I fail to make my annual enrollment selections by the deadline?

You will be automatically enrolled in the appropriate HDHP and charged the tobacco surcharge, since you failed to complete tobacco attestation form. You will lose all other benefits, as they do not roll over from year to year. It is important to note that this cannot be changed until the next annual enrollment or if you have a qualified life event.

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HSA vs HRA comparison

	Health Savings Account (HSA)	Health Reimbursement Arrangement (HRA)
Who owns the account?	SCPS employee	SCPS
Eligible individual	SCPS Employees covered by the Board Paid HDHP with SureFit. Individuals are not eligible if they can be claimed as a dependent on another person's tax return or if they are enrolled in Medicare.	SCPS Employees enrolled in the HDHP with HRA.
Who may fund the account?	If an employee meets the wellness program criteria, SCPS provides \$750 into the employees HSA account. The employee may also contribute pre-tax dollars through payroll deductions.	If an employee meets the wellness program criteria, SCPS provides \$750 into the employees HRA. Employees cannot contribute to the HRA.
Is there a limit on the amount that can be contributed per year?	\$4,150 Individual, \$8,300 Family (2024) Catch-up contributions: \$1,000/year– age 55 by end of tax year	N/A
Can unused funds be rolled over from year to year?	Yes, the bank account is owned by the employee.	Yes, the employer makes this determination.
What happens to when an employee leaves SCPS?	This is a bank account owned by the employee and remains the employee's account. There are tax implications for using the funds and IRS limitations on further contributions. Bank account fees may apply.	This is the employer's commitment to fund the arrangement so remaining funds stay with the employer.
What happens if I make a health plan change throughout the year?	This account is ONLY available with the Board Paid HDHP with SureFit. You cannot enroll in either Buy-Up plans to access an HSA.	This arrangement is ONLY available on the HDHP with HRA since it has some copayment provisions. You cannot enroll in either Buy-Up plans to access an HRA.
What if I have other non-qualified medical coverage, such as Medicare, Tricare or a spouse's employer group health plan?	You are not eligible for a Health Savings Account (HSA)	You can enroll in the HRA provided by SCPS.

SCPS 2024
OAP Buy-Up and LocalPlus Buy-Up Medical Plan FAQ's
(Frequently Asked Questions)

1. What is the difference between the OAP Buy-Up and the LocalPlus Buy-Up Plans?

The LocalPlus Buy-up plan offers you cost-efficient access to a local network that is limited to the best performing doctors, specialists, and hospitals from both a cost and quality perspective. The OAP Buy-Up plan has a larger network of providers.

2. Why would I choose the LocalPlus Buy-Up plan?

This plan is **almost** identical to the OAP Buy-Up, with a smaller local network (which your current doctor(s) may be a part of), and the payroll deduction is less than the current OAP Buy-Up plan. Both plans have national networks.

3. How do I know if my provider participates in the LocalPlus Network?

Log onto www.cigna.com and select "Find a doctor, dentist or facility". Select employer or school when asked "How are you covered". Enter address, city or zip code of your provider, then select doctor by type, doctor by name or health facility. On the Login/Register screen, select Continue as guest. On the "Please select a plan screen", click Continue for a list of available plans. On the next page, select LocalPlus.

4. Do I need to seek a referral from a PCP to visit a Specialist on these plans?

No, you don't need referrals to see specialists. It is highly recommended that you coordinate your care through a primary care provider for the best health outcomes.

5. I am currently enrolled in the OAP Buy-Up plan. Can I keep this plan?

Yes, you can keep it, you must re-enroll in it for 2024. You will have a higher payroll deduction if you elect this plan for 2024.

6. I am currently enrolled in the OAP Buy-Up plan. Can I switch to the LocalPlus Buy-Up plan?

Yes, you can switch to the new plan for 2024. You will have the opportunity to elect a new plan during annual enrollment beginning October 2-October 13, 2023. Otherwise, you must experience a qualifying event throughout the year to change medical plans.

7. I am currently enrolled in the OAP Buy-Up plan. Can I switch to the Board Paid HDHP with SureFit or the HDHP with HRA plans?

Yes, you can switch to any medical plan for 2024. **Please be advised, if you enroll in the Board Paid HDHP with SureFit, you and your dependents must live in Seminole, Orange, Osceola or Lake counties.** You will have the opportunity to elect a new plan during annual enrollment beginning October 2-October 13, 2023. Otherwise, you must experience a qualifying event throughout the year to change medical plans.

8. Is annual enrollment mandatory?

YES – no exceptions! You must accept or decline benefits.

9. What happens if I fail to make my annual enrollment selections by the deadline?

You will be automatically enrolled in the appropriate HDHP and charged the tobacco surcharge since you failed to complete the tobacco attestation form. You would lose all other benefits, as they do not roll over from year to year. It is important to note, this cannot be changed until the next annual enrollment or if you have a qualified life event.

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SCPS 2024
Pharmacy Plan FAQ's
(Frequently Asked Questions)

1. Are there any changes to the Prescription Drug Plans?

Yes, there are changes for prescriptions on all four (4) medical plans. As of 1/1/24 Magellan Rx will provide pharmacy coverage. The drug formulary, benefits, and network will be similar to the Cigna program. It is important to note that your specific drug may change tiers with the new pharmacy program, so your copayment could go up or down IF the drug changed tiers. As always, there may be other drugs available at the lower tier. We will have a new Patient Assistance program (replaces Cigna Savon SP). The program is called Payd Health, they seek drug manufactures funding for Specialty medications. Employees are required to provide family financial information in order to seek funding. This program is automatically included with our pharmacy program, you do not need to enroll separately.

2. What is a formulary and where can I find the formulary lookup tool?

A formulary is a list of brand and generic drugs covered by your pharmacy benefits and their place on the formulary and determines your copayment. If you take a generic drug or a preferred brand drug, your copay may be less than you would pay for a non-preferred drug. Ask your doctor to prescribe generic or preferred brand drugs to help you save money.

Go to www.magellanrx.com

The name of your formulary is Accord Formulary.

With our formulary lookup tool, you can:

- Look up a drug
- Find out which tier the drug is on
- Learn about specific requirements (like prior authorization) and coverage limits.

Visit magellanrx.com/member/documents to view formulary documents. You can access the formulary without logging into the member portal. If you need additional assistance, please contact customer service at 833.544.4515. Remember, formularies change from time to time.

3. What do I need to do prior to January 1, 2024, if I am currently taking medications?

Try to get your current prescriptions refilled in November/December so you have a supply on hand. Please don't wait until the last minute to refill your medications after January 1. If you are using mail order, make sure you transition to Magellan before you need them. Also make sure your pharmacy is still participating. CVS, Walmart, Publix and Walgreens are still participating. Show your new ID card to all of your pharmacies January 1, or soon after.

4. How do I contact customer service for Magellan Rx?

If you have questions about your pharmacy benefits, call customer service at 833.544.4515. Support is available 24 hours a day, 7 days a week.

5. What if I start taking a specialty medication?

MagellanRx makes it easy for you to get your specialty medicines and provide the support you need. To get started, Magellan Rx will contact your doctor to get a new prescription. Or you can follow these steps:

- Step 1: Enroll online! Visit magellanrx.com/member/forms for the Specialty Patient Enrollment Form. (Or print and mail the form to our pharmacy).
- Step 2: Ask your doctor to send your prescription to Magellan Rx Pharmacy.
- Step 3: Magellan will contact you to help schedule your first delivery.

Magellan provides many tools and services to help you on your healthcare journey, including:

- Secure, online member portal to request refills
- MRx Cares and clinical programs
- Helpful materials and on-demand videos
- Pharmacist and nurse support
- Free delivery
- Some supplies at no cost
- Copay assistance programs (Payd Health)

6. Are there any additional requirements and coverage limits?

Just like the current plan, this plan has requirements for coverage or limits for select drugs. These requirements and limits ensure the most effective use of medications. A team of doctors and pharmacists create these rules. They can help your plan control costs and provide quality coverage.

- **Prior Authorization:** This plan has a prior authorization (PA) process for certain drugs. A PA requires that your doctor get approval from your plan to prescribe a specific drug for you. Without this PA, the plan will not provide coverage for that medication. If your doctor prescribes a drug requiring a PA, you will need to go through this process.
- **Quantity Limits:** For certain drugs, your plan limits the amount that will be covered per prescription or for a defined period.
- **Step Therapy:** In some cases, your plan requires you to first try one drug to treat your medical condition before it will cover another drug for that condition. For example, Drug A and Drug B both treat your medical condition. Your plan may require your doctor to prescribe Drug A first. If Drug A does not work for you, then your plan will cover Drug B.

To find out if the drug you take is subject to these requirements or limits, review the current formulary or call customer service at 833.544.4515.

7. What can I expect if my prescription requires prior authorization (PA)?

If your physician prescribes a medication requiring a PA, you will need to go through the PA process. We review requests for these selected medications to help ensure appropriate and safe use of medications for your medical condition(s). Your physician can call, fax, or submit prior authorization requests electronically. Once approved, the length of authorization is typically 6 to 12 months depending on the medication.

8. Is there a member app/web portal available? How do I use these resources?

Yes. You can download the Magellan Rx app and get access to:

- Real-time prescription updates
- Notifications for prescription refills
- Alerts for severe drug-drug interactions
- Drug information and education
- Cost management tools
- Pharmacy claims history

To download the app:

1. Go to the Apple App Store or Google Play Store
2. Search 'Magellan Rx'
3. Register to set up your account
5. Start managing your prescription benefits all in the palm of your hand.

9. Are there changes to drug copayments?

Plan deductibles and copayments will remain the same. Since the formulary varies slightly, your drug may change tiers causing the copayment to change.

10. I've never used mail order. How do I start using Magellan Rx Pharmacy for home delivery?

Mail your 90-day prescription and home delivery order form with payment information to Magellan Rx Pharmacy, P.O. Box 620968, Orlando, FL 32862. Home delivery order forms are available at magellanrx.com/member/forms.

Ask your doctor to e-prescribe to Magellan Rx Pharmacy, LLC (Mail-ORL) or fax your prescription to 888.282.1349.

11. Will I receive a separate ID card for MagellanRx?

No, the MagellanRx information will be included on your new Cigna ID card. You will automatically receive a new ID card in the mail at your home, and you MUST show to all of your pharmacies beginning 1/1/2024.