

October 2, 2024

Open Enrollment is here!

Please review all Open Enrollment materials carefully as there are new changes to your medical plans for the 2025 Plan Year. Please contact me if you have any questions.

- Q: When is Open Enrollment?
- A: Open Enrollment began on Tuesday, October 1st and it ends on Thursday, October 31st.
- Q: Will there be a no employee cost (free) option medical plan next year in 2025?
- A: Yes, the District will continue to offer a no employee cost (free) medical plan option. The new **free** plan option is the HMO Basic Plan 71. It is replacing the current HMO Basic Plan 48.
- Q: What are the differences between the New HMO Basic (free) Plan 71 VS the former HMO Basic (free) Plan 48?



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A: Some highlights of the significant differences between the 2 HMO Basic Plans:

New for 2025	NEW HMO BASIC PLAN 71 (FREE FOR EMPLOYEE ONLY)	FORMER HMO BASIC PLAN, NEW HMO PREMIUM PLAN 48 (BUY UP)
Calendar Year Deductible	\$4,000/\$8,000	\$2,000/\$6,000
(Per person/Family Aggregate)		
Coinsurance After Deductible Met	20%	20%
Calendar Year Out of Pocket	\$7,900/\$15,800	\$5,500/\$11,000
Max. (Per person/Family	. , , ,	
Aggregate)		
Emergency Room Visit	\$1,000 Copay	\$500 Copay
Facility Charge		
Advanced Imaging Services,	\$500 Copay	\$300 Copay
Freestanding or office		
(i.e.,MRIs, CT Scans, Nuclear		
Studies, etc.)		
Other Diagnostic Services,	\$100 Copay	\$50 Copay
Freestanding		
(i.e., x-rays, ultrasounds)		
Surgery at Ambulatory Surgical	\$750 Copay	\$400 Copay
Center (facility)		
Physician Services (i.e., surgeon)	\$250 Copay per visit/physician	\$75 Copay per visit/physician
Durable Medical Equipment	Deductible + 20% Coinsurance	\$0 Copay
(i.e., CPAP)		
Diabetic Equipment (i.e., insulin		
pump, CGMs, etc.)		
Home Health Care Services	Deductible + 20% Coinsurance	\$0 Copay



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- Q: What are the other medical option changes?
- A: The HMO Premium Plan 61 will no longer be an option. It is being replaced with the current HMO Basic Plan 48. There are no changes to the plan design. The Deductible, Coinsurance, and medical copays will remain the same.
- Q: Will there still be a PPO option?
- A: Yes, the BlueOptions Standard PPO Plan 03768 will continue to be an option. There are no changes to the plan design. The Deductible, Coinsurance, and medical copays will remain the same.
- Q: What is the employee cost to buy up to the HMO Premium Plan 48?
- A: The employee cost to buy up to the HMO Premium Plan 48 is \$90.13 per pay deduction for 24 Deductions and \$108.15 per pay deduction for 20 Deductions.



- Q: What can I do to mitigate some of the out-of-pocket expenses if I elect the HMO Basic (free) Plan 71?
- A: You may take advantage of these services the District offers:
 - 1. Register with My Health Onsite (MHO) Health & Wellness Centers and save \$40 on copays on primary care physician services.
 - 2. Use MHO pharmacy for generic medications at \$0 cost or select brand names at minimum copays.
 - 3. Transfer outside prescription for imaging services to MHO physician at his/her discretion. This can save you \$500 copay for Advanced Imaging Tests, i.e., CT scans, MRIs and \$100 copay on x-rays and ultrasounds, when referred to Akumin or Spring Hill MRI Imaging Centers.
 - 4. Use SurgeryPlus for select surgeries at \$0 cost. Pay no Deductibles, Coinsurance or Copays.
 - 5. Inquire about Hospital Indemnity Insurance through The Standard to help with out-of-pocket costs from an hospital stay due to childbirth, illness or injury. Contact a Benefits Enroller at 410-394-9617, ext. 901 for more information.
- Q: Will the Gastric Sleeve Bariatric Surgical procedure still be a covered in 2025?
- A: Yes, the Gastric Sleeve will continue to be a covered benefit, however, a lifetime maximum limit of \$20,000 for all Bariatric surgery services has been added.

This means after the plan pays **\$20,000** for the Bariatric surgical services, it will NOT cover any additional costs in the future if you are insured through Pasco County School Board. In addition, reconstructive surgery to remove excess skin after a covered Gastric Sleeve procedure will NOT be covered effective January 1, 2025.