What’s New For This Plan Year ■ 2015

New Voluntary Benefits

- ING Employee Benefits, Reliastar Life Insurance Company — Whole Life Insurance with long term care rider.
- Transamerica Life Insurance Company — Critical Illness Insurance.

Over the years BCPS employees have expressed an interest in long-term care benefits as well as portable life insurance coverage. Additionally, there was a need to provide a more broad cancer insurance type benefit. After a complete review of an array of voluntary products available in today’s marketplace, BCPS identified these two programs as the voluntary benefit offerings that will be made available this year for BCPS employees.

If you have questions about these programs, please visit our Website at www.bcps.org/offices/benefits.

Background on Flexible Spending Accounts

A Flexible Spending Account (FSA) allows you to pay for certain medical and/or dependent care expenses with pre-tax dollars. Because you will not pay any Federal, State*, Local*, FICA or Medicare taxes on this income, you can save about $30 for every $100 you elect to defer. FSA MAXIMUM DEDUCTION FOR 2015 HAS BEEN REDUCED TO $2,500.

There are two types of FSAs. The Medical Care FSA helps you pay for medically necessary expenses not covered or only partially covered by your health, dental and/or vision insurance. The Dependent Care FSA helps you pay for certain dependent care expenses, such as day care for a child or elderly adult. Maximum deduction for Dependent Care FSA remains at $5,000.

If you spend your own money on:

- Copays
- Deductibles
- Coinsurance
- Prescription drugs
- Over-the-counter bandages
- Dental care and orthodontic expenses
- Vision care, eyeglasses and contact lenses
- Day care (for children or elderly adult)
- Before and/or after school care
- Summer day camp

You can save 30% on these and other costs by enrolling in a Flexible Spending Account.

How Flexible Spending Accounts Will Save You Money

Most of us have expenses for medical services and supplies that are not fully covered by insurance or reimbursed by any other sources. Also, some of us have childcare or eldercare expenses that we incur so that we can work. If you anticipate expenses in either of these categories, enrolling in a FSA can save you money.

When you participate in an FSA, you elect to have a specific amount of dollars deducted from your gross earnings (before tax) each pay period. Participating in both accounts will result in two separate payroll deductions. By contributing pre-tax dollars, you lower your taxable income and increase your spendable income! In fact, by participating you are actually using dollars you would have paid in taxes to help pay for your medical and/or dependent care costs. Below are some examples of how much YOU can save on your everyday expenses.

<table>
<thead>
<tr>
<th>Sample Health Care Expenses</th>
<th>Your Cost Without a FSA</th>
<th>Your Cost With a FSA</th>
<th>Your Estimated Out-of-Pocket Savings*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor Copay</td>
<td>$20.00</td>
<td>$14.00</td>
<td>$6.00</td>
</tr>
<tr>
<td>Specialist Copay</td>
<td>$30.00</td>
<td>$21.00</td>
<td>$9.00</td>
</tr>
<tr>
<td>PPN Generic Retail Rx Copay</td>
<td>$10.00</td>
<td>$7.00</td>
<td>$3.00</td>
</tr>
<tr>
<td>HMO Brand Retail Rx Copay</td>
<td>$25.00</td>
<td>$17.50</td>
<td>$7.50</td>
</tr>
<tr>
<td>Over-the-Counter Bandages</td>
<td>$10.00</td>
<td>$7.00</td>
<td>$3.00</td>
</tr>
<tr>
<td>Monthly Diabetic Supplies</td>
<td>$100.00</td>
<td>$70.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Monthly Orthodontic Payment</td>
<td>$125.00</td>
<td>$87.50</td>
<td>$37.50</td>
</tr>
<tr>
<td>Eyeglasses</td>
<td>$300.00</td>
<td>$210.00</td>
<td>$90.00</td>
</tr>
<tr>
<td>Laser Eye Surgery</td>
<td>$2,500.00</td>
<td>$1,750.00</td>
<td>$750.00</td>
</tr>
</tbody>
</table>

* Assumes a 15% tax bracket
What’s New For This Plan Year  2015

Sample Dependent Care Expenses | Your Cost Without a FSA | Your Cost With a FSA | Your Estimated Out-of-Pocket Savings*
--- | --- | --- | ---
Daycare for child under age 13 | $5,000.00 | $3,500.00 | $1,500.00
Before/After School Care | $4,000.00 | $2,800.00 | $1,200.00
Summer Camp | $2,400.00 | $1,680.00 | $720.00
Disabled/Elder Adult Daycare | $5,000.00 | $3,500.00 | $1,500.00

*Assuming 15% Federal Tax Bracket

Planning Your Election
Here are just a few strategies you can use to be sure that you are making every penny count in your FSA:

■ **Plan ahead when enrolling.** Base your contribution on your anticipated expenses for the plan year which are not covered by other insurance or benefit plans.

■ **Look back to last year.** One way to estimate those expenses is to look back at the health care and dependent care expense you paid out of your own pocket during the past year. This can be the starting point for your annual contribution, adjusted of course for any past or future extraordinary expenses.

■ **Use the attached worksheet.** For an online worksheet, visit www.hfsbenefits.com.

■ **Look outside your health plan.** Many health care plans offer some, but not full, coverage for certain expenses such as laser eye surgery, orthodontia, some over-the-counter medical supplies.

■ **Evaluate your home pharmacy.** Throw away all expired over-the-counter (OTC) medications and the next time you visit your health care provider, ask for a prescription for the OTC medicines that you use on a regular basis including aspirin, allergy medication, antacids, etc. Band-aids, contact lens solution and other OTC items that are not medications cannot be reimbursed without a prescription.

■ **Be Conservative.** Any unused funds cannot carry forward to the next plan year and are forfeited.

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Participation in a FSA is not automatic.
You must re-enroll annually during open enrollment. Monies remaining in the account 90 days after the end of the plan year cannot be returned. The last day for filing claims is March 15th.

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Enrolling in The Plan
■ Make your election during open enrollment (or when you first become eligible).
■ Determine your election amount(s) by using the FSA worksheet.
■ Elect up to the plan maximums.
■ Remember you do not have to participate in the health plan to be eligible for the FSA.
■ Annual election(s) will be deducted equally pre-tax over the course of your plan year.

FSA Debit Card
Participating in a FSA with a Debit Card has many advantages! Look at what the card can do for you.
■ Eliminates the need of filling out claims forms and waiting for a reimbursement check.
■ Most transactions will not require supporting documentation.
It's Easy To Participate in an FSA

1. Use the worksheet(s) to determine the amount of money you will spend for medical and/or dependent care for you and your dependents in the upcoming plan year.

2. Once you determine the amount, complete the enrollment process with your employer.

Dependent Care FSA

Use this worksheet to estimate your eligible child and dependent care expenses. Eligible dependents include your dependent children through age 12, your spouse or other dependent who is physically or mentally disabled and spends at least 8 hours a day in your home. The annual pre-tax contribution limit is the lesser of $5,000, the employee’s earned income for the year or the spouse’s earned income.

<table>
<thead>
<tr>
<th>Sample Dependent Care FSA Expenses</th>
<th>Estimated Annual Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent Care Center Fees (qualifying child or adult day care)</td>
<td>$</td>
</tr>
<tr>
<td>Nursery/Preschool Fees (excluding Kindergarten)</td>
<td>$</td>
</tr>
<tr>
<td>Before and/or After School Care</td>
<td>$</td>
</tr>
<tr>
<td>Private Sitter (in your own or someone else’s home)</td>
<td>$</td>
</tr>
<tr>
<td>Summer Day Camp</td>
<td>$</td>
</tr>
<tr>
<td>Caregiver’s Wages and Employer Taxes</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total – Use this amount as a guideline for your upcoming election</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

Medical FSA

Use this worksheet to estimate eligible medical expenses that you, your spouse and your qualified dependents may incur during the plan year. The worksheet below contains some of the most common expenses. For a more comprehensive list of eligible expenses, please see the FSA Expense Guide.

<table>
<thead>
<tr>
<th>Sample Medical FSA Expenses</th>
<th>Estimated Annual Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Insurance Deductibles</td>
<td>$</td>
</tr>
<tr>
<td>Office Visit Copays</td>
<td>$</td>
</tr>
<tr>
<td>Prescription Drugs/Copays</td>
<td>$</td>
</tr>
<tr>
<td>Emergency Room or Urgent Care Copays</td>
<td>$</td>
</tr>
<tr>
<td>Physical Therapy/Chiropractic Care</td>
<td>$</td>
</tr>
<tr>
<td>Well Baby Care</td>
<td>$</td>
</tr>
<tr>
<td>GYN Exams</td>
<td>$</td>
</tr>
<tr>
<td>Physicals</td>
<td>$</td>
</tr>
<tr>
<td>Immunizations</td>
<td>$</td>
</tr>
<tr>
<td>Hearing Exams</td>
<td>$</td>
</tr>
<tr>
<td>Hearing Aids/Batteries</td>
<td>$</td>
</tr>
<tr>
<td>Prescription (OTC) Medications</td>
<td>$</td>
</tr>
<tr>
<td>Special Education Tuition</td>
<td>$</td>
</tr>
<tr>
<td>Dental Insurance Deductibles</td>
<td>$</td>
</tr>
<tr>
<td>Exams</td>
<td>$</td>
</tr>
<tr>
<td>Fillings</td>
<td>$</td>
</tr>
<tr>
<td>Root Canals</td>
<td>$</td>
</tr>
<tr>
<td>Crowns</td>
<td>$</td>
</tr>
<tr>
<td>Bridges</td>
<td>$</td>
</tr>
<tr>
<td>Dental Implants</td>
<td>$</td>
</tr>
<tr>
<td>Dentures</td>
<td>$</td>
</tr>
<tr>
<td>Orthodontic Payments/Braces</td>
<td>$</td>
</tr>
<tr>
<td>Vision Exams</td>
<td>$</td>
</tr>
<tr>
<td>Eyeglasses</td>
<td>$</td>
</tr>
<tr>
<td>Contact Lenses/Supplies</td>
<td>$</td>
</tr>
<tr>
<td>Prescription Sunglasses</td>
<td>$</td>
</tr>
<tr>
<td>Laser Eye Surgery</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total – Use this amount as a guideline for your upcoming election</strong></td>
<td>$</td>
</tr>
</tbody>
</table>
What’s New For This Plan Year ■ 2015

Medical Flexible Spending Account Expenses Guide
Only health care expenses not reimbursed by insurance or any other source can be claimed.

A
Acne treatment (non-cosmetic) †
Acupuncture (excluding remedies and treatments prescribed by acupuncturist)
Air purifier †
Alcoholism treatment
Alternative healer †
Ambulance
Artificial limbs/teeth

B
Birthing classes (portion related to birthing)
Blood pressure monitor
Blood sugar test kit
Body scan
Braille books and magazines
Breast pump †
Breast reconstruction surgery following a mastectomy

C
Chemotherapy
Chiropractor
Christian Science practitioner services
Copayments
Coincurrence
Computer storage of medical records
Contact lenses and solutions
Counseling
Crutches

D
Deductibles
Dental services (non-cosmetic)
Dentures/artificial teeth
Diagnostic fees and services
Drug addiction/overdose treatment
Drug and medical supplies**

E
Ear plugs (for medical condition) †
Equipment for the handicapped
Eye drops**
Eye examination
Eye surgery (i.e. cataracts, LASIK, etc.)
Eyeglasses (prescribed)

F
Fluoridation device
Flu shots

G
Gambling addiction treatment
Genetic testing (to determine medical defects) †
Glucose monitor

H
Hearing devices and batteries
Hearing tests
Holistic and natural healer services †
Home care nursing services
Hormone therapy treatment for menopause †
Hospital expenses (non-cosmetic)

I
Immunizations
Insulin

L
Laboratory fees
Lactation consultant services †
Lamaze classes (portion related to birthing)
Language training (for disabled individual) †
Laser eye surgery
Learning disability expenses (fees to school or specially trained tutor) †

M
Massage therapy †
Medical conference (admission and transportation)
Medical expenses in excess of usual, customary and reasonable (UCR)
Medical record charges

N
Nasal sprays**
Norplant (insertion or removal of device)
Nutritionist expenses †

O
Obstetrical expenses
Occlusal guard (to prevent teeth grinding)
Occupational therapy
Oral surgery
Orthodontic expenses
Orthopedic devices
Over-the-counter** medications (not to include nutritional supplements, cosmetic care items or items primarily used for general health)
Oxygen

P
Pap smears
Physical exams (not employment related)
Physical therapy (for specific medical condition)
Prescription medicines (non-cosmetic)
Prescription sunglasses
Prenatal vitamins (prescription)
Prosthesis
Psychiatric/Psychological care

R
Radial keratotomy
Routine physicals

S
Safety glasses (prescription only)
Schools and education (special) †
Screening test for medical diagnosis

T
Taxes on medical services and products
Therapy, for medical care only
Transplant expenses (surgical, hospital, laboratory and transportation expenses for organ donor)
Transportation and travel expenses for person receiving medical care

U
Umbilical cord (collection, freezing and storage for imminent use to treat a specific medical condition)

V
Varicose vein treatment (non-cosmetic)
Vaccines
Vision correction procedures
Vitamins (prescription)

W
Weight loss drugs/programs (associated with a certain disease) †

X
X-rays

† Physician’s note must indicate the specific medical condition, the medical item/treatment recommended to treat the medical condition, the expected duration of the condition and that the medical item is not for cosmetic purposes.

Dependent Care Flexible Spending Account Expenses Guide
Only dependent care expenses provided for an eligible IRS tax dependent can be claimed.

Adult daycare facility
After-school programs
Before-school programs
Caregiver’s wages and employer taxes
Dependent care in someone else’s home
In-home dependent care
Licensed childcare facility
Montessori school (prior to kindergarten age)
Nursery school
Pre-school
Private school (prior to kindergarten age)
Summer day camp
Toddler programs
Transportation provided by dependent care provider to/from dependent care location

** Important: Effective January 1, 2011, all purchases for over-the-counter (OTC) drugs and medications will require a prescription for reimbursement.
What’s New For This Plan Year ■ 2015

Know what’s important to you

Programs and services that help you make the most of your Cigna health plan and support your well-being.

**Mycigna.com – your secure portal for benefit information and resources**

Nothing is more important than understanding your benefits and your good health. That’s why there’s www.myCigna.com – your online home for assessment tools, provider search engine, explanation of benefits paid, medical updates and much more.

So get ready to click with a site that clicks with you.

**How to register:**

- **Step 1** – Enter www.myCigna.com in the web address line on your browser.
- **Step 2** – Click on the Register Now button.
- **Step 3** – Enter personal details.
- **Step 4** – Your Member ID number is printed on your ID card. Upon entering personal information a Confirmation Page should then appear. Click “Accept” if all information is accurate.
- **Step 5** – Complete your Demographic and Security Information data. Click “Continue”.
- **Step 6** – Confirm your identity.
- **Step 7** – Review and submit.

**24 Health Information Line – 24-hour guidance on medical treatment**

Dial the toll-free number on your Cigna ID card and you’ll be connected directly to a nurse who is ready to help answer your health questions. Nurses can offer detailed answers to your health questions, and help you decide where and when to seek medical attention. You can also listen to hundreds of our latest podcasts in English and Spanish to help you stay informed.

**Healthy Rewards – complimentary discounts**

If you have Cigna coverage, the choice to use Healthy Rewards is entirely yours. The program is separate from your coverage, so the services don’t apply to your plan’s copays or coinsurance. No doctor’s referral is required – and no claim forms, either. Set the appointments yourself, show your ID card when you pay for services and enjoy the savings.

**Health Assessment – personalized report about your health**

The health assessment can give you an idea of the current state of your health. Based on your responses, you’ll also learn if you are at any risk for certain conditions like diabetes or high blood pressure. It will also help you understand what you can do to maintain and improve your health.

To start. Go to www.myCigna.com and select Take my health assessment and follow the registration instructions until you reach my health & wellness center. Select Take my health assessment now and follow the steps through the questionnaire.

When taking the health assessment, know the following: your blood pressure, total cholesterol, HDL cholesterol, height, weight, and waist circumference. If you don’t know these, you can answer, “I’m not sure”, but answering all questions produces the best results.

**We’ll help you get what you need for your chronic health condition**

If you have a chronic health condition, we know there are times when you need extra help. That’s why we’re here. Take advantage of our free health coaching and then, when you’re ready to go it alone, say the word. We’ll guide you to self service resources and be there when you need us. It’s up to you.

A health advocate, nurse, health educator or behavioral health specialist may be calling you to get things started, or you can call us at any time. We can help you:

- Manage a chronic health condition.
- Create a personal care plan.
- Understand medications or your doctor’s orders.
- Identify health risks that affect your condition.
- Make educated decisions on your treatment options.
- Know what to expect if you need to spend time in the hospital.
- Improve your lifestyle by coping with stress, quitting tobacco use, maintaining good eating habits, and managing or losing weight.
What’s New For This Plan Year ■ 2015

Benefits Available to All Cigna Participants

YOU’VE GOT A GOAL. AND YOU’VE GOT WHAT IT TAKES TO REACH IT.

Whether your goal is to lose weight, quit tobacco or lower your stress levels, you have the power to make it happen. Cigna Lifestyle Management Programs can help – and all at no cost to you. Each program is easy to use and available where and when you need it. And, you can use each program online or over the phone – or both.

Weight Management
Reach your goal of maintaining a healthy weight – all without the fad diets. Create a personal healthy-living plan that will help you build your confidence, be more active and eat healthier. And, you’ll get the support you need to stick with it.

Tobacco
Get the help you need to finally quit tobacco. Create a personal quit plan with a realistic quit date. And, get the support you need to kick the habit for good. You’ll even get free over-the-counter nicotine replacement therapy (patch or gum).

Stress Management
Lower your stress levels and raise your happiness levels. Learn what causes you stress in your life and develop a personal stress management plan. And, get the support you need to help you cope with stressful situations – both on and off the job.

Over the phone
- One-on-one wellness coaching
- Convenient evening and weekend hours
- Program workbook and toolkit

Online
- Secure, convenient support
- Self-paced program
- Educational materials, interactive tools and resources

Take the first step. Call 855-246-1873 or visit myCigna.com

My Health Assistant - Your way to achieve BIG health changes

My Health Assistant online coaching is a fun, interactive program to help you achieve big health and wellness goals in just a few small steps.

Here’s how it works for you.
- Visit myCigna.com, click on Manage My Health and select My Health Assistant
- Online Coaching
- You select the activities you like and the goals you want to achieve
- My Health Assistant creates a personal coaching program just for you
- You check in regularly to track your success
- My Health Assistant lets you add or change activities and goals at any time Small steps are a great way to make big change possible. Especially when it comes to your health.

Get started now.
You’ll be happy that you did – and on your way to better health. Powered by WebMD®