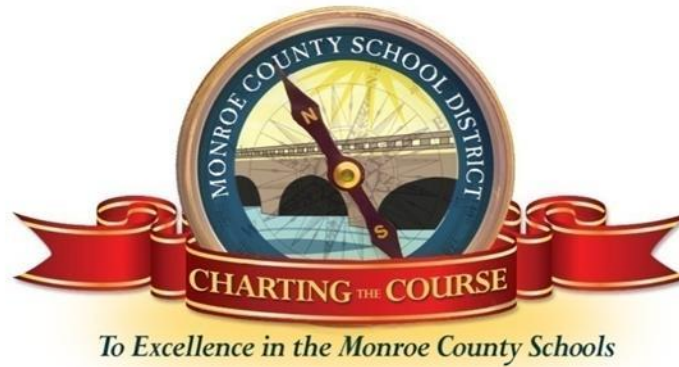


MARK T. PORTER
Superintendent of Schools



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Notice to Enrollees in the Monroe County District School Board Group Health Plan

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits State and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is “self-funded” by the employer, rather than provided through a health insurance policy. The Monroe County District School Board has elected to exempt the Monroe County District School Board Group Health Plan from the following federal requirement:

Parity in the application of certain limits to mental health benefits. Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must ensure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan.

The exemption from this Federal requirement will be in effect for the period of the plan coverage beginning January 1, 2016 and ending December 31, 2016. The election may be renewed for subsequent plan years.

However, you should be aware that the Monroe County District School Board Group Health Plan will continue to provide mental health and substance abuse benefits as required by Florida Statute for the 2016 period of coverage. Those mental health and substance abuse benefits are the same mental health and substance abuse benefits that were available to you in the 2015 plan year. Those benefits are summarized in the Summary of Benefits distributed to you during the open enrollment period.

HIPAA also requires the Plan to provide covered employees and dependents with a “certificate of creditable coverage” when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer’s health plan, or if you wish to purchase an individual health insurance policy.

