The School Board of Polk County

Retiree Group Benefits

Plan Year effective January 1, 2009

OPEN ENROLLMENT ENDS DECEMBER 1, 2008

If you have Medicare or will become eligible for Medicare in the next 12 months, a new federal law gives you more choices about your prescription drug coverage.
Dear PCSB Retiree:

Welcome to the 2009 Retiree Open Enrollment. This is the time of year for you to review your current benefit elections and make any necessary changes based on your current needs. We are pleased to announce there are no major changes to your medical benefits other than a small increase to your monthly premium.

In an effort to better serve your needs, we have increased the print size for ease of reading and have included additional information we hope you will find useful. We also want to take this opportunity to remind you of the significant cost savings available to you by using Generic Medications whenever available.

If you do not wish to make any changes to your current benefit elections, you do not need to do anything. If you wish to make changes to your current coverage, please call Kathy Faulkner at 863-519-3858.

We wish you the best of health.

Steven Henderson
Director, Insurance and Risk Management

DISCLAIMER: ANY ERRORS OR OMISSIONS ARE NOT INTENTIONAL. THE PROVISIONS OF THE MEDICAL PLAN DOCUMENTS AND INDIVIDUAL SUPPLEMENTAL POLICIES CONTROL BENEFITS. THIS INFORMATION IS INTENDED AS AN OVERVIEW ONLY. ORAL STATEMENTS CANNOT MODIFY THE TERMS OF ANY CONTRACT OR POLICY.

Forms must be received no later than December 1, 2008.
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PCSB Risk Management Department 863-519-3858
PCSB Risk Management Web address: www.polk-fl.net/staff/employeeinfo/riskmanagement/documents/benefitsbookletretiree.pdf

Blue Cross Blue Shield Medical Coverage
   Enrollment questions-PCSB Risk Management 863-519-3858
   Customer Service questions-BCBSFL 800-322-2808
   Replacement Cards 800-322-2808
   BCBSFL may also be contacted via their website at http://www.bcbsfl.com

Walgreens Health Initiatives Prescription Coverage
   Enrollment questions-PCSB Risk Management 863-519-3858
   Customer Service questions-WHI 800-207-2568
   Replacement Cards 800-207-2568
   WHI may also be accessed via their website at http://www.mywhi.com

Walgreens Health Initiatives Care Management Program
   Enrollment Information 866-826-6931
      Monday-Thursday 8:00am to 11:00pm
      Friday 8:00am to 9:00pm
      Saturday 9:00am to 6:00pm

Standard Retiree Group Term Life
   Customer service questions-PCSB Risk Management 863-519-3858
   Claim forms-PCSB Risk Management 863-519-3858

PCSB Wellness 863-648-3057
Women’s Health and Cancer Rights Act of 1998 (WHCRA) Annual Notice

Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, protheses, and complications resulting from a mastectomy, including lymphedemas? Call your Plan Administrator, Blue Cross Blue Shield of Florida, at 800-810-2583 for more information.
RETIREES UNDER AGE 65
(Not eligible Medicare)

The School Board strives to offer affordable continuation of group health coverage to retirees. Retirees under age 65 are offered the same level of benefits at the same premium as active employees. During the open enrollment period you may add eligible dependents currently not covered under your plan. Please be sure to include social security numbers for spouse or dependents you wish to add. *Please remember that once you cancel your coverage, you CANNOT enroll again later.*

While every effort is taken to be accurate in this summary material, the Plan Document and insurance contracts control specific benefits and details of medical coverage. If you have questions, you may call 863-519-3858.

If you wish to make changes to your coverage, please contact the Risk Management Department at 863-519-3858.

MEDICAL PLAN RATES
The following rates will be effective January 1, 2009 and will appear on your December 2008 FRS retirement check. Please remember that these rates must be added together to calculate the total monthly premium. For example, if you are a retiree covering your spouse you add $440 + $368 to get the total monthly premium of $808.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Monthly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree</td>
<td>$440.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>368.00</td>
</tr>
<tr>
<td>Child</td>
<td>92.00</td>
</tr>
<tr>
<td>Children</td>
<td>184.00</td>
</tr>
<tr>
<td>Spouse-Medicare</td>
<td>281.00</td>
</tr>
</tbody>
</table>

*Forms must be received no later than December 1, 2008.*
## 2008 Schedule of Benefits

<table>
<thead>
<tr>
<th>Medical Benefit</th>
<th>PPO Plan A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime Maximum</td>
<td>$5,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>In-Network / YOU PAY</strong></td>
<td></td>
</tr>
<tr>
<td>Calendar Year Deductible</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$250</td>
</tr>
<tr>
<td>Family</td>
<td>$500</td>
</tr>
<tr>
<td>Calendar Year Coinurance Max</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$2,500</td>
</tr>
<tr>
<td>Family</td>
<td>$5,000</td>
</tr>
<tr>
<td><em><em>Out-of-Network</em>/ YOU PAY</em>*</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$1,000</td>
</tr>
<tr>
<td>Family</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital Services Inpatient or Outpatient</th>
<th>Deductible + 20% Coinsurance</th>
<th>Deductible + 40% Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room</td>
<td>Deductible + 20% Coinsurance</td>
<td>Deductible + 40% Coinsurance</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$20 Copay</td>
<td>Deductible + 40% Coinsurance</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>Deductible + 20% Coinsurance</td>
<td>Deductible + 40% Coinsurance</td>
</tr>
</tbody>
</table>

| Family Physician Office Visit (Includes General Practice, Family Practice, Internal Medicine & Pediatrics) | $20 Copay | Deductible + 40% Coinsurance |

| Specialist Physician Office Visit (Includes all other physician specialties) | $30 Copay | Deductible + 40% Coinsurance |

| Outpatient Therapy (Includes Cardiac, Occupational, Physical, Speech & Massage Therapies and Chiropractic Visits) | $30 Copay for Office Visit Services (Plan pays up to $5000 maximum benefit per calendar year) | Deductible + 40% Coinsurance (Plan pays up to $5000 maximum benefit per calendar year) |

| Independent Clinical Lab (outside the office visit setting) | 20% Coinsurance (Deductible is waived) | 40% Coinsurance (deductible is waived) |

| Adult Preventive Health & Screening Services (includes well-woman exam) Up to $250 maximum benefit per calendar year | $30 Copay for office visit services 20% Coinsurance outside office visit setting Deductible is waived for these services only when they are preventive (not diagnostic) | 40% Coinsurance |

<p>| Preventive or Diagnostic Mammogram | 0% Coinsurance (Deductible is waived) | 0% Coinsurance (deductible is waived) |</p>
<table>
<thead>
<tr>
<th>Medical Benefit</th>
<th>PPO Plan A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal Office Visit Services</td>
<td>OB initial office visit subject to Copay</td>
</tr>
<tr>
<td>(Inpatient Services are covered like</td>
<td>Deductible + 40%</td>
</tr>
<tr>
<td>any other hospital stay)</td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health Services</strong></td>
<td>Inpatient: Up to 30 day benefit max</td>
</tr>
<tr>
<td></td>
<td>Deductible + 20% Coinsurance</td>
</tr>
<tr>
<td></td>
<td>Outpatient: Up to 20 visit benefit max</td>
</tr>
<tr>
<td></td>
<td>Office visit copay will apply</td>
</tr>
<tr>
<td></td>
<td>Deductible + 0% Coinsurance (Benefit maximums apply)</td>
</tr>
<tr>
<td><strong>Out-of-State Services</strong></td>
<td>In-network benefits apply when accessing another state’s BCBS</td>
</tr>
<tr>
<td></td>
<td>PPO Network.</td>
</tr>
<tr>
<td></td>
<td>Out-of-network benefits apply</td>
</tr>
</tbody>
</table>

- Coinsurance is the percentage you pay after your calendar year deductible is met. The coinsurance percentage is based on the allowed amount established by BCBSF.
- Durable Medical Equipment, Prosthetics and Orthotics are not subject to the office visit copay requirement, but are subject to the Calendar Year Deductible and Coinsurance responsibilities.
- Substance Dependency Care and Treatment (inpatient, outpatient or any combination) is limited to a $10,000 Lifetime Maximum Benefit.
- This is only a summary of the benefits available under the health plan. All benefits are subject to the provisions, exclusions and limitations of the contract. Please refer to your Certificate of Coverage.

*Non-Participating Providers (Out-of-Network Providers) are not contracted with BCBSF and may charge more than the BCBSF allowance. All coinsurance percentages are based on the BCBSF allowance. Non-Participating providers may bill you for the balance between the BCBSF allowance and their charge.*
**HOW TO USE YOUR BLUE CROSS BLUE SHIELD OF FLORIDA BENEFITS**

You and your family receive the highest level of benefits when you use In-Network providers. There are no claim forms to file and you’ll never be responsible for any balance billing by a Blue Cross Blue Shield provider other than your coinsurance or co-pay. The plan does allow you to self-refer to specialists. You won’t be required to select a Primary Care Physician although, for your good health, it is always a good idea to allow your physician to help you coordinate your health care. Many specialties require a referral from your regular physician as part of their medical practice policy.

You also have benefits when you go out of the network but if the provider you see is not contracted with Blue Cross Blue Shield; they are not obligated to accept our payment allowance and may bill you for any unpaid balance. This balance generally exceeds your coinsurance by a substantial amount. When you travel out of state, you’ll still have the protection of participating Blue Cross Providers. The Blue Cross Blue Shield logo is recognized nationwide.

If you have questions, please contact the Dedicated Customer Service Unit at 1-800-322-2808. A Blue Cross Blue Shield employee will be glad to help you.

**BENEFIT FOR THOSE TRAVELING OR RESIDING OUT-OF-AREA**

Covered persons residing outside of Polk County are eligible to receive covered services from any participating Blue Cross Blue Shield provider or facility and still be protected from balance billing for charges that are higher than the Blue Cross Blue Shield allowance. This also holds true while you are traveling throughout the country.
BENEFITS FOR THOSE TRAVELING OR RESIDING OUT OF COUNTRY

BCBS has a worldwide network that enables members traveling or residing outside of Florida to obtain health care services from participating providers in 200 countries and territories around the world.

When you use BlueCard participating providers, you should only have to pay your usual out-of-pocket expenses (non-covered services, deductible, copayment and coinsurance) and you don’t have to file any claim forms.

Before traveling out of country you should:

1. Verify your benefits before you leave home by calling the toll-free customer service number 1-800-810-2583. (This number is also located on the back of your member ID card.)
2. Check out the doctors and hospitals in the area you’ll be visiting by going to www.bcbsfl.com. Click on the Find a Doctor of Hospital Quick Link, then select the option to Find a doctor in other states or worldwide at the bottom of the page; or call 1-800-810-BLUE(2583).
3. Always show your member ID card when you arrive at the participating doctor’s office or hospital.
4. If you have to be hospitalized, call the toll-free Admission Notification number on the back of your member ID card.

HELPFUL HINTS WHEN USING AN OUT-OF-NETWORK PROVIDER

If you are unable to locate a network provider and need to use the services of an out-of-network provider when traveling or residing outside of Florida, you should:

- Have an alternative method of payment available;
- Keep all receipts in order to file a claim with BCBS of Florida for reimbursement;
- Contact BCBS of FL for information to receive the appropriate forms in order to file and out-of-network claim.
Retirees and their covered dependents eligible for Medicare are offered a health plan that pays secondary to Medicare. In the event you choose to sign up for Part B after your initial eligibility period, there may be financial penalties imposed by the Department of Social Security. We encourage you to contact the Department of Social Security to learn more about your Medicare benefits at 800-MEDICARE (633-4227). TTY Users can call 877-486-2048 or at their website www.medicare.gov.

Medicare will be your primary coverage, with Blue Cross Blue Shield of Florida paying after Medicare (secondary coverage). In most cases, this will cover 100% of the portion not covered by Medicare (deductibles and coinsurance), up to the Medicare allowance.

**DO NOT ENROLL IN A SEPARATE MEDICARE PART D-PRESCRIPTION DRUG PLAN IF YOU ARE ENROLLED IN THE PCSB MEDICAL PLAN.** SEE PAGE 18 FOR DETAILS.

If you are eligible for Medicare and you are covering dependents NOT eligible for Medicare, your covered dependents will eligible to receive the benefits outlined on page 6 - 7 of this booklet.

During the open enrollment period you may add eligible dependents not currently covered under your plan. Please contact the PCSB Risk Management Department at 863-519-3858 to request a form to add your eligible dependents. Please remember that once you cancel your coverage, you CANNOT enroll again later.

While every effort is taken to be accurate in this summary material, the Plan Document and insurance contracts control specific benefits and details of medical coverage. If you have questions, you may call 863-519-3858.

If you are not making any changes to your coverage, you do not need to take any further action

If you are making any changes to your current coverage, please contact the Risk Management Department at 863-519-3858.

**Forms must be received no later than December 1, 2008.**
**MEDICAL PLAN RATES**
The following rates are Effective January 1, 2009:

<table>
<thead>
<tr>
<th>Category</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree age 65+ Medicare Primary</td>
<td>$281.00</td>
</tr>
<tr>
<td>Spouse age 65+ Medicare Primary</td>
<td>$281.00</td>
</tr>
<tr>
<td>Child</td>
<td>$ 92.00</td>
</tr>
<tr>
<td>Children</td>
<td>$184.00</td>
</tr>
<tr>
<td>65+ Ineligible for Part A Medicare</td>
<td>$281.00</td>
</tr>
<tr>
<td>Spouse under Age 65</td>
<td>$368.00</td>
</tr>
</tbody>
</table>

Please remember that these rates must be added together to calculate the total monthly premium.

**EXAMPLE:**
- Retiree age 65+ $281.00
- Spouse age 65+ $281.00
- **TOTAL MONTHLY PREMIUM:** $562.00

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*All changes must be made no later than December 1, 2008.*
RETIREE FREQUENTLY ASKED QUESTIONS

Q. I am a retiree turning 65, do I need to sign up for Medicare?
A. Yes. The month before your 65th birthday, you will receive a notice from the PCSB reminding you to enroll in Medicare Part B. Retirees and their covered dependent(s) eligible for Medicare are offered a health plan that pays secondary to Medicare. Medicare will be your primary coverage and the PCSB insurance will pay secondary. In the event you choose to sign up for Part B after your initial eligibility period, there may be financial penalties imposed by the department of Social Security. For each 12-month period that you do not sign up for Part B after you become eligible, the monthly premium amount can increase by 10%. We encourage you to contact the Department of Social Security to learn more about your Medicare benefits: Telephone number-800-MEDICARE (800-633-4227). TTY users can call 877-486-2048, or you can go to their website at www.medicare.gov.

Q. If I do not elect Medicare Part B, can I continue to use my PCSB health insurance?
A. Yes. If you or your dependents are eligible for Medicare and do not elect Medicare Part B, the PCSB insurance will still pay as if you elected Medicare Part B. However, you will be responsible for the amount that would have been covered by Medicare Part B.

Q. I am a retiree eligible for Medicare (age 65 or over) and have Medicare Part A & B; will I have out-of-network costs?
A. Perhaps. If you use a provider that does not accept Medicare assignment, the answer is yes. Also, if the service is non-covered by Medicare, even though you are using a Medicare approved provider, you will have out-of-pocket expenses. In order to receive the highest benefit from your coverage, please be sure that your provider accepts Medicare.

Q. Do I need to enroll in Medicare Part D?
A. No. Polk County School Board has determined that the prescription drug coverage offered by PCSB’s medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.

Q. If I do not enroll in Medicare Part D now will I have to pay a higher premium if I enroll in a Medicare Part D plan later?
A. No. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
Q. Can I enroll in the Polk County School Board Health Plan and a Medicare drug plan?
A. No, you cannot have both plans. The prescription plan is a part of the PCSB health plan; therefore, if you enroll in the PCSB retiree health plan, you are not allowed to enroll in a Medicare drug plan.

Q. Does the PCSB health insurance have a prescription drug benefit cap similar to Medicare Part D?
A. No.

Q. I am the retired member, and have my spouse and other dependents covered under my retiree health insurance. If I die, will my spouse and dependents be able to continue on the Plan?
A. Yes. The spouse and/or dependents will be allowed to continue coverage by making the necessary monthly premiums.

Q. I am the surviving spouse of a retiree covered under the PCSB medical plan. May I add dependents to my coverage?
A. No, only the retired member may add eligible dependents to their health coverage as specified in the Health Insurance Summary Plan Document.
### Pharmacy Benefits

<table>
<thead>
<tr>
<th>Pharmacy Benefit</th>
<th>In-Network / YOU PAY</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A $25 Per Calendar Year</td>
<td>Retail (30 day supply)</td>
<td></td>
</tr>
<tr>
<td>Deductible Per Family will apply to all brand-name drugs in addition to the appropriate copay. Once the Calendar Year Deductible Per Family is met, only the appropriate copay will be charged. <strong>If a Member chooses a brand-name drug over a generic</strong>, the Member will also pay the cost difference between the generic and brand.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$8.00 Generic*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$25.00 Preferred Brand</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$40.00 Non-Preferred Brand</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mail Service Pharmacy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receive a 90-day supply of maintenance medications delivered to your home or other specified address.</td>
<td>Mail Order (90 day supply)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$16.00 Generic*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$62.50 Preferred Brand</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$100.00 Non-Preferred Brand</td>
<td></td>
</tr>
<tr>
<td><strong>Advantage 90</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receive a 90-day supply of maintenance medications at a participating pharmacy.</td>
<td>Advantage 90 (90 day supply)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$16.00 Generic*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$62.50 Preferred Brand</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$100.00 Non-Preferred Brand</td>
<td></td>
</tr>
</tbody>
</table>

*Choosing a generic medication may save you money. Be sure to check out the Walgreens Health Initiatives pharmacy benefit Preferred Medication List (PML) located at [www.mywhi.com](http://www.mywhi.com).*
NETWORK PHARMACIES
You will have convenient access to our nationwide network of more than 50,000 chain and independent pharmacies including:

☑ Bi-Lo  ☑ Goodings Supermarkets  ☑ Publix  ☑ Walgreens
☑ Costco  ☑ K Mart  ☑ Sam’s Club  ☑ Wal-Mart
☑ CVS  ☑ The Medicine Shoppe  ☑ Target  ☑ Winn-Dixie

MAIL SERVICE PHARMACY
Through the Prescription Drug Program, you can take advantage of convenient delivery of your covered maintenance medications to your home or other specified address. Be sure to ask your physician for a 90-day prescription in order to take advantage of this benefit. Before you begin using your mail service pharmacy benefit, you must register using one of the following registration options:

• Visit the Walgreens Health Initiatives web site at www.mywhi.com to download the “Registration & Order Form.” Print it out, complete it, and mail it with your prescription order. Be sure to select the form for the Orlando Mail Service Pharmacy.
• Visit the Walgreens Health Initiatives web site at www.mywhi.com to complete and submit the Online Registration Form. This form allows for online registration only. Your registration will be active within 48 hours.

Our Advantage90™ retail option is available at select retail locations. Advantage90™ is a program through WHI (Walgreens Health Initiatives) that will allow you to receive a 90-day supply of maintenance medications at participating retail pharmacies. Be sure to ask your physician for a 90-day prescription in order to take advantage of this benefit. Pharmacies in your area that participate in Advantage90™ include:

☑ CVS  ☑ Kmart  ☑ Walgreens
☑ Albertsons  ☑ Publix  ☑ Winn Dixie

WHI MEMBER SERVICES
If you have a question about your pharmacy benefits (for example, copayment, eligibility, or location of a nearby participating pharmacy), call WHI Member Services toll-free at 800-207-2568, 24 hours a day, 7 days a week. TTY: 888-411-0767.
GO GENERIC!
Did you know that the United States Food and Drug Administration (FDA) requires generics to be as safe and effective as their brand-name counterparts? That means you can save money without compromising quality. A generic must contain identical amounts of the same active ingredients—in the same dosage form and strength—as its brand-name counterpart and be shown to work the same way in the body. There are many new generics available for conditions such as high cholesterol, allergies and depression.

The Walgreens Health Initiatives (WHI) pharmacy benefit Preferred Medication List (PML) may be located at www.mywhi.com. We suggest you print a copy of this list to take with you whenever you visit your doctor to discuss whether a generic medication is appropriate for you.

The PML list is formatted in the following manner:

• **Generic** drugs are listed in lower case letters (example: simvastatin) – $8 for 30 day supply
• **Preferred Brand** drugs are listed in upper case letters (example: LIPITOR) – $25 for 30 day supply
• **Non-Preferred** drugs are not listed at all (example: Vytorin) - $40 for 30 day supply

All three sample drugs listed in bold above are cholesterol lowering agents. Based on your prescription drug benefits, your cost for a 30 or 90 day supply would be as follows:

<table>
<thead>
<tr>
<th>Medication</th>
<th>30-day supply</th>
<th>Mail Order (90-day supply) or Advantage90™*</th>
</tr>
</thead>
<tbody>
<tr>
<td>simvastatin:</td>
<td>$ 8.00</td>
<td>$ 16.00 (2 copays)</td>
</tr>
<tr>
<td>LIPITOR:</td>
<td>$25.00</td>
<td>$ 62.50 (2 ½ copays)</td>
</tr>
<tr>
<td>Vytorin:</td>
<td>$40.00</td>
<td>$100.00 (2 ½ copays)</td>
</tr>
</tbody>
</table>

*Advantage 90™ retail option is available at select retail locations only.
TOP BRANDS WITH GENERICS IN ITS THERAPEUTIC CLASS

Did you know that there are many brand medications that have generics available within its class? Here are some examples of top brands where there are generics available that treat the same condition.

<table>
<thead>
<tr>
<th>Brand Medication</th>
<th>Generics in Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIPITOR, Crestor, Vytorin</td>
<td>lovastatin, pravastatin, simvastatin</td>
</tr>
<tr>
<td>Nexium, Protonix</td>
<td>Prilosec OTC, omeprazole</td>
</tr>
<tr>
<td>Lexapro</td>
<td>citalopram, fluoxetine, fluvoxamine, paroxetine, sertraline</td>
</tr>
<tr>
<td>Effexor XR</td>
<td>venlafaxine</td>
</tr>
</tbody>
</table>

Choosing a generic alternative is not mandatory under your prescription drug program, but is highly encouraged as a way to save you money!

FLU AND PNEUMONIA IMMUNIZATIONS AVAILABLE AT WALGREENS RETAIL PHARMACIES

The Polk County School Board is pleased to offer the Walgreens Health Initiatives Flu and Pneumonia Program to its employees and retirees covered under the BCBS Group Health Plan. This program is designed to help prevent you and your family members from becoming ill with either influenza (flu) or pneumococcal (pneumonia), thereby, helping to minimize the spread of the disease and unnecessary and costly emergency room visits, medication and hospitalizations. By taking advantage of this benefit, you and your family members may potentially decrease your medical costs and prescription drug use, saving you from unexpected medical expense. The influenza vaccination has been shown to reduce both the number of visits to healthcare providers by 13 to 44 percent.

HOW TO USE THIS BENEFIT
(You must be 18 years or older to receive the flu or pneumonia vaccine.)

- Contact your nearest participating Walgreens pharmacy to make an appointment.
- Present your WHI pharmacy benefits card
- Flu shots - $25 copay (Retirees and covered dependents under the age of 65)
- Pneumonia shots - $40 copay (Retirees and covered dependents under the age of 65)
- Retirees and covered dependents with Medicare coverage must provide a copy of their Medicare card to receive a reduced copay.
Important Notice from Polk County School Board About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Polk County School Board and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Polk County School Board has determined that the prescription drug coverage offered by Polk County School Board’s medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.
What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, please keep in mind that you cannot also be enrolled in the Polk County School Board Medical Plan.

The Polk County School Board plan provides comprehensive prescription drug coverage through retail and mail providers. There is a $25 per year per family deductible for Brand Name drugs in addition to the following copayments:

<table>
<thead>
<tr>
<th></th>
<th>Generic</th>
<th>Preferred Brand</th>
<th>Non-Preferred Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail 30 Days</td>
<td>$ 8.00</td>
<td>$25.00</td>
<td>$ 40.00</td>
</tr>
<tr>
<td>Retail Advantage 90</td>
<td>$16.00</td>
<td>$62.50</td>
<td>$100.00</td>
</tr>
<tr>
<td>Mail Order 90</td>
<td>$16.00</td>
<td>$62.50</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

In addition, your current Polk County School Board coverage pays for other health expenses, in addition to prescription drugs, and you will not be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and drop your current Polk County School Board health plan, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your coverage with Polk County School Board and don’t enroll in Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.
For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Polk County School Board changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 800-772-1213 (TTY 800-325-0778).

Remember:

Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: November, 2008
Name of Entity/Sender: Polk County School Board
Contact: Kathy Faulkner, Retiree Clerk
Address: 1915 Floral Avenue, Bartow, FL 33830
Phone Number: 863-519-3858
Walgreens Health Initiatives Care Management Program

FREE Benefit

Walgreens Health Initiatives is pleased to provide a Condition Management Program created especially for Polk County School Board participating members and their eligible dependents. This program is completely confidential and is offered at no cost to the participant and supports the management of the following conditions: Asthma, Coronary Artery Disease (CAD), Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), and Diabetes by providing:

- Access to a Personal Health Coach, who will call you periodically to review your health status, answer your questions, provide encouragement, and support your efforts to manage your condition.

- 24-hour access to a team of professionals, just a toll-free phone call away, who will be available to answer more complex clinical questions about your condition.

- Educational materials that will be sent to you, and are also available on the following web site in the Information Center. www.whicare.com/pcsb. You can also request information on specific topics of interest to you when needed.

- Confidential health assessments that will be used to determine your overall health status, and to identify areas where you may require additional support and education. These assessments are also available on the following web site in the Assessment Center: www.whicare.com/pcsb.

- **Enroll today by calling toll-free 866-826-6931.** A Personal Health Coach will be available to assist you from Monday through Thursday, 8:00 a.m. to 11:00 p.m.; Friday, 8:00 a.m. to 9:00 p.m.; and Saturday, 9:00 a.m. to 6:00 p.m., EST. If you require a TTY/TDD line, please call 800-255-0135 (GA Relay Service) or 800-229-5746 (GA Speech to Speech Service).

**Incentive For Participation--Annual Benefit up to $100:**

Receive a $25 Pharmacy copay credit (each quarter) when you enroll and actively participate in the WHI Care Management Program.
RETIREE GROUP TERM LIFE INSURANCE

Standard Insurance Company is the provider of Group Life and Accidental Death & Dismemberment coverage.

Retirees are given the option at the time of retirement to continue Group Term Life Insurance and Accidental Death & Dismemberment coverage from Standard Insurance Company. Below are some highlights of the benefits you may have elected for you and your family. If you have additional questions, please refer to your group insurance certificate.

If you are currently enrolled in the Standard Term Life Insurance your rate may change effective January 1, 2009 based on your age as of December 31, 2008 according to the age bracket below.

<table>
<thead>
<tr>
<th>AGE as of 12/31/2008</th>
<th>RATE: PER $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-54</td>
<td>.490</td>
</tr>
<tr>
<td>55-59</td>
<td>.730</td>
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<tr>
<td>60-64</td>
<td>.930</td>
</tr>
<tr>
<td>65-69</td>
<td>1.470</td>
</tr>
<tr>
<td>70-74</td>
<td>2.340</td>
</tr>
<tr>
<td>75-79</td>
<td>3.860</td>
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<tr>
<td>80-84</td>
<td>6.110</td>
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<tr>
<td>85-89</td>
<td>9.750</td>
</tr>
<tr>
<td>90+</td>
<td>32.07</td>
</tr>
</tbody>
</table>

Example: Enrollee turns 65 on 05/15/08; the 2009 premium rate will be $1.47 per thousand.
Additional Life Coverage Features

- **Accelerated Benefit Provision:** Allows terminally ill employees to receive an early allocation of up to 75 percent of their Group Life insurance benefits.

- **Repatriation Benefit:** Provides up to $5,000 for transportation expenses of the deceased’s body.

- **MEDEX® Travel Assist:** Offers simplified access to medical care and other emergency services for eligible employees traveling more than 100 miles from home – even in foreign countries.

- **Waiver of Premium:** Your Life Insurance may continue without premium payments if you become *totally disabled* while insured under the *group policy*. You must be under the age of 60 and complete the waiting period of 180 days. *Waiver of Premium* does not apply to AD&D Insurance.

**Additional AD&D Insurance Coverage Amount**

AD&D is automatically included in an equal amount payable for Additional Life Insurance coverage on the date of the accident.

The amount of this *AD&D Insurance Benefit* for other covered *losses* is a percentage of the amount payable for Additional Life Insurance coverage on the date of the accident, as shown in the following table.

<table>
<thead>
<tr>
<th>Loss:</th>
<th>Percentage Payable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>One hand or one foot</td>
<td>50%</td>
</tr>
<tr>
<td>Sight in one eye, speech, or hearing in both ears</td>
<td>50%</td>
</tr>
<tr>
<td>Two or more of the Losses listed above</td>
<td>100%</td>
</tr>
<tr>
<td>Thumb and index finger of the same hand</td>
<td>25%</td>
</tr>
<tr>
<td>Quadriplegia</td>
<td>100%</td>
</tr>
<tr>
<td>Hemiplegia</td>
<td>50%</td>
</tr>
<tr>
<td>Paraplegia</td>
<td>50%</td>
</tr>
</tbody>
</table>
Additional AD&D Coverage Features

- **Seat Belt Benefit**: This provision provides an additional benefit in the event of a covered automobile accident.

- **Air Bag Benefit**: Provides an additional benefit in the event an air bag is deployed in an automobile accident.

- **Family Benefits Package**: Eligible family members may be entitled to receive additional financial help for child care, college or career training.

- **Occupational Assault**: Provides an additional benefit if you suffer death or dismemberment as a result of an act of workplace physical violence that is punishable by law.

- **Public Transportation**: Provides an additional benefit in the event of death as a result of an accident that occurs while you are riding as a fare-paying passenger on public transportation.

For questions concerning the Retiree Group Term Life Benefit, please call 800-325-5757, extension 0283.
School Board Retirees

You asked for it—You got it!
No-wait blood-draw lines!

The ABCs of Health, Polk County Schools employees and retirees health fair, is scheduled for Saturday, March 7, 2009 at Highland Park Church of the Nazarene in Lakeland. Retirees and spouses: get your blood drawn early to avoid any waiting line!

Friday, February 20, 2009
7:30 AM to 9:30 AM
Mark Wilcox Center
611 Post Avenue, SW
Winter Haven, FL 33880

Appointments are required:
Call Betty at 863-648-3057

Blood screenings include:
Total cholesterol
HDL/LDL/VLDL
Triglycerides
Homocysteine
Glucose, Insulin
Breast, Prostate & Skin Cancer Screenings*

Retirees Only: Blood & cancer screenings are the only services available on February 20; this is for retirees and their spouses who are covered under Polk County School Board Insurance. (For those without School Board Insurance, the cost for blood screenings only is $50.) Yes, you will still want to attend the Health Fair, you’ll just have more time to visit with the 65+ vendors and participate in other Health Fair screenings...without waiting in the blood-draw line.

*For cancer screening appointments, call Teresa at 863-603-6579.

Don’t forget: 8-hours fasting!
FIVE STEPS TO SAFER HEALTH CARE

Patient safety is one of the Nation’s most pressing health care challenges. A 1999 report by the Institute of Medicine estimates that as many as 44,000 to 98,000 people die in U.S. hospitals each year as the result of lapses in patient safety.

This fact sheet tells what you can do to get safer health care. It was developed by the U.S. Department of Health and Human Services in partnership with the American Hospital Association and the American Medical Association.
THE POLK COUNTY SCHOOL BOARD WELLNESS PROGRAM

The PCSB Wellness Program is designed to improve employee health and well being while reducing risk factors associated with the leading causes of death and disability.

ABCs of Health Annual Employee and Retiree Health Fair: Save Saturday, March 7, 2009 from 7:00 am to 12:00 pm for a FREE one-stop health check including cholesterol, glucose, blood pressure, body composition, lung function, vision, hearing, and cancer screenings. Free chair massage, food samples, door prizes and lots of goodies will be provided by 65+ vendors and sponsors.

ABCs of Diabetes: Management of pre-diabetes and diabetes is promoted through education, preventive screenings and consultations. Participants also receive FREE glucose monitors and a 50% discount on co-pays for diabetes medications and supplies.

Disease Management: Interventions to help individuals cope with chronic illness include health coaching for those with asthma, diabetes, coronary artery disease (CAD), congestive heart failure (CHF), and chronic obstructive pulmonary disease (COPD).

Educational Programs: Enjoy on-going district wide classes covering a wide variety of health related topics such as Stress Management, Blood Pressure Education, Successful Aging, Nutrition, Fitness and many more.

LOSE Plus, LOSE Too, LOSE for Life: Weight management programs are provided to assist PCSB employees shed unwanted pounds, while learning how to adopt healthy eating and exercise patterns.

Health Consultations: Personalized nutritional counseling with a registered, licensed dietitian and fitness evaluations with a certified exercise physiologist are offered to help employees adopt healthier lifestyles.

Smoking Cessation: FREE smoking cessation classes and nicotine replacement therapy through the Polk County Health Department are available to help PCSB employees kick the habit!

Wellness Website: Your link to staying healthy. Learn about Wellness programs and services. Go to www.polk-fl.net/staff/employeeinfo/wellness/default.htm or call 863-648-3057 for more information.
THE POLK COUNTY SCHOOL BOARD
WELLNESS PROGRAM

MOBILE CANCER SCREENINGS

Employees and Retirees covered under PCSB Blue Cross/Blue Shield health insurance receive FREE annual worksite cancer and osteoporosis screenings, provided by Lakeland Regional Cancer Center. On-site cancer and osteoporosis screenings are brought to you by The Polk County School Board (PCSB) Wellness Program in conjunction with Lakeland Regional Cancer Center (LRCC). This is a FREE benefit available to all employees who have PCSB Blue Cross/Blue Shield health insurance. Register for an appointment with the nurse or school coordinator at the location of your choice 2-4 weeks prior to the screening date.

While screening facilities are required to follow the guidelines set forth by the American Cancer Society, there are NO age restrictions for cancer or osteoporosis screenings with the on-site mobile service through LRCC. We encourage you to take advantage of the free screenings available.

CANCER BOTTOMLINE
(American Cancer Society – www.cancer.org)

• Cancer is the second leading cause of death, second to heart disease.
• In 2008, 565,650 Americans are expected to die from cancer; 170,000 from tobacco use alone.
• 1/3 of all cancers are preventable and are related to overweight or obesity, physical inactivity and poor nutrition
• Only 5% of cancers are strongly hereditary.
• The lifetime probability of developing cancer is 1 in 2 for males; 1 in 3 for females.
• More than 1,000,000 skin cancers diagnosed annually; many prevented by protection from the sun.
• 77% of cancers diagnosed in people aged 55 and older.

*Early diagnosis through annual screenings can save your life!*

*Get On The Bus!*
**LOSE for Life Plus**

The Polk County School Board Wellness Team is pleased to provide *LOSE for Life Plus*, a comprehensive weight loss course that combines nutrition, physical activity and behavior modification. These vital components have been shown to provide the most effective, long term results in weight management.

**Course Details** – two separate classes are available:
- **LOSE Plus**—free health screenings, health coaching, and educational components are provided by Wellness staff and Horizon Health.
- **LOSE Too**—free health screenings and health coaching are provided by Wellness staff and Horizon Health; educational components are provided by a pre-approved weight loss program, i.e., Weight Watchers, Taking Off Pounds Sensibly (TOPS), or Jenny Craig. Costs of the pre-approved programs are the responsibility of the participant.

**Eligibility** – retirees must meet one of the following qualifications:
- Body Mass Index (BMI) of ≥30 or
- Body Mass Index (BMI) of ≥27 with one or more other health risks (hypertension, lipid disorders, stroke, diabetes, heart disease, sleep apnea or osteoarthritis).

**Application** – retirees may apply to either class. In the event too many applications are received, a random lottery will be held.

**Weight loss prescription incentive** – participants covered by School Board health insurance, meeting all course requirements, and prescribed a weight loss medication by their physician will qualify for weight loss prescription benefit ($40 co-pay per month).

**Program discounts**
- **Jenny Craig** is offering discounts of 50% off the 6-Month Program* or 20% off Jenny Rewards 1-Year Program*.
- **Curves for Women** at various locations throughout Polk County is offering a discounted rate of $60 plus tax for 3 months.*

*Please see the Wellness website, www.polk-fl.net keyword Wellness for more information.
Is Diabetes Your Future?

† Pre-Diabetes
† Diabetes

ABCs of Diabetes

We Are Here for You!
Screenings † Education † Goal Setting

Diabetes is a major health problem affecting 21 million Americans; more than 6 million don’t know they have it! Left untreated, diabetes can damage almost every major organ in your body. That is why it is important to treat the condition as soon as it is discovered.

The ABCs of Diabetes is provided through the Polk County School Board Wellness Program. The ABCs of Diabetes includes free education, screenings and goal setting sessions with registered dietitians who specialize in diabetes care. All activities are free for Polk County School Board (PCSB) employees* and retirees, or spouses and dependents covered under the PCSB Blue Cross/Blue Shield (BC/BS) health plan.

Classes are offered monthly in various locations around the district and include:

† Medical Issues in Diabetes
† Advanced Diet Planning
† Nutrition and Exercise
† Hypertension & Heart Disease

Are you at risk for developing Type 2 diabetes?
Over 33% of Americans have diabetes and don’t know it! Risk factors for Type 2 diabetes include:

◆ Age ≥45 years
◆ Overweight (BMI ≥25; ≥23 if Asian American or ≥26 if Pacific Islander)
◆ Family history of diabetes (parents or siblings with diabetes)
◆ Ethnicity (African American, American Indian, Hispanic & Latino Americans, or Pacific Islander heritage)
◆ History of gestational diabetes or gave birth to a baby weighing ≥9 lbs
◆ Hypertension (≥140/90 in adults)
◆ Abnormal lipid levels (HDL cholesterol level ≤35 and/or triglyceride level ≥250)
◆ Impaired fasting glucose (≥100 and <126)
◆ Polycystic ovary syndrome or acanthosis nigricans
◆ History of vascular disease
◆ Inactive lifestyle (exercise less than three times a week)

Source: ACSM’s Health & Fitness Journal Jan/Feb 2006

Call the Wellness Program at
(863)648-3057 to enroll.
**ABCs of Diabetes** Program Details

**Eligibility:** Anyone on the School Board Health Insurance Plan (Blue Cross/Blue Shield) who has been diagnosed with pre-diabetes, diabetes (Type I or Type II) or gestational diabetes is eligible to participate in the *ABCs of Diabetes* Program.

**Diabetes Education:** Members of the *ABCs of Diabetes* are required to participate in four educational classes including:

- Medical issues for diabetics
- Managing diabetes with nutrition & exercise
- Diabetes advanced diet planning
- Managing heart disease & high blood pressure

These classes are designed to provide patient self-management skills/education to prevent acute illnesses and reduce the risk of long-term complications.

**Screenings:** All participants in the *ABCs of Diabetes* must complete preventive health screenings at least two times each year. These screenings can be done through the *ABCs of Diabetes* at no cost or through a personal primary care physician, subject to co-payment.

**Intervention Sessions:** Goal setting sessions will be set up for all participants in the *ABCs of Diabetes*, and are a requirement to maintain active status in the program. These 30-minute sessions review the risk factors each individual has based on their personal screening data and identify realistic goals to reduce those risk factors.

---

**ABCs of Diabetes**

**Benefits for Participants**

**Prescriptions & Supplies:**

- **Generic tier co-pay:**
  - $4—one month supply
  - $8—three-month supply mail order

- **Preferred tier co-pay:**
  - $12.50—one month supply
  - $31.25—three-month supply mail order

- **Non-preferred tier co-pay:**
  - $20—one month supply
  - $50—three-month supply mail order

**Screenings & Education:**

- **Free** eye and foot exams
- **Free** lipid, A1c, kidney function, and blood pressure screenings—two times each year
- **Free** educational classes including:
  - Medical issues for diabetics
  - Managing diabetes with nutrition & exercise
  - Diabetes advanced diet planning
  - Managing heart disease & high blood pressure
- **Free** high-risk intervention with health professional

Benefits begin when you attend educational classes and/or screenings.

*Sign up now...and save!*
Diabetes Care Recommendations*

**A1c.** A glycosylated hemoglobin test (A1c) is the most effective tool for determining how well a diabetic’s blood sugars have been controlled during the past 2-3 months. The American Diabetes Association (ADA) criteria for a normal A1c (%) is <6; goal is <7; and readings >8 suggests “additional action.” ADA recommends that A1c be measured quarterly if a person with diabetes is not meeting goal blood sugar levels or if treatment changes. However, for those diabetics that are meeting management goals, ADA recommends that A1c be measured at least 2 times a year. For people in control of their blood sugar, the test is a confirmation that they should continue to follow their current regimen (diet, exercise plan, medications, etc.). In addition, the test is a way to alert the diabetic and his or her doctor to potential problems.

**Blood Pressure.** People with diabetes are twice as likely to develop high blood pressure than non-diabetics. Blood pressure (BP) is a measure of the force of circulating blood against the walls of the arteries. The higher the BP, the harder it is for the heart to pump blood to all parts of the body. Blood pressure is measured in two numbers, the first number is the systolic pressure, and the second number is the diastolic pressure. ADA recommends adult diabetics’ BP should be <130/80mmHg. Contrary to popular belief, high blood pressure has NO SYMPTOMS, so it should be checked often. If high BP is not treated, there is an increased risk for kidney damage and stroke.

**Cholesterol.** Heart disease is common in people with diabetes. The CDC estimates that heart disease and stroke are responsible for 65% of deaths among diabetics. Multiple factors increase the risk of developing heart disease, including elevated cholesterol, high blood pressure, smoking, and a family history of early heart disease. Cholesterol is a type of fat in your blood. There are different types: LDL (low-density lipoproteins or “bad” cholesterol) and HDL (high-density lipoproteins or “good” cholesterol). LDL cholesterol can narrow or block blood vessels—increasing risk of developing a heart attack or stroke. HDL cholesterol helps to remove deposits from the inside of blood vessels and stops the blood vessels from getting blocked. Triglycerides are a type of fat found in your blood. Elevated levels can increase one’s risk of developing heart disease. If cholesterol and triglyceride levels are not within the recommended ranges, weight loss, dietary modifications, increased physical activity, and medications may be considered necessary to reduce one’s risk for developing heart disease.

**Glucose Monitoring.** The important role of self glucose monitoring (SGM) is considered a cornerstone of diabetes care to achieve glycemic control and prevent diabetes-related complications. The frequency and timing should be determined by the particular needs and goals of the patient. SGM allows patients to evaluate their responses to therapy (food intake, exercise, and/or medications) and assess whether glycemic targets are being achieved.

**Microalbuminuria** (Albumin/Creatinine Ratio). ADA recommends diabetics receive a urine microalbumin test every year to detect kidney damage. Diabetes can damage the kidneys and cause them to fail. The kidneys act as filters to remove waste products from the body. High levels of blood sugar cause the kidneys to filter too much blood. All this extra work stresses the kidneys, so these filters start to leak after many years. Useful protein is lost in the urine. Having small amounts of protein is called microalbuminuria. If kidney disease is diagnosed early, several treatments may prevent further kidney damage. However, if kidney disease is not detected early, end-stage renal disease usually follows, for which the only treatments are dialysis and/or kidney transplantation.

*Samuel L. Abbate, MD, CDE, 2003 Clinical Diabetes, Vol 21, No 3*
<table>
<thead>
<tr>
<th>DATE</th>
<th>LOCATION</th>
<th>DATE</th>
<th>LOCATION</th>
</tr>
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<tr>
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<td>LAKELAND HIGHLANDS MIDDLE</td>
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<td>UNION ACADEMY</td>
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<tr>
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<td>POLK CITY ELEMENTARY</td>
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<td>DORIS SANDERS LEARNING CENTER</td>
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<tr>
<td>11/13/08</td>
<td>PURCELL ELEMENTARY</td>
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<td>EAST AERA ADULT &amp; COMMUNITY</td>
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<td>CRYSTAL LAKE MIDDLE</td>
<td>3/27/09</td>
<td>KATHLEEN ELEMENTARY</td>
</tr>
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<td>11/18/08</td>
<td>WENDELL WATSON ELEMENTARY</td>
<td>4/6/09</td>
<td>CARLTON PALMORE ELEMENTARY</td>
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<td>NORTH LAKELAND ELEMENTARY</td>
<td>4/7/09</td>
<td>PALMETTO ELEMENTARY</td>
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<td>COMBEE ELEMENTARY</td>
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<td>12/1/08</td>
<td>MULBERRY MIDDLE</td>
<td>4/9/09</td>
<td>SE ESE OFFICE</td>
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<tr>
<td>12/2/08</td>
<td>LAKE GIBSON SENIOR HIGH SECOND DAY</td>
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<td>NEW TENOROC HIGH SCHOOL</td>
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<td>RIDGE CAREER CENTER</td>
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<td>12/9/08</td>
<td>KINGSFORD ELEMENTARY</td>
<td>4/20/09</td>
<td>LAUREL ELEMENTARY</td>
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<td>BEN HILL GRIFFIN JR. ELEMENTARY</td>
<td>4/23/09</td>
<td>EAGLE LAKE ELEMENTARY</td>
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<td>LOUGHMAN OAKS ELEMENTARY</td>
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<td>SCOTT LAKE ELEMENTARY</td>
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<td>12/15/08</td>
<td>MULBERRY SR. HIGH</td>
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<td>DAVENPORT SCHOOL OF THE ARTS</td>
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<td>BOONE MIDDLE SCHOOL</td>
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<td>5/5/09</td>
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