

	2012 Buy-up Plan		2012 Core Plan	
	Network	Out-of-Network	Network	Out-of-Network
<b>Other Services</b>				
Home Healthcare 75-visit calendar year maximum	15% (after deductible)	35% (after deductible)	20% (after deductible)	40% (after deductible)
Outpatient Private Duty Nursing	15% (after deductible)	35% (after deductible)	20% (after deductible)	40% (after deductible)
Hospice Care 180-day inpatient and outpatient lifetime maximum	15% (after deductible)	35% (after deductible)	20% (after deductible)	40% (after deductible)
Physical Therapy, Occupational Therapy and Speech Therapy	15% (after deductible)	35% (after deductible)	20% (after deductible)	40% (after deductible)
Durable Medical Equipment	20% (after deductible)	35% (after deductible)	20% (after deductible)	40% (after deductible)
Chiropractic	\$50 copayment	35% after deductible; 20-visit calendar year maximum	\$60 copayment	40% after deductible; 20-visit calendar year maximum

## 2012 Prescription Drug Costs

This year, both the Core Plan and Buy-up Plan include the same prescription drug benefits.

Annual Deductible	\$50/person \$100/family	
	Network	Out-of-Network
<b>Retail Pharmacy</b> (30-day supply) *Mail order rates will apply after fourth fill (original plus three refills)		
Generic	\$10	70% (after deductible)
Preferred Brand	\$25	70% (after deductible)
Non-Preferred Brand + Self-injectables	\$45	70% (after deductible)
<b>Mail Order</b> (90-day supply)		
Generic	\$25	N/A
Preferred Brand	\$65	N/A
Non-Preferred Brand + Self-injectables	\$100	N/A

## Need Help?

Contact...	...when you need to:
Benefits website <b>www.EBRbenefits.com</b>	<ul style="list-style-type: none"> <li>Learn about each benefit plan</li> <li>Find contact information for each plan</li> <li>Enroll in, change or drop benefits</li> </ul>
<b>Benefits Department (225) 922-5680</b>  Monday – Friday 8:30 a.m. – 4:30 p.m. (excluding holidays)	<ul style="list-style-type: none"> <li>Ask benefit questions</li> <li>Get help enrolling in benefits</li> <li>Verify approval of EOI forms you've submitted for coverage</li> <li>Change your address</li> <li>Update your personal information</li> </ul>
<b>Your benefit plan service provider</b> (list below)	<ul style="list-style-type: none"> <li>Ask specific questions about services covered by your plan</li> <li>Request ID cards, if you need one</li> <li>Request a provider directory, if your plan includes one</li> <li>Check the status of a claim</li> <li>Pre-authorize certain types of care, if your plan requires it</li> </ul>

## Service Providers

These companies provide and/or administer your benefits.

Plan	Phone Number	Website
<b>Medical</b>		
Blue Cross and Blue Shield of Louisiana	(888) 226-2583 (225) 298-7327	<a href="http://www.bcbsla.com">www.bcbsla.com</a>
<b>Mental Health and Substance Abuse</b>		
Magellan	(800) 991-5638	<a href="http://www.magellanassist.com">www.magellanassist.com</a>
<b>Dental/Vision Plan</b>		
Starmount Life Insurance	(888) 729-5433 (225) 926-2888	<a href="http://www.alwayscarebenefits.com">www.alwayscarebenefits.com</a>
<b>Discount Dental Plan</b>		
Louisiana Dental Plan (LDP)	(800) 256-1948 (225) 291-3077	<a href="http://www.louisianadentalplan.com">www.louisianadentalplan.com</a>
<b>Voluntary Life Insurance</b>		
Lincoln Financial Group	(800) 423-2765	<a href="http://www.lincolffinancial.com">www.lincolffinancial.com</a>
<b>Investments and Financial Planning</b>		
VALIC	(225) 201-1009	<a href="http://www.valic.com">www.valic.com</a>
<b>Employee Assistance Program (Mental Health)</b>		
Optum EAP	(866) 374-6062	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> accesscode: ebrpss



Fall 2011



# Open Enrollment Is Here

## Your 2011 Benefits Will Roll Over!

If you like your benefits just the way they are, you don't need to do anything. Your 2011 benefits will roll over to 2012, and you'll have the same plan as last year.

If you want to change your benefits, you must log in to [www.EBRbenefits.com](http://www.EBRbenefits.com) to change them **before Nov. 18, 2011.**

## 2012 Benefits Overview

Open enrollment for the East Baton Rouge Parish School System (EBRPSS) is almost here – Oct. 17 to Nov. 18, 2011. During open enrollment, you can:

- Sign up for benefit options through EBRPSS;
- Change the benefits you already have; or
- Drop benefits completely.

Open enrollment is important! **You won't be able to change your benefits until the next open enrollment, next year.** If you go through a qualifying life event, like marriage or childbirth, though, you will be able to change your benefits before next year.

## Enroll Online to Change Your Benefits

- Visit [www.EBRbenefits.com](http://www.EBRbenefits.com) between Oct. 17 and Nov. 18.
- Log in using your Social Security Number (SSN) and your **Personal Identification Number (PIN).**

## Personal Identification Number (PIN)

Along with this newsletter, we've sent you a "PIN Letter," which has the number you will need to log in at [www.EBRbenefits.com](http://www.EBRbenefits.com).

The PIN Letter also includes a summary of your current benefits. You should make sure this information is accurate.

## Need Help?

If you need help during open enrollment, contact the Benefits Department.

### Benefits Department

East Baton Rouge Parish School Board System

**(225) 922-5680**

Monday – Friday  
8:30 a.m. – 4:30 p.m.  
(excluding holidays)

## Open Enrollment Assistance Sessions

Nov. 8 – 10, 4:30 – 6 p.m.

Payroll & Benefits Department

Central Office, EBRPSS

## Important Information for Retirees

### Medicare

If you're **eligible for Medicare (Parts A and B)**, you **must** enroll in Medicare (Parts A and B) if you plan to use your EBRPSS plan as a Medicare supplement.

#### There are three times you can sign up for Medicare Part B:

1. When you turn 65, or during an "initial enrollment period"
2. Between Jan. 1 and March 31 of each year, or during a "general enrollment period"
3. After you stop working, or during a "special enrollment period"

If you're not eligible for Medicare, you may continue your benefits through EBRPSS, but your premiums will be higher. Unlike other retirees, you will pay a non-Medicare rate.

We will apply your reduced premium for having Medicare **after** you notify us and send us a copy of your Medicare card. We are not able to give you a refund for higher premiums you have paid before you notified us of your Medicare enrollment status. In other words, no retroactive refunds.

### Your 2012 Medical Plans

EBRPSS medical plans are administered by Blue Cross and Blue Shield of Louisiana. You may choose one of these plans if you are an eligible retiree. All plans feature a network of high-quality healthcare providers at a reduced cost.

Plan	Overview
<b>Premium or "Buy-up" Plan</b>	<p>By choosing the Buy-Up Plan, you'll get maximum security, but at a higher per-paycheck cost than the Core Plan.</p> <p>However, your deductibles, copayments and coinsurance are all lower than the Core Plan.</p> <p>This option may be right for you if:</p> <ul style="list-style-type: none"> <li>• You want maximum protection against the high costs of healthcare</li> <li>• You are willing to pay more per paycheck</li> <li>• You want to avoid unexpected out-of-pocket expenses</li> <li>• You use your medical benefits often</li> </ul>
<b>Basic or "Core" Plan</b>	<p>By choosing the Core Plan, you'll get competitive coverage that costs less than what's offered by most employers.</p> <p>Under the Core Plan, deductibles and copayments are slightly higher than the Buy-Up Plan, and you pay a higher rate of coinsurance after you meet your deductible.</p> <p>This option may be right for you if:</p> <ul style="list-style-type: none"> <li>• You want coverage that is similar to coverage offered by most other employers</li> <li>• You want to pay a smaller amount per paycheck</li> <li>• You are comfortable with more risk, and can afford to pay out-of-pocket expenses if and when they occur</li> <li>• You don't use your medical benefits often</li> </ul>

## Words to Know

Knowing these words will help you make the best choice for your 2012 benefits.

**Coinsurance** - Shared costs between you and the health plan. These costs are not the same for every health plan; some plans may not have coinsurance.

**Copayment** - A set dollar amount that you pay each time you visit your doctor or fill your prescribed drugs. Not all health plans have copayments. These most often do not count toward the deductible.

**Deductible** - The amount you owe for healthcare services before your health plan begins to pay.

**Excluded Services** - Healthcare services that your health plan doesn't pay for or cover.

**Provider** - Health professionals including doctors and specialists, hospitals, urgent care clinics, allied health clinics and allied health professionals.

**Specialist** - A doctor who focuses on one type of healthcare to diagnose, manage, stop or treat certain types of signs and health problems.

### 2012 Retiree Monthly Contribution Rates

Use this table to help determine which plan you want for 2012.

Monthly Costs	Buy-up Plan	Core Plan
<b>Retiree Only</b>		
No Medicare	\$207.00	\$109.00
With Medicare	\$73.00	\$19.00
With Medicare Return to Work	\$133.00	\$65.00
<b>Retiree and Spouse</b>		
No Medicare	\$451.00	\$275.00
Both with Medicare	\$204.00	\$110.00
Spouse only with Medicare	\$338.00	\$199.00
Retiree only with Medicare	\$314.00	\$186.00
With Medicare Return to Work	\$388.00	\$269.00
<b>Retiree and Children</b>		
Retiree no Medicare	\$393.00	\$258.00
Retiree with Medicare	\$259.00	\$167.00
With Medicare Return to Work	\$321.00	\$215.00
<b>Retiree and Family</b>		
Retiree/Spouse no Medicare	\$633.00	\$421.00
Retiree/Spouse both with Medicare	\$389.00	\$257.00
Spouse only with Medicare	\$523.00	\$345.00
Retiree only with Medicare	\$499.00	\$332.00
With Medicare Return to Work	\$575.00	\$418.00

## 2012 Medical Plan Comparisons

This table will show you how much you will pay for each plan when you receive services from healthcare providers in your network (recommended), and those out-of-network (not recommended).

	2012 Buy-up Plan		2012 Core Plan	
	Network	Out-of-Network	Network	Out-of-Network
Annual Deductible	\$400/person; waived for physician office services	\$1,200/person	\$600/person; waived for physician office visits	\$1,800/person
Out-of-Pocket Maximum per calendar Year	\$2,500/person \$5,000/family <small>(excluding deductible)</small>	\$7,500/person \$15,000/family <small>(excluding deductible)</small>	\$3,500/person \$7,000/family <small>(excluding deductible)</small>	\$10,500/person \$21,000/family <small>(excluding deductible)</small>
<b>Physician Services</b>				
Inpatient Visits	15% <small>(after deductible)</small>	35% <small>(after deductible)</small>	20% <small>(after deductible)</small>	40% <small>(after deductible)</small>
Office Visits	\$25 primary care \$50 specialist care	35% <small>(after deductible)</small>	\$30 primary care \$60 specialist care	40% <small>(after deductible)</small>
Surgery	15% <small>(after deductible)</small>	35% <small>(after deductible)</small>	20% <small>(after deductible)</small>	40% <small>(after deductible)</small>
<b>Preventive Care</b>				
Routine Wellness and Preventive Care <small>(includes adults and newborn/child care)</small>	\$0 copayment	100% deductible waived	\$0 copayment	100% deductible waived
<b>Hospital Services</b>				
Room and Board	15% of semiprivate room rate after \$400 per admission copayment	35% of semiprivate room rate <small>(after deductible)</small>	20% of semiprivate room rate after \$600 per admission copayment	40% of semiprivate room rate <small>(after deductible)</small>
Outpatient Surgery	\$50 copayment; then 15% <small>(after deductible)</small>	35% <small>(after deductible)</small>	\$100 copayment; then 20% <small>(after deductible)</small>	40% <small>(after deductible)</small>
Emergency Room	15% <small>(after deductible)</small>	35% <small>(after deductible)</small>	15% <small>(after deductible)</small>	20% <small>(after deductible)</small>
Ambulance Service	15% <small>(after deductible)</small>	35% <small>(after deductible)</small>	20% <small>(after deductible)</small>	40% <small>(after deductible)</small>
<b>Other Services</b>				
Eye Exam <small>Every 24 months by an optometrist only</small>	\$30 copayment	\$30 copayment	\$25 copayment	\$35 copayment
Skilled Nursing Facility <small>60-day calendar year maximum</small>	15% <small>(after deductible)</small>	35% <small>(after deductible)</small>	20% <small>(after deductible)</small>	40% <small>(after deductible)</small>