

2017 prescription drug costs

2017 Humana HMO and PPO prescription benefits

Annual deductible	\$50/person	
	Retail pharmacy (30-day supply)	Mail order (90-day supply through Humana Pharmacy*)
Generic	\$10	\$25
Preferred brand	\$25	\$65
Non-preferred brand + self-injectables	\$45	\$100

*Other pharmacies are available in our network. Humana Pharmacy shipments are typically delivered within 7-10 days from the date of your order. Call 1-800-379-0092 (TTY: 711) Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m. if you don't receive your shipment within this timeframe.

2016 EBRPSS plan sponsored by Express Scripts® prescriptions benefits

Both the core plan and the buy-up plan include the same prescription drug benefits. There will be a separate out-of-pocket (OOP) for your Rx coverage. The maximum OOP will incorporate Rx deductibles and copayments.

Annual deductible	\$50/person or \$100/family	
	Retail pharmacy (30-day supply)	Mail order (90-day supply through Express Scripts)
Rx out-of-pocket maximum	\$2,500/person or \$5,000/family	
Generic	\$10	\$25
Preferred brand	\$25	\$65
Non-preferred brand + self-injectables	\$45	\$100

Words to know

Knowing these words will help you make the best choice for your 2015 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.

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or member cost-share may change each year. You must continue to pay your Part B premium.

The provider and pharmacy network may change at any time. You will receive notice when necessary. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

This information is available for free in other languages. Please contact a licensed Humana sales agent at 1-866-396-8810 (TTY: 711). Esta información está disponible gratuitamente en otros idiomas. Póngase en contacto con un agente de ventas certificado de Humana al 1-866-396-8810 (TTY: 711). Discrimination is against the law Humana Inc. and its subsidiaries ("Humana") comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. English:

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.

Need help?

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

Service providers

These companies provide and/or administer your benefits.

Plan	Phone number	Website
Medical		
Humana Employer Medicare Advantage	866-396-8810 (TTY: 711)	www.humana.com
Blue Cross and Blue Shield of Louisiana	888-226-2583 (TTY: 711) 225-298-7327	www.bcbsla.com
Mail-order prescription		
Humana Pharmacy (previously RightSource)	1-855-297-7117	www.humanapharmacy.com/medicare
Express Scripts (buy-up or core plan members)	800-711-0917	www.express-scripts.com
Mental health and substance abuse		
LifeSynch (Humana members)	866-376-2901	www.lifesynch.com
Dental/vision plan		
Starmount Life Insurance	888-729-5433 225-926-2888	www.alwayscarebenefits.com
Voluntary life insurance		
Lincoln Financial Group	800-423-2765	www.lincolffinancial.com
Investments and financial planning		
VALIC	225-201-1009	www.valic.com

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-542-2070 (TTY: 711). Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-542-2070 (TTY: 711). 繁體中文 (Chinese): 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1-800-542-2070 (TTY: 711)。

Medicare retiree newsletter

East Baton Rouge Parish School System Benefit Program

Fall 2016



Open enrollment is almost here

Your benefit choices for 2017!

EBRPSS is again offering you the choice between a Humana Employer Medicare Advantage plan or a plan administered by Blue Cross Blue Shield of Louisiana with medical and prescription drug coverage for 2017. There is nothing you need to do if you're satisfied with your current benefits. They will roll over into 2017 if no action is taken.

If you want to choose a different plan, you must log in to www.EBRbenefits.com and make the change by 4:30 p.m. on Oct. 31, 2016.

2017 benefits overview

Open enrollment for the East Baton Rouge Parish School System (EBRPSS) is almost here: Oct. 3 – Oct. 31, 2016. Open Enrollment will close at 4:30 p.m. on October 31, 2016. During this time you can:

- Sign up for benefit options through EBRPSS
- Choose a different plan
- Drop benefits
 - A retiree who declines coverage under any of the eligible EBRPSS health plans will not be allowed to return to any EBRPSS health plan at any time in the future

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

For 2015 a 1095 form will be issued by Medicare for health insurance purposes.

Enroll online to change your benefits

Visit www.EBRbenefits.com between Oct. 3 – Oct. 31.

User identification (user ID)

Your user ID for this year's open enrollment will be your Social Security number (SSN).

Personal identification number (PIN)

Your PIN number for this year's open enrollment will be the last four (4) digits of your Social Security number (SSN) along with the last two (2) digits of your birth year.

Example:

SSN: 123-45-0000
Birth year: 1955
User ID: 123450000
PIN: 000055



Humana

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Important information for retirees

Medicare

Retired participants of the EBRPSS medical plans and their covered dependent spouses, who reach age sixty-five (65) on or after June 1, 2005, must enroll in Medicare Parts A and B in order for their claims to be paid under this Plan. If a retired participant or covered spouse is eligible for Medicare, but do not enroll for Parts A and B, the claims of the person eligible for Medicare will be denied.

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

1. When you turn 65 or during an “initial coverage 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”

¹ The initial coverage enrollment period is when you are newly eligible for Medicare Advantage. This period begins three months immediately before your entitlement to Medicare Part A and Part B and ends three months after your birth month.

Your new premium for having Medicare will be applied after you notify EBRPSS and send a copy of your Medicare card. EBRPSS isn't able to give you a refund for higher premiums you have paid before your notified them of your Medicare enrollment status (no retroactive refunds).

Adding dependents

Certain documentation is required to be provided to EBRPSS before dependents can be added to your health plan. You MUST bring the required documentation in to the Benefits Department, or your dependent(s) will not be added. This requirement does not apply to current dependents on the health plan because they already have been verified. Only Medicare-eligible dependents will be able to join the Humana Medicare Advantage HMO or PPO plan.

Documentation required for spouses (two pieces of documentation required):

- Marriage certificate AND
- Any one of the following: tax return from current or prior year, utility bill, statement from a joint bank account or credit card company, insurance policy, vehicle registration, mortgage statement or lease statement.

Documentation required for children (one piece of documentation required):

- Current or prior year tax return, birth certificate, final court order, legal adoption papers, legal guardianship papers or a qualified medical child support order.

2017 retiree monthly contribution rates

Use this table to help determine which plan you want for 2017.

Monthly costs	EBRPSS buy-up plan administered by BCBS	EBRPSS core plan administered by BCBS	Humana PPO plan	Humana HMO** plan
Retiree only				
With Medicare	\$405.04	\$320.58	\$111.70	\$0.00
With Medicare return to work	\$178.80	\$81.86	N/A	N/A
Retiree and spouse				
Both with Medicare	\$688.41	\$540.95	\$223.40	\$0.00
With Medicare return to work	\$534.23	\$362.98	N/A	N/A

* See EBRBenefits.com for a comprehensive rate schedule.

** The HMO plan is only available to retirees who reside in the following parishes: Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Point Coupee, St. Helena, West Baton Rouge, West Feliciana.

Your 2017 medical plan options

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

	2017 Humana PPO		2017 Humana HMO
	In-network	Out-of-network	In-network
Annual deductible	No deductible	No deductible	No deductible
Out-of-pocket maximum per calendar year	\$1,000/person	\$1,000/person	\$1,000/person
Physician services			
Office visits	100% primary care* 100% specialist care*	100% primary care* 100% specialist*	100% primary care* 100% specialist*
Allergy injections	100%*	100%*	100%*
Diagnostic tests and X-rays	100%*	100%*	100%*
Preventive care			
Preventive wellness and preventive care	100%*	100%*	100%*
Hospital services			
Inpatient care	100%*	100%*	100%*
Outpatient surgery	100%*	100%*	100%*
Emergency room	100%*	100%*	100%*
Ambulance service	100%*	100%*	100%*
Other services			
Vision services (Medicare covered)	100%	100%	100%
Skilled nursing facility	100% up to 100 days per benefit period*	100% up to 100 days per benefit period*	100% up to 100 days per benefit period*
Urgent care	100%*	100%*	100%*
Home healthcare	100%*	100%*	100%*
Hospice care	Covered by Original Medicare	Covered by Original Medicare	Covered by Original Medicare
Physical therapy, occupational therapy and speech therapy	100%*	100%*	100%*
Durable medical equipment	100%*	100%*	100%*
Chiropractic	100%*	100%*	100%*

* Covered at 100% by Humana.

	2017 BCBS buy-up plan*		2017 BCBS core plan*	
	In-network	Out-of-network	In-network	Out-of-network
Annual deductible	\$400/person; waived for physician office visits	\$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 (excluding deductible)	\$7,500/person \$15,000/family (excluding deductible)	\$3,500/person \$7,000/family (excluding deductible)	\$10,500/person \$21,000/family (excluding deductible)
Physician services				
Office visits	\$25 primary care \$50 specialist care	35% after deductible	\$30 primary care \$60 specialist care	40% after deductible
Allergy injections	15% after deductible	35% after deductible	20% after deductible	40% after deductible
Diagnostic tests and X-rays	15% after deductible	35% after deductible	20% after deductible	40% after deductible
Preventive care				
Preventive wellness and preventive care	\$0 copayment	100% deductible waived	\$0 copayment	100% deductible waived
Hospital services				
Inpatient care	15% of semiprivate room rate after \$400 per admission copayment	35% of semiprivate room rate after deductible	20% of semiprivate room rate after \$600 per admission copayment	40% of semiprivate room rate after deductible
Outpatient surgery	\$50 copayment; then 15% after deductible	35% after deductible	\$100 copayment; then 20% after deductible	40% after deductible
Emergency room	15% after deductible	15% after deductible	20% after deductible	20% after deductible
Ambulance service	15% after deductible	35% after deductible	20% after deductible	40% after deductible
Other services				
Eye exam (every 24 months by an optometrist only)	\$30 copayment	\$30 copayment	\$25 copayment	\$35 copayment
Skilled nursing facility**	15% after deductible	35% after deductible	20% after deductible	40% after deductible
Urgent care	\$50 copayment	35% after deductible	\$60 copayment	40% after deductible
Home healthcare**	15% after deductible	35% after deductible	20% after deductible	40% after deductible
Hospice care**	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	15% 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

*Some medical benefits will be paid at 100 percent by the plan after coordinating with Medicare as primary coverage.

**Calendar year maximum applies.