

Active Employee &
Non-Medicare Retiree

Newsletter

Fall 2017

East Baton Rouge Parish School System



Blue Cross and Blue Shield
of Louisiana
HMO Louisiana

Open Enrollment Is Here

Your 2017 Benefits Will Roll Over!

If you like your benefits just the way they are, you don't need to do anything. Your 2017 benefits will roll over to 2018, and you'll have the same plan as last year. Only active employees who are interested in an FSA must actively enroll and elect an annual dollar amount, up to IRS-defined maximums, to be enrolled in this program for 2018.

If you want to change your benefits, you must log in to **www.EBRbenefits.com** to change them **before 4:30 p.m. on Oct. 31, 2017.**

2018 Benefits Overview

Open enrollment for the East Baton Rouge Parish School System (EBRPSS) is almost here—Oct. 2 to Oct. 31, 2017. During open enrollment, you can:

- Sign up for benefit options through East Baton Rouge Parish School System (EBRPSS)
- Change the benefits you already have
- Drop benefits

Open enrollment is important! You won't be able to change your benefits again until next year's Open Enrollment. If you have a qualifying event during the plan year, you will be allowed a special enrollment in which you have 30 days from the date of the event to make any changes to your elections. If the group is not notified within 30 days, then you must wait until the next Open Enrollment Period. For 2017, you will be receiving a 1095-C form from EBRPPSS along with your W-2.

Enroll Online to Change Your Benefits

- Visit **www.EBRbenefits.com** between Oct. 2 - Oct. 31, 2017. Open Enrollment will close at 4:30 p.m. on Oct. 31.
- Along with this newsletter, we have sent you an Open Enrollment letter that will give you further assistance when completing your online enrollment.

User Identification (User ID)

Your user ID for this year's Open Enrollment will be your Social Security Number.

Personal Identification Number (PIN)

Your PIN for this year's Open Enrollment will be the last four (4) digits of your Social Security Number, along with the last two (2) digits of your birth year.

Example: SSN: 123-45-**0000** User ID: **123450000**
Birth year: **1955** Pin: **000055**

Medicare for Retired Employees Only

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 does not enroll for Parts A and B, the claims of the person eligible for Medicare will be denied.

Contact the Centers for Medicare and Medicaid Services at **1 (800) MEDICARE (633-4227)** or **www.medicare.gov** to see if you are eligible for Medicare.

Important Information for Active Employees & Retirees

Flexible Spending Account—Active Employees Only

With a **Flexible Spending Account (FSA)**, you can manage your expenses and set aside a tax-free nest egg for medical expenses. You can put money from your paycheck directly into your FSA **before paying taxes**. In compliance with federal regulations, the Flexible Spending Account limit is \$2,600 for medical and \$5,000 for dependent care. Active employees who are interested in an FSA must actively enroll and elect an annual dollar amount, up to IRS-defined maximums, to be enrolled in this program for 2018.

You can use the money in your FSA to pay for medical expenses that your insurance doesn't cover, such as:

- Deductibles, copayments and other eligible expenses
- Prescription drugs and medical supplies
- Dental services, orthodontics and dentures
- Eyeglasses and eye surgery
- Deadline to submit claims for reimbursement for 2017 and 2018 plan year:
 - Dependent Care: 2017 Plan Year: 03/01/2018 • 2018 Plan Year: 03/01/2019
 - Medical Expenses: 2017 Plan Year: 06/13/2018 • 2018 Plan Year: 06/13/2019

More Information

For more information on opening an FSA, call CONEXIS:

(877) 266-3947

Or visit:

www.conexis.com

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, as they have already been verified.

- 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.

Please visit the Benefits Department if you have any other special circumstances.

Your 2018 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 active employee or retiree. All plans feature a network of high-quality healthcare providers at a reduced cost.

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

Words to Know

Knowing these words will help you make the best choice for your 2018 benefits.

Coinsurance – Shared costs between you and the health plan. This is usually a percentage of the cost. These costs are not the same for every health plan; some plans may not have coinsurance.

Copayment/Copay – A set dollar amount that you pay each time you visit your doctor or fill your prescribed drugs. Not all health plans have copayments. This flat fee will now have to apply toward the out-of-pocket maximum because of healthcare reform.

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.

Active Employee and Non-Medicare Retiree Monthly Contribution Rates

Use this table to help determine which plan you want for 2018.

Per-Paycheck Deductions for Active Employees

9, 10 and 11-month employees: Monthly Rate x 12 months ÷ 20 = Per-paycheck deduction

12-month employees: Monthly Rate x 12 months ÷ 26 = Per-paycheck deduction

Active Employees	2018 Buy-up Plan	2018 Core Plan
Employee only	\$178.80	\$81.86
Employee + spouse	\$534.23	\$362.98
Employee + child(ren)	\$438.37	\$285.43
Employee + family	\$790.58	\$566.55

Non-Medicare Retiree	2018 Buy-up Plan	2018 Core Plan
Employee only	\$392.06	\$236.96
Employee + spouse	\$808.89	\$512.69
Employee + child(ren)	\$674.25	\$463.15
Employee + family	\$1,065.24	\$722.72

2018 Medical Plan Comparisons

This table shows 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).

	2018 Buy-up Plan		2018 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 (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				
Inpatient Visits	15% (after deductible)	35% (after deductible)	20% (after deductible)	40% (after deductible)
Office Visits	\$25 primary care \$50 specialist care	35% (after deductible)	\$30 primary care \$60 specialist care	40% (after deductible)
Surgery	15% (after deductible)	35% (after deductible)	20% (after deductible)	40% (after deductible)
Preventive Care				
Routine Wellness and Preventive Care (includes adult and newborn/child care)	\$0 copayment	100% (deductible waived)	\$0 copayment	100% (deductible waived)
Hospital Services				
Room and Board	15% of semi-private room rate (after \$400 per admission copayment)	35% of semi-private room rate (after deductible)	20% of semi-private room rate (after \$600 per admission copayment)	40% of semi-private 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 60-day calendar year maximum	15% (after deductible)	35% (after deductible)	20% (after deductible)	40% (after deductible)
Urgent Care	\$50 copayment	35% (after deductible)	\$60 copayment	40% (after deductible)

	2018 Buy-up Plan		2018 Core Plan	
	Network	Out-of-Network	Network	Out-of-Network
Other Services	Your Share			
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

2018 Prescription Drug Costs: Express Scripts

Both the Core Plan and the Buy-up Plan include the same prescription drug benefits. **Note:** There is a separate out-of-pocket amount for your prescription coverage. The maximum out-of-pocket will include pharmacy deductibles and copayments.

Annual Deductible		\$50/person \$100/family	Rx out-of-pocket max		\$2,500/person \$5,000/family
		Network	Out-of-Network		
Retail Pharmacy (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)		
Mail Order (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 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
Benefits Department (225) 922-5680 Monday – Friday 8:30 a.m. – 4 p.m. (excluding holidays)	<ul style="list-style-type: none"> • Ask benefit questions • Get help enrolling in benefits • Verify approval of Evidence of Insurability (EOI) forms you've submitted for coverage • Change your address • Update your personal information
Your benefit plan service provider (see table below)	<ul style="list-style-type: none"> • Ask specific questions about services covered by your plan • Request an ID card, if you need one • 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		
Blue Cross and Blue Shield of Louisiana	(888) 226-2583 (225) 298-7327	www.bcbsla.com
Mental Health and Substance Abuse		
Blue Cross and Blue Shield of Louisiana	(888) 226-2583 (225) 298-7327	www.bcbsla.com
Dental/Vision Plan		
AlwaysCare	(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
Employee Assistance Program (Mental Health)		
Optum EAP	(866) 374-6062	www.liveandworkwell.com access code: ebrpss