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www.EBRbenefits.com

EAST BATON ROUGE PARISH SCHOOL SYSTEM NEWSLETTER

ACTIVE EMPLOYEE & NON-MEDICARE RETIREE



Open Enrollment Is Here

Your 2019 Benefits Will Roll Over!

If you like your benefits just the way they are, you don't need to do anything. Your 2019 benefits will roll over to 2020, 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 2020.

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, 2019.**

2020 Benefits Overview

Open enrollment for the East Baton Rouge Parish School System (EBRPSS) is almost here—Oct. 1 to Oct. 31, 2019. 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 2019, 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. 1 - Oct. 31, 2019. 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** Birth year: **1955**
User ID: **123450000** 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.



Blue Cross and Blue Shield of Louisiana
HMO Louisiana



Blue Cross and Blue Shield of Louisiana is incorporated as Louisiana Health Service & Indemnity Company. HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross and Blue Shield Association.

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. 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 2020.

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

More Information

For more information on opening an FSA, call CONEXIS: **(877) 266-3947**

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 2020 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	<p>By choosing the Buy-up Plan, you'll get maximum security, but at a higher premium 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"> • 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	<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"> • 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 2020 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 applies toward the out-of-pocket maximum.

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 symptoms and health problems.

Active Employee and Non-Medicare Retiree Monthly Contribution Rates

Use this table to help determine which plan you want for 2020.

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	2020 Community Blue	2020 Core Plan	2020 Buy-up Plan
Employee only	\$119.17	\$87.10	\$190.24
Employee + spouse	\$447.48	\$386.21	\$568.42
Employee + child(ren)	\$355.84	\$303.70	\$466.43
Employee + family	\$682.95	\$602.81	\$841.18

Non-Medicare Retiree	2020 Community Blue	2020 Core Plan	2020 Buy-up Plan
Employee only	\$307.69	\$252.13	\$417.15
Employee + spouse	\$644.38	\$545.50	\$860.66
Employee + child(ren)	\$571.62	\$492.79	\$717.47
Employee + family	\$890.03	\$768.97	\$1,133.42

2020 Medical Plan Comparisons

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

	2020 Community Blue Select Network		2020 Core HMO/POS		2020 Buy Up HMO/POS	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Your Covered Benefits Are:						
Individual Deductible	\$500	\$1,500	\$1,000	\$3,000	\$600	\$1,800
Family Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Per Member Deductible within a Family	\$500	\$1,500	\$1,000	\$3,000	\$600	\$1,800
Individual Out-of-Pocket Max*	\$4,000	\$12,000	\$6,900	\$20,700	\$5,850	\$17,550
Family Out-of-Pocket Max*	\$8,000	\$24,000	\$13,800	\$41,400	\$11,700	\$35,100
Per Member OOP Max within a Family*	\$4,000	\$12,000	\$6,900	\$20,700	\$5,850	\$17,550
Coinsurance	85% / 15%	65% / 35%	80% / 20%	60% / 40%	85% / 15%	65% / 35%
Office Visits						
Primary Care Physician (PCP)	\$25 Co-pay per visit	Deductible then Coinsurance	\$30 Co-pay per visit	Deductible then Coinsurance	\$25 Co-pay per visit	Deductible then Coinsurance
Specialist	\$50 Co-pay per visit	Deductible then Coinsurance	\$60 Co-pay per visit	Deductible then Coinsurance	\$50 Co-pay per visit	Deductible then Coinsurance
Pregnancy Care	\$25 Co-pay	Deductible then Coinsurance	\$30 Co-pay	Deductible then Coinsurance	\$25 Co-pay	Deductible then Coinsurance
Mental & Nervous/Alcohol & Drug	\$25 Co-pay per visit	Deductible then Coinsurance	\$30 Co-pay per visit	Deductible then Coinsurance	\$25 Co-pay per visit	Deductible then Coinsurance
Urgent Care	\$50 Co-pay per visit	Deductible then Coinsurance	\$60 Co-pay per visit	Deductible then Coinsurance	\$50 Co-pay per visit	Deductible then Coinsurance
Lab & Low Tech Imaging	Fully Covered	Deductible then Coinsurance	Fully Covered	Deductible then Coinsurance	Fully Covered	Deductible then Coinsurance
High Tech Imaging (Free-standing)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Preventive and Wellness	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered
Inpatient Services						
Inpatient Hospital Admission (Co-pay is in addition to the Deductible Amount, which is not reduced by the Co-pay.)	\$400 Co-pay per Admission, Deductible then Coinsurance	Deductible then Coinsurance	\$600 Co-pay per Admission, Deductible then Coinsurance	Deductible then Coinsurance	\$400 Co-pay per Admission, Deductible then Coinsurance	Deductible then Coinsurance
Inpatient Professional Services	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Outpatient Services						
Emergency Room (Waived if admitted)	85% / 15% Deductible then Coinsurance		80% / 20% Deductible then Coinsurance		85% / 15% Deductible then Coinsurance	
Outpatient Facility	\$50 Co-pay per visit; then Coinsurance	Deductible then Coinsurance	\$100 Co-pay per visit; then Coinsurance	Deductible then Coinsurance	\$50 Co-pay per visit; then Coinsurance	Deductible then Coinsurance
Outpatient Professional	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Lab and Low & High Tech Imaging	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance

Continue to next page.

	2020 Community Blue Select Network		2020 Core HMO/POS		2020 Buy Up HMO/POS	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Other Covered Services						
Ambulance (Medically necessary)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Prosthetics & Orthotics	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Physical, Speech & Occupational Therapy	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Durable Medical Equipment	Deductible then 80% / 20% Coinsurance	Deductible then Coinsurance	Deductible then 80% / 20% Coinsurance	Deductible then Coinsurance	Deductible then 80% / 20% Coinsurance	Deductible then Coinsurance
Skilled Nursing Facility*** (60 days per benefit period)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Home Health Care Services*** (75 visits per benefit period)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Hospice Care Services*** (180 days lifetime max.)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Organ & Tissue Transplant****	Deductible then Coinsurance	Not Covered	Deductible then Coinsurance	Not Covered	Deductible then Coinsurance	Not Covered
Vision Care Exam; 1 exam in a 24-month period (Optometrist only)	\$25 Co-pay per visit	\$25 Co-pay per visit	\$25 Co-pay per visit	\$35 Co-pay per visit	\$30 Co-pay per visit	\$30 Co-pay per visit

*All in-network medical and copayments and coinsurance apply to out-of-pocket max. A separate out-of-pocket max will apply for services received out-of-network.
 **Provides coverage for inpatient, outpatient and professional services subject to the same deductible and coinsurance with no dollar limit.
 ***Services that require pre-authorization (This is a partial list, please see the schedule of benefits for complete list.)
 ****Benefits for solid organ and bone marrow transplants are available only when services are rendered by a Blue Distinction Centers for Transplant (BDCT) or a Blue Cross and Blue Shield of Louisiana (BCBSLA) Preferred Provider facility, unless otherwise approved by us in writing. Services require pre-authorization.

This is only an outline. All benefits are subject to the terms and conditions of the Contract. In the case of a discrepancy, the Contract will prevail.

2020 Prescription Drug Costs: Express Scripts

The the Community Blue, Core Plan and the Buy-up Plan all 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)

	Annual Deductible \$50/person \$100/family	Rx Out-of-pocket Max \$2,500/person \$5,000/family
	Network	Out-of-Network
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/Unum	(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