

Fall 2019

MEDICARE RETIREE NEWSLETTER

East Baton Rouge Parish School System Benefits Program



Open enrollment is almost here 2020 benefits overview

Open enrollment for the East Baton Rouge Parish School System (EBRPSS) is almost here: Oct. 1–Oct. 31, 2019. Open enrollment will close at 4:30 p.m., Central time on Oct. 31, 2019. During open enrollment, 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 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 with proper documentation within 30 days, then you must wait until the next Open Enrollment Period.

For 2020, a 1095 form will be issued by Medicare for health insurance purposes.



Enroll online to
change your benefits

Visit www.EBRbenefits.com between Oct. 1–Oct. 31.

Your benefit choices for 2020

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 2020. There is nothing you need to do if you're satisfied with your current benefits. They will roll over into 2020 if no action is taken.

If you want to choose a different plan, you must sign in to www.EBRbenefits.com and make the change by 4:30 p.m., Central time on Oct. 31, 2019.

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 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: 19**55**

User ID: 123450000

PIN: **000055**

Humana®



**BlueCross BlueShield
of Louisiana**
An independent licensee of the Blue Cross
and Blue Shield Association.

Important information for retirees

Medicare

Retired participants of the EBRPSS medical plans and their covered dependent spouses, who reach age 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.

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

1. When you turn 65 or during an “Initial Coverage Enrollment Period”¹
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”

¹The Initial Coverage Election 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 you've 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

2020 retiree monthly contribution rates

Use this table to help determine which plan you want for 2020. For a comprehensive rates schedule, visit www.EBRbenefits.com.

Monthly costs	EBRPSS buy-up plan administered by BCBS	EBRPSS core plan administered by BCBS	EBRPSS community blue administered by BCBS	Humana PPO plan	Humana HMO* plan
Retiree only					
With Medicare	\$430.96	\$341.10	\$374.46	\$116.77	\$0.00
With Medicare return to work	\$190.24	\$87.10	\$119.17	N/A	N/A
Retiree and spouse					
Both with Medicare	\$732.47	\$575.57	\$636.27	\$233.54	\$0.00
With Medicare return to work	\$568.42	\$386.21	\$447.48	N/A	N/A

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

Your 2020 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.

	2020 Humana PPO		2020 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 health care	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.

	2020 BCBS buy-up plan*		2020 BCBS core plan*	
	In network	Out of network	In network	Out of network
Annual deductible	\$600/person; waived for physician office visits	\$1,800/person	\$1,000/person; waived for physician office visits	\$3,000/person
Out-of-pocket maximum per calendar year	\$5,850/person \$11,700/family	\$17,550/person \$35,100/family	\$6,900/person \$13,800/family	\$20,700/person \$41,400/family
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% after deductible	35% of semiprivate room rate after deductible	20% after deductible has been met (\$600 additional per admission copay)	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	35% 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 health care**	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	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

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

**Calendar year maximum applies. The above is a brief benefits summary and does not provide a full description nor is a guarantee of benefits. Additional plan specifics and benefit details can be found in the governing summary plan descriptions and plan documents on the EBRPSS self-service website or contacting EBRPSS.

2020 Community Blue benefit summary

	In network	Out of network
Your covered benefits		
Annual deductible	\$500/person \$0/family \$500/person within a family	\$1,500 N/A \$1,500
Out-of-pocket maximum per calendar year*	\$4,000/person \$8,000/family \$4,000/person within a family	\$12,000 \$24,000 \$12,000
Coinsurance	85%/15%	65%/35%
Office visits		
Primary care provider (PCP)	\$25 copay/visit	Deductible then coinsurance
Specialist	\$50 copay/visit	
Pregnancy care	\$25 copay	
Mental and nervous/alcohol and drug	\$25 copay/visit	
Urgent care	\$50 copay/visit	
Lab and low-tech imaging	100%	
High-tech imaging (free-standing)	Deductible then coinsurance	
Preventive and wellness	100%	100%
Inpatient services		
Inpatient hospital admission (copay is in addition to the deductible amount and the deductible amount is not reduced by the copayment)	\$400 copay/admission, deductible then coinsurance	Deductible then coinsurance
Inpatient professional services	Deductible then coinsurance	Deductible then coinsurance
Outpatient services		
Emergency room (waived if admitted)	85%/15% deductible then coinsurance	85%/15% deductible then coinsurance
Outpatient facility	\$50 copay/visit, deductible then coinsurance	Deductible then coinsurance
Outpatient professional	Deductible then coinsurance	Deductible then coinsurance
Lab and low- and high-tech imaging	Deductible then coinsurance	Deductible then coinsurance
Other covered services		
Ambulance (medically necessary)	Deductible then coinsurance	Deductible then coinsurance
Prosthetics and orthotics		
Physical, speech and occupational therapy		
Durable medical equipment		
Skilled nursing facility*** (60 days/benefit period)		
Home health care services*** (75 visits/benefit period)		
Hospice care services*** (180 days lifetime max.)		
Organ and tissue transplant****	Deductible then coinsurance	Not covered
Vision care exam (optometrist only)	\$25 copay/visit 1 exam in a 24-month period	\$50 copay/visit 1 exam in a 24-month period

*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

2020 Humana HMO and PPO prescription benefits

Annual deductible	\$50/person	
	Retail pharmacy (30-day supply)	Mail delivery (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. If you do not receive your shipment within this time frame, call **1-800-379-0092 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m.

2019 EBRPSS plan sponsored by Express Scripts® prescription benefits

The Core, Buy-Up and Community plans include the same prescription drug benefits. This year, 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	
Rx out-of-pocket maximum	\$50/person or \$100/family	
	In-network retail pharmacy (30-day supply)	In-network mail delivery (90-day supply through Express Scripts)
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 2020 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 does not 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 benefits 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 benefits 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	1-866-396-8810 (TTY: 711)	Humana.com
Blue Cross and Blue Shield of Louisiana	1-888-226-2583 (TTY: 711) 225-298-7327	www.bcbsla.com
Mail-delivery prescription		
Humana Pharmacy	1-855-297-7117	HumanaPharmacy.com/Medicare
Express Scripts (Buy-Up, Core or Community Blue plan members)	1-800-711-0917	www.express-scripts.com
Mental health and substance abuse		
LifeSynch (Humana members)	1-866-376-2901	www.lifesynch.com
Dental/vision plan		
UNUM	1-888-729-5433 225-926-2888	www.alwaysassist.com
Voluntary life insurance		
Lincoln Financial Group	1-800-423-2765	www.lincolnfinancial.com
Investments and financial planning		
VALIC	225-201-1009	www.valic.com

Humana is a Medicare Advantage PPO and HMO plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Call **1-866-396-8810 (TTY: 711)** for more information.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. 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.

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries comply with applicable Federal Civil Rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion.

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card.

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación.

繁體中文 (Chinese): 注意：注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼。

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