

Fall 2020

MEDICARE RETIREE NEWSLETTER

East Baton Rouge Parish School System Benefits Program



Open enrollment is almost here, 2021 benefits overview

Open enrollment for the East Baton Rouge Parish School System (EBRPSS) is almost here: Oct. 1–Oct. 30, 2020. Open enrollment will close at 4:30 p.m., Central time on Oct. 30, 2020. 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 2021, 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. 30.

Your benefit choices for 2021

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 2021. There is nothing you need to do if you're satisfied with your current benefits. They will roll over into 2021 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. 30, 2020.

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

2021 retiree monthly contribution rates

Use this table to help determine which plan you want for 2021. 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	\$473.56	\$374.82	\$315.31	\$116.77	\$0.00
Retiree and spouse					
Both with Medicare	\$804.88	\$632.47	\$513.46	\$233.54	\$0.00

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

Your 2021 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.

	2021 Humana PPO		2021 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.

This plan offers a narrow network of quality healthcare providers, which can be found at <https://www.bcbsla.com/learn/new-to-blue20/community-blue>

Covered benefits	2021 Community Blue Select Network	
	In-network	Out-of-network
Individual deductible	\$1,000	\$3,000
Family deductible	N/A	N/A
Per member deductible within a family	\$1,000	\$3,000
Individual out-of-pocket maximum*	\$6,900	\$20,700
Family out-of-pocket maximum*	\$13,800	\$41,400
Per member out-of-pocket maximum within a family*	\$6,900	\$20,700
Coinsurance	80% / 20%	60% / 40%
Office visits		
Primary care physician (PCP)	\$30 copay per visit	deductible then coinsurance
Specialist	\$60 copay per visit	deductible then coinsurance
Pregnancy care	\$30 copay	deductible then coinsurance
Mental & Nervous / Alcohol & Drug	\$30 copay per visit	deductible then coinsurance
Urgent care	\$60 copay per visit	deductible then coinsurance
Lab and Low-tech imaging	fully covered	deductible then coinsurance
High-tech imaging (free-standing)	deductible then coinsurance	deductible then coinsurance
Preventive and wellness	fully covered	fully covered
Inpatient services		
Inpatient hospital admission (copay is in addition to the deductible amount, which is not reduced by the copay)	\$600 copay per admission, deductible then coinsurance	deductible then coinsurance
Inpatient professional services	deductible then coinsurance	deductible then coinsurance
Outpatient services		
Emergency room	deductible then 80% / 20% coinsurance	
Outpatient facility	\$100 copay per visit; 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	deductible then coinsurance	deductible then coinsurance
Physical, speech and occupational therapy	deductible then coinsurance	deductible then coinsurance
Durable medical equipment	deductible then 80% / 20% coinsurance	deductible then coinsurance
Skilled nursing facility*** (60 days per benefit period)	deductible then coinsurance	deductible then coinsurance
Home health care services*** (75 visits per benefit period)	deductible then coinsurance	deductible then coinsurance
Hospice care services*** (180 days lifetime maximum)	deductible then coinsurance	deductible then coinsurance
Organ and tissue transplant****	deductible then coinsurance	not covered
Vision care exam; 1 exam in a 24-month period (optometrist only)	\$25 copay per visit	\$35 copay per visit

*All in-network medical copayments, deductible 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.)

2021 Core plan		2021 Buy-up plan	
In-network	Out-of-network	In-network	Out-of-network
\$1,000	\$3,000	\$600	\$1,800
N/A	N/A	N/A	N/A
\$1,000	\$3,000	\$600	\$1,800
\$6,900	\$20,700	\$5,850	\$17,550
\$13,800	\$41,400	\$11,700	\$35,100
\$6,900	\$20,700	\$5,850	\$17,550
80% / 20%	60% / 40%	85% / 15%	65% / 35%
Office visits			
\$30 copay per visit	deductible then coinsurance	\$25 copay per visit	deductible then coinsurance
\$60 copay per visit	deductible then coinsurance	\$50 copay per visit	deductible then coinsurance
\$30 copay	deductible then coinsurance	\$25 copay	deductible then coinsurance
\$30 copay per visit	deductible then coinsurance	\$25 copay per visit	deductible then coinsurance
\$60 copay per visit	deductible then coinsurance	\$50 copay per visit	deductible then coinsurance
fully covered	deductible then coinsurance	fully covered	deductible then coinsurance
deductible then coinsurance	deductible then coinsurance	deductible then coinsurance	deductible then coinsurance
fully covered	fully covered	fully covered	fully covered
Inpatient services			
\$600 copay per Admission, deductible then coinsurance	deductible then coinsurance	\$400 copay per Admission, deductible then coinsurance	deductible then coinsurance
deductible then coinsurance	deductible then coinsurance	deductible then coinsurance	deductible then coinsurance
Outpatient services			
deductible then 80% / 20% coinsurance		deductible then 85% / 15% coinsurance	
\$100 copay per visit; then coinsurance	deductible then coinsurance	\$50 copay per visit; then coinsurance	deductible then coinsurance
deductible then coinsurance	deductible then coinsurance	deductible then coinsurance	deductible then coinsurance
deductible then coinsurance	deductible then coinsurance	deductible then coinsurance	deductible then coinsurance
Other covered services			
deductible then coinsurance	deductible then coinsurance	deductible then coinsurance	deductible then coinsurance
deductible then coinsurance	deductible then coinsurance	deductible then coinsurance	deductible then coinsurance
deductible then coinsurance	deductible then coinsurance	deductible then coinsurance	deductible then coinsurance
deductible then 80% / 20% coinsurance	deductible then coinsurance	deductible then 80% / 20% coinsurance	deductible then coinsurance
deductible then coinsurance	deductible then coinsurance	deductible then coinsurance	deductible then coinsurance
deductible then coinsurance	deductible then coinsurance	deductible then coinsurance	deductible then coinsurance
deductible then coinsurance	deductible then coinsurance	deductible then coinsurance	deductible then coinsurance
deductible then coinsurance	deductible then coinsurance	deductible then coinsurance	deductible then coinsurance
deductible then coinsurance	not covered	deductible then coinsurance	not covered
\$25 copay per visit	\$35 copay per visit	\$30 copay per visit	\$30 copay per visit

****Benefits for solid organ and bone marrow transplants are available only when services are rendered by a Blue Distinction Centers for Transplant or a Blue Cross and Blue Shield of Louisiana 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.

2021 prescription drug costs

2021 Humana HMO and PPO prescription benefits

Annual deductible	\$50/person	
	Retail pharmacy (Up to a 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.

2021 EBRPSS plan sponsored by Express Scripts® prescription benefits

The Core, Buy-Up and Community plans 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.

	Separate annual deductible \$50/person, \$100/family		Separate Rx out-of-pocket max \$1,000/person, \$2,000/family	
	In-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 and Self-injectables	\$45		70% (after deductible)	
Mail Order (90-day supply)				
Generic	\$25		N/A	
Preferred brand	\$65		N/A	
Non-preferred brand and Self-injectables	\$100		N/A	

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 provider 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, nurse practitioners, physician assistants, hospitals, urgent care clinics, allied health clinics and allied health professionals.

Specialist – A provider 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. Central time (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 this Humana plan depends on contract renewal. Call **1-800-733-9064 (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, gender identity, ancestry, marital status 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。