

2018-2019 ANNUAL BENEFITS ENROLLMENT GUIDE



CITY OF BAKER SCHOOL SYSTEM

IMPORTANT HEALTH CARE REFORM NOTICES

PLEASE READ

EXTENSION OF DEPENDENT COVERAGE TO AGE 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the medical plan. Individuals may request enrollment for such children for 30 days from the date of this notice. Enrollment will be effective **September 1, 2018**. For more information contact your Benefits Administrator.

HEALTH CARE REFORM MODEL NOTICE

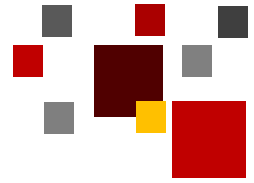
Please be advised that City of Baker School System is in compliance with the Affordable Care Act (ACA) whereby Employers who offer medical coverage to full-time eligible employees must maintain a benefit plan that is both affordable and adequate, as defined by the Affordable Care Act. Therefore, employees who decide to enroll in medical benefits offered through the "Marketplace" may NOT BE ELIGIBLE for a government subsidy. Please see your Human Resources / Benefits Department for additional information.



The terms "you" and "your" as used in this Annual Enrollment Overview refer to an employee of City of Baker School System who meets all the eligibility and participation requirements under the City of Baker School System Medical Plan (the "Plan"). Receipt of this document does not guarantee that the recipient is a participant under the Plan and/or otherwise eligible for benefits under the Plan.

City of Baker School System reserves the right to make changes or to terminate any benefit plan or plans at any time, without prior notice to or consent from any employee or participant. If there is any inconsistency between this document and the official plan documents and contracts, the official plan documents and contracts will control.

The information contained in this Annual Enrollment Overview may have been supplied by third parties. Although BancorpSouth Insurance has no reason to doubt the accuracy of information used to prepare this document, we make no representation and give no warranty as to the accuracy, currency or completeness of any information contained in this document or its relevance to the recipient.



Your Benefit Plan Options

The following plans renew **September 1, 2018**

- Medical—3 plan options available — **No increase in premium; No benefit changes*
- Voluntary Dental— ** No increase in premium; No benefit changes*
- Voluntary Vision— **No increase in premium; No benefit changes*

Premium Conversion Plan (Section 125)

The Internal Revenue Service will allow you to pay for health, dental, and vision insurance premiums before taxes, thus resulting in a TAX SAVINGS for you!

You may elect to participate at your initial enrollment or during Annual Enrollment each year. However, mid-year changes, additions or voluntary cancellations are limited to Qualifying Event. Please contact the Benefits Department within 30 days of event for details.

Other Benefits

- **Group Basic Life, Voluntary Employee, Spouse / Dependent Life Insurance coverage available through Allstate.**

For details contact:

ALLSTATE—Duane Jordan (225) 775-9834

- **Stroke, Heart Attack, Intensive Care, Short Term Disability and Long Term Disability coverage available through AFLAC and COLONIAL. For details contact:**

AFLAC—Michelle Veal (225) 241-6690

COLONIAL—Calvin Dees (225) 281-6726

Changes throughout the year

After your initial enrollment period, during the year, you may request changes ONLY when there is a Family Status Change, and the proposed change is consistent with the Family Status Change event. Family Status Changes include:

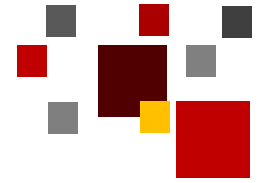
- Change in legal marital status (e.g., marriage or divorce);
- Change in the number of dependents (e.g., birth, adoption or placement for adoption, death);
- Change in employment status or residency of the employee, spouse or dependent that affects eligibility;
- Change in coverage under another employer's plan.

Changes, additions or voluntary cancellations generally cannot be made during the plan year unless the employee experiences a Family Status Change. Otherwise, the employee must wait until the annual enrollment period to change or cancel an election.

You must notify HR/Benefits within 30 days of the change .



IMPORTANT INFORMATION



MAKING COVERAGE CHANGES FOR 2018 ?

Are you making changes to your 2018-19 benefits or dependent coverage? If so, you must complete the online enrollment process. Please follow the Enrollment Instructions on Page 13 to create a username, password, and enroll.

NOT MAKING ANY CHANGES? It is mandatory for all employees to create a user account in Employee Navigator, review benefit elections, and confirm elections for 2018-2019. If you don't confirm your elections in the system, your current elections will not carryover for 2018-2019. You won't be able to enroll or make revisions again until next year's Open Enrollment.

DEADLINE TO ENROLL IS MONDAY, AUGUST 13, 2018.

Attention Retirees

When you become covered by Medicare, please provide a copy of your Medicare card with the effective date to the Benefits Department. You may be eligible for a premium reduction.

Deadline to submit online enrollment:

Monday, August 13, 2018

Medical Insurance



City of Baker School System offers eligible employees three health plan options through **Blue Cross Blue Shield of Louisiana**. Please review each plan design carefully and the payroll deductions assigned to each plan BEFORE making your coverage

Benefits	Blue Saver HDHP	*Community Blue	Premier Blue POS
	In-Network / Out-of-Network Benefit	In-Network / Out-of-Network Benefit	In-Network / Out-of-Network Benefit
Deductible (Calendar Year)			
Individual	\$2,500 / \$5,000	\$1,000 / \$2,000	\$1,000 / \$2,000
Family	\$5,000 / \$10,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Coinsurance (after ded.)	80% / 60%	80% / 60%	80% / 60%
Out-of-Pocket Maximum			
Individual	\$3,350 / \$6,700	\$4,750 / \$9,500	\$4,750 / \$9,500
Family	\$6,700 / \$13,400	\$9,500 / \$19,000	\$9,500 / \$19,000
Primary Care Office Visit	80% / 60%	\$40 / 60%	\$35 / 60%
Specialist Office Visit	80% / 60%	\$55 / 60%	\$50 / 60%
BlueCare Visits (See Page 8 - 9)	\$39 copay (for minor conditions or in place of Urgent Care)	Not Available	\$39 copay (for minor conditions or in place of Urgent Care)
Inpatient Hospitalization	80% / 60%	80% / 60%	80% / 60%
Outpatient Facility	80% / 60%	80% / 60%	80% / 60%
Preventive/Wellness	100% / 60%	100% / 60%	100% / 60%
Emergency Room (Ded applies)	80% / 80%	\$350 / \$350	\$350 / \$350
Urgent Care Facility	80% / 60%	\$55 / 60%	\$50 / 60%
Prescription Drugs			
Deductible	<i>Deductible applies</i>		
Tier 1	Generic – 80% / NA	\$15 / NA	\$15 / NA
Tier 2	Brand – 60% / NA	\$40 / NA	\$40 / NA
Tier 3		\$70 / NA	\$70 / NA
Tier 4		10% spec w \$100 max / NA	10% spec w \$100 max / NA
NOTES: BlueCare Visits (See pages 8 & 9)	Blue Cross Blue Shield National Network	*Limited Network Check BCBS website for Limited Provider List (Not recommended for employees living outside the greater Baton Rouge area)	Blue Cross Blue Shield National Network

Medical Insurance Cost



Below are the payroll deductions for each health plan being offered effective September 1, 2018. **No Change in Medical Premiums for 2018-2019**

Election	<u>Blue Saver HDHP</u>	<u>Community Blue</u>	<u>Premier Blue POS</u>
	EMPLOYEE Payroll Deduction (24 paychecks)	EMPLOYEE Payroll Deduction (24 paychecks)	EMPLOYEE Payroll Deduction (24 paychecks)
Employee Only	\$35.16	\$48.08	\$91.10
Employee/Spouse	\$152.34	\$178.18	\$264.23
Employee/Children	\$134.75	\$158.65	\$238.22
Family	\$251.92	\$288.74	\$411.34



DEADLINE TO ENROLL—MONDAY, AUGUST 13, 2018

BlueCare

*The doctor will see you
anywhere, anytime!*

BlueCare lets you have doctor visits online, without taking time off from work or school.

BlueCare is:

- 24/7 - no appointment needed
- Open to you and any dependents (children, spouse, etc.) covered on your plan
- Faster than going to an ER or urgent care clinic
- Available on a computer, tablet, smartphone or any device with internet and a camera
- Secure and works like an in-person visit



BlueCare mobile app is available for download on Android and iPhone! On your first visit, create a member account and log-in that you will use each time you use BlueCare.



www.BlueCareLA.com



BlueCare

The doctor will see you
anywhere, anytime!



BlueCare costs less than going to the ER or urgent care clinic, and is a good way to treat minor health conditions like:

- Sinus infections
- Cough or cold
- Rashes
- Allergies
- Bladder infections
- Pink eye
- Mild stomach bugs (throwing up, diarrhea)

You can also use BlueCare to get a prescription or to check in with a doctor if you need a follow-up visit.

How it works:

- Visit www.BlueCareLa.com or download the BlueCare mobile app on your iPhone or Android device.
- On your first visit, create a member account. Log in to that account each time you use BlueCare.
- Select a physician and connect. All physicians are U.S. trained and board certified.
- You should plan to pay \$39 at the time of your BlueCare visit. Depending on your plan type and benefits, you may get a refund from Blue Cross later.

Some restrictions apply. As with any medical service, follow the doctor's advice. If the BlueCare doctor tells you that you should go to a clinic, hospital, or be treated in person, you should do so. Powered by American Well. American Well is a vendor that provides the BlueCare telemedicine platform for Blue Cross and Blue Shield of Louisiana and its subsidiaries.

www.BlueCareLa.com



About Blue Cross and Blue Shield of Louisiana

Founded in New Orleans in 1934, Blue Cross and Blue Shield of Louisiana is the state's oldest domestic health insurer, serving 1.5 million members. Blue Cross is a private, fully taxed nonprofit company, mutually owned by our policyholders—not shareholders.

Headquartered in Baton Rouge, we have more than 2,300 employees and eight regional offices.

With our subsidiaries, HMO Louisiana and Southern National Life, we provide group and individual health insurance plans, life and disability insurance, group voluntary products and administrative services to one out of four Louisiana residents.

We are dedicated to transforming the healthcare industry in Louisiana into one that delivers high-quality health outcomes for our customers with top-notch service at more affordable costs.



Customer Service



1-800-495-BLUE (2583)



www.bcbsla.com
For help online 24 hours a day



5525 Reitz Ave.
Baton Rouge, La 70809



We have eight regional offices around the state. Find us at any of the following locations.

Alexandria | 318-448-1660
4508 Coliseum Blvd., Suite A, Alexandria, La 71303

Baton Rouge | 225-295-2556
5525 Reitz Ave., Baton Rouge, La 70809

Houma | 985-223-3499
1437 St. Charles St., Suite 135, Houma, La 70360

Lafayette | 337-232-7527
5501 Johnston St., Suite 200, Lafayette, La 70503

Lake Charles | 337-562-0595
219 West Prien Lake Rd., Lake Charles, La 70601

Monroe | 318-323-1479
2360 Tower Dr., Suite 102, Monroe, La 71201

New Orleans | 504-832-5800
3501 North Causeway Blvd., Suite 600, Metairie, La 70002

Shreveport | 318-795-0573
411 Ashley Ridge Blvd., Shreveport, La 71106

In Health: Blue Health Services

Helping you manage today for a healthier tomorrow

At Blue Cross and Blue Shield of Louisiana, we want you to get the most out of your healthcare benefits. That's why we offer you many ways to manage your coverage and improve your health. Just one example is our Disease Management program.

If you have a chronic health condition, our state-of-the-art Disease Management program offers you personal and confidential support and attention. We help empower you to manage your condition yourself so you can spend more time doing the things you enjoy.



What Is Disease Management?

Disease Management helps improve your health and well-being if you are living with chronic conditions such as diabetes, asthma, COPD and heart disease. With this multidisciplinary system of coordinated care, health professionals from different specialty areas work together as a team to teach you self-care skills. Designed to support the physician-patient relationship, the program follows your doctor's prescribed plan of care.

In our Disease Management program, we work with members like you to slow down the progress of your disease and decrease problems. We help you learn to take control of your condition through support, information and care coordination.

How Can You Join the Program?

If you are a Blue Cross and Blue Shield of Louisiana member, simply call our toll-free number and speak with one of our Health Services Specialists who can get you started.

We will assign you to a personal Blue Cross nurse who will ask you a series of questions to assess your individual healthcare needs. Once that assessment is complete, together you and your Blue Cross nurse can plan to improve and maintain your overall health.

What Is a Disease Manager?

If you're in the Disease Management program, a Disease Manager will serve as your health coach. Our Disease Managers are Blue Cross nurses who:

- Give you individual support and attention,
- Help you set healthcare goals,
- Assist with coordinating your care,
- Serve as your advocate and advisor,
- Give you important health information,
- Help you find qualified physicians, and
- Reduce the barriers to good health outcomes.

Give us a call, we're here to help!

DISEASE MANAGEMENT: (800) 317-2299



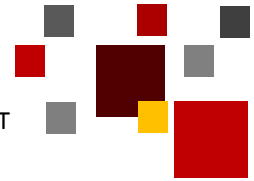
**BlueCross BlueShield
of Louisiana**

A Louisiana Corporation of Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana Incorporated as Louisiana Health Service & Indemnity Company

Disease Management is just one of the many ways that Blue Cross and Blue Shield of Louisiana works to help you improve your health. To learn more, go to www.bcbsla.com and click on *My Health*.

Voluntary Dental Insurance



City of Baker School System offers voluntary dental insurance through **Delta Dental**. To receive the HIGHEST level of coverage, you are encouraged to use a Delta Dental Participating Provider (either a **PPO dentist** or a **Premier dentist**). Please see additional information below. **No Change in Dental Premium for 2018-2019**

Benefits	Benefit Description
Deductible (per Calendar Year) Applies to basic and major services only	\$50 per person \$150 per family
Preventive Services Exams, cleanings, x-rays, fluoride treatments for children under 19 (No Waiting Periods)	100% coverage
Basic Services Simple restorative, fillings, extractions, denture repair, sealants, general anesthesia (No Waiting Periods)	80% coverage after deductible
Major Services Crowns, endodontics, periodontics, dentures, and bridges (No Waiting Periods)	50% coverage after deductible
Orthodontic Services (To Age 21) \$1,000 Lifetime Maximum (No Waiting Periods)	50% coverage after deductible
Annual Maximum	\$1,500 per year for each member.

Additional Information

- Two Dental Provider Networks available:
PPO or PREMIER Provider Networks
- PPO Providers**—offer the deepest discounts, reducing your out-of-pocket expenses
- Premier Providers**—also offer discounts, may have a little more out-of-pocket expense than when using PPO Providers
- No Balance Billing from PPO or PREMIER Network Providers
- Coverage is available when using Non-Network Providers. The employee is responsible for all charges in excess of Delta Dental’s reimbursement to the Non-Network Provider.

www.deltadentalins.com



Election	Total Monthly Premium	Employee Payroll Deduction (24 pay periods)
Employee Only	\$27.72	\$13.86
Employee + 1	\$52.92	\$26.46
Employee + 2 or more	\$92.23	\$46.12

Voluntary Vision Insurance

City of Baker School System offers voluntary vision insurance through **Ameritas**. To receive the highest level of benefits, you will want to use a VSP Participating Provider. [See the Ameritas Summary of benefits online for more details.](#)

No Change in Vision Premiums for 2018-2019

Service	VSP Network	Out-of-Network
Deductible	\$20 exam \$20 Eye Glass Lenses or Frames	\$20 exam
Annual Vision Exam	Covered in Full	Up to \$47.00
Frame	\$105	Up to \$45.00
Single Vision Lenses	Covered in Full	Up to \$48.00 per pair
Bifocal Lenses	Covered in Full	Up to \$69.00 per pair
Trifocal Lenses	Covered in Full	Up to \$85.00 per pair
Lenticular Lenses	Covered in Full	Up to \$125.00 per pair
Contact Lenses – Necessary	Covered in Full	Up to \$210.00
Contact Lenses – Elective	Up to \$105.00	Up to \$105.00

Additional Information

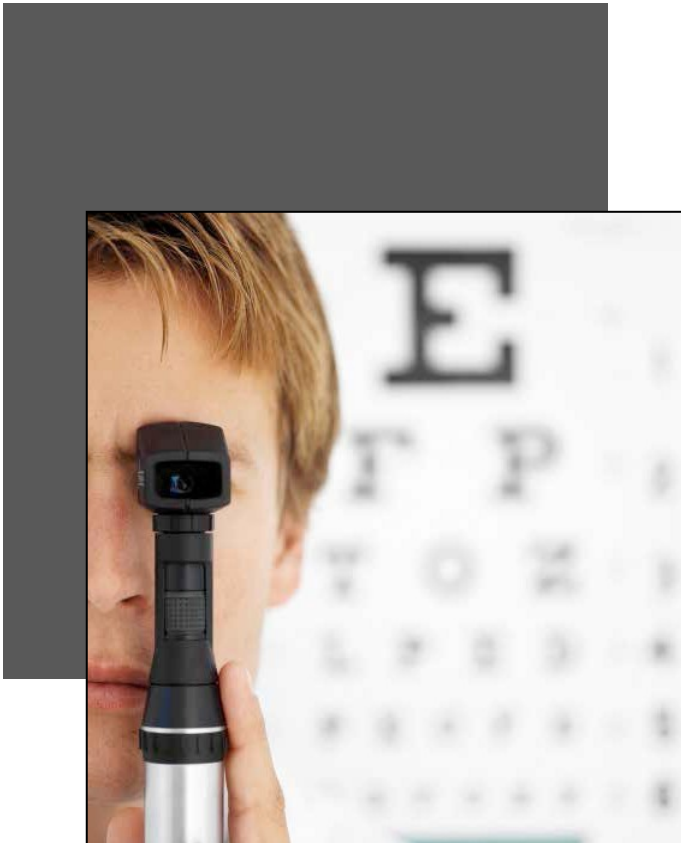
The Insured will be responsible for the cost of frames exceeding the cost agreed to by the Participating Provider and the Company.

The Exam and Contact Lens are covered once every 12 months.

The Exam and Frames are covered once every 24 months.

The patient pays the remainder of the cost over the amounts displayed in the above chart.

www.ameritasgroup.com



Election	Total Monthly Premium	Employee Payroll Deduction (24 pay periods)
Employee Only	\$9.28	\$4.64
Employee + 1	\$16.76	\$8.38
Employee + 2 or more	\$23.40	\$11.70

Important **Benefit Enrollment Process**

The Employee Benefits enrollment will cover the extensive benefits package that the City of Baker School System offers eligible employees; including medical/dental/vision insurance.

STEP 1: Please click the following link to create an account as an employee:
<https://www.employeenavigator.com/benefits/Account/Register>

STEP 2: You will be asked for personal identifying data as well as the following company identifier: **Baker-Schools**

Create Your Account

First, let's find your company record

First Name

Last Name

Company Identifier
(provided by HR)

PIN
(Last 4 Digits of SSN / ID)

Birth Date
(mm/dd/yyyy)

Next >

Create Your Account

Welcome, Maryann

Your account is almost ready -- just set up a username and password

Username
(company email is recommended)

Password
(minimum length of 6, number and symbol required)

show it

Last 4 Digits of SSN
(just to be sure)

I agree with the terms of use

Register >

STEP 3: Write down the Username and Password you created for future reference.

STEP 4: You are ready to make your benefit elections! Please select the ‘**Start Benefits**’ button. The system will guide you through the process when you select ‘**Save & Continue**’ on every screen. Note: If you are covering a Spouse &/or Child please have their Full Name, DOB and SSN available.

STEP 5: Click the **Green** “Agree” button at the end to complete the Enrollment process.

Once you have created your account, use the following link anytime to finish or view your benefit elections. <https://www.employeenavigator.com/benefits/Login.aspx>

Remember: Annual Enrollment must be completed by **August 13, 2018** or your current benefit elections will not carryover. You won't be able to enroll yourself and/or your eligible dependents again until our next open enrollment, or a qualifying event occurs.

Note: If you experience a Qualifying Event such as Marriage, Divorce, Birth/Adoption of a Child or Loss of coverage and need to make changes to your coverage, you **MUST** contact Portia Decuir within 30 days of the event.

Carrier Contact Information

Medical Carrier

Blue Cross Blue Shield of Louisiana 1-800-599-2583 www.bcbsla.com

Voluntary Dental

Delta Dental 1-800-521-2651 www.deltadentalins.com

Voluntary Vision

Ameritas 1-800-745-1112 www.ameritasgroup.com

Group Life / AD&D

ALLSTATE 225-775-9834 Duane Jordan

Short Term Disability, Long Term Disability, Intensive Care, Stroke, Heart Attack

AFLAC 225-241-6690 Michelle Veal

COLONIAL 225-281-6726 Calvin Dees

City of Baker School System

Benefits Department 225-778-2485 FAX 225-774-5797

BXS Insurance Services

Kayli Blanchard 225-336-3274 Kayli.blanchard@bxsi.com

IMPORTANT NOTICES- PLEASE READ

LIFETIME LIMIT NO LONGER APPLIES AND ENROLLMENT OPPORTUNITY

The lifetime limit on the dollar value of benefits under the medical plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of the notice to request enrollment. For more information contact your Benefits Administrator.

PATIENT PROTECTION

Blue Cross Blue Shield of Louisiana generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact **Blue Cross Blue Shield** at 800-599-2583.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from **Blue Cross Blue Shield of Louisiana** or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professions who specialize in obstetrics or gynecology, contact **Blue Cross Blue Shield** at 800-599-2583 or www.bcbsla.com

NOTICE ABOUT SPECIAL ENROLLMENT RIGHTS

A federal law called the Health Insurance Portability and Accountability Act (HIPAA) requires that we provide you this notice explaining your group health plan's procedures for your special enrollment rights.

Your Special Enrollment Rights- If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Please refer to the Summary Plan Description or contact your Benefits Administrator with any questions.

MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. For Louisiana, go to <http://bhsfweb.dhh.louisiana.gov/LaCHIP> or call 1-877-252-2447. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

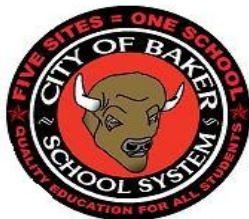
Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individual receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles, coinsurance, and co-payments (if any) applicable to other medical and surgical benefits provided under this plan. Information on the plans specific deductible, coinsurance, or co-payment amounts is found in the Schedule of Benefits document that is issued with your health benefit booklet.



The information in this Annual Enrollment Overview is presented for illustrative purposes. The text contained in this Overview was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Overview and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Overview, contact the Human Resources Department.

