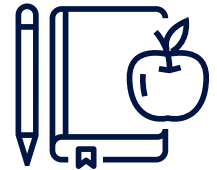


2023 BENEFIT GUIDE





ANNUAL ENROLLMENT PERIOD

Open Enrollment is coming October 3 - 31, 2022.

Healthy employees are the heart of a great organization, and we appreciate our employees' contributions to our success. It is our privilege to offer you the wide range of valuable health and wellness benefits within this guide, including affordable options for everything from medical, prescription drug and dental plans to life insurance and disability benefits. This is your once-a-year opportunity to review all of the benefit offerings and enroll in plans that best fit you and your family's needs. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

East Baton Rouge Parish School System is proud to offer the following comprehensive benefits package to all full-time employees. The complete benefits package is briefly summarized in this booklet.

You share the costs of some benefits (medical), and East Baton Rouge Parish School System provides other benefits at no cost to you (life, accidental death & dismemberment (AD&D). In addition, there are voluntary (employee-paid) benefits with reasonable group rates that you can purchase through payroll deductions (dental, vision, supplemental life insurance, disability, accident and critical illness coverage).



HOW TO ENROLL

Meet with a Benefit Counselor

Gallagher Enrollment Solutions Benefit Counselors, independent benefits experts, will be available to help educate you about the benefits for 2023 and gain a better understanding of your benefits options. Sign up for a one-on-one enrollment session with a Benefit Counselor through the Enrollment Call Center at:

www.myenrollmentschedule.com/EBRSS



OR scan with your phone's camera app

Self Service

- Visit <https://metlife.benselect.com/berpss> between Oct. 3 - 31, 2022. Open Enrollment will close at 4:30 pm on Oct. 31.
- Your 2022 benefits will roll over for 2023, except for Flexible Spending Account elections.

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 digits of your Social Security Number, along with the last two digits of your birth year.

Example: SSN: 123-45-0000 **Birth Year:** 1955
User ID: 123450000 **PIN:** 000055



ELIGIBILITY AND PARTICIPATION

Any regular, full-time employee working a minimum of 25 hours per week is eligible for the benefits mentioned in this guide. You are eligible for East Baton Rouge Parish School System's health plan upon date of hire. All other benefits are effective the first of the month following 30 days of continuous full-time employment.

Eligible Dependents

Dependents include: your spouse, children under the age of 26, and disabled dependents of any age. Certain documentation must be provided to EBRPSS before dependents can be added to your health plan. An audit of current and newly enrolled dependents will be conducted to validate that dependents meet the eligibility criteria. ***IMPORTANT:** You must provide copies of the required verification documents. Please look for future communications on how to submit your documentation.

- Documentation required for spouses (two pieces of documentation will be required):
 - Marriage Certificate
 - Federal Tax Return (1040), current filing period
 - IRS Transcript, current filing period
- Documentation required for children (two pieces 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.

*Those who participated in the dependent verification in 2013 will not need to go through the process again if you've not experienced additional changes.

Qualifying Life Events

By law, elections made now will remain in effect until the next open enrollment period unless you or your family members experience a qualifying life event. If you experience one of these qualifying events, you must contact your group leader within 30 days.

- Marriage
- Divorce
- Death of a spouse or dependent
- Loss or gain of dependent's eligibility
- Loss or gain of a spouse's/dependents medical or dental coverage through another employer
- Birth
- Adoption

CONTENTS

REMINDERS

- 2 How to Enroll
- 3 Eligibility
- 4 Glossary of Terms

MEDICAL

- 5 Medical
- 6 Pharmacy
- 7 Medical Rates
- 8 FSA

DENTAL

- 9 Dental Plan and Rates

VISION

- 10 Vision Plan and Rates

LIFE, AD&D AND DISABILITY

- 11 Basic Life and AD&D
- 11 Voluntary Life
- 12 Short Term Disability Insurance
- 12 Long Term Disability Insurance

EAP

- 13 Employee Assistance Program

VOLUNTARY PLANS

- 14 Whole Life
- 15 Accident Insurance
- 16 Critical Illness and Cancer Insurance
- 17 Hospital Indemnity Insurance

OTHER INFORMATION

- 18 PartnerCare Plus
- 19 Notes
- 20 Resources
- 21 Annual Notices

Glossary of Common Terms



Copayment (Copay) - A fixed amount (for example, \$30) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service. In-network co-payments usually are less than out-of-network co-payments.

Deductible - The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you've met that amount for covered health care services subject to the deductible.

Co-insurance - Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount. In-network co-insurance usually costs you less than out-of-network co-insurance.

Out-of-Pocket Limit - The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

Explanation of Benefits (EOB) - Health insurers send an Explanation of Benefits, or EOB, to their covered members after they or other family members receive healthcare services. The EOB is one way that insurers can help patients manage their healthcare, and a way for patients to help their insurer verify services and control costs. Patients should carefully read and review the EOB because it provides a list of services that the medical provider or supplier claims to have provided to the patient. Simple errors can often be corrected by contacting the provider and/or health insurer's customer service department. However, if the EOB contains inaccuracies or discrepancies that cause a patient to question whether an honest claim for payment has been submitted, patients should contact their health insurer's anti-fraud department to report this information.

Balance Billing - When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider cannot balance bill you for covered services. This is why it is important to see an in-network doctor.

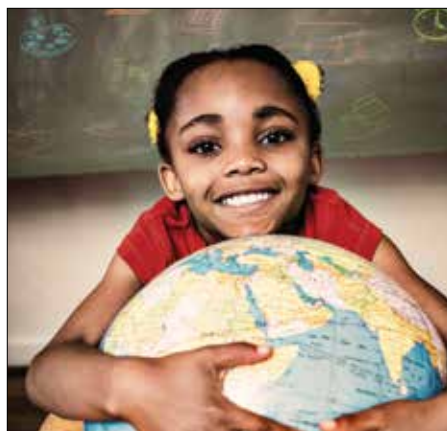


Medical



Medical insurance represents the largest component of the East Baton Rouge Parish School System benefits program. If you want to enroll in the medical and prescription plan, you can choose from three medical plans administered by BlueCross BlueShield of Louisiana (BCBSLA) - two traditional HMO/POS plans and one with a smaller network of providers. The chart below shows the amount you will pay for the medical services listed. To find a network provider associated with your benefit choice visit www.bcbsla.com/find-a-doctor/louisiana-medical

Plan Choices	Community Blue Select Network	CORE HMO/POS	BUY-UP HMO/POS
	In-Network Benefits	In-Network Benefits	In-Network Benefits
Annual Deductible			
Individual	\$1,000	\$1,000	\$600
Family (per member)	\$1,000	\$1,000	\$600
Annual Out-of-Pocket Max			
Individual	\$6,900	\$6,900	\$5,850
Family	\$13,800	\$13,800	\$11,700
Per Member in a family	\$6,900	\$6,900	\$5,850
Office Visits			
Primary Care (PCP)	\$30 Copay	\$30 Copay	\$25 Copay
Specialist	\$60 Copay	\$60 Copay	\$50 Copay
Pregnancy	\$30 Copay	\$30 Copay	\$25 Copay
Mental & Nervous/Alcohol & Drug	\$30 Copay	\$30 Copay	\$25 Copay
Urgent Care	\$60 Copay	\$60 Copay	\$50 Copay
Lab & Low Tech Imaging	Fully Covered	Fully Covered	Fully Covered
High Tech Imaging (Free Standing)	20% after Deductible	20% after Deductible	15% after Deductible
Preventive & Wellness	Fully Covered	Fully Covered	Fully Covered
Outpatient Services			
Emergency Room	20% after deductible	20% after deductible	15% after deductible
Outpatient Facility	\$100 Copay, then 20%	\$100 Copay, then 20%	\$50 Copay, then 15%
Outpatient Professional Services	20% after deductible	20% after deductible	15% after deductible
Lab & Low/High Tech Imaging	20% after deductible	20% after deductible	15% after deductible
Inpatient Services			
Inpatient Hospital Admission (Copay in addition to the deductible amount)	\$600 Copay per Admission, then 20% after deductible	\$600 Copay per Admission, then 20% after deductible	\$400 Copay per Admission, then 15% after deductible
Inpatient Professional Services	20% after deductible	20% after deductible	15% after deductible





HOW DO I KNOW WHICH PLAN IS RIGHT FOR ME?

Community Blue Select	CORE HMO/POS	BUY-UP HMO/POS
<p>By choosing the Community Blue Select Plan, you'll obtain coordinated, focused care with preferred in-network access to the Baton Rouge Clinic, Baton Rouge General Physicians Group, Baton Rouge General Medical Center and its providers/facilities. You still have out-of-network coverage, but at lower benefits levels. Your deductibles and out-of-pocket amounts in this plan are the same as the Core plan, but higher than the Buy-up plan.</p> <p>Go to www.bcbsla.com/community-blue to view participating providers in the preferred network.</p> <p>This option may be right for you and your family if:</p> <ul style="list-style-type: none"> You want a one-stop shop for cost-effective healthcare You prefer to pay the lowest premiums available for the same level of plan benefits as the Core Plan, but use a smaller-sized, preferred network of quality health providers through the Baton Rouge General System 	<p>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.</p> <p>This option may be right for you if:</p> <ul style="list-style-type: none"> You want lower paycheck deductions, but do not want a limited provider network You want coverage that is similar to coverage offered by most other employers You want to pay a smaller amount up front You don't mind paying a higher deductible or higher costs for medical services at the time of services being rendered You don't use your medical benefits often 	<p>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.</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

PHARMACY

The Community Blue, Core and the Buy-Up Plans all include the same prescription drug benefits administered by Express Scripts. Note: There is a separate out-of-pocket amount for your prescription coverage. The maximum out-of-pocket will include pharmacy deductibles and copayments. Mail order rates will apply after 4th fill (original + 3 refills).

	Annual Deductible \$50/person \$100/family	Rx Out-of-Pocket Max \$1,000/person \$2,000/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-injectibles	\$45	70% after deductible
Retail Pharmacy (90-day supply)		
Generic	\$25	N/A
Preferred Brand	\$65	N/A
Non-Preferred Brand + Self-injectibles	\$100	N/A



RATES

Community Blue Select Network			
Active Employees	Monthly Premium	9, 10 and 11 Month Employees Per Payroll Deduction (20 per year)	12 Month Employees Per Payroll Deduction (26 per year)
Employee Only	\$46.12	\$27.67	\$21.29
Employee + Adult	\$310.33	\$186.20	\$143.23
Employee + Child(ren)	\$234.54	\$140.72	\$108.25
Family	\$483.38	\$290.33	\$223.33
CORE HMO/POS			
Employee Only	\$95.71	\$57.43	\$44.17
Employee + Adult	\$424.39	\$254.63	\$195.87
Employee + Child(ren)	\$333.72	\$200.23	\$154.02
Family	\$662.40	\$397.44	\$305.72
BUY-UP HMO/POS			
Employee Only	\$209.05	\$125.43	\$96.48
Employee + Adult	\$624.61	\$374.77	\$288.28
Employee + Child(ren)	\$512.51	\$307.51	\$236.54
Family	\$924.34	\$554.60	\$426.62

Non-Medicare Retirees			
	Community Blue (Monthly Rate)	CORE HMO/POS (Monthly Rate)	BUY-UP HMO/POS (Monthly Rate)
Employee Only	\$191.11	\$277.05	\$458.39
Employee + Adult	\$401.77	\$599.43	\$945.74
Employee + Child(ren)	\$369.62	\$541.50	\$788.32
Family	\$535.61	\$844.99	\$1,245.46



Flexible Spending Account



You can save money on your health care and/or dependent day care expenses with a Flexible Spending Account (FSA) through HealthEquity. You set aside funds each pay period on a pre-tax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

You can contribute to your FSA through pre-tax payroll deduction up to \$2,850 per year for Healthcare/Medical spending or up to \$5,000 per year for Dependent Care spending. If you do not use the full amount by the end of the plan year, you will forfeit those dollars.

Refer to IRS Guidelines for more information on reimbursement procedures and qualified expense specifications.

QUALIFIED MEDICAL EXPENSES:

Abdominal supports	Eyeglasses fees paid to doctor	Pediatrician
Acupuncture	FICA and FUTA tax (paid for medical service)	Physician
Air conditioner (relief of allergy/breathing problems)	Fluoridation unit	Physiotherapist
Alcoholism treatment	Guide dog	Podiatrist
Ambulance	Gum treatment	Postnatal treatments
Anesthetist	Gynecologist	Practical nurse for medical services
Artificial limbs	Healing services	Prenatal care
Autoeette (used for relief of sickness/disability)	Hearing aids and batteries	Prescription medicines
Blood tests	Hospital bills	Psychiatrist
Blood transfusions	Hydrotherapy	Psychoanalyst
Braces	Insulin treatments	Psychologist
Cardiographs	Lab test Vasectomy	Psychotherapy
Chiropractor	Lead paint removal	Radium therapy
Christian Science Practitioner	Legal fees	Registered nurse
Contact lenses	Lodging (away from home outpatient care)	Splints
Convalescent home (medical treatment only)	Metabolism tests	Sterilization
Crutches	Neurologist	Special school costs for the handicapped
Dental treatment	Nursing (including board and meals)	Spinal fluid test
Dental x-rays	Obstetrician	Surgeon
Dentures	Operating room costs	Telephone or TV equipment to assist the hard of hearing
Dermatologist	Optometrist/ Optician	Therapy equipment
Diagnostic fees	Ophthalmologist	Transportation expenses (relative to health care)
Diathermy	Oral surgery	Ultraviolet ray treatment
Drug addiction therapy	Orthopedist	Vaccines
Drugs (over-the-counter, with a physician's prescription required as of 01/01/2011)	Osteopath	Vitamins (if prescribed)
Elastic hosiery (prescription)	Organ transplant (including doctor's expenses)	Wheelchair
	Orthopedic shoes	X-rays
	Oxygen and oxygen equipment	

QUALIFIED DEPENDENT CARE EXPENSES:

After school care	Elder care	Sick-child center
Au Pair/Nanny care (not transportation)	Extended day programs	Summer day camp
Babysitter (if not a spouse/dependent of the participant)	Kindergarten tuition (care only, not education)	FICA and FUTA taxes paid to a daycare provider
Day care	Nursery school/ Pre-kindergarten	
Deposits	Registration fees for care	

Dental



As a valued employee of East Baton Rouge Parish School System, you have the opportunity to enroll in one of two dental plans. This voluntary benefit is offered through MetLife.

Note: ID cards are not sent out in the mail but can be retrieved online or through the MetLife app.

	Silver Plan	Gold Plan
Annual Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Annual Maximum Benefit (Per Member)	\$1,050	\$1,750
Preventive Services Routine Exams – 2 per 12 months Cleanings – 2 per 12 months Xrays – 1 per 12 months Fluoride treatments – 1 per 12 months Sealants up to age 16)	FREE (does not apply toward deductible)	FREE (does not apply toward deductible)
Basic Services (Fillings, Simple Extractions, Emergency Treatment)	Covered at 70%	Covered at 80%
Major Services (Crowns, Periodontics, Endodontics, Oral Surgery, Bridges, Dentures)	Covered at 50%	Covered at 50%
Orthodontia	Not Covered	Covered at 50% (\$1,000 lifetime benefit) – Children to Age 19

RATES

	Monthly Premium	9, 10 and 11 Month Employees Per Payroll Deduction (20 per year)	12 Month Employees Per Payroll Deduction (26 per year)
Silver Plan			
Employee	\$17.80	\$10.68	\$8.22
Employee + Spouse	\$37.25	\$22.35	\$17.19
Employee + Child(ren)	\$40.72	\$24.43	\$18.79
Family	\$57.81	\$34.69	\$26.68
Gold Plan			
Employee	\$24.66	\$14.80	\$11.38
Employee + Spouse	\$51.62	\$30.97	\$23.82
Employee + Child(ren)	\$56.42	\$33.85	\$26.04
Family	\$80.10	\$48.06	\$36.97

Vision



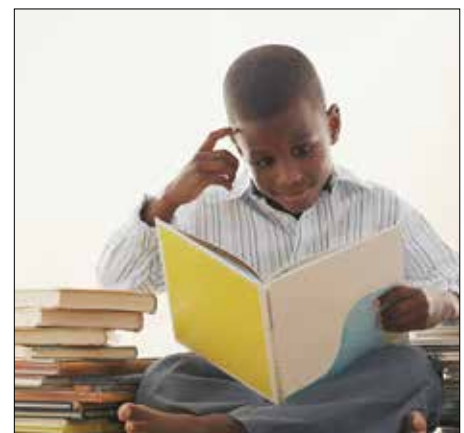
East Baton Rouge Parish School System offers voluntary vision insurance through MetLife. Did you know that many people first learn they have serious health conditions such as diabetes, high blood pressure, high cholesterol and even cancer from — yes, you guessed it — a routine eye exam. Our eyes have been called "the window to our soul." It turns out, they also are often a very effective window to our overall health.

Note: ID cards are not sent out in the mail but can be retrieved online or through the MetLife app.

Benefit	In-Network	Out-of-Network
Exam (Every 12 months)	\$10 Copay	Reimbursed up to \$30
Frames (Every 12 months)	\$120 allowance (\$94 allowance at Costco, Walmart or Sam's Club)	Reimbursed up to \$40
Lenses (Every 12 months) Single Vision Bifocal Trifocal Lenticular	\$15 Copay (waived at Walmart Vision Centers) (Lenses and frames)	Reimbursed up to \$25 Reimbursed up to \$40 Reimbursed up to \$50 Reimbursed up to \$50
Contact Lenses (Every 12 months)	\$130 retail allowance (In lieu of frames and lenses)	Reimbursed up to \$210

RATES

	Monthly Premium	9, 10 and 11 Month Employees Per Payroll Deduction (20 per year)	12 Month Employees Per Payroll Deduction (26 per year)
Employee	\$5.62	\$3.37	\$2.59
Employee + Spouse	\$12.01	\$7.21	\$5.54
Employee + Child(ren)	\$9.05	\$5.43	\$4.18
Family	\$16.49	\$9.89	\$7.61





EMPLOYER PAID BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

East Baton Rouge Parish School System provides full-time employees and retirees with Basic Term Life and Accidental Death & Dismemberment (AD&D) insurance with Aflac, and pays the full cost of this benefit. This benefit amount is equal to 1.5 times your annual salary. Participants hired on or after July 1, 2002 have a maximum coverage amount of \$50,000. Once a participant reaches age 70, the benefit reduces to \$7,500.

Please remember to update your beneficiary paperwork on an annual basis or at the time of a major life change. By keeping your beneficiaries up to date and accurate, you eliminate unnecessary confusion for your loved ones and ensure your assets will be distributed as you intended.

VOLUNTARY LIFE INSURANCE

Employees who want to supplement their Basic Term Life insurance benefits may purchase additional coverage with Aflac. When you enroll in this coverage, you pay the full cost through payroll deductions. You can purchase coverage on yourself, your spouse and eligible dependent children. Note: If you do not enroll in voluntary life insurance when you are initially eligible, you may have to provide proof of good health, also called Evidence of Insurability, for you and/or your dependents if you wish to elect coverage in the future.

Employee Life	
Coverage Options	Choice of \$25,000, \$50,000, \$100,000, \$150,000, \$250,000, \$500,000
Maximum Coverage Amount	\$500,000
Guaranteed Amount	\$250,000
Age Reduction/Termination	Your coverage amount will reduce to \$7,500 when you reach age 70. Benefits will terminate when you retire.
Spouse Life	
Coverage Options	Choice of \$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$100,000
Maximum Coverage Amount	Limited to 50% of Employee's Election Increments of \$10,000 to \$50,000 or \$100,000
Guaranteed Amount	\$100,000
Age Reduction/Termination	Your coverage amount will reduce by 50% when your spouse reaches age 70. Spouse coverage reduces to \$3,500 at age 70
Dependent Child(ren) Life (to age 21 or age 25, if full time student):	
Coverage Options	Choice of \$2,000, \$4,000, \$6,000, \$8,000, \$10,000 (6 months of age or older) \$250 (14 days to 6 months)

Costs for Voluntary Life Insurance are dependent upon age and benefit amount, please view costs in the online Selerix system.



East Baton Rouge Parish School System provides full-time employees with voluntary short- and long-term disability income benefits with Aflac. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. Rates are dependent on your age and salary.

SHORT TERM DISABILITY

Benefit	
Benefit Begins	Day 8
Maximum Benefits	\$1,000/week
Percentage of Income Replaced	60%
Duration	Up to 26 weeks
Funding	Voluntary

LONG TERM DISABILITY

Benefit	
Benefit Begins	Day 181
Maximum Benefits	\$10,000/month
Percentage of Income Replaced	60%
Duration	2 years for own occupation, or up to age 65
Funding	Voluntary

Costs for Disability Insurance are dependent upon age and benefit amount, please view costs in the online Selerix system.



Employee Assistance Program



The challenges you face each day can overwhelm you. Your home life, your happiness and your performance at work all can suffer. We can help. Your Employee Assistance Program (EAP) provides confidential support for those everyday challenges, and for more serious problems. It's available around the clock anytime you need it.

What Can My EAP Do for Me?

You may be struggling with stress at work, seeking financial or legal advice, or coping with the death of a loved one. Maybe you just want to strengthen your relationships with your family. Your EAP offers assistance and support for all these concerns and more:

- Depression, anxiety and stress
- Substance abuse
- Workplace problems or conflicts
- Parenting and family issues
- Childcare and eldercare referrals

From short-term counseling services and referrals to more extended care, your EAP offers just what you need.

How Does It Work?

Accessing your EAP is easy and available 24 hours a day. Simply call (866) 374-6062. A specialist will help you identify the nature of your problem and the appropriate resources to address it. If you need financial or legal services, we will refer you to an expert in that field. If you want to see a clinician, we'll match you with one in our network who has the appropriate experience to help.

Connecting Online

For 24-hour, confidential access to your EAP benefits and tools to help you enhance your work, health and life, simply visit liveandworkwell.com. You can check your benefit information and submit online requests for services, search our online directory of clinicians, access information and resources for hundreds of everyday work and life issues in one of our many virtual help centers, and participate in interactive, customizable self-improvement programs. Any member of your household may access these online services, including dependents living away from home.

How Much Will This Benefit Cost?

There's no charge for referrals, or for seeing a clinician in our network. There's no cost for initial consultation with financial or legal experts, or mediators. Subsequent legal assistance is available at a 25 percent discount. Access to liveandworkwell.com is always free. For more information, please refer to your employer-provided benefit information.

Are Services Confidential?

We'll never share your personal records with your employer or anyone else without your permission. All records, including medical information, referrals and evaluations, are kept strictly confidential in accordance with federal and state laws.

To find out more, give us a call or visit www.liveandworkwell.com and use code ebrpss.

Group Whole Life



Aflac whole life insurance is a smart investment to protect you and your family's financial freedom. The plan can help take care of your loved ones' immediate and future needs if you should pass away. Immediate needs can include burial/funeral expenses, uninsured medical costs and current bills and debts. Future needs could include income replacement, education plans, ongoing family obligations, emergency funds, and retirement expenses.

This plan also builds cash value that is paid directly to you, unless otherwise assigned. This means that your family will have added financial resources to help with ongoing living expenses.

It's insurance for daily living:

With valuable plan features such as:

- Premiums based on age at the time of application that do not increase due to change in age, health, or individual claim
- Cash value
- Waiver of premium
- Accidental death benefit
- Accelerated benefit

Employee Whole Life	
Coverage Options	Up to \$300,000
Guaranteed Amount	Up to \$100,000
Spouse Whole Life	
Coverage Options	Up to \$100,000
Guaranteed Amount	Up to \$25,000
Dependent Child(ren) Whole Life	
Coverage Options	Up to \$25,000
Guaranteed Amount	Up to \$10,000

Enroll today

Costs for Aflac whole life are dependent upon age and benefit amount selected, please view costs in the online Selerix system.



Accident



Even minor accidents can leave you with major expenses. When accidents happen, they are often followed by a number of bills. Are you prepared? Accident Expense insurance plan pays a cash benefit directly to you in addition to any other benefit or insurance you receive. Even with medical insurance, you still have to meet deductibles and pay for coinsurance. There may be additional costs due to emergency room fees, x-rays, follow-up care and other uncovered services. This plan can help you pay for these and other covered expenses. EBR Schools gives you the option of 2 accident policies.

Accidents as a result of these activities may be covered by this policy:

Football, Baseball, Basketball, Soccer, Tennis, Volleyball, Paintball, Mountain Biking, Motorcycle Riding, Cheerleading, Skateboarding, Automobile Accidents, Hunting, and Boxing

Key features to consider:

- Guarantee Issue
- No Pre-existing Condition Limitation
- Pays direct to policyholder to assist with out-of-pocket expenses
- Pays in addition to medical insurance benefits
- Organized Athletic Activity Rider included that will pay an additional 25% of the benefit amount for injuries sustained while participating in an organized athletic event.
- Coverage available for the entire family

RATES

	Monthly Premium	9, 10 and 11 Month Employees Per Payroll Deduction (20 per year)	12 Month Employees Per Payroll Deduction (26 per year)
Low Accident Plan			
Employee	\$4.44	\$2.67	\$2.05
Employee + Spouse	\$9.29	\$5.57	\$4.29
Employee + Child(ren)	\$7.13	\$4.28	\$3.29
Family	\$11.98	\$7.19	\$5.53
High Accident Plan			
Employee	\$7.98	\$4.79	\$3.68
Employee + Spouse	\$16.74	\$10.04	\$7.73
Employee + Child(ren)	\$12.47	\$7.48	\$5.76
Family	\$21.23	\$12.74	\$9.80

Critical Illness and Cancer



You may know people who have been affected by a critical illness such as cancer, stroke or heart attack, and witnessed the impact it had on their quality of life. Are you prepared if a critical illness were to happen to you? Critical Illness insurance can help you when you need it the most. It provides a valuable benefit should you or your family be faced with bills resulting from a critical illness. This benefit is in addition to your medical insurance. It helps fill the financial gaps left by deductibles, coinsurance and other out-of-pocket expenses.

Eligible Individual	Benefit Amount
Employee	\$5,000, \$10,000, \$15,000, \$20,000, \$25,000, \$30,000, \$40,000 or \$50,000
Spouse/Domestic Partner	50% of the Employee's Initial Benefit
Dependent Child(ren)	50% of the Employee's Initial Benefit

Costs for this policy are dependent upon age and benefit amount, please view costs in the online Selerix system.

Covered Conditions	Initial Benefit	Recurrence Benefit
Base Benefits		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Coronary Artery Bypass Graft (CABG) - where surgery involving a median sternotomy is performed	100% of Benefit Amount	100% of Initial Benefit
Cancer Category		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	\$250 per calendar year	
Stroke Category		
Stroke	100% of Benefit Amount	100% of Initial Benefit
Childhood Disease Category		
Cerebral Palsy, Cystic Fibrosis, Sickle Cell Anemia	50% of Benefit Amount	None
Autism Spectrum Disorder	\$3,000	
Specified Disease Category		
COVID-19	Hospitalization: 4+ days : 10% Hospitalization: 10+ days: 25% Hospitalization: Intensive Care Unit (ICU): 40%	None
Adrenal Hypofunction (Addison's Disease), Cerebrospinal Meningitis, Diphtheria, Encephalitis, Huntington's Chorea, Legionnaire's Disease, Lyme Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis	25% of Benefit Amount	None
Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	None
Major Organ Transplant Category		
Major Organ Transplant	100% of Benefit Amount	None
Progressive Disease Category		
Alzheimer's Disease	100% of Benefit Amount	None
Amyotrophic Lateral Sclerosis (ALS) & Sustained Multiple Sclerosis (MS)	25% of Benefit Amount	None

Hospital Indemnity



A hospital stay can be financially difficult, especially if money is tight and you're not prepared. Hospital Indemnity coverage will pay you in the event you or a covered family member needs to stay in the hospital. Aflac pays these benefits directly to you and you can use them however you wish — for medical bills, rent or mortgage, living expenses, etc. Hospital Indemnity can help you absorb the financial impact of a hospital stay without busting your budget. You can purchase coverage for you, your spouse, and children. EBR Schools gives you the option of 2 hospital policies.

Hospital Benefits				
Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
Admission Benefit	Once per covered sickness or accident per calendar year	Admission	\$1,000	\$2,000
Confinement Benefit	31 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement	\$100	\$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$100	\$200

RATES

	Monthly Premium	9, 10 and 11 Month Employees Per Payroll Deduction (20 per year)	12 Month Employees Per Payroll Deduction (26 per year)
Low Hospital Plan			
Employee	\$15.18	\$9.11	\$7.01
Employee + Spouse	\$28.16	\$16.90	\$13.00
Employee + Child(ren)	\$24.60	\$14.76	\$11.35
Family	\$37.58	\$22.55	\$17.34
High Hospital Plan			
Employee	\$30.36	\$18.22	\$14.01
Employee + Spouse	\$55.74	\$33.44	\$25.73
Employee + Child(ren)	\$48.40	\$29.04	\$22.34
Family	\$73.78	\$44.27	\$34.05

PartnerCare Plus



Baton Rouge General

PartnerCare Plus Preferred Healthcare Network for EBR Parish School System

We are proud to offer employees of the East Baton Rouge Parish School System convenient and high quality health-care designed to meet their unique needs. When you join PartnerCare Plus you will receive a member ID card to use any time you visit one of our care locations to identify yourself as a PartnerCare Plus member. As a member you will also have access to a dedicated phone line for priority scheduling.



Dedicated call center for EBRPSS team members (225) 819-1091



Telehealth visits available



20 Primary Care & Specialty Clinics



My Health Profile Patient Portal



Priority appointment scheduling



Urgent Care locations Walk-In or Book Online 7 days a week



3 locations for 24/7 Emergency Care

**Visit www.brgeneral.org or
Scan the QR Code to join! >>>**





Contact	When You Need To:
EBR Schools Benefit Advocate Center (833) 940-3885 Email: bac.ebrpschools@ajg.com Monday- Friday 8 am – 6 pm	<ul style="list-style-type: none"> • Learn about each benefit plan • Find In-Network providers • Get help with a claim • Order ID Cards
EBR Schools Benefits Department (225) 922-5680 Monday – Friday 8:30 am – 4 pm (excluding holidays)	<ul style="list-style-type: none"> • Enroll in benefits • Confirm payroll deduction for 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

Benefit	Carrier	Phone	Website
Medical	Blue Cross and Blue Shield of Louisiana	(888) 226-2583 (225) 298-7327	www.bcbsla.com
	BlueCare Telemedicine	(888) 269-3554	www.BlueCareLA.com
	Mental Health and Substance Abuse	(888) 226-2583 (225) 298-7327	www.bcbsla.com
Dental/Vision Plan	MetLife	(800) GET-MET8	www.metlife.com
Voluntary Life and ADD Insurance, Short and Long Term Disability	Aflac	(800) 992-3522	www.aflac.com
Employee Assistance Program (free, confidential, 24/7 counseling for life's daily stressors)	Optum EAP	(866) 374-6062	www.liveandworkwell.com, access code: ebrpss
East Baton Rouge Enhanced Benefits Whole Life, Accident, Auto, Critical Illness, Home, Identity Protection, Hospital Indemnity, Legal		(225) 341-3899	www.EBRPSS.Corestream.com



HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact

HIPAA Privacy Notice - Protecting Your Health Information Privacy Rights

East Baton Rouge Parish School System is committed to the privacy of your health information. The administrators of the East Baton Rouge Parish School System insurance plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Sheila Bradley at (225) 922-5400.

Women's Health and Cancer Rights Act Initial Notification

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 individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All states 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 physician complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, your deductible and coinsurance apply as according to your employer-sponsored medical insurance plan. If you would like more information on WHCRA benefits, call your

plan administrator at Sheila Bradley at (225) 922-5400.

Important Notice from East Baton Rouge Parish School System About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with East Baton Rouge Parish School System and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. East Baton Rouge Parish School System



has determined that the prescription drug coverage offered by the Blue Cross medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two- (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current East Baton Rouge Parish School System coverage may be affected. See plan SPD for more information about your prescription drug coverage provisions/options.

If you do decide to join a Medicare drug plan and drop your current employer-sponsored coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with East Baton Rouge Parish School System and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage:

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through East Baton Rouge Parish School System changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare

Annual Notices



plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1 800-772-1213 (TTY 1-800-325-0778).

Date: 1/1/2022

Name of Entity/Sender: East Baton Rouge Parish School System

Contact: Sheila Bradley

Phone Number: (225) 922-5400

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).



Annual Notices



PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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, contact your State Medicaid or CHIP office or dial

1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtprecurecovery.com/flmedicaidtprecurecovery.com/hipp/index.html Phone: 1-877-357-3268

Annual Notices



<p>GEORGIA – Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p>MAINE-Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>
<p>INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p>MASSACHUSETTS-Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
<p>IOWA-Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>MINNESOTA-Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
<p>KANSAS-Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p>MISSOURI-Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>KENTUCKY-Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>MONTANA-Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>
<p>LOUISIANA-Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>NEBRASKA-Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

Annual Notices



NEVADA-Medicaid	SOUTH CAROLINA-Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEW HAMPSHIRE-Medicaid	SOUTH DAKOTA -Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW JERSEY-Medicaid and CHIP	TEXAS-Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW YORK-Medicaid	UTAH -Medicaid and CHIP
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH CAROLINA-Medicaid	VERMONT- Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH DAKOTA-Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OKLAHOMA-Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
OREGON-Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://dhr.wv.gov/bms/ http://mywhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
PENNSYLVANIA-Medicaid	WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
RHODE ISLAND-Medicaid and CHIP	WYOMING-Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

Annual Notices



To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.



