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EAST BATON ROUGE PARISH SCHOOL SYSTEM NEWSLETTER

ACTIVE
EMPLOYEE &
NON-MEDICARE
RETIREE



New! Effective 11/1/23, EBRPSS will waive the copay for Primary Care Physician visits.

Preventive care visits can have a positive impact on health outcomes. EBRPSS values your and your family's health. Starting November 1, 2023, all members enrolled on the health plan will have access to Primary Care Physicians free of copays. Copays may still apply to certain providers such as therapists, psychologists, independent labs. See plan document for a full list.

2024 Benefits Overview

Open Enrollment for the East Baton Rouge Parish School System (EBRPSS) is almost here—Oct. 2 to Oct. 31, 2023. During Open Enrollment, you can:

- Sign up for benefit options through East Baton Rouge Parish School System (EBRPSS)
- Change the benefits you already have
- Drop benefits

Open Enrollment is important! You won't be able to change your benefits again until next year's Open Enrollment. If you have a qualifying event during the plan year, you will be allowed a special enrollment in which you have 30 days from the date of the event to provide proof of qualifying event and make changes to your elections. If the Benefits Department is not notified within 30 days, then you must wait until the next Open Enrollment Period. For 2023, you will be receiving a 1095-C form from EBRPSS along with your W-2.

Self-Service Enrollment is Available

- Visit <https://metlife.benselect.com/ebpss> between Oct. 2 and Oct. 31, 2023. Open Enrollment will close at 4:30 p.m. on Oct. 31.
- Your 2023 benefits will roll over to 2024, 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

Medicare for Retired Employees Only

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.

Contact the Centers for Medicare and Medicaid Services at **1 (800) MEDICARE (633-4227)** or www.medicare.gov to see if you are eligible for Medicare.



Blue Cross and Blue Shield of Louisiana
HMO Louisiana



HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross Blue Shield Association.

Flexible Spending Account—Active Employees Only

With a Flexible Spending Account (FSA), you can manage your expenses and set aside a tax-free nest egg for medical expenses. You can put money from your paycheck directly into your FSA before paying taxes. Active employees who are interested in an FSA must actively enroll and elect an annual dollar amount, up to IRS-defined maximums, to be enrolled in this program for 2024. Keep in mind, any election amounts up to the IRS 2024 maximum contribution limit must be spent on qualified health expenses before 12/31/2024.

Pre-tax dollars set aside in an FSA are on a ‘use it or lose it’ basis, and will not carry over to be available in the following plan year.

You can use the money in your FSA to pay for medical expenses that your insurance doesn’t cover, such as:

- Deductibles, copayments and other eligible expenses
- Prescription drugs and medical supplies
- Dental services, orthodontics and dentures
- Eyeglasses and eye surgery

More Information

For more information on opening an FSA, call Health Equity: (877) 924-3967

Adding Dependents Throughout the Year

Certain documentation is required to be provided to EBRPSS before dependents can be added to your health plan. You MUST bring the required documentation in to the Benefits Department, or your dependent(s) will not be added. This requirement does not apply to current dependents on the health plan, as they have already been verified.

- Documentation required for spouses (two pieces of documentation required):
 - Marriage certificate
 - Current or prior year’s tax return
- Documentation required for children (one piece of documentation required):
 - Current or prior year’s tax return, birth certificate, final court order, legal adoption papers, legal guardianship papers or a qualified medical child support order

Please visit the Benefits Department if you have any other special circumstances.

Your 2024 Medical Plans

EBRPSS medical plans are administered by Blue Cross and Blue Shield of Louisiana. You may choose one of these plans if you are an eligible active employee or retiree.

| Plan | Overview |
|--------------------------|---|
| Community Blue Select | <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>This option may be right for you and your family if:</p> <ul style="list-style-type: none">• You will utilize a more defined, high-quality network size• To save money on medical premiums, you will utilize a more defined, preferred network to seek quality care• You want a one-stop shop for cost-effective healthcare• You are willing 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• Go to www.bcbsla.com/community-blue to view participating providers in a preferred network |
| Basic or “Core” Plan | <p>By choosing the Core Plan, you'll get competitive coverage that costs less than what's offered by most employers.</p> <p>Under the Core Plan, deductibles and copayments are slightly higher than the Buy-up Plan, and you pay a higher rate of coinsurance after you meet your deductible.</p> <p>This option may be right for you if:</p> <ul style="list-style-type: none">• You want 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 <p>You don't use your medical benefits often</p> |
| Premium or “Buy-up” Plan | <p>By choosing the Buy-up Plan, you'll get maximum security, but at a higher premium cost than the Core Plan.</p> <p>However, your deductibles, copayments and coinsurance are all lower than the Core Plan.</p> <p>This option may be right for you if:</p> <ul style="list-style-type: none">• You want maximum protection against the high costs of healthcare• You are willing to pay more premium up front• You want to avoid unexpected out-of-pocket expenses• You use your medical benefits often |

Words to Know

Knowing these words will help you make the best choice for your 2024 benefits.

Coinsurance – Shared costs between you and the health plan. This is usually a percentage of the cost. These costs are not the same for every health plan.

Copayment/Copay – A set dollar amount that you pay each time you visit your doctor or fill your prescribed drugs. Not all health plans have copayments. This flat fee applies toward the out-of-pocket maximum.

Deductible – The amount you owe for healthcare services before your health plan begins to pay.

Excluded Services – Healthcare services that your health plan doesn't pay for or cover.

Provider – Health professionals, including doctors and specialists, nurse practitioners, physician assistants,

hospitals, urgent care clinics, allied health clinics and allied health professionals.

Specialist – A doctor who focuses on one type of healthcare to diagnose, manage, stop or treat certain types of symptoms and health problems.

Active Employee and Non-Medicare Retiree Monthly Contribution Rates

Use this table to help determine which plan you want for 2024.

Per-Paycheck Deductions for Active Employees
9, 10 and 11-month employees:
Monthly Rate x 12 months ÷ 20 = Per-paycheck deduction
12-month employees:
Monthly Rate x 12 months ÷ 26 = Per-paycheck deduction

| Active Employees | 2024 Community Blue | 2024 Core Plan | 2024 Buy-up Plan |
|-----------------------|---------------------|----------------|------------------|
| Employee Only | \$46.12 | \$95.71 | \$209.05 |
| Employee + Spouse | \$310.33 | \$424.39 | \$624.61 |
| Employee + Child(ren) | \$234.54 | \$333.72 | \$512.54 |
| Employee + Family | \$483.88 | \$662.40 | \$924.34 |

| Non-Medicare Retiree | 2024 Community Blue | 2024 Core Plan | 2024 Buy-up Plan |
|----------------------|---------------------|----------------|------------------|
| Retiree Only | \$191.11 | \$277.05 | \$458.39 |
| Retiree + Spouse | \$401.77 | \$599.43 | \$945.74 |
| Retiree + Child(ren) | \$369.62 | \$541.50 | \$788.32 |
| Retiree + Family | \$535.61 | \$844.99 | \$1,245.46 |

2024 Medical Plan Comparisons

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

To find a network provider associated with your benefit choice visit www.bcbsla.com/find-a-doctor/louisiana-medical.

| | 2024 Community Blue Select Network | | 2024 Core HMO/POS | | 2024 Buy-Up HMO/POS | |
|---|--|-----------------------------|--|-----------------------------|--|-----------------------------|
| | Network | Out-of-Network | Network | Out-of-Network | Network | Out-of-Network |
| Your Covered Benefits Are: | | | | | | |
| Individual Deductible | \$1,000 | \$3,000 | \$1,000 | \$3,000 | \$600 | \$1,800 |
| Family Deductible | N/A | N/A | N/A | N/A | N/A | N/A |
| Per Member Deductible within a Family | \$1,000 | \$3,000 | \$1,000 | \$3,000 | \$600 | \$1,800 |
| Individual Out-of-Pocket Max* | \$6,900 | \$20,700 | \$6,900 | \$20,700 | \$5,850 | \$17,550 |
| Family Out-of-Pocket Max* | \$13,800 | \$41,400 | \$13,800 | \$41,400 | \$11,700 | \$35,100 |
| Per Member OOP Max within a Family* | \$6,900 | \$20,700 | \$6,900 | \$20,700 | \$5,850 | \$17,550 |
| Coinsurance | 80% / 20% | 60% / 40% | 80% / 20% | 60% / 40% | 85% / 15% | 65% / 35% |
| Office Visits | | | | | | |
| Select Primary Care Physician (PCP)* | \$0 Copay per visit | Deductible then Coinsurance | \$0 Copay per visit | Deductible then Coinsurance | \$0 Copay per visit | Deductible then Coinsurance |
| Specialist | \$60 Copay per visit | Deductible then Coinsurance | \$60 Copay per visit | Deductible then Coinsurance | \$50 Copay per visit | Deductible then Coinsurance |
| Pregnancy Care | \$30 Copay | Deductible then Coinsurance | \$30 Copay | Deductible then Coinsurance | \$25 Copay | Deductible then Coinsurance |
| Mental & Nervous/Alcohol & Drug | \$30 Copay per visit | Deductible then Coinsurance | \$30 Copay per visit | Deductible then Coinsurance | \$25 Copay per visit | Deductible then Coinsurance |
| Urgent Care | \$60 Copay per visit | Deductible then Coinsurance | \$60 Copay per visit | Deductible then Coinsurance | \$50 Copay per visit | Deductible then Coinsurance |
| Lab & Low-Tech Imaging | Fully Covered | Deductible then Coinsurance | Fully Covered | Deductible then Coinsurance | Fully Covered | Deductible then Coinsurance |
| High-Tech Imaging (Free-standing) | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance |
| Preventive and Wellness | Fully Covered | Fully Covered | Fully Covered | Fully Covered | Fully Covered | Fully Covered |
| Inpatient Services | | | | | | |
| Inpatient Hospital Admission (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 | \$600 Copay per Admission, Deductible then Coinsurance | Deductible then Coinsurance | \$400 Copay per Admission, Deductible then Coinsurance | Deductible then Coinsurance |
| Inpatient Professional Services | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance |
| Outpatient Services | | | | | | |
| Emergency Room | Deductible then 80% / 20% Coinsurance | | Deductible then 80% / 20% Coinsurance | | Deductible then 85% / 15% Coinsurance | |
| Outpatient Facility | \$100 Copay per visit; then Coinsurance | Deductible then Coinsurance | \$100 Copay per visit; then Coinsurance | Deductible then Coinsurance | \$50 Copay per visit; then Coinsurance | Deductible then Coinsurance |
| Outpatient Professional | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance |
| Lab and Low- & High-Tech Imaging | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance |

Continue to next page.

| | 2024 Community Blue Select Network | | 2024 Core HMO/POS | | 2024 Buy Up HMO/POS | |
|---|---------------------------------------|-----------------------------|---|-----------------------------|---------------------------------------|-----------------------------|
| | Network | Out-of-Network | Network | Out-of-Network | Network | Out-of-Network |
| Other Covered Services | | | | | | |
| Ambulance (Medically necessary) | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance |
| Prosthetics & Orthotics | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance |
| Physical, Speech & Occupational Therapy | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance |
| Durable Medical Equipment | Deductible then 80% / 20% Coinsurance | Deductible then Coinsurance | Deductible then 80% / 20% Coinsurance | Deductible then Coinsurance | Deductible then 80% / 20% Coinsurance | Deductible then Coinsurance |
| Skilled Nursing Facility*** (60 days per benefit period) | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance |
| Home Healthcare Services*** (75 visits per benefit period) | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance |
| Hospice Care Services*** (180 days per benefit period) | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance | Deductible then Coinsurance |
| Organ & Tissue Transplant**** | Deductible then Coinsurance | Not Covered | Deductible then Coinsurance | Not Covered | Deductible then Coinsurance | Not Covered |
| Vision Care Exam; 1 exam in a 24-month period (Optometrist only) | \$25 Copay per visit | \$35 Copay per visit | \$25 Copay per visit | \$35 Copay per visit | \$30 Copay per visit | \$30 Copay per visit |
| <div><div>*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.</div><div>*Select is defined as General and Family Practice, Pediatrics, Internal Medicine, OB/GYN. Copays may still apply to certain providers such as therapists, psychologists, independent labs. See plan document for a full list.</div><div>**Provides coverage for inpatient, outpatient and professional services subject to the same deductible and coinsurance with no dollar limit.</div><div>***Services that require pre-authorization (This is a partial list, please see the schedule of benefits for complete list.)</div><div>****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.</div></div> | | | 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. | | | |

2024 Prescription Drug Costs: Express Scripts

The Community Blue, Core and the Buy-Up Plans all include the same prescription drug benefits.

Note: There is a separate out-of-pocket amount for your prescription coverage. The maximum out-of-pocket will include pharmacy deductibles and copayments.

| | Annual Deductible \$50/person \$100/family | Rx Out-of-pocket Max \$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-injectables | \$45 | 70% (after deductible) |

| | Annual Deductible \$50/person \$100/family | Rx Out-of-pocket Max \$1,000/person \$2,000/family |
|---|---|---|
| | Network | Out-of-Network |
| Mail Order (90-day supply) | | |
| Generic | \$25 | N/A |
| Preferred Brand | \$65 | N/A |
| Non-preferred Brand + Self-injectables | \$100 | N/A |

Need Help?

| Contact | When You Need To: |
|---|--|
| Benefits website https://ebrschools.org/divisions/division-of-operations/benefits/ | <ul style="list-style-type: none"> • Learn about each benefit plan • Find contact information for each plan |
| Benefits Department (225) 922-5680 Monday – Friday 8:30 a.m. – 4 p.m. (excluding holidays) | <ul style="list-style-type: none"> • Ask benefit questions • Get help enrolling in benefits • Verify approval of Evidence of Insurability (EOI) forms you've submitted for coverage • Change your address • Update your personal information |
| Your benefit plan service provider (see table below) | <ul style="list-style-type: none"> • Ask specific questions about services covered by your plan • Request an ID card, if you need one • Request a provider directory, if your plan includes one • Check the status of a claim • Pre-authorize certain types of care, if your plan requires it |

Service Providers

These companies provide and/or administer your benefits.

| Plan | Phone Number | Website |
|--|----------------------------------|---|
| Medical | | |
| Blue Cross and Blue Shield of Louisiana | (888) 226-2583 (225) 298-7327 | www.bcbsla.com |
| Telemedicine | | |
| BlueCare | (888) 269-3554 | www.BlueCareLA.com |
| Mental Health and Substance Abuse | | |
| Blue Cross and Blue Shield of Louisiana | (888) 226-2583 (225) 298-7327 | www.bcbsla.com |
| Dental/Vision Plan | | |
| MetLife | 1-800-GET-MET8 | www.metlife.com |
| Voluntary Life and ADD Insurance, Short and Long Term Disability | | |
| AFLAC | (800) 206-8826 | www.Aflac.com |
| Investments and Financial Planning | | |
| VALIC | (225) 201-1009 | www.valic.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 | | |
| Enhanced Voluntary Benefits: Accident, Auto, Critical Illness, Home, Identity Protection, Hospital/Indemnity, Legal and Whole Life | (225) 341-3899 | www.ebrpss.corestream.com |