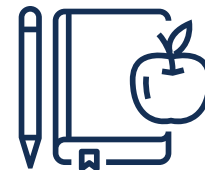




# 2026 BENEFITS GUIDE





## ANNUAL ENROLLMENT PERIOD

Open Enrollment is coming October 1 - 31, 2025 and is **MANDATORY**.

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).

# WE ARE EBR



## 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 2026 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/EBRPS](https://www.myenrollmentschedule.com/EBRPS)



OR scan with your phone's camera app

Schedule while you can, appointments are only available until 10/17.

### Self Service

- Visit <https://metlife.benselect.com/ebpss> between Oct. 1 - 31, 2025. Open Enrollment will close at 4:30 pm on Oct. 31.
- Your 2025 benefits will **NOT** roll over for 2026. You must take action to receive benefits.

### 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. 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 may be conducted to validate that dependents meet the eligibility criteria. **\*IMPORTANT:** You must provide copies of the required verification documents.

- 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.

### 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

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# 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.



# Steps to Choose Your Medical Plan Options for 2026

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## CHOOSE YOUR PLAN

- ✓ Buy Up
- ✓ Core
- ✓ High-Deductible (HDHP)

## CHOOSE YOUR NETWORK

- ✓ Community Blue
- ✓ Precision Blue



## ENROLL WITH ASSISTANCE FROM GALLAGHER'S ENROLLMENT SUPPORT

- ✓ Call Center
- ✓ Online via Selerix



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 Precision Blue and Community Blue plan options. Employees choose their plan, then which network they prefer for tier 1. 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](http://www.bcbsla.com/find-a-doctor/louisiana-medical)

Plan Choices	Buy Up	
	Tiered Network (Community or Precision)	In-Network HMO/POS
<b>Annual Deductible</b>		
Individual	\$600	\$800
Family	\$1,200	\$1,600
Per Member within a Family	\$600	\$800
<b>Annual Out-of-Pocket Max*</b>		
Individual*	\$5,850	\$5,850
Family*	\$11,700	\$11,700
Per Member within a Family*	\$5,850	\$5,850
<b>Coinsurance</b>	15%	25%
<b>Creditable Coverage+</b>	Creditable	Creditable
<b>Office Visits</b>		
Select Primary Care Physician (PCP)**	\$0 Copay	\$30 Copay
Primary Care Physician (PCP)	\$25 Copay	\$30 Copay
Telemedicine PCP Visit (Virtual)	\$0 Copay	\$30 Copay
Specialist	\$50 Copay	\$60 Copay
Pregnancy Care	\$25 Copay per Pregnancy	\$35 Copay per Pregnancy
Select Mental & Nervous/Alcohol & Drug**	\$0 Copay	\$30 Copay
Urgent Care	\$50 Copay	\$60 Copay
Lab & Low-Tech Imaging	Covered by office visit copay	Covered by office visit copay
Preventive and Wellness	Fully Covered	Fully Covered
<b>Inpatient Services</b>		
Inpatient Hospital Admission	\$400 Copay per Admission	\$600 Copay per Admission
Inpatient Facility & Professional Charges Services	Deductible then Coinsurance	Deductible then 25% Coinsurance
<b>Outpatient Services</b>		
Emergency Room (Waived if admitted)	Deductible then Coinsurance	In-Network Deductible + 25% Coinsurance
Ambulatory Surgical & Outpatient Facility	\$50 Copay per Surgery	\$75 Copay per Surgery
Outpatient Facility & Professional Charges Services	Deductible then Coinsurance	Deductible then 25% Coinsurance
Lab and Low- & High-Tech Imaging	Deductible then Coinsurance	Deductible then 25% Coinsurance
<b>Other Covered Services</b>		
Ground Ambulance (Medically necessary)	Deductible then 15% Coinsurance	Deductible then 15% Coinsurance
Air Ambulance (Medically necessary)	Deductible then 15% Coinsurance	Deductible then 15% Coinsurance

\*All in-network medical and pharmacy deductibles, copayments and coinsurance apply to out-of-pocket max. A separate out-of-pocket max will apply for services received out-of-network.

+Creditable prescription drug coverage means the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. Non-creditable prescription drug coverage means the coverage is not expected to pay on average as much as standard Medicare prescription drug coverage. The coverage status determination shown above is subject to change based on the effective date and testing results for drug coverage as new parameters are released by CMS. 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.

\*\*PCP Select \$0 Office Visit Copay applies to General Practice, Family Practice, Pediatrics, Internal medicine, OB/GYN, Certified Midwife, Nurse Practitioner, Physician Assistant providers, and Mental Health Providers (Licensed Professional Counselors, Master of Social Work, Psychiatrist, Psychologist, and Substance use Disorder Counselor. This cost share applies to office visits and telehealth visits. The cost share for all services listed in the COVERED OFFICE SERVICES WITH NETWORK OFFICE VISIT COPAYMENT section will apply to these PCP select providers. PCP Select benefit only applies to the EPO tier. 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.





Plan Choices	CORE	
	Tiered Network (Community or Precision)	In-Network HMO/POS
<b>Annual Deductible</b>		
Individual	\$1,000	\$1,200
Family	\$2,000	\$2,400
Per Member within a Family	\$1,000	\$1,200
<b>Annual Out-of-Pocket Max*</b>		
Individual*	\$6,900	\$6,900
Family*	\$13,800	\$13,800
Per Member within a Family*	\$6,900	\$6,900
<b>Coinsurance</b>	20%	30%
<b>Creditable Coverage+</b>	Creditable	Creditable
<b>Office Visits</b>		
Select Primary Care Physician (PCP)**	\$0 Copay	\$40 Copay
Primary Care Physician (PCP)	\$30 Copay	\$40 Copay
Telemedicine PCP Visit (Virtual)	\$0 Copay	\$40 Copay
Specialist	\$60 Copay	\$75 Copay
Pregnancy Care	\$30 per Pregnancy	\$40 per Pregnancy
Select Mental & Nervous/Alcohol & Drug**	\$0 Copay	\$40 Copay
Urgent Care	\$60 Copay	\$75 Copay
Lab & Low-Tech Imaging	Covered by Copay	Covered by Copay
Preventive and Wellness	Fully Covered	Fully Covered
<b>Inpatient Services</b>		
Inpatient Hospital Admission	\$600 Copay per Admission	\$800 Copay per Admission
Inpatient Facility & Professional Charges Services	Deductible then Coinsurance	Deductible then 30% Coinsurance
<b>Outpatient Services</b>		
Emergency Room (Waived if admitted)	20% Deductible then Coinsurance	20% Deductible then Coinsurance
Ambulatory Surgical & Outpatient Facility	\$100 Copay per Surgery	\$150 Copay per Surgery
Outpatient Facility & Professional Charges Services	Deductible then Coinsurance	Deductible then 30% Coinsurance
Lab and Low- & High-Tech Imaging	Deductible then Coinsurance	Deductible then 30% Coinsurance
<b>Other Covered Services</b>		
Ground Ambulance (Medically necessary)	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance
Air Ambulance (Medically necessary)	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance

\*All in-network medical and pharmacy deductibles, copayments and coinsurance apply to out-of-pocket max. A separate out-of-pocket max will apply for services received out-of-network.

+Creditable prescription drug coverage means the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. Non-creditable prescription drug coverage means the coverage is not expected to pay on average as much as standard Medicare prescription drug coverage. The coverage status determination shown above is subject to change based on the effective date and testing results for drug coverage as new parameters are released by CMS. 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.

\*\*PCP Select \$0 Office Visit Copay applies to General Practice, Family Practice, Pediatrics, Internal medicine, OB/GYN, Certified Midwife, Nurse Practitioner, Physician Assistant providers, and Mental Health Providers (Licensed Professional Counselors, Master of Social Work, Psychiatrist, Psychologist, and Substance use Disorder Counselor. This cost share applies to office visits and telehealth visits. The cost share for all services listed in the COVERED OFFICE SERVICES WITH NETWORK OFFICE VISIT COPAYMENT section will apply to these PCP select providers. PCP Select benefit only applies to the EPO tier. 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.



Plan Choices	High-Deductible (HDHP)	
	Tiered Network (Community or Precision)	In-Network HMO/POS
<b>Annual Deductible</b>		
Individual	\$2,400	\$4,800
Family	\$4,800	\$9,600
Per Member within a Family	\$4,800	\$9,600
<b>Annual Out-of-Pocket Max*</b>		
Individual*	\$6,000	\$6,000
Family*	\$12,000	\$12,000
Per Member within a Family*	\$9,600	\$9,600
<b>Coinsurance</b>	20%	30%
<b>Creditable Coverage+</b>	Creditable	Creditable
<b>Office Visits</b>		
Select Primary Care Physician (PCP)**	Deductible then Coinsurance	Deductible then Coinsurance
Primary Care Physician (PCP)	Deductible then Coinsurance	Deductible then Coinsurance
Telemedicine PCP Visit (Virtual)	\$0	Deductible then Coinsurance
Specialist	Deductible then Coinsurance	Deductible then Coinsurance
Pregnancy Care	Deductible then Coinsurance	Deductible then Coinsurance
Select Mental & Nervous/Alcohol & Drug**	Deductible then Coinsurance	Deductible then Coinsurance
Urgent Care	Deductible then Coinsurance	Deductible then Coinsurance
Lab & Low-Tech Imaging	Deductible then Coinsurance	Deductible then Coinsurance
High Tech Imaging (Free-standing)	Deductible then Coinsurance	Deductible then Coinsurance
Preventive and Wellness	Fully Covered	Fully Covered
<b>Inpatient Services</b>		
Inpatient Hospital Admission	Deductible then Coinsurance	Deductible then Coinsurance
Inpatient Facility & Professional Charges Services	Deductible then Coinsurance	Deductible then Coinsurance
<b>Outpatient Services</b>		
Emergency Room (Waived if admitted)	20% Deductible then Coinsurance	20% Deductible then Coinsurance
Ambulatory Surgical & Outpatient Facility	Deductible then Coinsurance	Deductible then 30% Coinsurance
Outpatient Facility & Professional Charges Services	Deductible then Coinsurance	Deductible then 30% Coinsurance
Lab and Low- & High-Tech Imaging	Deductible then Coinsurance	Deductible then 30% Coinsurance
<b>Other Covered Services</b>		
Ground Ambulance (Medically necessary)	20% Deductible then Coinsurance	20% Deductible then Coinsurance
Air Ambulance (Medically necessary)	20% Deductible then Coinsurance	20% Deductible then Coinsurance

\*All in-network medical and pharmacy deductibles, copayments and coinsurance apply to out-of-pocket max. A separate out-of-pocket max will apply for services received out-of-network.

+Creditable prescription drug coverage means the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. Non-creditable prescription drug coverage means the coverage is not expected to pay on average as much as standard Medicare prescription drug coverage. The coverage status determination shown above is subject to change based on the effective date and testing results for drug coverage as new parameters are released by CMS. 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.

\*\*PCP Select \$0 Office Visit Copay applies to General Practice, Family Practice, Pediatrics, Internal medicine, OB/GYN, Certified Midwife, Nurse Practitioner, Physician Assistant providers, and Mental Health Providers (Licensed Professional Counselors, Master of Social Work, Psychiatrist, Psychologist, and Substance use Disorder Counselor. This cost share applies to office visits and telehealth visits. The cost share for all services listed in the COVERED OFFICE SERVICES WITH NETWORK OFFICE VISIT COPAYMENT section will apply to these PCP select providers. PCP Select benefit only applies to the EPO tier. 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.





## HOW DO I KNOW WHICH PLAN IS RIGHT FOR ME?

Buy Up	CORE	High-Deductible (HDHP)
<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"> <li>You want maximum protection against the high costs of healthcare</li> <li>You are willing to pay more premium up front</li> <li>You want to avoid unexpected out-of-pocket expenses</li> <li>You use your medical benefits often</li> </ul>	<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"> <li>You want lower paycheck deductions</li> <li>You want coverage that is similar to coverage offered by most other employers</li> <li>You want to pay a smaller amount up front</li> <li>You don't mind paying a higher deductible or higher costs for medical services at the time of services being rendered</li> <li>You don't use your medical benefits often</li> </ul>	<p>This plan may be good for you and your family if you want coverage, but don't go to the doctor often and don't have numerous or expensive prescriptions.</p> <p><b>Deductible:</b> In an aggregate HDHP, all family members' medical expenses contribute to a single family deductible. Once this combined deductible is met, coinsurance begins. For example, with a \$4,800 family deductible, you and your family will pay the full cost of services until you hit your deductible. Any combination of expenses from family members can add up to meet the deductible. This approach reduces financial burden by pooling healthcare expenses.</p> <p><b>Premiums:</b> Premiums are lower than the copay plans.</p> <p>Health Savings Account (HSA): You can open an HSA to save pre-tax money for medical expenses, reducing taxable income and having funds ready for healthcare costs.</p>

## PHARMACY

The Buy Up, Core and the High-Deductible (HDHP) Plans all include 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. Your specialty medications may be available through Payer Matrix alternative funding for eligible specialty drugs. Payer Matrix will reach out to those that qualify.

Benefit Retail (Tier 1)	Buy Up \$50/\$100 Deductible \$1,000/\$2,000 Max per Year	Core \$50/\$100 Deductible \$1,000/\$2,000 Max per Year	High-Deductible (HDHP)
Generic	\$10	\$10	20% Deductible then Coinsurance
Preferred Brand	\$25	\$25	20% Deductible then Coinsurance
Non-Preferred Brand	\$45	\$45	20% Deductible then Coinsurance
Specialty	\$45	\$45	20% Deductible then Coinsurance

# Medical Rates



## RATES

BUY UP			
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	\$209.05	\$125.43	\$96.48
Employee + Spouse	\$624.61	\$374.77	\$288.28
Employee + Child(ren)	\$512.54	\$307.52	\$236.56
Family	\$924.34	\$554.60	\$426.62
CORE			
Employee Only	\$95.71	\$57.43	\$44.17
Employee + Spouse	\$424.39	\$254.63	\$195.87
Employee + Child(ren)	\$333.72	\$200.23	\$154.02
Family	\$662.40	\$397.44	\$305.72
HIGH-DEDUCTIBLE (HDHP)			
Employee Only	\$46.12	\$27.67	\$21.29
Employee + Spouse	\$310.33	\$186.20	\$143.23
Employee + Child(ren)	\$234.54	\$140.72	\$108.25
Family	\$483.88	\$290.33	\$223.33

Non-Medicare Retirees			
	BUY UP (Monthly Rate)	CORE (Monthly Rate)	HIGH-DEDUCTIBLE (HDHP) (Monthly Rate)
Employee Only	\$458.39	\$277.05	\$191.11
Employee + Spouse	\$945.74	\$599.43	\$401.77
Employee + Child(ren)	\$788.32	\$541.50	\$369.62
Family	\$1,245.46	\$844.99	\$535.61



# Health Savings Account

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## What is a health savings account (HSA)?

An HSA is a tax-advantaged personal savings account that can be used to pay for medical, dental, vision and other qualified expenses now or later in life. To contribute to an HSA you must be enrolled in a qualified high-deductible health plan (HDHP) and your contributions are limited annually. The funds can even be invested, making it a great addition to your retirement portfolio.

## Is an HSA the same as an FSA?

No. An HSA is a tax-deductible savings account that lets you save every year toward healthcare expenses. There's no use-it-or-lose-it rule, and you can grow your account through interest and investments. And it's portable, so you take it with you if you ever leave the company.

## Why should I participate in an HSA?

Funds contributed to an HSA are triple-tax-advantaged.

1. Money goes in tax-free.
2. Money comes out tax-free.
3. Earn interest, tax-free.

## Am I eligible to participate?

In order to contribute, you must be enrolled in a qualified HDHP, not covered under a secondary health insurance plan, not enrolled in Medicare, and not another person's dependent. There are no eligibility requirements to spend previously-contributed HSA funds.

## How do I contribute money to my HSA?

Payroll deduction is offered by your employer. Your annual contribution will be divided into equal amounts and deducted from your payroll before taxes. Direct contributions can also be made from your personal checking account and can be deducted on your personal income tax return.

## Can I change my contributions to my HSA during the year?

Yes. You will not be subject to the change-in-status rules applicable to other benefit accounts. You will be able to make changes in your contributions by providing the applicable notice of change provided by your employer.

## How much can I contribute to my HSA?

Contributions can be made by the eligible employee, their employer, or any other individual. Annual contributions from all sources **may not exceed \$4,400 for singles or \$8,750 for families** in 2026. Individuals aged **55 and over may make an additional \$1,000** catch-up contributions.

## Will I lose the money in my HSA if I don't spend it?

No. There's no use-it-or-lose-it rule with an HSA, so every dollar that goes into it becomes available for your use.

## Who owns my HSA?

You own it outright. If you leave the company for any reason, you own the account, including any interest earned.

## What expenses are eligible for my HSA?

Eligible expenses include many out-of-pocket costs not covered by your insurance plan, including copayments, coinsurance and prescriptions. Costs for many healthcare products and services are also eligible.

# 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 deductions up to the designated IRS maximum amount. The enrollment system will be updated on an annual basis to reflect this amount. **Please note that FSA elections do not roll over. You must elect the FSA each year through the enrollment system.**

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

## QUALIFIED MEDICAL EXPENSES:

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

## 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.

	Gold Plan	Silver Plan
<b>Annual Deductible</b> (Individual/Family)	\$50/\$150	\$50/\$150
<b>Annual Maximum Benefit</b> (Per Member)	\$1,750	\$1,050
<b>Preventive Services</b> 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)	Covered at 100%	Covered at 100%
<b>Basic Services</b> (Fillings, Simple Extractions, Emergency Treatment)	Covered at 80%	Covered at 70%
<b>Major Services</b> (Crowns, Periodontics, Endodontics, Oral Surgery, Bridges, Dentures)	Covered at 50%	Covered at 50%
<b>Orthodontia</b> Lifetime Maximum (per person) Orthodontics	\$1,000 Covered at 50%	Not Covered

## RATES

Monthly Premium	Gold Plan	Silver Plan
<b>Employee</b>	\$30.74	\$18.69
<b>Employee + Spouse</b>	\$64.37	\$39.11
<b>Employee + Child(ren)</b>	\$70.35	\$42.76
<b>Family</b>	\$99.88	\$60.70



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
<b>Exam (Every 12 months)</b>	\$10 Copay	Reimbursed up to \$45
<b>Frames (Every 12 months)</b>	\$130 allowance (20% off amount over allowance)	\$55 allowance
<b>Lenses (Every 12 months)</b> Single Vision Bifocal Trifocal Lenticular	Covered	Reimbursed up to \$30 Reimbursed up to \$50 Reimbursed up to \$65 Reimbursed up to \$100
<b>Contact Lenses (Every 12 months)</b> Fit and Follow-up   Necessary Contact Lenses  Elective Contact Lenses	\$0 copay Standard: Covered in full, after copay Specialty: \$50 Allowance, after copay  Covered in full  \$130 retail allowance Conventional: 20% off amount over allowance Disposable: 10% off amount over allowance	Applied to contact lens allowance   \$210 allowance  \$105 allowance

## RATES

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





## EMPLOYER PAID BASIC LIFE & ACCIDENTAL DEATH & 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	
<b>Coverage Options</b>	Choice of \$25,000, \$50,000, \$100,000, \$150,000, \$250,000, \$500,000
<b>Maximum Coverage Amount</b>	\$500,000
<b>Guaranteed Amount</b>	\$250,000
<b>Age Reduction/Termination</b>	Your coverage amount will reduce to \$7,500 when you reach age 70. Benefits will terminate when you retire.
Spouse Life	
<b>Coverage Options</b>	Choice of \$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$100,000
<b>Maximum Coverage Amount</b>	Limited to 50% of Employee's Election Increments of \$10,000 to \$50,000 or \$100,000
<b>Guaranteed Amount</b>	\$100,000
<b>Age Reduction/Termination</b>	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):	
<b>Coverage Options</b>	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	
<b>Benefit Begins</b>	Day 8
<b>Maximum Benefits</b>	\$1,000/week
<b>Percentage of Income Replaced</b>	60%
<b>Duration</b>	Up to 26 weeks
<b>Funding</b>	Voluntary

## LONG TERM DISABILITY

Benefit	
<b>Benefit Begins</b>	Day 181
<b>Maximum Benefits</b>	\$10,000/month
<b>Percentage of Income Replaced</b>	60%
<b>Duration</b>	2 years for own occupation, or up to age 65
<b>Funding</b>	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](http://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.

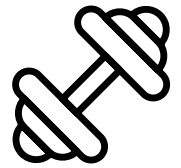
## **How Much Will This Benefit Cost?**

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](http://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](http://www.liveandworkwell.com) and use code ebrpss.



## One Pass Select (Gym Memberships)

A complete, fully integrated commercial fitness, well-being and rewards solution.

### Fitness networks

20,000+ gyms and boutique studios with unlimited access to all tier locations.

### Digital solutions

42,000+ on-demand & live-streaming fitness classes through web, app and TV, plus AI workout builder.

### Healthy meal delivery

Groceries and household essentials delivered directly to the member's door.

### Engagement

Challenges and communities, activity and progress tracking, and digital coaching that adapts to member feedback.

## The One Pass experience

A comprehensive responsive site with access to:

- Web ([www.OnePassSelect.com](http://www.OnePassSelect.com))
- iOS/Android mobile app
- Select your subscription
- Searchable fitness network directory
- Digital fitness solutions
- Grocery delivery services through Walmart+ and Shipt
- One Pass Rewards

## Calm for Emotional Wellbeing Solutions

1. On September 1, 2024, the premium version of Calm will be available to eligible employees and their household **at no cost to them**.

2. Calm is the #1 top-rated app for sleep, meditation and relaxation. The premium version of the Calm app will be embedded as part of your Emotional Wellbeing Solutions benefits.

3. To access Calm, members will be directed to a Calm landing page in their web browser where they will register for a Calm account using their liveandworkwell.com access code. Once registered, members may continue using the website or download the Calm app and sign in.

4. **Self Care by AbleTo updates:** Existing users of the Self Care by AbleTo app will be able to continue accessing the app.



# 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)
<b>Low Accident Plan</b>			
<b>Employee</b>	\$4.44	\$2.67	\$2.05
<b>Employee + Spouse</b>	\$9.29	\$5.57	\$4.29
<b>Employee + Child(ren)</b>	\$7.13	\$4.28	\$3.29
<b>Family</b>	\$11.98	\$7.19	\$5.53
<b>High Accident Plan</b>			
<b>Employee</b>	\$7.98	\$4.79	\$3.68
<b>Employee + Spouse</b>	\$16.74	\$10.04	\$7.73
<b>Employee + Child(ren)</b>	\$12.47	\$7.48	\$5.76
<b>Family</b>	\$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
<b>Base Benefits</b>		
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
<b>Cancer Category</b>		
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	
<b>Stroke Category</b>		
Stroke	100% of Benefit Amount	100% of Initial Benefit
<b>Childhood Disease Category</b>		
Cerebral Palsy, Cystic Fibrosis, Sickle Cell Anemia	50% of Benefit Amount	None
Autism Spectrum Disorder	\$3,000	
<b>Specified Disease Category</b>		
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
<b>Kidney Failure Category</b>		
Kidney Failure	100% of Benefit Amount	None
<b>Major Organ Transplant Category</b>		
Major Organ Transplant	100% of Benefit Amount	None
<b>Progressive Disease Category</b>		
Advanced 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 over a 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



## Vet bills can really add up.

Focus on their care, not the cost of it. Pet insurance can help you with the costs of eligible veterinary bills when your pet gets hurt or sick, so you can focus on getting them the care they deserve with less worry about the cost. ASPCA® Pet Health Insurance plans can help you follow your vet's recommendations and worry less about cost. We don't limit you to a network, so you can visit any licensed vet, specialist, or emergency clinic you trust.

## Say “Yes!” to veterinary care

Complete Coverage<sup>SM</sup> gives you the comfort of knowing your pet is covered for things like accidents, illnesses, hereditary and congenital conditions, behavioral issues, alternative therapies, and more. Plus, with customizable features, there's a plan for every budget.

### Simple to use

Just pay your vet bill, submit claims and get reimbursed for eligible expenses! You're free to visit any licensed vet, specialist or emergency clinic in the US or Canada, and you can choose to receive reimbursement by direct deposit or mail.

### Exam Fees, Diagnostics and Treatments for Covered Conditions

- Accidents
- Illnesses
- Hereditary conditions
- Behavioral Issues
- Dental Disease
- Cancer

### Customizable Options

- **Annual Limit** - from \$3,000 to unlimited
- **Reimbursement Percentage** - 90%, 80% or 70% of your eligible vet bill
- **Annual Deductible** - select \$100, \$250 or \$500.

You'll only need to satisfy it once per 12-month policy period.

### Add Preventive Care Coverage

Get reimbursed scheduled amounts for things that protect your pet from getting sick, like vaccines, dental cleanings and screenings for a little more per month.

### Select Accident-Only Coverage

If you're just looking to have some cushion when you pet gets hurt, you can choose coverages that only includes coverage for accidents.

## How it works



**Visit any vet:** Take your pet to the licensed veterinarian of your choice and pay them as usual.



**Submit a claim:** Use our app to submit a claim even before you leave the veterinary clinic.



**Get reimbursed:** Receive reimbursement for eligible vet bills by direct deposit or check.

**Get a customized quote and SAVE 10% with your group discount!**

<https://www.aspcapetinsurance.com/EBR> | Priority Code: EB24EBR | 877-343-5314



Contact		When You Need To:	
<b>EBR Schools Benefit Advocate Center</b> <b>(833) 940-3885</b> <b>Email: bac.ebrpschools@ajg.com</b> <b>Monday- Friday</b> <b>8 am – 6 pm</b>		<ul style="list-style-type: none"> <li>• Learn about each benefit plan</li> <li>• Find In-Network providers</li> <li>• Get help with a claim</li> <li>• Order ID Cards</li> </ul>	
<b>EBR Schools Benefits Department</b> <b>(225) 922-5680</b> <b>Monday – Friday</b> <b>8:30 am – 4 pm</b> <b>(excluding holidays)</b>		<ul style="list-style-type: none"> <li>• Enroll in benefits</li> <li>• Confirm payroll deduction for benefits</li> <li>• Verify approval of Evidence of Insurability (EOI) forms you've submitted for coverage</li> <li>• Change your address</li> <li>• Update your personal information</li> </ul>	
<b>Your benefit plan service provider</b> <b>(see table below)</b>		<ul style="list-style-type: none"> <li>• Ask specific questions about services covered by your plan</li> <li>• Request an ID card, if you need one</li> <li>• Request a provider directory, if your plan includes one</li> <li>• Check the status of a claim</li> <li>• Pre-authorize certain types of care, if your plan requires it</li> </ul>	
Benefit	Carrier	Phone	Website
<b>Medical</b>	Louisiana Blue	(888) 226-2583 (225) 298-7327	www.lablue.com
	Mental Health and Substance Abuse	(888) 226-2583 (225) 298-7327	www.lablue.com
<b>Dental/Vision Plan</b>	MetLife	(800) GET-MET8	www.metlife.com
<b>Voluntary Life and ADD Insurance, Short and Long Term Disability</b>	Aflac	(800) 992-3522	www.aflac.com
<b>Employee Assistance Program</b> (free, confidential, 24/7 counseling for life's daily stressors)	Optum EAP	(866) 374-6062	www.liveandworkwell.com, access code: ebrpss
<b>East Baton Rouge Enhanced Benefits</b> Whole Life, Accident, Auto, Critical Illness, Home, Identity Protection, Hospital Indemnity, Legal		(225) 341-3899	http://ebrpss.corestream.com
<b>Pet Insurance</b>	ASCPA	(877) 343-5314	www.aspcapetinsurance.com/ EBR Priority Code: EB24EBR

# Annual Notices

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## **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.



# Annual Notices



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

More detailed information about Medicare 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](http://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](http://www.socialsecurity.gov), or call them at 1 800-772-1213 (TTY 1-800-325-0778).

Date: 1/1/2025

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](http://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](http://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](http://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, 2023. Contact your State for more information on eligibility –

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

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

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

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To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.



# Notes





