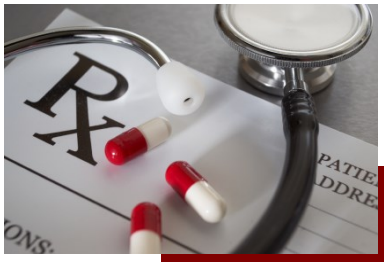
2018 ANNUAL BENEFITS ENROLLMENT GUIDE



Zachary Community School District

BXSINSURANCE
A SUBSIDIARY OF BANCORPSOUTH BANK

ZACHARY COMMUNITY SCHOOL DISTRICT

Your Plan Options

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

- Medical—3 plan options
- Voluntary Dental
- Voluntary Vision
- Voluntary Cancer
- Group Term Life
- Voluntary Permanent Whole/Universal Life
- Voluntary Short-Term Disability
- Voluntary Long-Term Disability
- Voluntary Long Term Care

ENROLLMENT REMINDERS

- Open Enrollment Meetings are Mandatory.
- Enrollment will be completed electronically this year using the **Employee Navigator** system. All employees are required to review their current benefit elections and confirm their selections for the 2018-2019 Plan Year. If you don't confirm your elections in the system, your current elections will not carryover for 2018-2019. You won't be able to enroll or make revisions again until next year's open enrollment. Please use the following link to create your account in Employee Navigator:

https://www.employeenavigator.com/benefits/Account/Register

Premium Conversion Plan (section 125)

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

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

Changes throughout the year

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

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

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

You must notify HR/Benefits within 30 days of the change . You can email your status changes to

zacharyschools@bxsi.com

***DEADLINE FOR ENROLLMENT/CHANGES**

AUGUST 13, 2018

Benefit Questions during this Enrollment Period?

Email: zacharyschools@bxsi.com

CHANGES for 2018-2019

Medical Plan - Blue Cross Blue Shield

The Blue Cross Triple Option Medical plan will continue with NO plan changes and NO rate increase.

3 Plan Options are available :

Premier Blue PPO Option—$500 Deductible

HMO/POS Option—$0 Deductible

Blue Saver HDHP Option—$3,000 Deductible

- **Pharmacy Benefits — Review BCBSLA's Pharmacy Drug List online….For Non-Grandfathered Plans: 1)** Note any Tier changes within BCBSLA; consider alternatives at a lower cost tier, if possible. The cost of Specialty Drugs on 4-Tier Pharmacy Plans' maximum cost will be $150 per fill. **2)** Determine which prescriptions you may need a "PRIOR AUTHORIZATION" from your doctor for first purchases in September. Compound drugs will require an authorization if the cost is $100 or more. **3) Updated Prescription Drug Step Therapy Language.** Certain drugs and drug classes are subject to Step Therapy. YOUR ACTION IS REQUIRED IN ORDER FOR RX TO BE COVERED. See information in your BCBSLA packet to learn more about this!

Dental / Vision

- Vision carrier Change: Ameritas
- Dental carrier Change: Ameritas
- You will be charged a $50 deductible for applicable services.
- "Annual Maximum" is $2,000 to be used between September 1, and December 31, 2018, and again during 2019.
- Take advantage of savings by using NETWORK providers on both DENTAL and VISION benefits.

Voluntary Life & Voluntary Disability Rates

- If you've had a salary increase this past year, you may be eligible to increase your life and/or Disability benefits. You must make the "change" online.
- LATE ENTRANT: If you did not enroll in Voluntary Life during initial enrollment, you will be required to complete a medical questionnaire.
- Also note that our Voluntary Life & Disability rates are "age-rated", so you may be subject to a rate increase due to a change in your age-bracket. Please see rate information for these plans on pages 9 and 10.

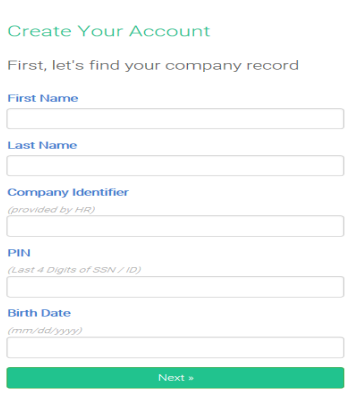
The information in this Annual Enrollment Overview is presented for illustrative purposes. The text contained in this Overview was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always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

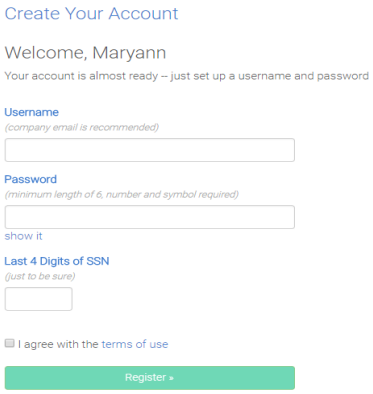
Important
Benefit Enrollment Process

The Employee Benefits enrollment will cover the extensive benefits package that Zachary Community School District offers eligible employees; including medical/dental/vision insurance, voluntary life insurance, short-term disability and long-term disability coverage.

STEP 1: Please click the following link to create an account as an employee: https://www.employeenavigator.com/benefits/Login/Registration.aspx

STEP 2: You will be asked for personal identifying data as well as the following company identifier: Zachary





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

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

STEP 5: Click the Green "Agree" button at the end to complete the Enrollment process.

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

Remember: New Hire enrollment must be completed **immediately** or your may not be able to enroll yourself and/or your eligible dependents until our next open enrollment, or a qualifying event occurs.

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

Questions: Contact BXS Insurance at 225-336-3209 or zacharyschools@bxsi.com

Medical Insurance

BlueCross BlueShield of Louisiana
An independent licensee of the Blue Cross and Blue Shield Association.

Zachary Community School District offers eligible employees a choice of three Medical Plans through **Blue Cross Blue Shield of Louisiana.** Below is a brief summary of In-Network benefits. When looking online for participating Providers, please select the appropriate network**.**

General Plan Information	Premier Blue In - Network Benefits	HMO/POS In-Network Benefits	Blue Saver HDHP In-Network Benefits
Annual Deductible/Individual	$500	$0	$3,000
Annual Deductible/Family	$1,500	$0	$6,000
Coinsurance	90%	100%	100%
Office Visit/Exam	$25 copay	$20 copay	100% after ded
Outpatient Specialist Visit	$40 copay	$35 copay	100% after ded
Annual Out-of-Pocket Limit/Individual	$3,250	$1,500	$5,000
Annual Out-of-Pocket Limit/Family	$6,500	$3,000	$10,000
Preventive Services			
Well-Child Care	100% deductible waived	100% Covered	100% deductible waived
Adult Periodic Exams w/Preventive Tests	100% deductible waived	100% Covered	100% deductible waived
Maternity Care			
Pre-Natal Care	$40 copay	$35 copay	100% after ded
Inpatient Hospitalization	Deductible then coinsurance	$150 Per day (max of 3 days)	100% after ded
Inpatient Hospital Services	Deductible then coinsurance	No copay; 100%	100% after ded
Outpatient Hospital Services			
Outpatient Facility Charges	Deductible then coinsurance	$150 copay per surgery	100% after ded
Diagnostic X-Ray and Lab Tests	Deductible then coinsurance	No copay; 100%	100% after ded
Advanced Imaging	Deductible then coinsurance		100% after ded
Emergency Room	$350 copay	$100 copay;waived if admitted	100% after ded
Ambulance	$50 copay	$50 copay	100% after ded
Urgent Care Facility	$40 copay	$50 copay	100% after ded
Prescription Drug Benefits			
Prescription Drug Deductible	N/A		Integrated with Medical
Tier 1	$15 copay	$7 copay	100% Generic & 80% brand after Ded
Tier 2	$40 copay	$30 copay	
Tier 3	$70 copay	$55 copay	
Tier 4	10% spec with $150 max	$50 copay	

Medical Insurance Cost

BlueCross BlueShield of Louisiana
An independent licensee of the Blue Cross and Blue Shield Association.

Please see the 2018-19 payroll deductions for each plan below. *No Change in Medical Premiums for 2018-2019*

Election	Premier Blue ($500 Deductible)		HMO/POS ($0 Deductible)		Blue Saver HDHP ($3,000 Deductible)	
	Total Monthly Premium	EE Monthly Deduction	Total Monthly Premium	EE Monthly Deduction	Total Monthly Premium	EE Monthly Deduction
Employee Only	$576.42	$184.45	$640.82	$205.06	$435.18	$139.26
Employee/Spouse	$1,152.88	$368.92	$1,281.69	$410.14	$870.40	$278.53
Employee/Children	$1,066.29	$341.21	$1,185.43	$379.34	$805.03	$257.61
Family	$1,642.72	$525.67	$1,826.25	$584.40	$1,240.21	$396.87

ENROLLMENT DEADLINE—**AUGUST 13, 2018**

Voluntary Dental Insurance - Ameritas

Zachary Community School District offers **Voluntary Dental** insurance through **Ameritas.**

General Plan Information	Benefits—Participating Providers
Annual Deductible/Individual	$50
Annual Deductible/Family	$150
Annual Plan Maximum	$2,000
Lifetime Orthodontia Plan Maximum	$2,000
Covered Services	
Diagnostic and Preventive	100%
Basic	80%
Major	50%
(Endodontics & Periodontics covered in Basic)	
Orthodontia Services	
Orthodontia - no waiting period	50%
Dependent Children Only	Up to age 19

Plan Notes

- Save more by choosing a Network Dentist!
- Remember to contact the HR office when a child attains their 26th birthday.
- Preventive services are covered at 100% without a deductible. Bitewing X-rays are covered at 100% (one per 6mths).

Election	Dental Insurance Cost
	Employee Monthly Payroll Deduction
Employee Only	$38.17
Employee / Spouse	$75.63
Employee / Child(ren)	$84.78
Family	$120.62

ENROLLMENT DEADLINE—**AUGUST 13, 2018**

Voluntary Vision Insurance - Ameritas

Zachary Community School District offers **Voluntary Vision** insurance through **Ameritas VSP Network**

General Plan Information	In-Network Benefits*	Out-of-Network Benefits
Copay		
Examination	$10 copay	Up to $45
Materials	$25 copay	See below
Benefit Frequency		
Examination	12 months	12 months
Lenses	12 months	12 months
Frames	24 months	24 months
Contacts	12 months	12 months
Covered Services		
Lenses		
Single Vision Lens	$25 copay	Up to $30
Bifocal Lens	$25 copay	Up to $50
Trifocal Lens	$25 copay	Up to $65
Progressive	Up to $120	
Contact Lenses		
Medically Necessary	$25 copay (authorization required)	Up to $210
Elective	$120 allowance	Up to $105
Frames	$120 allowance (20% off balance over $120)	Up to $70

* **In Network Providers include Costco and Visionworks—Refer to Ameritas Vision summary for additional providers and plan details.**

Plan Notes

- Please access participating Vision providers that will fit your needs. Refer to the Ameritas materials for more information regarding this Vision offering.
- Remember to contact the HR office when a child attains their 26th birthday.

Election	Vision Insurance Cost Employee Monthly Payroll Deduction
Employee Only	$5.25
Employee / Spouse	$10.43
Employee / Child(ren)	$9.66
Family	$14.85

Voluntary Cancer

CP-12 Policy available effective 8/1/2018

Cancer Insurance offered through **Allstate** provides cash benefits for Cancer and 20+ specified diseases; helps cover the costs of treatments and expenses as they occur.

Highlights

- CP-10 Policies currently in-force will remain. The CP-12 Policy will replace the CP-10 for all new enrollees
- CP-12 offers additional flexibility in choosing benefit amounts
- Covers Employee, Spouse & children to age 26
- Payments are based on a Benefit Schedule and are paid directly to you
- Covers up to $10k / 12 month Radiation/Chemotherapy; $10k / 12 month Blood/Plasma/Platelets (amount ibased on Plan selected)
- Covers up to $3,000 for Inpatient Surgery/ up to $4,500 for Outpatient Surgery per 12 months (amount based on Plan selected).
- Includes additional $2,000 or $5,000 Cancer Initial Diagnosis (based on Plan)
- $75 or $100 Wellness benefit depending on Plan.
- In addition, Ground Ambulance benefit up to $250; Air Ambulance up to $10,000
- **Medical Questions must be answered on Page 3 of the Application.**
- 12/12 Pre-Existing Limitations
- Portable if you leave the Employer

Cancer Premiums	EE Only	Family
Low Option Plan	$19.09	$36.98
High Option Plan	$39.00	$75.89

Voluntary Long Term Care

Long Term Care benefits are offered through Unum. LTC benefits are paid if a participant suffers from a chronic illness. LTC coverage is offered to all active employees working greater than 20 hrs/wk and their designated family.

Highlights

- Facility Monthly Benefit available from $2,000—$9000 per month in $1,000 increments. Guaranteed Issue up to $6,000. EOI required for a monthly benefit greater than $6,000.
- Benefit Duration offered for 3 years and 6 years. Lifetime coverage is available if medical questionnaire is approved.
- Elimination Period = 90 days
- May elect Professional Home and Community Care or Total Choice Home Care at 50% of the LTC Facility Monthly benefit.
- Rates are age banded. Please refer to the rate sheet in the enrollment kit to determine your premium for the specific plan chosen.

Life Insurance Benefits

Basic Life & AD&D

ZCSD provides all full-time active employees with 1.5 X annual salary up to a maximum of $130,000 Group Life and Accidental Death and Dismemberment (AD&D) insurance. The coverage will be offered through **Southern National Life Insurance.** The School System pays the full cost of this benefit.

Beneficiary Updates

Please keep your Beneficiary Information current at all times. You may use the Beneficiary Change Form to update your beneficiaries.

Voluntary Term Life

Highlights - EMPLOYEE

- Available in increments of $10,000 (minimum of $20,000) up to a maximum of 5x salary or $500,000. Guaranteed issue up to $100,000.
- Rates are age-banded; cost increases as Employee ages.
- Employee must be enrolled in Voluntary Life coverage in order to enroll dependents in life insurance.
- Voluntary Life coverage is portable upon Retirement.
- Age reductions apply upon reaching 70 years of age.

  (35% @ age 70; 50% @ age 75; 70% @ age 80)

Highlights - SPOUSE / CHILD(REN)

- Spousal coverage available up to lesser of 50% of Employee's amount or $250,000. Guaranteed issue amount of $50,000.
- Rates are age-banded and are based on Spouse's age and will increase as spouse ages.
- Employee MUST BE ENROLLED to purchase Spouse and/or Child(ren) coverage.
- After your "initial enrollment", spousal amounts requested will require Evidence of Insurability (EOI) completed by Spouse and submitted and approved by Southern National Life.
- Dependent Child(ren) to age 26—coverage available for $10,000.
- **EOI will be available for completion**. Please complete and return to zacharyschools@bxsi.com.

Voluntary Life Rates - Monthly
Per $1,000 of benefit

Age	Cost (Employee / Spouse)
0-29	$0.10
30-34	$0.10
35-39	$0.13
40-44	$0.18
45-49	$0.26
50-54	$0.37
55-59	$0.64
60-64	$0.93
65-69	$1.47
70-74	$2.54
75-79	$4.49
80-84	$7.16

Child(ren) Voluntary Life Monthly Premium
(for all children, not per child)

$10,000 benefit	$2.00

SOUTHERN NATIONAL
LIFE INSURANCE COMPANY, INC.
A subsidiary of Blue Cross and Blue Shield of Louisiana,
independent licensees of the Blue Cross and Blue Shield Association.

Short-Term Disability Insurance

ZCSD offers Voluntary Short-Term Disability Insurance through Allstate Benefits. In the event you become disabled from an accident or illness, tax free Disability Income benefits are provided as a source of income.

STD Highlights

Elimination Period	30 days
Benefits Period	6 months
Percent of Income Replaced	60% of covered earnings
Maximum Benefit	$2,500 per month
Pre-Existing Limitation	12/12

STD Rates - Monthly

Age	Rate per $100 of Benefit
0-29	$1.98
30-39	$2.14
40-44	$2.38
45-49	$2.39
50-54	$2.70
55-59	$3.32
60-64	$4.00
65+	$4.87

Long-Term Disability Insurance

ZCSD provides full-time employees with an opportunity to purchase Long-Term Disability Income through Allstate Benefits. In the event you become disabled from a non work-related injury or sickness, disability income benefits are provided as a source of income. You may purchase a minimum of a $400 monthly benefit.

LTD Highlights

Elimination Period	180 days
Benefits Period	SSNRA
Percent of Income Replaced	Up to 60%
Maximum Benefit	$6,000 per month
Own Occupation	24 months
Pre-Existing	12/12

LTD Rates - Monthly

Age	Rate per $100 of Benefit
0-29	$0.262
30-39	$0.480
40-44	$0.825
45-49	$1.252
50-54	$1.755
55-59	$2.047
60+	$2.047

STD Notes

- Short-Term Disability benefits will be offset if you are receiving Workers' Compensation benefits or receiving salary continuation benefits.

LTD Notes

- Long-Term Disability benefits coordinate with and are offset by Social Security Disability benefits, Workers' Compensation benefits and salary continuation benefits.

Allstate Benefits

Carrier Contact Information

Medical Carrier		
Blue Cross Blue Shield of Louisiana	1-800-599-2583	www.bcbsla.com
Voluntary Dental		
Ameritas	1-800-659-2223	www.ameritas.com
Ameritas Dental Network		
Vision Carrier		
Ameritas	1-800-659-2223	www.ameritas.com
VSP Vision Network		
Short-Term Disability and Long-Term Disability		
Allstate	1-800-521-3535	www.allstatebenefits.com
Basic Life / AD&D / Voluntary Life Carrier		
Southern National Life	1-800-376-7734	www.bcbsla.com
Cancer Carrier		
Allstate Benefits	1-800-521-3535	www.allstatebenefits.com
Voluntary Long Term Care		
Unum	1-800-227-4165	www.unum.com
Zachary Community School District Director of Human Resources		
Yolanda Williams	225-658-4969	Yolanda.Williams@zacharyschools.org
BXSInsurance		
Account Support	225-336-3209	zacharyschools@bxsi.com

Benefit Questions during this Enrollment Period?

Email: Zacharyschools@bxsi.com

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