



2019-2020 Employee Benefits Guide



2019

Benefits Enrollment
Newsletter & Guide

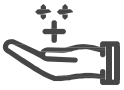


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Welcome to ZCSD!

Zachary Community School District (ZCSD) knows how important it is to provide quality employee benefits to our teammates and their dependents. We strive to provide a total benefits package that meets your needs.



Your Benefits Plan Options:

ZCSD offers a comprehensive benefits package consisting of the following:



Medical/Rx Insurance



Telemedicine



Wellness



Dental Insurance



Vision Insurance



Disability Insurance



Term Life Insurance



Basic Life Insurance



Cancer Insurance



Long Term Care Insurance



Enrollment

You can sign up for benefits or change your benefit elections at the following times:



During the annual benefits open enrollment period



30 days prior to your initial eligibility date (as a newly hired employee)



Within 30 days of experiencing a qualifying life event

Welcome to ZCSD!



Benefits Eligibility

Full time employees working at least 30 hours per week are eligible for benefits on the **first of the month following 1 month of employment.**

Many of the plans offer coverage for eligible dependents, including:

- Your legal spouse
- Your children to age 26, regardless of student, marital, or tax-dependent status (including stepchild, legally adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian).
- Your dependent children over age 26 who are physically or mentally unable to care for themselves.



Changing Your Benefits During the Year

ZCSD allows you to pay your portion of the medical, dental, and vision plan costs on a pre-tax basis. Thus, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying event, and election changes must be consistent with your life event.

To request a benefits change, notify your Business Office or Human Resources within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. You may need to provide proof of the life event.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Change in your child's eligibility for benefits
- Qualified Medical Child Support Order

Retiree Benefits



Retiree Benefits Summary

The Zachary Community School Board shall contract with a health provider for health, hospitalization, and life insurance benefits for its eligible employees, retirees and/or their spouses and children. The School Board may pay any portion of an employee's premium it so designates.

Employees hired by the Zachary Community School Board shall be expected to work a minimum of three (3) years before leaving the system.

You and your covered dependents can continue the health, dental, and vision benefits after you retire, but be advised that if you drop coverage on a dependent or yourself, you cannot re-enroll in that benefit. The School Board will continue to contribute a portion of your medical premium. The vesting schedule and worksheet will be provided to you.

Life Insurance

From the time hired, an employee shall receive life insurance coverage on an annual basis from the School Board of 1 ½ times the salary earned at the time of retirement. The maximum benefit for all life insurance coverage shall be \$130,000.

For employees hired on or after August 1, 2019, an employee who has served a minimum of five (5) consecutive years of service at the time of retirement shall receive life insurance coverage of 1 ½ times the salary earned at the time of retirement, in accordance with the following reduction schedule:

Life Insurance Benefits and Accidental Death and Dismemberment Benefits for any insured retiree will automatically reduce on the policy anniversary date coinciding with or next following attainment of the ages shown below:

- To 65% - Age 70, but less than 75
- To 50% - Age 75, but less than 80
- To 30% - Age 80 and over

Disability coverage will end when you retire, however you will be able to continue Voluntary Life, Cancer and Long Term Disability coverage. Instructions, Forms, and Rates are included in the Retiree Packet you will receive upon notification of your retirement.

Please refer to the next page for the Medical Vesting Schedule for you and your covered dependents.

Medical Vesting Schedule

Employees who are hired and enrolled in the group health plan on or after January 1, 2007 will be vested for health insurance benefits as follows.

Completed years of employment	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
% of employers portion of premium	0	0	0	10%	20%	30%	40%	60%	80%	100%

Employees, and qualified dependents of employees, who were employed by ZCSB prior to January 1, 2007 but not enrolled in the ZCSB group health plan prior to January 1, 2007, will be required to follow the same vesting schedule as employees hired on or after January 1, 2007.

DEPENDENTS OF EMPLOYEES HIRED ON OR AFTER JANUARY 1, 2007

Dependents of employees who are enrolled on or after January 1, 2007 will have their health insurance benefit vested as follows.

Completed years of enrollment	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
% of employers portion of premium	0	0	0	0	0	0	0	0	0	50%

ALTERNATIVE COVERAGE

Any retiring employee and qualified dependent who qualifies for Medicare coverage will be required to obtain Medicare, Part A coverage as the primary coverage for their retirement health insurance. These retired employees will be enrolled in a Medicare Group Supplement Plan (when available).

PREMIUM PAYMENT

Payment of the retired employee's portion of the health premium (for all ZCSB retirees) must be made in one of two methods:

Method 1 – Bank Draft

Method 2 – Appropriate Retirement Payroll reduction (when available)

Method 3 – Direct Billing

Employee Navigator Enrollment



Enrollment Instructions

All employees who wish to be covered under the ZCSD Benefits Program must make an election in the electronic enrollment system.

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

Create Your Account

First, let's find your company record

First Name

Last Name

Company Identifier

(provided by HR)

PIN

(Last 4 Digits of SSN / ID)

Birth Date

(mm/dd/yyyy)

Next »

Create Your Account

Welcome, Maryann

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

Username

(company email is recommended)

Password

(minimum length of 8, number and symbol required)

show it

Last 4 Digits of SSN

(just to be sure)

☐ I agree with the terms of use

Register »

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

STEP 4: You are ready to make your benefit elections! Please select '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>

You are encouraged to carefully review the enrollment options to ensure your health insurance selection meets your needs and your budget. For questions, contact BXS Insurance at 225-336-3209 or zacharyschools@bksi.com

Thank you for being part of the ZCSD Team!

Medical/Rx Insurance

ZCSD offers eligible employees a choice of three Medical Plans through **Blue Cross Blue Shield of Louisiana**.

The table below summarizes the key features of the in-network benefits on the available medical plans. Please refer to the official plan documents for additional information on coverage and exclusions.

Medical/Rx Plan(s)

Covered Benefits	Plan A Premier Blue	Plan B HMO/POS	Plan C Blue Saver HDHP
	In-Network Benefits	In-Network Benefits	In-Network Benefits
Annual Deductible Individual Family	\$500 \$1,500	\$0 \$0	\$3,000 \$6,000
Coinsurance	90%	100%	100%
Annual Out-of-Pocket Max Individual Family	\$3,250 \$6,500	\$1,500 \$3,000	\$5,000 \$10,000
Office Visit Primary Care Specialist	\$25 copay \$40 copay	\$20 copay \$35 copay	100% after Deductible 100% after Deductible
Wellness Preventive Care	100% allowable	100% allowable	100% allowable
Telemedicine	\$39 copay	\$39 copay	\$39 copay
Emergency Room	\$350 copay	\$100 copay	100% after Deductible
Ambulance	\$50 copay	\$50 copay	100% after Deductible
Urgent Care	\$40 copay	\$50 copay	100% after Deductible
Inpatient Hospitalization	90% after Deductible	\$150 per day (max of 3 days)	100% after Deductible
Outpatient Services	90% after Deductible	\$150 copay per Surgery	100% after Deductible
Rx Tier 1 Tier 2 Tier 3 Tier 4	\$15 copay \$40 copay \$70 copay 10% spec with \$150 max	\$7 copay \$30 copay \$55 copay \$50 copay	Generic: 100% after Deductible Brand: 80% after Deductible
Pharmacy Tier Review: Bcbsla.com/coverreddrugs			

Medical/Rx Insurance

Medical/Rx Premium

	Plan A Premier Blue \$500 Ded		Plan B HMO/POS \$0 Ded		Plan C Blue Saver HDHP \$3000 Ded	
Coverage Level	Total Monthly Premium	Employee Semi - Monthly Deduction	Total Monthly Premium	Employee Semi - Monthly Deduction	Total Monthly Premium	Employee Semi - Monthly Deduction
Employee Only	\$594.83	\$95.18	\$661.28	\$105.81	\$449.08	\$71.86
Employee + Spouse	\$1,189.70	\$190.35	\$1,322.63	\$211.62	\$898.20	\$143.71
Employee + Child(ren)	\$1,066.29	\$176.06	\$1,223.29	\$195.73	\$830.75	\$132.92
Employee + Family	\$1,695.18	\$271.23	\$1,884.58	\$301.54	\$1,279.82	\$204.77

Telemedicine



BlueCare Telemed Services

Skip the waiting room - get the care you need now, without taking time off from work or school!

With BlueCare, you can have online visits with U.S. trained, board-certified doctors 24/7, 365. BlueCare works on a computer, tablet, smartphone or any device with internet and a camera.

HAVE YOU SIGNED UP YET?

- Go to www.BlueCareLA.com or download the BlueCare app for Android or iPhone.
- Create your account with a username and password, which you will use for each BlueCare visit.

The next time you need care, the doctor will be only a click away!

BlueCare is great for those times when you need to see a doctor but can't find the time, feel too sick to leave the house or are traveling.

BlueCare costs less than urgent care and ER visits, and is an easier way to treat non-emergency, common conditions like:

- Sinus infections
- Cough, cold or flu symptoms
- Rashes
- Allergies
- Bladder infections
- Pink eye
- Mild stomach bugs

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

www.BlueCareLA.com

Wellness Benefits *(Health & Financial)*



Blue365 Health and Wellness Discounts

Register at www.Blue365deals.com/BCBSLA for standing discounts from top-name national vendors. While you're there, sign up for weekly emails with special time-limited offers you can take advantage of in the moment.



ID Protection Services

The Cross and Shield is here to help protect you, in good times and in challenging times. That's why we offer AllClear ID, **FREE identity protection services to *eligible customers**. And the identity protection applies to all parts of your life, not just healthcare.

YOUR FREE ID PROTECTION SERVICES

- **AllClear Identity Theft Repair Assistance:** If you experience fraud or identity theft, an investigator will work to recover your financial losses and restore your credit.
- **AllClear Identity Theft and Credit Monitoring:** Alerts you if your personal information is reported to AllClear ID by industry security professionals such as the FBI. This includes Social Security numbers, credit card numbers, PIN numbers and more. Also alerts you if banks and creditors use your identity to open new credit accounts.

HOW TO ENROLL

If you are an eligible Blue Cross customer, **AllClear Identity Repair** is automatically available to you with no enrollment required. If you become a victim of identity theft, call 1-855-229-0079 for assistance and an investigator will work with you to restore your credit.

If you would also like FREE AllClear Identity Theft and Credit Monitoring to help monitor your credit and provide extra protection, you must sign up for it. You will not be automatically enrolled in these additional services.

Dental Insurance

ZCSD offers a dental insurance plan through **Ameritas**. The plan offers in-and out of network benefits, providing you the freedom to choose any provider. However, you will pay less out of pocket when you choose a network provider.

Dental Plan

Category	In-Network
Deductible (per calendar year) (waived for preventive)	\$50 per person, \$150 per family
Annual Plan Benefit Maximum	\$2,000 per covered member
Preventive Care (Oral exams, cleanings, x-rays)	100%
Basic Services (Perio & Endo Services, oral surgery, fillings)	80%
Major Services (Bridges, crowns, dentures)	50%
Orthodontia Services (to age 19)	50%
Lifetime Orthodontia Plan Max	\$2,000

Dental Premium

Tier	Semi-Monthly Payroll Deduction
Employee Only	\$20.04
Employee + Spouse	\$39.71
Employee + Child(ren)	\$44.51
Employee + Family	\$63.33

Vision Insurance

ZCSD offers a vision insurance plan through **Ameritas**. The plan offers in-and out of network benefits, providing you the freedom to choose any provider. However, you will pay less out of pocket when you choose a network provider.

Vision Plan

Category	In-Network
Benefits Frequency Eye Exam Materials / Lenses Frames Contacts	Once every 12 Months Once every 12 Months Once every 24 Months Once every 12 Months
Eye Exam	\$10 copay
Materials/Lenses Single Vision Lenses Bifocal Lenses Trifocal Lenses Progressive	\$25 copay \$25 copay \$25 copay Up to \$120
Frames	\$120 Allowance then 20% Discount
Contact Lenses: Elective Medically Necessary	\$120 allowance \$25 copay (authorization required)

Vision Premium

Tier	Semi-Monthly Payroll Deduction
Employee Only	\$2.63
Employee + Spouse	\$5.22
Employee + Child(ren)	\$4.83
Employee + Family	\$7.43

Disability Insurance

ZCSD will offer Disability Insurance through **Mutual of Omaha**. In the event you become disabled from an accident or illness, tax free disability income benefits are provided.

Short Term Disability Plan

Category	Benefit
Elimination Period	30 Days
Benefits Period	22 Weeks
Percent of Income	60% of Covered Earnings
Maximum Benefit	\$2,500 per Month
Pre-Existing Condition Limitation	3 Month / 6 Month
Portability	Included

Long Term Disability Plan

Category	Benefit
Elimination Period	180 Days
Benefits Period	Social Security Normal Retirement Age (SSNRA)
Percent of Income	60% of Covered Earnings
Maximum Benefit	\$6,000 per Month
Pre-Existing Condition Limitation	6 Month / 12 Month
Portability	Included

Short Term Disability Rates

Monthly Rate per \$10 of Weekly Benefit
\$0.370

Long Term Disability Rates

Age Band	Rate per \$100 of Monthly Benefit
0-20	\$0.081
20-24	\$0.090
25-29	\$0.178
30-34	\$0.278
35-39	\$0.392
40-44	\$0.566
45-49	\$0.732
50-54	\$1.122
55-59	\$1.407
60-64	\$1.478
65-69	\$1.551
70-99	\$1.628

Life/AD&D Insurance

For your peace of mind, ZCSD automatically provides basic life and AD&D insurance through **AXA** at no cost to you.

Basic Life/AD&D Plan

Category	Benefit
Benefit Amount	1.5x Annual Salary
Benefit Maximum	\$130,000

ZCSD will continue to offer full-time employees an opportunity to purchase additional life and AD&D insurance through **AXA** to help meet the needs of you and your family.

Supplemental Life/AD&D Plan

Category	Benefit
Employee Coverage	
Benefit Amount	Up to 5x Annual Salary
Benefit Increments	\$10,000
Benefit Maximum	\$500,000
Guarantee Issue Coverage	\$180,000
Spouse Coverage	
Benefit Amount	Up to 50% Employee Amount
Benefit Increments	\$5,000
Benefit Maximum	\$250,000
Guarantee Issue Coverage	\$50,000
Age Reduction Schedule	
Age 70	35% at Age 70
Age 75	50% at Age 75
Age 80	70% at Age 80
Dependent Child Coverage (to Age 26)	\$10,000
Notes:	
- Rates are age-banded; cost increases with age	
- Employee must be enrolled in Supplemental Life Coverage for dependents to enroll in coverage	
- Supplemental Life Coverage is portable upon Retirement	
- Spouse Rates are based on spouse's age	
- After your initial enrollment, Evidence of Insurability (EOI) is required for additional coverage	

Life/AD&D Insurance

Supplemental Life/AD&D Rates

Employee/Spouse

Age Band	Rate per \$1,000 Benefit
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)

Amount	Semi-Monthly Premium (for all children, not per child)
\$10,000	\$1.00

Cancer Insurance



Cancer Insurance

ZCSD offers a cancer insurance plan through **Allstate**. The plan provides cash benefits for Cancer and 20+ Specified Diseases, and helps cover the costs of treatment and expenses as they occur.

Cancer Plan Highlights

- CP-10 Policies currently in-force will remain. The CP-12 Policy replaced the CP-10 Policy 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 is based 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 Premium

Tier	LOW Option	HIGH Option
	Semi-Monthly Payroll Deduction	Semi-Monthly Payroll Deduction
Employee Only	\$19.09	\$39.00
Family	\$36.98	\$75.89

Long Term Care Insurance



Long Term Care Insurance

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 hours per week and their designated family members.

Long Term Care Plan 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.
- A paper application is required for enrollment.

Important Contacts

Coverage	Carrier / Contact	Contact Information
Medical	Blue Cross Blue Shield	Website: www.bcbsla.com Phone #: 800-599-2583
Telemed	Blue Cross Blue Shield	Website: www.BlueCareLA.com
Dental & Vision	Ameritas	Website: www.ameritas.com Phone #: 800-659-2223
Disability	Mutual of Omaha	Website: www.mutualofomaha.com Phone #: 800-877-5176
Life	AXA	Website: www.bcbsla.com Phone #: 800-376-7734
Cancer	Allstate	Website: www.allstatebenefits.com Phone #: 800-521-3535
Long Term Care	Unum	Website: www.unum.com Phone #: 800-227-4165
Zachary Community School District	Yolanda Williams	Phone #: 225-658-4969 Email: yolanda.williams@zacharyschools.org
BXS Insurance	Account Support	Phone #: 225-336-3209 Email: zacharyschools@bksi.com

Required Notices

Important Notice from Zachary School Board, About Your Prescription Drug Coverage and Medicare under the Blue Cross Blue Shield of Louisiana Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Zachary School Board, 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. Zachary School Board, has determined that the prescription drug coverage offered by the Blue Cross Blue Shield of Louisiana plan(s) 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 during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for 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 Zachary School Board, coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein

If you do decide to join a Medicare drug plan and drop your current Zachary School Board, coverage, be aware that you and your dependents will 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 Zachary School Board, 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 at the end of these notices 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 Zachary School Board, changes. You also may request a copy of this notice at anytime.

For more information about Medicare prescription drug coverage:

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

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

Remember: Keep this Medicare Part D 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).

Required Notices

Date: August 1, 2019

Name of Entity/Sender: Zachary Community School District

Contact-Position/Office: Human Resources

Address: 3755 Church Street, Zachary, LA 70791

Phone Number: (225) 658-4969

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 was signed into law on October 21, 1998. The Act requires that all group health plans providing medical and surgical benefits with respect to a mastectomy must provide coverage for all of the following:

- Reconstruction of the breast on which a mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedema

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions which apply for the mastectomy. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description or contact Human Resources at **(225) 658-4969**.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. The Notice of Privacy Practices has been recently updated. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at **(225) 658-4969**.

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 later 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 towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. Legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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 Human Resources at **(225) 658-4969**.

Glossary

Coinsurance - Your share of the cost of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service, typically after you meet your deductible. For instance, if your plan's allowed amount for an office visit is \$100 and you've met your deductible (but haven't yet met your out-of-pocket maximum), your coinsurance payment of 20% would be \$20. Your plan sponsor or employer would pay the rest of the allowed amount.

Copay - The fixed amount, as determined by your insurance plan, you pay for health care services received.

Deductible - The amount you owe for health care services before your health insurance or plan sponsor (employer) begins to pay its portion. For example, if your deductible is \$3,000, your plan does not pay anything until you've met your \$3,000 deductible for covered health care services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) / Personal Health Statement (PHS) - A statement sent by your insurance carrier that explains which procedures and services were provided, how much they cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision. These statements are also posted on the carrier's website for your review.

Health Care Cost Transparency - Also known as Market Transparency or Medical Transparency. Health care provider costs can vary widely, even within the same geographic area. To make it easier for you to get the most cost-effective health care products and services, online cost transparency tools, which are typically available through health insurance carriers, allow you to search an extensive national database to compare costs for everything from prescription drugs and office visits to MRIs and major surgeries.

Employee Contribution - The weekly amount you pay for your insurance coverage.

High Deductible Health Plan (HDHP) - Plan option that provides choice, flexibility and control when it comes to spending money on health care. Preventive care is covered at 100% with in network providers, there are no copays, and all qualified employee-paid Medical expenses count toward your deductible and your out-of-pocket maximum.

In-Network - In-network providers are doctors, hospitals and other providers that contract with your insurance company to provide health care services at discounted rates.

Out-of-Network - Out-of-network providers are doctors, hospitals and other providers that are not contracted with your insurance company. If you choose an out-of-network doctor, services will not be provided at a discounted rate and your cost sharing (deductibles and coinsurance) will increase.

Out-of-Pocket Maximum - The most you pay during a calendar year before your health insurance or plan begins to pay 100% of the allowed amount. This limit does not include your premium, charges beyond the Reasonable & Customary, or health care your plan doesn't cover. Check with your health insurance carrier to confirm what payments apply to the out-of-pocket maximum.

Reasonable and Customary Allowance (R&C) - Also known as an eligible expense or the Usual and Customary (U&C). The amount your insurance company will pay for a Medical service in a geographic region based on what providers in the area usually charge for the same or similar Medical service.

Step Therapy - The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before a non-preferred brand medication is eligible for coverage without prior authorization.

Summary of Benefits and Coverage (SBC) - Mandated by health care reform, your insurance carrier or plan sponsor will provide you with a clear and easy to follow summary of your benefits and plan coverage.

