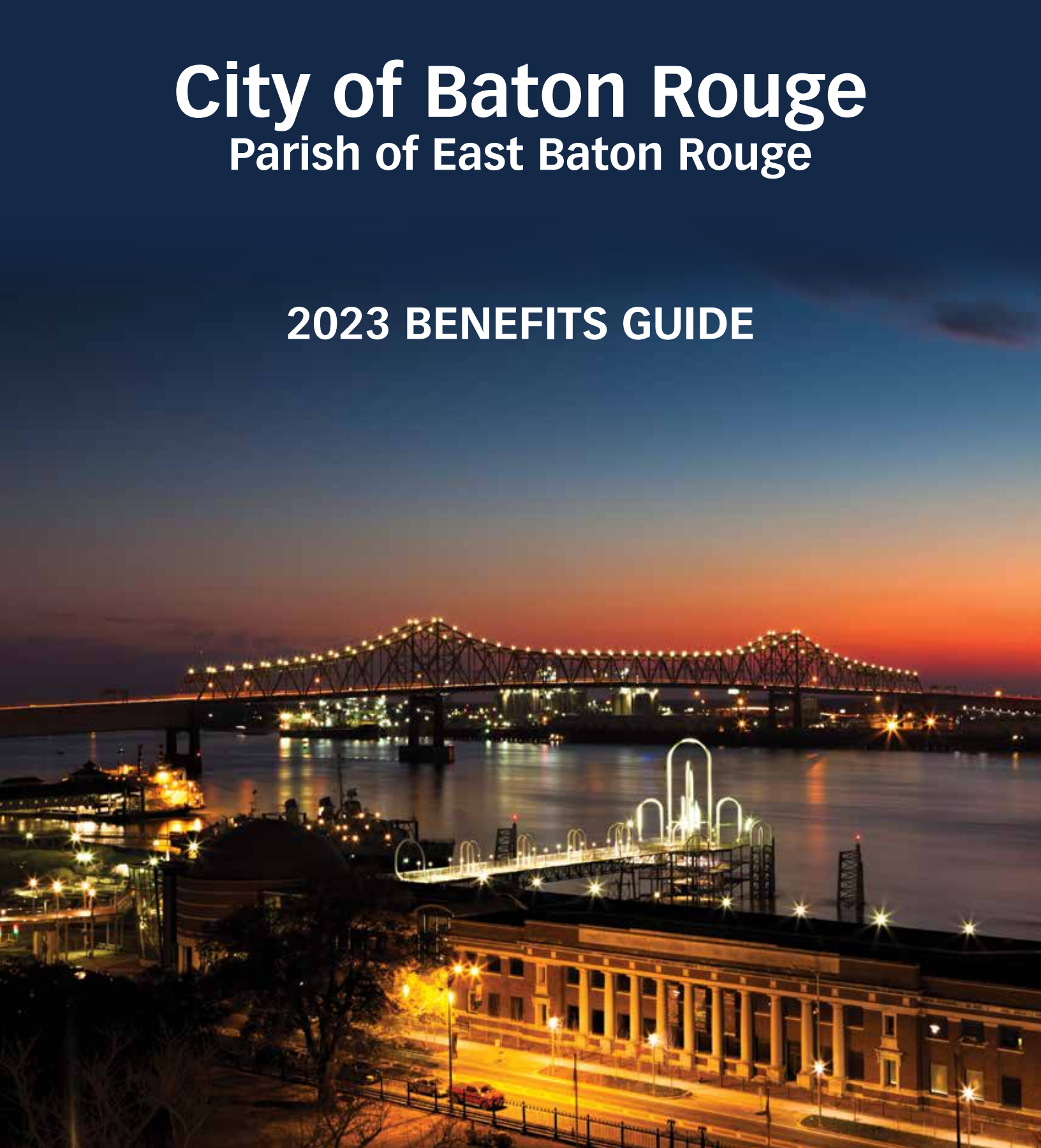


City of Baton Rouge

Parish of East Baton Rouge

2023 BENEFITS GUIDE



CITY OF BATON ROUGE
PARISH OF EAST BATON ROUGE

Welcome

Welcome to the City of Baton Rouge's Open enrollment for all benefits. As you review this guide, you will notice that you have a full array of options for your benefits. Having choices means that you can select the plans and options best suited to your family's particular needs.

NEW FOR 2023

This year, we are introducing significant enhancements to our Critical Illness benefits with no change in rates. To make informed choices regarding your benefits, please take the time to review this brochure to learn about all of the benefits available to you and the features of the new benefit enhancements.

Professional Benefit Counselors from Complete Benefit Alliance (CBA) will be available once again to conduct one-on-one benefit enrollment sessions with each of our employees. These sessions will be conducted on-site. During the enrollment process, the Benefit Counselors will assist each employee with making changes to personal information, updating beneficiaries and enrolling in the 2023 plan options.

This year, employees have the option to schedule an enrollment appointment at the Human Resources location. Appointments are available from October 26th through November 4th. To pre-schedule an appointment, go to www.myenrollmentschedule.com/cityofbatonrouge.

SUPPORTING DOCUMENTATION

To add ANY dependents, the City-Parish HR Department must have a copy of the social security card and the documentation to support the new dependent (birth certificates or a letter of verification of birth from the hospital if the birth certificate has not been received, certificate of adoption, or marriage license, etc.). Documentation must be presented to the Enrollment Representative and must be submitted with your changes or additions. The Enrollment Representatives are not allowed to process any changes to your benefits until such documentation is provided.

Every employee is asked to update their information, including, but not limited to, address and phone numbers, with the Human Resources Department. Deductions for newly elected benefits are effective January 1, 2023.

This is your open enrollment period. All forms must be submitted as instructed prior to the end of open enrollment. Remember, **ALL CHANGES ARE FINAL!**

DEPENDENT CHILDREN

On health, dental and vision insurance plans offered by the City of Baton Rouge - Parish of East Baton Rouge, dependent children are covered through the end of the month of their 26th birthday regardless of student or marital status.

Dependent age limitation for life coverage may vary. Check with a benefit counselor for details.

2023 BENEFITS GUIDE

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ACTIVE EMPLOYEES APPROACHING AGE 65

Active employees/spouses who are approaching age 65 please contact the Payroll and Benefits office at 225-389-3134 before enrolling in Medicare.

Welcome

FAMILY STATUS CHANGES – QUALIFYING EVENTS

The only time you may change your insurance coverage is during the annual Open Enrollment period, unless you have a life changing event or family status change as defined by the IRS. It is your responsibility to report any life changes (Qualifying Events) within 30 days of the family status change (marriage, divorce, birth, adoption, death, etc.). If you do not make these changes within 30 days of the Qualifying Event, your right to make changes is lost. You must come to Human Resources Payroll and Benefits to make this change with the necessary documents. If you have any questions, please contact us at 225-389-3134.

QUALIFYING EVENT	REQUIRED DOCUMENTATION
Marriage	Marriage License, Social Security Card
Divorce	Official Signed Divorce Decree
Birth	Birth Certificate or Hospital Certificate, Social Security Card
Adoption, Custody of Child	Adoption Papers, Final Signed Court Decree, Social Security Card
Overage Dependent	No documentation required
Change in Spouses Employment Status	Letter from Spouse's previous employer stating the type of coverage, who was covered and the date of cancellation.

FOR THOSE OF YOU CONSIDERING RETIREMENT SOON

It is important for you to know what benefits can be taken with you. Please see the information below.

FSA – Once you are retired you can no longer put funds into your FSA. Funds remaining in your FSA account must be spent prior to your retirement or they will be lost.

Basic Life Insurance – Your basic life reduces to \$5,000 at retirement.

Optional Life Insurance – You may request to convert your policy. You must elect to convert within 30 days of your retirement date so that you have plenty of time to review the offer to convert. After the 30 days from your retirement date, your right to convert is lost.

Medical – You may keep your medical plan. You must request to keep this plan through your retirement process. Please contact the Human Resources Payroll and Benefits Office at 225-389-3134 with any Medicare questions prior to retirement.

Dental – You may keep your dental plan. You must request to keep this plan through your retirement process.

Vision – You may elect to keep your vision plan. You must request to keep this plan through your retirement process.

Cancer and Accident - You may elect to keep your cancer and accident insurance. You must request to keep this plan through your retirement process.

INSURANCE VESTING PLAN

The Insurance Vesting Plan determines an employee's premium for health and dental insurance as a retiree. A retiree's premium will be based upon the total "actual" years worked for the City-Parish. Employees covered under health and/or dental insurance as of January 1, 2003 are "grandfathered" and not subject to this plan. Employees with 20 or more years of service are not subject to the Insurance Vesting Plan.

CLOSE TO RETIREMENT?

- You must be enrolled in Medical and/or Dental Insurance 12 months prior to retirement in order to keep the insurance as a retiree.
- Once you or your spouse are Medicare eligible you must provide a copy of your Medicare card to Human Resources.
- As a retiree you must enroll in Medicare Part B if you are eligible for Medicare Part A.

Notes

Blue Cross HMO Medical Plan

	NETWORK
Lifetime Max	Unlimited
Benefit Period Deductible (Single/Family)	\$500 / \$1,500
Out of Pocket Maximum (Single/Family)	\$2,500 / \$5,000
Physicians Office Visit	\$25.00* per visit
Specialist Office Visit	\$35.00* per visit
Employee Assistance Counseling	Up to 8 Visits (No Copay/Coinsurance)
Urgent Care Center	\$40.00* per visit
Vision Care Exam (1 per 24 Months)	\$35.00* per visit
Emergency Room	\$150* (waived if admitted)
Physicians Outpatient Surgical Services	\$100* Copayment per Day
Ambulatory Surgical Facility	\$200* per Surgical Visit
Inpatient Hospital Admission	\$200* per day/5 day Max
Pregnancy Care	\$50.00* Copay (first visit only)

*After Deductible

Blue Cross POS Medical Plan

	NETWORK	NON-NETWORK
Lifetime Max	Unlimited	
Benefit Period Deductible (Single/Family)	\$500 / \$1,500	\$1,000 / \$3,000
Out of Pocket Maximum (Single/Family)	\$2,500 / \$5,000	\$6,000 / \$12,000
Physicians Office Visit	\$25.00* per visit	70%/30%*
Specialist Office Visit	\$35.00* per visit	70%/30%*
Employee Assistance Counseling	Up to 8 Visits (No Copay/Coinsurance)	70%/30%*
Urgent Care Center	\$40.00* per visit	70%/30%*
Vision Care Exam (1 per 24 Months)	\$35.00* per visit	\$35.00 per visit
Emergency Room	\$150* (waived if admitted)	\$150* (waived if admitted)
Physicians Outpatient Surgical Services	\$100* Copayment per Day	70%/30%*
Ambulatory Surgical Facility	\$200* per Surgical Visit	70%/30%*
Inpatient Hospital Admission	\$200* per day/5 day Max	70%/30%*
Pregnancy Care	\$50.00* Copay (first visit only)	70%/30%*

*After Deductible

Pharmacy Benefits (HMO and POS Only)

Note: Compound drugs costing \$250 or more require a pre-authorization	RETAIL COPAYMENT (30 day supply)	MAIL-ORDER COPAYMENT (90 day supply)
	DEDUCTIBLE - \$0 GENERIC/\$250 BRAND NAME	
Tier 1 Primarily Generic Drugs, although some brand drugs may fall into this tier.	\$4.00	\$12.00
Tier 2 Primarily Brand-Name Drugs, although some generic drugs may fall into this tier.	\$30.00	\$90.00
Tier 3 Brand-Name or Generic Drugs that may have a therapeutic alternative as a Tier 1 or Tier 2 drug; covered compounded drugs are included in this tier.	\$50.00	\$150.00
Tier 4 A prescription drug that is a Multi-Source Brand Drug.	\$65.00	\$195.00

Blue Cross HDHP Medical Plan

	NETWORK	NON-NETWORK
Lifetime Max	Unlimited	
Benefit Period Deductible		
Single	\$2,000	\$4,500
Family (Aggregate)	\$4,000	\$9,000
Out of Pocket Maximum (Includes Deductible)		
Single	\$2,000	\$8,500
Family	\$4,000	\$17,000
Preventive/Wellness Care	100%	30% after Deductible
Physicians Office Visit	No charge after deductible	30% after Deductible
Specialist Office Visit	No charge after deductible	30% after Deductible
Physicians Outpatient Surgical Services	No charge after deductible	30% after Deductible
Inpatient Hospital Admission	No charge after deductible	30% after Deductible
Pregnancy Care	No charge after deductible	30% after Deductible
Prescription Drug (Generic & Brand)	No charge after deductible	

Omada: Diabetes Prevention Program

Take advantage of a brand new health benefit!

Omada is a digital behavior change program that inspires healthy habits you can live with long term. It combines the behavior change science an unwavering support you'll need to lose weight, keep it off and help reduce your risk for type 2 diabetes and heart disease.

Omada Includes:

- Wireless smart scale to monitor your progress
- Professional health coach to keep you on track
- Interactive program that adapts to you
- Weekly online lessons to educate and inspire
- Small group of participates for real-time support

More great news: If you or your adult dependent (18+) are at risk for type 2 diabetes or heart disease and enrolled in a City of Baton Rouge Blue Cross health plan, the cost of this program is covered with no extra cost to you - a \$650 value.

Take a one-minute risk screener to see if you're eligible at www.omadahealth.com/brla.



Ameriflex Flexible Spending Account (FSA)

A "FSA" is an employer-sponsored program offered as part of the Section 125 or Cafeteria Plan where an employee can pay certain expenses (medical or dependent care) on a pre-tax basis and be reimbursed by the program as those expenses are incurred.

If you currently have an FSA, you must reenroll during open enrollment. Your FSA deduction will not carryover to 2023.

"Use It or Lose It" Rule:

This term applies to Flexible Spending Account deductions accumulated in a plan year. If the funds are not used within a plan year, the employee loses this money. Careful planning helps to not "lose it."

Medical Expense:

Qualified medical expenses include vision care, contacts and glasses, dental work, including orthodontics, medical insurance deductibles, co-pays, prescription drugs, and over-the-counter medications. As a general rule, most expenses not reimbursed by your health carrier and expenses to prevent/treat an illness or disease may be qualified medical expenses. Maximum deductions: \$1,250 single or \$2,500 if married and filing jointly.

Over the Counter:

Thanks to the Coronavirus Aid Relief and Economic Security (CARES) Act, you can use your FSA or HSA funds to buy over-the-counter medications without a prescription, like Tylenol and other pain relievers, heartburn medications, allergy relief and more, for the first time since 2011. You can also use your funds for feminine care products, including tampons, pads, liners, cups, sponges, etc., for the first time.

Today take a few minutes to take stock of the medical supplies you need, any medical bills you have to pay and how much you have and will contribute to your FSA or HSA this year. These accounts let you use pre-tax dollars on medical costs, which saves you money in the long run. Make a plan for how to get the most out of your contributions.

The changes to eligible expenses are effective retroactively to January 1, 2021. If you purchased OTC medications or feminine care products this year, contact your benefits department to see if you can get reimbursed now.

Of course you can still use your funds for prescriptions, contact lenses and medical bills including co-insurance, copayments and deductibles.

Dependent Care Expenses:

A maximum of \$5,000 in dependent care expenses can be paid per year through a Flexible Spending Account. Expenses paid by an employee for the care of dependent children, spouses or parents while they work are governed by Code Sec. 129.

*You must keep all receipts for the expenses incurred for tax purposes.

Debit Card (FSA Convenience Card)

Medical expenses may be paid for with the pre-loaded debit card you will receive once your account is open. Providers who accept Master Card can accept your FSA convenience card.

Flexible Spending Account Frequently Asked Questions

Q: Can I participate in the Flexible Spending Account program while enrolled in the High Deductible Health Plan?

A: Yes, you can enroll in the FSA plan while enrolled in any health plan and can also enroll in the FSA without participating in any City of Baton Rouge health plans.

Q: Can I have both a FSA and HSA in the same plan year?

A: No, but you can have a Dependent Care (FSA) and an HSA.

Q: I am ending my employment; can I use my FSA until the end of the month as I could my HMO plan?

A: No, your FSA will end the day you resign. If you use your card after the term date, you will be responsible for repaying AmeriFlex for the claim that was incurred after the termination date.

Q: My spouse is also a City of Baton Rouge employee, can I elect a FSA and my spouse elect an HSA?

A: No

Q: My spouse is also a City of Baton Rouge employee; can we both enroll in a FSA?

A: Yes, however, you can only enroll in \$1,250 each which will equal \$2,500 which is the family maximum.

Q: Why am I receiving a Substantiation Request every time I use my FSA convenience card at the doctor's office but I don't get them when I use my card at Wal-Mart?

A: The pharmacies and Wal-Mart have a smart reader (IIAS Merchants system) that automatically identifies FSA eligible items whereas doctors do not have such capabilities.



Health Equity Health Savings Account (HSA)

An "HSA" is a bank account set up with pre-tax money deducted from your paycheck and deposited on your behalf if you are enrolled in the High Deductible Health Plan (HDHP). On a voluntary basis, you may deposit up to 100% of your individual or family deductible on your medical plan.

Carryover Rule:

Unlike the FSA, any unspent dollars in your account are rolled over from year to year.

Medical Expense:

Money in this account may be used toward your deductible, or may be used toward many other medically related items or procedures as approved by the Federal Government, which includes treatment or procedures not covered by your health plan, dental work, glasses or contacts, some over the counter medicine etc. Typically excluded are cosmetic or elective services. For more information on specifics of what these funds can and cannot be used for visit Health Equity's website: www.healthequity.com

Maximum deductions: \$3,850 single, or \$7,750 if married and filing jointly.

Over the Counter:

Thanks to the Coronavirus Aid Relief and Economic Security (CARES) Act, you can use your FSA or HSA funds to buy over-the-counter medications without a prescription, like Tylenol and other pain relievers, heartburn medications, allergy relief and more, for the first time since 2011. You can also use your funds for feminine care products, including tampons, pads, liners, cups, sponges, etc., for the first time.

Today take a few minutes to take stock of the medical supplies you need, any medical bills you have to pay and how much you have and will contribute to your FSA or HSA this year. These accounts let you use pre-tax dollars on medical costs, which saves you money in the long run. Make a plan for how to get the most out of your contributions.

The changes to eligible expenses are effective retroactively to January 1, 2021. If you purchased OTC medications or feminine care products this year, contact your benefits department to see if you can get reimbursed now.

Of course you can still use your funds for prescriptions, contact lenses and medical bills including co-insurance, copayments and deductibles.

****If you are eligible for Medicare and an active employee, you are not eligible to participate in the Health Savings Account feature.**

Health Equity Fee Changes

Effective September 1, 2011, Health Equity began charging a fee of \$1.25 to all MySmartSaver account holders who require paper statements. To avoid this fee log on to your account at www.healthequity.com and navigate to "My Accounts> Statements>Change your statement delivery method.

Effective March 2011, Health Equity began charging an HSA account maintenance fee of \$2.50 per month. This will be waived for the first three statement cycles after a new MySmartSaver HSA account opening.

This \$2.50 fee will be waived for any statement cycle in which the account holder maintains:

- Balance over \$1,500, if an electronic deposit is credited to the account that statement cycle; or,
- Balance over \$2,500, regardless if an electronic deposit is credited to the account that statement cycle.

***Although it may not be needed at the time of purchase, it is recommended that HSA account holders keep prescriptions along with receipts in their records in case they are ever audited.**

Health Savings Account Frequently Asked Questions

Q: Can I participate in an HSA while enrolled in the HMO plan?

A: No, you can only participate in HSA while enrolled in the HDHP plan.

Q: Can I contact Health Equity to cancel my account anytime during the year?

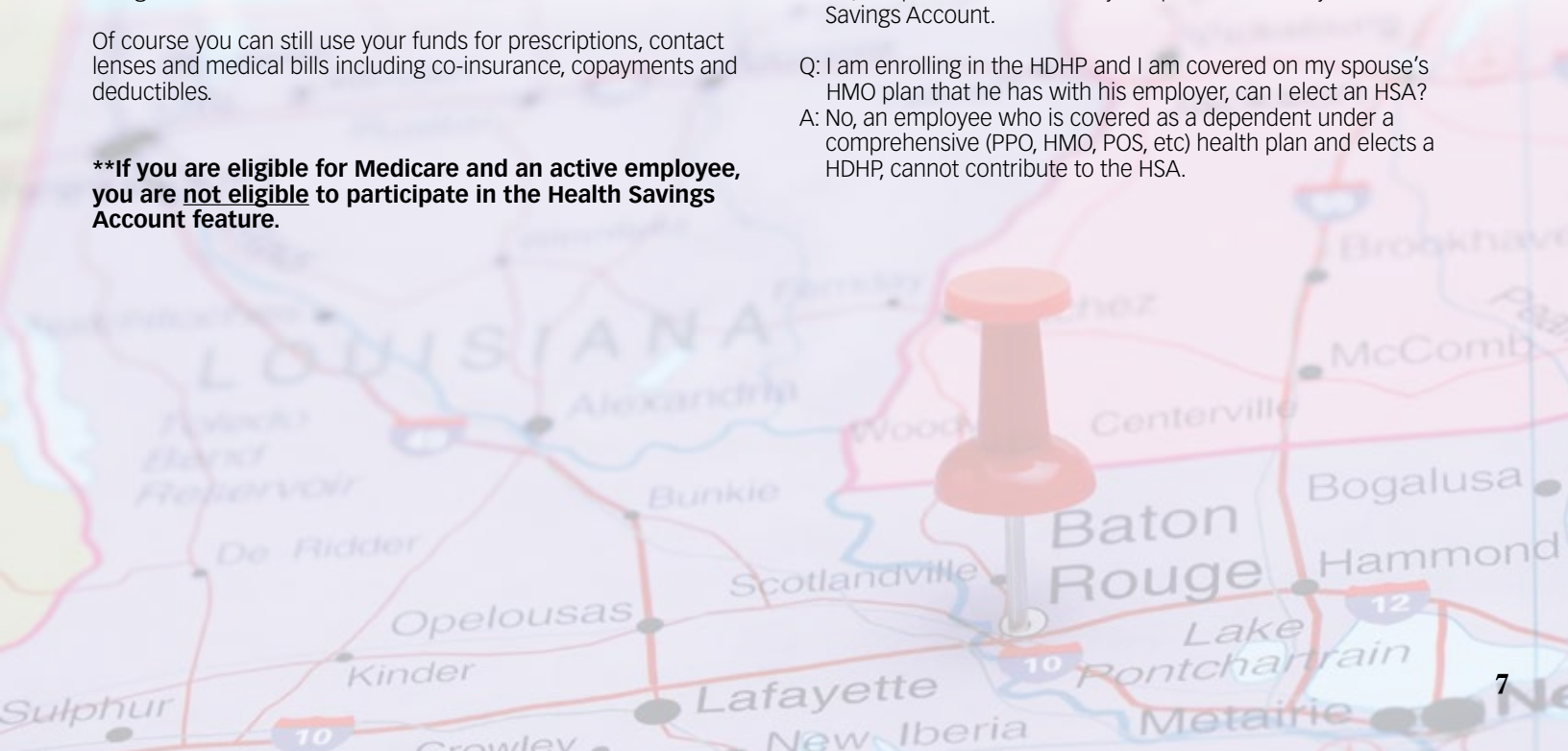
A: No, you are taking advantage of Section 125 of the Internal Revenue Code, which states that you can only make changes to tax-sheltered premiums during Open Enrollment or due to a qualifying event. That's why it is important to carefully estimate before electing an amount.

Q: My spouse is also a City of Baton Rouge employee, can I elect an HSA and he enroll in the Family High Deductible Health Plan?

A: No, the person who will carry the plan has to carry the Health Savings Account.

Q: I am enrolling in the HDHP and I am covered on my spouse's HMO plan that he has with his employer, can I elect an HSA?

A: No, an employee who is covered as a dependent under a comprehensive (PPO, HMO, POS, etc) health plan and elects a HDHP, cannot contribute to the HSA.

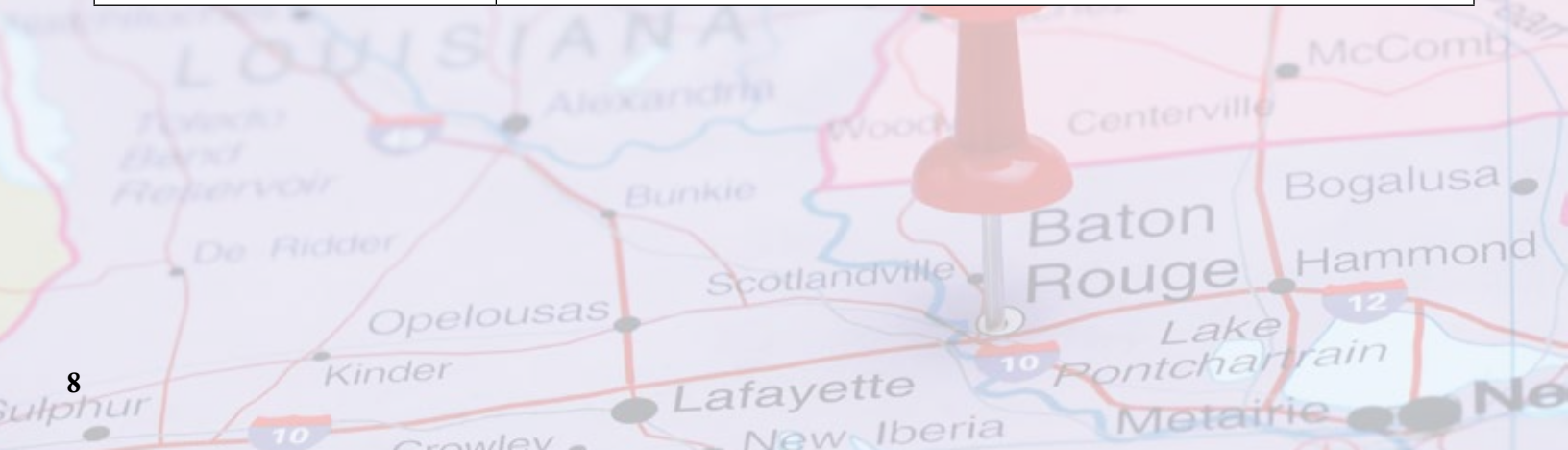


AlwaysCare Dental Plan

OUTLINE OF BENEFITS	PLATINUM PLAN				
PARTICIPATING PROVIDER PLAN	Choose any dentist; however, you may select a participating Provider (over 80 in the Baton Rouge area) for discounted fees and no balance billing.				
DEDUCTIBLE	\$50 per calendar year, Maximum 3 per family. Applies to Class B & C.				
CARRYOVER BENEFIT	Included				
BENEFIT YEAR MAXIMUM	\$1500 for Class A, B & C.				
COINSURANCE	Plan Pays:	Class A	Class B	Class C	Class D
	In-Network	100%	80%	60%	60%
	Non-Network	100%	80%	60%	60%
CLASS A (no waiting period)	Preventive Services: <ul style="list-style-type: none"> Routine Exams (2 per 12 months) Prophylaxis* (2 per 12 months) Biting X-rays (max 4 films) (1 per 12 months) Emergency Pain Adjunctive Pre-Diagnostic Oral Cancer Screening (max 1 per 12 months for age 40+) <ul style="list-style-type: none"> Fluoride Treatment to age 16 (1 per 12 months) Space Maintainers to age 16 (1 per 24 months) Full mouth/panoramic X-rays (1 per 24 months) Sealants to age 16 (permanent molars only, 1 per 36 months) 				
CLASS B (no waiting period)	Basic Services: <ul style="list-style-type: none"> Oral Surgery Fillings Crown, Denture, Bridge Repair Simple Periodontics Anesthesia Simple Extractions Endodontics (root canals) Surgical Periodontics 				
CLASS C (12 month waiting period for new enrollees and their dependents only)	Major Services: <ul style="list-style-type: none"> Inlays and Onlays Crowns, Bridges, Dentures, and Endosteal Implants 				
CLASS D (12 month waiting period for new enrollees and their dependents only)	Orthodontics: <ul style="list-style-type: none"> Annual Maximum \$750 Separate Lifetime Maximum \$1500 Dependent Children to age 19 only 				

*Prophylaxis coverage is enhanced to include one additional cleaning or periodontal maintenance per year if member is in second or third trimester of pregnancy. Written proof must be submitted at the time of the claim.

OUTLINE OF BENEFITS	SILVER PLAN			
PARTICIPATING PROVIDER PLAN	<ul style="list-style-type: none"> In-Network only Members may only use participating Providers. 			
CARRYOVER BENEFIT	Not Included			
COINSURANCE	Plan Pays:	Class A	Class B	Class C
	In-Network	80%	60%	30%
	*A schedule of co-pay amounts will be published each year no later than January 1st.			
CLASS A (no waiting period)	Preventive Services: <ul style="list-style-type: none"> Routine Exams (2 per 12 months) Biting X-rays (max 4 films) (1 per 12 months) Sealants to age 16 (permanent molars only, 1 per 36 months) Adjunctive Pre-Diagnostic Oral Cancer Screening (max 1 per 12 months for age 40+) <ul style="list-style-type: none"> Fluoride Treatment to age 16 (1 per 12 months) Space Maintainers to age 16 (1 per 24 months) Prophylaxis* (2 per 12 months) 			
CLASS B (no waiting period)	Basic Services: <ul style="list-style-type: none"> Anesthesia Oral Surgery Emergency pain Full mouth/panoramic X-rays (1 per 24 months) Simple Extractions Crown, Denture, Bridge Repair Fillings 			
CLASS C (no waiting period)	Major Services: <ul style="list-style-type: none"> Simple Periodontics Endodontics (root canals) Inlays and Onlays Surgical Periodontics Crowns, Bridges and Dentures 			



Davis Vision Plan

IN-NETWORK BENEFITS	
Eye Examination	Every 12 months, Covered in full after \$10 copayment
EYEGLASSES	
Spectacle Lenses	Every 12 months, Covered in full For standard single-vision, lined bifocal, or trifocal lenses after \$25 copayment
Frames	Every 24 months, Covered in full Any Fashion or Designer frame from Davis Vision's Collection ¹ (value up to \$175) OR \$130 retail allowance toward any frame from provider, plus 20% off balance ²
CONTACT LENSES	
Contact Lens Evaluation, Fitting & Follow Up Care	Every 12 months, Covered in full Collection Contacts: after \$25 copay OR For Standard Contacts: after \$25 copay OR For Specialty Contacts: \$60 allowance with 15% off balance less \$25 copayment
Contact Lenses (in lieu of eyeglasses)	Every 12 months, Covered in full Any contact lenses from Davis Vision's Contact Lens Collection ¹ OR \$150 retail allowance toward provider supplied contact lenses, plus 15% off balance ²
¹ The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change.	
² Additional discounts not applicable at Walmart, Sam's Club or Costco locations.	

MetLife Basic Term Life

Your employer provides you with Basic Term Life and Accidental Death and Dismemberment insurance coverage in the amount of \$25,000 at no cost to you for non-elected officials and \$50,000 for elected officials.

MetLife Optional Term Life Insurance Coverage Options

For You	Multiples of \$10,000 to a maximum of the lesser of 6 times your basic annual earnings or \$800,000
For Your Spouse	\$5,000 to \$250,000 in \$5,000 increments, up to 50% of your coverage amount
For Your Dependent Children*	\$1,000 to \$10,000 in increments of \$1,000

***Child(ren)'s Eligibility: Dependent children from birth to 26 years old regardless of student status, marital status or full-time employment status**

Accidental Death & Dismemberment Coverage Options

For You	Your Supplemental AD&D amount is equal to your Supplemental Term Life amount.
For Your Spouse and Child(ren)	Your dependents will be eligible for coverage amounts equal to their amounts of Dependent Term Life coverage.

Services to Help Navigate What Life May Bring, at No Additional Cost to You

Life insurance can be a critical first step in helping to ensure your family's financial wellbeing. With your MetLife group life insurance coverage, you get access to meaningful services to help you make the right decisions to manage what life may bring.

Planning for the future

- **Funeral Discounts & Planning Services:** Helping to alleviate the burden of making funeral arrangements from your loved ones. Get access to the largest network of funeral homes and cemeteries to pre-plan with a counselor and receive discounts on funeral services.
 - Dignity Memorial – Visit www.finalwishesplanning.com or call 1-866-853-0954
- **Will Preparation:** Helping to ensure your final wishes are clear. Access the online will preparation services.
 - Visit www.willscenter.com
- **Digital Legacy:** Creating and sharing a digital legacy is easy with MetLife Infinity®. Use a digital application to store important documents securely such as deeds, wills, and personal photos and videos.
 - Visit www.metlifeinfinity.com
- **Retirement Planning:** Retiring with confidence. Access workshops that offer comprehensive retirement and financial education to help you plan for the future, through our Retirewise program.
 - Contact your Human Resources team for more information

Assisting through life's changes

- **Transition Solutions:** Having assistance when moving on from a company. Receive help with time-sensitive benefit and financial decisions so you can make the right choices during employment transitions.
 - Email solutions@metlife.com or call 1-877-275-6387
- **Portability:** Helping to prevent gaps in your coverage. Take your life insurance benefits with you at competitive group rates.

Supporting you and your loved ones through difficult times

- **Grief Counseling:** Accessing professional support in a time of need. Meet in-person or by phone with a licensed counselor to help cope with a loss or major life change.
 - Visit www.metlifegc.lifeworks.com or call 1-888-319-7819
 - User Name: [metlifeassist](#) Password: [support](#)
- **Funeral Assistance:** Honoring a loved one's life. Work with compassionate counselors that assist with customizing funeral arrangements with personalized one-on-one service.
 - Dignity Memorial – Visit www.metlife.thedignityplanning.com or call 1-866-853-0954
- **Beneficiary Claim Assistance:** Making the claims process easy. Your beneficiaries get guidance from experts as they work through their options and financial needs with our Delivering The Promise services.
 - Delivering the Promise – Call 1-877-275-6387
- **Estate Resolution Services:** Settling an estate with confidence. With unlimited consultations, either in person with an attorney or by phone, including court representations, you can feel confident you've made the right decisions.
 - Hyatt Legal Plans – Call 1-800-821-6400
- **Life Settlement Account:** Reducing the pressure of immediate financial decisions. Your beneficiaries can take their time to make the right decision with the flexible settlement option that gives full access to policy funds while earning a guaranteed minimum interest rate.
 - Information on the account is distributed to the beneficiary at the point of claim payment

Group Universal Life

The Allstate Benefits Group Universal Life product is a flexible premium adjusted life insurance plan, designed with a focus on death benefit amount.

- Premium rates are unisex and either tobacco or non-tobacco; offering employees the opportunity to qualify for the coverage they need.
- Portable coverage. If an employee's employment ends, the insured's coverage can continue as long as premiums are paid to Allstate Benefits
- Flexible optional riders that allow employees to tailor coverage to help meet their specific needs.

Group Voluntary Disability

Group short term disability coverage from Allstate Benefits provides a monthly cash benefit for disabilities due to non-occupational sickness or injury.

Having an income can take a lot of worry out of ordinary every day living. With it, you cover bills, pay for your home and provide for your family. But what if you got sick or injured and couldn't work? How long could you afford life without a paycheck? Would your finances become disabled if you lost your paycheck?

Our disability coverage helps offer peace of mind when an unexpected sickness or injury occurs.

Take Charge of Your Health Today!



Healthy Lives™ – a wellness program designed to help you manage your health is now available to you as an employee on the EBRC health plan. Your employer is committed to your health and wellness and is bringing this program to you, free of charge. Through **Healthy Lives™**, you will receive many benefits, including access to health coaching services, health and wellness educational offerings and opportunities to earn annual rewards for leading a healthy life through exercise, weight management and wellness activities throughout the year.

Healthy Lives™ coaches will help you manage a chronic illness or issue such as diabetes, high cholesterol or blood pressure, and asthma; work with your healthcare provider to develop a personalized plan to help you achieve your health goals; and support you in making healthy choices and changes through a holistic approach tailored to your lifestyle.

To join, complete the following steps:

Step 1: **Healthy Lives™** Questionnaire

Go to www.OurHealthyLives.org to complete the **Annual Screening Questionnaire**.

- **Participant ID:** EBRCP+first name initial+last name initial+last four of SSN (ex. EBRCPjs1234)
- **Group Code:** EBRCP

Step 2: **Healthy Lives™** Screening

Call 1-855-I AM HEALTHY (1-855-426-4325) or email healthylives@fmoths.org to find out available screening dates and locations. Let them know you are with the East Baton Rouge City Parish health plan to learn more about your **Healthy Lives™** benefit.

Long Term Disability Insurance

You are eligible for Long Term Disability (LTD) coverage if you are an active employee in the United States working a minimum of 30 hours per week.

Monthly benefit amount: either 50% or 60% of your monthly earnings to a maximum benefit of \$6,000 per month.

Elimination period: You could begin receiving LTD benefits if, after 180 days of disability, you are still disabled (as described in the definition of disability). During the elimination period the disability is considered continuous even if the disability stops (e.g. you return to work full time) for 30 days or less. You are not required to have a 20% or more loss in your indexed monthly earnings due to the same injury or sickness to be considered disabled during the elimination period.

Maximum monthly benefit amount: Your total monthly benefit (including all benefits provided under this plan) will not exceed 100% of your monthly earnings. However, if you are participating in Unum's Rehabilitation and Return to Work Assistance program, your total monthly benefit (including all benefits provided under this plan) will not exceed 110% of your monthly earnings.

If you are disabled, participating in the rehabilitation and return-to-work assistance program, and have dependent care expenses, you may also receive the dependent care expense benefit — \$350 per dependent per month, to a monthly maximum of \$1,000 for all eligible dependents combined.

Worldwide emergency travel assistance is included with this long term disability plan. Emergency travel assistance is available to you, your spouse* and your dependent children when you travel to any foreign country, including Canada or Mexico. It is also available anywhere in the United States when you travel just 100 or more miles from home.

* A spouse traveling on business for his or her employer is not covered by the program.

MetLife Critical Illness Insurance – *Enhanced for 2023!*

MetLife Critical Illness Insurance (CII) is a voluntary benefit designed to complement but not replace your current medical coverage. The coverage pays a lump-sum benefit if you experience one of the covered conditions. You can use the lump-sum to help pay additional expenses not covered by your medical insurance or for any day-to-day living expenses, such as medical plan copays and deductibles, out-of-network treatments, experimental treatments, mortgage and rent payments, utilities, and childcare or domestic help. It's up to you how you use the payment.

For 2023, we are introducing significant enhancements to this benefit, including:

- 24 newly covered conditions, including COVID 19, skin cancer, Alzheimer's, Parkinson's, ALS, coma and sudden cardiac arrest
- 7 newly covered childhood conditions, including Diabetes (T1), Down syndrome, Cystic Fibrosis and Cleft Lip or Cleft Palate
- Increased benefit amounts up to \$30,000 for employee, spouse and child coverage
- Health screening benefit that pays \$50 per year for covered wellness tests
- No pre-existing condition limitation and no waiting period

For additional information on the CII benefit, speak with an on-site Benefit Counselor during open enrollment (October 26, 2022 – November 10, 2022).



Off-the-Job Accident Insurance

Offered by Transamerica Life Insurance Company

What happens if you get hurt?

Accident insurance can help offset medical deductible, help reduce stress and recovery time.

Are we insured for that?

Accidents and injuries can happen at any place at any time. As one of your employer's most important assets, it is important to protect yourself and make sure you can bounce back from whatever life may throw at you. **Transamerica Life Insurance Company's** new AccidentAdvanceSM offers off the job insurance for accidents. It also offers features to promote healthier behavior in general, such as an auto accident benefit that pays more if the insured was wearing a seat belt and has air bags in the car. It is an advancement in accident insurance. It is AccidentAdvance.

Pays in addition to any other insurance and is Guaranteed Issue.

Understanding AccidentAdvanceSM

AccidentAdvance is a group voluntary off-the-job accident only insurance policy. Individual and family insurance options are available, and as with all our products is conveniently payroll deducted. Issue ages for employees and spouses are 18 through 64. Eligible children can have insurance through age 26. The base policy includes Accident Emergency Treatment, Follow-Up Visit and Physical Therapy, Initial Accident Hospitalization.

Riders Included

- ▶ Accidental Death and Dismemberment Rider
- ▶ Accident Hospital and ICU Income Rider
- ▶ Expanded Benefits Rider
- ▶ Wellness Benefit Rider

This is a brief summary of AccidentAdvance, off-the-job Accident Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy Form Series CPACC100 and CCACC100. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.

Cancer Indemnity Insurance

Offered by Transamerica Life Insurance Company

Can Stress Slow Recovery?

Loss of income can only add to the stress of an unexpected illness. Wellness benefit included can help aid early detection.

CancerSelect[®] Plus Cancer-Only Insurance is flexible, conveniently payroll deducted and designed to provide you and your eligible family members with benefits for costs associated with cancer treatment. No physical exams or blood tests are required¹ and your policy is 100% portable. Benefits are paid directly to you—or anyone you choose—in addition to any other insurance.²

Understanding CancerSelect[®] Plus

Base Policy

CancerSelect Plus includes:

- ▶ Hospital Benefits
- ▶ Surgery Benefits
- ▶ Cancer Maintenance Therapy
- ▶ Radiation and Chemotherapy Benefits
- ▶ Wellness and Miscellaneous Benefits

Riders included

- ▶ First Occurrence Rider
- ▶ Intensive Care Rider
- ▶ Specified Illness and Disease Rider

¹ Acceptance will be based upon answers to questions on the application.

² Varies by state.

This is a brief summary of CancerSelect Plus, Cancer Only Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy Form Series CPCAN200 and CCCAN200. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.

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RESOURCES

Benefit	Carrier	Phone Number	Website
Medical	Blue Cross Blue Shield Louisiana	1-225-293-2583 1-888-224-2583	www.bcbsla.com
FSA	Ameriflex	1-888-868-3539	www.Flex125.com
HSA	Health Equity	1-866-346-5800	www.healthequity.com; memberservices@healthequity.com
Dental	AlwaysCare	1-225-926-2888 1-888-729-5433	askunum@unum.com
Vision	Davis Vision	1-800-999-5431 Client Code 2337	www.davisvision.com
Group Universal Life & Group Voluntary Disability	Allstate Benefits	1-800-521-3535	www.allstatebenefits.com
Critical Illness	Metlife	1-800-GET-MET8 1-(800-438-6388)	www.metlife.com
Basic Life	Metlife	1-800-638-6420	www.metlife.com
Accident & Cancer	Transamerica Life Insurance Company	1-888-763-7474	www.transamericaemployeebenefits.com
Healthy Lives		1-855-426-4325	www.knowyournumber.com/EBRCP.html
Pharmacy	Express Scripts	1-800-451-6245	www.express-scripts.com
Deferred Comp.	NationWide	1-888-401-5272	www.nrsforu.com
	Empower	1-225-681-0457	
EAP	Hidalgo	1-225-927-0160 or 1-800-448-4470	www.healthassociatesllc.com
Long Term Disability	Unum	1-800-858-6843	www.unum.com

This Employee Benefits Brochure highlights the main features of your benefit programs and does not include all the rules and details, including limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts and the Summary Plan Description. If there is a conflict between the information in this brochure and the formal language of the Summary Plan Description (SPD), the wording in the Summary Plan Description (SPD) will govern.





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CITY OF BATON ROUGE
PARISH OF EAST BATON ROUGE

City of Baton Rouge
Parish of East Baton Rouge