2020 Insurance Open Enrollment for Retirees and Surviving Spouses
City of Baton Rouge
Parish of East Baton Rouge

The Open Enrollment Period runs from Oct. 30th to Nov. 15, 2019 except Nov 11th Veterans Day. Retiree Enrollment changes must be made at the Human Resources Payroll and Benefits Office, 1755 Florida St, Baton Rouge, LA 70802. New insurance benefit elections are effective January 1, 2020.

Open Enrollment is your opportunity to review your current benefit elections and costs and make any necessary changes for the plan year beginning January 1, 2020.

Open Enrollment is the time to:

- Enroll in a benefit plan or change current plan elections.
- Add/Delete dependents
- Opt-out of insurance coverage

Open Enrollment Highlights:

- Blue Cross Blue Shield of Louisiana offers a Medicare Advantage Plan at **$0 cost to you**. To be eligible for this plan the retiree, retiree and spouse, or surviving spouse must be enrolled in Medicare Part A and Part B and continue to pay the Part B premium to Medicare. This is a fully insured plan with Blue Cross Blue Shield of Louisiana. Blue Cross Blue Shield of Louisiana will provide additional information regarding this plan.
- Platinum Dental Plan will have a premium increase and there are no changes to the Silver Plan.

Points of Interest:

- A divorced spouse must be dropped at the end of the month in which the divorce is final.
- Part-time rehired retirees are not eligible for Voluntary Benefits or the Flexible Spending Account (FSA). They are eligible for the Health Savings Account (HSA) if they had the High Deductible Health Plan when they retired.
- If you elect to cancel your coverage, you will not be eligible to enroll in the plan again.
- Contact Payroll and Benefits at (225) 389-3134 if you or your dependent move out of the Baton Rouge area and have HMO medical coverage.
- If you are a surviving spouse and remarry, you are no longer eligible to receive City/Parish insurance. Please notify Payroll and Benefits if this happens at (225) 389-3134.
- Please complete the Surviving Spouse Declaration form in your Open Enrollment packet. If the form is not received by the date listed, your insurance will be suspended.

Reminder: Keep your address, phone number and beneficiary information current. Please note insurance carriers are requesting social security numbers for your dependents. Dependents can be dropped from your plan any time during the year. If you are not making any benefit changes, you don't need to complete the enrollment process. Retiree/Part-time Rehired Retirre/Surviving Spouse enrollment changes must be made at the Human Resources Payroll and Benefits Office.

Benefit Summary

Four Medical Insurance Plans Provided by Blue Cross Blue Shield of Louisiana

Medicare Advantage PPO Provided by Blue Cross Blue Shield of Louisiana

The Medicare Advantage PPO Plan is offered to retirees and spouses who are enrolled in Medicare Part A and Part B at no cost to you **(Monthly Retiree and Spouse premium is $0),** has no deductible, no copays for physician office visits including specialist visits, and no donut hole for pharmacy. It helps you maintain your well-being through Preventive Care and access to an extensive network of Providers, as well as affordable prescription medication.

Medicare Advantage PPO	NETWORK	NON-NETWORK
Deductible (Single/Family)	$0	$0
Out of Pocket Maximum (Single/Family)	$1,000	$1,000
Preventive/Wellness Care	$0 Copay	15% Coinsurance
Physicians Office Visit	$0 Copay	15% Coinsurance
Specialist Office Visit	$0 Copay	15% Coinsurance
Urgent Care	$0 Copay	$0 Copay
Diagnostic Care	$0 Copay	15% Coinsurance
Emergency Room	$50 Copay	$50 Copay
Blue Advantage Part D Drug Coverage (5-Tier Formulary)		
Rx Deductible	$0	
Preferred Retail Copay and Preferred Mail Order	30 Days: $3/$12/$45/$100/33% 60 Days: $6/$24/$90/$200/33% 90 Days: $0/$0/$135/$300/N/A Specialty Drugs limited to 30 day supply	
Non-Preferred Retail Copay	30 Days: $10/$18/$47/$100/33% 60 Days: $20/$36/$94/$200/N/A 90 Days: $30/$54/$141/$300/N/A Specialty Drugs limited to 30 day supply	
Non-Preferred Mail Order	N/A	
GAP Coverage	Full GAP Coverage for all tiers	
Catastrophic Coverage	Greater of: $3.60 for covered generic/preferred multi-source drugs, $8.95 for any other covered drugs or 5% coinsurance	

To be eligible for this plan you must be a retiree of City of Baton Rouge/Parish of East Baton Rouge who is regularly scheduled to be enrolled in Medicare Part A and Part B and continue to pay the Part B premium to Medicare.

Enrollment in Medicare Part B is mandatory for retirees and their spouses who turn 65 after January 1, 2000 and they are eligible for Part A. Providing proof of Part B entitles you to a premium credit towards the cost of your medical insurance.

Please note:

- Prior to you or your dependent's Medicare effective date at age 65, please furnish this office with a copy of your Medicare Card to receive the discounted medical rate.
- If ineligible for Part A, please provide a statement from Social Security Office.

- The penalty for failure to provide us with either document is loss of coverage, paying the wrong premium amount, and no refund for overpaid premium.
- If you or your dependent(s) acquire Medicare before age 65, please provide us with a copy of the Medicare Card so that we may adjust premium.
- There are penalties imposed by the Social Security Administration for declining Medicare Part B or failing to enroll in a timely manner.

Retiree/Surviving Spouses with Medicare Part B

Medicare will pay covered claims first, City/Parish medical plan will pay secondary. Deductibles, Coinsurance and Copays will be paid by our City/Parish medical plan. Services and supplies not covered by Medicare will be subject to the City/Parish medical plan's schedule. All prescriptions are subject to your City/Parish medical plan.

HMO Plan (Health Maintenance Organization Plan): This plan is a straight HMO Plan and pays benefits when services are obtained by a provider who is in the HMOLA Network. This plan has a Deductible, Copays, and Coinsurance which is all applied to the Out of Pocket Maximum. The Deductible must be met before Copays or Coinsurance applies.

Blue Cross HMO Medical Plan Benefits	NETWORK
Lifetime Maximum	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 6 Visits (No Copay/Coinsurance)
Urgent Care Center	$40.00 per visit
Vision Care Exam (1 per 24 Months)	$35.00 per visit
Emergency Room	$150.00 (waived if admitted)
Physicians Outpatient Surgical Services	$100.00 Copayment per day
Ambulatory Surgical Facility	$200.00 per surgical visit
Impatient Hospital Admission	$200.00 per day/5 day max

POS Plan (Point of Service Plan): This plan is nationwide and has a Deductible, Copays and Coinsurance which is all applied to the Out of Pocket Maximum. The Deductible must be met before Copays and Coinsurance applies.

Blue Cross POS Medical Plan Benefits	NETWORK	NON-NETWORK
Lifetime Maximum	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 6 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	$150.00 (waived if admitted)	$150.00 (waived if admitted)

Physicians Outpatient Surgical Services	$100.00 Copayment per day	70%/30%
Ambulatory Surgical Facility	$200.00 per surgical visit	70%/30%
Impatient Hospital Admission	$200.00 per day/5 day max	70%/30%
Pharmacy Benefits (HMO and POS Only)		
Deductible: $0 Generis/$250 BRAND NAME	**RETAIL COPAYMENT (30 day supply)**	**MAIL-ORDER COPAYMENT (90 day supply)**
Tier 1- Generics	$4.00	$8.00
Tier 2- Primarily Brand Name	$30.00	$60.00
Tier 3- Brand Name	$50.00	$100.00
Tier 4- Multi Source Brand Name	$70.00	$140.00
Tier 5- Injectable Prescription Drugs	$60.00	$120.00

HDHP Plan (High Deductible Health Plan): This is a nationwide plan and can be used in conjunction with a Health Savings Account (HSA). Once the Deductible has been met, all covered services are paid at 100%.

Blue Cross HDHP Medical Plan Benefits	NETWORK	NON-NETWORK
Lifetime Maximum	Unlimited	
Benefit Period Deductible (Single/Family)	$2,000/$4,000	$4,000/$9,000
Out of Pocket Maximum (Single/Family)	$2,000/$4,000	$8,500/$17,000
Preventive/Wellness Care	100%	70% after Deductible
Physicians Office Visit	100% after Deductible	70% after Deductible
Specialist Office Visit	100% after Deductible	70% after Deductible
Physicians Outpatient Surgical Services	100% after Deductible	70% after Deductible
Impatient Hospital Admission	100% after Deductible	70% after Deductible
Prescription Drug (Generic & Brand)	Deductible first then	Coinsurance if applicable

Two Dental Insurance Plans Provided by Always Care

Silver Plan: Members may only use participating Providers.

Platinum Plan: Choose any dentist or select a participating Provider for discounted fees and no balance billing. Deductible is $50 per year with a max of 3 per family and benefit year max of $1,500 for Class A, B, and C Services.

Vision Insurance Provided by Davis Vision

Your Vision Plan helps you care for your eyes while saving money by offering eye examinations, eyeglasses, and contact lenses with Copays.

Family Status Changes and Qualifying Events

You can change your benefits if you have a Family Status Change or Qualifying Event. Changes can be made within 30 days of the event. Please contact Payroll and Benefits to make this change within the 30- day period.

Documents needed to make the required change:

- Marriage - Marriage License and social security number
- Divorce- Official signed divorce decree
- Birth- Birth Certificate or Hospital Certificate
- Adoption, Custody of Child- Adoptions papers, signed court decree and social security number
- Overage Dependent- no documentation required
- Change in Spouse Employment Status- Letter from employer stating spouse's name and type of coverage

RESOURCES	
City of Baton Rouge/Parish of East Baton Rouge: Payroll and Benefits Division 1755 Florida Street Baton Rouge, LA 70802 225-389-3141	Blue Cross Blue Shield of Louisiana 1-225-293-2583 www.bcbsla.com
Always Care 1-225-926-2888 Ext. 2013 www.alwayscarebenefits.com	Davis Vision 1-800-999-5431 Client Code 2337 www.davisvision.com
MassMutual Retirement Advisors Jeanne Badeaux-Carnline 225-681-0457	Nationwide Retirement Solutions David Miller 985-438-1514
Hidalgo Employee Assistance Program (EAP) 225- 927-0160 or 800-448-4470	City Parish Employees Retirement (CPERS) 225-389-3272
Municipal Police Employees Retirement (MPERS) 225-929-7411	

2020 City-Parish Medical Rates w/Medicare*

COVERAGE	HMO*	POS*	HDHP*	MEDADV
EMPLOYEE ONLY W/PART B:				
YOU PAY	$53.56	$94.62	$53.56	
CITY-PARISH PAYS	$581.48	$581.48	$581.48	$345.00
MONTHLY RATE	$635.04	$676.10	$635.04	$345.00
EMP. + SPOUSE 1 W/PART B:				
YOU PAY	$350.46	$472.38	$174.08	
CITY-PARISH PAYS	$994.82	$994.82	$994.82	
MONTHLY RATE	$1,345.28	$1,467.20	$1,168.90	
EMP. + SPOUSE 2 W/PART B:**				
YOU PAY	$254.06	$375.98	$107.12	
CITY-PARISH PAYS	$1,021.38	$1,021.38	$1,021.38	$690.00
MONTHLY RATE	$1,275.44	$1,397.36	$1,128.50	$690.00
EMP. + CHILD(REN) 1 W/PART B:				
YOU PAY	$296.52	$403.80	$136.96	
CITY-PARISH PAYS	$919.64	$919.64	$919.64	
MONTHLY RATE	$1,216.16	$1,323.44	$1,056.60	
FAMILY 1 W/PART B:				
YOU PAY	$512.38	$678.68	$285.68	
CITY-PARISH PAYS	$1,220.34	$1,220.34	$1,220.34	
MONTHLY RATE	$1,732.72	$1,899.02	$1,506.02	
FAMILY 2 W/PART B:				
YOU PAY	$415.98	$582.28	$189.28	
CITY-PARISH PAYS	$1,255.26	$1,255.26	$1,255.26	
MONTHLY RATE	$1,671.24	$1,837.54	$1,444.54	

A credit of up to $96.40 for the Medicare Part B premium will be given to all members enrolled in Medicare Part B. *This does not apply to the Medicare Advantage Plans.

2020 Surviving Dependent Medical Rates

(This is only for new surviving dependents after 1/1/2005)

COVERAGE	HMO	POS*	HDHP*	MEDADV
SURVIVING SPOUSE ONLY:				
YOU PAY	$329.58	$451.48	$266.26	
CITY-PARISH PAYS*	$446.32	$446.32	$446.32	
MONTHLY RATE	$775.90	$897.80	$712.58	
SURVIVING SPOUSE + CHILD(REN):				
YOU PAY	$539.88	$908.86	$496.66	
CITY-PARISH PAYS*	$751.40	$751.40	$751.40	
MONTHLY RATE	$1,291.28	$1,660.26	$1,248.06	
SURVIVING CHILD:				
YOU PAY	$262.44	$386.52	$235.84	
CITY-PARISH PAYS*	$365.26	$365.26	$365.26	
MONTHLY RATE	$627.70	$751.78	$601.10	
SURVIVING SPOUSE ONLY W/PART B:				
YOU PAY	$233.18	$355.08	$169.86	$0.00
CITY-PARISH PAYS	$544.12	$544.12	$544.12	$345.00
MONTHLY RATE	$777.30	$899.20	$713.98	$345.00
SURVIVING SPOUSE +CHILD(REN) 1 W/PART B:				
YOU PAY	$443.48	$812.46	400.26	
CITY-PARISH PAYS	$909.34	$909.34	909.34	
MONTHLY RATE	$1,352.82	$1,721.80	$1,309.60	

2020 City-Parish Monthly Dental and Vision Rates

COVERAGE	DENTAL		VISION
	SILVER	PLATINUM	
EMPLOYEE ONLY:			
YOU PAY	$6.50	$13.52	$5.10
CITY-PARISH PAYS	$7.04	$14.62	
MONTHLY RATE	$13.54	$28.14	
EMPLOYEE + SPOUSE:			
YOU PAY	$12.98	$27.02	$9.68
CITY-PARISH PAYS	$14.06	$29.26	
MONTHLY RATE	$27.04	$56.28	
EMPLOYEE + CHILD(REN)			
YOU PAY	$14.16	$32.32	$10.16
CITY-PARISH PAYS	$15.34	$32.42	
MONTHLY RATE	$29.50	$67.36	
EMPLOYEE + FAMILY:			
YOU PAY	$22.06	$49.32	$15.62
CITY-PARISH PAYS	$23.90	$49.48	
MONTHLY RATE	$45.96	$102.76	

Women's Health and Cancer Rights Act

Enrollment Notice For All Covered Members

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles, coinsurance, and copayments (if any) applicable to other medical and surgical benefits provided under this plan. Information on the plan's specific deductible, coinsurance, or co-payment amounts is found in the Schedule of Benefits document that is issued with your health benefit booklet.

If you have questions about your coverage, please contact the Blue Cross Blue Shield of Louisiana Customer Service Department at the number listed on the back of your insurance ID card.

Important Notice from City of Baton Rouge Parish of East Baton Rouge About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Baton Rouge Parish of East Baton Rouge 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. City of Baton Rouge Parish of East Baton Rouge has determined that the prescription drug coverage offered by the Blue Cross Blue Shield of Louisiana is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

CMS Form 10182-CC
Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-

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 City of Baton Rouge Parish of East Baton Rouge coverage will not be affected. *See* pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

<u>If you do decide to join a Medicare drug plan and drop your current City of Baton Rouge Parish of East Baton Rouge coverage, be aware that you and your dependents will not be able to get this coverage back.</u>

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 City of Baton Rouge Parish of East Baton Rouge 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.

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 City of Baton Rouge Parish of East Baton Rouge changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug

- coverage: Visit www.medicare.gov
- 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 Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 22, 2019

Sender: City of Baton Rouge Parish of East Baton Rouge

Contact: Human Resources, Payroll and Benefits Division

Address: 1755 Florida Street

Baton Rouge, LA 70802

Phone: 225-389-3134

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Address Form

****Mailing Address (**All correspondence from the City of Baton Rouge/Parish of East Baton Rouge will be sent to this address) **only complete if you have a change of address, phone or email****

Name		Social Security Number
Street Address		City
State	Zip	Cell Phone Number ( )
Home Phone Number ( )		Work Phone Number ( )
Primary Email Address		Secondary Email Address

Release of Information

Indicate below if you do not want to have your address or phone number released to any group that may request it.

( ) I do not authorize the release of my address

( ) I do not authorize the release of my telephone number

_____ _____

Employee Signature Date

Return Information:

Mail or Hand Deliver to: Department of Human Resources Payroll and Benefits Division, 1755 Florida St., Baton Rouge, LA 70802

Fax to: 225-389-3139

SURVIVING SPOUSE DECLARATION

By signing this statement, I am attesting that since the death of my spouse, an employee of the City of Baton Rouge, whose employment with the City/Parish enabled me to participate in the City's insurance plan, I have not remarried.

I understand that should I remarry, I will lose all eligibility to participate in any health insurance plan offered by the City of Baton Rouge.

_____ _____

Print Name of Surviving Spouse Social Security Number

_____ _____

Signature of Surviving Spouse Date

Please fax or mail completed form prior to January 1, 2020 to:

HR Payroll and Benefits Division

1755 Florida Street

Baton Rouge, LA 70802

(225) 389-3139 fax

(225) 389-3134 phone