



2022 INSURANCE OPEN ENROLLMENT FOR RETIREES CITY OF BATON ROUGE/ PARISH OF EAST BATON ROUGE

The Open Enrollment Period runs from October 27, 2021 to November 12, 2021. During this time, we recommend that you review your personal information, the benefits being offered by the City of Baton Rouge/Parish of East Baton Rouge (City-Parish), and the plan you are enrolled in, to determine if you would like to make any changes. Open Enrollment changes can be made on site with a benefit counselor, by phone or online. If you are adding a dependent, the documents must be received by 5pm on Friday, November 12, 2021. New insurance benefit elections are effective January 1, 2022.

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:

- » Insurance premiums will remain the same for 2022 plan year.
- » Health Savings Account (HSA) annual maximum for single is \$3,650 and family is \$7,300.
 - Health Savings Account (HSA) is only available if you are enrolled in the High Deductible Health Plan.
 - HSA catchup option of \$1,000 is available to employees 55 or older, if you are not Medicare eligible.

Open Enrollment Meetings Will Be Held At:

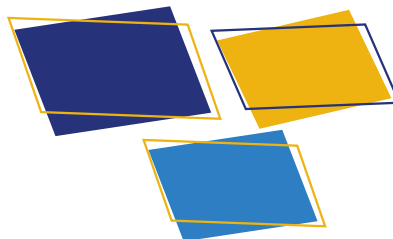
RENAISSANCE BATON ROUGE HOTEL	SPRINGHILL SUITES BATON ROUGE NORTH/AIRPORT	CITY GOVERNMENT OFFICE
7000 Bluebonnet Blvd, Baton Rouge, LA 70810 RSVP: 225-295-2180 » There will be three sessions for the Medicare Advantage Plans each day listed below at 9:00 am, 12:00 pm & 3:00 pm » Tuesday, October 26 » Tuesday, November 9	7980 Howell Blvd. Baton Rouge, LA 70807 RSVP: 225-295-2180 » There will be three sessions for the Medicare Advantage Plans each day listed below at 9:00 am, 12:00 pm & 3:00 pm » Thursday, October 28	HR Department, 2nd Floor 1755 Florida St. Baton Rouge, LA. 70802 RSVP: 225-295-2180 » There will be two sessions for the Medicare Advantage Plans each day listed below at 9:00 am & 12:00 pm » Wednesday, November 10

Points of Interest:

- » A divorced spouse must be dropped at the end of the month in which the divorce is final.
- » Dependent children can remain on the medical, dental and vision plans offered by the City-Parish through the end of the month of their 26th birthday regardless of student or marital status.
- » 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 opt out of insurance coverage, please complete a "Waiver of Medical Group Benefits Form" in HR-Payroll and Benefits.
- » Double covering a dependent is not allowed on any insurance offered by the City-Parish.
- » In order for a dependent to enroll in any coverage the retiree must be enrolled in the coverage.
- » "Omada" connects the dots between knowing how to get healthy and actually doing it. You can find additional information at <https://go.omadahealth.com/br>.

Approaching Retirement:

- » The Insurance Vesting Plan determines a retiree's premium for health and dental insurance as a retiree. A retiree's premium will be based upon total "actual" years worked for the City-Parish. Employees covered under health and/or dental as of January 1, 2003 are "grandfathered" and are not subject to this plan. Employees with 20 or more year of service are not subject to the Vesting Plan.
- » At the time of retirement your basic life insurance reduces to \$5,000.
- » You may convert your optional life 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.





BENEFIT SUMMARY

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

Documentation is required to add dependents to any insurance plan offered by the City-Parish. If the employee does not provide the required documents at the time of enrollment the dependent will not have coverage. See Family Status Changes and Qualifying Events for a list of the required documents.

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
Physician's 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 (one 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
Inpatient 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
Physician's 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 (one 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		
Ambulatory Surgical Facility	\$100.00 Copayment per day	70%/30%
Inpatient Hospital Admission	\$200.00 per surgical visit	70%/30%

PHARMACY BENEFITS (HMO AND POS ONLY)	NETWORK	NON-NETWORK
Deductible: \$0 Generic/\$250 Brand Name	RETAIL COPAYMENT (30-day supply)	MAIL-ORDER COPAYMENT (90-day supply)
Tier 1 – Generics	\$4.00	\$12.00
Tier 2 – Primarily Brand Name	\$30.00	\$90.00
Tier 3 – Brand Name	\$50.00	\$150.00
Tier 4 – Multi Source Brand Name	\$70.00	\$210.00
Tier 5 – Injectable Prescription Drugs	\$60.00	\$180.00

Note: Compound drugs costing \$250 or more require a pre-authorization.

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
Physician's 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
Inpatient Hospital Admission	100% after Deductible	70% after Deductible
Prescription Drug (Generic & Brand)	\$2,000 Deductible first then 100% Coinsurance	

Savings Calculator when changing to Medicare Advantage

Retiree Only W/Part B:	HMO	POS	HDHP
Retiree Monthly Savings	\$53.56	\$94.62	\$53.56
Retiree Annual Savings	\$642.72	\$1,135.44	\$642.72
Retiree + Spouse - 1 with Medicare Advantage:			
Retiree Monthly Savings	\$53.56	\$94.62	\$53.56
Retiree Annual Savings	\$642.72	\$1,135.44	\$642.72
Retiree + Child(ren) W/Medicare Advantage:			
Retiree Monthly Savings	\$53.56	\$94.62	\$53.56
Retiree Annual Savings	\$642.72	\$1,135.44	\$642.72
Family 1 W/Medicare Advantage:			
Retiree Monthly Savings	\$26.51	\$60.42	\$102.15
Retiree Annual Savings	\$318.12	\$725.04	\$1,225.80
Family 2 W/Medicare Advantage:			
Retiree Monthly Savings	\$231.13	\$337.83	\$148.04
Retiree Annual Savings	\$2,773.56	\$4,053.96	\$1,776.48

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 three 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 must be made within 30 days of the event.** Please contact Payroll and Benefits to make this change within the 30-day period. If changes are not made at this time they will have to wait until open enrollment.

Documents needed to make the required change:

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

Additional benefit information can be found on <https://www.brla.gov/1486/Employee-Retiree-Benefit-Information>

****Review Open Enrollment Election Changes before signing or verbally approving the changes.****

ALL CHANGES ARE FINAL

Reminder: Keep your address, phone number and beneficiary information current. Please note insurance carriers are requesting social security numbers for your dependents. If you are not making any benefit changes, you don't need to complete the enrollment process.

RESOURCES	
City of Baton Rouge/Parish of East Baton Rouge: Payroll and Benefits Division 1755 Florida Street Baton Rouge, LA 70802 225-389-3134	Blue Cross Blue Shield of Louisiana 1-225-293-2583 www.bcbsla.com Express Scripts 800-451-6245
Always Care Dental 1-225-926-2888 Ext. 2013 www.alwayscarebenefits.com	Davis Vision 1-800-999-5431 Client Code 2337 www.davisvision.com
MassMutual Retirement Advisors (Def Comp) Jeanne Badeaux-Carnline 225-681-0457	Nationwide Retirement Solutions (Def Comp) Caritas Hurtel Palmisano 504-450-6625
Hidalgo Employee Assistance Program (EAP) 225- 927-0160 or 800-448-4470	Healthy Lives 855-426-4325
Municipal Police Employees Retirement (MPERS) 225-929-7411	City Parish Employees Retirement (CPERS) 225-389-3272
Allstate (STD and Universal Life) 800-521-3535	Health Equity (HSA) 866-346-5800
TransAmerica Life (Accident and Cancer) 888-763-7474	Metlife (Critical Illness and Optional Life) 800-438-6388
	Unum (LTD) 800-858-4325

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.

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.

Address Form

****Mailing Address** (All correspondence from the City of Baton Rouge/Parish of East Baton Rouge will be sent to this address)

Name		Social Security Number	Munis Employee Number
Street Address		City	
State	Zip	Cell Phone Number ()	
Home Phone Number ()		Work Phone Number ()	
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