



2021 INSURANCE OPEN ENROLLMENT FOR RETIREES CITY OF BATON ROUGE/ PARISH OF EAST BATON ROUGE

The Open Enrollment Period runs from October 28, 2020 to November 13, 2020 except November 11th. 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 at HR Payroll and Benefits (1755 Florida St) or by phone (225) 389-3134.

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 2021 plan year.
- » 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 will provide additional information regarding this plan. Meeting dates and times are listed below.

Open Enrollment Medicare Advantage Meetings Will Be Held At:

RENAISSANCE BATON ROUGE HOTEL	SPRINGHILL SUITES BATON ROUGE NORTH/AIRPORT
7000 Bluebonnet Blvd, Baton Rouge, LA 70810 RSVP: 225-295-2180 <ul style="list-style-type: none">» Tuesday, November 3, 9:00 a.m. and 2:00 p.m.» Wednesday, November 4, 2:00 p.m.» Thursday, November 5, 9:00 a.m.	7980 Howell Blvd. Baton Rouge, LA 70807 RSVP: 225-295-2180 <ul style="list-style-type: none">» Tuesday, November 10, 9:00 a.m. and 12:00 p.m.

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 have the High Deductible Health Plan when they retired.
- » If you elect to cancel your coverage, you will not be eligible to re-enroll in the City-Parish insurance plan again.
- » Contact Payroll and Benefits at (225) 389-3134 if you or your dependents move out of the Baton Rouge area and have HMO medical coverage.
- » 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 employee must be enrolled in the coverage.
- » If you are a surviving spouse and remarry, you are no longer eligible to received City-Parish medical insurance. Please notify HR-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.

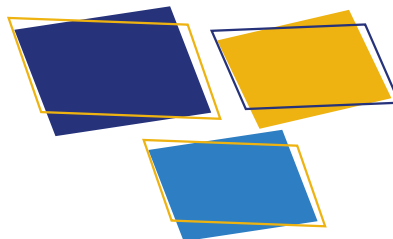
Enrollment in Medicare:

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

- » If you lose your Medicare Part B for any reason you will not be eligible to keep your City-Parish insurance.

Please Note:

- » Prior to your or your dependent's Medicare effective date at age 65, please provide Payroll and Benefits with a copy of your Medicare Card to receive the premium credit.
- » If ineligible for Part A, please provide a statement from the 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 provider Payroll and Benefits with a copy of th Medicare card so that we may adjust the premium.
- » There are penalties imposed by the Social Security Administration for declining Medicare Part B or failing to enroll in a timely manner.





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	

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 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	Healthy Lives 855-426-4325
Municipal Police Employees Retirement (MPERS) 225-929-7411	City Parish Employees Retirement (CPERS) 225-389-3272
Ameriflex (Flexible Spending) 888-868-3539	Health Equity (HSA) 866-346-5800
Allstate 800-521-3535	Metlife 800-438-6388
TransAmerica Life 888-763-7474	Unum 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.

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.

2021 City-Parish Monthly Insurance Rates

COVERAGE	MEDICAL			DENTAL		VISION
	HMO	POS*	HDHP*	SILVER	PLATINUM	
EMPLOYEE ONLY:						
YOU PAY	\$149.96	\$191.02	\$65.98	\$6.50	\$13.52	\$5.10
CITY-PARISH PAYS	\$512.40	\$512.40	\$512.40	\$7.04	\$14.62	
MONTHLY RATE	\$662.36	\$703.42	\$578.38	\$13.54	\$28.14	
EMPLOYEE + SPOUSE:						
YOU PAY	\$446.85	\$568.78	\$270.48	\$12.98	\$27.02	\$9.68
CITY-PARISH PAYS	\$925.62	\$925.62	\$925.62	\$14.06	\$29.26	
MONTHLY RATE	\$1,372.48	\$1,494.40	\$1,196.10	\$27.04	\$56.28	
EMPLOYEE + CHILD(REN):						
YOU PAY	\$392.92	\$500.20	\$233.36	\$14.16	\$32.32	\$10.16
CITY-PARISH PAYS	\$850.58	\$850.58	\$850.58	\$15.34	\$35.04	
MONTHLY RATE	\$1,243.50	\$1,350.78	\$1,083.94	\$29.50	\$67.36	
EMPLOYEE + FAMILY:						
YOU PAY	\$608.78	\$775.08	\$382.08	\$22.06	\$49.32	\$15.62
CITY-PARISH PAYS	\$1,151.02	\$1,151.02	\$1,151.02	\$23.90	\$53.44	
MONTHLY RATE	\$1,759.80	\$1,926.10	\$1,533.10	\$45.96	\$102.76	

*C-P PORTION SAME AS HMO

2021 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.*

2021 Surviving Dependent Medical Rates

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

COVERAGE	HMO	POS*	HDHP*	
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	
				MEDADV
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	

*C-P PORTION SAME AS HMO

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.]

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.

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.

CMS Form 10182-CC
Updated April 1, 2011

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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 20, 2020
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

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

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New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-30-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact [the City of Baton Rouge Payroll and Benefits Office at 225-389-3134](#).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](#) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name City of Baton Rouge Parish of East Baton Rouge		4. Employer Identification Number (EIN) 726000137	
5. Employer address 1755 Florida Street		6. Employer phone number (225) 389-3134	
7. City Baton Rouge	8. State Louisiana	9. ZIP code 70802	
10. Who can we contact about employee health coverage at this job? Michelle Longino			

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

11. Phone number (if different from above)	12. Email address hrpayroll@brgov.com
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Here is some basic information about health coverage offered by this employer:

• As your employer, we offer a health plan to:

- All employees.
- Some employees. Eligible employees are:
Employees working 30 hours per week or more

• With respect to dependents:

- We do offer coverage. Eligible dependents are:
Employee's lawful spouse and/or employee's dependent children under age 26
- We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

- Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____(mm/dd/yyyy) (Continue)
- No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

- Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard

*offered **only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

- a. How much would the employee have to pay in premiums for this plan? \$32.99
- b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

- Employer won't offer health coverage
- Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

- a. How much will the employee have to pay in premiums for that plan? \$ _____
- b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

Date of change (mm/dd/yyyy): _____

*An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B (c)(2)(C)(ii) of the internal Revenue Code of 1986)

Address Form

Complete and return this form to Payroll & Benefits at the address or fax number below. This information will be used to update the mailing address and contact information.

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 and/or phone number released.

- () I do not want my address released.
- () I do not want my telephone number released.
- () I do not want my email address released.

Employee's Signature

Date

Return Information:

Mail or Hand Deliver to: Department of Human Resources Payroll and Benefits Division, 1755 Florida Street, 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, 2021 to:

HR Payroll and Benefits Division
1755 Florida Street
Baton Rouge, LA 70802

(225) 389-3139 fax

(225) 389-3134 phone