

# 2016

## Annual Employee Benefits Guide

Orleans Parish School Board



# Benefits Overview

Orleans Parish School Board recognizes the importance of providing quality benefits at reasonable costs to all employees, and we have worked very hard in putting together an attractive package of benefit offerings to try to meet all of your needs. **This is currently your open enrollment period.**

During this open enrollment period you have the ability to enroll and/or make changes to your current benefits with an effective date of **September 1st**. You may add or drop a family member, discontinue coverage or enroll in new coverage during this time. **All changes / deductions are effective September 1, 2016.** By law, many of your 2016 elections must stay in effect for an entire year, unless you experience a qualified event. The benefit plan year for Orleans Parish School Board is **September 1<sup>st</sup> – August 31<sup>st</sup> (9.1.16 – 8.31.17).**

## Benefit Plans Offered

- Medical
- Dental
- Vision
- Basic Life Insurance
- Supplemental/Optional Life Insurance
- STD & LTD (Disability) Insurance
- 403 (b) and 457 (b)
- Flexible Spending Account (FSA)
- Employee Assistance Program (EAP)

## Eligibility

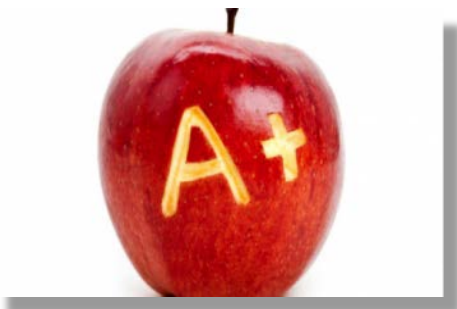
You and your dependents are eligible for Orleans Parish School Board benefits as a full time employee.

Eligible dependents are your legal spouse, your children to age 26, and disabled dependents of any age.

Elections made now will remain in effect until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact your division contact within 30 days.

## Qualified Change in Status Includes:

- Marriage
- Divorce
- Death of a spouse or dependent
- Loss or gain of dependent's eligibility
- Loss or gain of a spouse's /dependents' medical or dental coverage through another employer.



# Medical & Prescription Benefits

## *Administered by Blue Cross Blue Shield of Louisiana*

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way – especially in healthcare. Routine exams and regular preventative care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

**Orleans Parish School Board** offers you a *Grandfathered* PPO Medical Plan using the PPO Preferred Care Network. With the PPO Network, you may select where you receive your medical services. If you use in-network providers, your costs will be less.

OPSB PPO MEDICAL PLAN		
	In Network	Out of Network
Deductible	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family
Annual Out-of-Pocket Maximum <i>(includes deductible) *2016 Benefit Change</i>	\$2,450 Individual \$4,900 Family	\$4,000 Individual \$8,000 Family
Member Coinsurance	20%	40%
Lifetime Maximum	Unlimited	Unlimited
<b>Physician Services</b>		
Primary Physician Office Visit	\$20 Copay	Deductible then 60%
Specialist Physician Office Visit	\$30 Copay	Deductible then 60%
Preventive Care Services	100%	Deductible then 60%
Urgent Care Center	\$20 Copay	Deductible then 60%
Pregnancy Care	\$30 Copay	Deductible then 60%
<b>Hospital Services</b>		
Emergency Room <i>(waived if admitted)</i>	\$150 Copay	\$150 Copay
Outpatient Facility	Deductible then 80%	Deductible then 60%
MRI, CT, MRA & PET	Deductible then 80%	Deductible then 60%
Diagnostic X-ray and Lab	Deductible then 80%	Deductible then 60%
Inpatient Hospital / Delivery	Deductible then 80%	Deductible then 60%
Professional Services	Deductible then 80%	Deductible then 60%
Durable Medical Equipment	Deductible then 80%	Deductible then 60%
<b>Severe Mental/Nervous</b>		
Inpatient	Deductible then 80%	Deductible then 60%
Outpatient	\$30 Copay	Deductible then 60%
<b>Prescription Drug Benefit:</b>		
Tier 1 – Generic		\$10 Copay
Tier 2 – Preferred Brand		\$35 Copay
Tier 3 – Non-Preferred Brand		\$60 Copay
Tier 4 – Self Administered Injectables		\$100 Copay

\*This is a brief description of your benefits for illustrative purposes only. Please refer to your schedule of benefits for more information.

# Dental Benefits

*Administered by MetLife*

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the **Orleans Parish School Board** dental benefit plan. **Orleans Parish School Board** provides this plan to employees at **NO COST to YOU!!** Dental providers can be located at [www.metdental.com](http://www.metdental.com).

Dental Plan Information Summary		
<b>Annual Deductible</b>	\$50 Individual \$150 Family	
<b>Annual Maximum Benefit</b>	\$1,000 per Plan Member	
<b>Ortho Lifetime Maximum</b>	\$1,000	
Covered Services		
Preventive Services	Basic Services	Major Services
Covered at 100% (Deductible does not apply)	Deductible then 85%	Deductible then 60%
<ul style="list-style-type: none"> <li>• Routine Exams</li> <li>• Bitewing X-rays</li> <li>• Prophylaxis (cleanings)</li> <li>• Sealants (to age 19)</li> <li>• Fluoride Treatments (to age 19)</li> <li>• Space Maintainers (to age 19)</li> </ul>	<ul style="list-style-type: none"> <li>• Restorative Basic Fillings</li> <li>• Simple Extractions</li> <li>• Oral Surgery</li> <li>• Endodontics – root canal treatment</li> <li>• Periodontics – treatment of gums including surgery</li> <li>• Periodontal Maintenance</li> <li>• General Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Crowns, Inlays, Onlays Restoration</li> <li>• Crown, Denture, and Bridge Repair/Recementation</li> <li>• Bridges &amp; Dentures</li> </ul>
Orthodontic Services (60% Coinsurance)		
<ul style="list-style-type: none"> <li>• Dependent Children to age 26</li> <li>• 60% Coinsurance</li> <li>• Separate Lifetime Maximum: \$1,000</li> <li>• All dental procedures in connection with orthodontic treatment are payable as Ortho</li> </ul>		



# Vision Benefits

*Administered by DavisVision*

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone. **Orleans Parish School Board** pays the cost for vision benefits for all full time employees. Vision network providers can be found at [www.davisvision.com](http://www.davisvision.com).

Vision Plan Summary			
Frequency	Covered Services	In Network	Out of Network Allowance
12 months	<b>Eye Exam</b>	<b>\$0 Copay</b>	Up to \$35
12 months	<b>Eyeglass Frames</b> (DavisVision Collection)	<b>\$20 Copay</b>	Up to \$45
12 months	<b>Eyeglass Lenses</b>	<b>\$0 Copay</b>	
	Single Vision	100%	Up to \$25
	Bifocal	100%	Up to \$40
	Trifocal	100%	Up to \$55
	Lenticular	100%	Up to \$80
12 months	<b>Contact Lenses</b> (in lieu of Frames & Lenses)	<b>\$0 Copay</b>	
	Elective	\$105; 15% discount on any overage	Up to \$105
	Medically Necessary	100%	Up to \$225

\*This is a brief description of your benefits for illustrative purposes only. Please refer to your schedule of benefits from DavisVision for more information.



# Life and Accidental Death & Dismemberment (AD&D) Insurance

*Administered by MetLife*

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment of **\$20,000** if you die while employed by **Orleans Parish School Board**. Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident.

## Supplemental/Optional Life and Dependent Spouse Life, Supplemental/Optional Accidental Death & Dismemberment (AD&D) Insurance

Employees can also purchase additional life insurance coverage through MetLife’s Supplemental/Optional Life insurance program. Employees that are not currently enrolled and wish to enroll in coverage will need to complete medical questions and be approved by medical underwriting. You can enroll in the following options:

Covered Member	Benefit Amount
Employee	1.5 times your basic annual earnings, less \$5,000, rounded to the next higher \$1,000 to a maximum of \$250,000
Spouse	\$5,000
Child(ren)	Birth to 6 months \$100, 6 months and older \$2,500
AD&D Coverage	AD&D amount is equal to your Supplemental/Optional Term Life Amount

*\*See Supplemental/Optional Life and AD&D rates on the premium contribution page*

### Supplemental/Optional Life Additional Features:

- Accelerated Benefits Options
- Conversion
- Waiver of Premiums
- Will Preparation Services
- MetLife Estate Resolution Services

For more added features and additional benefit information please see the MetLife Schedule of Benefits.



# Disability Insurance

*Administered by CIGNA*

If there is a time when you may be unable to work due to an illness or accident, Disability Insurance can help replace a portion of your income. **Orleans Parish School Board** offers a voluntary Short Term and Long Term Disability package.

	Short Term Disability	Long Term Disability
<b>Benefits Begin</b>	<p>If you become disabled, there is an elimination period before benefits are payable. Your benefits will begin paying:</p> <ul style="list-style-type: none"> <li>• On the 8<sup>th</sup> day for Accident</li> <li>• On the 8<sup>th</sup> day for Illness</li> </ul>	<p>If you become disabled, there is an elimination period before benefits are payable. Your benefits will begin paying:</p> <ul style="list-style-type: none"> <li>• 91st day after the onset of your disabling injury or illness</li> </ul>
<b>Paid Benefit Amount</b>	66.67% of your weekly, before – tax earnings, not to exceed \$1,500 Weekly	66.7% of your monthly; before – tax earnings not to exceed \$6,000 Monthly
<b>Maximum Benefit</b>	Benefits are available for up to 12 weeks	Benefits are payable for 24 months, own occupation, then to your Social Security Normal Retirement Age for any occupation.*

**\*Long Term Disability Maximum Benefit:** After disability benefits are payable for 24 months, the monthly benefit payable is the Gross Disability Benefit reduced by Other Income Benefits and 50% of Disability Earnings. No disability benefits will be paid, and insurance will end if CIGNA determines you are able to work under a modified work arrangement and you refuse to do so without Good Cause (a medical reason preventing participation in the Rehabilitation Plan). *For more information, please see the CIGNA insurance certificate.*

**NOTE: an Injury or Sickness for which the Employee is entitled to benefits from Workers' Compensation or occupational disease law; an Injury or Sickness that is work related is NOT covered by this plan.**

# 403(b) & 457(b) Retirement Plans

*Administered by VOYA Financial*

Public education employees can participate in both a 403(b) tax-deferred plan and a 457(b) deferred compensation plan at the same time, which allows you to save money on a tax-deferred basis for retirement. There is no single “right answer” when it comes to deciding on a retirement plan. It all depends on your specific career and retirement objectives. It’s important to do your homework, talk with your financial professional and tax advisor, and examine the features of each plan before making a decision whether to participate in one or both plans.

To learn more about the specific features of each plan, you can contact a Voya Representative at 855.663.8692 or review the information on their website. [www.voya.com](http://www.voya.com).

# Flexible Spending Account (FSA)

*Administered by WageWorks*

You can sign up for a Flexible Spending Account (FSA) during open enrollment. Each paycheck, you set aside some of your pay, before taxes, to use for eligible health care expenses. Use your Take Care FSA Card instead of cash or credit at health care providers and pharmacies for eligible services, goods, and prescriptions. Typical expenses include co-pays for doctor visits and prescriptions, dental and orthodontia expenses, vision care, prescribed over-the-counter (OTC) drugs and medications, and non-drug OTC items and devices.

You can also choose a WageWorks **Dependent Care FSA** to help with the cost of care for eligible children or aging parents while you are at work. A Dependent Care FSA works a lot like a health care FSA, but your account is funded each payroll period, so funds are available as contributions are taken from your paycheck. Your Dependent Care FSA covers these types of expenses for your eligible dependents while you work; Babysitting, Before-and-After School Programs, Day Care and Nursery Schools, Pre-School Programs, and Elder Care Services.

**2016 Benefit Maximum Contributions:** Medical Expenses \$2,550, Dependent Care \$5,000 per calendar year.

For additional details and hundreds more eligible expenses visit: [www.FSAWorks4me.com/takecare](http://www.FSAWorks4me.com/takecare).



# Employee Assistance Program (EAP)

## *Administered by Business Health Services*

Your Employee Assistance Program (EAP) provides you and your household members with **FREE**, confidential assistance to help with personal or professional problems that may interfere with work or family responsibilities. Services are available 24 hours a day, 7 days a week via a toll-free nationwide number. Help is just a phone call away! Simply call BHS' toll-free number at **800.327.2251**. You and your household members can receive up to **5 face-to-face counseling sessions** (which include assessment, follow-up and referral services) per person, per problem episode, per year.

The Program is a **FREE** benefit provided and paid for you by your employer. If additional help is needed, your health insurance plan may cover a portion of the costs.

A Care Coordinator will confidentially assess the problem, assist with any emergencies and connect you to the appropriate resources. The Care Coordinator then becomes your personal point of contact and will keep in touch to ensure you are satisfied with all services provided.

### **Problems Addressed:**

- Relationships (Spouse, Kids, Boss, Customers, Co-Worker, Friends)
- Life Challenges (Stress, Financial, Parenting, Conflict, Legal, Illness)
- Life Changes (Marriage, Divorce, Birth, Death, Retirement)
- Risks (Depression, Burnout, Alcohol, Anxiety, Anger, Drug Abuse)

### **Online Resources:**

Your online resource library, contains over 50,000 resources to help improve your overall wellbeing. Browse through a variety of resources including articles, videos, health assessment tools, quizzes, and interactive tools. Access your password-protected online resource library and interactive website at: [www.bhsonline.com](http://www.bhsonline.com) username: **OPSB**



# 2016 Premium Contributions:

		EMPLOYEE COST	EMPLOYER COST
<b>MEDICAL</b>	Employee Only	\$52.36	\$209.45
	Employee + Spouse	\$205.04	\$362.12
	Employee + Child(ren)	\$181.71	\$338.80
	Employee + Family	\$334.38	\$491.47

		EMPLOYEE COST	EMPLOYER COST
<b>DENTAL</b>	Employee Only	\$0.00	\$10.61
	Employee + Family	\$22.20	\$10.61

		EMPLOYEE COST	EMPLOYER COST
<b>VISION</b>	Employee Only	\$0.00	\$3.14
	Employee + 1	\$1.16	\$3.14
	Employee + Family	\$6.52	\$3.14

<b>BASIC LIFE &amp; AD&amp;D</b>	<b>Employee Cost:</b> \$0.00 <b>Employer Cost:</b> \$4.39
<b>SHORT TERM DISABILITY</b>	<b>Employee Cost:</b> \$0.74 (per \$100 Covered Payroll)
<b>LONG TERM DISABILITY</b>	<b>Employee Cost:</b> \$0.80 (per \$100 covered Payroll)

	Supplemental/Optional Life and AD&D	
	Employee Rate Per \$1,000	Spouse Rate Per \$1,000
<b>Age</b>		
0-24	\$0.057	\$0.058
25-29	\$0.057	\$0.058
30-34	\$0.087	\$0.088
35-39	\$0.127	\$0.116
40-44	\$0.167	\$0.164
45-49	\$0.247	\$0.242
50-54	\$0.417	\$0.398
55-59	\$0.757	\$0.728
60-64	\$0.907	\$0.873
65-69	\$1.647	\$1.584
70-74	\$2.677	\$2.560
75-79	\$4.337	\$4.143
80-84	\$7.027	\$6.712
<b>AD&amp;D Rate</b>	\$0.043	
<b>Cost for your Child(ren)</b>	\$0.131	

# Contact Information

If you have specific questions about an Orleans Parish School Board benefit plan, please contact the Administrator listed below or the Employee Benefits Department.

Benefit	Administrator	Phone	Website
Medical	BCBSLA	800.599.2583	<a href="http://www.bcbsla.com">www.bcbsla.com</a>
Dental	MetLife	800.942.0854	<a href="http://www.metdental.com">www.metdental.com</a>
Vision	DavisVision	800.999.5431	<a href="http://www.davisvision.com">www.davisvision.com</a>
Basic Term Life	MetLife	800.438.6388	<a href="http://www.metlife.com">www.metlife.com</a>
Supplemental/Optional Life & AD&D	MetLife	800.438.6388	<a href="http://www.metlife.com">www.metlife.com</a>
STD/LTD (Disability)	CIGNA	800.362.4462	<a href="http://www.cigna.com">www.cigna.com</a>
403(b) and 457(b)	Voya	855.663.8692	<a href="http://www.voya.com">www.voya.com</a>
Flexible Spending Account (FSA)	WageWorks	800.950.0105	<a href="http://www.takecarewageworks.com">www.takecarewageworks.com</a>
Employee Assistance Program (EAP)	Business Health Services	800.327.2251	<a href="http://www.bhsonline.com">www.bhsonline.com</a> username: OPSB
Employee Benefits Department	Employee Benefits	504.304.5590	Email: <a href="mailto:HumanResources@opsb.us">HumanResources@opsb.us</a>



# 2016 Legal Notice

Remember: Keep these Notices. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of the Certificate of Creditable Rx Coverage 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).

*Disclaimer: The intent of this information is to provide you with general guidelines regarding the Department of Labor required notices related to your current employee health plan(s). It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.*

## **Women's Health and Cancer Rights Act of 1998 – Janet's Law**

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;
- Prosthesis; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the deductibles and coinsurance applicable to the employer's Plan apply.

## **Important Notice from Orleans Parish School Board 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 Orleans Parish School Board and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Orleans Parish School Board has determined that the prescription drug coverage offered by the Orleans Parish School Board health plan, 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.

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 21244-1850.

#### *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 through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### *What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?*

If you decide to join a Medicare drug plan, your current Orleans Parish School Board coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Orleans Parish School Board coverage, be aware that you and your dependents may not be able to get this coverage back. If you join a Medigap Plan, 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 Orleans Parish School Board and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

#### *For More Information About This Notice Or Your Current Prescription Drug Coverage...*

Contact the person listed below for further information contact Orleans Parish School Board at 504-304-5590. 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 Orleans Parish School Board changes. You also may request a copy of this notice at any time.

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](http://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](http://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: April 28, 2016

Name of Entity/Sender: Orleans Parish School Board  
Employee Benefits Department  
3520 General DeGaulle Drive, Suite 5055  
New Orleans, LA 70114  
504-304-5590

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CMS Form 10182-CC Updated April 1, 2011

#### **Dependents Who Cease to Be Eligible for Coverage:**

Under the federal COBRA law, it is your responsibility to advise your employer if a dependent is no longer eligible for the plan. This notice must be provided within 30 days from the date that the dependent is no longer eligible. This information was contained in the “Initial Notification” provided to you and your eligible dependents, if any.

An eligible dependent is defined as a covered employee’s spouse and children from birth to the age of 26 years. Coverage terminates on the last day of the calendar month that dependent becomes age 26.

#### **Health Plan Update**

Under the Orleans Parish School Board group health plan(s), employees and their eligible dependents may enroll for coverage when they first become eligible for coverage annually during Open Enrollment. In addition, employees and/or their eligible dependents are allowed to enroll in the group health plan if they experience a special enrollment event under the Health Insurance Portability and Accountability Act (HIPAA). Effective April 1, 2009, the plan rules have changed to allow you and/or your eligible dependents to enroll for coverage under a new HIPAA special enrollment opportunity.

The attached notice describes your rights to a HIPAA special enrollment, including the new special enrollment opportunity, and how to request coverage under a special enrollment.

**Please keep this notice in a secure place with your other plan materials.**

If you have any questions about the attached notices or want more information, please contact:

Orleans Parish School Board  
Employee Benefits Department  
3520 General DeGaulle Drive, Suite 5055  
New Orleans, LA 70114  
504-304-5590

#### **Initial Notice About Special Enrollment Rights in Group Health Plan**

A federal law called HIPAA requires that we notify you about a very important provision in the plan. This is your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

#### **Special Enrollment Provision**

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Medicaid or a State Children's Health Insurance Program.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

**Important Warning:** *If you decline enrollment for yourself or for an eligible dependent, you must complete a "Form for Employee to Decline Coverage." On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan. [Further, anyone whom you enroll during annual open enrollment will be treated as a "late enrollee" (unless that person happens to be entitled to special enrollment during the annual open enrollment period). For late enrollees, the pre-existing condition exclusion (PCE) period is 18 months, not the normal 12 months (of course, that 18-month PCE period can be reduced by creditable coverage under another plan, as described in Part II).]*

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Orleans Parish School Board, Employee Benefits Department, 504-304-5590.

#### **Notice of Availability of HIPAA Privacy Notice**

You have a right to the information included in this Notice, available at your Human Resource Department. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please Review It Carefully. If you have any questions about this notice or would like a copy for your records, contact Orleans Parish School Board, Employee Benefits Department, 3520 General DeGaulle Drive, Suite 5055, New Orleans, LA 70114, 504-304-5590.

## Grandfathered Health Plans

### For ERISA Plans

Blue Cross Blue Shield of Louisiana believes this Blue Saver plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your [plan or policy] may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator, Employee Benefits Department, 3520 General DeGaulle Drive, Suite 5055, New Orleans, LA 70114. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

## Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer- sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free 1-866-444-EBSA (3272).

If you live in the following State, you may be eligible for assistance paying your employer health plan premiums. Contact your State for further information on eligibility.

Louisiana Medicaid:

Website: <http://www.lahipp.dhh.louisiana.gov>

Phone: 1-888-695-2447

To see if any other states have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, contact either:

U.S. Department of Labor U.S. Department of Health and Human Services

Employee Benefits Security Administration Centers for Medicare & Medicaid Services

[www.dol.gov/ebsa](http://www.dol.gov/ebsa) [www.cms.hhs.gov](http://www.cms.hhs.gov)

1-866-444-EBSA (3272) 1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)





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This document is an outline of the coverage proposed by the carrier(s) based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be provided upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Laws may be complex and subject to change. This information is based on current interpretation of the law and is not guaranteed. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.

**Orleans Parish School Board**  
**3520 General DeGaulle Drive**  
**Suite 5055**  
**New Orleans, La 70114**  
**504.304.5590**  
**HumanResources@OPSB.US**