



# Benefits Newsletter

Surviving Spouse Edition

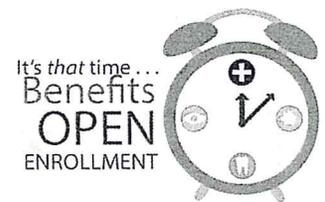
October 2016

## 2017 Open Enrollment November 2, 2016— November 18, 2016 (Except November 11<sup>th</sup>)

### It's Open Enrollment Time

Open Enrollment has arrived for the eligible retirees of the City of Baton Rouge-Parish of East Baton Rouge City-Parish. Open Enrollment is the time of year when retirees are able to evaluate current benefit options and make changes. The City-Parish will maintain the existing high level of benefits we have traditionally offered. See the Benefit Summary for a glance at the benefits. Changes you make now will be effective January 1, 2017. Open Enrollment is your opportunity to:

- ◊ Change or cancel medical, dental, or vision.
- ◊ Add eligible dependents not currently covered.
- ◊ Drop current or overage dependents.



**Retiree open enrollment changes must be made at Human Resources Payroll and Benefits at 1755 Florida Street from 8:00 a.m. to 5:00 p.m.** No Open Enrollment on Friday, November 11<sup>th</sup> due to the Holiday. Human Resources Payroll and Benefits determines eligibility.

### Rates

There will be a 12.5% increase in employee and employer health insurance contributions for 2017; however, there are **NO rate changes** for Dental or Vision insurance for the 2017 plan year. Please see attached 2017 rates.

### Medicare Part B

Enrollment in Medicare Part B is **mandatory** for retirees, their spouses, and surviving spouses who turn 65 after January 1, 2003 or if they are eligible for Part A. By providing proof of enrollment in Part B, you will receive a premium credit up to \$96.40 towards the cost of your City-Parish medical insurance.

- ◊ Prior to you or your dependent's Medicare effective date, you will need to furnish this office with a copy of your Medicare card to receive the discounted medical rate.
  - ◊ If ineligible for Part A, you must provide a statement from the Social Security Office.
  - ◊ The penalty for failure to provide us with either document is loss of coverage in the City-Parish health insurance plan, and paying the incorrect premium without the opportunity to receive a refund.
- ◊ If you or your dependent(s) acquire Medicare before age 65, provide us with a copy of the Medicare card so that we may adjust your premium.

**You must notify City-Parish Payroll and Benefits at 225- 389-3134 if you lose or drop your Medicare Coverage.**

**Review Open Enrollment Election Form before signing.  
ALL CHANGES ARE FINAL!!!**

# Benefit Summary



## Medical Insurance

by Blue Cross Blue Shield of Louisiana

### HMO (Health Maintenance Organization)

This Plan is a straight HMO Plan. This Plan only pays benefits when services are obtained by a provider who is in the HMOLA Network. This Plan has copays, coinsurance, and a deductible which are all applied to the out of pocket maximum.

### POS (Point of Service)

This Plan is a nationwide comprehensive group health plan with benefits. This Plan has copays, coinsurance, and a deductible which all are applied to the out of pocket maximum. The deductible must be met before a copayment or coinsurance applies when seeking treatment from a network provider.

### HDHP (High Deductible Health Plan)

This is a nationwide high deductible health plan. This high deductible coverage may be used in conjunction with a Health Savings Account (HSA). Once the deductible amount has been met all covered services are paid at 100%.



## Dental Insurance

by Always Care



### Silver

Members may only use participating providers.

### Platinum

Choose any dentist; however, you may 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 \$1500 for class A, B & C. Please see Brochure.

## Vision Insurance

by Davis Vision



Your vision plan helps you care for your eyes while saving money by offering eye examinations, eyeglasses, and contact lenses with copayments.

## Special points of interest:

- ◇ Double covering a dependent is not allowed.
- ◇ Keep your address and phone number current with Human Resources.
- ◇ Keep your life insurance beneficiary current. **(We will not release beneficiary names over the phone.)**
- ◇ If you are a Surviving Spouse and you remarry, you are no longer eligible for City-Parish coverage.
- ◇ There are penalties imposed by the Social Security Administration for declining Medicare Part B or failing to enroll in a timely manner.

## ***!!!Importance Notice!!!***

- ◇ If you currently have medical and/or dental and you cancel your coverage, you will **never** be eligible to enroll in the dropped plan again.
- ◇ You **do not** have to do anything if you want to continue the same medical, dental, and/or vision coverage.

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## Family Status Changes - Qualifying Events

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

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

### Retirees with Medicare Part B as Primary Who Pays First?

- ◊ Medicare will pay your **covered** claims first.
- ◊ Your City-Parish medical plan will pay secondary.
- ◊ Deductibles, coinsurance, and/or co-pays on the Medicare covered claims will be paid by your City-Parish medical plan.
- ◊ Services and supplies **not covered** by Medicare will be subject to the City-Parish medical plan's Schedule of Benefits.
- ◊ The most common example of services and supplies not covered by Medicare is prescription drugs. All prescriptions are subject to your City-Parish medical plan.

**Are you a recent retiree? Were you 65 or older when you retired? Are you eligible for Medicare?**

If you said yes to the questions above, you need to contact Payroll and Benefits at (225) 389-3134. You will need to submit a copy of your Medicare card to be eligible for a premium credit toward your City-Parish medical insurance.

### What do I need to add a dependent to my insurance?

**CHANGE!**

You will need documentation. To add children, you will need a copy of their birth certificate and social security card.

### What if I do not have this information at the time I meet with an enroller?

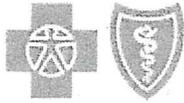
You will not be able to add dependents at that time. You will have to come back with the appropriate documents and meet with an enroller.

### Moving out of the Baton Rouge Area?

Please contact Human Resources Payroll and Benefits at (225) 389-3134 if you and/or your dependent moves out of the Baton Rouge area and have HMO medical coverage.

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# Contact Information



**BlueCross BlueShield of Louisiana**

An independent licensee of the Blue Cross and Blue Shield Association.

Phone: (225) 293-2583

(888) 224-2583

Fax: (225) 297-2727

Website: [www.bcbsla.com](http://www.bcbsla.com)

Email questions: [help@bcbsla.com](mailto:help@bcbsla.com)

### Express Scripts

Phone: (800) 451-6245

Website: [www.express-scripts.com](http://www.express-scripts.com)



Phone: (800) 438-6388

Website: [www.metlife.com](http://www.metlife.com)

### Davis Vision

Phone: (800) 999-5431

Client Code: 2337

Fax: (800) 783-9046

[www.davisvision.com](http://www.davisvision.com)



### Human Resources Payroll & Benefits

225-389-3134

### Allstate

Phone: (800) 521-3535

[www.allstatebenefits.com](http://www.allstatebenefits.com)



**TRANSAMERICA**  
Employee Benefits

Phone: (888) 763-7474

[www.transamericaemployeebenefits.com](http://www.transamericaemployeebenefits.com)

### HealthEquity

### Health Savings Account

Phone: (866) 346-5800

Website: [www.healthequity.com](http://www.healthequity.com)

Email questions:

[memberservice@healthequity.com](mailto:memberservice@healthequity.com)



Phone: (225) 926-2888 Ext 2013

(888)-729-5433

[www.alwaysdental.com](http://www.alwaysdental.com)

### Nationwide Retirement Solutions

(877) 677-3678 Ext 48774

Leigh Donohue

Website: [www.nrsforu.com](http://www.nrsforu.com)

### HILADGO

Employee Assistance Program

(EAP)

Phone: (225) 927-0160

(800) 448-4470

[www.healthassociatesllc.com](http://www.healthassociatesllc.com)

### Retirement Information

City Parish Employees' Retirement

(CPERS) (225) 389-3272

Municipal Police Employees' Retirement

(MPERS) (225) 929-7411



### MassMutual

Retirement Advisors

(225) 681-0457

Jeanne Badaux-Carline

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## 2017 Surviving Dependent Medical Rates

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

COVERAGE	HMO	POS*	HDHP*
<b>SURVIVING SPOUSE ONLY:</b>			
YOU PAY	\$313.88	\$429.98	\$253.58
CITY-PARISH PAYS*	\$425.06	\$425.06	\$425.06
MONTHLY RATE	\$738.94	\$855.04	\$678.64
<b>SURVIVING SPOUSE + CHILD(REN):</b>			
YOU PAY	\$514.16	\$865.58	\$473.00
CITY-PARISH PAYS*	\$715.62	\$715.62	\$715.62
MONTHLY RATE	\$1,229.78	\$1,581.20	\$1,188.62
<b>SURVIVING CHILD:</b>			
YOU PAY	\$249.94	\$368.10	\$224.60
CITY-PARISH PAYS*	\$347.86	\$347.86	\$347.86
MONTHLY RATE	\$597.80	\$715.96	\$572.46
<b>SURVIVING SPOUSE ONLY W/PART B:</b>			
YOU PAY	\$217.48	\$333.58	\$157.18
CITY-PARISH PAYS	\$518.20	\$518.20	\$518.20
MONTHLY RATE	\$735.68	\$851.78	\$675.38
<b>SURVIVING SPOUSE +CHILD(REN) 1 W/PART B:</b>			
YOU PAY	\$417.76	\$769.18	376.60
CITY-PARISH PAYS	\$866.04	\$866.04	866.04
MONTHLY RATE	\$1,283.80	\$1,635.22	\$1,242.64

\*C-P PORTION SAME AS HMO



## 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 **December 31, 2016** to:

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

**(225) 389-3139 fax**

**(225) 389-3134 phone**

