



City of Baton Rouge

Parish of East Baton Rouge



2018 BENEFITS GUIDE

Welcome

Welcome to the City of Baton Rouge’s Open Enrollment for all benefits. As you review this guide, you will notice that you have a full array of options for your Benefits. Having choices means that you can select those plans and options best suited to your family’s particular needs. To make informed choices regarding your benefits, please take the time to learn about the features of the various new plan offerings by reviewing this brochure as well as meeting with a benefit counselor at your location to enroll or make changes in your insurance plans.

To ensure that employees have a complete understanding on your benefit plans and to help make the choices best suited to your needs, professional benefit counselors from Complete Benefit Alliance (CBA) will conduct one-on-one benefit enrollment sessions with each of our employees. These sessions will be conducted face to face. The benefit counselors will assist each employee during the enrollment process with making changes to personal information, updating beneficiaries and enrolling in the 2018 benefits plan options.

SUPPORT DOCUMENTATION

To add ANY dependents, the City-Parish HR Department must have a copy of the social security card and the documentation to support the new dependent (birth certificates or a letter of verification of birth from the hospital if the birth certificate has not been received, certificate of adoption, or marriage license, etc.). Documentation must be presented to the Enrollment Representative and must be submitted with your changes or additions. **The Enrollment Representatives are not allowed to process any changes to your benefits until such documentation is provided.**

Every employee is asked to update their information, including, but not limited to, address and phone numbers, with the Human Resources Department. Deductions for newly elected benefits are effective January 1, 2018.

This is your open enrollment period. All forms must be submitted as instructed prior to the end of open enrollment. Remember, **ALL CHANGES ARE FINAL!**

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DEPENDENT CHILDREN

On health, dental and vision insurance plans offered by the City of Baton Rouge - Parish of East Baton Rouge, dependent children are covered through the end of the month of their 26th birthday regardless of student or marital status. Dependent age limitation for life coverage may vary. Check with a benefits counselor for details.

FAMILY STATUS CHANGES – QUALIFYING EVENTS	QUALIFYING EVENT	REQUIRED DOCUMENTATION
	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, please contact us at 225-389-3134.	Marriage
	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 Spouses Employment Status	Letter from Spouse’s previous employer stating the type of coverage, who was covered and the date of cancellation.

Blue Cross HMO Medical Plan

	NETWORK
Lifetime Max	Unlimited
Benefit Period Deductible (Single/Family)	\$500 / \$1,500
Out of Pocket Maximum (Single/Family)	\$2,500 / \$5,000
Physicians Office Visit	\$25.00 per visit
Specialist Office Visit	\$35.00 per visit
Employee Assistance Counseling	Up to 6 Visits (No Copay/Coinsurance)
Urgent Care Center	\$40.00 per visit
Vision Care Exam (1 per 24 Months)	\$35.00 per visit
Emergency Room	\$150 (waived if admitted)
Physicians Outpatient Surgical Services	\$100 Copayment per Day
Ambulatory Surgical Facility	\$200 per Surgical Visit
Inpatient Hospital Admission	\$200 per day/5 day Max
Pregnancy Care	\$50.00 Copay (first visit only)

Blue Cross POS Medical Plan

	NETWORK	NON-NETWORK
Lifetime Max	Unlimited	
Benefit Period Deductible (Single/Family)	\$500 / \$1,500	\$1,000 / \$3,000
Out of Pocket Maximum (Single/Family)	\$2,500 / \$5,000	\$6,000 / \$12,000
Physicians Office Visit	\$25.00 per visit	70%/30%
Specialist Office Visit	\$35.00 per visit	70%/30%
Employee Assistance Counseling	Up to 6 Visits (No Copay/Coinsurance)	70%/30%
Urgent Care Center	\$40.00 per visit	70%/30%
Vision Care Exam (1 per 24 Months)	\$35.00 per visit	\$35.00 per visit
Emergency Room	\$150 (waived if admitted)	\$150 (waived if admitted)
Physicians Outpatient Surgical Services	\$100 Copayment per Day	70%/30%
Ambulatory Surgical Facility	\$200 per Surgical Visit	70%/30%
Inpatient Hospital Admission	\$200 per day/5 day Max	70%/30%
Pregnancy Care	\$50.00 Copay (first visit only)	70%/30%

Pharmacy Benefits (HMO and POS Only)

Note: Compound drugs costing \$250 or more require a pre authorization	RETAIL COPAYMENT (30 day supply)	MAIL-ORDER COPAYMENT (90 day supply)
DEDUCTIBLE - \$0 GENERIC/\$250 BRAND NAME		
Tier 1 Primarily Generic Drugs, although some brand drugs may fall into this tier.	\$4.00	\$8.00
Tier 2 Primarily Brand-Name Drugs, although some generic drugs may fall into this tier.	\$30.00	\$60.00
Tier 3 Brand-Name or Generic Drugs that may have a therapeutic alternative as a Tier 1 or Tier 2 drug; covered compounded drugs are included in this tier.	\$50.00	\$100.00
Tier 4 A prescription drug that is a Multi-Source Brand Drug.	\$70.00	\$140.00
Tier 5 Injectable Prescription Drugs.	\$60.00	\$120.00

Blue Cross HDHP Medical Plan

	NETWORK	NON-NETWORK
Lifetime Max	Unlimited	
Benefit Period Deductible		
Single	\$2,000	\$4,500
Family (Aggregate)	\$4,000	\$9,000
Out of Pocket Maximum (Includes Deduct)		
Single	\$2,000	\$8,500
Family	\$4,000	\$17,000
Preventive/Wellness Care	100%	70% after Deductible
Physicians Office Visit	100% after Deductible	70% after Deductible
Specialist Office Visit	100% after Deductible	70% after Deductible
Physicians Outpatient Surgical Services	100% after Deductible	70% after Deductible
Inpatient Hospital Admission	100% after Deductible	70% after Deductible
Pregnancy Care	100% after Deductible	70% after Deductible
Prescription Drug (Generic & Brand)	100% after Deductible	

Ameriflex Flexible Spending Account (FSA)

A "FSA" is an employer-sponsored program offered as part of the Section 125 or Cafeteria Plan where an employee can pay certain expenses (medical or dependent care) on a pre-tax basis and be reimbursed by the program as those expenses are incurred.

If you currently have an FSA, you must reenroll during open enrollment. Your FSA deduction will not carryover to 2018.

"Use It or Lose It" Rule:

This term applies to Flexible Spending Account deductions accumulated in a plan year. If the funds are not used within a plan year, the employee loses this money. Careful planning helps to not "lose it."

Medical Expense:

Qualified medical expenses include vision care, contacts and glasses, dental work, including orthodontics, medical insurance deductibles, co-pays, prescription drugs, and over-the-counter medications. As a general rule, most expenses not reimbursed by your health carrier and expenses to prevent/treat an illness or disease may be qualified medical expenses. Maximum deductions: \$1,250 single or \$2,500 if married and filing jointly.

Over the Counter:

Effective January 01, 2011, The Patient Protection and Affordable Care Act (PPACA) mandates that expenses incurred for over the counter medicines and drugs (with the exception of insulin) will not be eligible for reimbursement under a FSA unless you have a valid prescription. For more information visit AmeriFlex's website: www.flex125.com

Dependent Care Expenses:

A maximum of \$5,000 in dependent care expenses can be paid per year through a Flexible Spending Account. Expenses paid by an employee for the care of dependent children, spouses or parents while they work are governed by Code Sec. 129.

*You must keep all receipts for the expenses incurred for tax purposes.

Debit Card (FSA Convenience Card)

Medical expenses may be paid for with the pre-loaded debit card you will receive once your account is open. Providers who accept Master Card can accept your FSA convenience card.

Flexible Spending Account Frequently Asked Questions

Q: Can I participate in the Flexible Spending Account program while enrolled in the High Deductible Health Plan?

A: Yes, you can enroll in the FSA plan while enrolled in any health plan and can also enroll in the FSA without participating in any [City of Baton Rouge health plans](#).

Q: Can I have both a FSA and HSA in the same plan year?

A: No, but you can have a [Dependent Care](#) (FSA) and an HSA.

Q: I am ending my employment; can I use my FSA until the end of the month as I could my HMO plan?

A: No, your FSA will end the day you resign. If you use your card after the term date, you will be responsible for repaying AmeriFlex for the claim that was incurred after the termination date.

Q: My spouse is also a City of Baton Rouge employee, can I elect a FSA and my spouse elect an HSA?

A: No

Q: My spouse is also a City of Baton Rouge employee; can we both enroll in a FSA?

A: Yes, however, you can only enroll in \$1,250 each which will equal \$2,500 which is the family maximum.

Q: Why am I receiving a Substantiation Request every time I use my FSA convenience card at the doctor's office but I don't get them when I use my card at Wal-Mart?

A: The pharmacies and Wal-Mart have a smart reader (IIAS Merchants system) that automatically identifies FSA eligible items whereas doctors do not have such capabilities.

Health Equity Health Savings Account (HSA)

An "HSA" is a bank account set up with pre-tax money deducted from your paycheck and deposited on your behalf if you are enrolled in the High Deductible Health Plan (HDHP). On a voluntary basis, you may deposit up to 100% of your individual or family deductible on your medical plan.

Carryover Rule:

Unlike the FSA, any unspent dollars in your account are rolled over from year to year.

Medical Expense:

Money in this account may be used toward your deductible, or may be used toward many other medically related items or procedures as approved by the Federal Government, which includes treatment or procedures not covered by your health plan, dental work, glasses or contacts, some over the counter medicine etc. Typically excluded are cosmetic or elective services. For more information on specifics of what these funds can and cannot be used for visit Health Equity's website: www.mysmartsaver.com

Maximum deductions: \$3,450 single, or \$6,900 if married and filing jointly.

Over the Counter:

Effective January 01, 2011, account holders are required to obtain a physician prescription if purchasing over-the-counter drugs, to be considered an eligible reimbursement expense against an HSA. For more information visit Health Equity's website: www.healthequity.com

****If you are eligible for Medicare and an active employee, you are not eligible to participate in the Health Savings Account feature.**

Health Equity Fee Changes

Effective September 1, 2011, Health Equity began charging a fee of \$1.25 to all MySmartSaver account holders who require paper statements. To avoid this fee log on to your account at www.mysmartsaver.com and navigate to "My Accounts> Statements>Change your statement delivery method.

Effective March 2011, Health Equity began charging an HSA account maintenance fee of \$2.50 per month. This will be waived for the first three statement cycles after a new MySmartSaver HSA account opening.

This \$2.50 fee will be waived for any statement cycle in which the account holder maintains:

- Balance over \$1,500, if an electronic deposit is credited to the account that statement cycle; or,
- Balance over \$2,500, regardless if an electronic deposit is credited to the account that statement cycle.

***Although it may not be needed at the time of purchase, it is recommended that HSA account holders keep prescriptions along with receipts in their records in case they are ever audited.**

Health Savings Account Frequently Asked Questions

Q: Can I participate in an HSA while enrolled in the HMO plan?

A: No, you can only participate in HSA while enrolled in the HDHP plan.

Q: Can I contact Health Equity to cancel my account anytime during the year?

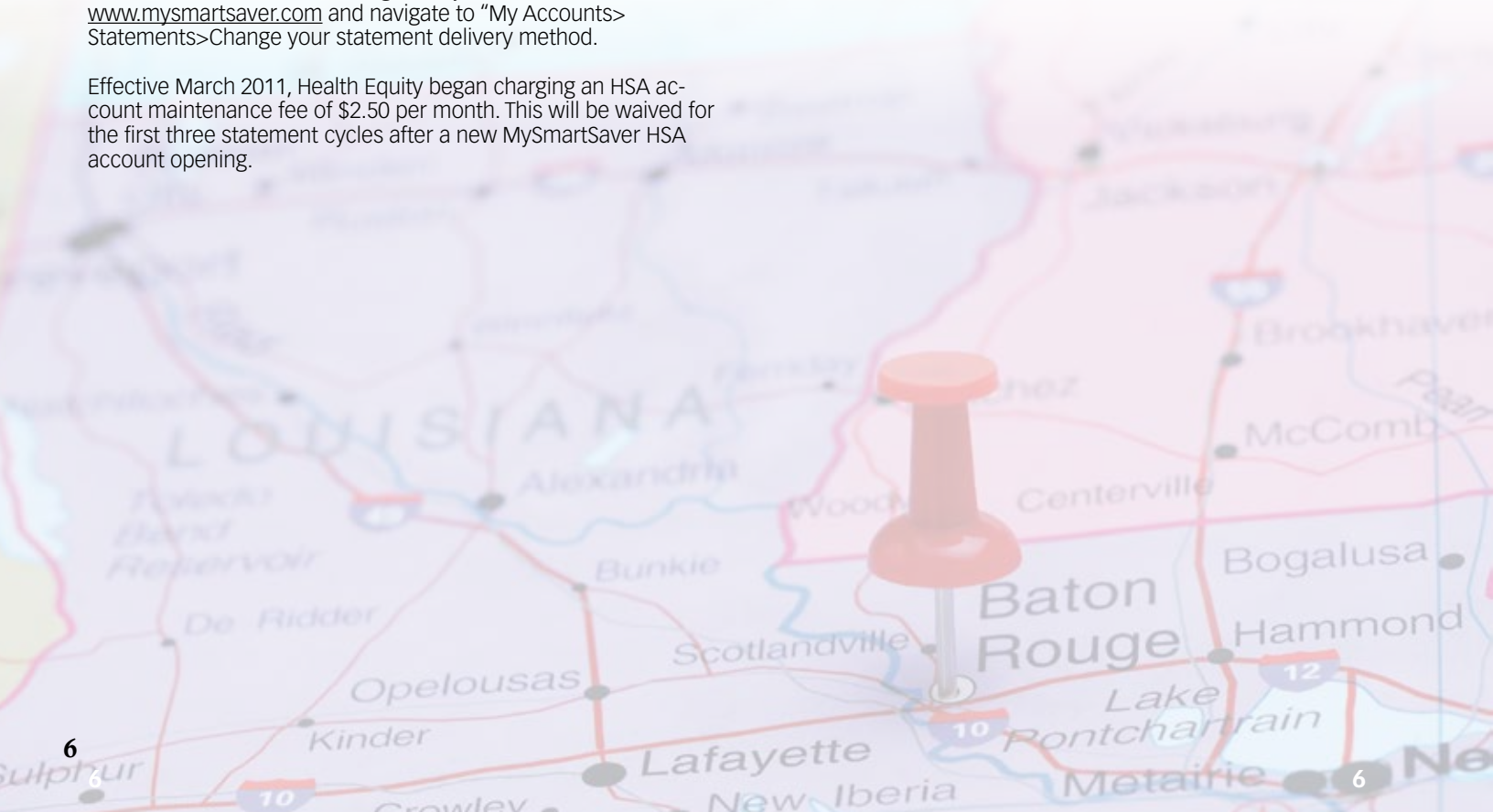
A: No, you are taking advantage of Section 125 of the Internal Revenue Code, which states that you can only make changes to tax-sheltered premiums during Open Enrollment or due to a qualifying event. That's why it is important to carefully estimate before electing an amount.

Q: My spouse is also a City of Baton Rouge employee, can I elect an HSA and he enroll in the Family High Deductible Health Plan?

A: No, the person who will carry the plan has to carry the Health Savings Account.

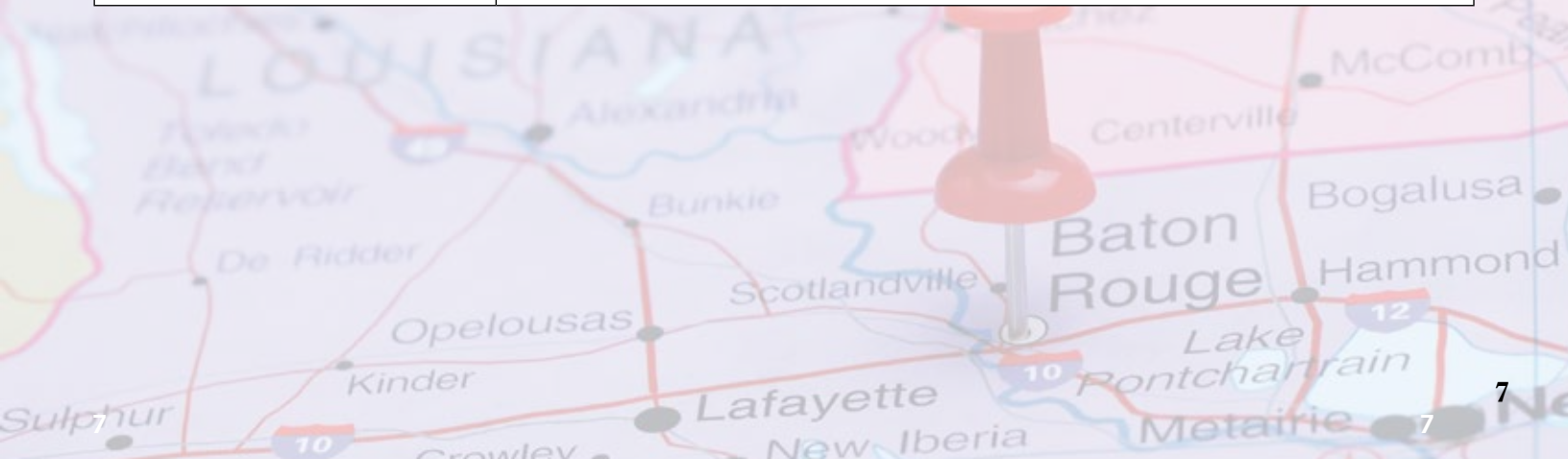
Q: I am enrolling in the HDHP and I am covered on my spouse's HMO plan that he has with his employer, can I elect an HSA?

A: No, an employee who is covered as a dependent under a comprehensive (PPO, HMO, POS, etc) health plan and elects a HDHP, cannot contribute to the HSA.



AlwaysCare Dental Plan

OUTLINE OF BENEFITS		PLATINUM PLAN				
PARTICIPATING PROVIDER PLAN	Choose any dentist; however, you may select a participating Provider (over 80 in the Baton Rouge area) for discounted fees and no balance billing.					
DEDUCTIBLE	\$50 per calendar year, Maximum 3 per family. Applies to Class B & C.					
CARRYOVER BENEFIT	Included					
BENEFIT YEAR MAXIMUM	\$1500 for Class A, B & C.					
COINSURANCE	Plan Pays:	Class A	Class B	Class C	Class D	
	In-Network	100%	80%	60%	60%	
	Non-Network	100%	80%	60%	60%	
CLASS A (no waiting period)	Preventive Services: <ul style="list-style-type: none"> • Routine Exams (2 per 12 months) • Prophylaxis* (2 per 12 months) • Bitewing X-rays (max 4 fi lms) (1 per 12 months) • Emergency Pain • Adjunctive Pre-Diagnostic Oral Cancer Screening (max 1 per 12 months for age 40+) <ul style="list-style-type: none"> • Fluoride Treatment to age 16 (1 per 12 months) • Space Maintainers to age 16 (1 per 24 months) • Full mouth/panoramic X-rays (1 per 24 months) • Sealants to age 16 (permanent molars only, 1 per 36 months) 					
CLASS B (no waiting period)	Basic Services: <ul style="list-style-type: none"> • Oral Surgery • Fillings • Crown, Denture, Bridge Repair • Simple Periodontics • Anesthesia • Simple Extractions • Endodontics (root canals) • Surgical Periodontics 					
CLASS C (12 month waiting period for new enrollees and their dependents only)	Major Services: <ul style="list-style-type: none"> • Inlays and Onlays • Crowns, Bridges, Dentures, and Endosteal Implants 					
CLASS D (12 month waiting period for new enrollees and their dependents only)	Orthodontics: <ul style="list-style-type: none"> • Annual Maximum \$750 • Separate Lifetime Maximum \$1500 • Dependent Children to age 19 only 					
*Prophylaxis coverage is enhanced to include one additional cleaning or periodontal maintenance per year if member is in second or third trimester of pregnancy. Written proof must be submitted at the time of the claim.						
OUTLINE OF BENEFITS		SILVER PLAN				
PARTICIPATING PROVIDER PLAN	<ul style="list-style-type: none"> • In-Network only • Members may only use participating Providers. 					
CARRYOVER BENEFIT	Not Included					
COINSURANCE	Plan Pays:	Class A	Class B	Class C		
	In-Network	80%	60%	30%		
*A schedule of co-pay amounts will be published each year no later than January 1st.						
CLASS A (no waiting period)	Preventive Services: <ul style="list-style-type: none"> • Routine Exams (2 per 12 months) • Bitewing X-rays (max 4 fi lms) (1 per 12 months) • Sealants to age 16 (permanent molars only, 1 per 36 months) • Adjunctive Pre-Diagnostic Oral Cancer Screening (max 1 per 12 months for age 40+) <ul style="list-style-type: none"> • Fluoride Treatment to age 16 (1 per 12 months) • Space Maintainers to age 16 (1 per 24 months) • Prophylaxis* (2 per 12 months) 					
CLASS B (no waiting period)	Basic Services: <ul style="list-style-type: none"> • Anesthesia • Oral Surgery • Emergency pain • Full mouth/panoramic X-rays (1 per 24 months) • Simple Extractions • Crown, Denture, Bridge Repair • Fillings 					
CLASS C (no waiting period)	Major Services: <ul style="list-style-type: none"> • Simple Periodontics • Endodontics (root canals) • Inlays and Onlays • Surgical Periodontics • Crowns, Bridges and Dentures 					



Davis Vision Plan

IN-NETWORK BENEFITS	
Eye Examination	Every 12 months, Covered in full after \$10 copayment
EYEGLASSES	
Spectacle Lenses	Every 12 months, Covered in full For standard single-vision, lined bifocal, or trifocal lenses after \$25 copayment
Frames	Every 24 months, Covered in full Any Fashion or Designer frame from Davis Vision's Collection ¹ (value up to \$175) OR \$130 retail allowance toward any frame from provider, plus 20% off balance ²
CONTACT LENSES	
Contact Lens Evaluation, Fitting & Follow Up Care	Every 12 months, Covered in full Collection Contacts: after \$25 copay OR For Standard Contacts: after \$25 copay OR For Specialty Contacts: \$60 allowance with 15% off balance less \$25 copayment
Contact Lenses (in lieu of eyeglasses)	Every 12 months, Covered in full Any contact lenses from Davis Vision's Contact Lens Collection ¹ OR \$150 retail allowance toward provider supplied contact lenses, plus 15% off balance ²
¹ The Davis Vision Collection is available at most participating independent provider locations.	
² Additional discounts not applicable at Walmart or Sam's Club locations.	

MetLife Basic Term Life

Your employer provides you with Basic Term Life and Accidental Death and Dismemberment insurance coverage in the amount of \$25,000 at no cost to you.

MetLife Optional Term Life Insurance Coverage Options

For You	Multiples of \$10,000 to a maximum of the lesser of 6 times your basic annual earnings or \$800,000
For Your Spouse	\$5,000 to \$250,000 in \$5,000 increments, up to 50% of your coverage amount
For Your Dependent Children*	\$1,000 to \$10,000 in increments of \$1,000

*Child(ren)'s Eligibility: Dependent children ages from 15 days to 21 years old, or 24 years old if a child is a full-time student, are eligible for coverage.

Accidental Death & Dismemberment Coverage Options

For You	Your Supplemental AD&D amount is equal to your Supplemental Term Life amount.
For Your Spouse and Child(ren)	Your dependents will be eligible for coverage amounts equal to their amounts of Dependent Term Life coverage.

Group Universal Life

The Allstate Benefits Group Universal Life product is a flexible premium adjusted life insurance plan, designed with a focus on death benefit amount.

- Premium rates are unisex and either tobacco or non-tobacco; offering employees the opportunity to qualify for the coverage they need.
- Portable coverage. If an employee's employment ends, the insured's coverage can continue as long as premiums are paid to Allstate Benefits
- Flexible optional riders that allow employees to tailor coverage to help meet their specific needs.

Group Voluntary Disability

Group short term disability coverage from Allstate Benefits provides a monthly cash benefit for disabilities due to non-occupational sickness or injury.

Having an income can take a lot of worry out of ordinary every day living. With it, you cover bills, pay for your home and provide for your family. But what if you got sick or injured and couldn't work? How long could you afford life without a paycheck? Would your finances become disabled if you lost your paycheck?

Our disability coverage helps offer peace of mind when an unexpected sickness or injury occurs.

Take Charge of Your Health Today!



Healthy Lives™ – a wellness program designed to help you manage your health is now available to you as an employee on the EBRC health plan. Your employer is committed to your health and wellness and is bringing this program to you, free of charge. Through **Healthy Lives™**, you will receive many benefits, including access to health coaching services, health and wellness educational offerings and opportunities to earn annual rewards for leading a healthy life through exercise, weight management and wellness activities throughout the year.

Healthy Lives™ coaches will help you manage a chronic illness or issue such as diabetes, high cholesterol or blood pressure, and asthma; work with your healthcare provider to develop a personalized plan to help you achieve your health goals; and support you in making healthy choices and changes through a holistic approach tailored to your lifestyle.

To join, complete the following steps:

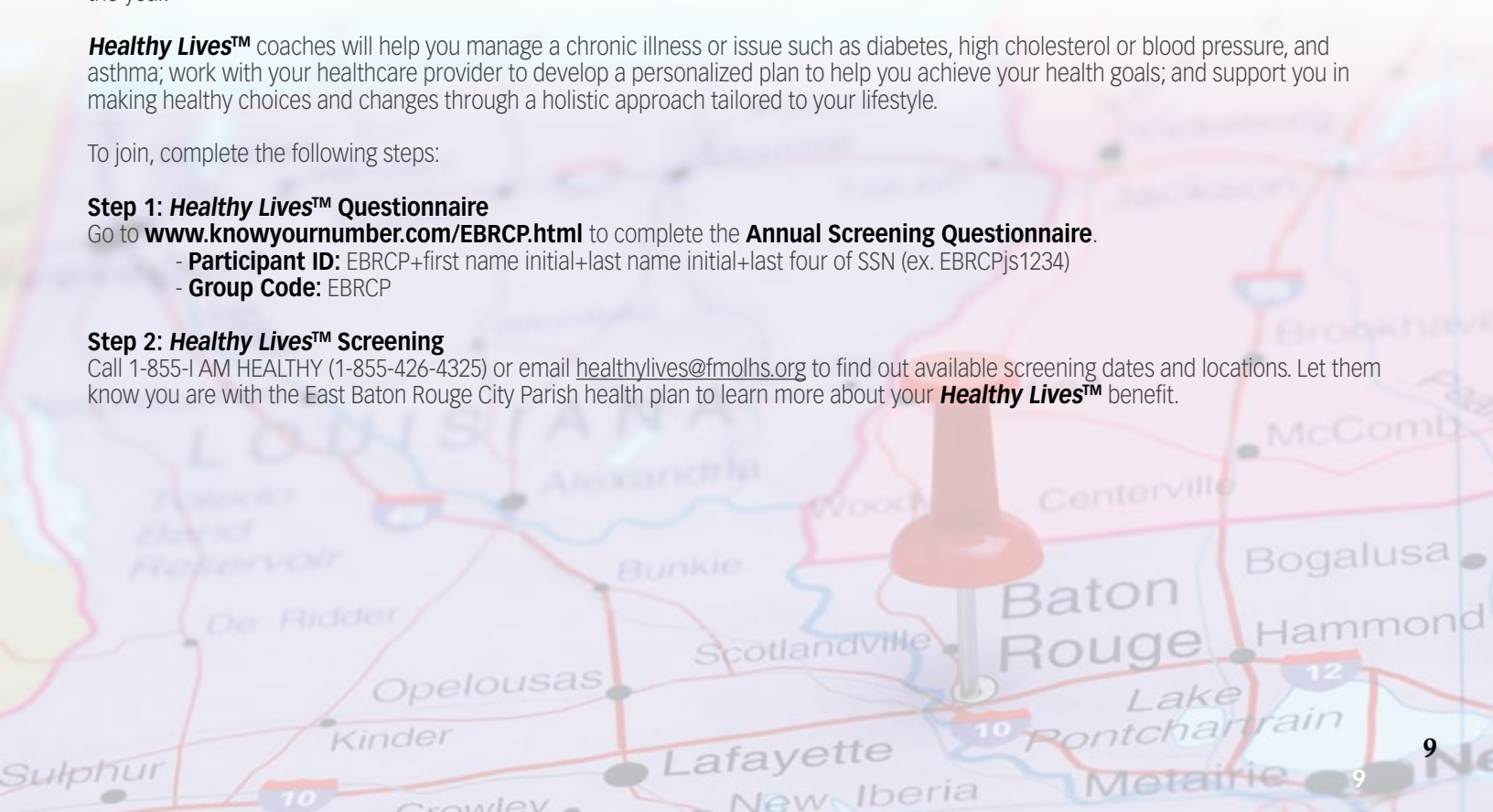
Step 1: **Healthy Lives™** Questionnaire

Go to www.knowyournumber.com/EBRC.html to complete the **Annual Screening Questionnaire**.

- **Participant ID:** EBRCP+first name initial+last name initial+last four of SSN (ex. EBRCPjs1234)
- **Group Code:** EBRCP

Step 2: **Healthy Lives™** Screening

Call 1-855-I AM HEALTHY (1-855-426-4325) or email healthylives@fmlhs.org to find out available screening dates and locations. Let them know you are with the East Baton Rouge City Parish health plan to learn more about your **Healthy Lives™** benefit.



Long Term Disability Insurance

You are eligible for Long Term Disability (LTD) coverage if you are an active employee in the United States working a minimum of 30 hours per week. Your effective date of coverage is 4/1/2017. If you become eligible after this date, please see your plan administrator for your effective date.

Monthly benefit amount: either 50% or 60% of your monthly earnings to a maximum benefit of \$6,000 per month.

Elimination period: You could begin receiving LTD benefits if, after 180 days of disability, you are still disabled (as described in the definition of disability). During the elimination period the disability is considered continuous even if the disability stops (e.g. you return to work full time) for 30 days or less. You are not required to have a 20% or more loss in your indexed monthly earnings due to the same injury or sickness to be considered disabled during the elimination period.

Maximum monthly benefit amount: Your total monthly benefit (including all benefits provided under this plan) will not exceed 100% of your monthly earnings. However, if you are participating in Unum's Rehabilitation and Return to Work Assistance program, your total monthly benefit (including all benefits provided under this plan) will not exceed 110% of your monthly earnings.

If you are disabled, participating in the rehabilitation and return-to-work assistance program, and have dependent care expenses, you may also receive the dependent care expense benefit — \$350 per dependent per month, to a monthly maximum of \$1,000 for all eligible dependents combined.

Worldwide emergency travel assistance is included with this long term disability plan. Emergency travel assistance is available to you, your spouse* and your dependent children when you travel to any foreign country, including Canada or Mexico. It is also available anywhere in the United States when you travel just 100 or more miles from home.

* A spouse traveling on business for his or her employer is not covered by the program.

MetLife Critical Illness Insurance

Many individuals have had a family member, friend or acquaintance who has felt the physical, emotional and financial effects of a critical illness: a colleague diagnosed with cancer, a friend's parent who has suffered a stroke, or a loved one who has had a heart attack. Despite having good medical insurance, there are still some expenses associated with a critical illness that most medical plans do not cover.

There is something that can help. MetLife Critical Illness Insurance (CII) is a voluntary benefit designed to complement but not replace your current medical coverage.

If you are enrolled for Critical Illness Insurance, the coverage pays a lump-sum benefit if you experience one of the covered conditions within three distinct categories (as defined in the certificate): certain cancer-related conditions; certain heart-related conditions; and certain other conditions and meet the requirements of the policy and certificate. You may use this lump-sum payment as you see fit to help keep your family finances on track should you experience a covered condition.

During Open Enrollment, you can enroll for a category benefit amount of \$10,000 of CI coverage for you and your spouse* and \$10,000 for your dependent children**

It's really up to you how you use the payment. In the event of a covered condition within any of the categories, you can use the lump-sum payment to help pay for additional expenses that may not be covered by your medical insurance or for any day-to-day living expenses, such as:

Medical plan co-pays and deductibles	Additional childcare or domestic help
Prescription drug co-pays and deductibles	Mortgage and rent payments
Out-of-network treatments	Car payments
Experimental treatments	Utility payments

For additional information on the CII benefit, visit the City of Baton Rouge open enrollment benefits website or call 1-800-GET-MET-8 (1-800-438-6388) to speak with a MetLife Customer Service Representative, Monday through Friday, 8 a.m. – 6 p.m., EST.

* Coverage for civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

** Dependent child coverage and age limitations vary by state. Please contact MetLife for more information.

MetLife Critical Illness Insurance (CII) is a limited group policy. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There is a 30 to 90 day waiting period after the effective date of coverage and a preexisting condition exclusion. There is a benefit suspension period between covered conditions in different categories. A more detailed description of the benefits, limitations, and exclusions applicable to you can be found in the Disclosure Document or Outline of Coverage/Disclosure Statement. Please contact MetLife for more information.

Metropolitan Life Insurance Company, New York, NY 10166

Off-the-Job Accident Insurance

offered by Transamerica Life Insurance Company

What happens if you get hurt?

Accident insurance can help offset medical deductible, help reduce stress and recovery time.

Are we covered for that?

Accidents and injuries can happen at any place at any time. As one of your employer's most important assets, it is important to protect yourself and make sure you can bounce back from whatever life may throw at you. **Transamerica Life Insurance Company's** new AccidentAdvanceSM offers off the job coverage for accidents. It also offers features to promote healthier behavior in general, such as an auto accident benefit that pays more if the insured was wearing a seat belt and has air bags in the car. It is an advancement in accident coverage. It is AccidentAdvance.

Pays in addition to any other coverage and is Guaranteed Issue.

Understanding AccidentAdvanceSM

AccidentAdvance is a group voluntary off-the-job accident only insurance policy. Individual and family coverage is available, and as with all our products is conveniently payroll deducted. Issue ages for employees and spouses are 18 through 64. Eligible children can have coverage through age 25. Base coverage includes Accident Emergency Treatment, Follow-Up Visit and Physical Therapy, Initial Accident Hospitalization.

Riders Included in Coverage

- ▶ Accidental Death and Dismemberment Rider
- ▶ Accident Hospital and ICU Income Rider
- ▶ Expanded Benefits Rider
- ▶ Wellness Benefit Rider

This is a brief summary of AccidentAdvance, off-the-job Accident Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy Form Series CPACC100 and CCACC100. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.

Cancer Indemnity Insurance

offered by Transamerica Life Insurance Company

Can Stress Slow Recovery?

Loss of income can only add to the stress of an unexpected illness. Wellness benefit included can help aid early detection.

CancerSelect[®] Plus Cancer-Only Insurance is flexible, conveniently payroll deducted and designed to provide you and your eligible family members with benefits for costs associated with cancer treatment. No physical exams or blood tests are required¹ and coverage is 100% portable. Benefits are paid directly to you—or anyone you choose—in addition to any other insurance.²

Understanding CancerSelect[®] Plus

Base Coverage

CancerSelect Plus includes:

- ▶ Hospital Benefits
- ▶ Surgery Benefits
- ▶ Cancer Maintenance Therapy
- ▶ Radiation and Chemotherapy Benefits
- ▶ Wellness and Miscellaneous Benefits

Riders included in Coverage

- ▶ First Occurrence Rider
- ▶ Intensive Care Rider
- ▶ Specified Illness and Disease Rider

¹ Acceptance will be based upon answers to questions on the application.

² Varies by state.

This is a brief summary of CancerSelect Plus, Cancer Only Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy Form Series CPCAN200 and CCCAN200. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details

RESOURCES

Benefit	Carrier	Phone Number	Website
Medical	Blue Cross Blue Shield Louisiana	1-225-293-2583 1-888-224-2583	www.bcbsla.com
FSA	Ameriflex	1-888-868-3539	www.Flex125.com
HSA	Health Equity	1-866-346-5800	www.healthequity.com ; memberservices@healthequity.com
Dental	AlwaysCare	1-225-926-2888 1-888-729-5433	www.alwaysdental.com
Vision	Davis Vision	1-800-999-5431 Client Code 2337	www.davisvision.com
Group Universal Life & Group Voluntary Disability	Allstate Benefits	1-800-521-3535	www.allstatebenefits.com
Critical Illness	Metlife	1-800-GET-MET8 1-(800-438-6388)	www.metlife.com
Accident & Cancer	Transamerica Life Insurance Company	1-888-763-7474	www.transamericaemployeebenefits.com
Healthy Lives		1-855-426-4325	www.knowyournumber.com/EBRCP.html
Pharmacy	Express Scripts	1-800-451-6245	www.express-scripts.com
Deferred Comp.	NationWide	1-877-677-3678 ext 48774	www.nrsforu.com
	MassMutual	1-225-681-0457	
EAP	Hilandgo	1-225-927-0160 or 1-800-448-4470	www.healthassociatesllc.com

This Employee Benefits Brochure highlights the main features of your benefit programs and does not include all the rules and details, including limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts and the Summary Plan Description. If there is a conflict between the information in this brochure and the formal language of the Summary Plan Description (SPD), the wording in the Summary Plan Description (SPD) will govern.



City of Baton Rouge
Parish of East Baton Rouge

