

To: All CPSB Retirees

From: CPSB Risk Management/Health Insurance

Our annual enrollment for CPSB Group Benefit Plans is happening **March 29 – April 28**. This is the time of year you may change your plan option and/or add/drop your spouse/dependents. If you or your spouse become eligible anytime throughout the year for Medicare or have any changes to your Medicare coverage, please notify the Health Insurance Department.

Members of the Calcasieu Parish School Board voted to enact a 5.17% Group Health Premium increase for the 2023-2024 Plan Year (May 1, 2023 – April 30, 2024). This increase is directly linked to the increase in our overall claims. If your premium is deducted from your retirement check monthly, and your new premium is exceeding your retirement check amount please contact the health insurance department ext. 3012 to discuss arrangements. In addition, the Board approved the following High Option Plan changes:

- **Deductible: In Network (PPO)**
 - Individual - \$1250
 - Family - \$3750
- **Deductible: Out of Network (Non-PPO)**
 - Individual - \$2500
 - Family - \$7500
- **Annual Out-of-Pocket Maximum: In Network (PPO)**
 - Individual - \$4000
 - Family - \$12000
- **Annual Out-of-Pocket Maximum: Out of Network (Non-PPO)**
 - Individual - \$8000
 - Family - \$24000

Effective January 1, 2024, the Medicare Blue Advantage Plan premiums will increase 4.92%. To participate, you and/or your spouse must be covered under Medicare Parts A & B. We encourage eligible members to revisit the potential savings for enrolling in the Medicare Advantage Plan. For example, a retiree with single coverage in the high option plan will save \$134.98 per month through 12/31/23 and \$130.04 per month beginning 1/1/24. A retiree and spouse will save \$282.50 per month through 12/31/23 and \$271.06 per month beginning 1/1/24. **These numbers are based on fully vested members.*

Members of the Calcasieu Parish School Board also voted for the renewal of Trustmark Basic/Optional Life Insurance with an increase of \$1.26/\$1000 to \$1.43/\$1000. Please make sure you notify our office of any beneficiary changes.

Attached you will find the Calcasieu Parish School Board plan schedule of benefits and costs. This guide (printed front & back) includes benefit costs, summaries, etc. The Health Insurance Department employees are available to assist with any questions you may have during this enrollment period. We are located on the 2nd floor at 3310 Broad Street (Central Office) in Lake Charles. Our office hours are M-F: 8 a.m. – 4:30 p.m., closed for lunch 12-12:45 p.m. NOTE – We are closed for Spring Break April 7-14.

PLEASE NOTE – If you are not making changes to your health benefits or life insurance beneficiaries, no action is required.

March 29, 2023

CALCASIEU PARISH SCHOOL BOARD
RETIREE COMMUNICATION

ANNUAL ENROLLMENT MARCH 29, 2023 – APRIL 28, 2023

The Calcasieu Parish School Board Employee Benefits Committee approved renewing the group health insurance with Blue Cross Blue Shield of Louisiana effective May 1, 2023, through April 30, 2024. The group health insurance renewal reflects a 5.17% increase in premium costs from the previous year. **PLEASE NOTE – THIS IS A PASSIVE ENROLLMENT FOR RETIREES. IF YOU ARE NOT MAKING ANY CHANGES TO YOUR HEALTH BENEFITS OR LIFE INSURANCE BENEFICIARIES, NO ACTION IS REQUIRED.**

1. Health Insurance- During this time, you may change your plan option, enroll, add/drop your spouse and/or dependents or exit the plan by reporting to or calling the Health Insurance Department, 3310 Broad Street, Lake Charles, LA (located at Central Office) to sign the proper documentation. *Annual enrollment is the only time you are allowed to change your option.
2. Group Medicare Blue Advantage Plan- Effective January 1, 2024, premiums will increase 4.92%.
3. Preventive Care Incentive- If you are enrolled in the group health insurance you may qualify for a 5% discount on the employee (NOT DEPENDENT) portion of the premium. Please note the required point total was reduced from 8 to 6 for this year (5/1/22 – 4/30/23). See attached information.
4. Basic/Optional Life Insurance – Trustmark’s renewal reflects an increase of 13.5% of which is \$1.26/\$1000 to \$1.43/\$1000. Please make sure to notify our office of any beneficiary changes.
5. If you or your spouse become eligible this year or have Medicare and have not notified the health insurance department, please provide a copy of your Medicare card to our office at 3310 Broad Street or mail to Calcasieu Parish School Board, Attn: Health Insurance, P.O. Box 800, Lake Charles, La. 70602. If you or your spouse have Medicare Part A&B you may qualify for a reduction in your health insurance premium.
6. The premiums listed on the bottom of the option forms are for retirees and dependents with a January 1, 2004 effective date of coverage or with at least 20 years participation in the plan prior to retirement. Retirees who are not in this group may call the insurance office for their premium.
7. Divorce, you must visit the health insurance office within 30 days of the date of your divorce with a copy of your Divorce Decree to take your ex-spouse off your policy(s). They are no longer eligible for coverage as of the last day of the month your divorce is granted.
8. Please visit our website at www.cpsb.org / Depts / Health Insurance / Benefits which provides CPSB benefit information.

PLEASE CALL THE HEALTH INSURANCE DEPARTMENT AT 217-4240,
OPTION 7 IF YOU ARE INTERESTED IN MAKING CHANGES TO YOUR BENEFITS
OUTSIDE OF THE ANNUAL ENROLLMENT PERIOD AS SOME EXCEPTIONS MAY APPLY.

CALCASIEU PARISH SCHOOL BOARD - MEDICARE BLUE ADVANTAGE (PPO)

Plan Features	PPO	Non-PPO
Medical Out-of-Pocket Maximum	\$1,000	\$1,000
Deductible	\$0	\$0
Inpatient Hospital	\$0 Co-Pay	\$0 Co-Pay
Inpatient Services for Mental Health/Substance Abuse	\$0 Co-Pay	\$0 Co-Pay
Skilled Nursing Facility	\$0 Co-Pay	\$0 Co-Pay
Home Health Care	\$0 Co-Pay	\$0 Co-Pay
Urgent Care	\$0 Co-Pay	\$0 Co-Pay
Emergency Room <i>*copay waived if admitted within 72 hours</i>	\$50 Co-Pay	\$50 Co-Pay
Outpatient Surgery	\$0 Co-Pay	\$0 Co-Pay
Outpatient Hospital Services & Procedures	\$0 Co-Pay	\$0 Co-Pay
Partial Hospitalization	\$0 Co-Pay	\$0 Co-Pay
Blood	\$0 Co-Pay	\$0 Co-Pay
PCP Visits (Includes Routine Physical Exam)	\$0 Co-Pay	\$0 Co-Pay
Specialist Visits	\$0 Co-Pay	\$0 Co-Pay
Mental Health/Psychiatric and Substance Abuse (Outpatient)	\$0 Co-Pay	\$0 Co-Pay
Podiatry	\$0 Co-Pay	\$0 Co-Pay
Diagnostic Lab Tests	\$0 Co-Pay	\$0 Co-Pay
Radiology (diagnostic)	\$0 Co-Pay	\$0 Co-Pay
Radiology (therapeutic)	\$0 Co-Pay	\$0 Co-Pay
X-Rays	\$0 Co-Pay	\$0 Co-Pay
PT/OT/SP Therapy	\$0 Co-Pay	\$0 Co-Pay
Cardiac Rehab/CORF	\$0 Co-Pay	\$0 Co-Pay
Dialysis Treatment/ESRD	\$0 Co-Pay	\$0 Co-Pay
Part B Covered Drugs	\$0 Co-Pay	\$0 Co-Pay
Chemotherapy Drugs	\$0 Co-Pay	\$0 Co-Pay
DME & Prosthetics & Diabetes Supplies	\$0 Co-Pay	\$0 Co-Pay
Ambulance	\$0 Co-Pay per trip	\$0 Co-Pay per trip

BLUE ADVANTAGE – RATES W/ MAX BOARD CONTRIBUTION

Coverage Level	Monthly	
	Through 12/31/23	Effective 1/1/24
Active/Retiree w/ Medicare A & B	\$100.32	\$105.26
Active/Retiree + Spouse w/ Medicare A & B	\$232.32	\$243.76
Active/Retiree Spouse Only w/ Medicare A & B	\$132.00	\$138.50

BLUE ADVANTAGE PART D DRUG COVERAGE (5-tier Formulary)	
Rx Deductible	\$0
Preferred Retail Co-Pay	30 days: \$3 / \$12 / \$45 / \$100 / \$100 60 days: \$6 / \$24 / \$90 / \$200 / N/A 90 days: \$0 / \$0 / \$135 / \$300 / N/A Specialty drugs limited to 30-day supply
Preferred Mail Order	30 days: \$3 / \$12 / \$45 / \$100 / \$100 60 days: \$6 / \$24 / \$90 / \$200 / N/A 90 days: \$0 / \$0 / \$135 / \$300 / N/A Specialty drugs limited to 30-day supply
Non-Preferred Retail Copay	30 days: \$10 / \$18 / \$47 / \$100 / \$100 60 days: \$20 / \$36 / \$94 / \$200 / N/A 90 days: \$30 / \$54 / \$141 / \$300 / N/A Specialty drugs limited to 30-day supply
Non-Preferred Mail Order	N/A
Gap Coverage	Full gap coverage for all tiers
MOOP	After your maximum out-of-pocket drug costs reach \$2,500, the plan will pay 100% of your total drug costs.

BLUE ADVANTAGE SUPPLEMENTAL BENEFITS	
Your Blue Advantage plan comes with our NEW Flex Card, making it easier than ever to use your benefits.	\$925 Mastercard Flex Card to pay for out-of-pocket costs, including: <ul style="list-style-type: none"> • \$500 for prescription hearing aids • \$225 to pay for eyewear like eyeglasses and contact lenses • \$200 for over-the-counter supplies that you can purchase at major retailers or online
Your plan also offers	100% coverage for Medicare-covered preventive and wellness care, \$0 deductible for in-network medical services, Specialist visits without a referral, Access a nationwide doctor and hospital network that covers 100 million Americans (BlueCard Program), Dental benefits including two dental cleanings and two exams per year covered from your first dollar of expense – no deductible, Hearing benefits.
Online Primary Care	Use BlueCare to see a primary care provider 24/7 with a \$0 copay through any computer, tablet or smartphone with internet and a camera.
Member Wellness Rewards	Get up to \$50 per year in gift cards from major retailers for completing approved wellness exams and/or screenings.
Fitness Program	No-cost fitness center membership (including many YMCA locations and select premium clubs or home fitness kits).
4-hour Nurse Help Line	Get help making the right choice in your health care based on your symptoms any time of the day or night.

CALCASIEU PARISH SCHOOL BOARD - HIGH OPTION – 5/1/23 – 4/30/24

Plan Features	PPO		Non-PPO
Deductible -Individual -Family	\$1,250 \$3,750		\$2,500 \$7,500
Annual Out-of-Pocket Maximum** -Individual -Family	\$4,000 \$12,000		\$8,000 \$24,000
Doctor Office Visits	\$30 Co-Pay (Primary Care)	\$45 Co-Pay (Specialist)	55% After Deductible
In-Patient/Out-Patient Benefits	85% After Deductible		55% After Deductible
Prescription Drugs (w/ separate deductible) • Express Scripts Network	\$100 deductible, then: \$10 Value Drug (Tier 1) \$30 Preferred Brand (Tier 2) \$50 Non-Preferred Brand (Tier 3) \$100 Specialty Drug/Injectable (Tier 4)		
Prescription Drug Mail Order (90-day Supply) • Forms available in the Health Insurance Department and at the Blue Cross Office. • 90-day supply available only by mail order	\$100 deductible, then: \$30 Value Drug (Tier 1) \$90 Preferred Brand (Tier 2) \$150 Non-Preferred Brand (Tier 3) N/A Specialty Drug/Injectable (Tier 4)		

** Aggregate Out of Pocket – The medical and prescription deductibles and co-pays apply towards your out-of-pocket limit.

PREMIUMS – RETIRED WITH MAXIMUM BOARD CONTRIBUTION

Please call Health Insurance for premium costs if you do not have 20+ years of coverage or you are not Grandfathered.

Coverage Level	Monthly
Retiree	\$360.13
Retiree + Spouse	\$809.82
Retiree + Child(ren)	\$585.69
Family	\$1,035.42
*Retiree w/Medicare A & B	\$235.30
*Retiree & Spouse w/Med A & B	\$514.82

CALCASIEU PARISH SCHOOL BOARD - LOW OPTION – 5/1/23 – 4/30/24

Plan Features	PPO	Non-PPO
Deductible		
-Individual	\$3,000	\$3,000
-Family	\$6,000	\$6,000
Annual Out-of-Pocket Maximum**		
-Individual	\$5,000	\$5,000
-Family	\$10,000	\$10,000
In-Patient/Out-Patient Benefits	100% After Deductible	80% After Deductible
Prescription Drugs	100% Generic 80% Name Brand After Deductible	100% Generic 80% Name Brand After Deductible

** Aggregate Out of Pocket – The medical and prescription deductibles and co-pays apply towards your out-of-pocket limit.

PREMIUMS – RETIRED WITH MAXIMUM BOARD CONTRIBUTION

Please call Health Insurance for premium costs if you do not have 20+ years of coverage or you are not Grandfathered.

Coverage Level	Monthly
Retiree Only	\$180.08
Retiree + Spouse	\$404.89
Retiree + Child(ren)	\$292.86
Family	\$517.70
*Retiree w/Medicare A & B	\$117.65
*Retiree + Spouse w/Med A & B	\$257.40

CALCASIEU PARISH SCHOOL BOARD - PPACA OPTION – 5/1/23 – 4/30/24

Plan Features	PPO	Non-PPO
Deductible		
-Individual	\$5,000	\$10,000
-Family**	\$9,000	\$18,000
Annual Out-of-Pocket Maximum**		
-Individual	\$5,000	\$10,000
-Family**	\$9,000	\$18,000
In-Patient/Out-Patient Benefits	100% After Deductible	80% After Deductible
Prescription Drugs	100% Generic 80% Name Brand After Deductible	100% Generic 80% Name Brand After Deductible

** Family coverage includes the employee and any dependents. Deductible – Individual members on family policy cannot contribute more than \$6850 to family deductible and/or out of pocket max. Aggregate Out of Pocket – The medical and prescription deductibles and co-pays apply towards your out-of-pocket limit.

PREMIUMS – RETIRED WITH MAXIMUM BOARD CONTRIBUTION

Please call Health Insurance for premium costs if you do not have 20+ years of coverage or you are not Grandfathered.

Coverage Level	Monthly
Retiree Only	\$103.11
*Family	\$471.63
Retiree w/Medicare A & B	\$103.11
Retiree & Spouse w/Med A & B	\$471.63



Voluntary Preventative Care Incentive

CPSB retirees earning a total of 8 points by completing any of the services listed below will receive a 5% discount off the employee (not dependent) portion of the health insurance premium for the following plan year.

- ✓ Points must be earned during the program year.
- ✓ All documentation must be submitted by April 30, 2024.
- ✓ Members may email wellness information to wellness@cpsb.org.

Eligibility requirements: (check one)

- Full time CPSB employee enrolled in CPSB Health Insurance Plan
- Retiree enrolled in CPSB Health Insurance Plan

Name: _____

Address: _____

Phone: _____ D.O.B.: _____

Email: _____ Campus: _____

- Perform blood work at CPSB's wellness fair (+) or with personal physician (#)	• 3 points
- Participate in the scavenger hunt at the CPSB wellness fair (+)	• 1 point
- Take flu, shingles, fully COVID vaccinated, or pneumonia shot (#)	• 1 point each
- Attend any of CHRISTUS St. Pat's health related informational seminars (+) <i>Dates TBA</i>	• 1 point each
- Annual Wellness Exam/Physical (#)	• 1 point
- Mammogram or Prostate Exam (#)	• 2 points
- Colonoscopy (#)	• 2 points
- Annual eye exam (#)	• 1 point
- Annual dental check-up (#)	• 1 point
- Solutions EAP workshop (+) <i>Active Employees Only</i>	• 1 point

(+) Participant does NOT need to turn in documentation for these points.

(#) Physician completes CPSB Wellness Program Verification of Services Form, or you may submit your EOB to wellness@cpsb.org.

I, the undersigned employee/retiree, hereby agree to enroll in the CPSB Preventive Care Incentive Program. This VOLUNTARY program is being offered as a benefit to full time employees and retirees who are enrolled in the CPSB Group Health Insurance Plan. To qualify for incentives, the participant must complete the requirements during the program year. The Risk Management Department will track requirements.

Print Employee Name

Approval

Employee Signature

Date Signed

CPSB EMPLOYEE WELLNESS PREVENTIVE CARE INCENTIVE

FREQUENTLY ASKED QUESTIONS

Q. What is a FULL TIME CPSB Employee?

A. An employee who is paid on the last working day of the month, an employee **eligible for** (not enrolled in) employee benefits (i.e. Health insurance, life insurance, etc.)

Q. Do I have to be enrolled in CPSB health insurance plan?

A. Retiree – YES and Active - YES

Q. How do I enroll in the Preventive Care Incentive Program?

A. Complete the Preventive Incentive Program Enrollment Form. Forms are available online at www.cpsb.org - under Risk Management Department – Health Insurance/Benefits - Wellness, you may also email wellness@cpsb.org, fax 217-4241, inter-office mail or come by Risk Management Department (RM).

Q. What is the Preventive care incentive?

A. If you complete all requirements, you will receive 5% off the **EMPLOYEE** (not dependent) portion of health insurance premium at our May 1, 2024 renewal.

Q. Can I get a discount on my spouse/dependent if they complete both requirements?

A. No. Spouse/dependents are not eligible to participate in this program.

Q. If I missed the CPSB Health & Wellness Fair, can I still participate in this program?

A. Yes.

Q. Do I need to submit any documentation for my biometric screenings?

A1. Complete Biometric Screening at CPSB Health & Wellness Fair: NO. CHRISTUS will provide CPSB a list. CPSB will NOT receive any results of the screenings.

A2. Complete Biometric Screening at my doctor's office: YES. You will submit the CPSB Wellness Program Verification of Services form signed by your doctor to RM Department or you may email a copy of EOB or receipt showing services rendered to wellness@cpsb.org. We are only accepting screenings dated 5/1/23 – 4/30/24.

Q. Does the 5% off discount apply to all Health Insurance Plan options?

A. Yes. It will be 5% off of EMPLOYEE (not dependent) portion of the May 1, 2023 renewal premium for all plans. (See below for dollar amounts per plan)

Q. How can I verify my accumulated points?

A. Contact Risk Management @ 217-4240 ext. 3004 or email wellness@cpsb.org.

Q. How do I get credit for services performed by my doctor?

A. You will need to submit the CPSB Wellness Program Verification of Services form signed by your doctor to RM department, or you may email a copy of EOB or receipt showing services rendered to wellness@cpsb.org.

Q. When are the employee health related informational seminars?

A. CPSB will post the dates/times/locations of each session on www.cpsb.org under Risk Management Department – Health Insurance/Benefits - Wellness.

Example: Based on the May 1, 2023 renewal, the discount (regardless number of dependents) would be:

NOTE: This is only an example. Discounts will be recalculated at the May 1, 2024 renewal.

Employee High Plan (\$360.13 x 5%) = \$18.01

Retiree High Plan w/Medicare A & B (\$235.30 x 5%) = \$11.77

Employee Low Plan (\$180.08 x 5%) = \$9.00

Retiree Low Plan w/Medicare A & B (\$117.65 x 5%) = \$5.88

Employee & Retiree PPACA Plan (\$103.11 x 5%) = \$ 5.16

Retiree Medicare Advantage (\$100.32 x 5%) = \$5.02 EXPIRES 12/31/23

Retiree Medicare Advantage (\$105.26 x 5%) = \$5.26 AS OF 1/01/24



VERIFICATION OF SERVICES

SECTION 1: PATIENT INFORMATION (PATIENT - Please print)

First Name	Middle Initial	Last Name
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Street Address	City	State	Zip
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Phone Number :	()	-	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
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Check Gender:	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Age:	Date of Birth:
	Male	Female		Month Date Year

Patient Disclosure Statement: I understand that verification data will be submitted to CPSB’s Wellness Department for incentive purposes and will remain confidential and will be protected as required by law under the Health Insurance Portability and Accountability Act (HIPAA). I am voluntarily participating in CPSB Preventive Care Incentive Program.

PATIENT SIGNATURE _____	DATE _____
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PATIENT: Services must be completed between May 1, 2023 and April 30, 2024.

SECTION 2: SERVICES RENDERED

Verification of Services

Patient was seen in my office on _____ for the following service(s) (please check):

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Flu Shot <input type="checkbox"/> Shingles Shot <input type="checkbox"/> Pneumonia Shot <input type="checkbox"/> Annual Blood Work <input type="checkbox"/> Wellness/Physical Exam | |
| <ul style="list-style-type: none"> <input type="checkbox"/> Prostate Exam <input type="checkbox"/> Mammogram <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Eye Exam <input type="checkbox"/> Dental Check-Up | |

SECTION 3: PHYSICIAN INFORMATION

Provider's name: _____	Phone Number: () -
(Please Print) First Last	

Street Address	City	State	Zip
			Fax Number: () -

PHYSICIAN'S SIGNATURE (required) _____	DATE _____
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***One form per date of service*