

2025 Benefit Guide



If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Refer to your legal notices packet for more details.

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Open Enrollment is October 28 – November 22, 2024

- Open enrollment is the time to make changes to or enroll in medical coverage
- Eligible employees (6,7 and 8 hour employees) not currently enrolled in coverage
- Employees making changes to existing coverage
- No changes to health insurance? No action needed

NEW! Changes for January 1, 2025

- A High Deductible Health Plan option (can be paired with a Health Savings Account)
- A wellness program through our Blue Cross & Blue Shield of Louisiana partnership

Making Changes to Your Benefits Outside of Open Enrollment

By law, you may make mid-year changes to your benefits only if you have a qualifying life event. If you experience one of these qualifying events, you must contact HR within 30 days. Examples of qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent’s eligibility status
- Change in employment status for you or your dependents resulting in the loss / gain of coverage
- Death of a spouse or dependent

What Will It Cost?

St. Tammany Parish School Board is committed to offering you comprehensive benefits at a fair cost. [View page 6](#) for more information about your costs for medical coverage.



Scan this QR code to review a brief educational [video](#) about your medical plans.

This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local Human Resources department.

Benefit	Vendor	Phone	Website or Email
Medical Policy #78B03ERC	Blue Cross Blue Shield of Louisiana	800-599-2583	www.bcbsla.com
Rx	RxBenefits / Express Scripts	800.803.2523	www.express-scripts.com
BCBSLA BlueCare (Telehealth)	Blue Cross Blue Shield of Louisiana	855.269.3354	www.bluecarela.com
Blue 365 Wellness Discounts	Blue Cross Blue Shield of Louisiana	See website	www.blue365deals.com
BCBSLA Smart Shopper	Blue Cross Blue Shield of Louisiana	866.217.5282	Bcbsla.smartshopper.com
Employee Assistance Program	ComPsych	888.872.7163	Guidanceresources.com WebID: STPSB
Ochsner Patient Engagement	Ochsner	855.723.8152	connected@ochsner.org
Life and AD&D Policy #699471	Voya	888.305.0602	www.voya.com

STPSB HR/Benefits Contacts

Name	Phone	Email
Tanya Montz	985-898-6423	Tanya.montz@stpsb.org
Jennifer Jenkins	985-898-3245	Jennifer.Jenkins@stpsb.org
Sherrie Clements	985-898-6411	Sherrie.clements@stpsb.org
Renee Mothershead	985-898-6424	Renee.mothershead@stpsb.org

Health Insurance Vesting Schedule

Effective July 1, 2007, employees who enroll in the St. Tammany Parish School Board's (STPSB) Health Insurance plan will be subject to the following premium reduction rates at the time of retirement:

- Less than 10 years of STPSB health insurance coverage
 - The school system will pay 25% of its normal contribution rate

- 10-14.99 years of STPSB health insurance coverage
 - The school system will pay 50% of its normal contribution rate

- 15-19.99 years of STPSB health insurance coverage
 - The school system will pay 75% of its normal contribution rate

- 20 or more years of STPSB health insurance coverage
 - The school system will pay 100% of its normal contribution rate

Medical Benefits (Blue Connect EPO)

Administered by Blue Cross Blue Shield of Louisiana

Effective January 1, 2025, STPSB will offer two medical plans through Blue Cross Blue Shield of Louisiana. For additional plan information please refer to your official plan summary / documents. Employees receive a card from BCBS for the medical and a separate card for pharmacy.

Coverage Tier	Employee Contribution	Employer Contribution	Total Cost (Monthly)
Employee Only	\$100.14	\$805.15	\$905.29
Employee + Spouse	\$444.73	\$1,549.61	\$1,994.34
Employee + Spouse (both employees)	\$139.33	\$1,855.01	\$1,994.34
Employee + Child(ren)	\$273.68	\$884.81	\$1,158.49
Employee + Family	\$492.62	\$1,645.56	\$2,138.18
Employee + Family (both employees)	\$174.16	\$1,964.02	\$2,138.18

- **Spousal Surcharge** – An additional \$100 will be added to the monthly premium if spouse has group coverage available through his/her employer and declines their coverage.

BCBSLA Blue Connect EPO Health Plan			
	Blue Connect EPO Providers	In-Network	Out-of-Network
Annual Deductible	\$600 Individual \$1,200 Family	\$800 Individual \$1,600 Family	\$800 Individual \$1,600 Family
Coinsurance after deductible	90%/10%	90%/10%	70%/30%
Annual Out-of-Pocket Maximum	\$2,500 Individual \$5,000 Family	\$2,750 Individual \$5,500 Family	\$2,750 Individual \$5,500 Family
Lifetime Max	Unlimited	Unlimited	Unlimited
Preventive Care	100%	100%	Not Covered
Office Visits			
Primary Care	\$25 copay	\$30 copay	30% after deductible
Urgent Care	\$40 copay	\$50 copay	30% after deductible
Specialist	\$35 copay	\$45 copay	30% after deductible
Emergency Room	10% after deductible	10% after deductible	10% after deductible
Hospital Services			
Outpatient Facility Diagnostic	10% after deductible	10% after deductible	30% after deductible
Xray and Lab	10% after deductible	10% after deductible	30% after deductible
Inpatient Hospital / Delivery	10% after deductible	10% after deductible	30% after deductible
Mental Health/Substance Abuse			
Inpatient	10% after deductible	10% after deductible	30% after deductible
Outpatient Office Visit	\$35 copay	\$45 copay	30% after deductible

PRESCRIPTION DRUG BENEFIT (IN-NETWORK BENEFITS ONLY)

	34-Day Supply Retail	90-Day Supply Mail Order
Generic Drugs / Tier 1	\$15	\$30
Preferred Brand / Tier 2	\$40	\$80
Non-Preferred Brand / Tier 3	\$60	\$120
Multi-Source Brand	\$75	\$150

Maximum Out-of-Pocket (MOOP): \$5,150 single / \$10,300 family

The calendar year MOOP applies to pharmacy. Each individual family member must meet the single MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%.

Medical Benefits (NEW! High Deductible Health Plan or HDHP)

Administered by Blue Cross Blue Shield of Louisiana

Effective January 1, 2025, STPSB will offer two medical plans through Blue Cross Blue Shield of Louisiana. Please see below for more information on our new medical plan offering. The HDHP is a qualified High Deductible Health Plan and can be paired with a Health Savings Account. Learn more about HSAs on the following page.

Coverage Tier	Employee Contribution	Employer Contribution	Total Cost (Monthly)
Employee Only	\$87.08	\$685.65	\$772.73
Employee + Spouse	\$404.30	\$1,298.01	\$1,702.31
Employee + Spouse (both employees)	\$99.52	\$1,602.79	\$1,702.31
Employee + Child(ren)	\$248.80	\$740.05	\$988.85
Employee + Family	\$447.84	\$1,377.25	\$1,825.09
Employee + Family (both employees)	\$124.40	\$1,700.69	\$1,825.09

- **Spousal Surcharge** – An additional \$100 will be added to the monthly premium if spouse has group coverage available through his/her employer and declines their coverage.

BCBSLA High Deductible Health Plan			
	Blue Connect EPO Providers	In-Network	Out-of-Network
Annual Deductible	\$2,000 Individual \$4,000 Family	\$3,000 Individual \$6,000 Family	\$4,000 Individual \$8,000 Family
Coinsurance after deductible	10%	20%	30%
Annual Out-of-Pocket Maximum	\$5,000 Individual \$10,000 Family	\$6,000 Individual \$12,000 Family	\$10,000 Individual \$20,000 Family
Lifetime Max	Unlimited	Unlimited	Unlimited
Preventive Care	100%	100%	Not Covered
Office Visits Primary Care Urgent Care Specialist	10% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible
Emergency Room	10% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible
Hospital Services Outpatient Facility Diagnostic Xray and Lab Inpatient Hospital / Delivery	10% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible
Mental Health/Substance Abuse Inpatient Outpatient Office Visit	10% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible

PRESCRIPTION DRUG BENEFIT (IN-NETWORK BENEFITS ONLY)

Maximum Out-of-Pocket (MOOP): The medical and pharmacy deductibles and out-of-pocket maximums are integrated.

	34-Day Supply Retail
Generic Drugs / Tier 1	10% Coinsurance after deductible
Preferred Brand / Tier 2	20% Coinsurance after deductible
Non-Preferred Brand / Tier 3	20% Coinsurance after deductible
Multi-Source Brand	20% Coinsurance after deductible

Medical Benefits (Side by Side Comparison)

Administered by Blue Cross Blue Shield of Louisiana

The two medical plan offerings differ in both premiums and plan designs. Please use this comparison to help guide you in making the best decision for you and your family.

Coverage Tier	Blue Connect EPO (Monthly)	HDHP (Monthly)	Difference in Premium (Annual)
Employee Only	\$100.14	\$87.08	\$156.72
Employee + Spouse	\$444.73	\$404.30	\$485.16
Employee + Spouse (both employees)	\$139.33	\$99.52	\$477.72
Employee + Child(ren)	\$273.68	\$248.80	\$298.56
Employee + Family	\$492.62	\$447.84	\$537.36
Employee + Family (both employees)	\$174.16	\$124.40	\$597.12

- Spousal Surcharge – An additional \$100 will be added to the monthly premium if spouse has group coverage available through his/her employer and declines their coverage.

BCBSLA Medical Health Plan Comparisons (Ochsner Tier)		
	Blue Connect Ochsner Tier	HDHP Ochsner Tier
Annual Deductible	\$600 Individual \$1,200 Family	\$2,000 Individual \$4,000 Family
Coinsurance after deductible	10%	10%
Annual Out-of-Pocket Maximum	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family
Lifetime Max	Unlimited	Unlimited
Preventive Care	100%	100%
Office Visits Primary Care Urgent Care Specialist	\$25 copay \$40 copay \$35 copay	10% Coinsurance after deductible
Emergency Room	10% after deductible	10% Coinsurance after deductible
Hospital Services Outpatient Facility Diagnostic Xray and Lab Inpatient Hospital / Delivery	10% after deductible 10% after deductible 10% after deductible	10% Coinsurance after deductible
Mental Health/Substance Abuse Inpatient Outpatient Office Visit	10% after deductible \$35 copay	10% Coinsurance after deductible

Key differences

- The HDHP enables you to open a Health Savings Account (see next page).
- The HDHP is not a copay model. You pay the full negotiated cost of services until you reach the deductible. If you meet your deductible, you pay the coinsurance % until you reach the out-of-pocket maximum.
- The Blue Connect plan has a separate OOPM for pharmacy.

PRESCRIPTION DRUG BENEFIT (IN-NETWORK BENEFITS ONLY)

	Blue Connect Ochsner Tier 34-Day Supply Retail	HDHP Ochsner Tier 34-Day Supply Retail
Generic Drugs / Tier 1	\$15	10% Coinsurance after deductible
Preferred Brand / Tier 2	\$40	20% Coinsurance after deductible
Non-Preferred Brand / Tier 3	\$60	20% Coinsurance after deductible
Multi-Source Brand	\$75	20% Coinsurance after deductible
Maximum Out-of-Pocket	\$5,150 single / \$10,300 family	Integrated with Medical OOPM

Maximum Out-of-Pocket (MOOP):

The calendar year MOOP applies to pharmacy. Each individual family member must meet the single MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%.

Health Savings Accounts

A Health Savings Account (HSA) is a great way to save for medical expenses and reduce your taxable income.

What Is An HSA?

An HSA is a benefit that allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for healthcare expenses or use as a retirement savings tool. This plan offers tax savings that a 401(k) and IRA don't, making it a powerful option for diversifying your retirement portfolio.

Advantages of HSAs

There are many additional advantages to using an HSA:

- Think of your HSA as a personal savings account. Any unspent money in your HSA remains yours, allowing you to grow your balance over time. When you reach age 65, you can withdraw money (without penalty) and use it for anything, including non-healthcare expenses.
- Save for a rainy day. Invest for your future retirement. Or spend your funds on qualified expenses, penalty free.
- The HSA's unique, triple-tax savings means the money you contribute, earnings from investments and withdrawals for eligible expenses are all tax-free, making it a savvy savings and retirement tool.
- You can invest your HSA funds in an interest-bearing account or our standard mutual fund lineup. Savvy investors may opt for a Health Savings Brokerage Account, giving you access to more than 8,500 mutual funds, stocks and bonds.

Who Can Have An HSA?

You can contribute to an HSA if:

- You enroll into an HSA-qualified "high deductible health plan" (HDHP)
- You are not claimed as a dependent on someone else's taxes.
- You are not covered by another plan that conflicts with the HDHP, such as Medicare, a medical flexible spending account (FSA) or select health reimbursement arrangements (HRAs).
- You or your spouse are not contributing to a medical FSA.

What Can I Use An HSA For?

You can use the money in the account to pay for qualified medical expenses for yourself, your Spouse, or your dependent children (even if they are not covered by your HDHP). There are thousands of eligible items. The list includes but is not limited to:

- Doctor visits and surgeries
- Prescription drugs
- Birthing and Lamaze classes
- Dental care and orthodontia
- Vision expenses, such as frames, contacts, prescription sunglasses, etc.

Any amounts used for purposes other than to pay for "qualified medical expenses" are taxable as income and subject to an additional 20% tax penalty.

NOTE: If you do not have HDHP coverage for the entire year, you may not be able to make the maximum contribution.

Contact your tax advisor for details and refer to the IRS website for final regulations.

How do I set up a Health Savings Account?

- Connect with the bank of your choice to establish an account.
- At this time, STPPS is not payroll deducting for HSAs.

2025 Max HSA Contributions

- \$4,300 per individual
- \$8,550 per family
- For those over age 55, you can contribute an additional \$1,000

Adding Dependents

Type of Dependent	Examples of Supporting Documents
Spouse	<ul style="list-style-type: none"> ■ A certified copy of the certificate of marriage, indicating date and place of marriage.
Biological Child	<ul style="list-style-type: none"> ■ A certified copy of birth certificate listing Employee/Retiree as parent or certified copy of legal acknowledgment of paternity signed by the Employee/Retiree
Adopted Child	<ul style="list-style-type: none"> ■ A certified copy of adoption decree naming Employee/Retiree as adoptive parent. ■ A child placed with Your family for adoption by agency adoption or irrevocable act of voluntary surrender for private adoption – Certified copy of adoption placement order showing date of placement or copy of signed and dated irrevocable act of voluntary surrender.
Step Child	<ul style="list-style-type: none"> ■ A certified copy of certificate of marriage to Spouse and birth certificate or adoption decree listing Spouse as natural or adoptive parent.
Court-Ordered Legal Guardianship or Custody	<ul style="list-style-type: none"> ■ Certified copy of the signed court order granting legal guardianship or custody. If coverage is being provided due to a provisional custody mandate, the coverage will remain active through the date provided on the mandate and will only continue past the date if updated proper documentation is provided to the Plan Administrator, or representative designated by the Plan Administrator.
Disabled Child(ren) over the age of 26	<ul style="list-style-type: none"> ■ Child aged twenty-six (26) or older who is incapable of self-sustaining employment and who was covered prior to and upon attainment of age twenty-six (26) – Documentation as described in A.3.b.(2)(a-d) above, together with an application for continued coverage and supporting medical documentation which must be received by the Plan Administrator prior to the Child’s attainment of age twenty-six (26), as well as additional medical documentation of Child’s continuing condition periodically upon request by the Plan Administrator.
Qualified Medical Support Orders	<ul style="list-style-type: none"> ■ A Dependent Child shall be enrolled for coverage under the Plan in accordance with the direction of a Qualified Medical Child Support Order (QMCSO) or a National Medical Support Notice (NMSN). Application must be made within thirty (30) days of the receipt of the QMCSO or NMSN. Coverage will be effective the first of the month following the receipt of timely application and all required supporting documentation. An Employee who is not currently enrolled in the Plan may enroll to effect coverage for his Dependent(s) who are the subject of the QMCSO. A QMCSO is a state court order or judgment, including approval of a settlement agreement that: <ul style="list-style-type: none"> • (i) Provides for support of a covered Plan Participant’s Dependent Child; • (ii) Provides for healthcare coverage for that Dependent Child; • (iii) Is made under state domestic relations law (including a community property law); • (iv) Relates to Benefits under the Plan; and • (v) Is “qualified” in that it meets the technical requirements of applicable state law. ■ QMCSO also means a state court order or judgment that enforces a state Medicaid law regarding medical child support required by Social Security Act §1908 (as added by Omnibus Budget Reconciliation Act of 1993). ■ An NMSN is a notice issued by an appropriate agency of a state or local government that is similar to a QMCSO that requires coverage under the Plan for the Dependent Child of a non- custodial parent who is (or will become)



Enhanced Benefits through Blue Connect EPO

Same benefits, same providers, lower costs!

With the Blue Connect EPO plan you will have **lower out-of-pocket costs** when you see a provider in the Blue Connect EPO network.



Blue Connect EPO Network www.bcbsla.com/blue-connect-epo

Anchored by Ochsner hospitals, clinics and providers, Blue Connect EPO network offers access to dozens of managed and affiliated hospitals and more than 4,500 participating physicians in the region including the following. When you see a provider at these locations, your out-of-pocket costs will be even lower:

- Ochsner Health
- St. Tammany Health System
- Slidell Memorial Hospital
- St. Charles Parish Hospital
- St. Bernard Parish Hospital
- Ochsner Lafayette General
- CHRISTUS St. Frances Cabrini Health System
- CHRISTUS Shreveport-Bossier Health System
- CHRISTUS Ochsner Health Southwestern Louisiana

Save time and money with your resources.



Ochsner Connected Anywhere

Ochsner's Virtual OnDemand Urgent Care service "Ochsner Connected Anywhere" lets members have private, secure video visits with a health care provider from the convenience of your home. All you need is a smartphone, tablet, or computer to get started. For urgent care conditions like colds, fever and rashes, you can see a doctor 24/7 with no appointment needed. Several doctors, including Ochsner providers, are available for urgent care visits via the new MyOchsner app! Applicable copays \$25+ will apply based on provider type.

Visit ochsner.org/anywhere for more information.



Patient Engagement Specialists

Connect with Ochsner Health to help you identify and connect with appropriate in-network providers and facilities, schedule appointments, and navigate the healthcare system.

Monday – Friday 8:00 a.m. to 5:30 p.m.

855.723.8152 | connected@ochsner.org



Discounted Rates at Ochsner Performance Training

Sign up today to receive a one-week free trial and exclusive rates at Ochsner Performance Training locations for \$115/month.

- High energy classes designed to build muscle, tone your body, and feel your best.
- Pre and Post InBody Composition Assessments

Proof of insurance will be required.

Learn more at performance.ochsner.org



Affordable Urgent Care

Ochsner owned and affiliated Urgent Care Center visits are billed as primary care office visits, offering savings over a traditional Urgent Care Center with a higher copay. Participating Urgent Cares in the area include:

- Ochsner Urgent Care Covington
- Ochsner Urgent Care Mandeville
- Pelican Urgent Care in Slidell

For a up to date list of hospitals and clinics, please visit the online directory at bcbsla.com/blue-connect-epo

Blue Connect plans are products of HMO Louisiana, Inc., a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross and Blue Shield Association. Blue Cross and Blue Shield of Louisiana is incorporated as Louisiana Health Service & Indemnity Company. Ochsner Health is an independent company that offers health services to members of Blue Cross and Blue Shield of Louisiana and its subsidiaries.

WHAT ARE MY OPTIONS *for* CARE?

Be informed about your medical options so you are prepared.

CONDITIONS TREATED

YOUR COST & TIME

TELEMEDICINE \$



Virtual visits with a doctor anytime 24/7/365 via computer with webcam capability or smartphone mobile app. www.bluecarela.com OR *Ochsner Connected Anywhere* (pg 5)

- Allergies
- Sinusitis
- Colds and Flu
- Rashes
- Pink eye
- Behavioral Health

- \$30 copay for Blue Care
- Register online to connect to a provider
- No appointment needed
- Seen immediately

PRIMARY CARE PHYSICIAN \$



The best place to receive routine or preventive care, track medications, or get a referral to see a specialist

- Non-emergency
- Regular checkup
- Screenings
- Preventive care

- \$25 copay for Blue Connect tier
- \$30 copay for In-Network tier
- Appointment usually needed
- May have to wait

SPECIALIST \$\$



Specialists treat complex health problems that primary care doctors may not be able to.

- Certain procedures
- Complex or chronic conditions
- Rare diseases
- A condition won't improve

- \$35 copay for Blue Connect tier
- \$45 copay for In-Network tier
- Appointment usually needed
- May have to wait

URGENT CARE \$\$\$



For conditions that are not life threatening. Staffed by nurses and doctors and usually have extended hours.

- Respiratory
- Stomach pain
- Low back pain
- Infections

- \$40 copay for Blue Connect tier
- \$50 copay for In-Network tier
- Costs are lower than an ER visit
- No appointment needed
- Wait times vary

EMERGENCY ROOM \$\$\$\$



Immediate treatment of critical injuries or illness

- Severe injuries
- Chest pain
- Broken bones
- Difficulty breathing

- 10% after deductible*
- Highest costs
- Wait times may be long, averaging over four hours
- * copay is waived if admitted

NOTE: On the HDHP, copays do not apply. Your services are subject to deductible & coinsurance.

Before you seek care, ask, “Is this an urgent care center or ER?” and “Is this facility an in-network provider?”

Added Value Benefits

BCBSLA Blue 365

- Blue365 is a program sponsored by Blue Cross Blue Shield of Louisiana that offers discounts from participating vendors for members to save on products and services geared towards living a well balanced lifestyle.
- Vendors include: Snap Fitness, Reebok, Jenny Craig, Nutrisystem, Davis Vision, Fitbit, plus many more!
- Available regardless of chosen medical plan option
- For more information or to register, go to www.blue365deals.com

BCBSLA Smart Shopper

- SmartShopper is an online price comparison tool that lets you compare the costs of common medical procedures.
- As a Blue Cross Blue Shield customer, you can shop and compare price ranges in nearly 300 categories and compare procedures based on price, location, and facility.
- Depending on your medical plan choice you could save money on out-of-pocket costs for your procedures.
- Access SmartShopper at bcbsla.smartshopper.com
- You can create an online account on your first visit to the site. Information on your ID Cards will be used to verify your BCBS membership.

BCBSLA BLUECARE—Telemedicine Solution

Getting to the doctor when you're sick is never easy. That's why STPSB offers telemedicine through **Blue Cross Blue Shield of Louisiana (BlueCare)**. BlueCare lets you have doctor visits online without taking time off from work! You can connect with a U.S. board-certified doctor 24 hours a day, 7 days a week by computer, tablet or any device with internet and a camera. Through BlueCare, doctors are also able to: Review clinical information; Speak with and see the patient; Prescribe certain medications if appropriate; Suggest follow-up care; and Arrange follow up with the patient directly by phone or in person. BlueCare should be utilized for non emergency conditions such as sinus infections; pink eye; bladder infections; minor stomach ailments; cough/ cold; allergies and rashes. For serious or emergency health problems, people should seek care at the nearest medical facility. As with any health services, patients are encouraged to follow their doctor's advice – if the doctor advises the patient to come in to the office for diagnoses or treatment, the patient should do so. To get started, visit www.bluecarela.com and register with your Blue Cross Blue Shield of Louisiana member ID number (found on the back of your medical ID card).

Together to End Cancer – Long Live You

Ochsner Health and the world-renowned MD Anderson Cancer Center have joined forces to bring an enhanced level of comprehensive cancer care to our patients right here in Louisiana. With a shared mission of ending cancer, Ochsner MD Anderson Cancer Center's expert team provides comprehensive, customized care for you at seven locations across New Orleans, St. Tammany Parish and Baton Rouge. To learn more about our offerings and locations, visit ochsner.org/EndCancer.

Ochsner MD Anderson Cancer Center at The Gayle and Tom Benson Cancer Center
 Ochsner MD Anderson Cancer Center at Ochsner Health Center
 Baptist Napoleon Medical Plaza – Ochsner MD Anderson Cancer Center at Ochsner Medical Center – West Bank
 Ochsner MD Anderson Cancer Center at Ochsner Health Center – Kenner
 Ochsner MD Anderson Cancer Center at Ochsner Cancer Center – Baton Rouge
 Ochsner MD Anderson Cancer Center at Ochsner Medical Complex – The Grove
 Ochsner MD Anderson Cancer Center at Ochsner Health Center – St. Tammany Cancer Center



Making Cancer History®

Your Pharmacy Plan

How the Plan Works

As your pharmacy administrator, RxBenefits partners with Express Scripts (ESI) to bring you greater discounts, better access, and improved member services. There are more than 60,000 pharmacies in the Express Scripts network.

Generic Drugs

Generic drugs are FDA-approved, and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

Preferred Drugs

RxBenefits regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.

Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. Some specialty medications may qualify for third party copayment assistance programs which could lower your out-of-pocket costs for those products. For any such specialty medication where third party copayment assistance is used, the Member shall not receive credit toward their maximum Out-of-Pocket or Deductible for any Copayment or Coinsurance amounts that are applied by a manufacturer coupon or rebate.





Registering with Express Scripts

Online access to savings and convenience

Manage your medicines anywhere, any time with [express-scripts.com](https://www.express-scripts.com) and the Express Scripts® mobile app

Register now so you can experience:

- More savings.**
 Compare prices of medicines at multiple pharmacies. Get free standard shipping¹ from the Express Scripts PharmacySM.
- More convenience.**
 Get up to 90-day supplies of your long-term medicine sent to your home. Order refills, check order status, and track shipments. Print forms and ID cards, if needed.
- More confidence.**
 Talk with a pharmacist from the privacy of your home any time, from anywhere. Find the latest information on your medicine, including possible side effects and interactions.
- More flexibility.**
 Download the Express Scripts mobile app to manage your medicines, find nearby pharmacies and get directions, and use your virtual ID card while on the go.

Get Started Today!

Registering is safe and simple. Your information is secure and confidential. Please have your member ID number or SSN available.

- Go to [express-scripts.com](https://www.express-scripts.com) and select **Register**, or download the **Express Scripts mobile app** for free from your mobile device's app store and select **Register**.
- Complete the information requested, including personal information and member ID number or Social Security number (SSN). Create your username and password, along with security information in case you ever forget your password.
- Click **Register now** and you're registered.
- To set preferences,² select **Communication Preferences** from the menu under **Account**, then scroll to **Communication** and **Viewing Preferences**. Click **Edit preferences**. Preferences can only be selected via the member website.

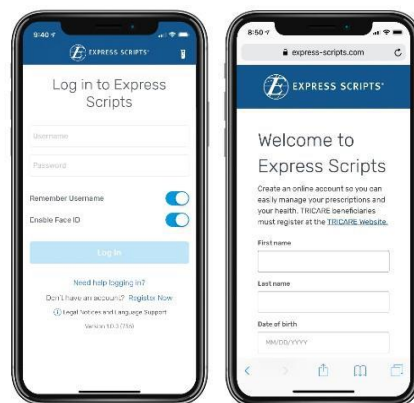
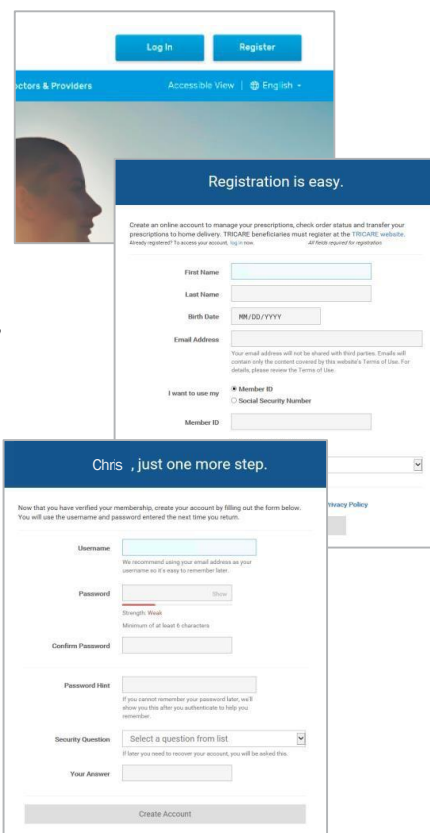
Members who have **touch or facial ID authentication** on their mobile devices can enable it to log in to their Express Scripts account on the mobile app, if desired.

¹ Standard shipping costs are included as part of your prescription plan benefit.

² Preferences include the option to share your prescription information with other adult members of your household (aged 18+) covered under your prescription drug plan.

- All covered adults (aged 18+) in the household need to register separately.
- When you grant permission to share your prescription information with other registered household members, they can view your information, place orders on your behalf and more.

The Express Scripts mobile app is available for iPhone®, iPad®, and Android™ mobile devices.



Basic Life, AD&D, Voluntary & Supplemental Life Insurance

Basic Life and AD&D Insurance

Life insurance is an important part of your financial security, especially if others depend on you for support. AD&D coverage is designed to provide a benefit in the event of accidental death or dismemberment. St. Tammany Parish School Board provides \$5,000 in basic life and accidental death and dismemberment (AD&D) insurance through Voya.

Voluntary Life and AD&D Insurance

St. Tammany Parish School Board also provides voluntary life through Voya. This product can be purchased through payroll deductions. Rates are listed in the table below. To elect coverage for spouse and/or children, employees must purchase a voluntary life policy on themselves.

Supplemental Life and Guaranteed Issue

As an eligible employee, you can purchase supplemental life in addition to the options above. Employees pay 100% for these plans and the rates are based on employee age (see pages 11 and 12). For employees, the guaranteed amount of coverage is \$150,000 without a medical questionnaire. Spouses cannot exceed 50% of the employee’s election and the guaranteed issue amount is \$30,000 without a medical questionnaire.

Age Reductions

Benefit amounts reduce to 50% of the original coverage at age 70. Accidental Death & Dismemberment (AD&D) coverage terminates at age 70.

Portability

You may apply to continue your coverage if you leave STPSB & pay premiums to the insurance company directly.

Voluntary Life and AD&D			
	Benefit Amount	Total Per Pay Period	Your Cost Per Pay Period
Voluntary Life & A&D Employee Benefit STPSB pays for ½ of the premium for the option you choose	\$25,000	\$6.39	\$3.19
	\$35,000	\$8.94	\$4.47
	\$45,000	\$11.50	\$5.75
When you elect benefits for your spouse, you automatically get benefits for your children in the following amounts. If you elect coverage for your children, each eligible child will be insured for the amount corresponding to the option selected for your spouse. If you elect coverage for children without a spouse, you still refer to the rates listed under spouse options for children.	<p style="text-align: center;">Spouse</p> Option 1: \$1,000 for \$0.40 per month Option 2: \$2,000 for \$0.80 per month Option 3: \$3,000 for \$1.20 per month Option 4: \$4,000 for \$1.60 per month <p style="text-align: center;">Children (regardless of how many)</p> Option 1: \$500 Option 2: \$1,000 Option 3: \$1,500 Option 4: \$2,000		

Keep Your Beneficiaries Up to Date:

You must request a beneficiary form to designate a beneficiary (the person who will receive the benefit) for your life insurance. Make sure to keep this person’s information updated so your benefit is paid according to your wishes.

Supplemental Life and AD&D Rates

**Supplemental Life and AD&D – Employee
Cost / Payroll (24 Cycles)**

Age	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+
Life Rate	\$ 0.05	\$ 0.06	\$ 0.08	\$ 0.11	\$ 0.15	\$ 0.20	\$ 0.31	\$ 0.48	\$ 0.72	\$ 1.35	\$ 2.18	\$ 2.90	\$ 3.80	\$ 5.00	\$ 7.25
AD&D Rate	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015
Total Rate	\$ 0.07	\$ 0.08	\$ 0.10	\$ 0.13	\$ 0.17	\$ 0.22	\$ 0.33	\$ 0.50	\$ 0.74	\$ 1.37	\$ 2.20	\$ 2.92	\$ 3.82	\$ 5.02	\$ 7.27
\$ 20,000	\$0.65	\$0.75	\$0.95	\$1.25	\$1.65	\$2.15	\$3.25	\$4.95	\$7.35	\$13.65	\$21.95	\$29.15	\$38.15	\$50.15	\$72.65
\$ 30,000	\$0.98	\$1.13	\$1.43	\$1.88	\$2.48	\$3.23	\$4.88	\$7.43	\$11.03	\$20.48	\$32.93	\$43.73	\$57.23	\$75.23	\$108.98
\$ 40,000	\$1.30	\$1.50	\$1.90	\$2.50	\$3.30	\$4.30	\$6.50	\$9.90	\$14.70	\$27.30	\$43.90	\$58.30	\$76.30	\$100.30	\$145.30
\$ 50,000	\$1.63	\$1.88	\$2.38	\$3.13	\$4.13	\$5.38	\$8.13	\$12.38	\$18.38	\$34.13	\$54.88	\$72.88	\$95.38	\$125.38	\$181.63
\$ 60,000	\$1.95	\$2.25	\$2.85	\$3.75	\$4.95	\$6.45	\$9.75	\$14.85	\$22.05	\$40.95	\$65.85	\$87.45	\$114.45	\$150.45	\$217.95
\$ 70,000	\$2.28	\$2.63	\$3.33	\$4.38	\$5.78	\$7.53	\$11.38	\$17.33	\$25.73	\$47.78	\$76.83	\$102.03	\$133.53	\$175.53	\$254.28
\$ 80,000	\$2.60	\$3.00	\$3.80	\$5.00	\$6.60	\$8.60	\$13.00	\$19.80	\$29.40	\$54.60	\$87.80	\$116.60	\$152.60	\$200.60	\$290.60
\$ 90,000	\$2.93	\$3.38	\$4.28	\$5.63	\$7.43	\$9.68	\$14.63	\$22.28	\$33.08	\$61.43	\$98.78	\$131.18	\$171.68	\$225.68	\$326.93
\$ 100,000	\$3.25	\$3.75	\$4.75	\$6.25	\$8.25	\$10.75	\$16.25	\$24.75	\$36.75	\$68.25	\$109.75	\$145.75	\$190.75	\$250.75	\$363.25
\$ 110,000	\$3.58	\$4.13	\$5.23	\$6.88	\$9.08	\$11.83	\$17.88	\$27.23	\$40.43	\$75.08	\$120.73	\$160.33	\$209.83	\$275.83	\$399.58
\$ 120,000	\$3.90	\$4.50	\$5.70	\$7.50	\$9.90	\$12.90	\$19.50	\$29.70	\$44.10	\$81.90	\$131.70	\$174.90	\$228.90	\$300.90	\$435.90
\$ 130,000	\$4.23	\$4.88	\$6.18	\$8.13	\$10.73	\$13.98	\$21.13	\$32.18	\$47.78	\$88.73	\$142.68	\$189.48	\$247.98	\$325.98	\$472.23
\$ 140,000	\$4.55	\$5.25	\$6.65	\$8.75	\$11.55	\$15.05	\$22.75	\$34.65	\$51.45	\$95.55	\$153.65	\$204.05	\$267.05	\$351.05	\$508.55
\$ 150,000	\$4.88	\$5.63	\$7.13	\$9.38	\$12.38	\$16.13	\$24.38	\$37.13	\$55.13	\$102.38	\$164.63	\$218.63	\$286.13	\$376.13	\$544.88
\$ 160,000	\$5.20	\$6.00	\$7.60	\$10.00	\$13.20	\$17.20	\$26.00	\$39.60	\$58.80	\$109.20	\$175.60	\$233.20	\$305.20	\$401.20	\$581.20
\$ 170,000	\$5.53	\$6.38	\$8.08	\$10.63	\$14.03	\$18.28	\$27.63	\$42.08	\$62.48	\$116.03	\$186.58	\$247.78	\$324.28	\$426.28	\$617.53
\$ 180,000	\$5.85	\$6.75	\$8.55	\$11.25	\$14.85	\$19.35	\$29.25	\$44.55	\$66.15	\$122.85	\$197.55	\$262.35	\$343.35	\$451.35	\$653.85
\$ 190,000	\$6.18	\$7.13	\$9.03	\$11.88	\$15.68	\$20.43	\$30.88	\$47.03	\$69.83	\$129.68	\$208.53	\$276.93	\$362.43	\$476.43	\$690.18
\$ 200,000	\$6.50	\$7.50	\$9.50	\$12.50	\$16.50	\$21.50	\$32.50	\$49.50	\$73.50	\$136.50	\$219.50	\$291.50	\$381.50	\$501.50	\$726.50
\$ 210,000	\$6.83	\$7.88	\$9.98	\$13.13	\$17.33	\$22.58	\$34.13	\$51.98	\$77.18	\$143.33	\$230.48	\$306.08	\$400.58	\$526.58	\$762.83
\$ 220,000	\$7.15	\$8.25	\$10.45	\$13.75	\$18.15	\$23.65	\$35.75	\$54.45	\$80.85	\$150.15	\$241.45	\$320.65	\$419.65	\$551.65	\$799.15
\$ 230,000	\$7.48	\$8.63	\$10.93	\$14.38	\$18.98	\$24.73	\$37.38	\$56.93	\$84.53	\$156.98	\$252.43	\$335.23	\$438.73	\$576.73	\$835.48
\$ 240,000	\$7.80	\$9.00	\$11.40	\$15.00	\$19.80	\$25.80	\$39.00	\$59.40	\$88.20	\$163.80	\$263.40	\$349.80	\$457.80	\$601.80	\$871.80
\$ 250,000	\$8.13	\$9.38	\$11.88	\$15.63	\$20.63	\$26.88	\$40.63	\$61.88	\$91.88	\$170.63	\$274.38	\$364.38	\$476.88	\$626.88	\$908.13
\$ 260,000	\$8.45	\$9.75	\$12.35	\$16.25	\$21.45	\$27.95	\$42.25	\$64.35	\$95.55	\$177.45	\$285.35	\$378.95	\$495.95	\$651.95	\$944.45
\$ 270,000	\$8.78	\$10.13	\$12.83	\$16.88	\$22.28	\$29.03	\$43.88	\$66.83	\$99.23	\$184.28	\$296.33	\$393.53	\$515.03	\$677.03	\$980.78
\$ 280,000	\$9.10	\$10.50	\$13.30	\$17.50	\$23.10	\$30.10	\$45.50	\$69.30	\$102.90	\$191.10	\$307.30	\$408.10	\$534.10	\$702.10	\$1,017.10
\$ 290,000	\$9.43	\$10.88	\$13.78	\$18.13	\$23.93	\$31.18	\$47.13	\$71.78	\$106.58	\$197.93	\$318.28	\$422.68	\$553.18	\$727.18	\$1,053.43
\$ 300,000	\$9.75	\$11.25	\$14.25	\$18.75	\$24.75	\$32.25	\$48.75	\$74.25	\$110.25	\$204.75	\$329.25	\$437.25	\$572.25	\$752.25	\$1,089.75

Coverage reduces at age 70 by 50%. Please refer to the reduced coverage amount for the rate you will pay after reaching age 70. Example: At age 69 you had \$100,000 worth of coverage. Effective the following January 1st after your 70th birthday, your coverage will reduce to \$50,000.

Supplemental Life and AD&D Rates

Supplemental Life & AD&D - Spouse

Cost / Payroll (24 Cycles)

Age	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+
Life Rate	\$ 0.05	\$ 0.06	\$ 0.08	\$ 0.11	\$ 0.15	\$ 0.20	\$ 0.31	\$ 0.48	\$ 0.72	\$ 1.35	\$ 2.18	\$ 2.90	\$ 3.80	\$ 5.00	\$ 7.25
AD&D Rate	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015	\$ 0.015
Total Rate	\$ 0.07	\$ 0.08	\$ 0.10	\$ 0.13	\$ 0.17	\$ 0.22	\$ 0.33	\$ 0.50	\$ 0.74	\$ 1.37	\$ 2.20	\$ 2.92	\$ 3.82	\$ 5.02	\$ 7.27
\$ 10,000	\$0.33	\$0.38	\$0.48	\$0.63	\$0.83	\$1.08	\$1.63	\$2.48	\$3.68	\$6.83	\$10.98	\$14.58	\$19.08	\$25.08	\$36.33
\$ 15,000	\$0.49	\$0.56	\$0.71	\$0.94	\$1.24	\$1.61	\$2.44	\$3.71	\$5.51	\$10.24	\$16.46	\$21.86	\$28.61	\$37.61	\$54.49
\$ 20,000	\$0.65	\$0.75	\$0.95	\$1.25	\$1.65	\$2.15	\$3.25	\$4.95	\$7.35	\$13.65	\$21.95	\$29.15	\$38.15	\$50.15	\$72.65
\$ 25,000	\$0.81	\$0.94	\$1.19	\$1.56	\$2.06	\$2.69	\$4.06	\$6.19	\$9.19	\$17.06	\$27.44	\$36.44	\$47.69	\$62.69	\$90.81
\$ 30,000	\$0.98	\$1.13	\$1.43	\$1.88	\$2.48	\$3.23	\$4.88	\$7.43	\$11.03	\$20.48	\$32.93	\$43.73	\$57.23	\$75.23	\$108.98
\$ 35,000	\$1.14	\$1.31	\$1.66	\$2.19	\$2.89	\$3.76	\$5.69	\$8.66	\$12.86	\$23.89	\$38.41	\$51.01	\$66.76	\$87.76	\$127.14
\$ 40,000	\$1.30	\$1.50	\$1.90	\$2.50	\$3.30	\$4.30	\$6.50	\$9.90	\$14.70	\$27.30	\$43.90	\$58.30	\$76.30	\$100.30	\$145.30
\$ 45,000	\$1.46	\$1.69	\$2.14	\$2.81	\$3.71	\$4.84	\$7.31	\$11.14	\$16.54	\$30.71	\$49.39	\$65.59	\$85.84	\$112.84	\$163.46
\$ 50,000	\$1.63	\$1.88	\$2.38	\$3.13	\$4.13	\$5.38	\$8.13	\$12.38	\$18.38	\$34.13	\$54.88	\$72.88	\$95.38	\$125.38	\$181.63
\$ 55,000	\$1.79	\$2.06	\$2.61	\$3.44	\$4.54	\$5.91	\$8.94	\$13.61	\$20.21	\$37.54	\$60.36	\$80.16	\$104.91	\$137.91	\$199.79
\$ 60,000	\$1.95	\$2.25	\$2.85	\$3.75	\$4.95	\$6.45	\$9.75	\$14.85	\$22.05	\$40.95	\$65.85	\$87.45	\$114.45	\$150.45	\$217.95
\$ 65,000	\$2.11	\$2.44	\$3.09	\$4.06	\$5.36	\$6.99	\$10.56	\$16.09	\$23.89	\$44.36	\$71.34	\$94.74	\$123.99	\$162.99	\$236.11
\$ 70,000	\$2.28	\$2.63	\$3.33	\$4.38	\$5.78	\$7.53	\$11.38	\$17.33	\$25.73	\$47.78	\$76.83	\$102.03	\$133.53	\$175.53	\$254.28
\$ 75,000	\$2.44	\$2.81	\$3.56	\$4.69	\$6.19	\$8.06	\$12.19	\$18.56	\$27.56	\$51.19	\$82.31	\$109.31	\$143.06	\$188.06	\$272.44
\$ 80,000	\$2.60	\$3.00	\$3.80	\$5.00	\$6.60	\$8.60	\$13.00	\$19.80	\$29.40	\$54.60	\$87.80	\$116.60	\$152.60	\$200.60	\$290.60
\$ 85,000	\$2.76	\$3.19	\$4.04	\$5.31	\$7.01	\$9.14	\$13.81	\$21.04	\$31.24	\$58.01	\$93.29	\$123.89	\$162.14	\$213.14	\$308.76
\$ 90,000	\$2.93	\$3.38	\$4.28	\$5.63	\$7.43	\$9.68	\$14.63	\$22.28	\$33.08	\$61.43	\$98.78	\$131.18	\$171.68	\$225.68	\$326.93
\$ 95,000	\$3.09	\$3.56	\$4.51	\$5.94	\$7.84	\$10.21	\$15.44	\$23.51	\$34.91	\$64.84	\$104.26	\$138.46	\$181.21	\$238.21	\$345.09
\$ 100,000	\$3.25	\$3.75	\$4.75	\$6.25	\$8.25	\$10.75	\$16.25	\$24.75	\$36.75	\$68.25	\$109.75	\$145.75	\$190.75	\$250.75	\$363.25
\$ 105,000	\$3.41	\$3.94	\$4.99	\$6.56	\$8.66	\$11.29	\$17.06	\$25.99	\$38.59	\$71.66	\$115.24	\$153.04	\$200.29	\$263.29	\$381.41
\$ 110,000	\$3.58	\$4.13	\$5.23	\$6.88	\$9.08	\$11.83	\$17.88	\$27.23	\$40.43	\$75.08	\$120.73	\$160.33	\$209.83	\$275.83	\$399.58
\$ 115,000	\$3.74	\$4.31	\$5.46	\$7.19	\$9.49	\$12.36	\$18.69	\$28.46	\$42.26	\$78.49	\$126.21	\$167.61	\$219.36	\$288.36	\$417.74
\$ 120,000	\$3.90	\$4.50	\$5.70	\$7.50	\$9.90	\$12.90	\$19.50	\$29.70	\$44.10	\$81.90	\$131.70	\$174.90	\$228.90	\$300.90	\$435.90
\$ 125,000	\$4.06	\$4.69	\$5.94	\$7.81	\$10.31	\$13.44	\$20.31	\$30.94	\$45.94	\$85.31	\$137.19	\$182.19	\$238.44	\$313.44	\$454.06
\$ 130,000	\$4.23	\$4.88	\$6.18	\$8.13	\$10.73	\$13.98	\$21.13	\$32.18	\$47.78	\$88.73	\$142.68	\$189.48	\$247.98	\$325.98	\$472.23
\$ 135,000	\$4.39	\$5.06	\$6.41	\$8.44	\$11.14	\$14.51	\$21.94	\$33.41	\$49.61	\$92.14	\$148.16	\$196.76	\$257.51	\$338.51	\$490.39
\$ 140,000	\$4.55	\$5.25	\$6.65	\$8.75	\$11.55	\$15.05	\$22.75	\$34.65	\$51.45	\$95.55	\$153.65	\$204.05	\$267.05	\$351.05	\$508.55
\$ 145,000	\$4.71	\$5.44	\$6.89	\$9.06	\$11.96	\$15.59	\$23.56	\$35.89	\$53.29	\$98.96	\$159.14	\$211.34	\$276.59	\$363.59	\$526.71
\$ 150,000	\$4.88	\$5.63	\$7.13	\$9.38	\$12.38	\$16.13	\$24.38	\$37.13	\$55.13	\$102.38	\$164.63	\$218.63	\$286.13	\$376.13	\$544.88

Child Option 1	\$5,000	\$0.25
Child Option 2	\$10,000	\$0.50

Coverage reduces at age 70 by 50%. Please refer to the reduced coverage amount for the rate you will pay after reaching age 70. Example: At age 69 you had \$100,000 worth of coverage. Effective the following January 1st after your 70th birthday, your coverage will reduce to \$50,000.

Your Employee Assistance Program (EAP)

Your Life. Your Work. Your Best.®

Your GuidanceResources® Program

Sometimes life can feel overwhelming. It doesn't have to. Your ComPsych® GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you handle any of life's challenges, big or small.

Life is challenging.

We can help.

Confidential 24/7 support.

Easy Access

Whether you're looking for in-person, telephone, or video counseling, need assistance with a work-life issue, or are seeking other services provided by your Employee Assistance Program, you can find it here. Check it out today at guidanceresources.com.

Services:

Confidential Emotional Support

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Legal Guidance

- Divorce, adoption and family law
- Wills, trusts and estate planning
- Free consultation and discounted local representation

Financial Resources

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Digital Support

- Connect to counseling, work-life support or other services
- Tap into an array of articles, podcasts, videos, slideshows
- Improve your skills with On-Demand trainings

COMPSYCH®
GuidanceResources® Worldwide



24/7 Live Assistance:
Call: 888.872.7163
TRS: Dial 711

Online: guidanceresources.com
App: GuidanceNowSM
Web ID: STPSB



Peace of mind

when it's needed the most

Funeral Planning, Will Prep, and Concierge Services

Available to employees who are covered for group life insurance through their employer. Funeral Planning, Will Prep, and Concierge Services are provided by Everest Funeral Concierge.

Everest is pleased to provide a value-added service that can empower individuals who are dealing with funeral related issues.

While you can't predict life's outcome, you can prepare for it.



ReliaStar Life Insurance Company (Minneapolis, MN),
a member of the Voya® family of companies
Everest Funeral Package, LLC, Houston, TX.

ReliaStar Life Insurance Company (Minneapolis, MN),
a member of the Voya® family of companies

Who is Everest?

Everest, the first nationwide funeral planning and concierge service, is an independent consumer advocate who works on your behalf. Everest's sole purpose is to provide the information you need to make the most informed decisions about all funeral related issues and then put those wishes into action.

You're never locked into a decision because Everest's funeral advisory services can be used at any funeral home across North America.

Everest is an impartial consumer advocate, not a funeral home. Everest does not sell funeral goods or services, nor does Everest receive any commissions from funeral homes or other service providers in the funeral industry. With Everest, you are removed from a sales-focused environment, allowing you and your family to make well-informed and confident decisions during a stressful time.

Everest offers both pre-planning and at-need services at or near the time of need. Everest's online planning tools help you prepare for the future. At-need services include price negotiation assistance and communicating the family's wishes to the funeral home. Everest Advisors are available by phone 24/7 and can determine eligibility for the expedited life insurance claim process.

PLAN
INVEST
PROTECT



Everest's services include

Who is eligible?

Everest can be used to plan a funeral for an employee; a spouse or domestic partner; or an employee's dependents up to age 26.*

Pre-planning Services

24/7 advisor assistance

- To discuss funeral planning issues

PriceFinderSM research reports

- The only nationwide database of funeral home prices
- Detailed, local funeral home price comparisons

Online planning tools

Include

- Personal profile
- "10 key decisions" planner
- "My Wishes" planning guide
- Reference guide

Information stored and maintained in a secure data warehouse

Online Will Prep

- Online tool allows users to create customized legal documents such as a Will, Health Care Directive, Power of Attorney, and more
- Users are asked a series of easy-to-answer questions with helpful explanations and examples
- Based on responses, a customized legal document unique to the individual's situation is created

At-need Services

At-need family support

- Family assistance and plan implementation
- Communicate the personal funeral plan to the funeral home, removing the family from a sales-focused environment
- Provide 24-hour assistance throughout the funeral process
- Expedited life insurance claim process. Eligible beneficiaries may have access to a portion of the life insurance funds in as little as two business days following receipt of the claim form.**

Negotiation assistance

- Gather pricing information and present it to the family in an easy-to-read format
- Negotiate funeral service pricing with local funeral homes
- Help the family compare prices of caskets and other products

* Spouse or domestic partner coverage varies depending on the terms of your employer's group life insurance policy.

**Availability may vary by state.

Getting started

Create an online profile and use Everest's planning tools visit everestfuneral.com/voya

- Enter your email address and your employer's name
- Create a password and complete your online profile
- Access "Planning Tools"

If you do not have access to a computer, Everest advisors are available 24/7 by calling **1-800-913-8318**.

Contact your employer for more information.

Insurance issued by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya[®] family of companies. Products and services may not be available in all states.

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168180-06012020

Security when you travel

Voya Travel Assistance



We live in a highly connected world where frequent domestic and international travel is the norm

Voya Travel Assistance offers you enhanced security for your leisure and business trips when traveling 100 miles or more from your primary residency or in another country, for trips 180 days or less. You and your dependents will have access to the Voya Travel Assistance customer service center or access to the services provided on the website 24 hours a day, 365 days a year – from anywhere in the world. Voya Travel Assistance services are provided by International Medical Group, Inc. (IMG), Indianapolis, IN.

Group Name: St. Tammany Parish School Board Group
Number: 69947-1



Emergency Medical Transport Services

- Dispatch of a Physician
- Emergency Medical Evacuation
- Medical Repatriation
- Return of Dependent Children
- Return of Travel Companion
- Vehicle Return Services
- Visit of a Family Member or Friend
- Repatriation of Remains



Medical Assistance Services

- Convalescence Arrangements
- Outpatient & Inpatient Care
- Interpretation Services
- Medical Monitoring
- Medical & Dental Referrals
- Prescription Transfer & Shipping
- Replacement of Medical Devices



Travel Assistance Services

- Emergency Cash Transfer
- Consulate and Embassy Location
- ID Theft Assistance
- Legal Referrals
- Lost Luggage and/or Document Assistance
- Pet Housing and Return
- Pre-Trip Informational Services
- Urgent Message Relay



Security Assistance Services

- Emergency Political Evacuation/ Repatriation
- Location Intelligence App
- Natural Disaster Evacuation

This document is for informational purposes only and describes IMG's general capabilities and a broad overview of the services it offers. The actual services and payments that IMG arranges or provides for you will be determined by your services contract. ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies

PLAN
INVEST
PROTECT



If you need emergency or pre-trip services...

...use the contact information on the reverse and identify yourself as an eligible participant in the Voya Travel Assistance program.

You will be asked to provide some additional information in order to confirm your eligibility under this program. Once your eligibility has been verified, Voya Travel Assistance will arrange and provide the emergency transportation services previously described.

Please note: Services are only eligible for payment through Voya Travel Assistance if Voya Travel Assistance was contacted at the time of service and arranged for the service. If costs are incurred for other services, you are responsible for those costs or reimbursement of those costs if initially paid by Voya Travel Assistance; Voya Travel Assistance will ask for your credit card and debit your account for the required amount.



Voya Travel Assistance

Contact Voya Travel Assistance 24 hours a day, 365 days a year for: Emergency Medical Transport, Medical Assistance, Travel Assistance, and Security Assistance Services.

From anywhere in the world: +1 (317) 659-5841
Email: assist@imglobal.com

Visit Online and Register: imglobal.com/member

- Select "Create an account"
- Enter referral code: **VOYATRAVEL**
- Click "continue" to enter your personal information, email address, and create your password.

Access Voya Travel Assistance on the go

Be supported on the go with Voya Travel Assistance by downloading the IMG mobile app from the Apple App Store and Android Google Play Store.



How it works

At any time before or during a trip, you may contact Voya Travel Assistance for assistance services. It is recommended that you keep a copy of this summary with your travel documents. Use the wallet card to have convenient access to the numbers that you need.

Exclusions and limitations

Travelers are eligible when traveling 100 miles or more from their primary residence or in another country, for trips 180 days or less. Voya Travel Assistance shall not be responsible for any claim, damage, loss, costs, liability, or expense which arises as a result of Voya Travel Assistance's inability to contact the Group Policyholder's authorized Contact for any reason beyond Voya Travel Assistance's control or as a result of the failure and/or refusal of the Group Policyholder to authorize services proposed by Voya Travel Assistance.

Medical Transport Service

All transportations must be coordinated by Voya Travel Assistance in order to be eligible. IMG will not be responsible for medical transportations that are not coordinated by Voya Travel Assistance Services are not available to the traveler for sickness, injuries, or losses resulting from:

- Normal childbirth, normal pregnancy (except complications of pregnancy), or voluntary induced abortion
- Traveling for the purposes of securing medical treatment
- A member's mental or nervous condition, unless hospitalized
- Active participation in war and/or terrorism
- Traveling against the advice of a physician

This proposal is for informational purposes only and describes IMG's general capabilities and a broad overview of the services it offers. The actual services and payments that IMG arranges or provides will be determined by the services contract between IMG and Voya. Please review the services contract for complete details and exclusions.

Products and services may not be available in all states.

Voya Travel Assistance services are provided by International Medical Group, Inc. (IMG), Indianapolis, IN. ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies.

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Security Assistance Services

All emergency medical transport, political, natural disaster, or security evacuation services will be coordinated by IMG. Services listed in this brochure are only valid if IMG remains a client of Voya Financial.

Evacuation services are provided to the nearest safe location and then to covered member's resident country, if needed.

Level 4 Restriction: Services will be denied if the Member's destination country is at a Level 4 Travel Advisory (other than for COVID) on the US State Department website at the time of your Scheduled Departure Date to travel there.

Voya Travel Assistance will not be responsible for political or natural disaster evacuations that are not coordinated and provided by Voya Travel Assistance or its security partner.

Voya Travel Assistance is not responsible for any medical expenses incurred by travelers under this quote.

Services are not available to the extent they would expose Voya Travel Assistance or any of its insurers to any sanction, prohibition or restriction under U.N. resolutions or the trade or economic sanctions, laws, or regulations of the E.U., U.K., or U.S.A.

All services are governed by the terms and conditions outlined in the contract between IMG and Voya.

Legal Notices

HIPAA Special Enrollment Rights

St. Tammany Parish School Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the St. Tammany Parish School (to actually participate, you must complete an enrollment form and may be required to pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan – 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.

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 your 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 Premium Assistance Under 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.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact Human Resources at 985.898.3254.

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

St. Tammany Parish School Board is committed to the privacy of your health information. The administrators of the St. Tammany Parish School Board Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may access a copy of the Notice of Privacy Practices by visiting our website at www.stpsb.org.

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

If you would like more information on WHCRA benefits, please refer to your medical plan document on page 57 or call the office of Human Resources at [985.898.3254](tel:985.898.3254).

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, 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, contact your State Medicaid or CHIP office or dial [877.KIDS.NOW](tel:877.KIDS.NOW) or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't 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, contact the Department of Labor at www.askebsa.dol.gov or call [866.444.EBSA \(3272\)](tel:866.444.EBSA).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your state for more information on eligibility.

ALABAMA – Medicaid http://myalhipp.com 855.692.5447
ALASKA – Medicaid The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid http://myarhipp.com 855.MyARHIPP (855.692.7447)
CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov
COLORADO – Medicaid and CHIP Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442
FLORIDA – Medicaid www.flmedicaidptprecovery.com/flmedicaidptprecovery.com/hipp/index.html 877.357.3268
GEORGIA – Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2
INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584
IOWA – Medicaid and CHIP (Hawki) Medicaid: https://dhs.iowa.gov/ime/members 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 888.346.9562
KANSAS – Medicaid https://www.kancare.ks.gov/ 800.792.4884 HIPP Phone: 800.967.4660
KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPPPROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx 877.524.4718 Medicaid: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid www.medicicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)

MAINE – Medicaid Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP https://www.mass.gov/masshealth/pa 800.862.4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739
MISSOURI – Medicaid http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 Email: HSSHIPPProgram@mt.gov
NEBRASKA – Medicaid http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
NEVADA – Medicaid http://dhcfnv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 5218
NEW JERSEY – Medicaid and CHIP Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid https://dma.ncdhhs.gov 919.855.4100
NORTH DAKOTA – Medicaid https://www.hhs.nd.gov/healthcare 844.854.4825
OKLAHOMA – Medicaid and CHIP http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid http://healthcare.oregon.gov/Pages/index.aspx 800.699.9075
PENNSYLVANIA – Medicaid and CHIP https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
http://gethipptexas.com 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
Health Insurance Premium Payment (HIPPP) Program Department of Vermont Health Access 800.250.8427
VIRGINIA – Medicaid and CHIP
https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid
https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

Notice of Creditable Coverage

Important Notice from St. Tammany 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 St. Tammany 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. St. Tammany Parish School Board has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

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 St. Tammany Parish School Board coverage will be affected. See plan SPD for more information about your prescription drug coverage provisions/options. If you do decide to join a Medicare drug plan and drop your current employer-sponsored coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with St. Tammany 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. **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 St. Tammany Parish School Board changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information About Medicare Prescription Drug Coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800.MEDICARE (800.633.4227). TTY users should call 877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 800.772.1213 (TTY 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: 8/14/2024
Name of Entity/Sender: St. Tammany Parish Public School System
Contact: Human Resources
Phone Number: **985.898.3254**

Federal law requires us to provide this notice to you. We can provide you with no further information about its contents nor can we provide you with assistance in evaluating your options for exchange coverage. The government agency regulating this plan has educational materials and sources for additional information. Please access their website at www.healthcare.gov or <https://cuidadodesalud.gov/es> (Spanish). You may also call 800-318-2596.



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{1,2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through **July 31, 2024**. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as **early as March 31, 2023**. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

Steve Alfonso, Human Resources (985) 898-3223 or steve.alfonso@stpsb.org

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name St. Tammany Parish School Board		4. Employer Identification Number (EIN) 72-6001305	
5. Employer address 321 North Theard Street		6. Employer phone number 985-898-3278	
7. City Covington	8. State LA	9. ZIP code 70433	
10. Who can we contact about employee health coverage at this job? Steve Alfonso			
11. Phone number (if different from above)		12. Email address steve.alfonso@stpsb.org	

Here is some basic information about health coverage offered by this employer:

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

All employees. Eligible employees are:

You are eligible to participate if you are a full-time employee as outlined on page 32 of the official plan document.

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Dependent eligibility is outlined in the official plan document. Please refer to that document to review the types of dependents and their definitions. Examples include: spouse, biological child, adopted child, step child, court-ordered legal guardianship or custody, or disabled children.

We do not offer coverage.

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

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

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

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