

# STPPS Open Enrollment

October 28 – November 22



## Open Enrollment is Coming!

- 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

## Additional Resources

- Scan the QR code to review a brief educational video about your two medical plan offerings
- Review your 2025 Benefits Enrollment Handbook to learn more about your Health Benefits and Employee Assistance Program by visiting STPSB.ORG
- Visit BCBSLA's website to make sure you are registered to access your medical ID card, review claims, and search for providers
- Visit BalanceWithBlueLA.com to register for the wellness program and begin participating in January 2025



## Contact our Insurance Department for Required Health Insurance Change Forms

Name	Phone	Email
Tanya Montz	985-898-6423	<a href="mailto:Tanya.Montz@stpsb.org">Tanya.Montz@stpsb.org</a>
Jennifer Jenkins	985-898-3245	<a href="mailto:Jennifer.Jenkins@stpsb.org">Jennifer.Jenkins@stpsb.org</a>
Sherrie Clements	985-898-6411	<a href="mailto:Sherrie.clements@stpsb.org">Sherrie.clements@stpsb.org</a>
Renee Mothershead	985-898-6424	<a href="mailto:Renee.mothershead@stpsb.org">Renee.mothershead@stpsb.org</a>

## Medical Benefits (PPO Network with EPO Option)

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)
<b>Employee Only</b>	\$100.14	\$805.15	\$905.29
<b>Employee + Spouse</b>	\$444.73	\$1,549.61	\$1,994.34
<b>Employee + Spouse (both employees)</b>	\$139.33	\$1,855.01	\$1,994.34
<b>Employee + Child(ren)</b>	\$273.68	\$884.81	\$1,158.49
<b>Employee + Family</b>	\$492.62	\$1,645.56	\$2,138.18
<b>Employee + Family (both employees)</b>	\$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/PPO Health Plan			
	Blue Connect EPO Providers	PPO Network	Out-of-Network
<b>Annual Deductible</b>	\$600 Individual \$1,200 Family	\$800 Individual \$1,600 Family	\$800 Individual \$1,600 Family
<b>Coinsurance after deductible</b>	90%/10%	90%/10%	70%/30%
<b>Annual Out-of-Pocket Maximum</b>	\$2,500 Individual \$5,000 Family	\$2,750 Individual \$5,500 Family	\$2,750 Individual \$5,500 Family
<b>Lifetime Max</b>	Unlimited	Unlimited	Unlimited
<b>Preventive Care</b>	100%	100%	Not Covered
<b>Office Visits</b>			
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
<b>Emergency Room</b>	10% after deductible	10% after deductible	10% after deductible
<b>Hospital Services</b>			
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
<b>Mental Health/Substance Abuse</b>			
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
<b>Generic Drugs / Tier 1</b>	\$15	\$30
<b>Preferred Brand / Tier 2</b>	\$40	\$80
<b>Non-Preferred Brand / Tier 3</b>	\$60	\$120
<b>Multi-Source Brand</b>	\$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	PPO Network	Out-of-Network
<b>Annual Deductible</b>	\$2,000 Individual \$4,000 Family	\$3,000 Individual \$6,000 Family	\$4,000 Individual \$8,000 Family
<b>Coinsurance after deductible</b>	10%	20%	30%
<b>Annual Out-of-Pocket Maximum</b>	\$5,000 Individual \$10,000 Family	\$6,000 Individual \$12,000 Family	\$10,000 Individual \$20,000 Family
<b>Lifetime Max</b>	Unlimited	Unlimited	Unlimited
<b>Preventive Care</b>	100%	100%	Not Covered
<b>Office Visits</b> Primary Care Urgent Care Specialist	10% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible
<b>Emergency Room</b>	10% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible
<b>Hospital Services</b> Outpatient Facility Diagnostic Xray and Lab Inpatient Hospital / Delivery	10% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible
<b>Mental Health/Substance Abuse</b> 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
<b>Generic Drugs / Tier 1</b>	10% Coinsurance after deductible
<b>Preferred Brand / Tier 2</b>	20% Coinsurance after deductible
<b>Non-Preferred Brand / Tier 3</b>	20% Coinsurance after deductible
<b>Multi-Source Brand</b>	20% 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.

## 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