St. Charles Parish Public Schools



RETIREMENT BENEFITS GUIDE

Effective May 1, 2026 - April 30, 2027

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IMPORTANT
CONTACTS

Name	Contact
UMR	1-800-826-9781
Humana Medicare Advantage	1-866-396-8810
Equitable	866-274-9887
Symetra	1-844-880-6774
Transamerica	1-844-880-6774
SCPPS Risk Management and Benefits	985-785-3135

RISK MANAGEMENT AND BENEFITS DEPARTMENT
SAMANTHA BURAS, INSURANCE TECHNICIAN
985-785-3135, SBURAS@WEARESCPPS.ORG

MEDICAL - UMR

St. Charles Parish Public Schools offers three medical plans through UMR with the following features:

Three plan options: Base Plan, High Plan, and HMO Plan

New features for the Base Plan:
Within the Base Plan, you now have a Three Tiered plan with Three levels of benefits:

Tier 1: LA Select Plus - Ochsner Health Network
Tier 2: Network - all other Network providers
Tier 3: Out of Network providers

Deductibles and out-of-pocket maximums accumulate on a calendar year which runs 1.1.2026-12.31.2026.

UMR: 1-800-826-9781
UMR COBRA: 1-800-207-1824

MEDICAL BENEFIT HIGHLIGHTS	BASE PLAN			HIGH PLAN		HMO PLAN
	LA SELECT PLUS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK
Individual Deductible	$1,500	$2,500	$5,000	$1,000	$2,250	$0
Family Deductible	$3,000	$5,000	$10,000	$2,000	$4,500	$0
Coinsurance	10%	30%	50%	10%	40%	0%
Individual Out-of-Pocket	$4,000	$5,000	$12,000	$4,000	$9,000	$4,000
Family Out-of-Pocket	$8,000	$10,000	$24,000	$8,000	$18,000	$8,000
Primary Care Office Visit	$15 copay	$25 copay	50% after ded.	$20 copay	40% after ded.	$25 copay
Specialty Care Office Visit	$35 copay	$50 copay	50% after ded.	$40 copay	40% after ded.	$40 copay
Urgent Care Visit	$40 copay	$40 copay	50% after ded.	$40 copay	40% after ded.	$50 copay
Emergency Room Visit	$300 copay	$300 copay	$300 copay	$300 copay	$300 copay	$300 copay
Inpatient Hospital	10% after ded.	30% after ded.	50% after ded.	10% after ded.	40% after ded.	$350 copay
Outpatient Surgery	10% after ded.	30% after ded.	50% after ded.	10% after ded.	40% after ded.	$350 copay
PRESCRIPTION DRUGS						
Individual Deductible		$150		$100		$150
Family Deductible		$300		$200		$300
Retail (30 day supply) Level 1/ Level 2/ Level 3		$15 / $40 / $60		$10 / $30 / $50		$15 / $40 / $60
Specialty		25% / $150 maximum		25% / $100 maximum		25% / $150 maximum
Mail Order Level 1/ Level 2/ Level 3		$45 / $120 / $180		$30 / $90 / $150		$45 / $120 / $180

Items highlighted indicate a change from the prior plan year.

Health Insurance FAQ

1 How do I add a spouse or dependent to my insurance?

Spouses or dependents must be added to your insurance two years before you retire. You cannot add a spouse to your insurance after you retire.

2 When can I make changes to my insurance coverage?

Changes in coverage may be made during the annual open enrollment. The only time, other than open enrollment, you are able to make changes is if you experience a Qualifying Life Event (QLE). Examples of QLEs are: birth of a child, adoption, divorce, and a dependent's loss of eligibility. In the event of a QLE, please contact the Risk Management and Benefits Department. Proof of the QLE must be submitted to the Risk Management and Benefits Department within **30 days** of the qualifying event.

3 I am turning 65 - What should I do next?

Three months prior to your 65th birthday, you must contact the Social Security Office to enroll in Medicare parts A & B. Once you receive your Medicare Card, contact the Risk Management and Benefits Department to provide a copy of your Medicare Card.

Pursuant to Board Policy 4.6.13 - Retirements: District retirees that are Medicare - eligible must participate in a Medicare advantage health insurance program offered by the district. This requirement also applies to the retirees' eligible spouses and dependents who are participating in the District's health insurance program.

4 What happens if I enroll in a Health Plan outside of SCPPS?

Pursuant to Board Policy 4.6.13, if you terminate health insurance coverage with St. Charles Parish Public Schools, you will not be allowed to re-enroll in a plan offered by SCPPS. Board Policy 4.6.13 - Retirements states, "Retirees who elect to participate in a Medicare Advantage plan not sponsored by St. Charles Parish Public Schools will not be allowed to re-enroll in a plan offered by St. Charles Parish Public Schools upon withdrawal from or termination of coverage in the Medicare Advantage Plan."

RETIREE HEALTH INSURANCE
Monthly Premium - Base Plan
May 1, 2026 - April 30, 2027

	0-1 YRS	2-9 YRS	10-14 YRS	15-19 YRS	20 or More YRS
RETIREE ONLY	$607.85	$299.39	$208.67	$109.32	$0.00
RETIREE + SPOUSE	$1,337.27	$658.65	$459.06	$439.10	$199.59
RETIREE + CHILD(REN)	$1,094.12	$538.90	$375.59	$359.26	$163.30
RETIREE + FAMILY	$1,823.55	$898.16	$625.99	$598.78	$272.17
RETIREE (ON MED ADV) + SPOUSE	$729.42	$359.26	$250.39	$250.39	$199.59
RETIREE (ON MED ADV) + CHILD(REN)	$486.27	$239.51	$166.92	$166.92	$163.30
RETIREE (ON MED ADV) + FAMILY	$1,215.70	$598.77	$417.32	$417.32	$272.17
RETIREE + SPOUSE (ON MED ADV)	$607.85	$299.39	$208.67	$109.32	$0.00
RETIREE + CHILDREN (SPOUSE ON MED ADV)	$1,094.12	$538.90	$375.59	$359.26	$163.30

RETIREE HEALTH INSURANCE
Monthly Premium - High Option
May 1, 2026 - April 30, 2027

	0-1 YRS	2-9 YRS	10-14 YRS	15-19 YRS	20 or More YRS
RETIREE ONLY	$1,104.25	$543.88	$379.07	$198.60	$164.81
RETIREE + SPOUSE	$2,451.40	$1,207.41	$841.53	$804.94	$365.88
RETIREE + CHILD(REN)	$2,005.70	$987.88	$688.52	$658.59	$299.36
RETIREE + FAMILY	$3,342.82	$1,646.47	$1,147.54	$1,097.64	$498.93
RETIREE (ON MED ADV) + SPOUSE	$1,347.15	$663.53	$462.46	$462.46	$201.07
RETIREE (ON MED ADV) + CHILD(REN)	$901.45	$444.00	$309.45	$309.45	$134.55
RETIREE (ON MED ADV) + FAMILY	$2,238.57	$1,102.59	$768.47	$768.47	$334.12
RETIREE + SPOUSE (ON MED ADV)	$1,104.25	$543.88	$379.07	$198.60	$164.81
RETIREE + CHILDREN (SPOUSE ON MED ADV)	$2,005.70	$987.88	$688.52	$658.59	$299.36

RETIREE HEALTH INSURANCE
Monthly Premium - HMO
May 1, 2026 - April 30, 2027

	0-1 YRS	2-9 YRS	10-14 YRS	15-19 YRS	20 or More YRS
RETIREE ONLY	$701.39	$345.46	$240.78	$126.15	$0.00
RETIREE + SPOUSE	$1,543.06	$760.02	$529.71	$506.68	$230.31
RETIREE + CHILD(REN)	$1,262.50	$621.83	$433.40	$414.55	$188.43
RETIREE + FAMILY	$2,104.18	$1,036.38	$722.33	$690.92	$314.06
RETIREE (ON MED ADV) + SPOUSE	$841.67	$414.56	$288.93	$288.93	$230.31
RETIREE (ON MED ADV) + CHILD(REN)	$561.11	$276.37	$192.62	$192.62	$188.43
RETIREE (ON MED ADV) + FAMILY	$1,402.79	$690.92	$481.55	$481.55	$314.06
RETIREE + SPOUSE (ON MED ADV)	$701.39	$345.46	$240.78	$126.15	$0.00
RETIREE + CHILDREN (SPOUSE ON MED ADV)	$1,262.50	$621.83	$433.40	$414.55	$188.43

HUMANA MEDICARE ADVANTAGE RATES

January 1, 2026 - December 31, 2026

Medicare Advantage (Paid to SCPPS)				
	0-9YRS	**10-19YRS**	**20YRS**	**21+YRS**
Retiree on Medicare Advantage	$0.00	$0.00	$0.00	$0.00
Retiree + Spouse on Medicare Advantage	$0.00	$0.00	$0.00	$0.00

Medicare Part B (Paid to SSA)

Enrollment into Medicare Part B is required. Retirees and Spouses must contact the Social Security Administration to enroll in Medicare Part B. Most people pay the standard Part B monthly premium amount of $202.90 (2026 rate). Social Security will tell you the exact amount you will pay for Part B. The Medicare Part B rates are subject to change.

If your modified adjusted gross income as reported on your IRS Tax return from 2 years ago is above a certain amount, you will pay the standard Part B premium and an income related monthly adjusted amount.

If your yearly income in 2024 (for what you pay in 2026) was			You pay each month (in 2026)
File individual tax return	File joint tax return	File married & separate tax return	
$109,000 or less	$218,000 or less	$109,000 or less	$202.90
above $109,000 up to $137,000	above $218,000 up to $274,000	Not applicable	$284.10
above $137,000 up to $171,000	above $274,000 up to $342,000	Not applicable	$405.80
above $171,000 up to $205,000	above $342,000 up to $410,000	Not applicable	$527.50
above $205,000 and less than $500,000	above $410,000 and less than $750,000	above $109,000 and less than $391,000	$649.20
$500,000 or above	$750,000 or above	$391,000 or above	$689.90

HUMANA MEDICARE ADVANTAGE PLAN

Benefit Summary	**In Network**
Deductible	$0
Out of Pocket Maximum	$0
Preventative Care	$0
Doctor Office Visit	$0
Urgent Care	$0
Emergency Room	$0
In Patient/Out of Patient Services	$0
Prescription Drugs	$10/$20/$40/25%
Silver Sneakers	Gym Membership Included
Dental	$2,000/year: Humana Dental Network Preventative services: 100% **Basic Services:** fillings, periodontal maintenance, simple extractions, peripical x-rays **Major Services**: 100% - scaling and root planning, inlays/onlays, crowns, dentures, root canals, denture relines and rebases, bridgework
Wellness Rewards	Go 365 reward program Up to $125/year in gift cards for completing approved wellness exams and/or screenings
Prescription Hearng Aids	$500/24 months allowance for both ears
Glasses or Contacts	$250/year: EyeMed network $25 copay for exam 1 per year
Over The Counter Supplies	$50/quarter

CMS REQUIREMENTS: CHAPTER 9

Pursuant to CMS Requirements: Chapter 9, retirees and spouses on the Humana Medicare Advantage plan cannot work a job where full benefits are offered. Retirees are permitted to work part-time. Please see CMS Requirements: Chapter 9 below for more information:

Active Employees and Retirees Eligible for Enrollment: Under section 1857(i) of the Act, MAOs may offer employer/union-only group plans to both retirees and current (i.e., active) employees of a particular employer/union group plan sponsor who are Medicare eligible. However, when enrolling active employees into these employer/union group-sponsored MA plans, MAOs must comply with all applicable Medicare program requirements, including the Medicare Secondary Payer (MSP) requirements. MAOs must ensure that employers do not enroll retirees/active employees in an MA plan offered by the MAO in a manner contrary to MSP rules. See the Medicare Managed Care Manual, Chapter 4 (Benefits and Beneficiary Protections), §130, for more information. For active employees receiving benefits from a group health plan of an employer that employs at least 20 employees, the MSP rules establish that the non-Medicare group health plan is the primary payer and Medicare is the secondary payer. If the enrollee or enrollee's spouse is an active employee, the enrollee must be enrolled in the employer/union-sponsored and/or contributed-to non-Medicare group health plan in order to also be enrolled in the employer/union-sponsored MA plan. In other words, active employees cannot be enrolled in an employer/union-sponsored MA plan unless they also retain their employer/union-sponsored primary coverage. In these situations, Medicare payments to MAOs for these active employees are adjusted accordingly to account for the presence of the primary group health plan payer. More detailed information on MSP requirements is available at 42 CFR §411.100 and 42 CFR §422.108 or in the Medicare Secondary Payer Manual on the CMS website at: http://www.cms.hhs.gov/Manuals/IOM/list.asp.

HUMANA'S REQUIREMENT

Pursuant to Humana's Requirement: Individuals ARE eligible based on the Group's eligibility rules AND if:

1. They are retired from ABC Company and are enrolled on Medicare Parts A and B.
2. They are retired from ABC Company and are enrolled on Medicare Parts A and B due to disability.
3. They are working a reduced or partial schedule that denies them access to the group benefit plan and are enrolled on Medicare Parts A and B.
4. They are a spouse of a retiree (Pre-65 or Post 65) enrolled on Medicare Parts A and B, and Medicare is primary.

Individuals ARE NOT eligible if:

1. They are not Medicare eligible.
2. They are actively working for ABC Company and have access to the group health plan.
3. They are the spouse of an actively working employee of ABC Company with access to group health insurance.

BASIC LIFE INSURANCE

Life insurance from Equitable provides your loved ones with financial protection if you pass away. It can help pay your financial expenses like funeral, burial, everyday expenses like mortgage or rent, car payments and groceries.

The current amount of life insurance offered to retirees is 1.5 times your salary, up to a maximum of $40,000. At age 65, your life insurance coverage will decrease by 25%. At the age of 70, your life insurance coverage will decrease by 50%.

Premium Amount

If you have twenty (20) years with St. Charles Parish Public Schools, you will not incur a premium to maintain the basic life insurance policy.

If you do not have twenty years with the district, you will incur a premium for life insurance. Your life insurance premium will be deducted from your Teacher's Retirement System of Louisiana or Louisiana School Employees' Retirement System pension check.

Beneficiaries

Prior to retiring, please make sure that your life insurance beneficiaries are up to date and current. In the case of death, beneficiaries must contact the Risk Management and Benefits Department to at 985-785-3135 to file for death benefits. Additionally, your beneficiaries should contact your retirement system to discuss any benefits that may be available to them and to avoid an overpayment of benefits.

VISION INSURANCE

St. Charles Parish Public Schools does not offer a vision benefit to retirees enrolled on SCPPS active insurance plan; however, retirees eligible for the Medicare Advantage Plan will receive vision coverage. Retirees enrolled on the active health insurance plan may be eligible for vision insurance coverage under the federal COBRA continuation coverage rules for a limited period of time (18 months maximum). The retiree pays the full insurance premium for these benefits.

If you are enrolled in vision insurance benefits at the time of your retirement, the SCPPS COBRA Administrator, UMR, will send you information within 45 days giving you the option to elect to continue vision insurance coverage for yourself and any already enrolled dependents under COBRA.

If you are not enrolled in vision insurance at the time of retirement, you are not eligible for vision insurance coverage under COBRA when you retire.

If you elect to continue vision insurance through COBRA, you will send your vision insurance payment directly to UMR. SCPPS will not send you a bill. It is your responsibility to make timely monthly payments in order for your vision insurance benefits to remain effective.

COBRA Vision Premiums

Coverage For:	COBRA Premium
Employee Only	$5.08
Employee + Spouse	$10.02
Employee + Children	$10.51
Family	$15.75

DENTAL INSURANCE

St. Charles Parish Public Schools does not offer a dental benefit to retirees enrolled on SCPPS active insurance; however, retirees eligible for the Medicare Advantage Plan will receive dental coverage. Retirees enrolled on the active health insurance plan may be eligible for dental insurance coverage under the federal COBRA continuation coverage rules for a limited period of time (18 months maximum). The retiree pays the full insurance premium for these benefits.

If you are enrolled in dental insurance benefits at the time of your retirement, the SCPPS COBRA Administrator, UMR, will send you information within 45 days giving you the option to elect to continue dental insurance coverage for yourself and any already enrolled dependents under COBRA.

If you are not enrolled in dental insurance at the time of retirement, you are not eligible for dental insurance coverage under COBRA when you retire.

If you elect to continue dental insurance through COBRA, you will send your dental insurance payment directly to UMR. SCPPS will not send you a bill. It is your responsibility to make timely monthly payments in order for your dental insurance benefits to remain effective.

COBRA Dental Premiums

Premium Traditional Preferred Plan	COBRA Premium	Core Preventive Plus Plan	COBRA Premium
Employee Only	$36.45	Employee Only	$15.16
Employee + Family	$109.63	Employee + Family	$45.59

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

What is COBRA continuation coverage?
COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a qualifying event. After a qualifying event, COBRA continuation coverage must be offered to each person who is a qualified beneficiary. You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the plan is lost because of the qualifying event. Under the Plan, qualifying beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
-Your hours of work are reduced, or
-Your employment ends for any reason other than your gross misconduct

UMR

St. Charles Parish Public Schools utilizes UMR to administer its COBRA program. You will receive information related to COBRA within 45 days from your separation date. Questions related to COBRA should be directed to UMR.

UMR Telephone Support
1-800-207-1824
UMR Benefit Services customer service representatives are available
Monday through Friday from 8:00AM - 5:00PM CT.

PORTABLE INSURANCE POLICIES

If you are currently enrolled in the following optional insurance polices through Transamerica or Symetra:
(1) Accident
(2) Critical Illness
(3) Hospital Indemnity
(4) Universal Life

You must contact Transamerica or Symetra within **30 days** of your coverage ending. Your coverage will end on the last day of the month of your retirement date. The continuation of these coverages are not offered as a deduction through your retirement system.

Transamerica: 1-888-763-7474
Symetra: 1-800-796-3872

QUALIFYING LIFE EVENTS

Please be aware that the only time, other than open enrollment, you are able to make changes to your benefits is if you experience a Qualifying Life Event (QLE). In the event of a QLE, please contact the Risk Management and Benefits Department at 985-785-3135. Proof of the QLE must be submitted to the Risk Management and Benefits Department within **30 days** of the QLE in order to change your current benefit elections. Please note, proof of QLEs are subject to the approval of the Risk Management and Benefits Department.

Qualifying Life Events Include:

- A change in the number of dependents (birth, adoption, death, guardianship);
- A change in marital status (divorce);
- A dependent's loss of eligibility (attainment of limiting age or change in student status);
- A change in spouse's work hours; and/or
- An entitlement to Medicare or Medicaid