2026 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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What Will It Cost?

St. Tammany Parish School Board is committed to offering you comprehensive benefits at a fair cost. View page 5 for more information about your costs for medical coverage.

Scan this QR code to review a brief educational video about your medical plans.

Benefits Overview

At St. Tammany Parish School Board (STPSB), we are committed to providing a comprehensive and affordable benefits package to you and your family that help you stay healthy, feel secure, and maintain a work/life balance. Review this guide to learn about your options so you can make the most of your St. Tammany Parish School Board benefits.

Benefit Plans Offered

- Medical
- Life and Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Supplemental Life and AD&D

Eligibility and Enrollment

You are able to participate in St. Tammany Parish School Board benefits if you are a full-time benefits eligible employee as approved by Human Resources. Benefits are effective on the first of the month following your date of hire. Please refer to page 32 of the official plan document for a full outline of eligibility.

Making Changes to Your Benefits

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

Finding In-Network Providers

You save the most money when you choose in-network doctors, facilities and pharmacies. Log on to **www.lablue.com** or call **800.495.2583** to find providers in the Louisiana Blue network.

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	Louisiana Blue	800-599-2583	www.lablue.com
Rx	RxBenefits / Express Scripts	800.803.2523	www.express-scripts.com
Blue 365 Wellness Discounts	Louisiana Blue	See website	www.blue365deals.com
Employee Assistance Program	Health Advocate	888. 239.6948	healthadvocate.com/standard3 Registration Code: Aq3QGHQ
Ochsner Patient Engagement	Ochsner	855.723.8152	connected@ochsner.org
Life and AD&D Policy #764021	The Standard	800.628.8600	www.standard.com lifebenefits@standard.com

STPSB HR/Benefits Contacts

Name	Phone	Email
Tanya Montz	985-898-6423	Tanya.montz@stpsb.org
Melissa Burris	985-898-3245	Melissa.burris@stpsb.org
Jennifer Jenkins	985-898-6411	Jennifer.Jenkins@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 Louisiana Blue

STPSB offers two medical plans through Louisiana Blue. For additional plan information please refer to your official plan summary / documents. Employees will receive a card from Louisiana Blue for the medical and a separate card for pharmacy.

Coverage Tier	Employee Contribution	Employer Contribution	Total Cost (Monthly)
Employee Only	$100.14	$925.31	$1,025.45
Employee + Spouse	$444.73	$1,814.33	$2,259.06
Employee + Spouse (both employees)	$139.33	$2,119.73	$2,259.06
Employee + Child(ren)	$273.68	$1,038.58	$1,312.26
Employee + Family	$492.62	$1,929.38	$2,244.00
Employee + Family (both employees)	$174.16	$2,247.84	$2,422.00

- 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.

Louisiana Blue 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 Urgent Care Specialist	 $25 copay $40 copay $35 copay	 $30 copay $50 copay $45 copay	 30% after deductible 30% after deductible 30% after deductible
Emergency Room	10% after deductible	10% after deductible	10% after deductible
Hospital Services Outpatient Facility Diagnostic X-ray and Lab Inpatient Hospital / Delivery	 10% after deductible 10% after deductible 10% after deductible	 10% after deductible 10% after deductible 10% after deductible	 30% after deductible 30% after deductible 30% after deductible
Mental Health/Substance Abuse Inpatient Outpatient Office Visit	 10% after deductible $35 copay	 10% after deductible $45 copay	 30% after deductible 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 (High-Deductible Health Plan or HDHP)

Administered by Louisiana Blue

STPSB will offer two medical plans through Louisiana Blue. Please see below for more information on the HDHP 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
Employee Only	$87.08	$938.37	$1,025.45
Employee + Spouse	$404.30	$1,854.76	$2,259.06
Employee + Spouse (both employees)	$99.52	$2,159.54	$2,259.06
Employee + Child(ren)	$248.80	$1,063.46	$1,312.26
Employee + Family	$447.84	$1,974.16	$2,422.00
Employee + Family (both employees)	$124.40	$2,297.60	$2,422.00

- 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.

Louisiana Blue High Deductible Health Plan			
	Blue Connect EPO Providers	**In-Network**	**Out-of-Network**
Annual Deductible Individual Per Member within a Family Family	 $2,000 $4,000 $4,000	 $3,000 $6,000 $6,000	 $4,000 $8,000 $8,000
Coinsurance after deductible	10%	20%	30%
Annual Out-of-Pocket Maximum Individual Per Member within a Family Family	 $5,000 $5,000 $10,000	 $6,000 $6,000 $12,000	 $10,000 $20,000 $20,000
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	10% Coinsurance after deductible	10% Coinsurance after deductible
Hospital Services Outpatient Facility Diagnostic X-ray 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 Louisiana Blue

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.

Louisiana Blue 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 X-ray 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	**HDHP Ochsner Tier**
	34-Day Supply Retail	**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, STPSB is not payroll deducting for HSAs.

2026 Max HSA Contributions

- $4,400 per individual
- $8,750 per family
- For those over age 55, you can contribute an additional $1,000

Adding Dependents

Type of Dependent	Examples of Supporting Documents
Spouse	■ A certified copy of the certificate of marriage, indicating date and place of marriage.
Biological Child	■ 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	■ 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.
Stepchild	■ 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	■ 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	■ 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	■ 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: • (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.lablue.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.

Discounted Rates at Ochsner Performance Training Sign up today to receive a one-week free trail 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

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

Download the MyOchsner App today!

Scan the QR code and download the new app today.

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. *Ochsner Connected Anywhere (pg 10)*	• Allergies • Sinusitis • Colds and Flu • Rashes • Pink eye • Behavioral Health	• Member cost-share applies • 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 in my plan's network?"

Added Value Benefits

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**

Cost Estimator Tool

- The Cost Estimator Tool is an online price comparison tool that lets you compare the costs of common medical procedures or billing codes against your plan benefits.
- As a Louisiana Blue member, you can shop and compare price ranges 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 the Cost Estimator Tool through your myLABlue portal and learn more about the tool at https://www.lablue.com/save-money/cost-estimator.

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 Locations:
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

Ochsner MD Anderson Cancer Center
Making Cancer History®

Healthy Blue Beginnings

Our Healthy Blue Beginnings maternity program provides information and support to keep both mom and baby healthy.

Online Health Center

Our fully interactive wellness center is online 24/7 at wellness.bcbsla.com, with condition and treatment information, wellness and nutrition information (including healthy recipes), videos and podcasts.

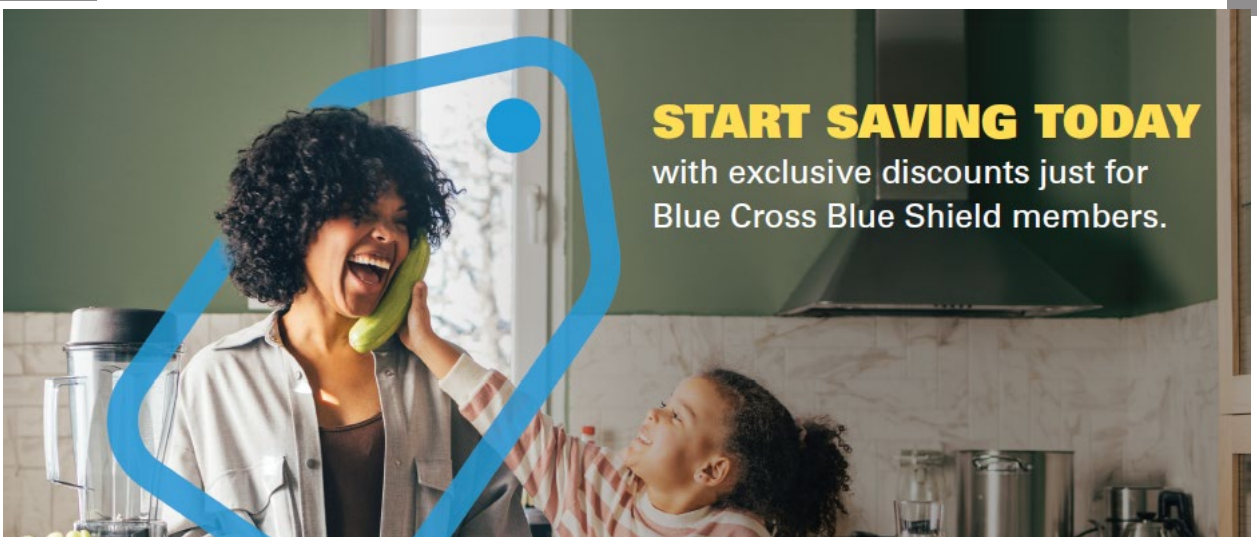
Social Hub

Visit our social media hub and connect with us for wellness tips, discounts on healthy living and more at www.bcbsla.com/social.

Online forms and questionnaires

We make it easy to find the forms you need to get claims processed. All online and in one place.

Find these tools and more at www.bcbsla.com.



What if there was a way for you to save money on what you and your family need most?

Say hello to Blue365! It's available to you as a Blue Cross Blue Shield member and free to register. Access year-round discounts on afforadable solutions to support your health. And unlike some other discount programs, there's no need to earn rewards or points in order to take advantage of these exclusive deals—*you can start saving immediately!*

Enjoy one-of-a-kind discounts on:

- Fitness Gear & Apparel
- Gym Memberships
- Hearing Aids
- Nutrition
- Travel
- Vision Care
- ...And much more!

Sign up for free today by visiting Blue365deals.com/bcbsla or scan the code:

LOUISIANA BLUE

Blue365

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24-006-N19

Welcome to MyLABlue

Your health insurance. Your way.

MyLABlue is Louisiana Blue's secure, personalized digital experience designed to help you manage your health insurance — anytime, anywhere. Whether you're on your laptop, phone or tablet, **MyLABlue** makes it easy to stay connected to your coverage.

You can access MyLABlue at lablue.com or by downloading the MyLABlue app. And for added convenience, you can link **MyLABlue** to your MyChart account, giving you one seamless place to manage your health and health insurance information.

Track your health insurance activity – View claims, benefits and deductibles in one place

Download your digital ID card – Keep your insurance card at your fingertips

Find providers – Search for in-network doctors

Assess costs – Get upfront estimates for medical care

Connect with support – Message securely with Louisiana Blue representat

Check prior authorizations – View the status of certain medical requests

Share access – Allow family or caregivers to view your health info

Stay healthy – Sync fitness data, including from Apple Health

Download the MyLABlue app today!

Activate your account!

lablue.com/welcome

St. Tammany Parish School Board

2026 Wellness Program

JOIN US IN GETTING HEALTHIER TOGETHER!

Employees and retirees on the health plan who complete three (3) wellness activities before September 30, 2026 are eligible to earn a $250 deductible credit in 2027.

DON'T MISS OUT!

Join us at BalanceWithBlueLA.com!

It includes a mobile app, health journeys, competitive team challenges and more to meet you where you are in your journey to great health.

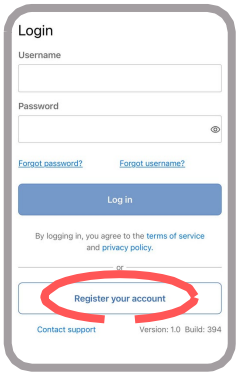
The deadline is September 30, 2026!

IF YOU HAVEN'T CREATED AN ACCOUNT, REGISTER TODAY AT BALANCEWITHBLUELA.COM!

LOUISIANA BALANCE

Download on the App Store

GET IT ON Google Play



STEP 1: Download the Balance With Blue LA app using any smart device. If you're on a desktop, visit BalanceWithBlueLA.com.

STEP 2: Click ***Register Your Account.***

STEP 3: Enter your first and last name, your Blue Cross health plan Member ID number only/**no letters** (found on your ID card) and your birth date. *Your first and last name must be entered exactly as they appear on your health plan Member ID card.* Click ***Next.***

A username will be prepopulated. Either choose this username or create your own. Create a password and enter your email address. Click ***Next.*** *Passwords must contain at least eight characters.*

COMPLETE THREE (3) WELLNESS ACTIVITIES TO BE ELIGIBLE FOR THE 2027 DEDUCTIBLE CREDIT.

✓ HEALTH ASSESSMENT

Visit BalanceWithBlueLA.com.

✓ AN ANNUAL WELL VISIT WITH A PHYSICIAN

Visits beginning October 1, 2025 will be accepted.
Self-attest at BalanceWithBlueLA.com.

✓ ONE (1) PREVENTIVE HEALTH SCREENING

Health screenings include: vision, dental, skin cancer, mammogram, Pap/cervical cancer, PSA, colonoscopy or a behavioral health visit/Standard EAP visit.
Self-attest at BalanceWithBlueLA.com.

QUESTIONS?

For help with **account registration**, email **Support@BalanceWithBlueLA.com.**
For **general information**, email **WellnessInfo@lablue.com.**

For 2027 **deductible credit** questions,
call the 800# on the back of your Louisiana Blue Member ID card.
Contact LA Blue in 2027, or after the deductible credit has been applied.

If you are unable to achieve the standards for the reward under this program, contact Renee Mothershead in Human Resources at renee.mothershead@stpsb.org and we will work with you in light of your health status to develop another way to qualify for the reward.

St. Tammany Parish School Board's voluntary wellness program is designed to improve your wellbeing and provide you with resources to better understand future health risks. Your confidentiality is important. Your personal health information will never be shared with your employer.

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

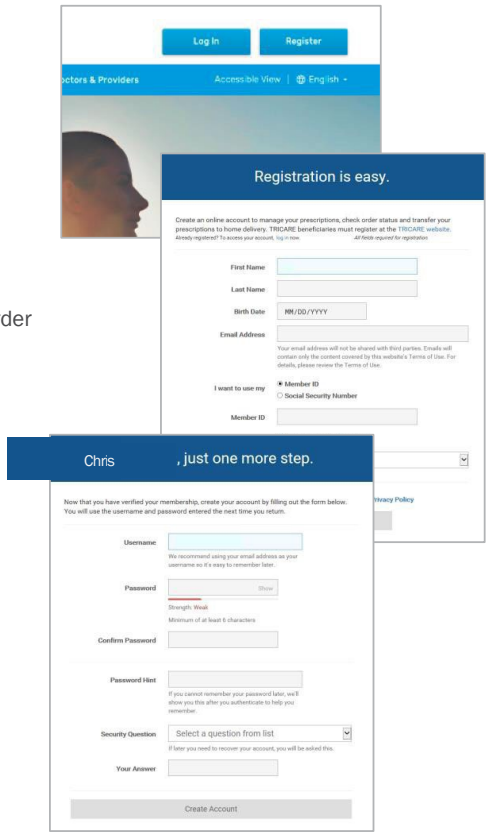
Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. Some specialty medications may qualify for third party copayment assistance programs which could lower your out-of-pocket 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.

EXPRESS SCRIPTS® + RxBenefits®

Registering with Express Scripts

Online access to savings and convenience

Manage your medicines anywhere, any time with express-scripts.com and the Express Scripts® mobile app



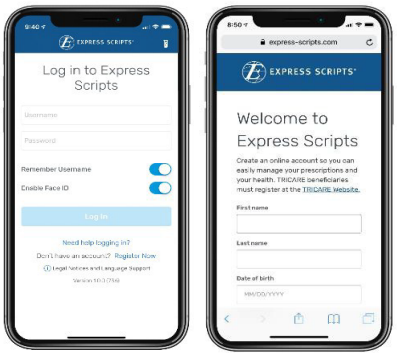
Register now so you can experience:

- **More savings.**
  Compare prices of medicines at multiple pharmacies. Get free standard shipping[1] from the Express Scripts Pharmacy℠.
- **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 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.

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RxBenefits®

Access to the Medications You Need and the Convenience You Want

Your employer has partnered with RxBenefits to optimize your pharmacy benefits experience. As part of RxBenefits' commitment to getting members the right medication at the right time, we provide human-led clinical management for all prescriptions. This includes requiring a prior authorization (PA) approval for certain medications before they can be dispensed under your plan. PAs help to ensure that your medications are safe, appropriate, and cost-efficient.

What is a PA?

A PA approval is required before prescriptions for certain medications can be filled under insurance. PAs are used to confirm medications are being prescribed for their intended use based on approval guidelines by the FDA and meet established clinical standards of care.

What do I do if my medication requires a PA?

When you try to fill a prescription for certain medicines, your pharmacist may tell you it requires a PA. That means we need more information to make sure the medication is being prescribed in accordance with FDA guidelines and clinical best practices, and will work well for you and your condition before your pharmacy benefits covers it. Your prescriber has access to the required information to submit a PA request.

Your prescriber can choose to switch to another medication that does not need a PA or an over-the-counter alternative. If they do not want to switch your medication, their office will need to initiate a PA.

What is the PA process and how long does it take?

A PA typically takes one to seven business days to process. Occasionally, we may need additional information from your doctor to process the PA. If so, the review timeline begins after we receive all the information we need. This may extend the time needed to complete the review.

If the PA is approved, you will be able to pick up your prescription at the pharmacy or have it delivered to your home. A notification letter will be sent within two weeks of a PA being approved or denied.

What if my PA is denied?

If your PA is denied, you will need to contact your prescriber to discuss the next steps. If you or your doctor disagree with the initial denial, you may appeal the decision. Your doctor may be asked to provide additional information about your condition and the reason for the medication being prescribed. If the second appeal is denied, you or your prescriber may appeal the denial a third and final time. The appeal is then reviewed by a third-party independent review organization (IRO). The determination made on a third appeal is final and binding and you cannot appeal it again.

Enhanced prior authorization process for members taking anti-inflammatory or dermatological treatments

Finding the best option, the first time

There are many treatment options available for anti-inflammatory and dermatological conditions. Some of them are significantly more expensive and/or may not be as clinically effective. Your plan may only cover some treatments, while others may not be covered. We work directly with your prescriber to find the right medication for you based on your plan.

1. If your new prescription requires a PA, your prescriber will need to complete the PA request through RxBenefits.
2. RxBenefits will review the PA request and the clinical information provided by your prescriber and collaborate with your doctor, as appropriate, to find a clinically effective alternative medication that aligns better with your insurance coverage and treatment needs.
3. RxBenefits will review the PA request and the clinical information provided by your prescriber and collaborate with your doctor, as appropriate, to find a clinically effective alternative medication that aligns better with your insurance coverage and treatment needs.
4. You can check the status of your PA using the **My RxBenefits** member portal at **member.rxbenefits.com**.
5. Once RxBenefits and your provider have determined the best treatment option based on your plan and clinical considerations, you will be notified of the outcome.
6. You can follow up with your pharmacy to see when your medication is ready for pickup.*

Finding a better option when your current treatment is not working

Members taking anti-inflammatory or dermatological agents for an extended period may notice their medication isn't working as well as it did initially. If that happens, our goal is to help you manage your condition well and help you find an alternative treatment that helps you achieve the best clinical outcome for you.

1. An RxBenefits pharmacist may contact you to determine whether your medication is working. Before they do, you'll receive a communication through your preferred channel – text message or email – letting you know to expect their call.

2. If your condition is not managed with your current medication, RxBenefits may work with your prescriber to update your treatment plan. If your prescriber agrees to change your prescribed regimen, you'll be notified through your preferred communication channel.

3. You can log in to the My RxBenefits member portal, **member.rxbenefits.com**, and see the new medication your prescriber chose. Your pharmacy will process your prescription and let you know when it's ready to be picked up.*

**Note: You will still get a letter in the mail with details of your prior authorization outcome.*

We are here to help

- **Chat:** With a live agent by registering for the RxBenefits member portal at Member.RxBenefits.com, Monday-Friday, 9:00 a.m. to 6:00 p.m. Central
- **Email:** CustomerCare@RxBenefits.com, Monday-Friday, 7:00 a.m. to 8:00 p.m. Central
- **Call:** Talk to RxBenefits Member Services at 1-800-334-8134, Monday-Friday, 7:00 a.m. to 8:00 p.m. Central

Access your pharmacy benefits information 24/7 from any device by registering for the My RxBenefits member portal at **Member.RxBenefits.com**.

Once registered, you can view and download your ID card, set up your communication preferences, access real-time prior authorization status and up to 18 months of PA and claims history, chat with a live agent, and so much more.

RxBenefits®

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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 the Standard.

Voluntary Life and AD&D Insurance

St. Tammany Parish School Board also provides voluntary life through the Standard. 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. STPSB will pay half of the premium for the option you choose.

Supplemental Life and Guaranteed Issue

As an eligible employee, you can purchase supplemental life insurance in addition to the options above. Employees pay 100% for these plans and the rates are based on employee age (see following 2 pages). 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 directly with the insurance company if you leave STPSB.

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	$8.06	$4.03
	$35,000	$11.29	$5.64
	$45,000	$14.51	$7.26
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.**	Spouse 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 Children (regardless of how many) 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 – Employee / per Payroll Deduction

Supplemental Life AD&D - Employee (Semi-Monthly, 24x Premiums)

	<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	$0.060	$0.072	$0.096	$0.132	$0.180	$0.240	$0.372	$0.576	$0.864	$1.620	$2.616	$3.480	$4.560	$6.000	$8.700
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	$0.075	$0.087	$0.111	$0.147	$0.195	$0.255	$0.387	$0.591	$0.879	$1.635	$2.631	$3.495	$4.575	$6.015	$8.715
$20,000	$0.75	$0.87	$1.11	$1.47	$1.95	$2.55	$3.87	$5.91	$8.79	$16.35	$26.31	$34.95	$45.75	$60.15	$87.15
$30,000	$1.13	$1.31	$1.67	$2.21	$2.93	$3.83	$5.81	$8.87	$13.19	$24.53	$39.47	$52.43	$68.63	$90.23	$130.73
$40,000	$1.50	$1.74	$2.22	$2.94	$3.90	$5.10	$7.74	$11.82	$17.58	$32.70	$52.62	$69.90	$91.50	$120.30	$174.30
$50,000	$1.88	$2.18	$2.78	$3.68	$4.88	$6.38	$9.68	$14.78	$21.98	$40.88	$65.78	$87.38	$114.38	$150.38	$217.88
$60,000	$2.25	$2.61	$3.33	$4.41	$5.85	$7.65	$11.61	$17.73	$26.37	$49.05	$78.93	$104.85	$137.25	$180.45	$261.45
$70,000	$2.63	$3.05	$3.89	$5.15	$6.83	$8.93	$13.55	$20.69	$30.77	$57.23	$92.09	$122.33	$160.13	$210.53	$305.03
$80,000	$3.00	$3.48	$4.44	$5.88	$7.80	$10.20	$15.48	$23.64	$35.16	$65.40	$105.24	$139.80	$183.00	$240.60	$348.60
$90,000	$3.38	$3.92	$5.00	$6.62	$8.78	$11.48	$17.42	$26.60	$39.56	$73.58	$118.40	$157.28	$205.88	$270.68	$392.18
$100,000	$3.75	$4.35	$5.55	$7.35	$9.75	$12.75	$19.35	$29.55	$43.95	$81.75	$131.55	$174.75	$228.75	$300.75	$435.75
$110,000	$4.13	$4.79	$6.11	$8.09	$10.73	$14.03	$21.29	$32.51	$48.35	$89.93	$144.71	$192.23	$251.63	$330.83	$479.33
$120,000	$4.50	$5.22	$6.66	$8.82	$11.70	$15.30	$23.22	$35.46	$52.74	$98.10	$157.86	$209.70	$274.50	$360.90	$522.90
$130,000	$4.88	$5.66	$7.22	$9.56	$12.68	$16.58	$25.16	$38.42	$57.14	$106.28	$171.02	$227.18	$297.38	$390.98	$566.48
$140,000	$5.25	$6.09	$7.77	$10.29	$13.65	$17.85	$27.09	$41.37	$61.53	$114.45	$184.17	$244.65	$320.25	$421.05	$610.05
$150,000	$5.63	$6.53	$8.33	$11.03	$14.63	$19.13	$29.03	$44.33	$65.93	$122.63	$197.33	$262.13	$343.13	$451.13	$653.63
$160,000	$6.00	$6.96	$8.88	$11.76	$15.60	$20.40	$30.96	$47.28	$70.32	$130.80	$210.48	$279.60	$366.00	$481.20	$697.20
$170,000	$6.38	$7.40	$9.44	$12.50	$16.58	$21.68	$32.90	$50.24	$74.72	$138.98	$223.64	$297.08	$388.88	$511.28	$740.78
$180,000	$6.75	$7.83	$9.99	$13.23	$17.55	$22.95	$34.83	$53.19	$79.11	$147.15	$236.79	$314.55	$411.75	$541.35	$784.35
$190,000	$7.13	$8.27	$10.55	$13.97	$18.53	$24.23	$36.77	$56.15	$83.51	$155.33	$249.95	$332.03	$434.63	$571.43	$827.93
$200,000	$7.50	$8.70	$11.10	$14.70	$19.50	$25.50	$38.70	$59.10	$87.90	$163.50	$263.10	$349.50	$457.50	$601.50	$871.50
$210,000	$7.88	$9.14	$11.66	$15.44	$20.48	$26.78	$40.64	$62.06	$92.30	$171.68	$276.26	$366.98	$480.38	$631.58	$915.08
$220,000	$8.25	$9.57	$12.21	$16.17	$21.45	$28.05	$42.57	$65.01	$96.69	$179.85	$289.41	$384.45	$503.25	$661.65	$958.65
$230,000	$8.63	$10.01	$12.77	$16.91	$22.43	$29.33	$44.51	$67.97	$101.09	$188.03	$302.57	$401.93	$526.13	$691.73	$1,002.23
$240,000	$9.00	$10.44	$13.32	$17.64	$23.40	$30.60	$46.44	$70.92	$105.48	$196.20	$315.72	$419.40	$549.00	$721.80	$1,045.80
$250,000	$9.38	$10.88	$13.88	$18.38	$24.38	$31.88	$48.38	$73.88	$109.88	$204.38	$328.88	$436.88	$571.88	$751.88	$1,089.38
$260,000	$9.75	$11.31	$14.43	$19.11	$25.35	$33.15	$50.31	$76.83	$114.27	$212.55	$342.03	$454.35	$594.75	$781.95	$1,132.95
$270,000	$10.13	$11.75	$14.99	$19.85	$26.33	$34.43	$52.25	$79.79	$118.67	$220.73	$355.19	$471.83	$617.63	$812.03	$1,176.53
$280,000	$10.50	$12.18	$15.54	$20.58	$27.30	$35.70	$54.18	$82.74	$123.06	$228.90	$368.34	$489.30	$640.50	$842.10	$1,220.10
$290,000	$10.88	$12.62	$16.10	$21.32	$28.28	$36.98	$56.12	$85.70	$127.46	$237.08	$381.50	$506.78	$663.38	$872.18	$1,263.68
$300,000	$11.25	$13.05	$16.65	$22.05	$29.25	$38.25	$58.05	$88.65	$131.85	$245.25	$394.65	$524.25	$686.25	$902.25	$1,307.25

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.

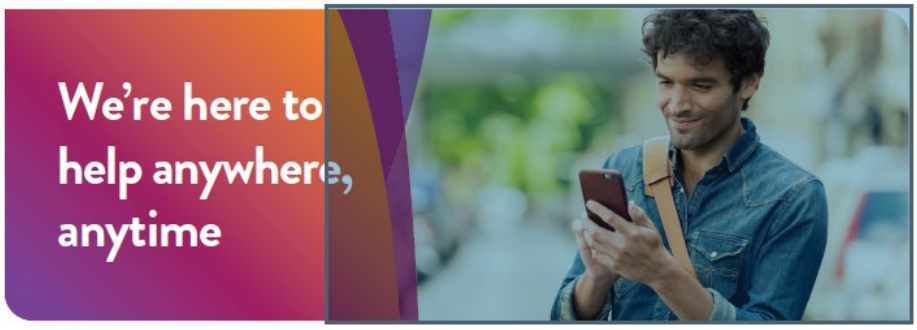
Supplemental Life and AD&D Rates – Spouse / per Payroll Deduction

Supplemental Life AD&D - Spouse (Semi-Monthly, 24x Premiums)															
	<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	$0.060	$0.072	$0.096	$0.132	$0.180	$0.240	$0.372	$0.576	$0.864	$1.620	$2.616	$3.480	$4.560	$6.000	$8.700
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	$0.075	$0.087	$0.111	$0.147	$0.195	$0.255	$0.387	$0.591	$0.879	$1.635	$2.631	$3.495	$4.575	$6.015	$8.715
$10,000	$0.38	$0.44	$0.56	$0.74	$0.98	$1.28	$1.94	$2.96	$4.40	$8.18	$13.16	$17.48	$22.88	$30.08	$43.58
$15,000	$0.56	$0.65	$0.83	$1.10	$1.46	$1.91	$2.90	$4.43	$6.59	$12.26	$19.73	$26.21	$34.31	$45.11	$65.36
$20,000	$0.75	$0.87	$1.11	$1.47	$1.95	$2.55	$3.87	$5.91	$8.79	$16.35	$26.31	$34.95	$45.75	$60.15	$87.15
$25,000	$0.94	$1.09	$1.39	$1.84	$2.44	$3.19	$4.84	$7.39	$10.99	$20.44	$32.89	$43.69	$57.19	$75.19	$108.94
$30,000	$1.13	$1.31	$1.67	$2.21	$2.93	$3.83	$5.81	$8.87	$13.19	$24.53	$39.47	$52.43	$68.63	$90.23	$130.73
$35,000	$1.31	$1.52	$1.94	$2.57	$3.41	$4.46	$6.77	$10.34	$15.38	$28.61	$46.04	$61.16	$80.06	$105.26	$152.51
$40,000	$1.50	$1.74	$2.22	$2.94	$3.90	$5.10	$7.74	$11.82	$17.58	$32.70	$52.62	$69.90	$91.50	$120.30	$174.30
$45,000	$1.69	$1.96	$2.50	$3.31	$4.39	$5.74	$8.71	$13.30	$19.78	$36.79	$59.20	$78.64	$102.94	$135.34	$196.09
$50,000	$1.88	$2.18	$2.78	$3.68	$4.88	$6.38	$9.68	$14.78	$21.98	$40.88	$65.78	$87.38	$114.38	$150.38	$217.88
$55,000	$2.06	$2.39	$3.05	$4.04	$5.36	$7.01	$10.64	$16.25	$24.17	$44.96	$72.35	$96.11	$125.81	$165.41	$239.66
$60,000	$2.25	$2.61	$3.33	$4.41	$5.85	$7.65	$11.61	$17.73	$26.37	$49.05	$78.93	$104.85	$137.25	$180.45	$261.45
$65,000	$2.44	$2.83	$3.61	$4.78	$6.34	$8.29	$12.58	$19.21	$28.57	$53.14	$85.51	$113.59	$148.69	$195.49	$283.24
$70,000	$2.63	$3.05	$3.89	$5.15	$6.83	$8.93	$13.55	$20.69	$30.77	$57.23	$92.09	$122.33	$160.13	$210.53	$305.03
$75,000	$2.81	$3.26	$4.16	$5.51	$7.31	$9.56	$14.51	$22.16	$32.96	$61.31	$98.66	$131.06	$171.56	$225.56	$326.81
$80,000	$3.00	$3.48	$4.44	$5.88	$7.80	$10.20	$15.48	$23.64	$35.16	$65.40	$105.24	$139.80	$183.00	$240.60	$348.60
$85,000	$3.19	$3.70	$4.72	$6.25	$8.29	$10.84	$16.45	$25.12	$37.36	$69.49	$111.82	$148.54	$194.44	$255.64	$370.39
$90,000	$3.38	$3.92	$5.00	$6.62	$8.78	$11.48	$17.42	$26.60	$39.56	$73.58	$118.40	$157.28	$205.88	$270.68	$392.18
$95,000	$3.56	$4.13	$5.27	$6.98	$9.26	$12.11	$18.38	$28.07	$41.75	$77.66	$124.97	$166.01	$217.31	$285.71	$413.96
$100,000	$3.75	$4.35	$5.55	$7.35	$9.75	$12.75	$19.35	$29.55	$43.95	$81.75	$131.55	$174.75	$228.75	$300.75	$435.75
$105,000	$3.94	$4.57	$5.83	$7.72	$10.24	$13.39	$20.32	$31.03	$46.15	$85.84	$138.13	$183.49	$240.19	$315.79	$457.54
$110,000	$4.13	$4.79	$6.11	$8.09	$10.73	$14.03	$21.29	$32.51	$48.35	$89.93	$144.71	$192.23	$251.63	$330.83	$479.33
$115,000	$4.31	$5.00	$6.38	$8.45	$11.21	$14.66	$22.25	$33.98	$50.54	$94.01	$151.28	$200.96	$263.06	$345.86	$501.11
$120,000	$4.50	$5.22	$6.66	$8.82	$11.70	$15.30	$23.22	$35.46	$52.74	$98.10	$157.86	$209.70	$274.50	$360.90	$522.90
$125,000	$4.69	$5.44	$6.94	$9.19	$12.19	$15.94	$24.19	$36.94	$54.94	$102.19	$164.44	$218.44	$285.94	$375.94	$544.69
$130,000	$4.88	$5.66	$7.22	$9.56	$12.68	$16.58	$25.16	$38.42	$57.14	$106.28	$171.02	$227.18	$297.38	$390.98	$566.48
$135,000	$5.06	$5.87	$7.49	$9.92	$13.16	$17.21	$26.12	$39.89	$59.33	$110.36	$177.59	$235.91	$308.81	$406.01	$588.26
$140,000	$5.25	$6.09	$7.77	$10.29	$13.65	$17.85	$27.09	$41.37	$61.53	$114.45	$184.17	$244.65	$320.25	$421.05	$610.05
$145,000	$5.44	$6.31	$8.05	$10.66	$14.14	$18.49	$28.06	$42.85	$63.73	$118.54	$190.75	$253.39	$331.69	$436.09	$631.84
$150,000	$5.63	$6.53	$8.33	$11.03	$14.63	$19.13	$29.03	$44.33	$65.93	$122.63	$197.33	$262.13	$343.13	$451.13	$653.63

	Child
Life Rate	$0.100
AD&D Rate	$0.000
Total Rate	$0.100
$5,000	$0.25
$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)



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Registration Code: AQ3QGHQ

HealthAdvocate™

The Life Services Toolkit

Resources and Tools to Support You and Your Beneficiary

Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a group Life policy from Standard Insurance Company (The Standard) does more than help protect your family from financial hardship after a loss. We have partnered with Health Advocate℠ to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard.

Services to Help You Now

Visit the Life Services Toolkit website at **standard.com/mytoolkit** and enter user name "assurance" for information and tools to help you make important life decisions.

- **Estate Planning Assistance:** Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and advance directives.
- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- **Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.
- **Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.
- **Funeral Arrangements:** Use the website for guidance on how to begin, to educate yourself on funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

If you are a recipient of an Accelerated Death Benefit,[1] you may access the services for beneficiaries outlined on the next page.

Life Services Toolkit is provided through an arrangement with Health Advocate℠ and is not affiliated with Standard Insurance Company. Health Advocate is solely responsible for providing and administering the included service. This service is only available while insured under Standard Insurance Company's life insurance policy. Standard Insurance Company may change providers or terminate service at any time.

1 An Accelerated Death Benefit or Accelerated Benefit allows a covered individual who becomes terminally ill to receive a portion of the Life insurance proceeds while living, if all other eligibility requirements are met.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

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Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:

- Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories
- Credit card and passport replacement and missing baggage and emergency cash coordination
- Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission
- Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains[3]
- Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond
- Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization
- Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded
- Evacuation arrangements in the event of a natural disaster, political unrest and social instability

800.872.1414
United States, Canada, Puerto Rico, U.S. Virgin Islands and Bermuda

Everywhere else
609.986.1234

Text: 609.334.0807
medservices@assistamerica.com

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Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

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- Worldwide travel alerts
- Mobile ID card
- Embassy locator

Reference Number:
01-AA-STD-5201

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Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | **standard.com**

1 Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy.

2 Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

3 Participants are responsible for arranging transportation from the point of injury or illness to the initial point of medical care or assessment and the cost related to this transportation. Any emergency evacuation services provided by Assist America, Inc. must be arranged by Assist America, Inc.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

SI 14684

Travel Assistance EE (8/24)

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.**

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** 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).**

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.flmedicaidtplrecovery.com/flmedicaidtplrecovery.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 | KIHIPP.PROGRAM@ky.gov
KCHIP: https://kidshealth.ky.gov/Pages/index.aspx | 877.524.4718 Medicaid: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid

www.medicaid.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: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid

http://www.ACCESSNebraska.ne.gov
Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178

NEVADA – Medicaid

http://dhcfp.nv.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 RIte 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 (HIPP) 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

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

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.

OMB Control Number 1210-0137 (expires 1/31/2026)

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:	8/14/2025
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** 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	4. Employer Identification Number (EIN)
St. Tammany Parish School Board	**72-6001305**
5. Employer address 321 North Theard Street	6. Employer phone number 985-898-3278

7. City	8. State	9. ZIP code
Covington	LA	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 a 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** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

Notice of Privacy Practices:
Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or mobile phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **https://www.hhs.gov/hipaa/filing-a-complaint/index.html.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures
How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Help manage the health care treatment you receive
We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services
We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan
We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.**

Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective: February 16, 2026
St. Tammany Parish School Board
Privacy Officer: Renee Mothershead

Contact Information:
Renee.Mothershead@stpsb.org
985-898-3278

This benefit guide prepared by

Gallagher

Insurance | Risk Management | Consulting

DCN24BGSPSB