

Telemedicine

We will continue to access the Blue Cross Blue Shield BlueCare Network for all Telemedicine services.



Blue Care lets you see a doctor anytime, anywhere, so you can get care outside of doctors' office hours or during the day without leaving home, work or school. BlueCare is faster and less expensive than going to the ER or urgent care for minor health needs.

BlueCare costs only \$39 up front and is an easier way to treat non-emergency illnesses like:

- Sinus infections
- Cough or cold
- Rashes
- Allergies
- Bladder infections
- Pink eye
- Mild stomach bugs (throwing up, diarrhea)
- Flu symptoms

You can also use BlueCare to get a prescription or to check in with a doctor if you need a follow-up visit.

**HDHP Participants: The \$39 telemedicine visit payments will apply to plan deductible and out of pocket maximum*

[How Do I Use BlueCare?](#)

1 **Desktop:** Go to BlueCareLA.com

Mobile Device: Download the BlueCare app for Android and Apple devices



2 **Create your account.** After you create your account, you can use the same login information for desktop and mobile

3 **Choose your doctor.** Once logged into the BlueCare site, you will see a list of doctors available and can choose the one you want to see. Each BlueCare doctor has a short biography posted on the site. All doctors are U.S. trained and board certified.



LIVE WELL

Our Vermilion

Invest in Your Health and Reap the Rewards

The Vermilion Parish School Board Live Well Program provides endless opportunities for employees to improve their well-being. Start working toward your health goals with the help of your Sterling Wellness Health Coach and use the Health Park wellness portal to stay on track.

Health Park offers activities and educational opportunities designed to help you reach your health goals.



Health Assessment

Take a 10-minute questionnaire to assess your emotional health and lifestyle habits that will guide you to resources you need most.



Learning

Access a variety of interactive Health eCourses and Health Library resources for self-paced learning on topics that impact your health.



Challenges

Start a personal challenge or join a featured team challenge to build healthy habits. Sync your fitness device or app to easily track physical activity.



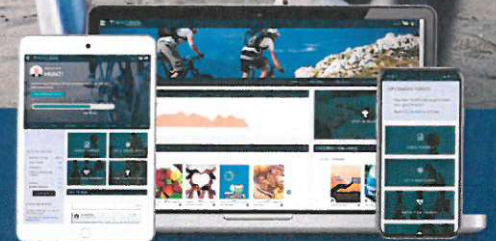
Social Motivation

Connect with buddies to share your success and support one another on your journey to better health through health feed posts and challenge leaderboards.



Connect with a Coach

Are you ready to make lifestyle changes? You don't have to do it alone. The VPSB wellness program offers a personal health coach to help guide you on your journey to becoming a healthier, happier you. Your coach can help you set goals and create a personalized plan to achieve them. We also offer programs specifically aimed at helping you eliminate nicotine and lose weight. Ready to invest in your health? Call today to schedule an appointment!



Get Started at MyHealthPark.com/VPSB

- Click New User to register and create an account and password.
- Your Username is VPSB followed by the last 6 digits of your SSN.
- Update your profile and select an avatar to customize your experience.

Wellness on the Go



Download the Health Park app to access your portal from your smartphone! Search 'HealthPark' in your app store.

Questions? We're here to help!

800.838.0337

Support@Sterling-Wellness.com





Your mental health matters.

New Directions Behavioral Health Program

Almost everyone has a time in life where mental health plays a role. Whether it's your own journey or supporting someone you love, it's important to know where to go for help. That's why your health plan partners with New Directions. We provide behavioral health services that help you get the care you need, no matter what challenges you're facing.

You don't have to navigate mental health alone

With 24/7 access to licensed clinicians at New Directions, we can help you:

- Understand your behavioral health needs and how you can benefit from care
- Locate in-network providers, specialty doctors and treatment facilities
- Connect with people and groups in your community that can support you
- Coordinate with your doctors to help you achieve your health goals

Get support for things like:

Depression | Anxiety | Substance Use | ADHD
Autism | Bipolar Disorder | Schizophrenia

Specialty services

Care Management Program

Work with a licensed behavioral health clinician who can help you identify your needs, create a treatment plan and coordinate with your doctors.


Autism Resource Program


Care managers specially trained in treating Autism Spectrum Disorder can assist you through the process of obtaining a diagnosis and authorizing treatment.


Substance Use Disorder Clinical Response Unit

Licensed clinicians can assess your needs, teach you about evidence-based treatment options and ensure you are connected with the right care.

Reach out for support

 **Visit ndbh.com/resources** to access self-help and screening tools, and find community resources for things like addiction, child abuse, employment, food pantries, military families and parenting.

 **When in doubt, give us a call.** You can reach us 24/7 by dialing the behavioral health number on the back of your health insurance card.

 **Not sure what you're looking for?** That's okay! Our online resource center can help you learn about different types of providers and levels of care to narrow down your search.



Louisiana



Blue Cross and Blue Shield of Louisiana and its subsidiary HMO Louisiana, Inc. are independent licensees of the Blue Cross and Blue Shield Association. New Directions Behavioral Health is an independent company offering behavioral health solutions and services on behalf of Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

ndbh.com

VPSB Vesting Policy

The Board pays a portion of the group health insurance premiums for employees and retirees. To be eligible for retiree coverage, an individual must be enrolled for coverage as an employee at the time of retirement.

For those individuals beginning participation or rejoining prior to May 1, 2005, a retiree's premium and Board's portion of a retiree's premium is the same as that of an active employee. For those employees beginning participation or rejoining on or after May 1, 2005, the Board's portion of a retiree's premium is based on the number of years that individual has participated in the Board's group health insurance program as of the date of that individual's retirement. This is called vesting, and also applies to dependents beginning coverage after May 1, 2005.

The following vesting schedule describes the portion of the Board's share of an active employee's premium that the Board will pay for retirees beginning participation or rejoining on or after May 1, 2005:

Years of Participation	Percentage of Board Subsidy of Active Employees' Premium Paid for Retirees
10 years or fewer	25%
More than 10 years, but fewer than 15	50%
15 years or more, but fewer than 20	75%
20 years or more	100%

Employees hired after May 1, 2005 who were previously employed by another Louisiana public school system(s), and are able to provide proof of health insurance coverage of at least ten (10) years with said employer(s) and are then members of Vermilion Parish School System's group health insurance plan for five (5) or more years, will be given credit for the years in the previous school system's health insurance plan, in addition to the years in Vermilion Parish School System's health insurance plan, when calculating participating years for retiree vesting purposes. Any newly hired employee wishing to take advantage of the provisions of this paragraph will assume the responsibility of furnishing documented verification of coverage from another public school district within ninety (90) days of the date of hire.

Those retirees who were participants in the group health insurance program at the time of retirement and chose not to participate in the program upon or after retirement, will be eligible to rejoin the program after May 1, 2016 if it can be shown that the retiree maintained continuous credible coverage for the entire period since terminating coverage with the Board's plan. The Board however, will not be responsible for contributing to the cost of the group health insurance premium for that retiree. The entire cost of plan participation will be paid by that retiree. Any retiree wishing to take advantage of the provisions of this paragraph will assume the responsibility of furnishing documented verification of continuous credible coverage within thirty (30) days of the loss of that coverage.

Adopted: November 18, 2004 (effective May 1, 2005)

Revised: November 6, 2008 (effective May 1, 2005)

Revised: April 21, 2016 (effective May 1, 2016)

MEDICARE PART D NOTICE

Important Notice from Vermilion 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 Vermilion 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. Vermilion Parish School Board has determined that the prescription drug coverage offered by the [Insert Name of 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 15th to December 7th. 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 Vermilion Parish School Board coverage will [or will not] be affected. [The entity providing the Disclosure Notice should insert an explanation of the prescription drug coverage plan provisions/options under the particular entity's plan that Medicare eligible individuals have available to them when they become eligible for Medicare Part D (e.g., they can keep this coverage if they elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under the entity's plan will end for the individual and all covered dependents, etc.). See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

If you do decide to join a Medicare drug plan and drop your current Vermilion Parish School Board coverage, be aware that you and your dependents will [or will not] Medigap issuers must insert "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 Vermilion 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 Vermilion 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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 1-800-772-1213 (TTY 1-800-325-0778).

Date: October 1, 2020
Name of Entity/Sender: Vermilion Parish School Board

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).

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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). In addition, 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 dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Ja'Net Broussard with the Vermilion Parish School Board Benefit Office at 337-898-5844.

Women's Health and 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 this plan. Therefore, your deductible and coinsurance apply as according to your elected employer sponsored medical insurance plan. If you would like more information on WHCRA benefits, call your plan administrator 337-898-5844.

Newborn's Act Disclosure

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 the 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 **1-877-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 **1-866-444-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, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAUCONT.aspx Phone: 916-440-5676
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidplrecovery.com/flmedicaidplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
INDIANA – Medicaid	MINNESOTA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA – Medicaid and CHIP (Hawki)	MISSOURI – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	MONTANA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KENTUCKY – Medicaid	NEBRASKA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	NEVADA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE – Medicaid	NEW HAMPSHIRE – Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofl/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofl/applications-forms Phone: 1-800-977-6740. TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218

<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p>TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>
<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p>NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>	<p>VERMONT– Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>VIRGINIA – Medicaid and CHIP</p> <p>Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282</p>
<p>OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p>WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p>PENNSYLVANIA – Medicaid</p> <p>Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p>WEST VIRGINIA – Medicaid</p> <p>Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p>RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItte Share Line)</p>	<p>WISCONSIN–Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
<p>SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>WYOMING – Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, 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 1/31/2023)