

CALCASIEU PARISH SCHOOL BOARD
BUILDING FOUNDATIONS FOR THE FUTURE



Employee Benefit Guide

May 1, 2020 – April 30, 2021

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**This guide is
an overview of
your benefit
options
beginning
May 1, 2020
through
April 30, 2021.**

**Prior to selecting
your benefit
elections, please
take the time to
thoroughly review
the options
presented in this
guide.**

**Summary Plan
Documents can
be obtained
from the Health
Insurance
Department &
are available at
cpsb.org**





Welcome notice from Superintendent.

We are pleased to present you with our comprehensive employee benefits package. We realize your compensation is of vital interest to you and your loved ones. We certainly want you and your family to feel secure. The Calcasieu Parish School Board is proud of our benefit offering.

Should you have any specific questions regarding any of our benefits, the Health Insurance Department can assist you further. It is located on the second floor of our Central Office at 3310 Broad Street.

Sincerely,

Karl Bruchhaus
Superintendent





We at Insurance Resource Group (IRG) want to thank you for the opportunity to serve your insurance and employee benefit needs. We take pride in providing quality service to you and your families. Our team has over 200+ years of combined experience and is capable of helping you with just about any service issues you might incur. This includes enrollment questions, claims assistance, and other benefit related concerns.

Please don't hesitate to start with us when you need help! Employee benefits can be complicated and it is our job to make them easier for you. For your convenience, we have included a list of team members who are ready to assist you.

Insurance Resource Group
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ELIGIBILITY AND QUALIFYING LIFE EVENTS

ELIGIBLE EMPLOYEES

- Regular, full-time employees and benefit eligible part-time employees (28+ hours per week) are eligible to elect insurance benefits. Benefits will begin the first day of the month, following 30 days of employment.

ELIGIBLE DEPENDENTS

- Legal spouses.
- Any legal dependent up to age 26
- Any child under legal guardianship of employee up to age 26 except where otherwise noted.
- Stepchildren of employee up to age 26
- Dependent child(ren) ordered to be covered through a Qualified Medical Support Order.
- Any child meeting the criteria above who is over the age of 26 and legally incapacitated.
- Please call the Health Insurance Department or refer to Benefit Book for additional details.

QUALIFYING LIFE EVENTS (SPECIAL ENROLLMENT)

An application for special enrollment must be completed and signed within 30 days of the qualifying life event for coverage to be effective on the date other coverage is lost.

- Loss of other coverage includes:
 - i. COBRA continuation period was exhausted
 - ii. Loss of coverage due to legal separation, divorce, loss of dependent status, death, termination of employment, or reduction in the hours of employment.
 - iii. Termination of employer contributions to the other coverage.
- Special Enrollment of a dependent child due to loss of coverage under the Children's Health Insurance Program or Medicaid. *Requests for this specific loss must be received by BCBS of LA within the 60 day period following the loss of coverage. All other losses should be sent within 30 days of the loss.*
- When a person becomes a dependent of the covered employee through marriage, birth, adoption, or placement for adoption, they are eligible to enroll within 30 days of the event.

OPEN ENROLLMENT & MEDICAL PLAN DESIGN

Open enrollment for our medical, basic/optional and voluntary life, and dental insurance policies is during the month of April each year for a May 1st effective date. During this time, you can change plans, add/drop coverage, add/drop dependents from coverage. You will receive a notification regarding open enrollment and due dates for changes to be processed.

Voluntary Preventative Care Incentive

Completion of Requirements results in 5% reduction off Employee Only Premium

- Full-time CPSB employees enrolled in our health insurance plan
- Retirees enrolled in our CPSB health insurance plan

Earn 8 of the possible 20 points on the Preventive Care Incentive Form by April 30, 2021

2020 – 2021 Premium Savings

Plan	Monthly	Annually
High Option	\$15.23	\$182.76
Low Option	\$7.61	\$91.32
PPACA	\$4.47	\$56.88



MEDICAL PLAN OVERVIEW

MEDICAL PLAN DESIGNS

Medical Insurance Plan Administered by Blue Cross Blue Shield of Louisiana

A unique feature of your health benefit plan is that you can keep it into retirement! There are rules however and a vesting schedule to be aware of in order to have benefits when you retire. Please refer to cpsb.org or call the Health Insurance Department for more information.

HIGH OPTION		
Plan Features	PPO	Non-PPO
Deductible -Individual -Family	\$750 \$2,250	\$1,500 \$4,500
Annual Out-of-Pocket Maximum** -Individual -Family	\$3,000 \$9,000	\$6,000 \$18,000
Doctor Office Visits	\$30 Co-Pay	55% After Deductible
In-Patient/Out-Patient Benefits	85% After Deductible	55% After Deductible
Prescription Drugs (with separate deductible) Express Scripts Network	\$100 deductible then: \$10 Value Drug (Tier 1) \$20 Preferred Drug (Tier 2) \$40 Non Preferred Drug (Tier 3) \$50 Specialty Drug/Injectable (Tier 4)	
Prescription Drug Mail Order (90 day Supply) -Forms available in the Health Insurance Department and at the Blue Cross Office. -90 day supply available only by mail order	\$100 deductible then: \$25 Value Drug (Tier 1) \$50 Preferred Drug (Tier 2) \$100 Non Preferred Drug (Tier 3) \$125 Specialty Drug/Injectable (Tier 4)	

HIGH OPTION – Group Care PPO RATES

Coverage Level	Monthly
Employee Only	\$304.51
Employee + Spouse	\$684.74
Employee + Child(ren)	\$495.23
Family	\$875.50



LOW OPTION

Plan Features	PPO	Non-PPO
Deductible		
-Individual	\$3,000	\$3,000
-Family	\$6,000	\$6,000
Annual Out-of-Pocket Maximum**		
-Individual	\$5,000	\$5,000
-Family	\$10,000	\$10,000
In-Patient/Out-Patient Benefits	100% After Deductible	80% After Deductible
Prescription Drugs	100% Generic 80% Name Brand After Deductible	100% Generic 80% Name Brand After Deductible

LOW OPTION – Blue Saver HSA RATES

Coverage Level	Monthly
Employee Only	\$152.26
Employee + Spouse	\$342.36
Employee + Child(ren)	\$247.63
Family	\$437.74



PPACA OPTION

Plan Features	PPO	Non-PPO
Deductible		
-Individual	\$5,000	\$10,000
-Family**	\$9,000	\$18,000
Annual Out-of-Pocket Maximum**		
-Individual	\$5,000	\$10,000
-Family**	\$9,000	\$18,000
In-Patient/Out-Patient Benefits	100% After Deductible	80% After Deductible
Prescription Drugs	100% Generic 80% Name Brand After Deductible	100% Generic 80% Name Brand After Deductible

PPACA OPTION – Blue Saver HSA RATES

Coverage Level	Monthly
Employee Only	\$94.86
Family	\$398.79



**Aggregate Out of Pocket – The medical and prescription deductible as well as the co-pays apply towards your out of pocket limit.

PREVENTIVE CARE SERVICES

We want to help you protect your health and that starts with disease prevention and early detection. If you use a provider in your Blue Card PPO network, you can receive certain routine preventive services at no extra cost to you. This means that visit is not subject to copays or coinsurance, per applicable plan benefits. **It is covered at 100%.** Please see your Health Insurance Department for more information.

	Example of Services
Exams or tests	Routine Wellness Physical & diagnostic tests such as urinalysis; CBC, Cholesterol and Glucose. Lung Cancer Screening & Tobacco use screening/counseling (adults) Colonoscopy (age 50-75, 1x every 10 years) Women: Routine gynecologist or obstetrician visit
Cancer & other disease screenings	Women: Mammography (3D); BRCA genetic testing; Osteoporosis screening; Routine pap smear Men: Prostate cancer screening & PSA test
Other screenings & services	Blood Pressure Screening; Skin cancer counseling
Immunizations	Any immunization recommended by a physician; can be obtained at pharmacy or physician's office Seasonal flu shots
Additional Children Benefits	Autism screening; Developmental & Behavioral assessments; Hearing screening Well Baby Care
Colorectal Cancer Screening	Currently, coverage for Cologuard DNA Testing and Computer Tomographic (CT) Colonography are not offered. High risk adults aged 50 - 85 years will now have coverage at contract benefits. Cologuard will be covered once every three years and CT colonography will be covered once every five years. Cologuard and CT Colonography are noninvasive colorectal cancer screenings used as an alternative to colonoscopies for individuals showing no signs or symptoms and no previous concerning medical history.

*The services noted above are paid at 100% for network providers when filed with a wellness code.

Please note: This list is not comprehensive and is subject to change. Some services may have risk, age, time limit or gender limitations.

Preventive Care/Safe Harbor Drugs at \$0 Copay

Preventive Care/Safe Harbor Drugs are drugs that can help keep you from developing a health condition or related complications of a health condition. For the **Blue Saver plan**, the generic preventive care/safe harbor drugs are available at **100% coverage with the deductible waived**, when purchased at an in-network pharmacy. A listing of these drugs can be found at <https://www.bcbsla.com/find-a-doctor/rx-drug-resources>.



Where should I go if I am sick or injured?

PRIMARY
Cost: \$

Primary Care Doctor

You should have a primary care doctor whom you see for most of your care when you are sick or get hurt.

URGENT
Cost: \$\$

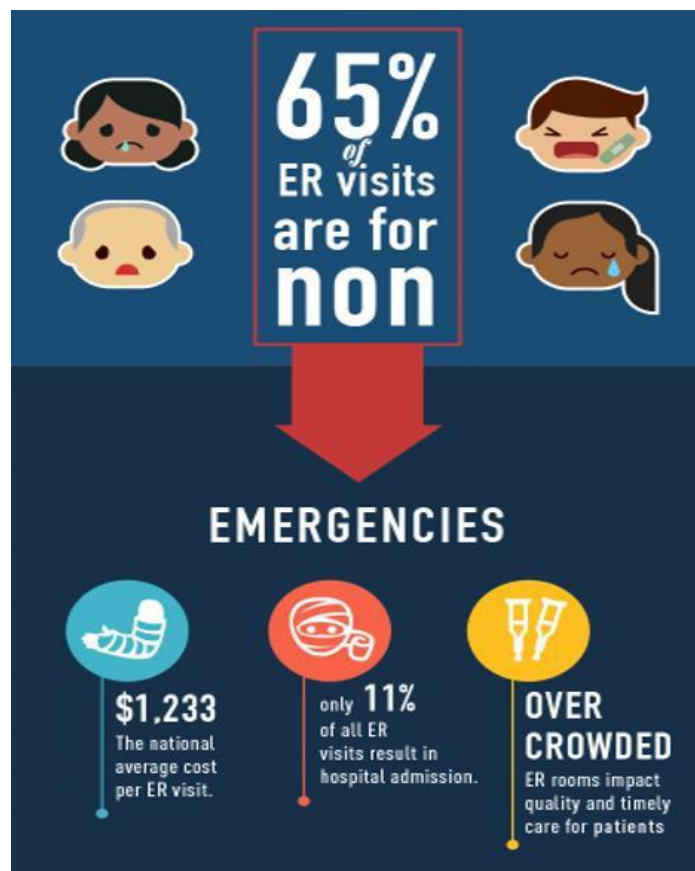
Urgent Care Centers

If you have an illness or injury that you need to have looked at quickly, but it's not an emergency, these centers have doctors who can treat you. Most urgent care centers have night and weekend hours, and the doctors there can often do X-rays, lab work or stitches.

ER
Cost: \$\$\$\$

Emergency Room

If you have a life-threatening or serious illness or injury, call 911 or go to the nearest emergency room.



HEALTH SAVINGS ACCOUNT (H.S.A.)

If you enroll in the BlueSaver high-deductible plan, you may also elect to open a Health Savings Account (HSA). An HSA allows individuals enrolled in a high deductible plan to save money tax-free to pay for eligible medical expenses.

Should you choose to participate in the HSA account, **Calcasieu Parish School Board will deduct the amount you choose per paycheck and deliver to your HSA account provided by First Financial. Please call First Financial for additional information at 866-541-5096.**

Tax Benefits for participating in an HSA include:

- Contributions to HSA's are not subject to federal income taxes
- Earnings to an HSA from interest and investments are tax-free
- Distributions from an HSA to pay for qualified medical expenses are tax-free

2020 HSA Max Contributions:

- Single—\$3,550 Annually
- Family—\$7,100 Annually
- Catch-up (age 55 and Older)—\$1,000 Extra Annually

Use your health savings account to pay for or get reimbursed for a variety of medical goods and services. See the complete list of qualified and unqualified medical expenses in *IRS Publication 502—Medical and Dental Expenses*.

Whose Expenses Can Be Covered

The money in an HSA can be used to pay for qualified medical expenses of any family member who qualifies as a dependent on your tax return, even if the family member is not covered on your health plan. Conversely, you can't use the HSA for someone who doesn't qualify as a tax deduction, even if they are covered on your health plan—for example, you can't use the HSA for a child who wouldn't qualify as a tax deduction, or for a domestic partner who doesn't meet the requirements of IRS Code Sec. 152.

Qualified Medical Expenses

- | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Acupuncture• Alcoholism (rehab, transportation for medically advised attendance at AA)• Ambulance• Annual physical examination• Artificial limbs/teeth• Birth control pills/prescription contraceptives• Bodyscans | <ul style="list-style-type: none">• Breast reconstruction surgery• Chiropractor• Cobra premiums• Contact lenses• Crutches• <u>Dental treatments</u>• Eyeglasses/<u>eye surgery</u>• Hearing aids• Home care | <ul style="list-style-type: none">• Long-term care premiums• Medicines (prescribed, not imported from other countries)• Nursing home• Nursing services• Optometrist• Oxygen• <u>Stop-smoking programs</u>• Surgery | <ul style="list-style-type: none">• Telephone equipment and repair for hearing-impaired• Therapy• Transplants• <u>Weight-loss program</u> (if prescribed by a physician for a specific disease)• Wheelchairs• Wigs (if prescribed) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Non-Qualified Medical Expenses

- | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Babysitting, child care, and nursing services for a normal, healthy baby (may qualify under a dependent-care FSA)• Dancing lessons• Diaper service• Elective cosmetic surgery | <ul style="list-style-type: none">• Electrolysis or hair removal• Funeral expenses• Future medical care• Hair transplants• Health club dues• Insurance premiums other than those explicitly included | <ul style="list-style-type: none">• Medicines and drugs from other countries• Nonprescription drugs, medicines, and supplements (unless prescribed) | <ul style="list-style-type: none">• Nutritional supplements, unless recommended by a medical practitioner as treatment for a specific medical condition diagnosed by a physician• Teeth whitening |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The penalty for using HSA funds for non-qualified medical expenses is 20%. Keep all itemized receipts and copies of prescriptions for over-the-counter medications in case of an IRS audit.

www.healthequity.com/boeing

877.873.9377

Qualified medical expenses for a limited-purpose FSA are restricted to qualified out-of-pocket costs for dental and vision care. Other expenses normally eligible under a standard FSA aren't eligible under a limited-purpose FSA.

HealthEquity does not provide medical or tax advice. Content should not in any case replace professional medical or tax advice. Please consult your tax advisor.

If you have questions regarding a medical condition, please consult a qualified health care professional.

Most states follow the federal income tax treatments, so be sure to check with your tax advisor/preparer.

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Important Note:

Participants in the tax favored health savings accounts are required to meet certain IRS guidelines to participate. The Blue Saver plan offered is a qualified HSA plan. This plan should be the only health plan you are covered by to make contributions on a tax favored basis. If you are participating in another health plan including Champus or Medicare, please call our agent, Insurance Resource Group to discuss further or consult your tax advisor.

DENTAL INSURANCE

DENTAL PLAN DESIGN

Dental Insurance provided by Humana

Calcasieu Parish School Board offers voluntary dental insurance to all full-time eligible employees. Below you will see the benefit features as well as your monthly premium.

Dental Plan	Calendar Year Deductible	Coinsurance (Policy Pays)		
Plan Features	In-Network	Non-Network	In-Network	Non-Network
Unit 1 – Preventive	\$0	\$0	100	100
Unit 2 – Basic	\$50	\$50	80%	80%
Unit 3 – Major	\$50	\$50	50%	50%
Family Deductible	\$150			
Benefit Maximums	\$1,000 per person per calendar year			

	Lifetime Deductible		Coinsurance (Policy Pays)	
Unit 4 – Orthodontia (Child only to age 19) Lifetime Maximum: \$1,000	\$0	\$0	50%	50%

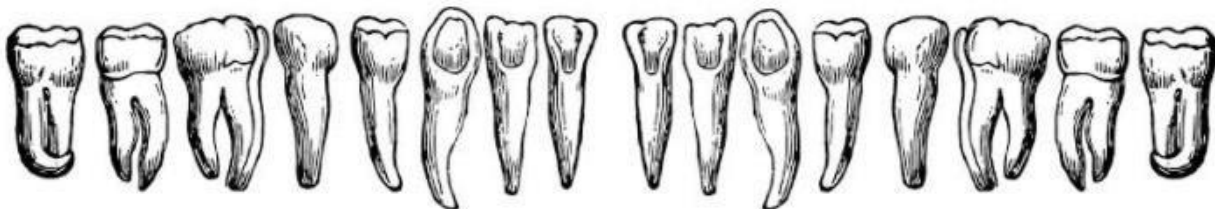
DENTAL PROCEDURES COVERED

Unit 1 – Preventive	Routine exams ▪ Bitewing X-rays ▪ Routine Cleanings ▪ Fluoride treatment ▪ Oral Cancer Screenings ▪ Sealants ▪ Space maintainers
Unit 2 – Basic	Emergency care for pain relief ▪ Amalgam Fillings ▪ Stainless steel crowns ▪ Routine extractions ▪ Harmful habit appliances for children
Unit 3 – Major	Oral Surgery ▪ Crowns ▪ Inlays/onlays ▪ Bridges ▪ Dentures ▪ Denture relines/rebases ▪ Denture repair & adjustments ▪ Implants ▪ Periodontics ▪ Endodontics
Unit 4 – Orthodontic	Orthodontia

*There are policy restrictions and limitations. Please consult your policy booklet for more information regarding these procedures.

DENTAL RATES

Coverage Level	Monthly Premium
Employee Only	\$30.97
Employee & Family	\$78.73



LIFE INSURANCE

VOLUNTARY TERM LIFE

Life Insurance provided by Trustmark

Calcasieu Parish School Board offers Voluntary Term Life insurance for employees and dependents. The following information provides plan options as well as a monthly premium schedule.

Coverage Options	Plan I	Plan II	Plan III	Plan IV	Plan V	Plan VI
Employee	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000
Spouse (50% of employee amount up to \$50,000 maximum)	\$5,000	\$12,500	\$25,000	\$50,000	\$50,000	\$50,000
Children 6 months to 21 years, 24 if full-time student	\$1,000	\$2,500	\$5,000	\$10,000	\$10,000	\$10,000
Children 14 days to 6 months	\$500	\$500	\$500	\$500	\$500	\$500

- Retirees are eligible to continue coverage after retirement. Retiree must be eligible as a Retiree under his/her specific retirement system.
- Retirees are not eligible for total and permanent disability waiver of premium.
- Maximum Benefit available for Retirees is \$50,000 with Spouse limited to 50% of Retiree benefit to a maximum of \$25,000.
- **All coverage terminates at age 70**
- Total and permanent disability of the Employee allows coverage to be extended until 70 or until recovered without premium payment for the employee benefits.
- Continuation of coverage and conversion privilege are available for both Employee and Dependents.
- Dependents who are hospitalized or unable to perform the normal duties of a person of like age on the proposed effective date for increased coverage, will not become effective and existing coverage may not be increased until the Dependent is released from the hospital by the attending physician and actually does his/her normal duties.
- Evidence of Insurability is required on amounts in excess of \$50,000 (during scheduled open enrollment).

VOLUNTARY GUARANTEE ISSUE

OPEN ENROLLMENT PERIOD: All new employees actively at work on the effective date of coverage will be guaranteed issued \$50,000.

The open enrollment for new employees will only apply to the first 30 days of employment.

VOLUNTARY LIFE MONTHLY PREMIUM SCHEDULE

Age	PLAN I		PLAN II		PLAN III		PLAN IV		PLAN V		PLAN VI	
	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family
Under 30	\$0.50	\$ 1.20	\$ 1.25	\$ 3.00	\$ 2.50	\$ 6.00	\$ 5.00	\$ 12.00	\$ 7.50	\$ 14.50	\$ 10.00	\$ 17.00
30 – 39	\$0.70	\$ 1.70	\$ 1.75	\$ 4.25	\$ 3.50	\$ 8.50	\$ 7.00	\$ 17.00	\$ 10.50	\$ 20.50	\$ 14.00	\$ 24.00
40 – 44	\$1.20	\$ 2.40	\$ 3.00	\$ 6.00	\$ 6.00	\$12.00	\$ 12.00	\$ 24.00	\$ 18.00	\$ 30.00	\$ 24.00	\$ 36.00
45 – 49	\$1.70	\$ 3.30	\$ 4.25	\$ 8.25	\$ 8.50	\$16.50	\$ 17.00	\$ 33.00	\$ 25.50	\$ 41.50	\$ 34.00	\$ 50.00
50 – 54	\$2.70	\$ 5.10	\$ 6.75	\$12.75	\$13.50	\$25.50	\$ 27.00	\$ 51.00	\$ 40.50	\$ 64.50	\$ 54.00	\$ 78.00
55 – 59	\$4.40	\$ 7.80	\$11.00	\$19.50	\$22.00	\$39.00	\$ 44.00	\$ 78.00	\$ 66.00	\$100.00	\$ 88.00	\$122.00
60 – 64	\$6.10	\$10.50	\$15.25	\$26.25	\$30.50	\$52.50	\$ 61.00	\$105.00	\$ 91.50	\$135.50	\$122.00	\$166.00
65 – 69	\$8.30	\$14.20	\$20.75	\$35.50	\$41.50	\$71.00	\$ 83.00	\$142.00	\$124.50	\$183.50	\$166.00	\$225.00

- Age changes will occur on September 1, each year for individuals entering new age brackets.

BASIC & OPTIONAL TERM LIFE

Class of Coverage

- Class I** Active employees who are employed as Administrators, Supervisors, Assistant Supervisors, Coordinators, Directors, Psychologists, Principals, Assistant Principals, Nurses, Maintenance Foreman, Data Processing Managers, Administrative Interns, Accountants, Auditors, active School Board Members and Programmers.
- Class III** Active employees who are employed as Maintenance and Warehouse Personnel, Media Specialists and Electronic Technicians
- Class V** Active employees who are employed as Central Office Personnel Staff (other than those in Class I), Unclassified employees, Lunchroom Managers and Assistant Lunchroom Managers
- Class VII** Active employees who are employed as Teachers, Counselors, Librarians, Coaches, Secretaries, Clerks, Resource Specialists, Strategists, Teachers Aides, Tutors, Consultants, Assessment Teachers, Consultant Strategists, Social Workers, Evaluation Personnel and Printers
- Class IX** Active employees who are employed as Bus Drivers and Bus Driver Aides
- Class XI** Active employees who are employed as Cafeteria Workers and Janitors

You have the option to choose additional (optional) life insurance for yourself and your family. Below is a chart listed by class showing the cost of the Basic Life, the cost of the Optional Life as well as the cost for both the Basic and Optional Life.

You have the choice of the following amounts:

A. Basic Amount Only

Or

B. Basic Amount + Optional Amount (for total life coverage amount shown)

Class	Basic Life Coverage Amount	Basic Life Monthly Rate	Optional Life Coverage Amount	Optional Life Monthly Rate	Total Life Coverage Amount	Total Monthly Rates
Class I	\$30,000	\$12.02	\$20,000	\$14.60	\$50,000	\$26.62
Class III	\$20,000	\$7.16	\$15,000	\$7.29	\$35,000	\$14.45
Class V	\$10,000	\$2.28	\$10,000	\$4.88	\$20,000	\$7.16
Class VII	\$10,000	\$2.28	\$15,000	\$7.31	\$25,000	\$9.59
Class IX	\$5,000	\$0.00	\$5,000	\$2.28	\$10,000	\$2.28
Class XI	\$5,000	\$0.00	\$2,000	\$0.82	\$7,000	\$0.82

Dependent Life is paid for by Calcasieu Parish School Board if employee has Basic Life coverage:

- \$1,000 Spouse
- \$100 Children age birth to six months
- \$1,000 Children age six months to age 21 or 24 if a full-time student and unmarried

Age reductions are as follows:

- Reduces by 25% at age 65
- Then an additional 25% at age 70

Benefits continue into retirement, subject to terms of the policy.

To elect this coverage, find your class & amount and check the corresponding boxes on the enrollment form under:
Employee Basic Life, Spouse Basic Life, Child(ren) Basic Life and Optional Employee Life.

Supplemental Accidental Death & Dismemberment

Life Insurance provided by Hartford

All full-time active employees are eligible to enroll in Supplemental Accidental Death & Dismemberment insurance. There is no age limit for the employee but the policy age limit for a spouse is 70.

Principal Sum Amount has a minimum of \$10,000 and a maximum of \$250,000 in \$10,000 increments. For amounts above \$150,000, the principal sum requested cannot exceed the lesser of 10 times your earnings or the maximum above.

Age reductions are as follows:

Your age:	Percentage of Principal Sum:
Ages 70-74	65%
Ages 75-79	45%
Ages 80-84	30%
Ages 85+	15%

These reductions also apply if you become covered the policy or your coverage increases on or after the date you attain age 70.

This benefit is payable to you or your covered dependents, when you sustain an injury that results in any of the following losses within 365 days of the date of the accident:

For Loss of:	Benefit:
Life	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	Principal Sum
One Hand and One Foot	Principal Sum
Speech and Hearing in Both Ears	Principal Sum
Either Hand or Foot and Sight of One Eye	Principal Sum
Movement of Both Upper and Lower Limbs (Quadriplegia)	Principal Sum
Movement of Both Lower Limbs (Paraplegia)	Three-Quarters of Principal Sum
Movement of Three Limbs (Triplegia)	Three-Quarters of Principal Sum
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	One-Half of Principal Sum
Either Hand or Foot	One-Half of Principal Sum
Sight of One Eye	One-Half of Principal Sum
Speech or Hearing in Both Ears	One-Half of Principal Sum
Movement of One Limb (Uniplegia)	One-Quarter of Principal Sum
Thumb and Index Finger of Either Hand	One-Quarter of Principal Sum

Loss means with regard to:

1. Hands and feet, actual severance through or above wrist or ankle joints;
2. Sight, speech and hearing, entire and irrecoverable loss thereof;
3. Thumb and index finger, actual severance through or above the metacarpophalangeal joints; or
4. Movement, complete and irreversible paralysis of such limbs.

Principal Sum for each of your eligible dependents

	Spouse	Each Dependent Child
Spouse only	50%	0%
Spouse & Dependent Child(ren)	40%	10%
Dependent Child(ren) only	0%	15%

Principal Sum for any one Child cannot exceed the lesser of the amount calculated above or \$50,000.

Principal Sum	Monthly Deductions		Principal Sum	Monthly Deductions	
	Employee Only Plan	Family Plan		Employee Only Plan	Family Plan
\$10,000	\$0.34	\$0.50	\$140,000	\$4.76	\$7.00
\$20,000	\$0.68	\$1.00	\$150,000	\$5.10	\$7.50
\$30,000	\$1.02	\$1.50	\$160,000	\$5.44	\$8.00
\$40,000	\$1.36	\$2.00	\$170,000	\$5.78	\$8.50
\$50,000	\$1.70	\$2.50	\$180,000	\$6.12	\$9.00
\$60,000	\$2.04	\$3.00	\$190,000	\$6.46	\$9.50
\$70,000	\$2.38	\$3.50	\$200,000	\$6.80	\$10.00
\$80,000	\$2.72	\$4.00	\$210,000	\$7.14	\$10.50
\$90,000	\$3.06	\$4.50	\$220,000	\$7.48	\$11.00
\$100,000	\$3.40	\$5.00	\$230,000	\$7.82	\$11.50
\$110,000	\$3.74	\$5.50	\$240,000	\$8.16	\$12.00
\$120,000	\$4.08	\$6.00	\$250,000	\$8.50	\$12.50

IMPORTANT NOTICES

Special Enrollment under HIPAA-certain events that happen to employees or their dependents trigger a right to “special enroll” in your employer-sponsored group health plan. Special enrollment generally means that the employee or dependent will have 30 days from the date of the event to request coverage in your group health plan, regardless of your open enrollment period. Special enrollment rights under HIPAA arise out of:

- The loss of other health coverage; or an employer terminating contributions toward health coverage.
- A person becoming a new dependent through marriage, birth, adoption or placement for adoption.

Loss of other health coverage-to have a special enrollment opportunity as a result of losing other health coverage:

- You or your dependent must have had other coverage when you previously declined coverage under the group health plan.
- If the coverage was COBRA continuation, special enrollment can be requested only after the COBRA continuation coverage is exhausted.
- If the other coverage was not COBRA continuation coverage, special enrollment can be requested when you lose eligibility of the other coverage.

Examples of events related to losing health coverage include divorce or legal separation, dependent no longer eligible due to age, death of employee covered by the plan, termination of employment, reduction in hours of employment, plan no longer offers benefits, etc.

30 days to request special enrollment: the plan must provide at least 30 days to request coverage after the loss of other coverage or termination of employer contributions.

SPECIAL ENROLLMENT NOTICE

This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

If you are declining coverage 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).

Example: You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

Marriage, Birth or Adoption

If you have a new dependent as a result of a 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, or placement for adoption.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage.

For More Information or Assistance

To request special enrollment or obtain more information, please contact:

Name	Health Insurance Department
Address	3310 Broad Street
City, State	Lake Charles, LA 70615
Telephone	337-217-4240 x3010 or 3013

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Beginning in 2014, there is a new way to buy health insurance: The Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

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. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. The 2021 open enrollment period for health insurance coverage through the Marketplace runs from November 1, 2020, through December 15, 2020. Individuals must enroll or change plans prior to December 15, 2020 for coverage starting as early as January 1, 2021. After the open enrollment period ends, you can get coverage through the Marketplace for 2021 only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax 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 meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.78 percent of your household income for the year (9.86 percent for 2019), or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored 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.)

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution-as well as your employee contribution to employer-offered coverage-is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How can I get more information?

For more information about your coverage offered by your employer, please check your summary plan description or contact CPSB. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

IMPORTANT NOTICE FROM CPSB ABOUT YOUR PRESCRIPTION DRUG COVERAGE & 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 CPSB 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. CPSB has determined that the prescription drug coverage offered by CPSB Health Group 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 CPSB 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 CPSB coverage, be aware that you and your dependents will 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 CPSB 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 CPSB 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).

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

Name of Entity/Sender:

**Calcasieu Parish School Board
Health Insurance Department**

Contact:

3310 Broad Street

Address:

Lake Charles, LA 70615

Phone Number:

337-217-4240 x3010 or 3013

CMS Form 10182-CC
Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Women's Health and Cancer Rights Act of 1998

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.

If you would like more information on WHCRA benefits, call your plan administrator.

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 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- KIDSNOW** 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 January 31, 2020.

Contact your State for more information on eligibility

ALABAMA – Medicaid	COLORADO – Health First Colorado (Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
ALASKA – Medicaid	FLORIDA – Medicaid
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	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAUCO nt.aspx Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/issa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
IOWA – Medicaid and CHIP (Hawki)	NEBRASKA – 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.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KANSAS – Medicaid	NEVADA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	NEW HAMPSHIRE – 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: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	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
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: www.medicaid.la.gov or www.lahipp.la.gov Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	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
MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/of/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	OREGON – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT- Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 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. 6

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)

WHO TO CONTACT

Blue Cross Blue Shield of LA	 Louisiana	www.bcbsla.com	1-800-599-2583
Express Scripts (Pharmacy Network for BCBS)	 EXPRESS SCRIPTS®	www.express-scripts.com	1-866-781-7533
First Financial HSA Banking & Supplemental Plans	 First Financial Group of America	https://www.ffga.com/	1-866-541-5096
Humana Dental	 Humana.	https://www.humana.com/	1-877-877-1051
Trustmark	 Trustmark benefits beyond benefits	https://www.trustmarkbenefits.com/	337-217-4240 X3009
The Hartford	 THE HARTFORD	https://www.thehartford.com/	1-337-217-4240 X3009

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.

If you have any questions about this summary, contact Human Resources.

Mission & Goals

The mission of Calcasieu Parish School Board is to “Build foundations for the future.” Mr. Bruchhaus believes the mission statement will serve as a constant reminder of the district’s responsibility to the children it serves. “We have one chance to build a foundation of knowledge for each student that enters into our system,” Bruchhaus said. “Pre-k through high school, we are building the very educational groundwork that will shape generations of students into the leaders of Calcasieu Parish and beyond.”

District Goals:

- Effective communication
- Continuous improvement
- Visionary leadership
- Respect for all
- High expectations

Contact Name	Email Address	337-217-4240
Office Manager Stacey Vezinot	Stacey.vezinot@cpsb.org	X 3009
Stacy Howard	Stacy.howard@cpsb.org	X 3012
Denee Klumpp	Denee.klumpp@cpsb.org	X 3010
Cassandra Duhon	Cassandra.duhon@cpsb.org	X 3013