



Louisiana

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01MK6238 R02/23 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

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).

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.



Your mental health matters.

Lucet 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 Lucet. 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 Lucet, 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 [LucetHealth.com/members/resources](https://www.lucethealth.com/members/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 calling the customer service 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

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LucetHealth.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)

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_CAU_cont.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.flmedicaidtplrecovery.com/flmedicaidtplrecovery.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/ofa/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofa/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

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

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)