

2024 - 2025 Employee Benefits Guide

Effective 9/1/2024 to 8/31/2025

CITY OF BAKER
SCHOOL SYSTEM

CADENCE Insurance

A Gallagher Company

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Benefits That Work for You

City of Baker School System knows that it is important to provide quality benefit options for our employees and their dependents. This is your starting point to learn about your benefits - whether you're enrolling for the first time or reconsidering your benefits during the annual open enrollment period.

Enrollment Eligibility

Full-time employees working at least 30 or more hours per week are eligible for benefits on the first of the month following one full month of employment.

Many of the plans offer coverage for eligible dependents, including:

- Your legal spouse
- Your children to age 26, regardless of student, marital, or tax- dependent status (including stepchildren, legally adopted children, children placed with you for adoption, or children for whom you are the legal guardian)
- Your dependent children over age 26 who are physically or mentally unable to care for themselves

When To Enroll

Other than during the designated open enrollment period, you can enroll in benefits or change your elections at the following times:

- 30 days prior to your initial eligibility date (as a newly hired employee)
- Within 30 days of experiencing a qualifying life event

Changing Benefits After Enrollment

You may pay your portion of your select coverages on a pre-tax basis. Thus, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying life event, and election changes must be consistent with that event.

To request a benefits change, notify human resources (HR) within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. You may need to provide proof of the life event.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation
- · Birth or adoption of an eligible child
- · Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- · Change in your child's eligibility for benefits
- Qualified medical child support order (QMCSO)



Benefit Options

We offer comprehensive benefits packages that includes:

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Basic Life and Accidental Death & Dismemberment Insurance
- Disability Insurance



Medical Insurance

Carrier: Blue Cross Blue Shield of Louisiana

THINGS TO CONSIDER

- 1. Do you prefer to pay more for medical insurance out of your paycheck, but less when you need care?
- 2. Do you prefer to pay less out of your paycheck, but more when you need care?
- 3. What planned medical services do you expect to need in the upcoming year?
- 4. Do you or any of your covered family members take prescription medications regularly?

Please refer to the official plan documents for additional information on coverage and exclusions.

	Option 1 Blue Saver HDHP	Option 2 Community Blue	Option 3 Premier Blue POS
Covered Benefits	In-Network	In-Network	In-Network
Annual Deductible: Individual/Family	\$3,300 / \$6,600	\$2,000 / \$4,000	\$1,500 / \$4,500
Annual Out of Pocket Maximum: Individual/Family (Includes coinsurance, copays & deductible)	\$5,500 / \$11,000	\$6,350 / \$12,700	\$5,250 / \$10,500
Coinsurance (After Deductible)	20%	50%	20%
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%
Primary Care Physician	20% after deductible	\$20 copay	\$40 copay
Specialist	20% after deductible	\$55 copay	\$55 copay
Urgent Care	20% after deductible	\$55 copay	\$55 copay
Emergency Room	20% after deductible	\$350 copay	\$350 copay
Inpatient Hospital Facility	20% after deductible	50% after deductible	20% after deductible
Outpatient Facility	20% after deductible	50% after deductible	20% after deductible
Prescription Drugs			
Rx Deductible	Integrated with Medical	No deductible	No deductible
Tier 1	20% after deductible	\$15 copay	\$15 copay
Tier 2	40% after deductible	\$40 copay	\$40 copay
Tier 3	Not applicable	\$70 copay	\$70 copay
Tier 4	Not applicable	10% to \$150 max	10% to 150 max

Above summary indicates member responsibility.



Medical Insurance Rates - Per Pay Period (Semi-Monthly)

Carrier: Blue Cross Blue Shield of Louisiana

Option 1 Blue Saver HDHP				
Employee Only Employee + Spouse Employee + Child(ren) Employee + Family				
\$50.97	\$255.33	\$230.31	\$397.79	

Option 2 Community Blue			
Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$119.75	\$297.33	\$268.71	\$459.49

Option 3 Premier Blue POS			
Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$171.09	\$430.12	\$391.71	\$650.55

Dental Insurance

Carrier: Ameritas

- You will pay less out-of-pocket when you choose an in-network provider.
- Locate an in-network provider at www.ameritas.com.
- Be sure to ask for a pre-treatment estimate.
- Out-of-network providers can balance bill or bill you for the difference between the provider's charge and the allowed amount.
- Please refer to the official plan documents for additional information on coverage and exclusions.



Covered Benefits	In-Network
Calendar Year Deductible	\$50 per person, \$150 (3) per family
Annual Plan Benefit Maximum	\$1,500 per covered member
Preventive Care	100%
Basic Services	80%
Major Services	50%
Orthodontic Services (dependent child(ren) to age 21)	50%
Orthodontic Lifetime Maximum	\$1,000

Dental Deduction Per Pay Period (Semi-Monthly)

Employee Only	Employee + 1 Dependent	Employee + 2 ⁺ Dependents
\$14.35	\$27.39	\$47.73

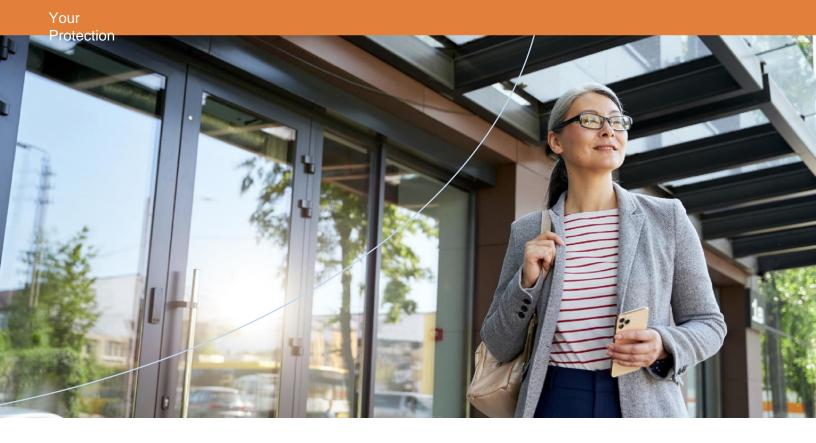


- You will pay less out-of-pocket when you choose an in-network provider.
- Locate an in-network provider at <u>www.ameritas.com</u> and search the VSP Network.
- You must submit a claim for an out-of-network provider.
- Please refer to the official plan documents for additional information on coverage and exclusions.

Covered Benefits	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$20 copay	\$47 allowance
Standard Plastic Lenses (every 12 months) Single / Bifocal / Trifocal / Lenticular	\$20 copay	\$48 / \$69 / \$85 / \$125 allowance
Frames (every 24 months)	\$105 allowance	\$45 allowance
Contact Lenses (every 12 months in lieu of standard plastic lenses)		
Elective	\$105 allowance	\$105 allowance
Medically Necessary	\$20 copay	\$210 allowance
Fit and Follow Up Exam	\$60 allowance	No benefit

Vision Deduction Per Pay Period (Semi-Monthly)

Employee Only	Employee + 1 Dependent	Employee + 2 ⁺ Dependents
\$3.68	\$6.64	\$9.28



Group Life Insurance

Carrier: The Standard

Life and Accidental Death & Dismemberment (AD&D)

City of Baker School System automatically provides all benefitseligible employees with Basic Life and AD&D Insurance of 1.5 times their basic annual earnings (rounded to the next highest \$1,000) to a maximum of \$150,000.

Please refer to the official plan documents for additional information on coverage and exclusions.

Voluntary Life Insurance

Carrier: The Standard

What is Voluntary Life Insurance?

Employees have the option to purchase (100% Employee Paid) Voluntary Life/AD&D Insurance for themselves, for their spouse and/or child(ren) if coverage is elected for yourself.

Please refer to the official plan documents for additional information on coverage and exclusions.

REMINDER

Review your beneficiary designations.



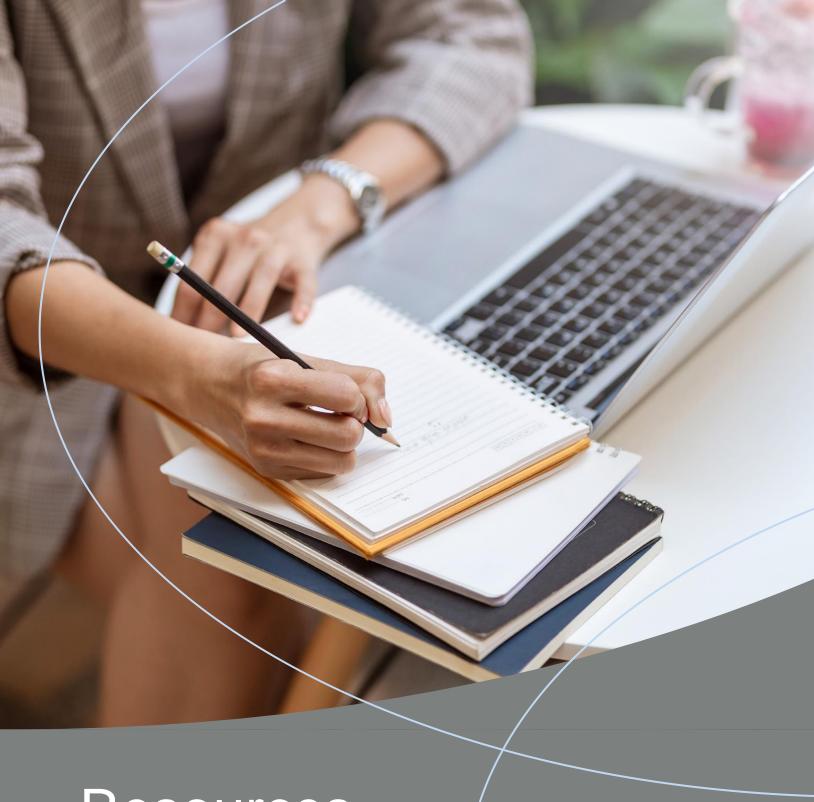
Additional Voluntary Benefits

Carrier: AFLAC, Colonial Life, AllState Benefits, The Standard

Voluntary Worksite Benefits are available to employees through AFLAC, Colonial Life, AllState Benefits and The Standard.

- Short-Term Disability Insurance
- Long-Term Disability Insurance
- Critical Illness Insurance

Please refer to the official plan documents for additional information on coverage and exclusions.



Resources and Contacts

Enrollment Instructions

During the Employee Benefits enrollment process, a representative will cover the extensive benefits package that City of Baker School System offers eligible employees.

Remember:

Benefits enrollment must be completed by the deadline or you may not be able to enroll yourself and/or your eligible dependents until our next open enrollment, or a qualifying event occurs.



Scan the QR code to the right or go to the following link to sign in or to create a new account as an employee:



https://www.employeenavigator.com/bernefits/account/login

NEW USERS: You will click on "Register as a new user" Note: It is recommended that you use an email address for your username.

2 If you created a new account, you will be asked for personal identifying data as well as the following company identifier:

Baker-Schools

Write down the username and password you created for future reference.

You are ready to make your benefit elections! Please select the 'Start Benefits" button. The system will guide you through the process when you select 'Save & Continue' on every screen.

Note: IF you are covering a spouse and /or child, please have their full name, DOB, and SSN available.

5 Click the 'Agree' button to complete your enrollment.

This summary of benefits is not intended to be a complete description of the terms of CITY OF BAKER SCHOOL SYSTEM insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although CITY OF BAKER SCHOOL SYSTEM maintains its benefit plans on an ongoing basis, CITY OF BAKER SCHOOL SYSTEM reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

Important Contacts

Medical Insurance Blue Cross Blue Shield of Louisiana 800-599-2583 www.bcbsla.com	Ameritas 800-487-5553 www.ameritas.com	Vision Insurance Ameritas 800-487-5553 www.ameritas.com
Life and AD&D Insurance The Standard Petra Group Insurance 225-930-0950	AFLAC Representative: Michelle Veal 225-241-6690	AllState Insurance Petra Group Insurance 225-930-0950
Liberty National Global Life Insurance 800-333-0637	Colonial Life Representative Calvin Dees 225-281-6726	Washington National Insurance 800-525-7662

City of Baker School System

Benefits Department 225-778-2485

Glossary

Beneficiary: The person or persons you name to receive benefits in the event of your death. You can change your beneficiary designations at any time.

Primary Beneficiary: The entire death benefit will be paid in equal shares to the primary beneficiary or beneficiaries who survive you.

Contingent Beneficiary: If no primary beneficiary survives you, the entire death benefit will be paid to the contingent beneficiaries. A contingent beneficiary will only receive a benefit if ALL primary beneficiaries predecease the participant.

Coinsurance: The percentage of a covered expense that you must pay after you meet your deductible, but before you reach the annual out-of-pocket maximum. The remaining percentage is paid by the health plan.

Copay: The per-service fee you pay each time you use a telehealth provider through Doctor on Demand or emergency room facility (fee waived if admitted).

Deductible: The amount you must pay each year before the plan begins to pay benefits.

Employee Contribution: The per pay period amount you pay for your insurance coverage.

Explanation of Benefits (EOB) / Personal Health Statement (PHS): A statement sent by your insurance carrier that explains which procedures and services were provided, how much they cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision. These statements are also posted on the carrier's website for your review.

Evidence of Insurability (EOI): Proof of good health that is required to purchase certain types and/or levels of insurance.

Health Care Cost Transparency: Also known as Market Transparency or Medical Transparency. Health care provider costs can vary widely, even within the same geographic area. To make it easier for you to get the most cost-effective health care products and services, online cost transparency tools, which are typically available through health insurance carriers, allow you to search an extensive national database to compare costs for everything from prescription drugs and office visits to MRIs and major surgeries.

High Deductible Health Plan (HDHP): A medical plan that meets requirements set by the IRS for a minimum deductible amount and a maximum out-of-pocket limit for in-network services.

In-Network: In-network providers are doctors, hospitals and other providers that contract with your insurance company to provide health care services at discounted rates.

Out-of-Network: Out-of-network providers are doctors, hospitals and other providers that are not contracted with your insurance company. If you choose an out-of-network doctor, services will not be provided at a discounted rate and your cost sharing (deductibles and coinsurance) will increase.

Out-of-Network Providers: Providers (e.g., doctors, hospitals) that are not part of your plan's network of providers.

Out-of-Pocket Maximum: The limit the medical plan puts on the amount of money you have to pay each year out of your pocket for eligible medical expenses. Once you reach the limit, the plan will pay 100% of your eligible expenses for the rest of the year (in-network only). Amounts you pay for prescription drugs, deductibles and coinsurance apply toward your in-network out-of pocket maximum. You may be subject to balance billing by out-of-network providers even after the out-of-network out-of-pocket maximum is met.

Notes		

About Us

Cadence Insurance, A Gallagher Company, delivers the highest standard in brokerage services nationally and globally to individuals, small companies, and organizations with more than 10,000 employees. We are an industry leader in commercial insurance, surety, employee benefits, and private client brokerage services that invests in technology and human capital to expand service offerings and create a competitive advantage for clients.

Connect With Us

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