

CITY OF SHREVEPORT

2023 Active Employees Benefits at a Glance



Medical Plans BlueCross BlueShield of Louisiana

	Base Plan			High Deductible Plan		
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
	Blue Connect	PPO	Out of Network	Blue Connect	PPO	Out of Network
Deductible (per person)						
Individual	\$500	\$750	\$1,500	\$1,250	\$5,000	\$4,000
Family	\$1,000	\$1,500	\$3,000	\$2,500	\$10,000	\$8,000
Out-of-Pocket Maximum						
Individual	\$4,000		\$8,000	\$6,000		\$12,000
Family	\$8,000		\$16,000	\$12,000		\$24,000
Covered Services						
Preventive Care	No Charge		N/A	No Charge		N/A
Telemedicine (Virtual Care)	Ochsner Anywhere Care	\$0 w/code "BlueConnect"		\$0 w/code "BlueConnect"		N/A
	BlueCare Telemedicine	\$30		\$30		
Primary Care Copay	\$25	\$30	50%	\$20	\$30	50%
Specialist Copay	\$50	\$60	50%	\$60	\$75	50%
Urgent Care Facility	\$50	\$60	50%	\$60	\$75	50%
Outpatient Diagnostic (lab/X-ray)	No Charge		50%*	No Charge		50%*
Complex Imaging	25%*		50%*	25%*		50%*
Emergency Room Copay	\$350	\$450		25%*		
Inpatient Hospital	25%*		50%*	25%*		50%*
Outpatient Surgery	25%*		50%*	25%*		50%*
Prescription Drugs (Generic / Preferred Brand / Non-Preferred Brand / Specialty)						
Retail Pharmacy (30-day supply)	\$10 / \$30* / \$50* / \$100*		N/A	\$10 / \$50 / \$70 / \$100		
Mail Order (90-day supply)	\$25 / \$75* / \$125* / N/A		N/A	\$25 / \$125 / \$175 / \$100		

*For medical benefits, the amount you pay after meeting the annual deductible. For pharmacy benefits, the amount you pay after you reach your \$100 deductible for non-generic drugs.

Dental & Vision Plans BlueCross BlueShield of Louisiana

Dental Coverage	
	In-Network ¹ Advantage Plus
Annual Dental Deductible	\$50
Annual Dental Maximum	\$2,500
Preventive Services	0% ¹
Basic Services	20% after deductible
Major Services	40% after deductible
Orthodontia (Child under 19)	40% after deductible
Orthodontia Lifetime Maximum	\$2,500

¹ If you visit an out-of-network dentist, you may be balance billed.

Vision Coverage		
	In-Network	Out-Of-Network (Reimbursement)
Eye Exam (Once every 12 months)	\$15 copay	Up to \$30
Lenses (Once every 12 months)		
Single	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$35
Trifocal	\$25 copay	Up to \$45
Lenticular	\$25 copay	Up to \$60
Frames (Once every 24 months)	\$180 Allowance	Up to \$30
Contact Lenses (Once every 12 months)		
Necessary	Covered at 100%	Up to \$225
Elective	\$105 allowance	Up to \$105

Flexible Spending Account (FSA) – The HR Group: The City of Shreveport provides you with an opportunity to participate in up to two different Flexible Spending Accounts. Flexible Spending Accounts allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA – you can put aside up to \$2,850 per year
 Dependent Care FSA (DCAP) – you can put aside up to \$5,000 per year

Basic AD&D – The Standard: Provided at no cost and is **100% paid for by the city.** Accidental Death & Dismemberment (AD&D) insurance provides financial protection for your beneficiaries in the event of your accidental death or injury. The benefit amount is 2x your annual earnings up to \$150,000.

City Term Life – The Standard: Available at affordable group rates and provides a lump-sum payment to your beneficiary in the event of your death. The city will cover 60% of employee coverage. If you elect coverage for yourself, you can also add coverage for your spouse and children.

Voluntary Life Insurance Benefit Options	
Employee	4x Annual Earnings up to \$400,000
Spouse	\$5,000
Child	\$2,000

Employee Assistance Program (EAP) – The Standard

The City of Shreveport offers a **free, immediate and confidential** Employee Assistance Program dedicated to supporting the emotional health and well-being of our employees and their immediate families. The EAP offers a flexible approach to counseling services by phone, in person or virtual via The Standard’s mobile app – with up to 3 sessions per issue per year.

WorkLife Services are included with the EAP. Get help with referrals for education, adoption, daily living, care for your pet, child or elderly loved one. Online resources gives you access to self-assessments, calculators, videos, guides, articles and webinars.

Disability – The Standard: Provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Short Term Disability

Benefit Percentage	60% of weekly earnings
Maximum Weekly Benefit	\$1,500
When Benefits Begin	After 14 Days Disabled
Maximum Benefit Duration	90 Days

Long Term Disability

Benefit Percentage	60% of monthly earnings
Maximum Monthly Benefit	\$5,000
When Benefits Begin	After 90 Days Disabled
Maximum Benefit Duration	To SSNRA*
* Social Security Normal Retirement Age	

Personal Accident – The Standard: Available at affordable group rates and pays a benefit to help cover unexpected out of pocket costs (that medical insurance will not cover) related to treating injuries.

Critical Illness – The Standard: Pays a lump-sum benefit to offset the sudden expenses that result from a covered condition. In the event you are diagnosed with a critical illness (ie. heart attack, stroke, cancer, major organ failure, end stage renal failure), this benefit will pay up to 100% of the face amount depending on the diagnosis.

This coverage includes a \$100 Health Maintenance Screening benefit, payable to you once per year after an annual wellness visit with your primary care provider.

Employee	\$10,000, \$20,000 or \$30,000
Spouse	\$10,000, \$20,000 or \$30,000
Child	50% of Employee amount

Hospital Indemnity – The Standard: Provides a direct benefit in the event of hospitalization, regardless of treatment costs or other insurance coverage. It’s a companion for your health insurance. Pairing them up helps give you better protection against big hospital bills. Coverage pays a benefit for most common reasons for hospital admission, including illness, injury, mental wellness, addition recovery or childbirth.

Please note: This summary is intended to provide you with highlights of our benefits program. It is not intended to address all details. Actual benefit coverage is specified in the Summary Plan Descriptions (SPDs). In the event of any differences between this summary and the SPDs, the SPDs will govern