

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 | \$2,000 | \$4,000 |
| Family | \$1,000 | \$1,500 | \$3,000 | \$2,500 | \$4,000 | \$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 | \$0 | | N/A | \$0 | | 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% ¹ | \$20 | \$30 | 50% ¹ |
| Specialist Copay | \$50 | \$60 | 50% ¹ | \$60 | \$75 | 50% ¹ |
| Urgent Care Facility | \$50 | \$60 | 50% ¹ | \$60 | \$75 | 50% ¹ |
| Outpatient Diagnostic (lab/X-ray) | \$0 | | 50% ¹ | \$0 | | 50% ¹ |
| Complex Imaging | 25% ¹ | | 50% ¹ | 25% ¹ | | 50% ¹ |
| Emergency Room Copay | \$300 | \$400 | | 25% ¹ | | |
| Inpatient Hospital | 25% ¹ | | 50% ¹ | 25% ¹ | | 50% ¹ |
| Outpatient Surgery | 25% ¹ | | 50% ¹ | 25% ¹ | | 50% ¹ |
| Prescription Drugs (Generic / Preferred Brand / Non-Preferred Brand / Specialty) | | | | | | |
| Retail Pharmacy (30-day supply) | \$10 / \$30 ² / \$50 ² / \$100 ² | | N/A | \$10 / \$50 / \$70 / \$100 | | N/A |
| Mail Order (90-day supply) | \$25 / \$75 ² / \$125 ² / N/A | | N/A | \$25 / \$125 / \$175 / N/A | | N/A |

¹ For medical benefits, the amount you pay after meeting the annual deductible.

² 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 (Adult & Child) | 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 | Up to \$25 |
| | Bifocal | Up to \$35 |
| | Trifocal | Up to \$45 |
| | Lenticular | Up to \$60 |
| Frames (Once every 24 months) | \$180 Allowance + 20% Discount | Up to \$30 |
| Contact Lenses (Once every 12 months) | Necessary Elective | Covered at 100% \$105 allowance |
| | | |

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.