



City of Shreveport 2024 Retiree Benefits Guide

January 1, 2024 – December 31, 2024



Welcome

Your benefits are an important part of your overall compensation. The City of Shreveport is pleased to offer a comprehensive array of quality benefits to protect your health, your family, and your way of life. This guide is designed to answer some of the basic questions you may have about your benefits. Please read it carefully and if you have any questions contact the Benefit Advocate Center at 844-267-2225 or cosbac@hubinternational.com.

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Getting Started

Eligibility

You are eligible for benefits at time of retirement by completing and signing the “Continuation of Insurance Election Form.” For more information, contact the Pension Office at 318-673-5426 or 318-673-5413. You may also enroll your eligible family members under certain plans you choose for yourself.

Eligible family members include:

- Your legally married spouse
- Children: biological, step-children, adopted, legal custody (cannot be temporary custody) up to the age of 26. Disabled children over the maximum age of 26 may continue coverage if certain criteria is met.

Failing to elect coverage during the initial enrollment period could result in Late Enrollee limitations or Evidence of Insurability (health questions) and carrier approval being required.

When Coverage Begins

Benefits for retirees will be effective the first day of the month following your date of retirement. For example, when an employee retires on March 3rd the effective date of retiree coverage will be April 1st.

You can also enroll or make benefit changes during the annual enrollment period, which is typically held in October for the next plan year with an effective date of January 1st.

Medical Plan Surcharges

The City of Shreveport is dedicated to promoting the value and importance of a healthy lifestyle through both our benefits and wellness programs. Surcharges are implemented according to the City’s Health Care Trust Fund policies. The cost of your medical plan may vary based on the following:

15% Tobacco Surcharge – The 15% premium tobacco surcharge may apply to you if you, your spouse, or your children use tobacco. To qualify for tobacco free medical premiums, you must complete the Tobacco User Certification within the enrollment system, BenSelect.

\$100 Working Spouse Surcharge – The \$100 monthly spousal surcharge may apply to you if your spouse has

access to medical coverage with another employer. If your spouse does not have other medical coverage available, you must complete the Spouse Coverage Certification within the enrollment system, BenSelect.

\$50 Wellness Surcharge - The \$50 monthly wellness surcharge will apply to you if you do not participate in the Wellness Program. Schedule your annual preventive/wellness visit with your primary care provider to avoid the wellness surcharge. Retirees enrolled in Medicare Parts A & B are exempt from this surcharge.

For more information regarding medical surcharges, please reach out to the HR Department.

Qualifying Life Events

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a Qualifying Life Event or a Special Enrollment Event during the year.

A request to make changes in benefit elections due to a Qualifying Life Event must take place within 30 days of the event. The three broad events are:

1. Life events such as marriage, divorce/legal separation, birth or adoption of a child, and various other employment status changes such as going from full-time to part-time.
2. Cost of coverage change
3. Other laws/court orders such as medical child support order

If the employee gains access to a premium assistance subsidy under Medicaid or CHIP, it creates a Special Enrollment Event. A request to make an election change as a result of a Special Enrollment Event must take place within 60 days of the event.

To report a Qualifying Life Event or a Special Enrollment Event, you must contact the Benefit Advocate Center 844-COSBAC5 (844-267-2225) or email cosbac@hubinternational.com within 30 days or 60 days of the event as outlined above.

Documentation of the event such as a marriage license, birth certificate or a divorce decree is required. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Glossary Health Coverage and Medical Terms

This glossary has many commonly used terms but is not a full list. These terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs.

Coinsurance—Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay coinsurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

Copay—A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible—The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Excluded Services—Health care services that your health insurance or plan doesn't pay for or cover.

Hospitalization—Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care—Care in a hospital that usually doesn't require an overnight stay.

Network—The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Out-of-Pocket Maximum—The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your copayments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

Preauthorization—A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Premium—The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

Provider—A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Urgent Care—Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.



Blue Advantage Medicare Plan

Retirees and Dependents enrolled in Medicare Parts A & B

Effective January 1, 2024, the Blue Advantage Medicare plan offered by Blue Cross and Blue Shield of Louisiana will be the only option available to retirees and their dependents who are enrolled in Medicare Parts A & B. This plan has lower costs for the enrollee (\$50 per month), better benefits, and several additional benefits such as Dental, Vision and a Flexible Spending Card with \$100 per quarter allowance for over-the-counter (OTC) health-related products.

Retirees who are enrolled in Medicare Parts A & B will no longer be able to be covered as the Spouse of an Active City of Shreveport employee. Enrollment in the Blue Advantage Medicare coverage will need to be completed under their own Retiree Employee ID.

Following is a high-level overview of the coverage available. Please refer to the Summary of Benefits and Coverage (SBC) and the Summary Plan Description (SPD) for complete coverage details.

Medical Plan		
Network	Blue Advantage (PPO)	Out-of-Network
Deductible		
Individual	\$0	\$0
Out-of-Pocket Maximum		
Medical	\$1,000	
Covered Services		
Preventive Care	\$0	\$0
Telehealth (Virtual Care)	\$0	N/A
Primary Care Copay	\$0	\$0
Specialist Copay	\$0	\$0
Urgent Care Facility	\$0	\$0
Lab & X-Ray	\$0	\$0
Complex Imaging	\$0	\$0
ER Copay	\$50	\$50
Inpatient Hospital	\$0	\$0
Outpatient Surgery	\$0	\$0
Certain medical services (i.e. inpatient hospital, physical therapy, mental health, and lab work, etc.) may require Prior Authorization. Reference your Summary Plan Description (SPD) for additional information.		

Prescription Drug Coverage			
Pharmacy	Standard	Preferred	Mail Order
Deductible			
Individual	\$0		
Out-of-Pocket Maximum			
Prescription Drugs	\$2,500		
30-day supply			
Preferred Generic	\$10	\$0	N/A
Generic	\$18	\$12	N/A
Preferred Brand	\$47	\$45	N/A
Non-Preferred Brand	\$100	\$100	N/A
Specialty	\$100	\$100	N/A
90-day supply			
Preferred Generic	\$30	\$0	\$0
Generic	\$54	\$0	\$0
Preferred Brand	\$141	\$135	\$135
Non-Preferred Brand	\$300	\$300	\$300
Preferred Pharmacies include Walmart, Sam's Club, Walgreens, and others. To determine if your prescription drugs are covered call 866-508-7145 8am – 8pm (CST) Monday thru Friday.			

Visit blueadvantage.bcbsla.com/groups/Maple to review plan documents and learn more about the hospital, medical, prescription, dental, vision and added benefits.

Blue Advantage Medicare Plan, continued

Blue Cross and Blue Shield of Louisiana

With the Blue Advantage Medicare Plan, you get Medicare coverage, plus much more to help you stay healthy.

- Hospital, medical and prescription drug coverage
- Dental, vision and hearing benefits
- A PPO with in- and out-of network benefits at the same cost share; may be used with any healthcare provider who accepts Medicare and agrees to treat you.
- \$0 copay doctor visits for primary care (in office and online) and specialists (no referral needed)

Dental:

Annual Allowance – Up to \$2,000 combined maximum benefit coverage for all preventive and comprehensive dental services when provided by a Blue Advantage dental network provider.

- Diagnostic & Preventive Services – covered at 100%
- Includes two dental cleanings and two exams per year.
- One bitewing x-ray per year or 1 full mouth x-ray every 3 years
- Comprehensive Dental Services – covered at 100%

Vision:

The following services are covered at no cost:

- Annual routine eye exam
- Eye Exams to diagnose and treat eye conditions
- Eyeglasses or contacts after cataract surgery
- Glaucoma screening

Eyewear Allowance – \$300 available each year via Flex Card.

Hearing:

The following services are covered once per year when supplied by a network provider:

- Annual Hearing Exam
- Annual Fitting/Evaluation for Hearing Aid

Hearing Aid Allowance – An \$1,100 prescription hearing aid allowance will be available on your Flex card.

Flex Card:

Your Blue Advantage plan comes with a Flex Card, making it easier than ever to use your benefits. Members receive a Mastercard Flex Card to pay for out-of-pocket health-related costs, including:

- \$1,100 for prescription hearing aids
- \$300 to pay for eyewear (eyeglasses or contacts)
- \$100 per quarter (\$400 per year) for over-the-counter health-related supplies.

BlueCare Telehealth:

- Online doctor visits are available to members through BlueCare Telehealth
- Medical visits have a \$0 copay and behavioral health visits have a \$40 copay
- BlueCare is available 24/7 in all 50 states to attend to non-emergency conditions
- BlueCare is also a good option for people who feel too ill to leave home or want to consult with a health care provider without going somewhere in person

Added Features:

Member Wellness Rewards – receive up to \$50 per year in gift cards from major retailers for completing approved wellness exams and/or screenings.

Fitness Program – No-cost fitness center membership at select premium clubs and many YMCA locations.

24-hour Nurse Help Line – Get help making the right choice in your health care based on your symptoms any time of the day or night.

Mental Health: Inpatient and outpatient mental health services, including individual or group therapy visits.

Medical Plans (Non-Medicare)

Retirees and Dependents not enrolled in Medicare Parts A & B

Following is a high-level overview of the coverage available through Blue Cross and Blue Shield of Louisiana. Please refer to the Summary of Benefits and Coverage (SBC) and the Summary Plan Description (SPD) for complete coverage details.

	Base Plan			High Deductible Plan		
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Network	Blue Connect EPO	Preferred Care PPO	Out-of-Network	Blue Connect EPO	Preferred Care PPO	Out-of-Network
Deductible*						
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
Telemedicine						
BlueCare	\$30		N/A	\$30		N/A
Ochsner Anywhere	\$0 w/code BLUECONNECT			\$0 w/code BLUECONNECT		
Other Covered Services						
Preventive Care	\$0		N/A	\$0		N/A
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
Lab & X-Ray	\$0		50% ¹	\$0		50% ¹
Complex Imaging	25% ¹		50% ¹	25% ¹		50% ¹
ER 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

* No single individual on a family plan will have to pay a deductible higher than the individual deductible amount. Once any combination of family members meets the family deductible, the plan's benefits will begin to pay for all family members.

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

Medical Plans (Non-Medicare), continued

Retirees and Dependents not enrolled in Medicare Parts A & B

Medical coverage for Retirees and their dependents who are not enrolled in Medicare Parts A & B, is provided by Blue Cross and Blue Shield of Louisiana (BCBSLA). You have the choice of two plans – the Base Plan or the High-Deductible Plan.

Both plans provide access to the large PPO network of BCBSLA providers to bring you quality health care when and where you need it.

Use in-network providers to save the most money. In-network providers have agreed to charge a lower fee for their services, which means you keep more money in your pocket.

To find an in-network provider, visit www.bcbsla.com.

- Tier 1 – BlueConnect EPO network
- Tier 2 – Preferred Care PPO network

Telehealth

A telehealth (virtual visit) lets you see a doctor via your smartphone, tablet or computer. Doctors can diagnose and treat a wide range of non-emergency medical conditions and even write a prescription. You will have 24/7 access to quality care with no appointment necessary. The City of Shreveport has two Virtual Care benefits available:

BlueCare Telemedicine	
Telehealth and/or Behavioral Health	\$30 Copay
Visit www.BlueCareLA.com to enroll or download the BlueCare app at the Apple App or Google Play stores.	
Ochsner Connected Anywhere	
Telehealth	\$0 with coupon code BLUECONNECT
Behavioral Health	\$85*
* Each 45-minute session costs \$85. Schedule recurring virtual appointments with the provider of your choice from 6 a.m. to 10 p.m. CST, seven days a week.	
Visit www.Ochsner.org/anywhere to enroll or download the Ochsner Connected Anywhere app from the Apple App or Google Play store.	

Conditions treated with a Virtual Visit	
Telehealth	Behavioral Health
Cold, flu, and cough	Addiction
Sore throats and fever	Anxiety
Rashes and allergies	Panic Attacks
Sinus issues	ADD and ADHD
Pinkeye	Insomnia
Stomachaches	Eating Disorders
Urinary Tract Infection (UTI)	Depression
Nausea and vomiting	Counseling
Diarrhea	Mood disorders

Retiree Eligibility Change for Medical effective October 1, 2023

Effective October 1, 2023, retired participants and their covered dependent spouses, who reach age sixty-five (65) and are eligible for Medicare, must enroll in Medicare Parts A and B. Once enrolled in Medicare Parts A and B, participants will automatically be enrolled in the Medicare Advantage Plan. Failure to enroll in both Medicare A and B when eligible, will result in claims being denied.

Blue Advantage Medicare Plan

Blue Cross and Blue Shield of Louisiana – Online Registration

To get the most from your Blue Advantage Medicare Plan, you will want to activate your Flex Card and then create online accounts where you can easily manage your plan when it's most convenient for you.

1. Activate your Blue Advantage Flex Card

Your Blue Advantage Flex Card will be mailed directly to you shortly after your plan effective date. When you receive your card, call 1-833-952-2772 (TTY 711) to activate it just like you would a credit or debit card. Phone lines are open Monday – Friday, 7 a.m. to 7 p.m.

2. Register your Online Accounts

Once you have created your Blue Advantage online account, you can sign up for your Flex Card account.

To sign up, you will need:

- Blue Advantage Member ID number from your ID card
- Date of birth
- Phone number
- Email address

A. Sign Up for Your Blue Advantage Online Account

By signing up, you get quick and easy access to your account, where you can get an overview of your claims, find a new doctor, print a temporary ID card, and much more!

- 1) Visit www.bcbsla.com/blueadvantage
- 2) Click [Member](#) in the top right corner
- 3) From the Member site, select [Member Login](#)

B. Sign Up for Your Flex Card Online Account

Once you have signed up for your Blue Advantage online account, you will be able to sign up for your Flex Card account, where you can view your card balances, see transactions, order over-the-counter items online, search for participating retail locations, and more!

1. Click [Access Your Flex Card Account](#) from your Blue Advantage online account homepage
2. Complete the registration information

3. Enroll in the Blue Advantage Member Rewards Program

When you sign up for the Member Rewards Program, you can earn up to \$50 in gift card rewards for the first two health actions you complete such as an annual wellness visit, annual flu vaccine, diabetic retinal exam, breast cancer screening or colorectal cancer screening.

You can sign up online at www.bcbsla.healthmine.com/Rewards or by phone at 1-800-220-1504, Monday – Friday 8 a.m. to 8 p.m. You will need your Blue Advantage member ID card, date of birth and email address.



Medical Plans (Non-Medicare)

Blue Cross and Blue Shield of Louisiana – Online Registration

Activate your Blue Cross and Blue Shield online account today:

View your ID card, statements and claims, access forms, look up your plan benefits and cost share, find a provider or Blue365® discounts! Do all of this and more when you activate your secure, password-protected online account in A FEW EASY STEPS.

It's easy to activate your online account:

1. Visit www.bcbsla.com
2. In the upper right corner of the page, click on the blue [Log In or Sign Up](#) button.
3. On the Login Selection page, click on the [Customers](#) button.
4. Under the [Don't have an account?](#) heading, click the [Sign Up Now](#) button.
5. Fill out all required fields (marked by an asterisk).
6. Check the box above the [Submit](#) button.
7. Click the [Submit](#) button.
8. If your account registration attempt is successful, you should receive a message saying so. You'll be sent an email and asked to verify your email address. If you don't receive a verification email, click the [Resend Verification Email](#) button.
9. Once you've verified your email address, you'll be directed to fill out your member information so can view your plan online. Please complete all required fields to view your plan details.

Need help with your member account?

Call the Customer Service number on the back of your ID card 8 a.m.-8 p.m., Monday-Friday

Mobile is the way to go.

Download the Blue Cross and Blue Shield of Louisiana app and use your same username and password to log in to your online account. Download our BCBSLA app on an iPhone or Android and get health care information at your fingertips!

Visit www.bcbsla.com/register for more information on how to activate your online account.



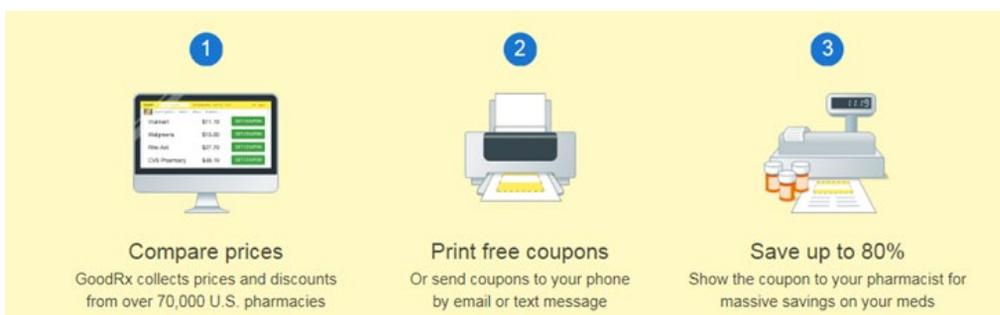
How To Save on Prescription Drugs

Each medical plan provides prescription drug coverage. You can purchase up to a 30-day supply of prescription drugs at a retail pharmacy or up to a 90-day supply through mail-order pharmacy. We encourage you to research your medication at www.bcbsla.com/find-a-doctor/rx-drug-resources. In addition, the following are helpful tips on how you can save money on your prescriptions:

GoodRx

GoodRx is a free mobile app and website that helps you save money on prescriptions by finding the lowest prices at your local pharmacies. Use GoodRx's price comparison tool on your mobile app or visit www.goodrx.com to save up to 80% on many commonly prescribed medications.

How can GoodRx help you save money if you are already insured?



Your insurance plan's co-pay may not be the lowest price. Many insurance plans have high deductibles or limited formularies that don't cover the drugs you need.

You may be surprised to learn that there are many discounts available that will provide lower prices than your co-pay. Some pharmacies have special generic priced medications for \$4 – or even free! – without insurance.

Here are two things to consider when deciding whether to fill your prescription with your insurance or GoodRx:

1. Is this drug covered by your plan? If so, how much will it cost? Insurance companies use "formularies" which list how much they will pay for a specific prescription. For many brand-name drugs, your plan may cover just a percentage of a negotiated price.
2. Have you satisfied your deductibles? Some plans have a high deductible for all of your care before they will pay anything. In these cases, you'll usually still get a discounted rate, but it may not be as low as the prices GoodRx can find.

Choose Generic Medications

Generic medications are FDA-approved with the same high quality, strength and purity as brand-name drugs. However, when it comes to price there can be a big difference. Ask your doctor or pharmacist if a generic medication is right for you.

\$4 Generic Drug Program

When filling generic prescriptions, please keep in mind the \$4 generic drug programs offered by many retail pharmacies including Walmart and Target. You can search online to find local pharmacies that offer the \$4 generic drug program, or you can use GoodRx which includes the \$4 generic drug savings offered by national chain pharmacies.

Where to go for Care?

Not sure where to go or need help?

With many options for getting care, how do you choose? **If you are experiencing life-threatening symptoms, call 911 immediately.** If it's not an emergency, comparing care options could help you save time, money and frustration. The chart below can help you understand where to go. Call the number on your medical ID card to speak with a health professional if you need any assistance determining which care option is best for you.

Where to go (Lowest to Highest Cost)	What it is	Type of Care
<p>Telemedicine (Virtual Care)</p> <p>BlueCare Telemedicine www.BlueCareLA.com</p> <p>Ochsner Anywhere Care www.Ochsner.org/anywhere \$0 with Coupon Code: BLUECONNECT</p>	<p>With virtual care you receive medical attention by talking to a doctor by phone or video, via your smartphone, tablet or computer. Doctors can diagnose and treat a wide range of non-emergency, common medical conditions and even write a prescription if needed.</p>	<ul style="list-style-type: none"> • Allergies • Bladder infections • Bronchitis • Cough / Colds • Pink eye • Rashes • Seasonal flu • Sinus problems • Sore throats
<p>Convenience Care Clinic ie. CVS MinuteClinic</p>	<p>A convenience care clinic may provide “on-the-go” medical care without an appointment when you can’t see your PCP and can offer treatment for many common symptoms.</p>	<ul style="list-style-type: none"> • Common infections (strep throat) • Skin allergies / Allergic reactions • Vaccinations
<p>Primary Care Physician (PCP)</p>	<p>Your PCP is your family doctor and has access to your historical records and can offer personalized care options and referrals.</p>	<ul style="list-style-type: none"> • Checkups • Preventive services • Vaccinations
<p>Urgent Care</p>	<p>Urgent care centers are often open evening and weekends and are available for immediate treatment of non-life-threatening injury / illness.</p>	<ul style="list-style-type: none"> • Sprains or Strains • Small cuts (needing few stitches) • Minor burns • Minor infections • Minor broken bones
<p>Emergency Room (ER)</p>	<p>Emergency rooms are open 24/7 and are most ideal for immediate treatment of life-threatening injury/illness and other critical conditions.</p>	<ul style="list-style-type: none"> • Chest pain • Shortness of breath • Major burns • Severe injury

Dental & Vision Blue Cross and Blue Shield of Louisiana

Dental exams are an important part of your overall health. To find an in-network dental provider near you, visit la.ourdentalcoverage.com/find-a-dentist/#/ for the most savings.

	In-Network¹ Advantage Plus
Annual Individual Deductible	\$50
Annual Maximum ³	\$2,500
Preventive Services	0% ²
Basic Services	20% ²
Major Services	40% ²
Orthodontia (Adult & Child)	40% ²
Orthodontia Lifetime Maximum ³	\$2,500

Late Enrollee Limitations

The benefits for the first 12 months of coverage for late enrollees will be limited to Preventive Dental services.

The Plan will not pay for any treatment that is started or completed during the late enrollee limitation period.

¹ The Dental plan offers out-of-network benefits. If you visit an out-of-network dentist, you may be balance billed. Balance billed is the difference between the amounts the insurance reimburses and the amounts the provider chooses to charge

² The percent you pay after you reach your deductible.

³ Annual maximum and orthodontia lifetime maximum are per participant

Vision exams are an important part of your overall health. To find an in-network vision provider near you, visit: <https://idoc.davisvision.com/members/FindAProvider/Index>.



	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 + 20% Discount	Up to \$30
Contact Lenses (Once every 12 months)		
Necessary	Covered at 100%	Up to \$225
Elective	\$105 allowance + 15% discount	Up to \$75

Term Life Insurance The Standard

Term Life Insurance is available to retirees at the time of retirement. You can elect coverage at affordable rates and if you enroll, you can also add coverage for your spouse and children. Term Life provides a lump-sum benefit payment to your beneficiaries in the event of your death. The city will cover 50% of the cost for employee coverage. Benefit amount is rounded to next higher multiple of \$1,000 if not already a multiple of \$1,000. The benefit amount reduces by 50% at the age of 70.

Term Life Insurance Benefit Options:

Employee	1x Annual Earnings up to \$75,000
Spouse	\$5,000
Child	\$2,000

Life insurance coverage includes Travel Assistance, providing security that travels with you at no additional charge when traveling 100 or more miles from home for up to 180 days, whether for business or pleasure. Get help planning a trip, replacing lost or stolen items, translation services and more.



Contact Information Retirees

Coverage	Carrier	Phone/Website/Email
City of Shreveport Benefits & Pension Departments		318-673-5151 Benefits@shreveportla.gov
Benefit Advocate Center	HUB International	844-267-2225 cosbac@hubinternational.com M-F 7:30am – 6pm (CST)
Blue Advantage Medicare Plan	BCBSLA	866-508-7145 M-F 8am – 8pm (CST) blueadvantage.bcbsla.com/groups/Maple
Medical/Rx (Group Number 78Q30ERC) Dental (Group Number 78Q30ERC) Vision (Group Number 78Q57ERC)	BCBSLA	800-363-9150 www.bcbsla.com
Telemedicine / Virtual Care Blue Care Ochsner Anywhere On Demand Virtual Care Willis-Knighton Telehealth	BCBSLA Ochsner Christus Willis-Knighton	www.BlueCareLA.com www.ochsner.org/anywhere www.christushealth.org www.wkhs.com/telehealth
Patient Engagement Specialists Ochsner Christus	Ochsner Christus	Dedicated assistance for City of Shreveport 318-626-0118 select #3 for COS 318-888-3226
Term Life Insurance (Group Number 760865A)	The Standard	800-628-8600 M-F 7am-7pm (CST) lifebenefits@standard.com www.standard.com
Travel Assistance (included with Term Life)	The Standard Assist America, Inc.	800-872-1414 www.standard.com medservices@assistamerica.com

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The city will post all required notices annually.

