



City of Shreveport 2024 Active Employees 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 if you work 30 or more hours per week and are a full-time employee. 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

New Hires have 31 days to enroll in benefits from the date of hire. Benefits will be effective the first day of the month coinciding with or following 60 days of employment. For example, when an employee is hired on March 3rd the effective date will be June 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.

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 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.

Employee Resources

How to Enroll

Our Benefit Enrollment website is home to all the tools and resources you will need during Annual Enrollment and throughout the year. It is also where you will enroll in your benefits. See below for detailed instructions that will navigate you through the enrollment process with ease.

Step 1

Log on to: <https://standard.benselect.com/COS>. You may use a desktop computer, tablet, or any mobile device to complete your enrollment.

Step 2

At the employee login screen, enter your social security number (username) and your personal identification number (PIN). Your PIN is a combination of the last 4 digits of your social security number and last two (2) digits of your year of birth. For example, if the last 4 digits of your SSN are 3214 and you were born 9/21/68, your PIN would be 321468. If you have trouble logging into the system, contact the Benefit Advocate Center (BAC) at cosbac@hubinternational.com or 844-267-2225 / 844-COSBAC5.

What you will need

In addition to your personal information, if you are adding or updating a dependent or beneficiary you will need their name, address, birth date, and social security number.

Benefit Advocate Center

The Benefit Advocate Center (BAC) is your resource to answer your employee benefit questions and address any issues. When you call or email the BAC, a personal advocate will be ready to help you. Contact the BAC, when you have questions regarding your benefits, replacement ID cards, pharmacy/prescription problems, understanding your claims, or qualifying life events.

City of Shreveport Benefit Advocate Center (BAC)
Phone: 844-267-2225 or 844-COSBAC5
Email: cosbac@hubinternational.com
Hours: Monday – Friday, 7:30 a.m. – 6:00 p.m. CST



Medical Blue Cross and Blue Shield

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 Blue Cross and Blue Shield of Louisiana, continued

Medical coverage 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.

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



Medical Blue Cross and Blue Shield of Louisiana, continued

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:

- Visit www.bcbsla.com.
- In the upper right corner of the page, click on the blue Log In or Sign Up button.
- On the Login Selection page, click on the Customers button.
- Under the Don't have an account? heading, click the Sign Up Now button. Fill out all required fields (marked by an asterisk).
- Check the box above the Submit button.
- Click the Submit button.
- 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.
- Once you've verified your email address, you will be directed to fill out your member information so you 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.



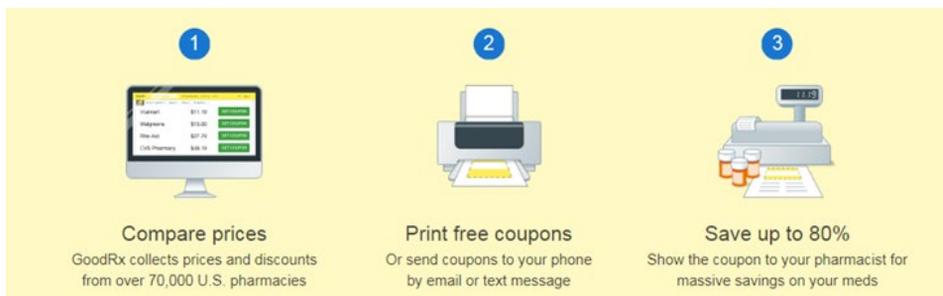
How To Save on Prescription Drugs

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
Telemedicine (Virtual Care) BlueCare Telemedicine www.BlueCareLA.com Ochsner Anywhere Care www.Ochsner.org/anywhere \$0 with Coupon Code: BLUECONNECT	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.	<ul style="list-style-type: none"> • Allergies • Bladder infections • Bronchitis • Cough / Colds • Pink eye • Rashes • Seasonal flu • Sinus problems • Sore throats
Convenience Care Clinic i.e. CVS MinuteClinic	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.	<ul style="list-style-type: none"> • Common infections (strep throat) • Skin allergies / Allergic reactions • Vaccinations
Primary Care Physician (PCP)	Your PCP is your family doctor and has access to your historical records and can offer personalized care options and referrals.	<ul style="list-style-type: none"> • Checkups • Preventive services • Vaccinations
Urgent Care	Urgent care centers are often open evening and weekends and are available for immediate treatment of non-life-threatening injury / illness.	<ul style="list-style-type: none"> • Sprains or strains • Small cuts (needing few stitches) • Minor burns • Minor infections • Minor broken bones
Emergency Room (ER)	Emergency rooms are open 24/7 and are most ideal for immediate treatment of life-threatening injury/illness and other critical conditions.	<ul style="list-style-type: none"> • Chest pain • Shortness of breath • Major burns • Severe injury

Flexible Spending Accounts (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.

Health Care FSA

For 2024, you can put aside up to **\$3,050** to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- * Coinsurance
- * Copayments
- * Deductibles
- * Prescriptions
- * Dental treatment
- * Orthodontia
- * Eye exams / Glasses
- * Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf

Dependent Care FSA

For 2024, you can put aside up to **\$5,000** to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care for dependent children up to the age 13 while you work, such as daycare, preschool, pre-kindergarten, before and after school care, and summer day camp, is a reimbursable qualified dependent care expense.
- Care expenses for a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent.

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf

FSA Debit Card

The City of Shreveport offers an FSA debit card to allow you to pay for eligible expenses without being out-of-pocket and waiting for reimbursement. The debit card is a payment facilitator that can be used at healthcare facilities, doctors, dentists / orthodontists, vision care providers, drug stores, and selected retailers.

Your debit card will be automatically approved when used for FSA eligible items at any Qualified Merchant. When using your debit card, be sure to keep all receipts. Your benefits administrator may request them at any time to verify your purchases.

FSA Rules

Because FSAs offer a tax advantage, they must be administered according to specific IRS rules:

- You must enroll each year at Open Enrollment to participate
- Expenses must be incurred during the calendar year
- You should always keep your receipts
- If you don't use the available funds they will be forfeited
- You will have 75 days from the end of the Plan Year (12/31/24) to submit claims for reimbursement.
- Available funds must be used by 3/15/2025



You will receive a blue summit benefits debit card.

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-Network ¹ 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

LifeTime Benefit Term CHUBB

LifeTime Benefit Term is a great way to protect your most important asset and help provide the peace-of-mind your family deserves. LBT is a permanent life insurance policy that provides money to your family at death and while you're living if you need home health care, assisted living or nursing care.

Life insurance provides your family with money after your death. This money will help your family meet continuing financial needs that would have been provided by your income. It can help pay a mortgage, household bills, school expenses, childcare costs or ensure that your dependents are not burdened with debt. In addition to providing a life insurance death benefit, you have the option to receive an accelerated payment of your life insurance coverage to help cover costs associated with nursing home, assisted living, and even in-home care.

Benefit

<p>Accelerated Death Benefit for Long Term Care</p>	<p>If you are certified by a physician as being both chronically ill and confined to a nursing home, home health care, assisted living, or adult day care services, you will receive 4% of your health benefit each month for up to 25 months.</p>
<p>Accelerated Death Benefit for terminal Illness</p>	<p>Allows an accelerated payment of 50% of the death benefit not to exceed \$100,000 if the insured's death is diagnosed to occur within a 12-month period.</p>
<p>Dependent Children Term Rider</p>	<p>One premium covers all eligible children. Coverage lasts up to age 26.</p>
<p>LBT Information</p>	<ul style="list-style-type: none"> • Guaranteed Issue • Coverage available for your spouse and children • Offers a significant death benefit at an affordable premium • Life base insurance premiums are guaranteed never to increase through age 100 • You select the coverage amount and/or premium that best meets your needs • Valuable life insurance protection through age 120 • No medical exams required. Issuance of coverage depends upon answers to a few health questions • The application process is quick and simple

Voluntary Benefits The Standard

Life is full of challenges, and sometimes balancing it can be difficult. Our benefit plans are here to help you and your family live well – and stay well. The City of Shreveport’s supplemental benefits are designed to complement your health care coverage. Benefits from these plans are paid directly to you.

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness. It’s insurance for your paycheck.

Short Term Disability

Short Term Disability is available at affordable group rates with The Standard.

Benefit Percentage	60% of weekly earnings
Max Weekly Benefit	\$1,500
When Benefits Begin	After 14 Days Disabled
Maxi Benefit Duration	90 Days
Late enrollees are subject to a 60-day waiting period for any sickness or pregnancy during their first 12 months.	

Long Term Disability

Long Term Disability is available at affordable group rates with The Standard.

Benefit Percentage	60% of monthly earnings
Max Monthly Benefit	\$5,000
When Benefits Begin	After 90 Days Disabled
Max Benefit Duration	To SSNRA*
Conditions treated within 3 months prior to the effective date of coverage are excluded from coverage for a period of 12 months. *Social Security Normal Retirement Age	

This is a required automatic benefit when the employee contributes to the City Pension / Retirement plan. (Civil Service Employees are excluded).

Personal Accident insurance is 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. Examples of covered expenses include emergency dental work, ground ambulance, bone fractures, burns, eye injury and much more.

Critical Illness insurance coverage 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 insurance 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, addiction recovery, or childbirth.

You have the option between two Hospital Indemnity plans, High or Low.

Additional Benefits The Standard

The city contributes towards Life and Accidental Death & Dismemberment (AD&D) coverage so you can have peace of mind knowing you and your family are protected from financial hardship. The City of Shreveport’s EAP complements your overall benefits package and creates a variety of additional support and resources your family may need.

Basic AD&D is 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.

Term Life insurance is available at affordable group rates and provides a lump-sum benefit payment to your beneficiaries in the event of your death. The city will cover 60% of the cost for employee coverage. The employee benefit amount reduces by 50% at the age of 70. If you elect coverage for yourself, you can also add coverage for your spouse and children.

Life Insurance Benefit Options	
Employee	4x Annual Earnings up to \$400,000
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.

Employee Assistance Program (EAP)

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.

The EAP’s primary focus is to provide confidential consulting for life stresses relating to work, relationships, aging parents and finances. Emotional well-being is just as important. The EAP program can offer support with depression, grief and loss. Get access to legal and financial help, online will preparation, identity theft consultation and more.

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



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.



Contact Information Active

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) www.bcbsla.com/blueadvantage
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 patient assistance for COS 318-626-0118 select #3 318-888-3226
Healthcare Flexible Spending Account Dependent Care Flexible Spending Account	The HR Group	318-688-4939 Sharon@hrdeptinc.com
Short Term Disability (Group Number 760865C) Long Term Disability (Group Number 760865D)	The Standard	800-378-2395 M-F 7am-7pm (CST) www.standard.com
AD&D (Group Number 760865B) Term Life Insurance (Group Number 760865A)	The Standard	800-628-8600 M-F 7am-7pm (CST) lifebenefits@standard.com www.standard.com
Personal Accident (Group Number 760865E) Critical Illness (Group Number 760865F) Hospital Indemnity (Group Number 760865G)	The Standard	866-851-5505 M-F 7am-7pm (CST) www.standard.com
Lifetime Benefit Term	CHUBB	800-225-4000 or 800-544-9382 www.combinedinsurance.com
Employee Assistance Program	The Standard HealthAdvocate	888-293-6948 healthadvocate.com/standard3
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.

