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LPPS INSURANCE

FREQUENTLY

ASKED

QUESTIONS

UPDATED 03.21.24

**BIRTH**

Congratulations on your new baby! You can complete the attached form and return it to me via email or fax along with a copy of your baby’s proof of birth letter that you receive upon discharge from the hospital. I will need this within 25 days of their birth. OGB (Office of Group Benefits) requires the parish to keep a copy of the birth certificate on file so please send me a copy of that when you receive it. I will also need your baby’s Social Security # once you receive it.

**NEW HIRE**

**Which plan is the best?**

Unfortunately, we are unable to recommend health plans. We can, however, provide you with all the information given to us from OGB regarding plans.

Here are a couple of links to help you decide which health plan is best for you. IT IS HIGHLY RECOMMENDED TO WATCH THE VIDEOS EXPLAINING THE PLANS.

[**https://info.groupbenefits.org/health-plans**](https://info.groupbenefits.org/health-plans)

[**https://www.bcbsla.com/ogb/plan-videos**](https://www.bcbsla.com/ogb/plan-videos)

Here are the **2024** insurance rates for each plan:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Magnolia Open** | **Magnolia Local** | **Magnolia Local Plus** | **Pelican HSA775** | **Pelican HRA1000** |  |
| **Employee Only** | $ 204.20 | $ 166.48 | $ 196.44 | $ 70.96 | $ 145.46 |  |
| **Employee + Spouse** | $ 663.40 | $ 540.90 | $ 638.02 | $ 230.64 | $ 472.46 |  |
| **Employee + Child** | $ 293.96 | $ 239.62 | $ 282.72 | $ 102.28 | $ 209.46 |  |
| **Employee + Children** | $ 293.96 | $ 239.62 | $ 282.72 | $ 102.28 | $ 209.46 |  |
| **Family** | $ 710.80 | $ 579.58 | $ 683.62 | $ 247.06 | $ 506.16 |  |

***If you choose the Pelican HSA775 plan, know there are additional forms you will need to complete to enroll in that plan.***

The GB01 enrollment form attached to this email is for you to complete once you decide on a health plan. Complete the enrollment form and return it to me within 25 days from your hire date. If you are adding a spouse, we will need a copy of your marriage license. If you are adding children, we will need a copy of their birth certificates.

The effective date of coverage for new hires whose employment begins on the first of the month will be the first day of the following month. If employment begins on the second day of the month or later, coverage is effective the first day of the next month after 30 days of employment. An employee who transfers employment should complete a transfer form within 30 days.

*Example:*

**New Hires:** If employment begins: **September 1** | Coverage begins: **October 1**
**Transfers:** If employment begins: **September 1** | Coverage begins: **September 1**
**New Hires:** If employment begins: **September 2** | Coverage begins: **November 1**
**Transfers:** If employment begins: **September 2** | Coverage begins: **October 1**

**When will your plan go into effect as a NEW HIRE?** Here are a few more examples:

* Allison was hired on 01.04.2023 and has submitted her paperwork in a timely manner. Her health insurance will go into effect 03.01.2023. Her first premium will be deducted out of her February check because we prepay for our health insurance
* Anthony was hired on 08.08.2023 and submitted his paperwork promptly. His health insurance will go into effect on 10.01.23. His first premium will be deducted out of his September paycheck because we prepay for our health insurance.

On the enrollment form attached you will see an option to purchase a life insurance policy through OGB. This policy is separate from the one listed below.

It is a term life policy through **Prudential Life Insurance**. There are 2 options:

* Basic life: a $5000 plan for $2.70 per month
* Basic plus supplemental: based on your salary.

You have 30 days from your original hire date to enroll or you will be subject to an evidence of insurability clause.

To obtain evidence of insurability, you and your doctor will complete enrollment and medical forms. Once completed, you will return them to this office. They will be forwarded to Prudential. You will then receive a decision letter. If approved, OGB will begin your life policy with the approval letter. Let me know if you have any further questions.

Here is a chart to help you make your informed decision:

BASIC LIFE

|  |  |
| --- | --- |
| OPTION 1 | OPTION 2  |
| Employee | $5,000 | Employee | $5,000 |
| Spouse | $1,000 | Spouse | $2,000 |
| Each child | $500 | Each child | $1,000 |
| Dependent life | Employee pays $0.98/month | Dependent life | Employee pays $1.96/month |

BASIC PLUS SUPPLEMENTAL PLAN

|  |  |
| --- | --- |
| OPTION 1 | OPTION 2 |
| Employee | Schedule to a max of $50,000\* | Employee | Schedule to a max of $50,000\* |
| \*Amount based on employee’s annual salary | \*Amount based on employee’s annual salary |
| Spouse | $2,000 | Spouse | $4,000 |
| Each child | $1,000 | Each child | $2,000 |
| Dependent life | Employee pays $1.96/month | Dependent life | Employee pays $3.92/month |

**Once you make your decision, complete sections 1, 2 (if applicable), 3, 4, 5, and 7 of the enrollment form. Sign and date it and return it to** **erin.woodrich@lpsb.org** **or** **lpps\_insurance@lpsb.org****.**

**We will also need the following:**

**To add a spouse: a copy of your marriage license**

**To add children: a copy of all children’s birth certificates**

**To add stepchildren: a copy of both your marriage license and their birth certificates**.

**QUALIFYING EVENTS**

What is a qualifying event? This includes marriages, births, loss or gain of health coverage, death, etc.

**If I have experienced a qualifying event, how can I make changes to my health insurance?**

You have 30 days from a qualifying event to add or delete dependents. You would need to provide proof of the qualifying event. (Marriage license, birth certificate, letter from employer stating when coverage was gained or terminated, death certificate, etc.) If you have experienced any of these, please complete the attached form and return to me along with your proof of qualifying event. You have 25 days to complete the form and return it to this office along with your supporting documents!

**If I have NOT experienced a qualifying event, when can I make changes to my health insurance?**

We have open enrollment for health insurance in October. You can change carriers during this time only.

**How do I add/drop my spouse/children?**

Again, if your spouse and/or children have lost coverage, plan members must complete an **enrollment/change form** and return it to this office along with a loss of coverage letter referencing all persons losing coverage and the loss of coverage date within 25 days from that date. Once completed, please return it to Erin Woodrich via email (lpps\_insurance@lpsb.org or erin.woodrich@lpsb.org) or fax (225.686.4363) along with any supporting documents such as birth certificates, marriage license, birth letter for newborns.

**BACKPAY**

Changes in your existing policy may require you owing some backpay because we prepay our health insurance. For example:

Julie’s husband loses coverage through his employer effective 06.01.23. This is a qualifying life event, so she has the option to add him to her policy even though it is not annual enrollment time. Since we prepay our health insurances, Julie has already had her health insurance deducted for June coverage through her May paycheck. When she adds him to her policy, she will owe the amount for his coverage. We will make a separate deduction on her June paycheck to cover his June coverage. OR, if Julie chooses, she can send a check to LPPS (Livingston Parish Public School) to pay for this coverage so no extra deduction will be taken out of her June paycheck. If she chooses to send a check, she must notify the insurance clerk at LPPS.

However, should you need drop dependents or your spouse, you could be due a refund. This will always be applied to your next paycheck.

**Other Benefits and Insurances**

**Supplemental voluntary benefits:**

In addition to medical insurance, as a new hire you are offered benefits with limited to no health questions. These benefits are managed through First Financial Group of America.

**Benefits Available at Enrollment**:

* **Texas Life** – Life Insurance (no blood test or medical exam)
* **Humana** – Short Term Disability Insurance (Pays Benefits for Maternity Leave)
* **American Fidelity** – Long Term Disability Insurance
* **Guardian** – Cancer and Specified Disease Insurance
* **Allstate** -Critical Illness
* **Combined** – Life/Long Term Care
* **Humana** – Accident
* **Delta –** Dental
* **Ameritas –** Vision
* **American United Life** – Supplemental Retirement Plans 457 DC / 403b

The link below has explanations and rates of all benefits offered.

[**http://benefits.ffga.com/livingstonparishschoolboard**](http://benefits.ffga.com/livingstonparishschoolboard)

\* If you are interested in enrolling in any of these Supplemental Voluntary benefits with the new hire guaranteed issue/express underwriting, call our First Financial Representative, Stephen Martin. His information is below:

Stephen Martin

225.288.5695

Stephen.martin@ffga.com

**VISION INSURANCE**

They typically do not mail Vision cards. Your vision is through Ameritas (VSP). When you call your eye doctor’s office, just make sure they accept VSP, and they will verify your benefits online. There is not a member number or anything. Their contact number is 800.877.7195 or visit [www.ameritas.com](http://www.ameritas.com).

DOWNLOAD their app from your cellular phone’s app store!

**RETIREES**

Congratulations on your retirement! When you meet with the LPPS Retirement Liaison to sign the retirement application, you will meet with Insurance as well to discuss her insurances and benefits. If you have bypassed the retirement liaison and applied directly with the retirement system, contact the Insurance department to set up a meeting to discuss your insurances and benefits.

**VESTING**

 There are 2 ways to be fully vested….

1. If you have had *CONTINUOUS* coverage since 12/2001, then you are vested. That is a grandfathered date used by OGB.

1. If you have NOT had coverage since 12/2001, you would have to have 240 *COLLECTIVE* (not continuous) months to continue your health insurance at the same rate you pay as an active employee which is 75% of the monthly premium. (240 months equals 20 years)

If you do NOT have 240 collective months (20 years) then your vestment would be calculated using the schedule below.

|  |  |
| --- | --- |
| Months enrolled in OGB insurance | Percentage that the state pays |
| 240 months (20 years) | 75% |
| 180-239 months (15 – less than 20 years) | 56% |
| 120-179 months (10 – less than 15 years) | 38% |
| 0-119 months (0-less than 10 years) | 19% |

What does this mean? See these examples below:

Angie has 245 months with the OGB insurance. Using the vesting schedule, it is found that she is at full vestment where the state will pay 75% of her premium. As an active employee retiring at full vestment, she will keep the same rate as she is now paying for insurance.

Barry has 232 months with the OGB insurance. Using the vesting schedule, it is found that he is at 56% vestment rate. As an active employee who pays the employee-only rate of $217.90/month, upon retirement his premium will increase to $715.90/month because he is not at full-vestment.

Camille has 175 months with the OGB insurance. Using the vesting schedule, it is found that she is at the 39% vestment rate. As an active employee who pays the employee-only rate of $217.90/month, upon retirement her premium will increase to $1,008.78/month because she is not at full-vestment.

Daniel has 115 months with the OGB insurance. Using the vesting schedule, it is found that he is at the 19% vestment rate. As an active employee who pays the employee-only rate of $217.90/month, upon retirement his premium will increase to $1,317.92/month because he is not at full-vestment.

**Spouse Vesting**

Spouses can be carried on the insurance upon the employee’s retirement without them having any prior months with the OGB insurance. They can remain on your plan until you die. At that point, they can purchase the same plan they were under using their own months as a surviving spouse. They will then be subject to the same vesting schedule that employees are, but their calculations will be based on the months they were enrolled prior to the employee’s retirement.

**Disability Claim Forms**

Once you and your doctor have completed your portions, you will turn the COMPLETE claim form back to me. I will then complete the EMPLOYER page & forward it on to the insurance company for you. The claim form can be faxed or emailed back to me.

Please follow these instructions when filling out the form:

1.    Complete only the Employee portions (pages 1-6)

2.    Leave page 7 blank

3.    Have your physician complete pages 8-11. Ask them to NOT send their portion in to the insurance company because this separates the claim and causes processing delays.

4.    Email or fax (225.686.4363) the ENTIRE claim form to erin.woodrich@lpsb.org, and I will complete page 7 and send all of it in for you.

**US Bencor/MidAmerica Instructions**

**For information concerning your 3121 FICA Alternative account, you can visit www.mymidamerica.com to access your account online. There you can select New User, if you are a first-time user, or you can log in, if you have already registered as a new user.**

**You can also send them an email at accountservices@myMidAmerica.com.**

**Annual Enrollment**

**Adding Dependents or Spouse during Annual Enrollment**

If you want to add your spouse or dependents, complete sections 1, 3, and 4 and sign under section 7 of the enrollment change form. You can request this enrollment/change form from the Insurance department or access it from our website, [LPPS Insurance](https://www.lpsb.org/our_district/departments/human_resources/Employee%20Insurance%20and%20Benefits). Send it to erin.woodrich@lpsb.org or lpps\_insurance@lpsb.org.

We will also need the following:

To add a spouse: a copy of your marriage license

To add children: a copy of all children’s birth certificates

To add stepchildren: a copy of both your marriage license and their birth certificates.

They can also be faxed to 225.686.4363 by November 14. Any person’s coverage added during annual enrollment will not go into effect until January 1.

 **Deleting Dependents or Spouse during Annual Enrollment**

If you want to delete your spouse or children from your policy, please complete the attached form and email it to lpps\_insurance@lpsb.org or erin.woodrich@lpsb.org. You can also fax it to 225.686.4363 by November 14. You will need to put their names in section 3 & check the “delete” box. Anyone’s coverage deleted from your policy during annual enrollment will end on December 31 at midnight.

**Cancelling Health Coverage during annual Enrollment**

If you want to cancel your health coverage during annual enrollment, please complete the attached form and email it to lpps\_insurance@lpsb.org or erin.woodrich@lpsb.org. You can also fax it to 225.686.4363. You will also need to complete the attached insurance waiver that we keep on record for Affordable Care Act purposes. Your cancelled coverage will go into effect on December 31.

**Letters**

Did you receive a letter regarding changes to your insurance? No worries, those letters are automatically generated and sent when dependents are added, changes are made, or when you first enroll. Please disregard them. I have already received those documents from you and have forwarded them to OGB along with your application.

 **Medical Insurance Cards**

Have you not received your insurance cards, or have you lost them? You can call BCBSLA at 1.800.392.4089 to order them.

**Prescription Cards**

There are two options to get your prescription card:

* Visit [www.caremark.com](http://www.caremark.com) to download and print a prescription card.
	+ Click Register
	+ Click Plan and Benefits tab (third tab to right)
	+ Click Print Member ID card
* Download the mobile app from your app store
	+ Open the app
	+ Select Open an account
	+ Enter the ID number from insurance card, first and last name, DOB
	+ Click Continue
	+ View ID card

If a doctor or pharmacy refuses to accept a printed copy of the ID card, they can contact the

following Customer Service departments to verify coverage:

* Blue Cross Blue Shield: 800-392-4089
* Caremark: 877-300-1906
* SilverScript: 888-996-0104
* OGB: 800-272-8451

**First Financial Annual Enrollment**

You will have the opportunity to add or change dental, visions, life, flex, etc. when the representatives from First Financial come around to the schools in November and December. EVERY EMPLOYEE IS REQUIRED TO MEET THE FIRST FINANCIAL REPRESENTATIVE DUREING THIS ENROLLMENT PERIOD.