

TO YOUR HEALTH!

A NEWSLETTER FROM THE ST MARTIN PARISH SCHOOL BOARD HEALTH PLAN

Inside this issue:

Medicare Part D	2-3
Medicaid & CHIP	4
Other Insurances	5
Premiums since January	5

Annual open enrollment begins

Please note that annual open enrollment for active employees begins **April 28, 2010 through May 31, 2010**. Anyone needing to **enroll in group health, drop group health, or make changes to their existing group health coverage** should call to make an appointment with Janell LeBlanc at 332-2105 x3021. Changes made during open enrollment will be effective July 1st with the deduction withheld from your June payroll check. If you do not need to make any changes to your group health you **DO NOT** need to see Ms LeBlanc.

However, **ALL EMPLOYEES MUST** see Taylor & Sons during the open enrollment period. By law SMPSB must annually show proof that employees have been educated about the availability of 403b tax deferred savings plans. Taylor & Sons assists us in meeting that legal requirement. In addition Taylor & sons assists SMPSB in enrolling employees in other optional benefits. AFLAC will also be visiting the schools. Please check with your administrator for dates that Taylor & Sons and AFLAC will be at your site.

*In September 2009 you should have received notification about a change of carrier to CIGNA for the Life Insurance and Accidental Death and Dismemberment coverage that accompanies your enrollment in the SMSPB Group Health Plan. You should have received a Group Life Insurance Certificate and a Group Accident Insurance Certificate prepared by CIGNA. Please note that the "Class Definition" and "Covered Person" on the Life Insurance and Accidental Death and Dismemberment policies should include **all active and retirees with SMPSB Group Health coverage**. Employees without SMPSB Group Health Insurance may purchase optional life insurance with Taylor and Sons. Surviving spouses and people on COBRA do not have the Life Insurance and Accidental Death and Dismemberment policies with the SMPSB Group Health Plan.*

CONTACT NUMBERS YOU SHOULD KNOW:

BENEFIT MANAGEMENT SERVICES:	1-800-603-2299
SCRIPT CARE:	1-800-880-9988
SCL Specialty Pharmacy	1-866-443-1991
MANAGED CARE CONCEPTS	1-866-750-2723
EMPLOYER SUPPORT SERVICES	1-800-535-7206
TAYLOR & SONS	1-877-365-2341

Special points of interest:

- **RETIREES...**If you or your covered dependents (including spouse) qualify for Medicare, please provide a copy of your card to the Health Insurance bookkeeper. This is the only way we will be notified of the change and lower your premium.
- To insure coverage, newborns must be added to your plan within 31 days of birth.
- Proof of full-time student status is required each semester after a dependent's 19th birthday.



Important Notice from St Martin Parish School Board About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with St Martin Parish School Board and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

St Martin Parish School Board has determined that the prescription drug coverage offered by St Martin Parish School Board Group Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. If you join later and do not have previous creditable coverage you may pay a higher premium (a penalty). You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan. *In addition, if you lose or decide to leave the St Martin Parish School Board plan; you will be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period.* You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

CURRENT RX BENEFITS

COPAYMENTS

	<u>Retail</u>	<u>Mail Order</u>		
		1-30 DS	31-60 DS	61-90 DS
Formulary:	\$30.00	\$30.00	\$60.00	\$75.00
Non-formulary:	\$45.00	\$45.00	\$90.00	\$112.50
Generic:	\$10.00	\$10.00	\$20.00	\$25.00

Deductible: \$100.00 per member / per calendar year
\$300.00 per family / per calendar year
N/A to generics

If you decide to join a Medicare drug plan, your St Martin Parish School Board coverage will NOT be affected. However, if you do decide to *join a Medicare drug plan and drop your St Martin Parish School Board health & prescription drug coverage*, be aware that you and your dependents **will not be able to get this retiree coverage back with SMPSB.**

Important Notice from St Martin Parish School Board About Your Prescription Drug Coverage and Medicare (cont)



You should also know that if you drop or lose your coverage with St Martin Parish School Board and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition if you go 63 continuous days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, you may have to wait until the following November to join a Medicare drug plan.

For more information about this notice or your current prescription drug coverage...

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through St Martin Parish School Board changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help,

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date: March 31, 2010
Name of Entity/Sender: St Martin Parish School Board
Contact--Position/Office: Emile E Soulier III
Address: 111 Courville St
Breux Bridge, LA 70517
Phone Number: 337-332-2105

**Medicaid and the Children's Health Insurance Program (CHIP)
Offer Free Or Low-Cost Health Coverage To Children And Families**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following is current as of March 3, 2010. You should contact your State for further information on eligibility –

LOUISIANA – Medicaid
Website: www.dhh.louisiana.gov/offices/?ID=92
Phone: 1-888-342-6207

To see if any more States have added a premium assistance program since March 3, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa www.cms.hhs.gov
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
1-877-267-2323, Ext. 61565

OMB Control Number 1210-0137 (expires 07/31/2010)

ST MARTIN PARISH SCHOOL BOARD

GROUP HEALTH PLAN RATES-BMS since 1/1/09

EMPLOYEES	TOTAL PREMIUM	TOTAL BOARD CONTRIBUTION	EMPLOYEE CONTRIBUTES
Employee only	491.00	357.00	134.00
Employee +1	624.00	357.00	267.00
Employee + 2 or more	748.00	357.00	391.00

EFFECTIVE WITH RETIREES 4/2002— RETIREE PAYS BASED ON YEARS OF SERVICE IN ST MARTIN PARISH

RETIREES	TOTAL 30+ PREMIUM	TOTAL BOARD CONTRIBUTION	30+ yrs svc	25-29 yrs svc	20-24 yrs svc	10-19 yrs svc	0-9 yrs svc
Retiree w/o Medicare	509.00	357.00	152.00	186.00	213.00	239.00	356.00
Retiree w/o +1 w/o Mcare	661.00	357.00	304.00	372.00	426.00	479.00	712.00
Retiree + 2 or more w/o Mcare	802.00	357.00	445.00	545.00	623.00	702.00	1043.00
Retiree w/ Medicare	450.00	357.00	93.00	114.00	131.00	147.00	219.00
Retiree- 1 w MC and 1 w/o MC	602.00	357.00	245.00	300.00	344.00	387.00	575.00
Retiree- Two w Medicare	544.00	357.00	187.00	229.00	262.00	295.00	438.00
Retiree-1 w MC, 2or more w/o MC	678.00	357.00	321.00	393.00	450.00	506.00	753.00
Retiree w/o MC & 2 or more wMC	649.00	357.00	292.00	415.00	474.00	534.00	794.00
Retiree+2 or more w/MC	631.00	357.00	274.00	335.00	383.00	432.00	641.00

Surviving Spouse rates are the same as the retiree rates above. COBRA rates for terminating actives are 102% of TOTAL PREMIUM.

RETIREES ARE REQUIRED TO PURCHASE PART B MEDICARE TO MAINTAIN CURRENT LEVEL OF OUTPATIENT BENEFITS. PLEASE CONTACT MEDICARE 3 MONTHS BEFORE YOU TURN 65.

St. Martin Parish School Board Group Health Plan

111 Courville Street
Breaux Bridge, LA 70517

Phone: 337-332-2105
Fax: 337-332-2156

Janell LeBlanc, Bookkeeper (x 3021)
Gwyn Theriot, Accountant (x3044)
E-mail: Janell_LeBlanc@stmartin.k12.la.us
E-mail: Gwyn_Theriot@stmartin.k12.la.us

OTHER INSURANCES In order that you can avoid longer wait times on the telephone, please note that other insurance products are handled through the payroll department. For questions about the benefits please contact Taylor & Sons toll free at 877-365- 2341

YOUR CONTACT INFORMATION

PLEASE CONTACT US WITH YOUR NEW ADDRESS OR PHONE NUMBER IF THEY SHOULD CHANGE!!!