

Jefferson Parish Retiree Benefits Guide 2024



Our Mission

Provide the service, leadership, and vision to improve the quality of life in Jefferson Parish.

Annual Enrollment Information

Retiree Meetings

West Bank Retiree Meeting	East Bank Retiree Meeting
November 14, 2023 11:00am – 12:00pm Alario Center 2000 Segnette Blvd. Westwego, LA 70094	November 16, 2023 11:00am – 12:00pm Lafreniere Park – Foundation Center 3000 Downs Blvd. Metairie, LA 70003

Plan Options

Retiree and/or dependent under age 65 and not eligible for Medicare (In Louisiana Only)

- UHC Choice 500 Group Medical Plan
- UHC Choice 1500 Group Medical Plan

Retiree and/or dependent under age 65 and not eligible for Medicare (Out of State Only)

- UHC Choice Plus 500 Group Medical Plan

Retiree and/or dependent age 65 or older and enrolled in Medicare Part A & B

- UHC Group Medicare Advantage PPO

Important Information

- ✓ **If you are not making any changes, you do not have to complete any paperwork.**
- ✓ New monthly price begins in December each year. December premium pays for January coverage.
- ✓ If you use monthly bank draft, your deduction amount will automatically be updated.
- ✓ Pricing for the Medicare Advantage PPO is the same as 2023
- ✓ Any changes must be submitted to the Retirement Office by November 22, 2023

Questions??

Jefferson Parish - Retirement Office (504) 364-2668 Rachelle Rojas – rrojas@jeffparish.net Megan Dickerson – mdickerson@jeffparish.net	Jefferson Parish - HR Benefits Division (504) 736-6180 Jessica Palermo – jpalermo@jeffparish.net Latonya Jones – ljones@jeffparish.net
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United Healthcare Group Medical Plans

Summary of Benefits

The Parish will continue to offer a dual option UnitedHealthcare® Choice Plan with the Standard Choice Network. Network providers can be found at www.myuhc.com or by downloading the United Healthcare app on your tablet or smartphone.

The following charts provide an overview of the medical plan benefits.

UnitedHealthcare® Choice Plans – Standard Choice Network		
	UHC Choice 500	UHC Choice 1500
Deductible	\$500 Individual / \$1,000 Family	\$1,500 Individual / \$3,000 Family
Coinsurance	20%	20%
Out-of-Pocket Maximum	\$3,000 Individual / \$6,000 Family	\$6,000 Individual / \$12,000 Family
PCP Office Visit	\$30 Copay	\$30 Copay
Specialist Office Visit	\$45 Copay	\$45 Copay
Virtual Visits	\$0 Copay	\$0 Copay
Labs and X-Ray	Covered at 100% (LabCorp, Quest, Clinical Pathology Labs and Ochsner) Other Providers- Deductible & 50% Coinsurance	Covered at 100% (LabCorp, Quest, Clinical Pathology Labs and Ochsner) Other Providers- Deductible & 50% Coinsurance
Major Diagnostic and Imaging (CT scan, MRI, etc.)	Annual Deductible & 20% Coinsurance	Annual Deductible & 20% Coinsurance
Urgent Care	\$75 Copay	\$75 Copay
Emergency Room	\$350 Copay	\$350 Copay
Inpatient Hospital / Outpatient Surgery and Procedures	Annual Deductible & 20% Coinsurance	Annual Deductible & 20% Coinsurance
Prescriptions	\$10 / \$50 / \$75	\$10 / \$50 / \$75

Value Added Programs – UHC Group Medical Plans

[UHC Rewards Program](#)

Earn up to \$1,000 with UHC Rewards. Retirees and covered spouses can earn rewards by participating in healthy activities. UHC Rewards is replacing the Simply Engaged Plus and Rally Program. Make sure to redeem any earned Simply Engaged Plus Rewards before the end of the year. Any rewards not redeemed by December 31, 2023, will be lost.

UHC Rewards payout structure

Action	Description	Dollars Earned
		Premium
Connect a tracker	Automatically track activities	\$65
Daily activity – goal 1	Track 15 active minutes or 5K steps per day	\$0.75
Daily activity – goal 2	Track 30 active minutes or 10K steps per day	\$1.25
Fitness challenge – weekly goal	Complete the daily activity goals 5 out of 7 days (Sunday to Saturday)	\$5
Sleep tracking	Track sleep for 14 days	\$10
Sleep challenge – weekly goal	Track 7 hours of sleep for 5 out 7 nights (Sunday to Saturday)	\$5
Complete health survey	Complete the health survey	\$25
Get a biometric screening	Complete annual bloodwork and measurements	\$75
Go paperless	Switch to paperless communications	\$5
24/7 Virtual Visit	Talk to a provider by video for common urgent care needs	\$30
Flu shot	Get an annual flu shot	\$30
Annual checkup	Complete an annual checkup to support health and prevent illness	\$50
Maximum annual incentive		\$1,000

[UHC One Pass Select](#)

One Pass Select is a subscription-based fitness and well-being program that helps support a healthier lifestyle. Retirees can access thousands of gym locations and digital fitness options with –

- ✓ No long-term contracts or gym registration fees
- ✓ Flexible fitness options and the ability to use locations nationwide. (not limited to 1 gym)
- ✓ The option to change tiers monthly
- ✓ Cancel anytime (30-day notice required)

A variety of employee membership options to fit lifestyle goals

Category	Digital	Classic	Standard	Premium	Elite
Monthly fee	\$10	\$29	\$64	\$99	\$144
One-time enrollment fee	\$10	\$29	\$29	\$29	\$29
Gym network size		11,000+	13,000+	16,000+	18,000+
Premium network			✓	✓	✓
Multi-location access		✓	✓	✓	✓
Digital classes	23,000+	23,000+	23,000+	23,000+	23,000+
On-demand	✓	✓	✓	✓	✓
Livestreaming	✓	✓	✓	✓	✓
Workout builder	✓	✓	✓	✓	✓
Family memberships*	✓	✓	✓	✓	✓
Upgrade/downgrade	✓	✓	✓	✓	✓
Cancel within 30 days	✓	✓	✓	✓	✓

United Healthcare Group Medicare Advantage PPO

Jefferson Parish offers a Group Medicare Advantage Plans for Retirees and Dependents that are eligible and enrolled in Medicare Part A and B. The plan includes a nationwide PPO network and covers out-of-network at the same benefit as in-network as long as the provider accepts Medicare and will bill the plan.

United Healthcare PPO Medicare Advantage													
Annual Deductible	\$0												
Annual Maximum Out-of-Pocket	\$2,500												
PCP Office Visit	\$5 Copay												
Specialist Office Visit	\$10 Copay												
Virtual Visits	\$0 Copay with AmWell, Doctor on Demand, and Teladoc												
Durable Medical Equipment	5% Coinsurance												
Home Health Visits, Physical Therapy, and Occupational Therapy, etc.	\$0 Copay												
Labs and X-Ray	\$0 Copay												
Major Diagnostic and Imaging (CT Scans, MRI, etc.)	\$0 Copay												
Urgent Care	\$10 Copay												
Emergency Room	\$50 Copay												
Inpatient Hospital	\$50 Copay per day days 1-10												
Outpatient Surgery/Procedure	\$0 Copay												
Dental Services	\$50 yearly deductible and \$1,500 plan year maximum												
Oral Exams	\$0 Copay – 2 per plan year												
Routine Cleaning	\$0 Copay – 2 per plan year												
Dental bitewing X-Ray	\$0 Copay – 1 per plan year												
Minor Services	20% Coinsurance												
Major Services	50% Coinsurance												
Vision Services In-Network Only	\$0 Copay for Annual Exam \$400 allowance for Eyeglasses												
Hearing Services United Healthcare Hearing Only	\$500 Allowance for hearing aids combined for both ears, every 3 years												
Medicare Part B Drugs	5% Coinsurance												
Medicare Part D Prescriptions Drugs	<table border="1"> <thead> <tr> <th>Standard Retail</th> <th>Standard Mail Order</th> </tr> </thead> <tbody> <tr> <td>Tier 1 - \$3</td> <td>Tier 1 - \$0</td> </tr> <tr> <td>Tier 2 - \$10</td> <td>Tier 2 - \$0</td> </tr> <tr> <td>Tier 3 - \$25</td> <td>Tier 3 - \$50</td> </tr> <tr> <td>Tier 4 - \$50</td> <td>Tier 4 - \$100</td> </tr> <tr> <td>Tier 5 - 20%</td> <td>Tier 5 - 20%</td> </tr> </tbody> </table>	Standard Retail	Standard Mail Order	Tier 1 - \$3	Tier 1 - \$0	Tier 2 - \$10	Tier 2 - \$0	Tier 3 - \$25	Tier 3 - \$50	Tier 4 - \$50	Tier 4 - \$100	Tier 5 - 20%	Tier 5 - 20%
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Medicare Part D Prescription Drugs Catastrophic Coverage Stage	After your total out-of-pocket costs reach \$7,400, you will pay the greater of \$4.15 copay or 5% coinsurance for generic drugs (including brand drugs treated as generic) and \$10.35 copay or 5% coinsurance for all other drugs.												

*Please see Evidence of Coverage document for more detailed plan information.

Value Added Programs – UHC Medicare Advantage PPO Plan

UHC Healthy At Home - Post-Discharge Program, following each discharge:

- 12 non-emergency medical rides* – 1-833-219-1182 or modivcare.com/booknow
- 28 home delivered meals from Mom's Meals* – 1-866-204-6111
- 6 hours in-home personal care 1-844-383-0411 or carelinx.com/UHC-retiree-post-discharge

*Call Customer Service to request a referral for each discharge

HouseCalls Program

- 45-60 minute at home visit from a health care practitioner each year – 1-866-447-7868
- Member Rewards Program – Reward cards for completing certain health care activities
- Includes 8 hours per month of non-skilled care services (respite and homemaker/personal care) through Carelinx. Hours do not rollover. 1-833-253-5403 or www.carelinx.com/uhcgroup

Rally Coach – rallyhealth.com/retiree

- **Wellness Coaching:** blended model of personal coaching, self-paced online learning, and digital support across a variety of wellbeing topics such as healthy eating, sleep management, and more. 1-800-478-1057
- **Quit For Life** tobacco cessation program using an evidence-based combination of physical, psychological, and behavioral strategies to help members overcome their addiction to tobacco. 1-866-784-8454
- **Real Appeal:** Real Appeal Diabetes Prevention 1-844-924-7325

Personal Emergency Response System - Benefit includes a lightweight device (worn on the wrist or as a pendant) that provides 24/7 access to emergency care. Offered through LifeLine.

Over-the-Counter Care - Benefit includes a \$40 quarterly allowance to purchase over-the-counter health related products from the FirstLine Medical website or catalog. - Note: Allowance expires quarterly.

Fitness Benefit - United Healthcare's fitness program, Renew Active, is enjoyed by more than one million participants nationwide. As part of the benefit, members are eligible for a free fitness membership to national participating locations. <https://www.uhcrenewactive.com> or 1-855-581-8091



Call toll-free **1-844-518-9527**, TTY 711
8 a.m.-8 p.m. local time, 7 days a week



retiree.uhc.com

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.

Annual Notices

Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 requires group health plans to make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Protheses
- Treatment of physical complications of the mastectomy, including lymphedema

Our plan complies with these requirements. Benefits for these items generally are comparable to those provided under our plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by the patient and her physician. Our plan neither imposes penalties (for example, reducing or limiting reimbursements) nor provides incentives to induce attending providers to provide care inconsistent with these requirements.

Important Notice from Jefferson Parish Government about Medicare and Your Prescription Drug Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Jefferson Parish Government 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. If you are considering joining, 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. 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.
2. Jefferson Parish Government has determined that the prescription drug coverage offered by United Healthcare is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore, considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Jefferson Parish Government coverage will be affected. Our offered health plans do not coordinate benefits with Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Jefferson Parish coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Jefferson Parish Government 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 creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact The Department of Human Resource Management – Benefits Division 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 Jefferson Parish Government changes. You also may request a copy of this notice at any time.

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, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 1, 2023
Name of Entity/Sender:	Jefferson Parish Government
Contact--Position/Office:	Human Resource Management – Benefits Division
Address:	1221 Elmwood Park Blvd., Suite 517 Jefferson, LA 70123
Phone Number:	504-736-6180

Form 10182-CC

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control CMS number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.