LPPS INSURANCE

Retiree Return to Work

 Information

UPDATED 06.14.23

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**Welcome back to Livingston Parish Public Schools!**

This Insurance office is glad to have you back as a part of our district! There are two clerks in the Insurance office, one is full-time and the other is part-time, but either one will be able to answer your questions to the very best of her abilities should you need us.

**Erin Woodrich, Insurance Clerk (full-time)**

**erin.woodrich@lpsb.org**

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Should you need to talk with us in person, you can call or email us to set up an appointment.

The following pages have the information that you will need to better make your insurance decisions.

Again, we extend our heartfelt welcome to you!

Sincerely,

Erin Woodrich

Insurance Clerk

Livingston Parish Public Schools

225.686.4230

Erin.woodrich@lpsb.org

**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 is the benefit link to help you decide which health plan is best for you.

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

Here are the **2023** 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.

**When will your plan go into effect as a NEW HIRE?** Here are a couple of 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****.**

**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.

**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 985-893-5519.

**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).

**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.

**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 lost them? Visit BCBSLA website to print off a copy. Login to the site and click Download ID Cards.

**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