



# **2023-2024 BENEFITS ENROLLMENT GUIDE**



**ZACHARY  
COMMUNITY  
SCHOOL DISTRICT**

*Effective 9/1/2023 to  
8/31/2024*

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# BENEFITS OVERVIEW

Zachary Community School District (ZCSD) knows how important it is to provide quality employee benefits to our teammates and their dependents. We strive to provide a total benefits package that meets your needs.

## ENROLLMENT

You can enroll in benefits or change your elections at the following times:

- 30 days prior to your initial eligibility date (as a newly hired employee)
- During the annual benefits open enrollment period
- Within 30 days of experiencing a qualifying life event

## OPTIONS

We offer a comprehensive benefits package consisting of:

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Basic Life and AD&D Insurance
- Voluntary Life
- Disability Insurance
- Cancer Insurance

## ELIGIBILITY

Full-time employees working at least 30 hours per week are eligible for benefits on the first of the month following 30 days of employment. Many of the plans offer coverage for eligible dependents, including:

- Your legal spouse
- Your children to age 26, regardless of student, marital, or tax-dependent status (including stepchild, legally adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian)
- Your dependent children over age 26 who are physically or mentally unable to care for themselves

## CHANGING BENEFITS AFTER OPEN ENROLLMENT

You may pay your portion of the medical, dental, and vision plan costs on a pre-tax basis. Thus, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying event, and election changes must be consistent with your life event.

To request a benefits change, notify Human Resources within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. You may need to provide proof of the life event.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Change in your child's eligibility for benefits
- Qualified Medical Child Support Order

# MEDICAL INSURANCE

## CARRIER: Blue Cross Blue Shield of Louisiana

**Plan Options:** An HMO/POS plan (local network), PPO copay plan (national network), and a High Deductible plan (national network)

COVERED BENEFITS	PLAN A Blue HMO/POS	PLAN B Premier Blue	PLAN C Blue Saver HDHP
	In-Network	In-Network	In-Network
<b>Year Deductible</b>			
Individual	\$0	\$500	\$3,000
Family	\$0	\$1,500	\$6,000
<b>Coinsurance</b>	100%	90%	100%
<b>Out-of-Pocket Maximum</b>	<i>Includes deductible, copays and coinsurance</i>		
Individual	\$2,250	\$3,250	\$5,000
Family	\$4,500	\$6,500	\$10,000
<b>Preventive Care</b>	100% allowable	100% allowable	100% allowable
<b>Physician Services</b>			
Quality Blue Primary Care	\$10 copay	\$10 copay	100% after deductible
Primary Care	\$25 copay	\$25 copay	100% after deductible
Specialist	\$40 copay	\$40 copay	100% after deductible
<b>Blue Care / Telemedicine</b>	\$25 copay	\$25 copay	\$59 copay
<b>Emergency Room</b>	\$350 copay (waived if admitted)	\$350 copay (waived if admitted)	100% after deductible
<b>Ambulance Services</b>	\$50 copay	\$50 copay	100% after deductible
<b>Urgent Care</b>	\$40 copay	\$40 copay	100% after deductible
<b>Inpatient Hospitalization</b>	\$350 copay, 3 day max	90% after deductible	100% after deductible
<b>Outpatient Services</b>	\$350 copay	90% after deductible	100% after deductible
<b>Pharmacy</b>			
Tier 1	\$15 copay	\$15 copay	Generic: 100% after deductible
Tier 2	\$40 copay	\$40 copay	Brand: 80% after deductible
Tier 3	\$70 copay	\$70 copay	
Tier 4	10% specialty to \$150 max	10% specialty to \$150 max	

Pharmacy Tier Review: [bcbsla.com/covereddrugs](https://bcbsla.com/covereddrugs)

*Please refer to the official plan documents for additional information on coverage and exclusions.*

# WHAT ARE MY OPTIONS *for* CARE?

*Be informed about your medical options so you are prepared.*

## CONDITIONS TREATED

## YOUR COST & TIME

### TELEMEDICINE



*Virtual visits with a doctor anytime 24/7/365 via computer with webcam capability or smartphone mobile app. [www.bluecarela.com](http://www.bluecarela.com).*

- Allergies
- Sinusitis
- Colds and Flu
- Rashes
- Pink eye
- Behavioral Health

- Total costs are lower than office visit
- Register online to connect to a provider
- No appointment needed
- Seen immediately

### PRIMARY CARE PHYSICIAN



*The best place to receive routine or preventive care, track medications, or get a referral to see a specialist*

- Non-emergency
- Regular checkup
- Screenings
- Preventive care

- \$25 copay POS Plan
- \$25 copay PPO plan
- \$59 copay HDHP, applies to deductible
- Appointment usually needed
- May have to wait

### SPECIALIST



*Specialists treat complex health problems that primary care doctors may not be able to.*

- Certain procedures
- Complex or chronic conditions
- Rare diseases
- A condition won't improve

- \$40 copay POS Plan
- \$40 copay PPO Plan
- Full visit cost applies to deductible for HDHP
- Appointment usually needed
- May have to wait

### URGENT CARE



*For conditions that are not life threatening. Staffed by nurses and doctors and usually have extended hours.*

- Respiratory
- Stomach pain
- Low back pain
- Infections

- \$40 copay POS Plan
- \$40 copay PPO Plan
- Full visit cost applies to deductible for HDHP
- Costs are lower than an ER visit
- No appointment needed
- Wait times vary

### EMERGENCY ROOM



*Immediate treatment of critical injuries or illness*

- Severe injuries
- Chest pain
- Broken bones
- Difficulty breathing

- \$350 copay POS Plan
- \$350 copay PPO Plan
- Charges go towards deductible for HDHP
- Highest costs
- Wait times may be long, averaging over four hours
- \* copay is waived if admitted

*Before you seek care, ask, "Is this an urgent care center or ER?" and "Is this facility an in-network provider?"*



# WHICH MEDICAL INSURANCE PLAN IS RIGHT FOR YOU?

Choosing the right medical plan is an important decision. Take the time to learn about your options to ensure you select the right plan for you and your family.



## THINGS TO CONSIDER

1. Do you prefer to pay more for medical insurance out of your paycheck, but less when you need care?
2. Or, do you prefer to pay less out of your paycheck, but more when you need care?
3. What planned medical services do you expect to need in the upcoming year?
4. Do you or any of your covered family members take prescription medications on a regular basis?

MEDICAL RATES	PLAN A HMO/POS		PLAN B Premier Blue		PLAN C Blue Saver HDHP	
	Total Monthly Premium	Employee Semi-Monthly Deduction	Total Monthly Premium	Employee Semi-Monthly Deduction	Total Monthly Premium	Employee Semi-Monthly Deduction
Employee Only	\$812.66	\$130.03	\$767.32	\$122.77	\$579.28	\$92.68
Employee + Spouse	\$1,625.40	\$260.06	\$1,534.63	\$245.54	\$1,158.61	\$185.38
Employee + Child(ren)	\$1,503.33	\$240.53	\$1,419.36	\$227.10	\$1,071.61	\$171.46
Employee + Family	\$2,315.99	\$370.56	\$2,186.67	\$349.87	\$1,650.88	\$264.14

## COMPARING YOUR MEDICAL PLAN OPTIONS

Plan A – HMO/POS	Plan B – Premier Blue	Plan C – Blue Saver HDHP
<ul style="list-style-type: none"> <li>• Highest Cost per paycheck</li> <li>• Louisiana only provider network</li> <li>• No deductible</li> <li>• Copays for all services</li> </ul>	<ul style="list-style-type: none"> <li>• Medium cost per paycheck</li> <li>• National provider network</li> <li>• \$500 deductible</li> <li>• Copays for Office Visits</li> </ul>	<ul style="list-style-type: none"> <li>• Lowest cost per paycheck</li> <li>• National provider network</li> <li>• \$3000 deductible</li> <li>• You must pay all costs until \$3000 is met</li> </ul>

# TELEMEDICINE

## BlueCare Telemed Services

Skip the waiting room - get the care you need now, without taking time off from work or school!

With BlueCare, you can have online visits with U.S. trained, board-certified doctors 24/7, 365. BlueCare works on a computer, tablet, smartphone or any device with internet and a camera.

### HAVE YOU SIGNED UP YET?

- Go to [www.BlueCareLA.com](http://www.BlueCareLA.com) or download the BlueCare app for Android or iPhone.
- Create your account with a username and password, which you will use for each BlueCare visit.

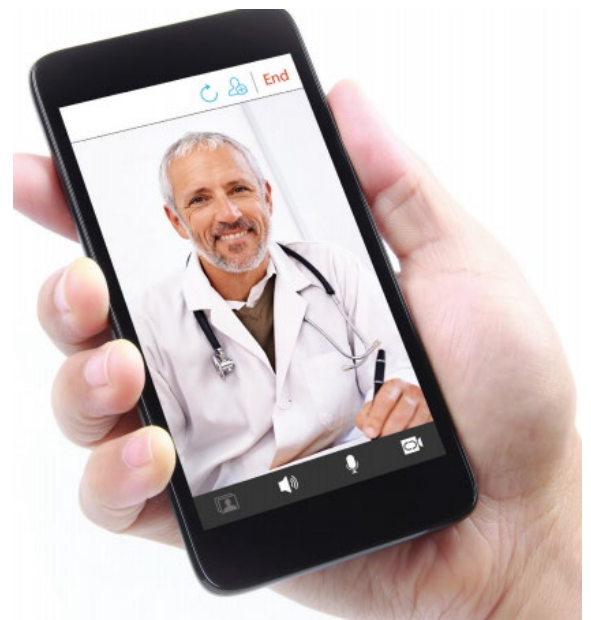
The next time you need care, the doctor will be only a click away!

BlueCare is great for those times when you need to see a doctor but can't find the time, feel too sick to leave the house or are traveling.

BlueCare costs less than urgent care and ER visits, and is an easier way to treat non-emergency, common conditions like:

- Sinus infections
- Cough, cold or flu symptoms
- Rashes
- Allergies
- Bladder infections
- Pink eye
- Mild stomach bugs

You can also use BlueCare to get a prescription or to check in with a doctor if you need a follow-up visit.



[www.BlueCareLA.com](http://www.BlueCareLA.com)



Download on the  
App Store



GET IT ON  
Google Play

[www.BlueCareLA.com](http://www.BlueCareLA.com)

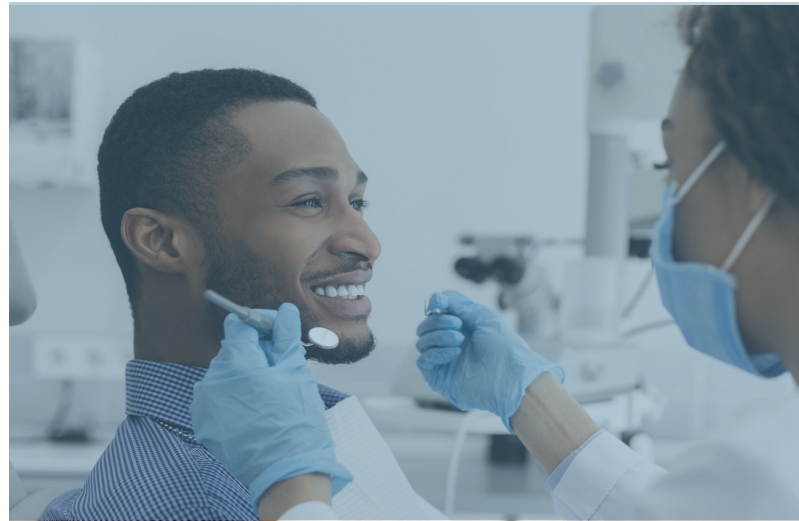
*Please refer to the official plan documents for additional information on coverage and exclusions.*

# DENTAL INSURANCE

**CARRIER: Ameritas**

- You will pay less out of pocket when you choose an in-network provider.
- Locate an in-network provider at [www.ameritas.com](http://www.ameritas.com).
- Be sure to ask for a pre-treatment estimate.
- Out-of-network providers can balance bill, or bill you for the difference between the provider's charge and the allowed amount.

DENTAL ELECTION	SEMI-MONTHLY PREMIUM
Employee Only	\$25.93
Employee + Spouse	\$51.37
Employee + Child(ren)	\$57.58
Employee + Family	\$81.83



## COVERED BENEFITS

## PLAN PAYS

<b>Deductible (per calendar year)</b>	\$50 per person, \$150 per family
<b>Annual Plan Benefit Maximum</b>	\$2,000 per covered member
<b>Preventive Care - Type 1</b> Routine exam, bitewing x-rays, full mouth/panoramic x-rays, periapical x-rays, cleanings, fluoride (children 18 and under), sealants (age 18 and under), space maintainers	100%
<b>Basic Services - Type 2</b> Restorative amalgams/composites, endodontics (surgical/non-surgical), periodontics (surgical/non-surgical), denture repair, simple/complex extractions, anesthesia	80%
<b>Major Services</b> Onlays, crowns, crown repair, implants, prosthodontics (fixed bridge, removable complete/partial dentures)	50%
<b>Orthodontia Services (Dependent Children to age 19)</b>	50%
<b>Lifetime Orthodontia Plan Max</b>	\$2,000

*Please refer to the official plan documents for additional information on coverage and exclusions.*



# VISION INSURANCE

**CARRIER: Ameritas**

- You will pay less out of pocket when you choose an in-network provider.
- Locate an in-network provider at [www.ameritas.com](http://www.ameritas.com).
- You must submit a claim form for out-of-network expenses.
- LASIK surgery discounts available.

VISION ELECTION	SEMI-MONTHLY PREMIUM
Employee Only	\$3.18
Employee + Spouse	\$6.32
Employee + Child(ren)	\$5.85
Employee + Family	\$9.00



COVERED BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Eye Exam (every 12 months)	\$10 copay	\$45 allowance
Standard Plastic Lenses (every 12 months) Single / Bifocal / Trifocal / Lenticular	\$25 copay	\$30 / \$50 / \$65 / \$100 allowance
Frames (every 24 months)	\$120 allowance <i>Costco and Walmart allowance will be wholesale equivalent</i>	\$70 allowance
Contact Lenses (every 12 months in lieu of standard plastic lenses)		
Fit & Follow Up Exam	\$60 allowance	No benefit
Elective	\$120 allowance	\$105 allowance
Medically Necessary	Plan Pays 100% after \$25 copay	\$210 allowance

*Please refer to the official plan documents for additional information on coverage and exclusions.*

# GROUP LIFE INSURANCE

CARRIER: Equitable Life

## LIFE and ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Basic Life and AD&D Insurance are automatically provided to all benefits-eligible employees at **no cost**. If you die as a result of an accident, your beneficiary would receive both the life and the AD&D benefit.

- **Life Insurance Amount:** 1.5 X Salary (Max \$130,000)
- **AD&D Amount:** Equal to life insurance amount

# VOLUNTARY LIFE INSURANCE

CARRIER: Equitable Life

## WHAT IS VOLUNTARY LIFE INSURANCE?

Voluntary Life Insurance is offered through an employer but is paid by employees.

## WHY PURCHASE VOLUNTARY LIFE INSURANCE?

- This type of life insurance has limited underwriting required. This allows for people with health conditions or lifestyles that might otherwise disqualify them to qualify for life insurance.
- The group rates are lower than what you could purchase on your own.
- You may purchase a policy for your spouse and children.
- You may purchase a policy for your spouse and children IF you elect coverage for yourself.
- You have the option to convert this coverage to an individual plan if you terminate employment



*Please refer to the official plan documents for additional information on coverage and exclusions.*



## REMINDER

*Review your beneficiary designations*

# VOLUNTARY LIFE INSURANCE

CARRIER: Equitable Life

Category	Benefit
<b>Employee Coverage</b> Benefit Amount Benefit Increments Benefit Maximum Guarantee Issue Coverage	Up to 5x Annual Salary \$10,000 \$500,000 \$180,000
<b>Spouse Coverage</b> Benefit Amount Benefit Increments Benefit Maximum Guarantee Issue Coverage	Up to 50% Employee Amount \$5,000 \$250,000 \$50,000
<b>Age Reduction Schedule</b> Age 70 Age 75 Age 80	35% at Age 70 50% at Age 75 70% at Age 80
<b>Dependent Child Coverage (to Age 26)</b>	\$10,000
<b>Notes:</b> <ul style="list-style-type: none"> <li>• Rates are age-banded; cost increases with age</li> <li>• Employee must be enrolled in Supplemental Life Coverage for dependents to enroll in coverage</li> <li>• Supplemental Life Coverage is portable upon Retirement</li> <li>• Spouse Rates are based on spouse's age</li> <li>• <b>After your initial enrollment, Evidence of Insurability (EOI) is required for additional coverage</b></li> </ul>	

## EMPLOYEE / SPOUSE

Semi-Monthly Premium

Age Band	Rate per \$1,000 Benefit
0-29	\$0.10
30-34	\$0.10
35-39	\$0.13
40-44	\$0.18
45-49	\$0.26
50-54	\$0.37
55-59	\$0.64
60-64	\$0.93
65-69	\$1.47
70-74	\$2.54
75-79	\$4.49
80-84	\$7.16

## CHILD(REN)

Semi-Monthly Premium

Amount	Rate per \$1,000 Benefit
\$10,000	\$1.00

*For all children, not per child*

# DISABILITY INSURANCE

CARRIER: Mutual of Omaha

## SHORT-TERM DISABILITY INSURANCE

Short-Term Disability (STD) insurance is designed to help you meet your financial needs if you become unable to work due to a non-work related illness or injury. This is a voluntary plan; employees are responsible for 100% of the cost. Premiums are calculated as a percentage of your annual base salary. Benefit may be offset due to other benefits such as paid sick leave, workers' compensation.

- **Benefit:** 60% of base weekly salary up to \$2,500 per week
- **Elimination Period:** 30 Days
- **Benefit Durations:** Up to 22 weeks
- **Pre-Existing Condition Waiting Period:** 3 month look back for a 6 month exclusion

### STD Rates

Monthly Rate per \$10 of Monthly Benefit
\$0.370

## LONG-TERM DISABILITY INSURANCE

Long-Term Disability (LTD) insurance is designed to help you meet your financial needs during longer disability periods. This is a voluntary plan; employees are responsible for 100% of the cost. Benefit may be offset due to other benefits such as paid sick leave, workers' compensation.

- **Benefit:** 60% of base monthly salary up to \$6,000 per month
- **Elimination Period:** 180 days
- **Benefit Durations:** Until Social Security Normal Retirement Age
- **Pre-Existing Condition Waiting Period:** 6 month look back for a 12 month exclusion

### LTD Rates

Age Band	Monthly Rate per \$100 of Monthly Benefit
0-20	\$0.081
20-24	\$0.090
25-29	\$0.178
30-34	\$0.278
35-39	\$0.392
40-44	\$0.566
45-49	\$0.732
50-54	\$1.122
55-59	\$1.407
60-64	\$1.478
65-69	\$1.551
70-99	\$1.628

*Any new elections will require  
Evidence of Insurability.*

*Please refer to the official plan documents for additional information on coverage and exclusions.*

# VOLUNTARY CANCER INSURANCE

**CARRIER: AllState**

Cancer insurance supplements your existing medical insurance in case you are diagnosed with cancer; medical insurance alone may not be enough to cover your expenses. The plan pays a cash benefit during the term of your coverage following a positive diagnosis of an internal cancer.

## WHY PURCHASE CANCER INSURANCE?

You and your loved ones can rest a little easier knowing you have protection in place to help avoid depleting your bank accounts or taking on additional debt to cover day-to-day living expenses.



- Help cover medical plan deductibles, co-pays and other out-of-pocket costs
- Help cover everyday living expenses such as groceries, rent and mortgage payments
- Hire extra help for around the house, such as in-home caregivers
- Pay for travel to treatment facilities away from home as well as family visits

## CANCER PLAN HIGHLIGHTS

- CP-12 offers additional flexibility in choosing benefit amounts
- Covers Employee, Spouse & children to age 26
- Payments are based on a Benefit Schedule and are paid directly to you
- Covers up to \$10k / 12 month Radiation/Chemotherapy; \$10k / 12 month Blood/Plasma/Platelets (amount is based on Plan selected)
- Covers up to \$3,000 for Inpatient Surgery/ up to \$4,500 for Outpatient Surgery per 12 months (amount based on Plan selected)
- Includes additional \$2,000 or \$5,000 Cancer Initial Diagnosis (based on Plan)
- \$75 or \$100 Wellness benefit depending on Plan
- In addition, Ground Ambulance benefit up to \$250; Air Ambulance up to \$10,000
- Paper application is required and medical questions must be answered on Page 3
- 12/12 Pre-Existing Limitations
- Portable if you leave the Employer

ELECTION	LOW Option	HIGH Option
	Semi-Monthly Payroll Deduction	Semi-Monthly Payroll Deduction
Employee Only	\$9.55	\$19.50
Family	\$18.49	\$37.95

*Please refer to the official plan documents for additional information on coverage and exclusions.*



# RETIREE BENEFITS

## RETIREE BENEFITS SUMMARY

The Zachary Community School District shall contract with a health provider for health, hospitalization, and life insurance benefits for its eligible employees, retirees and/or their spouses and children. The School Board may pay any portion of an employee's premium it so designates.

Employees hired by the Zachary Community School District shall be expected to work a minimum of three (3) years before leaving the system.

You and your covered dependents can continue the health, dental, and vision benefits after you retire, but be advised that if you drop coverage on a dependent or yourself, you cannot re-enroll in that benefit. The School Board will continue to contribute a portion of your medical premium. The vesting schedule and worksheet will be provided to you.

## LIFE INSURANCE

From the time hired, an employee shall receive life insurance coverage on an annual basis from the School Board of 1 ½ times the salary earned at the time of retirement. The maximum benefit for all life insurance coverage shall be \$130,000.

For employees hired on or after August 1, 2019, an employee who has served a minimum of five (5) consecutive years of service at the time of retirement shall receive life insurance coverage of 1 ½ times the salary earned at the time of retirement, in accordance with the following reduction schedule:

Life Insurance Benefits and Accidental Death and Dismemberment Benefits for any insured retiree will automatically reduce on the policy anniversary date coinciding with or next following attainment of the ages shown below:

- To 65% - Age 70, but less than 75
- To 50% - Age 75, but less than 80
- To 30% - Age 80 and over

Disability coverage will end when you retire, however you will be able to continue Voluntary Life, Cancer and Long-Term Care coverage. Instructions, Forms, and Rates are included in the Retiree Packet you will receive upon notification of your retirement.

Please refer to the next page for the Medical Vesting Schedule for you and your covered dependents.

# MEDICAL VESTING SCHEDULE

Employees who are hired and enrolled in the group health plan on or after January 1, 2007 will be vested for health insurance benefits as follows.

Completed years of employment	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
% of employers portion of premium	0	0	0	10%	20%	30%	40%	60%	80%	100%

Employees, and qualified dependents of employees, who were employed by ZCSB prior to January 1, 2007 but not enrolled in the ZCSB group health plan prior to January 1, 2007, will be required to follow the same vesting schedule as employees hired on or after January 1, 2007.

## DEPENDENTS OF EMPLOYEES HIRED ON OR AFTER JANUARY 1, 2007

Dependents of employees who are enrolled on or after January 1, 2007 will have their health insurance benefit vested as follows.

Completed years of employment	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
% of employers portion of premium	0	0	0	0	0	0	0	0	0	50%

## ALTERNATIVE COVERAGE

Any retiring employee and qualified dependent who qualifies for Medicare coverage will be required to obtain Medicare Part A coverage as the primary coverage for their retirement health insurance. These retired employees will be enrolled in a Medicare Group Supplement Plan (when available).

## PREMIUM PAYMENT

Payment of the retired employee's portion of the health premium (for all ZCSB retirees) must be made in one of two methods:

Method 1 – Bank Draft

Method 2 – Appropriate Retirement Payroll reduction (when available)

Method 3 – Direct Billing

# MEDICARE ADVANTAGE

**CARRIER: Blue Cross Blue Shield of Louisiana**

This benefit is offered to employees and their spouses that are Medicare eligible and have both Medicare A and B. When retiring from Zachary, you will automatically be moved into this Medicare Advantage plan unless you request to opt out.

MEDICAL BENEFITS	Blue Advantage PPO	
	In-Network	Out-of-Network
<b>Year Deductible</b>	\$0	\$0
<b>Out-of-Pocket Maximum</b> <i>Does not include prescription drugs</i>	For In-Network & Out-of-Network Combined: \$1,000	
<b>Preventive Care</b>	\$0 copay	\$0 copay
<b>Physician Services</b>		
Primary Care	\$0 copay	\$0 copay
Specialist	\$0 copay	\$0 copay
<b>Emergency Care</b>	\$50 copay; waived if admitted within 72 hours	
<b>Urgent Care</b>	\$0 copay	
<b>Diagnostic Services / Labs / Imaging</b>	\$0 copay	\$0 copay
<b>Ambulance Services</b>		
Ground Ambulance	\$0 copay	\$0 copay
Air Ambulance	\$0 copay	\$0 copay
<b>Hospital Services</b>		
Inpatient Hospital Coverage	\$0 copay	\$0 copay
Outpatient Hospital Coverage	\$0 copay	\$0 copay
Ambulatory Surgical Center	\$0 copay	\$0 copay
<b>Hearing Services</b>		
Hearing Exam	\$0 copay	\$0 copay
Hearing Aids	\$0 copay; \$500 allowance for both ears	\$0 copay; \$500 allowance for both ears
<b>Mental Health Services</b>	\$0 copay	\$0 copay

*Please refer to the official plan documents for additional information on coverage and exclusions.*

# MEDICARE ADVANTAGE

CARRIER: Blue Cross Blue Shield of Louisiana

PRESCRIPTION DRUGS		Blue Advantage PPO				
Stage 1: Annual Prescription Deductible						
Deductible		\$0 prescription drug deductible				
Stage 2: Initial Coverage (after you pay your deductible, if applicable)						
Prescription Tiers	30-Day		60-Day		90-Day	
	Preferred Retail	Standard Retail	Preferred Retail	Standard Retail	Preferred Retail	Standard Retail
Tier 1 (Preferred Generics)	\$3 copay	\$10 copay	\$6 copay	\$20 copay	\$0 copay	\$30 copay
Tier 2 (Generics)	\$12 copay	\$18 copay	\$24 copay	\$36 copay	\$0 copay	\$54 copay
Tier 3 (Preferred Brand)	\$45 copay	\$47 copay	\$90 copay	\$94 copay	\$135 copay	\$141 copay
Tier 4 (Non-Preferred Drug)	\$100 copay	\$100 copay	\$200 copay	\$200 copay	\$300 copay	\$300 copay
Tier 5 (Specialty)	\$100 copay	\$100 copay	Not offered	Not offered	Not offered	Not offered

DENTAL BENEFITS	Blue Advantage PPO	
	In-Network	Out-of-Network
<b>Preventive Services</b> <i>Oral Exams, Cleanings, X-Rays</i>	\$0 copay	50% coinsurance
<b>Basic Services</b>	50% coinsurance	50% coinsurance

VISION BENEFITS	Blue Advantage PPO	
	In-Network	Out-of-Network
<b>Eye Exam</b>	\$0 copay	\$40 copay
<b>Eyeglass Lenses</b>	\$0 copay	Single Vision: \$40 allowance Bifocal/Progressive: \$60 allowance Trifocal: \$80 allowance Lenticular: \$100 allowance
<b>Frames</b>	\$0 copay	\$50 allowance
<b>Contact Lenses - Elective</b>	\$0 copay	\$105 allowance
<b>Contact Lenses - Required</b>	\$0 copay	\$225 allowance

HEARING BENEFITS	Blue Advantage PPO	
	In-Network	Out-of-Network
<b>Hearing Exam</b>	\$0 copay	\$40 copay
<b>Hearing Aids</b>	\$0 copay; \$500 allowance for both ears	\$0 copay; \$500 allowance for both ears

Please refer to the official plan documents for additional information on coverage and exclusions.

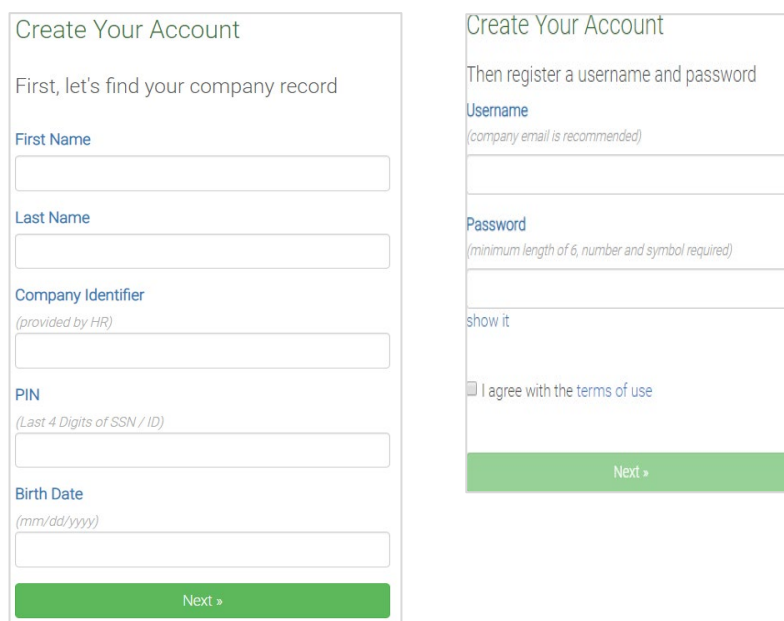
# OPEN ENROLLMENT INSTRUCTIONS

All employees who wish to be covered under the ZCSD Benefits Program must make an election in the electronic enrollment system. You will receive an email from Employee Navigator to register.

**STEP 1:** Set up your account. Below is the registration link.

<https://www.employeenavigator.com/benefits/Account/Register>

**STEP 2:** You will be asked for personal identifying data as well as the following company identifier: **Zachary**



**STEP 3:** Write down the Username and Password you created for future reference.

**STEP 4:** You are ready to make your benefit elections! Please select 'Start Enrollment' button. The system will guide you through the process when you select 'Save & Continue' on every screen.

**Note:** If you are covering a Spouse &/or Child please have their Full Name, DOB and SSN available.

**STEP 5:** Click the "Click to Sign" button at the end to complete the Enrollment process.

**Once you have created your account, use the following link anytime to finish or view your benefit elections.**

<https://www.employeenavigator.com/benefits/Login.aspx>

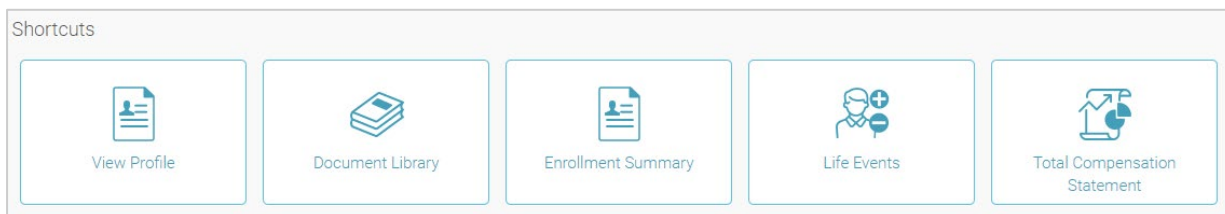
You are encouraged to carefully review the enrollment options to ensure your health insurance selection meets your needs and your budget. For questions, contact Cadence Insurance at 225-336-3274 or [ZacharySchools@CadenceInsurance.com](mailto:ZacharySchools@CadenceInsurance.com). Thank you for being part of the ZCSD Team!

This summary of benefits is not intended to be a complete description of the terms of Zachary Community School District's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Zachary Community School District maintains its benefit plans on an ongoing basis Zachary Community School District reserves the right to terminate or amend each plan, in its entirety or in any part at any time.



# ENROLLMENT INSTRUCTIONS FOR QUALIFYING EVENTS

- Log in to Employee Navigator
- Choose Life Events in the shortcuts menu



- Choose the event (add or drop employee/dependent coverage)
- Enter the date of the event
- If adding a dependent, select from the drop down menu or click add a new one. **\* If adding a newborn, enter 000-00-0000 for the SSN until the true SSN is received.\*** If dropping, choose the dependent from the drop down menu.
- Choose the benefit plans you want to add the dependent to or drop the dependent from .
- Save

**Newborn Child**

Adding a new baby or child to your family brings change and responsibility as well as joy. Understanding how your benefits can change will help you make informed decisions and be the best parent you can be. Generally you have a limited number of days after the birth or adoption to change benefits, so don't miss the deadline. Otherwise, you must wait for the next open enrollment.

**\*\*NOTE\*\***

Coverage will be added as of the date reported in the "Enter the date of this event" field.

Example: If the date is entered as 7/15, the coverage will be added with an effective date of 7/15

Enter the date of this event

06/09/2020

Select the dependent you wish to add

Child Test 2 ▼ or add a new one +

**Benefits**

<input checked="" type="checkbox"/>	Medical will change from \$211.62 to \$301.54
<input type="checkbox"/>	Cancer will change from \$18.49 to \$18.49

Cancel Save

# IMPORTANT CONTACTS

BENEFIT	CARRIER	CONTACT INFORMATION
Medical Insurance	Blue Cross Blue Shield of Louisiana	Website: <a href="http://www.bcbsla.com">www.bcbsla.com</a> Phone #: 800-599-2583
Telemedicine	Blue Cross Blue Shield of Louisiana	Website: <a href="http://www.BlueCareLA.com">www.BlueCareLA.com</a>
Dental Insurance	Ameritas	Website: <a href="http://www.ameritas.com">www.ameritas.com</a> Phone #: 800-659-2223
Vision Insurance	Ameritas	Website: <a href="http://www.ameritas.com">www.ameritas.com</a> Phone #: 800-659-2223
Life and AD&D Insurance	Equitable	Website: <a href="http://www.equitable.com">www.equitable.com</a> Phone #: 866-274-9887
Disability Insurance	Mutual of Omaha	Website: <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a> Phone #: 800-877-5176
Cancer Insurance	AllState	Website: <a href="http://www.allstatebenefits.com">www.allstatebenefits.com</a> Phone #: 800-521-3535
Zachary Community School District	Yolanda Williams	Phone #: 225-658-4969 Email: <a href="mailto:yolanda.williams@zacharyschools.org">yolanda.williams@zacharyschools.org</a>
Cadence Insurance	Account Support	Phone #: 225-336-3274 Email: <a href="mailto:ZacharySchools@CadenceInsurance.com">ZacharySchools@CadenceInsurance.com</a>



**YOUR CADENCE INSURANCE ACCOUNT REPRESENTATIVE:**

225-336-3274

[ZacharySchools@CadenceInsurance.com](mailto:ZacharySchools@CadenceInsurance.com)

# GLOSSARY

**Coinsurance:** Your share of the cost of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service, typically after you meet your deductible. For instance, if your plan's allowed amount for an office visit is \$100 and you've met your deductible (but haven't yet met your out-of-pocket maximum), your coinsurance payment of 20% would be \$20. Your plan sponsor or employer would pay the rest of the allowed amount.

**Copay:** The fixed amount, as determined by your insurance plan, you pay for health care services received.

**Deductible:** The amount you owe for medical services before your medical insurance or plan sponsor (employer) begins to pay its portion. For example, if your deductible is \$3,000, your plan does not pay anything until you've met your \$3,000 deductible for covered health care services. This deductible may not apply to all services, including preventive care. Preventive care is 100% covered by the plan.

**Explanation of Benefits (EOB) / Personal Health Statement (PHS):** A statement sent by your insurance carrier that explains which procedures and services were provided, how much they cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision. These statements are also posted on the carrier's website for your review.

**Health Care Cost Transparency:** Also known as Market Transparency or Medical Transparency. Health care provider costs can vary widely, even within the same geographic area. To make it easier for you to get the most cost-effective health care products and services, online cost transparency tools, which are typically available through health insurance carriers, allow you to search an extensive national database to compare costs for everything from prescription drugs and office visits to MRIs and major surgeries.

**Employee Contribution:** The weekly amount you pay for your insurance coverage.

**High Deductible Health Plan (HDHP):** Plan option that provides choice, flexibility and control when it comes to spending money on health care. Preventive care is covered at 100% with in-network providers, there are no copays, and all qualified employee-paid Medical expenses count toward your deductible and your out-of-pocket maximum.

**In-Network:** In-network providers are doctors, hospitals and other providers that contract with your insurance company to provide health care services at discounted rates.

**Out-of-Network:** Out-of-network providers are doctors, hospitals and other providers that are not contracted with your insurance company. If you choose an out-of-network doctor, services will not be provided at a discounted rate and your cost sharing (deductibles and coinsurance) will increase.

**Out-of-Pocket Maximum:** The maximum amount of money you will pay for medical services during the plan year. The out-of-pocket maximum is the sum of your deductible and coinsurance payments.

# COMPLIANCE DISCLOSURES

*PLEASE NOTE: The attached disclosures must be or should be provided to you at open enrollment. However, your employer/plan sponsor will likely have additional disclosure obligations throughout the calendar/plan year. Those disclosures are not included in this booklet. While Cadence Insurance may assist your employer in providing the required disclosures, it is ultimately your employer's responsibility to provide them to you. Please contact your employer if you have questions or need additional information.*

# COMPLIANCE DISCLOSURES

## SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact: [ZacharySchools@CadenceInsurance.com](mailto:ZacharySchools@CadenceInsurance.com) / (225) 336-3274

## NEWBORN'S ACT DISCLOSURE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Under the law, if your plan provides benefits for obstetrical services, your benefits will include coverage for postpartum services. Coverage will include benefits of inpatient care and home visit(s), which shall be in accordance with the medical criteria, outlined in the most current version of or an official update to the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists or the "Standards for Obstetric-Gynecologic Services" prepared by the American College of Obstetricians and Gynecologists. Coverage for obstetrical services as an inpatient in a general Hospital or obstetrical services by a Physician shall provide such benefits with durational limits, deductibles, coinsurance factors and copayments that are no less favorable than for physical illness generally.

## THE WOMEN'S HEALTH AND CANCER RIGHTS

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, 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;
  - Prostheses; and
  - Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: [insert deductibles and coinsurance applicable to these benefits]. If you would like more information on WHCRA benefits, call your plan administrator: [ZacharySchools@CadenceInsurance.com](mailto:ZacharySchools@CadenceInsurance.com) / (225) 336-3274

## PATIENT PROTECTION NOTICE

**Blue Cross Blue Shield of Louisiana** generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your plan administrator listed below.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from **Blue Cross Blue Shield of Louisiana** or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact **Blue Cross Blue Shield of Louisiana**.



# COMPLIANCE DISCLOSURES

## HIPAA PRIVACY NOTICE

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Name of Health Plan: ZACHARY COMMUNITY SCHOOL DISTRICT**

### **Why is the Plan providing me with this Privacy Notice?**

This Notice is being provided to you in accordance with the requirements of the Standards for Privacy of Individually Identifiable Health Information of the Health Insurance Portability and Accountability Act (the "HIPAA Privacy Rules"). The HIPAA Privacy rules are federal laws that seek to ensure the privacy and confidentiality of your health information. The HIPAA Privacy Rules require the Plan to take certain actions to protect the privacy of your health information. This Notice has been prepared to advise you of the uses and disclosures of your Protected Health Information (as defined below) that may be made by the Plan and to advise you of your rights and the Plan's legal duties relating to the privacy of your Protected Health Information.

### **What is Protected Health Information?**

Protected Health Information generally is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, health care clearinghouse, a health plan or your employer on behalf of a group health plan that relates to:

- (1) your past, present or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present or future payment for the provision of health care to you.

For example, the information included in an explanation of benefits ("EOB") from the Plan is Protected Health Information. In addition, Protected Health Information includes genetic information which includes information about your genetic tests or the genetic tests of your family members or the manifestation of a disease in one of your family members. For example, the fact that your spouse is diagnosed with Type II diabetes is genetic information.

### **Will the Plan have access to my Protected Health Information?**

Yes. As an individual enrolled in the Plan, you should be aware that the Plan may have access to your Protected Health Information from time to time. The Plan may receive your Protected Health Information in a variety of ways. An example of how the Plan may receive this information is when your healthcare provider, such as your doctor or your hospital, submits bills for services rendered to you to be paid by the Plan.

### **When may the Plan use or disclose my Protected Health Information?**

The law permits the Plan to use or disclose Protected Health Information to carry out "treatment," "payment" and other "health care operations". When the Plan makes uses or disclosures of your Protected Health Information for treatment, payment or health care operations purposes, the Plan is not required to notify you or obtain your Authorization (discussed further below).

**Treatment:** Treatment means the provision, coordination, or management of healthcare and related services by health care providers, including the coordination or management of health care by a health care provider with a third party (such as an insurer of the Plan), consultation between providers with respect to a patient, and the referral of a patient for health care from one provider to another. The Plan itself does not engage directly in "treatment" under the HIPAA Privacy Rules. However, the Plan may interact with a health care provider in treatment transactions.

**Payment:** Payment means activities undertaken by the Plan to determine eligibility for benefits or fulfill its responsibility for coverage and provision of benefits under the Plan. Examples of when the Plan might use or disclose Protected Health Information for payment purposes include disclosures to facilitate the payment of claims made on the Plan by health care providers, the Plan's activities to obtain or provide reimbursement for the provision of health care, or the Plan's activities in obtaining premiums. When the Plan discloses information for payment purposes, the Plan will attempt only to disclose that Protected Health Information which is minimally necessary to ensure proper and timely payment of claims.

**Health Care Operations:** The term "health care operations" means those other functions and activities that the Plan performs in connection with providing health care benefits. Examples of what constitute health care operations during which the Plan might use or disclose your Protected Health Information include activities relating to creation, renewal or replacement of a contract of health insurance or health benefits, business planning and development relating to the Plan, and compliance with the HIPAA Privacy Rules. Another example would include the Plan's use or disclosure of Protected Health Information to better manage its operations, such as when the Plan discloses information with a vendor or consultant (commonly referred to as a "Business Associate") to ensure proper accounting and record-keeping relating to the Plan's provision of health care benefits. Under contractual agreements with the Plan, Business Associates can receive, create, maintain, use, and disclose your Protected Health Information, without your consent, but only to assist the Plan with its payment, operations, and other limited purposes.

### **May the Plan use or disclose my Protected Health Information for other purposes?**

Yes. For uses or disclosures of Protected Health Information that are not made for treatment, payment, or health care operations purposes and for which no exception regarding Authorization applies, the law requires the Plan to obtain your Authorization. An Authorization is your approval for the Plan's disclosure of your Protected Health Information to a particular person or entity for a particular purpose. For example, in general and subject to specific conditions, the Plan will not use or disclose your psychiatric notes. You may revoke an Authorization at any time, but a revocation is not effective if the Plan has already reasonably relied on your Authorization to make a particular use or disclosure. Examples of when an Authorization would be required include when the uses or disclosures are made to your employer for disability, fitness for duty or drug testing purposes. Additionally, if you request that the Plan use or disclose your Protected Health Information, the Plan may require that you sign an Authorization that permits the Plan to honor your request.

### **When might the Plan make a use or disclosure of my Protected Health Information without my Authorization?**

As discussed above, the Plan is not required to obtain your Authorization to use or disclose your Protected Health Information for treatment, payment or health care operations purposes. Additionally, there are some limited exceptions in which the law allows the Plan to use or disclose your Protected Health Information for purposes other than treatment, payment, or health care operations without your Authorization. Most of these uses or disclosures are

# COMPLIANCE DISCLOSURES

## HIPAA PRIVACY NOTICE *Continued*

the types of uses or disclosures of Protected Health Information that may be made without your Authorization and without giving you the opportunity to object include those made: to avert communicable or spreading diseases; for public health activities; for federal intelligence, counter-intelligence and national security purposes; to properly assist law enforcement to carry out their duties; when a judge or administrative tribunal orders the release of such Protected Health Information; for cadaveric organ, eye and tissue donations (where appropriate); to help apprehend criminals; to assist armed forces personnel and operations; for military service, veterans affairs separation/discharge matters; for coroner/medical examiner purposes; for health oversight purposes (such as when the government requests certain information from the Plan to determine its compliance with applicable laws); to assist victims of abuse, neglect or domestic violence; to address work-related illness/workplace injuries and for workers' compensation purposes; to carry out clinical research that involves treatment where the proper body has determined the importance for doing so; for FDA-related purposes; for certain health and safety purposes; for funeral/funeral director purposes; to help determine veterans eligibility status; to protect Presidential and other high-ranking officials; and for reporting to correctional institutions/law enforcement officials acting in a custodian capacity.

There are also several types of uses or disclosures of Protected Health Information that the Plan may make without your Authorization as long as, whenever possible, you are given an opportunity to agree or object before the Plan makes the use or disclosure. These exceptions are very limited and generally involve the release of a limited amount of Protected Health Information to aid your family members, close personal friends, or disaster relief personnel in locating you in the event of an emergency or in case of your incapacity.

### **Will the Plan disclose my Protected Health Information to my employer?**

The Plan has the right to disclose your Protected Health Information to the Plan Sponsor, which is usually your employer, subject to certain limitations. The Plan may generally disclose to the Plan Sponsor information regarding whether you are enrolled in the Plan and "summary health information," which means information that summarizes the claims history and experiences of the individuals enrolled in the plan without specifically identifying you or other plan participants. The Plan may disclose this information without your Authorization, and the Plan Sponsor may only use the information for its activities relating to its sponsorship of the Plan. For example, the Plan Sponsor may use this information to seek bids from health insurers or to analyze its health plan expenses. If the Plan Sponsor needs more than "summary health information" or enrollment information to carry out its responsibilities, then documents that govern the Plan will determine the extent to which Protected Health Information may be used or disclosed, except that in no case may the Plan Sponsor use or disclose your Protected Health Information for employment-related decisions or for any other purposes other than as permitted by the Plan documents or by law. Additionally, Plan Sponsors that receive Protected Health Information from the Plan must make certain certifications to the Plan regarding the uses and disclosures of the information and must ensure that any agents or subcontractors of the Plan Sponsor agree to the same restrictions and conditions that apply to the Plan Sponsor.

### **Will the Plan use or disclose my Protected Health Information for marketing, fundraising or other similar purposes?**

While the Plan does not anticipate using or disclosing your Protected Health Information for marketing, fundraising or other similar purposes, under the HIPAA Privacy Rules, the Plan may only make such uses or disclosures with your Authorization, unless the Plan communicates with you face-to-face or provides you with some promotional gift of nominal value, in which case your Authorization would not be required.

### **Is the Plan Subject to Other Restrictions Regarding the Use and Disclosure of my Protected Health Information?**

The Plan will not:

- (1) use your genetic information for underwriting purposes, which includes determining whether you are eligible for benefits; or
- (2) directly or indirectly receive payment in exchange for your Protected Health Information unless the Plan obtains a valid authorization from you.

### **Do I have the right to request additional restrictions on the uses or disclosures of my Protected Health Information?**

Yes. You have the right to request additional restrictions relating to the Plan's use or disclosure of your Protected Health Information beyond those otherwise required under the HIPAA Privacy Rules. You also have the right to limit disclosures to family members or friends who are involved in your care or payment for your care. For example, you could ask that the Plan not use or disclose information about a surgery that you had. Although the Plan is not legally required to grant these requests, it is your right to make such a request. If the Plan agrees to the restriction, it can stop complying with the restriction after providing notice to you. For additional information or to obtain the proper form for making such a request, please contact the Plan's Privacy Officer.

### **May I request that certain communications of my Protected Health Information be made to me at alternate locations?**

Yes. The Plan may communicate your Protected Health Information to you in a variety of ways, including by mail or telephone. If you believe that the Plan's communications to you by the usual means will endanger you or your health care and you would like the Plan to make its communications that involve Protected Health Information to you at an alternate location, you may contact the Plan's Privacy Officer to obtain the appropriate request form. The Plan will only accommodate reasonable requests and may require information as to how payment, if any, will be handled.

### **Do I have the right to obtain access to my Protected Health Information?**

Generally yes. You have the right to request and obtain access to your Protected Health Information maintained by the Plan unless an exception applies. The Plan may deny you access to your Protected Health Information if the information is not required to be accessible under the HIPAA Privacy Rules or other applicable law. For example, you do not have a right to access information compiled by the Plan in anticipation of or for use in a civil, criminal or administrative proceeding.

If the information you request is maintained electronically, and you request an electronic copy, the Plan will provide a copy in the electronic form and format you request, provided the information may be readily produced in that manner. If not, the Plan will work with you to come to an agreement on form and format. If you and the Plan cannot agree on an electronic form and format, the Plan will provide you with a paper copy.

The Plan may charge you a reasonable, cost-based fee for copying (including the cost of supplies and labor) any Protected Health Information required to be copied to adequately respond to your access request, as well as any postage costs and costs associated with preparing an explanation or summary of the Protected Health Information necessary to adequately respond to your access request (unless otherwise precluded by applicable State or other law). If you would like to request access to your Protected Health Information, please notify the Plan's Privacy Officer so that you can complete the appropriate forms.

# COMPLIANCE DISCLOSURES

## HIPAA PRIVACY NOTICE *Continued*

### **Do I have the right to request an amendment to my Protected Health Information?**

Yes. You have the right to request that the Plan amend your Protected Health Information. The Plan reserves the right to deny or partially deny requests for amendments that are not required to be granted under the HIPAA Privacy Rules. For example, the Plan may deny a request for amendment when the Protected Health Information at issue is accurate and complete. If you would like to request an amendment of your Protected Health Information, please notify the Plan's Privacy Officer so that you can complete the appropriate forms.

### **Do I have the right to an accounting of disclosures of my Protected Health Information made by the Plan?**

Yes. You have the right to request and obtain a proper accounting of disclosures the Plan has made of your Protected Health Information. The Plan is not required to account for all uses and disclosures of Protected Health Information that the Plan makes. For example, the Plan is not required to provide an accounting for disclosures made for treatment, payment, or health care operations purposes or for disclosures made with your Authorization. Additionally, the Plan reserves the right to limit its accountings to disclosures made after the compliance date of the HIPAA Privacy Rules.

The Plan will provide you with your first accounting at no charge to you. If you request any additional accountings within a 12-month period, the Plan may charge you a reasonable, cost-based fee. At the time that you request a subsequent accounting, the Plan will provide you with information regarding the fees, and you will have the opportunity to withdraw or modify your request if you wish to do so. If you would like to request an accounting of your Protected Health Information, please notify the Plan's Privacy Officer so that you can complete the appropriate forms.

### **Do I have the right to receive notice if the privacy or security of my Protected Health Information is compromised?**

Yes. In certain circumstances, you have the right to receive notice from the Plan if the privacy or security of your Protected Health Information is compromised. The notice will describe what occurred, the date of the occurrence (or if later, the date on which the Plan learned of the occurrence), the type of information involved, actions you should take to protect your information, and actions the Plan is taking to mitigate the harm and reduce the likelihood of recurrence.

### **If I have an objection to the way my Protected Health Information is being handled, may I file a complaint?**

Yes. The Plan has procedures in place for receiving and resolving complaints. If you believe that the Plan has violated your privacy rights or has acted inconsistently with its obligations under the HIPAA Privacy Rules, you may file a complaint by contacting the Plan's Privacy Officer. You may send a letter outlining your complaint to the Privacy Officer or you may call the Privacy Officer and request a complaint form. The Plan requests that you attempt to resolve your complaint with the Plan via these complaint procedures since the Plan is in the best position to respond to your complaint. However, if you believe the Plan has violated your privacy rights, you may also file a complaint with the Office of Civil Rights ("OCR") at the United States Department of Health and Human Services ("HHS"). You may contact the HHS OCR at: Medical Privacy, Complaint Division, Office of Civil Rights, United States Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201, Voice Hotline Number (800) 368-1019, Internet Address [www.hhs.gov/ocr](http://www.hhs.gov/ocr).

It is against the policies and procedures of the Plan to retaliate against any person who has filed a privacy complaint, either with us or with HHS OCR. Should you believe that you are being retaliated against in any way upon your filing a complaint with us or the HHS OCR, please immediately contact the Plan's Privacy Officer, so that the Plan may properly address the issue.

### **May the Plan amend this Notice?**

Yes. The Plan is required to abide by the Notice that is currently in effect; however, the Plan reserves the right to change the terms of this Notice at any time and to make the new Notice effective for all Protected Health Information maintained by the Plan. If this Notice is amended, you will be provided with a copy of the new Notice through regular mail, electronic mail, posting at work site, posting on Intranet sites, or by some other reliable method intended to reach all Plan participants.

### **May I obtain a paper copy of this Notice?**

Yes. If you received this Notice via the Internet or electronic mail, you have the right to request and receive a paper copy of this Notice. If you would like to receive a paper copy of this Notice, please contact the Plan's Privacy Officer.

### **What if I have additional questions that are not answered in this Notice?**

If you have any questions, concern or issues relating to the privacy of your Protected Health Information that is not covered in this Notice, please contact [ZacharySchools@CadenceInsurance.com](mailto:ZacharySchools@CadenceInsurance.com) / (225) 336-3274

### **What is the effective date of this Notice?**

This Privacy Notice is effective as of **September 1, 2023**

## NOTES

Prepared by:



Prepared for:

**ZACHARY COMMUNITY SCHOOL DISTRICT**

