



# SEWERAGE AND WATER BOARD OF NEW ORLEANS

simplifying your  
benefits

| Products & Premium   | 2022 Employee Benefits   |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
|--|--|--|-----------------------|--|-------------------|---|--|--|--|------------------|--|---|-------------------|----------|--------|----------|--|---|-----|------|------------|------|---------|-----|-------|------|---------------------|------|--|---|
| <p><b>Medical Insurance</b></p> <p><u>Your Weekly Contribution Rate:</u></p> <table border="0"> <tr><td>Employee</td><td style="text-align: right;">\$24.92</td></tr> <tr><td>Employee + Child(ren)</td><td style="text-align: right;">\$46.00</td></tr> <tr><td>Employee + Spouse</td><td style="text-align: right;">\$53.50</td></tr> <tr><td>Family</td><td style="text-align: right;">\$59.07</td></tr> </table> <p><u>Your Bi-Weekly Contribution Rate:</u></p> <table border="0"> <tr><td>Employee</td><td style="text-align: right;">\$49.84</td></tr> <tr><td>Employee + Child(ren)</td><td style="text-align: right;">\$91.99</td></tr> <tr><td>Employee + Spouse</td><td style="text-align: right;">\$106.99</td></tr> <tr><td>Family</td><td style="text-align: right;">\$118.14</td></tr> </table>   | Employee   | \$24.92  | Employee + Child(ren) | \$46.00                                      | Employee + Spouse | \$53.50   | Family   | \$59.07                                | Employee   | \$49.84          | Employee + Child(ren)  | \$91.99                                   | Employee + Spouse | \$106.99 | Family | \$118.14 | <table border="0"> <tr> <td style="vertical-align: top;"> <p><u>Office Copay</u></p> <table border="0"> <tr><td>PCP</td><td style="text-align: right;">\$20</td></tr> <tr><td>Specialist</td><td style="text-align: right;">\$20</td></tr> </table> <p><u>Prescription Deductible</u></p> <p>\$100 Deductible per person (max of 3) for Brand Drugs Only</p> <p><u>Retail / Mail Rx Benefit*</u></p> <table border="0"> <tr><td>Generic</td><td style="text-align: right;">\$7</td></tr> <tr><td>Brand</td><td style="text-align: right;">\$20</td></tr> <tr><td>Non-Preferred Brand</td><td style="text-align: right;">\$20</td></tr> </table> </td> <td style="vertical-align: top; padding-left: 20px;"> <p><u>Deductible</u></p> <p>\$0 Single / \$250 Single<br/>\$0 Family / \$750 Family</p> <p><u>Coinsurance</u></p> <p>80%</p> <p><u>OOP Max</u></p> <p>\$1,500 Single / \$2,000 Single<br/>\$3,000 Family / \$4,000 Family</p> <p><u>ER Copay</u></p> <p>\$50 Copay / 80% coinsurance</p> <p><u>Hospital</u></p> <p>\$100 Copay/day (max. \$500 per hospital admission)</p> <p><u>Urgent Care</u></p> <p>\$20 Copay/ 80% coinsurance</p> <p><u>Wellness</u></p> <p>100% / 80%</p> <p><u>Maternity</u></p> <p>Included</p> </td> <td style="vertical-align: top; padding-left: 20px;"> <p><u>In-Network / Out-of-Network</u></p> </td> </tr> </table> <p><b>Specialty Medication: Limited to 30 day supply and must be ordered from Express Scripts at 1-800-803-2523. Specialty medications require prior authorization and quantity limits may apply. ** 1-30 Day Retail Supply; 90 Day Mail Order Supply</b></p> <p style="color: red; text-align: center;">For more information about limitations and exceptions, please see the plan or policy document at <a href="http://www.healthplan.org">www.healthplan.org</a></p> | <p><u>Office Copay</u></p> <table border="0"> <tr><td>PCP</td><td style="text-align: right;">\$20</td></tr> <tr><td>Specialist</td><td style="text-align: right;">\$20</td></tr> </table> <p><u>Prescription Deductible</u></p> <p>\$100 Deductible per person (max of 3) for Brand Drugs Only</p> <p><u>Retail / Mail Rx Benefit*</u></p> <table border="0"> <tr><td>Generic</td><td style="text-align: right;">\$7</td></tr> <tr><td>Brand</td><td style="text-align: right;">\$20</td></tr> <tr><td>Non-Preferred Brand</td><td style="text-align: right;">\$20</td></tr> </table> | PCP | \$20 | Specialist | \$20 | Generic | \$7 | Brand | \$20 | Non-Preferred Brand | \$20 | <p><u>Deductible</u></p> <p>\$0 Single / \$250 Single<br/>\$0 Family / \$750 Family</p> <p><u>Coinsurance</u></p> <p>80%</p> <p><u>OOP Max</u></p> <p>\$1,500 Single / \$2,000 Single<br/>\$3,000 Family / \$4,000 Family</p> <p><u>ER Copay</u></p> <p>\$50 Copay / 80% coinsurance</p> <p><u>Hospital</u></p> <p>\$100 Copay/day (max. \$500 per hospital admission)</p> <p><u>Urgent Care</u></p> <p>\$20 Copay/ 80% coinsurance</p> <p><u>Wellness</u></p> <p>100% / 80%</p> <p><u>Maternity</u></p> <p>Included</p> | <p><u>In-Network / Out-of-Network</u></p> |
| Employee   | \$24.92  |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| Employee + Child(ren)  | \$46.00  |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| Employee + Spouse  | \$53.50  |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| Family   | \$59.07  |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| Employee   | \$49.84  |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| Employee + Child(ren)  | \$91.99  |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| Employee + Spouse  | \$106.99   |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| Family   | \$118.14   |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| <p><u>Office Copay</u></p> <table border="0"> <tr><td>PCP</td><td style="text-align: right;">\$20</td></tr> <tr><td>Specialist</td><td style="text-align: right;">\$20</td></tr> </table> <p><u>Prescription Deductible</u></p> <p>\$100 Deductible per person (max of 3) for Brand Drugs Only</p> <p><u>Retail / Mail Rx Benefit*</u></p> <table border="0"> <tr><td>Generic</td><td style="text-align: right;">\$7</td></tr> <tr><td>Brand</td><td style="text-align: right;">\$20</td></tr> <tr><td>Non-Preferred Brand</td><td style="text-align: right;">\$20</td></tr> </table>  | PCP  | \$20   | Specialist            | \$20   | Generic           | \$7   | Brand  | \$20                                   | Non-Preferred Brand  | \$20             | <p><u>Deductible</u></p> <p>\$0 Single / \$250 Single<br/>\$0 Family / \$750 Family</p> <p><u>Coinsurance</u></p> <p>80%</p> <p><u>OOP Max</u></p> <p>\$1,500 Single / \$2,000 Single<br/>\$3,000 Family / \$4,000 Family</p> <p><u>ER Copay</u></p> <p>\$50 Copay / 80% coinsurance</p> <p><u>Hospital</u></p> <p>\$100 Copay/day (max. \$500 per hospital admission)</p> <p><u>Urgent Care</u></p> <p>\$20 Copay/ 80% coinsurance</p> <p><u>Wellness</u></p> <p>100% / 80%</p> <p><u>Maternity</u></p> <p>Included</p> | <p><u>In-Network / Out-of-Network</u></p> |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| PCP  | \$20   |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| Specialist   | \$20   |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| Generic  | \$7  |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| Brand  | \$20   |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| Non-Preferred Brand  | \$20   |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| <p><b>Dental Insurance</b><br/><i>Bundled with Medical Plan</i></p> <p><u>Dental Network</u> - Cigna Dental Shared Administration Plus</p>   | <table border="0"> <tr><td><b>Annual Maximum Per Member</b></td><td style="text-align: right;"><b>\$1,000*</b></td></tr> <tr><td><b>Preventive</b> (exams, cleanings, x-rays)</td><td style="text-align: right;"><b>100%</b></td></tr> <tr><td><b>Basic</b> (fillings, extractions, root canals)</td><td style="text-align: right;"><b>80%</b></td></tr> <tr><td><b>Major</b> (crown, bridge, dentures)</td><td style="text-align: right;"><b>50%</b></td></tr> </table> <p><small>* Oral exams for dependent children under age 19 do not apply to the annual maximum amount.</small></p>   | <b>Annual Maximum Per Member</b>   | <b>\$1,000*</b>       | <b>Preventive</b> (exams, cleanings, x-rays) | <b>100%</b>       | <b>Basic</b> (fillings, extractions, root canals) | <b>80%</b>   | <b>Major</b> (crown, bridge, dentures) | <b>50%</b>   |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| <b>Annual Maximum Per Member</b>   | <b>\$1,000*</b>  |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| <b>Preventive</b> (exams, cleanings, x-rays)   | <b>100%</b>  |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| <b>Basic</b> (fillings, extractions, root canals)  | <b>80%</b>   |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| <b>Major</b> (crown, bridge, dentures)   | <b>50%</b>   |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| <p><b>Vision Insurance</b><br/><i>Bundled with Medical Plan</i></p> <p><u>Vision Network</u> - VSP Choice</p>  | <table border="0"> <tr> <td style="vertical-align: top;"> <p><u>Frequency Allowance</u></p> <table border="0"> <tr><td><b>Exam</b></td><td style="text-align: right;">12 Months</td></tr> <tr><td><b>Lenses</b></td><td style="text-align: right;">12 Months</td></tr> <tr><td><b>Frames</b></td><td style="text-align: right;">12 Months</td></tr> </table> <p><u>Allowances / Deductibles</u></p> <p><b>Frames</b></p> <p>\$150 Allowance for a wide selection of frames<br/>\$170 Allowance for featured frame brands<br/>20% savings on the amount over your allowance</p> <p><b>Lenses</b></p> <p>Copay Only</p> <p><b>Contacts</b></p> <p>\$150 Allowance for contacts and contact lens exam<br/>15% savings on contact lens exam</p> <p><b>Diabetic Eyecare Plus Program</b></p> <p>\$20 Copay<br/>Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD)</p> <p><b>Extra Savings</b></p> <p><b>Retinal Screening</b> - no more than \$39 copay<br/><b>Laser Vision Correction</b> - average 15% off the regular price or 5% off the promotional price (Contracted facilities)</p> </td> <td style="vertical-align: top; padding-left: 20px;"> <p><u>Copays</u></p> <table border="0"> <tr><td><b>Exams</b></td><td style="text-align: right;">\$10</td></tr> <tr><td><b>Materials</b></td><td style="text-align: right;">\$25</td></tr> </table> </td> </tr> </table> | <p><u>Frequency Allowance</u></p> <table border="0"> <tr><td><b>Exam</b></td><td style="text-align: right;">12 Months</td></tr> <tr><td><b>Lenses</b></td><td style="text-align: right;">12 Months</td></tr> <tr><td><b>Frames</b></td><td style="text-align: right;">12 Months</td></tr> </table> <p><u>Allowances / Deductibles</u></p> <p><b>Frames</b></p> <p>\$150 Allowance for a wide selection of frames<br/>\$170 Allowance for featured frame brands<br/>20% savings on the amount over your allowance</p> <p><b>Lenses</b></p> <p>Copay Only</p> <p><b>Contacts</b></p> <p>\$150 Allowance for contacts and contact lens exam<br/>15% savings on contact lens exam</p> <p><b>Diabetic Eyecare Plus Program</b></p> <p>\$20 Copay<br/>Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD)</p> <p><b>Extra Savings</b></p> <p><b>Retinal Screening</b> - no more than \$39 copay<br/><b>Laser Vision Correction</b> - average 15% off the regular price or 5% off the promotional price (Contracted facilities)</p> | <b>Exam</b>           | 12 Months                                    | <b>Lenses</b>     | 12 Months   | <b>Frames</b>  | 12 Months                              | <p><u>Copays</u></p> <table border="0"> <tr><td><b>Exams</b></td><td style="text-align: right;">\$10</td></tr> <tr><td><b>Materials</b></td><td style="text-align: right;">\$25</td></tr> </table> | <b>Exams</b>     | \$10   | <b>Materials</b>                          | \$25              |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
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| <b>Exam</b>  | 12 Months  |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| <b>Lenses</b>  | 12 Months  |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| <b>Frames</b>  | 12 Months  |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| <b>Exams</b>   | \$10   |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| <b>Materials</b>   | \$25   |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |
| <p><b>Additional Offerings</b><br/><i>Bundled with medical plan</i><br/><i>Contact the Benefits Department for more informaton on any of these programs</i></p>  | <p>Assistance with improving the health and wellness of employees and their families. The medical plan comes with the following free benefits:</p> <ul style="list-style-type: none"> <li style="display: inline-block; width: 45%;">▪ Telemedicine</li> <li style="display: inline-block; width: 45%;">▪ Bariatric Surgery (copays apply)</li> <li style="display: inline-block; width: 45%;">▪ Care Management Program</li> <li style="display: inline-block; width: 45%;">▪ Employee Assistance</li> </ul>  |  |                       |  |                   |   |  |  |  |                  |  |   |                   |          |        |          |  |   |     |      |            |      |         |     |       |      |                     |      |  |   |

We are pleased to provide you with a brief outline of the benefits available to you as our employee. This is a brief summary and does not constitute a contract. Please refer to your Certificate of Insurance for further information.  
Information last updated 12/22/2021

| Products & Premium   | 2022 Employee Benefits  |  |   |
|--|---|--|---|
| <b>Employer Paid Term Life/AD&amp;D Insurance</b><br><i>Guardian</i> | <b>Life Benefit</b><br><b>AD&amp;D Benefit</b><br><b>Benefit Reduction</b>  | Flat \$25,000<br>Flat \$25,000<br>At age 65, reduce by 35% of the original amount; at age 70 reduce by 50%   |   |
| <b>Voluntary Term Life/AD&amp;D Insurance</b><br><i>Guardian</i>     | <b>Life Benefit</b><br>Employee:<br><br>Spouse:<br><br>Child:<br><br><b>AD&amp;D Benefit</b>  | \$10,000 increments to a max. of \$500,000<br><br>\$10,000 increments to a max. of \$250,000 not to exceed 100% of employee benefit<br><br>Flat \$10,000, not to exceed 100% of employee benefit<br><br>Matches Life | <b>Guaranteed Issue*</b><br>\$150,000<br><br>\$20,000<br><br>\$10,000 |
| <b>Voluntary Benefits - 100% Employee Paid</b><br><i>Guardian</i>    | These voluntary products are individually owned and are available to you and your family members annually at open enrollment. <ul style="list-style-type: none"> <li>• Group Accident</li> <li>• Critical Illness</li> <li>• Cancer</li> </ul>  |  |   |
| <b>Retirement</b>  | <b>Defined-Benefit Retirement Plan:</b> Employee Contribution - 6%<br><br>In addition, employees are provided with the option to participate in a 457(b) Deferred-Compensation Retirement Plan.   |  |   |
| <b>Paid Time Off</b>   | SW&B offers a paid time off program that provides a flexible work-life balance for all employees. <p><b>Holiday Pay:</b> Eligible to receive holiday pay for 11 observed holidays per calendar year</p> <p><b>Personal / Sick Leave:</b> Eligible to earn up to 13 days of PTO for Sick Leave AND 13 days of Annual Leave which can be used after 6 months of employment</p> <p><b>Parental Leave:</b> Paid Parental Leave is available after 12 months of employment</p> |  |   |

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