



SEWERAGE AND WATER BOARD OF NEW ORLEANS

simplifying your
benefits

Products & Premium	2025 Employee Benefits																																																																								
<p>Medical Insurance</p> <p><u>Your Weekly Contribution Rate:</u></p> <table> <tr> <td>Employee</td> <td style="text-align: right;">\$27.59</td> </tr> <tr> <td>Employee + Spouse</td> <td style="text-align: right;">\$59.23</td> </tr> <tr> <td>Employee + Child(ren)</td> <td style="text-align: right;">\$50.92</td> </tr> <tr> <td>Family</td> <td style="text-align: right;">\$65.40</td> </tr> </table> <p><u>Your Bi-Weekly Contribution Rate:</u></p> <table> <tr> <td>Employee</td> <td style="text-align: right;">\$55.18</td> </tr> <tr> <td>Employee + Spouse</td> <td style="text-align: right;">\$118.45</td> </tr> <tr> <td>Employee + Child(ren)</td> <td style="text-align: right;">\$101.84</td> </tr> <tr> <td>Family</td> <td style="text-align: right;">\$130.80</td> </tr> </table> <p><u>Medical Network</u> - UHC Choice + <u>Medical Administrator</u> - UMR <u>Pharmacy</u> - Express Scripts</p>	Employee	\$27.59	Employee + Spouse	\$59.23	Employee + Child(ren)	\$50.92	Family	\$65.40	Employee	\$55.18	Employee + Spouse	\$118.45	Employee + Child(ren)	\$101.84	Family	\$130.80	<table> <thead> <tr> <th colspan="2"></th> <th colspan="2" style="text-align: right;"><u>In-Network / Out-of-Network</u></th> </tr> </thead> <tbody> <tr> <td><u>Office Copay</u></td> <td></td> <td>Deductible</td> <td>\$0 Single / \$250 Single</td> </tr> <tr> <td>PCP</td> <td style="text-align: right;">\$20</td> <td></td> <td>\$0 Family / \$750 Family</td> </tr> <tr> <td>Specialist</td> <td style="text-align: right;">\$20</td> <td>Coinsurance</td> <td>100% / 80%</td> </tr> <tr> <td></td> <td></td> <td>OOP Max</td> <td>\$1,500 Single / \$2,000 Single</td> </tr> <tr> <td>\$100 Deductible per person (max of 3) for Brand Drugs Only</td> <td></td> <td></td> <td>\$3,000 Family / \$4,000 Family</td> </tr> <tr> <td></td> <td></td> <td>ER Copay</td> <td>\$50 Copay / \$50 Copay</td> </tr> <tr> <td></td> <td></td> <td>Hospital</td> <td>\$100 Copay/day (max. \$500 per hospital admission)</td> </tr> <tr> <td></td> <td></td> <td>Urgent Care</td> <td>\$20 Copay / 80% coinsurance</td> </tr> <tr> <td></td> <td></td> <td>Wellness</td> <td>100% / 80%</td> </tr> <tr> <td></td> <td></td> <td>Maternity</td> <td>Included</td> </tr> <tr> <td><u>Retail / Mail Rx Benefit*</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Generic</td> <td style="text-align: right;">\$7</td> <td></td> <td></td> </tr> <tr> <td>Non-Preferred Brand</td> <td style="text-align: right;">\$20</td> <td></td> <td></td> </tr> </tbody> </table> <p>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</p> <p style="color: red; font-size: small;">For more information about limitations and exceptions, please see the plan or policy document at www.umar.com</p>			<u>In-Network / Out-of-Network</u>		<u>Office Copay</u>		Deductible	\$0 Single / \$250 Single	PCP	\$20		\$0 Family / \$750 Family	Specialist	\$20	Coinsurance	100% / 80%			OOP Max	\$1,500 Single / \$2,000 Single	\$100 Deductible per person (max of 3) for Brand Drugs Only			\$3,000 Family / \$4,000 Family			ER Copay	\$50 Copay / \$50 Copay			Hospital	\$100 Copay/day (max. \$500 per hospital admission)			Urgent Care	\$20 Copay / 80% coinsurance			Wellness	100% / 80%			Maternity	Included	<u>Retail / Mail Rx Benefit*</u>				Generic	\$7			Non-Preferred Brand	\$20		
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<p>Additional Offerings</p> <p><i>Bundled with medical plan</i> <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 style="display: inline-block; width: 45%;">▪ Bariatric Surgery (copays apply) <li style="display: inline-block; width: 45%;">▪ Care Management Programs <li style="display: inline-block; width: 45%;">▪ Employee Assistance 																																																																								

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 10/10/2024



Products & Premium	2025 Employee Benefits		
Employer Paid Term Life/AD&D Insurance <i>Guardian</i>	Life Benefit AD&D Benefit Benefit Reduction	Flat \$25,000 Flat \$25,000 At age 65, reduce by 35% of the original amount; at age 70 reduce by 50%	
Voluntary Term Life/AD&D Insurance <i>Guardian</i>	Life Benefit Employee: Spouse: Child: AD&D Benefit *The "guarantee" means you are not required to answer health questions for coverage up to and including specific amounts, when you sign up for coverage during the initial enrollment period.	\$10,000 increments to a max. of \$500,000 \$5,000 increments to a max. of \$250,000 not to exceed 100% of employee benefit Flat \$10,000, not to exceed 100% of employee benefit Matches Life	Guaranteed Issue* \$150,000 \$25,000 \$10,000
Voluntary Benefits - 100% Employee Paid <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"> • Group Accident • Group Critical Illness 		
Retirement	Defined-Benefit Retirement Plan: Employee Contribution - 6% In addition, employees are provided with the option to participate in a 457(b) Deferred-Compensation Retirement Plan.		
Paid Time Off	SWBNO offers a paid time off program that provides a flexible work-life balance for all employees. Holiday Pay: Eligible to receive holiday pay for 14 observed holidays per calendar year Personal / Sick Leave: 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 Parental Leave: Paid Parental Leave is available after 12 months of employment		
Who to call	Carrier Name	Number	E-mail / Website
S&WB Benefits Department	--	504.585.2083	benefits@swbno.org
Benefit Verification	UMR	800.826.9781	www.umar.com
Medical Provider Search	UHC Choice + Network	--	www.umar.com
Prescription Verification	Express Scripts	800.334.8134	www.express-scripts.com
Prescription Mail Order	Express Scripts	800.334.8134	www.express-scripts.com
Bariatric Surgery	BariNet	855.564.7630	--
Telemedicine	First Stop Health	888.691.7867	www.fshealth.com
Dental Provider Search	UMR Dental	800.826.9781	www.uhc.com/find-a-doctor
Vision	VSP	800.877.7195	www.vsp.com
Life/AD&D Insurance	Guardian	800.627.4200	www.guardiananytime.com
Voluntary Benefits (Accident & Critical Illness)	Guardian	800.627.4200	www.guardiananytime.com
Medicare & Medicaid	Medicare & Medicaid	800.633.4227	www.cms.gov

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