



SEWERAGE AND WATER BOARD OF NEW ORLEANS

simplifying your
benefits

Products & Premium	2026	Employee Benefits																																														
<p>Medical Insurance</p> <p><u>Your Weekly Contribution Rate:</u></p> <table border="0"> <tr><td>Employee</td><td style="text-align: right;">\$28.14</td></tr> <tr><td>Employee + Spouse</td><td style="text-align: right;">\$60.71</td></tr> <tr><td>Employee + Child(ren)</td><td style="text-align: right;">\$51.94</td></tr> <tr><td>Family</td><td style="text-align: right;">\$68.01</td></tr> </table> <p><u>Your Bi-Weekly Contribution Rate:</u></p> <table border="0"> <tr><td>Employee</td><td style="text-align: right;">\$56.28</td></tr> <tr><td>Employee + Spouse</td><td style="text-align: right;">\$121.41</td></tr> <tr><td>Employee + Child(ren)</td><td style="text-align: right;">\$103.88</td></tr> <tr><td>Family</td><td style="text-align: right;">\$136.03</td></tr> </table> <p><u>Medical Network</u> - UHC Choice + <u>Medical Administrator</u> - UMR <u>Pharmacy</u> - Express Scripts</p>	Employee	\$28.14	Employee + Spouse	\$60.71	Employee + Child(ren)	\$51.94	Family	\$68.01	Employee	\$56.28	Employee + Spouse	\$121.41	Employee + Child(ren)	\$103.88	Family	\$136.03	<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>Rx: \$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>Preferred 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> <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>	PCP	\$20	Specialist	\$20	Generic	\$7	Preferred Brand	\$20	Non-Preferred Brand	\$20	<p><u>In-Network / Out-of-Network</u></p> <table border="0"> <tr><td>Deductible</td><td>\$0 Single / \$250 Single \$0 Family / \$750 Family</td></tr> <tr><td>Coinsurance</td><td>100% / 80%</td></tr> <tr><td>OOP Max</td><td>\$1,500 Single / \$2,000 Single \$3,000 Family / \$4,000 Family</td></tr> <tr><td>ER Copay</td><td>\$50 Copay / \$50 Copay</td></tr> <tr><td>Hospital</td><td>Inpatient: 100% / 80% Outpatient: \$100 copay per visit / 80%</td></tr> <tr><td>Urgent Care</td><td>\$20 Copay / 80%</td></tr> <tr><td>Lab Diagnostic / X-ray</td><td>\$20 Copay / 80%</td></tr> <tr><td>Advanced Imaging</td><td>100% / 80%</td></tr> <tr><td>Wellness</td><td>100% / 80%</td></tr> <tr><td>Maternity</td><td>Included</td></tr> </table>	Deductible	\$0 Single / \$250 Single \$0 Family / \$750 Family	Coinsurance	100% / 80%	OOP Max	\$1,500 Single / \$2,000 Single \$3,000 Family / \$4,000 Family	ER Copay	\$50 Copay / \$50 Copay	Hospital	Inpatient: 100% / 80% Outpatient: \$100 copay per visit / 80%	Urgent Care	\$20 Copay / 80%	Lab Diagnostic / X-ray	\$20 Copay / 80%	Advanced Imaging	100% / 80%	Wellness	100% / 80%	Maternity	Included
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<p>Dental Insurance <i>Bundled with Medical Plan</i></p> <p><u>Dental Network</u> - UHC PPO</p>	<p>Annual Maximum Per Member \$1,000*</p> <p>Preventive (exams, cleanings, x-rays) 100%</p> <p>Basic (fillings, extractions, root canals) 80%</p> <p>Major (crown, bridge, dentures, implants) 50%</p> <p style="font-size: small;">* Oral exams for dependent children under age 19 do not apply to the annual maximum amount.</p>																																															
<p>Vision Insurance <i>Bundled with Medical Plan</i></p> <p><u>Vision Network</u> - VSP Choice</p>	<p><u>Frequency Allowance</u></p> <table border="0"> <tr><td>Exam</td><td>12 Months</td></tr> <tr><td>Lenses</td><td>12 Months</td></tr> <tr><td>Frames</td><td>12 Months</td></tr> </table> <p><u>Allowances / Deductibles</u></p> <p>Frames \$150 Allowance for a wide selection of frames \$170 Allowance for featured frame brands 20% savings on the amount over your allowance</p> <p>Lenses Copay Only</p> <p>Contacts \$150 Allowance for contacts and contact lens exam 15% savings on contact lens exam</p> <p>Diabetic Eyecare Plus Program \$20 Copay Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD)</p> <p>Extra Savings Retinal Screening - no more than \$39 copay Laser Vision Correction - average 15% off the regular price or 5% off the promotional price (Contracted facilities)</p>	Exam	12 Months	Lenses	12 Months	Frames	12 Months	<p><u>Copays</u></p> <table border="0"> <tr><td>Exams</td><td style="text-align: right;">\$10</td></tr> <tr><td>Materials</td><td style="text-align: right;">\$25</td></tr> </table>	Exams	\$10	Materials	\$25																																				
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<p>Additional Offerings <i>Bundled with medical plan</i> <i>Contact the Benefits Department for more information 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"> ▪ Telemedicine (First Stop Health) ▪ Care Management Programs ▪ Bariatric Surgery (copays apply) ▪ Employee Assistance Program 																																															

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 10/13/2025



Products & Premium	2026 Employee Benefits		
Employer Paid Term Life/AD&D Insurance <i>Guardian</i>	Life Benefit	Flat \$25,000	
	AD&D Benefit	Flat \$25,000	
	Benefit Reduction	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		Guaranteed Issue*
	Employee:	\$10,000 increments to a max. of \$500,000	\$150,000
	Spouse:	\$5,000 increments to a max. of \$250,000 not to exceed 100% of employee benefit	\$25,000
	Child:	Flat \$10,000, not to exceed 100% of employee benefit	N/A
	AD&D Benefit	Matches Life Benefit	
	*The "Guaranteed Issue" means you are not required to answer health questions for coverage up to specific amounts when you sign up for coverage during the initial enrollment period. Please refer to Employee Navigator for cost of coverage.		
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 eight (8) weeks 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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