

Lafourche Parish School Board



Gallagher

Insurance | Risk Management | Consulting

2024 Employee Benefits Booklet

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Welcome

The Lafourche Parish School Board is committed to your overall health and well-being. We are pleased to offer a quality, competitive benefits package that provides valuable health care and financial protection for you and your family.

Your benefits are a significant part of your total compensation at the Lafourche Parish School Board. It is your responsibility to make sure you understand them and use them wisely. This handbook, which features important information about our health and welfare benefit plans, is designed to help you do just that.

Please review the information in this booklet to learn about the plans being offered and determine what coverage is right for you. Questions may be directed to the LPSB's Benefits Specialist, Brintonie Prestenbach, by calling 985-435-4650 or emailing bprestenbach@mylpsd.com. It is our hope that your benefit package will provide added security for you and your family members to the highest level of quality and service.

IMPORTANT 2024 OPEN ENROLLMENT CHANGE

If you do not want to make any changes during open enrollment for the 2024 plan year, you do NOT need to do anything, and your 2023 current benefit elections will automatically roll over to 2024. Your benefits will roll over to all plans with any new carrier and will reflect any rates changes for plan year 2024.

If you want to make any changes (add, change, or cancel) for 2024 calendar year, it is REQUIRED that you do so during open enrollment period between Wednesday, November 1, 2023 thru Friday, November 17th, 2023. PLEASE REMEMBER, IF YOU DO NOT MAKE YOUR OPEN ENROLLMENT CHANGES WITHIN THIS TIME PERIOD, YOUR CURRENT 2023 BENEFIT ELECTIONS WILL CONTINUE THROUGH ALL OF 2024 UNLESS YOU EXPERIENCE AN IRS QUALIFYING EVENT.

PLEASE NOTE IMPORTANT CHANGE, IF YOU HAD ELECTED FLEXIBLE SPENDING ACCOUNTS DURING 2023, IT WILL AUTOMATICALLY ENROLL FOR 2024 CALENDAR YEAR. IF YOU WISH TO CANCEL OR CHANGE YOUR ELECTION FOR 2024, YOU MUST MAKE YOUR OPEN ENROLLMENT CHANGE BETWEEN Wednesday, November 1, 2023 thru Friday, November 17th, 2023.

Steps for enrollment:

For NEW HIRES: Within 30 days of hire, a Colonial Life enrollment agent will contact you to schedule an enrollment meeting. You are required to attend the meeting. Insurance coverage will become effective on the 1st of the month following 1 month of full-time employment.

For OPEN ENROLLMENT: This occurs annually. All requested changes, additions, and terminations will take effect for plan year beginning January 1st and will be locked in through December 31st. No changes, additions, or terminations can be made during the plan year unless an employee has a qualifying event such as marriage, birth, death, divorce, adoption, loss of coverage, etc. Qualifying events must be submitted to Brintonie Prestenbach in the insurance department at 985-435-4650 or bprestenbach@mylpsd.com within 30 days of the qualifying event date.

Employees that need to MAKE CHANGES ONLY need to access our benefits enrollment platform www.employeenavigator.com to make those changes. If you choose to keep all benefits the same for plan year of January 1, 2024, you do not need to do anything! Every benefit you currently have will "roll over" to plan year 2024.

This will include those benefits with carrier and rate changes. For those employees that want to review, add, term, or make changes to your current elections or dependents, visit your enrollment site at: www.employeenavigator.com. Your company identifier will be: LAFOURCHE PSB. Questions can be emailed to insurance@mylpsd.com.

Items required for enrollment

- **Dependent information (if applicable):** Name, Social Security Number, Date of Birth, Address
- **Beneficiary information:** Name, Social Security Number, Date of Birth, Address

IMPORTANT NOTES:

- Cafeteria Plan IRS Regulations require all benefit eligible employees to sign an election form whether participating or not participating in benefit programs. This requirement will apply to changes only.
- Certain benefit products are Guaranteed Issue at the time of hire ONLY.
- Elected benefit premiums are offered to employees through payroll deductions.
- Healthcare Exchange Notices and other notices such as HIPAA Special Enrollment Rights, HIPAA Enrollment Privacy Notice, Women's Health and Cancer Rights Act Notification, Medicare Prescription Notices, CHIP Notices, Michelle's Law, Newborns' Act Disclosure, COBRA General Notice, Wellness Program Notices, Etc. can be found at [LPSB BLE site](#) or the LPSB's home page at www.mylpsd.com.
- If you choose to make any benefit changes (enroll, cancel, waive, change), it will be the employee's responsibility to review their final election form from the Employee Navigator enrollment platform to confirm all elections are in fact CORRECT. Your final print out reflecting your elections will control for the new plan year. The deadline for making any changes for the new plan year of January 1 will be the last day of the enrollment window.

Additional detailed benefits information can also be found at <https://learn.coloniallife.com/LPSB> [LPSB Benefits Learning Experience](#) or at the Lafourche Parish School Board's home page at www.mylpsd.com under the insurance department link.

Affordable, quality health care protection is one of the most valuable benefits you enjoy as a member of the Lafourche Parish School Board. Both options below are self-funded medical plans administered by **Blue Cross & Blue Shield of Louisiana**. The plans provide comprehensive, flexible coverage with many features. Below are some highlights from each plan. You can find more detailed information on each medical plan at [LPSB BLE site](#) or the LPSB's home page at www.mylpsd.com under the insurance department link.

To take advantage of the self-enrollment option please click the following link: www.employeenavigator.com.

MEDICAL	PLAN OPTION 1: Group Care Copay		PLAN OPTION 2: Blue Saver HDHP	
	In Network	Out of Network	In Network	Out of Network
Deductible Individual/Family	\$2,500/\$5,000	\$5,000/\$10,000	\$3,000/\$6,000	\$6000/\$12,000
Out of Pocket Individual/Family	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/ \$10,000	\$10,000/\$20,000
Coinsurance	40%	60%	20%	40%
Primary Care Office Visit	\$20 Copay	60% Coinsurance	20% Coinsurance	40% Coinsurance
Specialist Office Visit	\$35 Copay	60% Coinsurance	20% Coinsurance	40% Coinsurance
Mental Health/Substance Abuse Office Visit	\$20 Copay	60% Coinsurance	20% Coinsurance	40% Coinsurance
Wellness/Preventative	Covered	60% Coinsurance	20% Coinsurance	40% Coinsurance
Emergency Room	\$100 Copay, then 40%Coinsurance		20% Coinsurance	
Urgent Care	\$40 Copay	60% Coinsurance	20% Coinsurance	40% Coinsurance

PRESCRIPTION DRUGS	Administered by Elixir		Administered by Express Scripts	
	Retail	Mail Order and Diabetic	Retail	Mail Order
RX Deductible	N/A		Integrated with Medical Deductible	
Out of Pocket Max	\$1,900 Per Member/\$4,500 Per Family Per Calendar Year- Deductible applies to OOP Max		Integrated with Medical OOP Max	
Generic	\$15.00 Copay	\$37.50 Copay	20% Coinsurance	20% Coinsurance
Preferred Brand	\$40.00 Copay	\$100.00 Copay	40% Coinsurance	40% Coinsurance
Non-Preferred Brand	\$55.00 Copay	\$137.50	40% Coinsurance	40% Coinsurance
Specialty	N/A	Lesser of \$150 or 20%	40% Coinsurance	40% Coinsurance

RATES	Employee Monthly Rate	Employer Monthly Rate	Employee Monthly Rate	Employer Monthly Rate
Employee Only	\$162.70	\$380.33	\$138.30	\$380.33
Employee + 1	\$403.69	\$511.23	\$343.14	\$511.23
Employee + 2 or more	\$732.63	\$716.21	\$622.73	\$716.21

In the event the unthinkable happens, life insurance can help protect your family at their time of need. From burial to income protection, you can choose the life insurance that will best protect your needs. Enroll today to secure their future! Below are some highlights from your life option plans Administered by **Guardian**. You can find more detailed information at [LPSB BLE site](#) or the LPSB's home page at www.mylpsd.com under the insurance department link.

To take advantage of the self-enrollment option please click the following link: www.employeenavigator.com.

What Your Benefits Cover:	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides \$25,000 Basic Term Life Coverage for all full time employees.	\$10,000 Increments to a maximum of \$400,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Accidental Death and Dismemberment coverage.	Enhanced employee, spouse, and child(ren) coverage. Maximum 1 times life amount.
Spouse Benefit	N/A	\$5,000 increments to a maximum of \$400,000. See Cost Illustration page for details.
Child Benefit	N/A	Your dependent children age birth to 26 years. You may elect \$10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The "guarantee" means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage is up to \$25,000 per employee - New Hires	We Guarantee Issue coverage for New Hires, during open enrollment subject to Evidence of Insurability up to: Employee \$100,000 Spouse \$25,000 Dependent children \$10,000
Premiums	Covered by your company if you meet eligibility requirements	Covered by you based on per \$1000 of coverage
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions	Yes, with age and other restrictions
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 50% at age 70, 65% at age 75	35% at age 65, 50% at age 70, 65% at age 75

Voluntary Life / AD&D Rates per \$1,000 of Coverage

Composite Employee Rate	\$0.42
Spouse	\$0.42
Child	\$0.06

The Lafourche Parish School Board offers eligible employees and their family comprehensive, quality dental coverage options administered by **Ameritas Insurance Company**. Below are some highlights from the dental plan. You can find more detailed information on each dental plan at [LPSB BLE site](#) or the LPSB's home page at www.mylpsd.com under the insurance department link. Locate an Ameritas provider at: Ameritas.com.

To take advantage of the self-enrollment option please click the following link www.employeenavigator.com.

HIGH PLAN with Orthodontia		In-Network U&C	Out-of-Network U&C
Preventive	Routine Oral Exams	100%	100%
	Bitewing X-Rays		
	Full-mouth or Panoramic X-Rays		
	Routine Cleanings		
	Fluoride Cleanings(children 1 and under)		
	Space Maintainers for children		
	Sealants (Age 15 and under)		
Basic	Restorative Composites	80%	80%
	Onlays		
	Injections of antibiotics and other therapeutic medications		
	Fillings for Cavities		
	Crowns and Crown Repairs		
	Endodontics (nonsurgical)		
	Endodontics (surgical)		
	Periodontics (nonsurgical)		
	Periodontics (surgical)		
	Simple Extractions		
	Complex Extractions		
	Anesthesia		
Major	Consultations	50%	50%
	Denture Repair		
	Prosthodontics (fixed bridge, removable complete/partial dentures)		
Orthodontia	Child Coverage only (up to age 19)	50%	50%
Deductible	Calendar Year Annual deductible (Waive Type 1)	\$50 Individual	\$50 Individual
	Waived for: In Network - Preventive, Out of Network - Preventive	\$150 Family	\$150 Family
Maximum Benefit	Calendar year maximum for Preventive and Basic Services	\$1,000	\$1,000
RATES	Employee Monthly	Employer Monthly	
Employee Only	\$29.32	\$5.00	
Employee & Spouse	\$70.88	\$5.00	
Employee & Child(ren)	\$66.44	\$5.00	
Employee & Family	\$109.30	\$5.00	

The Lafourche Parish School Board offers eligible employees and their family comprehensive, quality dental coverage options administered by **Ameritas Insurance Company**. Below are some highlights from the dental plan. You can find more detailed information on each dental plan at [LPSB BLE site](#) or the LPSB's home page at www.mylpsd.com under the insurance department link. Locate an Ameritas provider at: Ameritas.com.

To take advantage of the self-enrollment option please click the following link www.employeenavigator.com.

HIGH PLAN		In-Network U&C	Out-of-Network U&C
Preventive	Routine Oral Exams	100%	100%
	Bitewing X-Rays		
	Full-mouth or Panoramic X-Rays		
	Routine Cleanings		
	Fluoride Cleanings(children 1 and under)		
	Space Maintainers for children		
	Sealants (Age 15 and under)		
Basic	Restorative Composites	50%	50%
	Onlays		
	Injections of antibiotics and other therapeutic medications		
	Fillings for Cavities		
	Crowns and Crown Repairs		
	Endodontics (nonsurgical)		
	Endodontics (surgical)		
	Periodontics (nonsurgical)		
	Periodontics (surgical)		
	Simple Extractions		
Major	Consultations	30%	30%
	Anesthesia		
	Prostodontics (fixed bridge, removable complete/partial dentures)		
	Complex Extractions		
	Denture Repair		
Orthodontia	Not Covered	0%	0%
Deductible	Calendar Year Annual deductible (Waive Type 1)	\$50 Individual	\$50 Individual
	Waived for: In Network - Preventive, Out of Network - Preventive	\$150 Family	\$150 Family
Maximum Benefit	Calendar year maximum for Preventive and Basic Services	\$1,000	\$1,000
RATES	Employee Monthly	Employer Monthly	
Employee Only	\$25.38	\$5.00	
Employee & Spouse	\$62.12	\$5.00	
Employee & Child(ren)	\$53.16	\$5.00	
Employee & Family	\$91.10	\$5.00	

2024 Dental Plan Options

Ameritas
Insurance Company

The Lafourche Parish School Board offers eligible employees and their family comprehensive, quality dental coverage options administered by **Ameritas Insurance Company**. Below are some highlights from the dental plan. You can find more detailed information on each dental plan at [LPSB BLE site](#) or the LPSB's home page at www.mylpsd.com under the insurance department link. Locate an Ameritas provider at: Ameritas.com.

To take advantage of the self-enrollment option please click the following link www.employeenavigator.com.

LOW PLAN		In-Network	Out-of-Network
Preventive	Routine Oral Exams	100%	100%
	Bitewing X-Rays		
	Full-mouth or Panoramic X-Rays		
	Routine Cleanings		
	Fluoride Cleanings (children 1 and under)		
	Space Maintainers for children		
	Sealants (Age 15 and under)		
Basic	Denture Repair	50%	50%
	Injections of antibiotics and other therapeutic medications		
	Fillings for Cavities		
	Periodontics (nonsurgical)		
	Periodontics (surgical)		
	Restorative Composites		
	Simple Extractions		
Anesthesia			
Major	Not Covered	0%	0%
Orthodontia	Not Covered	0%	0%
Deductible	Calendar Year Annual deductible (Waive Type 1)	\$50 Individual	\$50 Individual
	Waived for: In Network - Preventive, Out of Network - Preventive	\$150 Family	\$150 Family
Maximum Benefit	Calendar year maximum for Preventive and Basic Services	\$1,000	\$1,000
RATES	Employee Monthly	Employer Monthly	
Employee Only	\$15.22	\$5.00	
Employee & Spouse	\$44.60	\$5.00	
Employee & Child(ren)	\$44.12	\$5.00	
Employee & Family	\$76.10	\$5.00	

2024 Vision Plan Options

Ameritas
Insurance Company

The Lafourche Parish School Board offers you and your family a voluntary vision plan administered by **Ameritas Insurance Company**. Below are some highlights from this plan. You can find more detailed information at www.ameritas.com or the LPSD's home page www.mylpsd.com under the insurance department link.

To take advantage of the self-enrollment option please click the following link: www.employeenavigator.com.

VISION PLAN	IN-NETWORK MEMBER BENEFITS	OUT-OF-NETWORK REIMBURSEMENT
VISION CARE SERVICES		
Eye Examination	Covered in full after \$10	Up to \$45.00
Materials: \$10 Copayment	(Materials copay applies to frame or spectacles lenses, if applicable.)	
Frame Allowance	Up to \$150 retail /Walmart and Costco Wholesale	Up to \$75.00
Single Vision	Covered in full after materials copay	Up to \$30.00
Bifocal	Covered in full after materials copay	Up to \$50.00
Trifocal	Covered in full after materials copay	Up to \$65.00
Lenticular	Covered in full after materials copay	UP to \$100.00
Standard Progressives	Coverage varies	N/A
Elective	\$150.00 allowance	\$120.00
Medically Necessary	Covered in full	\$210.00
Refractive Laser Surgery	Up to 15% off regular and 5% off promotional	
Eye Examination	Once every 12 Months	Once every 12 Months
Lenses or contact lenses	Once every 12 Months	Once every 12 Months
Frame	Once every 24 Months	Once every 24 Months
Network: VSP	Locate a VSP provider at: Ameritas.com	

RATES:

Tiers	Employee Monthly Rates
Employee	\$6.27
Employee + Dependent	\$11.27
Employee + Family	\$16.77

Disability is a benefit paid to you to replace a portion of your income in the event you are out of work due to an injury or illness. Both Short Term and Long Term Disability are administered by **Cigna**. Below are some highlights from each plan. You can find more detailed information at [LPSB BLE site](#) or the LPD's home page at www.mylpsd.com under the insurance department link.

To take advantage of the self-enrollment option please click the following link: www.employeenavigator.com.

SHORT TERM DISABILITY SUMMARY OF BENEFITS

Benefit Amount	60% of weekly earnings
Maximum Weekly Benefit	\$1,000 per week
Maximum Benefit Duration	11 weeks
Benefits Waiting Period	14 days
Pre-existing Condition Limitation	Late entrant 12/12

RATES

Voluntary Benefit	
\$0.67- Monthly rate per \$10 of weekly covered benefit	

SAMPLE PREMIUM CALCULATION

Annual Salary Divided by 52	=	Weekly Earnings	X	STD Benefit% (.60%) (Max \$1,000)	/	10 (Max \$1,000)	X	STD RATE \$0.67	=	Monthly Premium
/ 52	=	_____	X	_____	/	_____	X	_____	=	_____

LONG TERM DISABILITY SUMMARY OF BENEFITS

Benefit Amount	60%
Maximum Monthly Benefit	\$6,000 per month
Maximum Benefit Duration	Age 65
Benefits Waiting Period	90 days
Pre-existing Condition Limitation	New Hire 3/12-Late entrant 12/24

RATES

Voluntary Benefit	
\$0.40- Monthly rate per \$100 of monthly covered payroll	

SAMPLE PREMIUM CALCULATION

Monthly Earnings Maximum \$6,000		Rate \$0.40		Amount Divided by 100		Monthly Premium
\$ _____	X	\$ _____	/	_____	=	_____

Other Benefits Options

Bayou Wellness Program

Employees can save up to \$500 on major medical deductible in the 2024 plan year by completing the new Healthcare IQ and an annual wellness screening.

Login to WWW.MyHealthPark.com to learn more.

- Employee Member ID: LPSB plus your employee ID number
- Spouse Member ID: LPSBSP plus the employee's ID number

Care Plus Coaching Program

Managing a chronic condition can be difficult without the proper support and guidance you need. With the new Chronic Care Management Program, you will have access to a registered nurse who will help you keep your condition under control. Call today at 1-800-838-0337

Legal Shield Protection

[LegalShield](#) provides Legal and Identity theft protection for everyone, everywhere, no matter how traumatic or trivial the situation.

Click [here](#) for Benefit Overview

Employee Assistance Program

A free program for employees and their families offering confidential, professional assessments and counseling services.

Login Info: LafourchParishSchool

Password: LPSD

Lafourche Parish Public Schools - We Can Help
1-800-448-4470 Toll Free / 225-927-0160 Local



Other Benefit Plan Options *continued*

CPI – Flexible Spending Account

Employees currently participating in the Flexible Spending Account(s) will have their 2023 elections “roll over” to 2024. It is important that you if you want to make any changes in your 2024 FSA amounts, you will need to logon to employee navigator and make your appropriate election for the plan year starting January 1, 2024. If you have or anticipate any “unspent” FSA dollars in your account, it will be “in addition” to your 2023 election. Please consider this when you project what your needs will be for the 12 months in 2024. The IRS allows up to \$610 to carry over into 2024.



What is a Flexible Benefit Plan?

It's a benefit provided by your employer that lets you set aside a certain amount of your paycheck into an account before paying income taxes. Then, during the year, you can use funds in the account to pay for qualified medical or daycare expenses with the untaxed dollars.

What are the benefits of participating in a Flex Plan?

Your biggest benefit is saving payroll withholding taxes. What that means to you is that you'll save \$25 - \$40 on every \$100 you budget to pay for qualified expenses with the money in your flexible benefit account. That's because you don't pay taxes on the money you set aside each pay period for your flex account. (Your savings are based on the percentage of payroll taxes you would have paid, had you not put your money into a flex account.) **Effective for plan years beginning on or after January 1, 2013, participant salary reductions to your Health Care FSA may not exceed the maximum permitted under Code Section 125(i). Salary reductions (contributions) to your Health Care FSA limit may be less, review your Summary Plan Description (SPD) for contribution levels.**

What expenses qualify for payment with my Flex Dollars?

Most qualified expenses are for goods or services that you'll buy anyway. They include health care costs such as co-pays and doctor's fees; prescribed over the counter (OTC) drugs and medications; dental and eye care expenses; and day care expenses for dependents so you can work.

How do I pay for qualified expenses?

You fill out a claim form found online at www.mycpitem.com or use the claim form and instructions provided by your employer. Simply complete the form and attach copies of the healthcare or dependent care bills, then fax or mail the form to CPI. Within a week or so you will receive your Tax-Free reimbursement. Your payment options are check or direct deposit. If your employer has set up the debit card option (Take Care Visa) you may simply swipe your card for qualified expenses and the amount will be deducted from your account. Note: when using the Take Care Card, you must keep all receipts in case of an audit. Debit card users will only need to file a claim when purchasing prescribed OTC items or when the merchant does not accept your debit card.

How does money get deposited into my account?

Through regular payroll deductions. It's that simple. Estimate how much you spend annually on the expenses that qualify to be paid from your flex account, then enroll! (See worksheet on page 3 of this booklet.)

How do I know how much is available for me to spend?

Your balance and other account details are always available online @ www.mycpisupport.com or by calling our office. 866-241-0237.

Must money be deposited in my account before I pay expenses or file a claim?

NO. The entire annual amount you elect for the Health Flexible Spending Account (FSA) is available on the first day and through-out the plan year. However, funds in the dependent care account are available only when they are deposited into your account.

I already have health insurance. Why should I participate in the Flexible Benefit Plan for medical expenses?

This account is used to pay for expenses not covered by insurance. These include co-pays, prescribed OTC medications, glasses, contacts, orthodontics, and prescription drugs, just to name a few.

I don't use my employer's health insurance. Can I still save?

YES. You can still set aside money through regular payroll deductions (before taxes are taken out) to budget and pay for qualified expenses. Remember, a qualified expense paid from this plan cannot be reimbursed from another plan.

I take a dependent care credit on Form 1040. Will this Dependent Care Account save more?

The more you earn, the more you'll save. In addition, you'll also save social security tax (FICA) with a Dependent Care Account; don't wait until April 15 to take the credit. Now you can save taxes on every paycheck. Which is best for you? Visit our website and use the easy calculator to determine your savings or contact your tax advisor.

If I set aside part of my paycheck, won't I make less money?

NO. For every dollar you set aside to pay qualified expenses, you save FICA, federal income tax and (where applicable) state withholding. Your net take-home pay will increase by the taxes you save. Plus, when you pay a qualified expense or receive a cash reimbursement, it's TAX-FREE.

Can I change my contributions during the year?

Only if you have a qualifying change in status such as marriage, birth, adoption, or a change in your spouse's employment status or a dependent's change in status.

What if I don't use all of the money in my account?

Generally, unused balances may not be paid to you in cash or used in a later year. However, for the Health FSA or Dependent Care Account, your employer may have elected to allow you to incur expenses up to 2 ½ months after the plan year end and use the remaining plan year balance to reimburse those expenses.

What happens to my account if I terminate employment?

You may request reimbursement from your FSA for qualified expenses incurred prior to your termination. Check your Summary Plan Description for additional rights provided by your employer's plan.

Are there any negatives that I should know about?

Because you may not pay social security tax on the amount of gross pay you set aside for qualified expenses, your social security benefits at retirement may be slightly reduced. However, most tax advisors recommend taking advantage of current tax-savings opportunities. Also, if disability insurance is paid on a pre-tax basis, any future benefits you receive will be taxable.





ACCIDENTS CAN HAPPEN TO ANYONE

You never know when you or someone you love could get hurt in an accident. And accidents come with costs, such as emergency room fees, doctor's bills and lost income from missing work. Even if you have good health insurance, deductibles and co-pays can really add up.

With accident insurance from Colonial Life, you can receive benefits to help with the expenses of a covered accident. This financial protection can help you focus on what really matters: healing.

WITH THIS COVERAGE:

- A set amount is payable based on the injury you suffer and the treatment you receive.
- You do not need to answer medical questions or have a physical exam to get basic coverage.
- Unlike workers' compensation, which only covers on-the-job injuries, accident insurance covers injuries that happen on the job or off the job.
- Coverage is available for you, your spouse and eligible dependent children.

If guaranteed-issue coverage is available, you won't have to answer health questions. For more details, talk with your Colonial Life benefits counselor. Benefits may be subject to a pre-existing condition provision.

ColonialLife.com

Some states may require insureds to be covered by comprehensive health insurance before applying for certain coverages.

ACCIDENT INSURANCE PROVIDES LIMITED BENEFITS.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. For cost and complete details of coverage, call or write your Colonial Life benefits counselor. **NOT FOR USE IN AZ, NM, NY, OR, WY.**

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Talk with your
Colonial Life
benefits counselor
to learn more.





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WOULD YOU BE FINANCIALLY PREPARED FOR CANCER?

If you were diagnosed with cancer, you could have expenses that medical insurance doesn't cover. In addition to your regular, ongoing bills, you could have to pay for out-of-network treatment, child care, home health care services, and other indirect treatment and recovery costs.

Hopefully, you and your family will never face cancer. If you do, cancer insurance from Colonial Life can help protect the lifestyle you've worked to build.

WITH THIS COVERAGE:

- Coverage options are available for you and your eligible dependents.
- Benefits are payable regardless of any other insurance you may have with other companies.
- You can use benefits to help pay for travel to and from treatment centers, lodging and meals, deductibles – or any other way you choose.
- You may have the option of purchasing additional riders for even more financial protection against cancer.

If guaranteed-issue coverage is available, you won't have to answer health questions. For more details, talk with your Colonial Life benefits counselor. Benefits may be subject to a pre-existing condition provision.

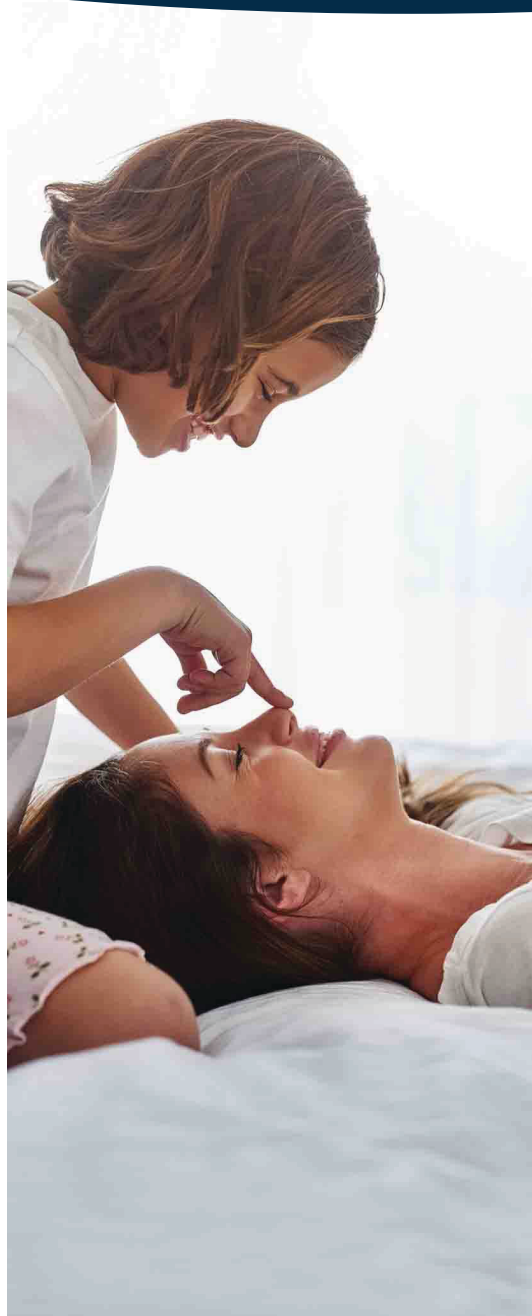
ColonialLife.com

Some states may require insureds to be covered by comprehensive health insurance before applying for certain coverages.

CANCER INSURANCE PROVIDES LIMITED BENEFITS.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. For cost and complete details of coverage, call or write your Colonial Life benefits counselor. **NOT FOR USE IN AZ, NM, NY, OR, WY.**

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YOU CAN'T PREDICT AN ILLNESS, BUT YOU CAN BE PREPARED

No matter where you are in life, you never know when you or a loved one could experience a critical illness, such as a heart attack or stroke. Medical advancements and early detection are helping many people survive critical illnesses. However, preventive tests and treatment can lead to increased medical expenses, and your health insurance may not cover these costs.

Critical illness insurance from Colonial Life helps supplement your major medical coverage by providing a lump-sum benefit you can use to pay the direct and indirect costs related to a covered critical illness.

WITH THIS COVERAGE:

- Benefits are payable directly to you, unless you specify otherwise.
- You may receive additional benefits if you're diagnosed with more than one critical illness.
- Coverage options are available for you, your spouse and eligible dependent children.

If guaranteed-issue coverage is available, you won't have to answer health questions. For more details, talk with your Colonial Life benefits counselor. Benefits may be subjected to a pre-existing condition provision.

Talk with your
Colonial Life
benefits counselor
to learn more.



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Some states may require insureds to be covered by comprehensive health insurance before applying for certain coverages.

CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFITS.

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Hospital Indemnity Insurance Colonial Life



GET HELP WITH RISING HEALTH CARE COSTS

If you're admitted to the hospital because of a covered accident or sickness, it's important to focus on your recovery – not your finances. That's easier said than done if you have costly co-payments, deductibles and other expenses coming your way.

Hospital indemnity insurance from Colonial Life can help you pay for medical expenses that your health insurance may not cover.

WITH THIS COVERAGE:

- Benefits are payable directly to you (unless you specify otherwise) and can be used as you see fit.
- Coverage is available for you, your spouse and eligible dependent children.
- Benefits are payable regardless of any other insurance you may have with other companies.

If guaranteed-issue coverage is available, you won't have to answer health questions. For more details, talk with your Colonial Life benefits counselor. Benefits may be subject to a pre-existing condition provision.

ColonialLife.com

Some states may require insureds to be covered by comprehensive health insurance before applying for certain coverages.

HOSPITAL INDEMNITY INSURANCE PROVIDES LIMITED BENEFITS.

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LIFE INSURANCE THAT COMES WITH GUARANTEES – BECAUSE LIFE DOESN'T

You can't predict the future, but you can rest easier knowing you have life insurance with lifelong guarantees.

Whole life insurance provides features – cash value accumulation, premium rates and a death benefit (minus any loans and loan interest) – that help ensure those benefits will be there to help protect your family's way of life.

WITH THIS COVERAGE:

- Life insurance benefits for the beneficiary are typically free from income tax.
- You have three opportunities to purchase additional coverage with no proof of good health required if you are 55 or younger when you initially purchase coverage.
- The policy's accelerated death benefit can pay a percentage of the death benefit if the covered individual is diagnosed with a terminal illness. Accelerated benefit payments will reduce the amount the policy pays upon the recipient's death.
- A \$3,000 immediate claim payment can be paid to the designated beneficiary as an advance of the death benefit.

If guaranteed-issue coverage is available, you won't have to answer health questions. For more details, talk with your Colonial Life benefits counselor. Benefits may be subject to a pre-existing condition provision.

ColonialLife.com

Some states may require insureds to be covered by comprehensive health insurance before applying for certain coverages.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. For cost and complete details of coverage, call or write your Colonial Life benefits counselor. **NOT FOR USE IN AZ, NM, NY, OR, WY.**

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Provider Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below or your local human resources department.

Self Enrollment Option: www.employeenavigator.com

BENEFIT	CARRIER	PHONE	WEBSITE/EMAIL
MEDICAL	Blue Cross Blue Shield of Louisiana	800-363-9150	www.bcbsla.com or bbscustomerservice@bcbsla.com
LIFE AND AD&D	Guardian	800-627-4208	www.guardiananytime.com
DENTAL	Ameritas	800-487-5553	www.ameritas.com
VISION	Ameritas	800-877-7195	www.ameritas.com
DISABILITY	Cigna	888-842-4462	Cigna.com
WELLNESS	Bayou Wellness - Sterling Wellness Solution	800-838-0337	www.myhealthpark.com
EMPLOYEE ASSISTANCE PROGRAM	Hidalgo Health Associates	800-927-0160 225-927-0160	www.healthassociatesllc.com
FLEXIBLE SPENDING ACCOUNT	CPI	866-241-0280	cpisupport@mycpiteam.com www.mycpitem.com
PRODUCTS	Colonial Life	800-325-4368	Coloniallife.com
LAFOURCHE PARISH SCHOOL BOARD	Benefits Department	985-435-4650	insurance@mylpsd.com
LEGAL SHIELD	Legal Shield	800-654-7757	www.legalshield.com

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.



