



# 2022 ANNUAL ENROLLMENT BENEFITS GUIDE

# WELCOME

We are pleased to offer a comprehensive voluntary benefit program to our valued employees. This benefits guide will provide you with information about the voluntary benefits available to you and how to enroll.

As you review this guide, you will notice that you have a full array of options for your benefits. Having choices means that you can select those plans and options best suited to your family's particular needs. To make informed choices regarding your benefits, please take the time to learn about the features of the various new plan offerings by reviewing this guide and consulting with your HR office, if needed.

This guide is designed to provide an overview of your benefits program to help you choose the benefits that are right for you and your family. As you read through the guide, please think carefully about your needs and the options that might best work for you. To enroll in your employee supplemental insurance plans, you will utilize the self-service site dedicated to assist you, <https://aflac.benselect.com/Enroll>. Enter your SSN and PIN to access the site. PIN is last four digits of your SSN plus the last two digits of your birth year. Contact your HR office if you require any assistance.



**Open Enrollment is October 4 - 15, 2021.**

## Eligibility

- Must be a Full Time Employee. Full time employee means 75% effort or greater per pay period (average of 30 hours per week)
- Eligible for benefits on the 1st of the month following one full, calendar month of employment.
- Eligible Dependents
  - Legal Spouse
  - Children to age 26 (through age 25) regardless of student/marital status.

**If you are adding dependents, please be prepared with your dependent's name, social and date of birth.**

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# DENTAL

Caring for your oral health should not break the bank. Dental Insurance from Guardian can provide for x-rays, exams and procedures, and it covers preventative cleaning at no cost.

	High Plan	Low Plan
<b>Deductible:</b>	\$50 Annual Maximum 3 Per Family Waived for Class A (Applies to Class B & C Services)	\$50 Annual Maximum 3 Per Family Waived for Class A (Applies to Class B & C Services)
<b>Benefit Year Maximum per Calendar Year: (Applies to Class A, B &amp; C Services if applicable)</b>	\$1,500	\$1,000
<b>Carryover Benefit:</b>	Yes	Yes
<b>Coinsurance</b>		
Class A Preventive	100%	100%
Class B Basic	80%	80%
Class C Major	50%	Not covered
Class D Orthodontia	50%	Not covered
<b>Class A - Preventive Services</b>		
<b>Coinsurance</b>	100%	100%
<b>Waiting Period</b>	None	None
<b>Routine Exams</b>	1 per 6 months	1 per 6 months
<b>Prophylaxis</b>	1 per 6 months One additional cleaning is covered for medical conditions at the recommendation of the member's physician	1 per 6 months One additional cleaning is covered for medical conditions at the recommendation of the member's physician
<b>Bitewing x-rays</b>	1 per 12 months	1 per 12 months
<b>Full mouth x-ray</b>	1 per 24 months	1 per 24 months
<b>Fluoride to age 16</b>	1 per 6 months, to age 19	1 per 6 months, to age 19
<b>Sealants to age 16</b>	1 per 36 months, to age 16	1 per 36 months, to age 16
<b>Space maintainers to age 16</b>	Covered	Covered
<b>Adjunctive pre-diagnostic oral cancer screening (ages 40+)</b>	1 per 12 months, age 40+	1 per 12 months, age 40+
<b>Class B - Basic Services</b>		
<b>Coinsurance</b>	80%	80%
<b>Waiting Period</b>	None	None
<b>Emergency Pain</b>	1 per 6 months if no other services	1 per 6 months if no other services
<b>Fillings+</b>	Includes amalgam restorations on posterior teeth	Includes amalgam restorations on posterior teeth
<b>Anesthesia*</b>	Subject to review, covered with complex oral surgery	Subject to review; covered with complex oral surgery
<b>Simple Extractions</b>	Yes	Yes
<b>Oral Surgery</b>	Surgical extractions and impactions	Surgical extractions and impactions
<b>Repairs</b>	Crowns, dentures, and bridges	Not covered

# DENTAL

	High Plan	Low Plan
<b>Class C - Major Services</b>		
<b>Coinsurance</b>	50%	Not covered
<b>Waiting Period</b>	None	
<b>Non-surgical periodontics Endodontics (root canals) Surgical periodontics (gum treatments) In-lays Onlays Crowns, bridges, dentures, and implants**</b>	Yes	
<b>Class D - Orthodontics</b>		
<b>Coinsurance</b>	50%	Not covered
<b>Waiting period</b>	12 months (waived if previous dental plan covered)	
<b>Lifetime/Annual Maximum</b>	\$1000/None Adult & Dependent Children to age 26 only	
<b>Reimbursements</b>		
<b>In Network</b>	Fee Schedule	Fee Schedule
<b>Non-Network</b>	Maximum allowable charge based on 90th percentile	Maximum allowable charge based on 90th percentile



# DENTAL

12-Month Rates*	High Plan	Low Plan
<b>Employee</b>	\$31.16	\$20.82
<b>Employee + Spouse</b>	\$58.54	\$39.26
<b>Employee + Child(ren)</b>	\$62.46	\$45.20
<b>Employee + Family</b>	\$90.24	\$63.30

\* Employees who are paid over the 9- or 10-month academic year have special arrangements for benefit premium deductions. Extra (pre-collected) deductions are taken out of each paycheck to pay for voluntary insurances during the summer months.

## Guardian Dental<sup>SM</sup> carryover benefits

Each benefit year, if the Guardian annual dental claim payment does not exceed the threshold limit, portion of the annual maximum will carry over to the next year, subject to the carryover account maximum..

	Dental Plan Annual Maximum	Threshold Limit	Carryover Amount	Carryover Account Maximum	Total Potential Annual Maximum
<b>Low Plan</b>	\$1,000	\$700	\$350	\$1,250	\$2,250
<b>High Plan</b>	\$1,500	\$700	\$350	\$1,250	\$2,750

## Other specifications

- Each covered family member receives their own carryover benefit.
- A member must be on the plan for a minimum of four months before accruing carryover benefits.
- Carryover benefit cannot be used towards orthodontia.
- A member's carryover account will be eliminated and the accrued carryover benefits lost if the insured has a break in coverage for any length of time or any reason.

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*\*For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. \*General Anesthesia - restrictions apply. : +For PPO and or Indemnity members, Fillings - restrictions may apply to composite fillings.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America®. Insurance products are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

# VISION

Routine eye examinations not only determine the need for corrective eyewear or lenses; it may also detect general health problems early.

	In-Network Employee Pays	Out-of-Network Plan Pays
<b>Exam</b>	\$0 Co-pay	Up to \$40
<b>Retinal Imaging</b>	Up to \$39	Not covered
<b>Standard plastic lenses</b>		
<b>Single Vision</b>	\$10 Co-pay	Up to \$30
<b>Bifocal</b>	\$10 Co-pay	Up to \$50
<b>Trifocal</b>	\$10 Co-pay	Up to \$70
<b>Lenticular</b>	\$10 Co-pay	Up to \$70
<b>Standard Progressive</b>	\$10 Co-pay	Up to \$50
<b>Premium Progressive Tier 1</b>	\$95 Co-pay	Up to \$50
<b>Premium Progressive Tier 2</b>	\$105 Co-pay	
<b>Premium Progressive Tier 3</b>	\$120 Co-pay	
<b>Premium Progressive Tier 4</b>	\$185 Co-pay	
<b>Lens Options</b>		
<b>Polycarbonate Lenses</b>	\$0 Co-pay (under age 19) \$40 Co-pay (adult)	Up to \$20 (under age 19) Not covered (adult)
<b>Standard Scratch Resistant Coating</b>	\$0 Co-pay	Up to \$8
<b>Frames</b>		
<b>Member may select any frame available</b>	\$150 allowance plus 20% off balance <b>Frames at PLUS Providers*</b> <b>\$200 allowance plus 20% off balance</b>	Up to \$105

<b>Contact Lenses</b>		
<b>Conventional</b>	\$150 allowance plus 15% off balance	Up to \$105
<b>Disposable</b>	\$150 allowance	Up to \$105
<b>Medically Necessary</b>	\$0 Co-pay	Up to \$210
<b>Standard Contact Lens Fitting Exam Fee</b>	Up to \$40 Co-pay	Not covered
<b>Specialty Contact Lens Fitting Exam Fee</b>	10% off retail price	Not covered
<b>Plus</b>		
40% off additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used – an industry exclusive		
20% off any item not covered by the plan, including non-prescription sunglasses		
*PLUS Providers include Target Optical, LensCrafters, and Pearle Vision		



# VISION

12-Month Rates*	
<b>Employee</b>	\$6.72
<b>Employee + Spouse</b>	\$12.76
<b>Employee + Child(ren)</b>	\$13.44
<b>Employee + Family</b>	\$18.74

\* Employees who are paid over the 9 or 10-month academic year have special arrangements for benefit premium deductions. Extra (pre-collected) deductions are taken out of each paycheck to pay for voluntary insurances during the summer months.

### LASIK

LASIK or PRK from US Laser Network 15% off retail price or 5% off promotional price. For LASIK, call 800-988-4221.

### Hearing Care

Through Amplifon Hearing Health Care Network, members receive up to 64% off hearing aids, an extended warranty, free batteries and a low price guarantee. For hearing care, call 877-203-0675.

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate.

# FLEXIBLE GROUP DISABILITY

Flexible Group Disability insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need. Standard Insurance Company (The Standard) has developed this document to provide you with information about the optional coverage you may select through Louisiana Community & Technical College System.

Employee Purchase Options	
<b>Monthly Benefit</b>	\$100 to \$10,000 available in \$100 increments
<b>Maximum Benefit</b>	Up to a maximum of 60% of the employee's predisability monthly earnings.
<b>Evidence of Insurability (EOI) Rules</b>	Annual open enrollment; no EOI required; see below for information on the Preexisting Condition Provision
<b>Maximum Benefit Duration</b>	If you become disabled before age 62, Long Term Disability (LTD) benefits may continue during disability until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years 6 months, whichever is longer. If you become disabled at age 62 or older the benefit duration is determined by the age when disability begins. See full benefit summary for more detailed information.
<b>Elimination Period for Injury/Sickness</b>	14/14 days 30/30 days 60/60 days 90/90 days 180/180 days
<b>Definition of Disability</b>	For the benefit waiting period and the first 24 months for which LTD benefits are paid, you are considered disabled when you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of your own occupation AND are suffering a loss of at least 20 percent of your indexed predisability earnings when working in your own occupation.
<b>Preexisting Limitation</b>	3/12*

## Standard Plan Features Included:

- 24-Hour Coverage
- Rehabilitation Plan
- Reasonable Accommodation Expense Benefit
- Rehabilitation Incentive Benefit
- Employee Assistance Program
- Survivors Benefit
- Family Care Expense Benefit

## Preexisting Condition Provision

For the first 90 days of disability, we will pay benefits even if you have a condition subject to the preexisting condition limitation. After 90 days, we will continue benefits only for conditions for which the preexisting condition exclusion or limitation does not apply. Benefits amounts subject to the preexisting condition exclusion will be excluded from payment. A preexisting condition is a mental or physical condition for which you or a reasonably prudent person would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications, or a mental or physical condition which, as a result of any medical examination, including routine examination, was discovered or suspected.

- Pre-existing Condition Period: the 90-day period just before your insurance becomes effective or any insurance increases become effective
- Specified Exclusion and Limitation Period: 12 months





# FLEXIBLE GROUP DISABILITY

## Coverage Exclusions:

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification

If applicable, with respect to insurance increases, you are not covered for the insurance increase if your disability is caused or contributed to by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period.

12-Month Rates per Increment of \$100*					
	Elimination Period (Days)				
<b>Injury/Sickness (Days)</b>	14/14	30/30	60/60	90/90	180/180
<b>Monthly Rate</b>	\$3.02	\$2.58	\$2.10	\$1.73	\$1.30

\* Employees who are paid over the 9- or 10-month academic year have special arrangements for benefit premium deductions. Extra (pre-collected) deductions are taken out of each paycheck to pay for voluntary insurances during the summer months.

**1. Choose an Elimination Period:**     14/14     30/30     60/60     90/90     180/180

## 2. Calculate Your Maximum Monthly Benefit:

$$\frac{\$ \text{Annual Earnings}}{12} = \$ \text{Monthly Earnings} \times 60\% \text{ Benefit} = \$ \text{Maximum Monthly Benefit}$$

Your maximum benefit is the lesser of \$10,000 or the "Maximum Monthly Benefit" calculated above, rounded to the nearest \$100. The maximum benefit shown here is the highest amount for which you can apply.

**3. Choose any Monthly Benefit Amount:** You may not purchase more coverage than the maximum monthly benefit amount. You may choose any amount up to and including your maximum in \$100 increments. Write your benefit amount choice below.

Monthly Benefit Amount: \$ \_\_\_\_\_

**4. Calculate Your Cost:** Enter your chosen Monthly Benefit Amount and the rate from the rate sheet corresponding to your Elimination Period chosen above.

$$\frac{\$ \text{Monthly Benefit}}{100} = \$ \text{Your Rate} \times \$ \text{Your Monthly Cost**}$$

\*\*Final cost may vary due to rounding.

# FLEXIBLE GROUP DISABILITY

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,\* which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential--information will be released only with your permission or as required by law.

## Employee Assistance Program (EAP)

You, your dependents (including children to age 26)\*\* and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online live chat, and email. You can get referrals to support groups, a network counselor, community resources, or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone, by video or text.

### EAP services can help with:

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution
- Online will preparation and other legal documents

## WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

### Online Resources

Visit [healthadvocate.com/standard3](http://healthadvocate.com/standard3) to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

\*The EAP service is provided through an arrangement with Health Advocate(SM), which is not affiliated with The Standard. Health Advocate(SM) is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10-2,499 lives. This service is only available while insured under The Standard's group policy.

\*\*Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | [standard.com](http://standard.com)



# TERM LIFE AND AD&D

Life insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) insurance provides an extra layer of protection if you die or become dismembered in an accident. You can also cover your eligible spouse and child(ren).

## This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you are dismembered, become terminally ill or die
- A special Guarantee Issue enrollment opportunity this year. See Open Enrollment section for additional details.

## Open Enrollment \*SPECIAL OPPORTUNITY\*

During Annual Enrollment from October 4 through October 15, 2021

- **For You:** If you are currently enrolled in Life insurance for an amount less than \$250,000, you may elect to increase your coverage up to, but not to exceed, the guarantee issue amount of \$250,000 without having to answer health questions. If you are not currently enrolled in Life insurance, you may elect up to \$250,000 of coverage without having to answer health questions.
- **For Your Spouse:** If your spouse is currently enrolled in Dependents Life insurance for an amount less than \$50,000, you may elect to increase coverage up to, but not to exceed, the guarantee issue amount of \$50,000 without having to answer health questions. If your spouse is not currently enrolled in Dependents Life insurance, you may elect up to \$50,000 of coverage without having to answer health questions.
- **For Your Child(ren):** If your child(ren) is/are currently enrolled in Dependents Life insurance for an amount less than \$10,000, you may elect to increase coverage up to the maximum coverage amount of \$10,000 without having to answer health questions. If your child(ren) is/are not currently enrolled in Dependents Life insurance, you may elect coverage up to the maximum coverage amount of \$10,000 without having to answer health questions.

## How much Term Life Insurance can I apply for?

- For You: \$10,000 to \$500,000 in increments of \$10,000
- For Your Spouse: \$5,000 to \$500,000 in increments of \$5,000. The coverage amount for your spouse cannot exceed 100 percent of your Life coverage.
- For Your Children: \$2,000 to \$10,000 in increments of \$2,000. The coverage amount for your child(ren) cannot exceed 100 percent of your Life coverage.

## What is the Guarantee Issue Maximum?

Depending on your eligibility, this is the maximum amount of coverage you may apply for during the initial enrollment without answering health questions.

- For You: Up to \$250,000
- For Your Spouse: Up to \$50,000

**Age Reduction:** Under this plan, your coverage amount reduces to 65 percent at age 65 and to 50 percent at age 70. Your spouse's coverage amount reduces by your spouse's age as follows: to 65 percent at age 65 and to 50 percent at age 70. If you or your spouse are age 65 or over, ask your human resources representative or plan administrator for the amount of coverage available.

# TERM LIFE AND AD&D

## AD&D Insurance

This benefit is paid if you or your dependents are seriously injured or pass away as a result of a covered accident.

### What Does My AD&D Benefit Provide?

- For You: If you elect AD&D insurance coverage, the benefit amount is the same as the Life insurance benefit.
- For Your Spouse: If you elect AD&D insurance coverage, the benefit amount is the same as the Life insurance benefit.
- For Your Child(ren): If you elect AD&D insurance coverage, the benefit amount is the same as the Life insurance benefit.

Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.

See the Important Details section of the full benefits summary for more information, including requirements, exclusions, age reductions, and definitions.

## Additional Features

### Life Insurance

- **Accelerated Benefit:** If you become terminally ill, you may be eligible to receive up to 75 percent of your Life benefit to a maximum of \$500,000.
- **Travel Assistance\*:** Available 24 hours a day, this service connects you to resources when you're traveling at least 100 miles from home or in a foreign country for up to 180 days.
- **Life Services Toolkit\*\*:** This service allows you and your beneficiaries access to online content for will preparation, identity theft support and other tools and calculators, and provides your beneficiaries with services for grief, and legal and financial matters.

### AD&D Insurance

- **Seat Belt and Air Bag Benefit(s):** The Standard may pay an additional benefit if you die while wearing a seat belt, provided certain conditions are met. If the car's air bags deploy during an accident, an air bag benefit may also be payable.
- **Family Benefits Package:** This benefit is designed to help surviving family members maintain their standard of living and pursue their dreams. Included in the package are benefits to help with child care, career adjustment for your spouse and higher education for your child(ren).

\*This service is provided through an arrangement with a service provider who is not affiliated with The Standard. Travel Assistance is not an insurance product in all states except Oregon. For more information, visit [www.standard.com/travel-info](http://www.standard.com/travel-info).

\*\*The Life Services Toolkit is offered through an arrangement with a service provider that is not affiliated with The Standard. For more information, visit [www.standard.com/mytoolkit-info](http://www.standard.com/mytoolkit-info).



# TERM LIFE AND AD&D

12-Month Life Rates* (Per \$1,000)			
Employee Age	Employee/Spouse	Employee Age	Employee/Spouse
15-24	\$0.043	50-54	\$0.230
25-29	\$0.060	55-59	\$0.430
30-34	\$0.068	60-64	\$0.660
35-39	\$0.085	65-69	\$1.270
40-44	\$0.094	70+	\$2.060
45-49	\$0.136		
Child(ren)	\$0.20		

12-Month AD&D Rates* (Per \$1,000)		
	Employee/Spouse	Child
Any Age	\$0.015	\$0.015
AD&D Covered Losses and Benefits		
	For Loss of	Benefit Will Be
Life		100%
One hand or one foot		50%
Sight in one eye		50%
Two or more of the losses listed above		100%

**Premium:** Calculate your term life premium as follows:

$$\frac{\text{Term Life Face Value}}{\$1,000} = \text{Premium by Age} \times \text{Monthly Premium}^*$$

**Example: Employee, Age 53, Spouse Age 48**

- Employee \$100,000 coverage (Life & AD&D)
- Spouse \$50,000 coverage (Life & AD&D)
- Children \$10,000 coverage (Life & AD&D)

**\$100,000 term life and AD&D coverage for self**

$$\frac{\$100,000}{\$1,000} = 100 \times \$0.245 = \$24.50$$

Term Life Face Value                      Premium by Age      Monthly Premium\*

**\$50,000 term life and AD&D coverage for spouse**

$$\frac{\$50,000}{\$1,000} = 50 \times \$0.151 = \$7.55$$

Term Life Face Value                      Premium by Age      Monthly Premium\*

**\$10,000 term life and AD&D coverage for all eligible children**

$$\frac{\$10,000}{\$1,000} = 10 \times \$0.215 = \$2.15$$

Term Life Face Value                      Premium by Age      Monthly Premium\*

**Employee's total monthly premium \$24.50 + \$7.55 + \$2.15 = \$34.20**

\* Employees who are paid over the 9 or 10-month academic year have special arrangements for benefit premium deductions. Extra (pre-collected) deductions are taken out of each paycheck to pay for voluntary insurances during the summer months.

**Coverage Effective Date for Life Coverage**

To become insured, you must:

- Meet the eligibility requirements listed in the policy documents,
- Serve an eligibility waiting period, Receive medical underwriting approval (if applicable),
- Apply for coverage and agree to pay premium, and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of insurance including Dependents Life insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee. You may have a different effective date for Life coverage below and above the guarantee issue amount.



# CRITICAL ILLNESS

The Aflac Group Critical Illness Plan provides cash benefits when an insured person is diagnosed with a covered critical illness. These benefits are paid directly to the employee (unless otherwise assigned). The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness.

## Coverage Amounts

- **Employee**
  - Face amounts between \$5,000 and \$20,000 in \$5,000 increments
  - Guaranteed Issue up to \$20,000
- **Spouse**
  - Coverage amounts can be \$5,000, \$7,500, or \$10,000
  - Coverage amount can be up to 50% of the amount elected by the employee, except if the employee enrolls in \$5,000 the spouse can enroll in \$5,000
  - Guaranteed Issue up to \$10,000
- **Child(ren)**
  - Up to 50% of the face amount elected by the employee

## Plan Features and Provisions

- Rate type is Issue Age – premiums will not increase due to moving into new age band
- Coverage is portable
- No pre-existing condition limitation
- No initial waiting period
- Waiver of premium benefit included
- \$50 annual health screening benefit (applies to employee and spouse; children are not eligible)
- **First Occurrence Benefit:** An insured may receive up to 100% of the benefit selected upon the first diagnosis of each covered critical illness; if the date of diagnosis is while coverage is in force, and the certificate does not exclude the illness or condition by name or specific description.
- **Additional Diagnosis:** Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness. There is a 6-month waiting period between dates of diagnosis.
- **Re-occurrence Benefit:** Once benefits have been paid for a critical illness, we will pay additional benefits for that same critical illness when the dates of diagnosis are separated by at least 6 months, or the insured has been treatment free from cancer for at least 12 months and is currently treatment free.
- **Waiver of Premium Benefit:** After 90 days of total disability for an employee due to a covered critical illness, premiums will be waived for the insured and any covered dependents for the duration specified in the certificate.

Critical Illness	Percentage of Face Amount
<b>Cancer (Internal or Invasive)</b>	100%
<b>Heart Attack (Myocardial Infarction)</b>	100%
<b>Major Organ Transplant</b>	100%
<b>Kidney Failure (End-Stage Renal Disease)</b>	100%
<b>Stroke</b>	100%
<b>Sudden Cardiac Arrest</b>	100%
<b>Bone Marrow Transplant</b>	100%
<b>Non-Invasive Cancer</b>	25%
<b>Coronary Artery Bypass Surgery</b>	25%
<b>Skin Cancer</b>	\$250 per calendar year

# CRITICAL ILLNESS

12-Month Rates*	Employee Non-Tobacco		Spouse Non-Tobacco		
	Employee Age	\$10,000	\$20,000	\$5,000	\$10,000
18-29		\$4.77	\$8.11	\$3.10	\$4.77
30-39		\$7.15	\$12.87	\$4.29	\$7.15
40-49		\$12.98	\$24.53	\$7.21	\$12.98
50-59		\$24.27	\$47.11	\$12.85	\$24.27
60+		\$45.62	\$89.81	\$23.53	\$45.62

12-Month Rates*	Employee Tobacco		Spouse Tobacco		
	Employee Age	\$10,000	\$20,000	\$5,000	\$10,000
18-29		\$6.32	\$11.20	\$3.87	\$6.32
30-39		\$10.63	\$19.83	\$6.03	\$10.63
40-49		\$19.91	\$38.39	\$10.67	\$19.91
50-59		\$38.77	\$76.11	\$20.10	\$38.77
60+		\$70.96	\$140.50	\$36.20	\$70.96

\* Employees who are paid over the 9 or 10-month academic year have special arrangements for benefit premium deductions. Extra (pre-collected) deductions are taken out of each paycheck to pay for voluntary insurances during the summer months.



# ACCIDENT

The Aflac Group Accident plan provides cash benefits directly to you (unless otherwise assigned) that help with out-of-pocket expenses – medical and nonmedical – associated with treatment in the event of a covered accident.

### How are benefits paid?

Benefits will be paid on a fee schedule based on the accident or injury. In order to receive the cash benefit, you must file a claim with Aflac.

Eligible Treatments	
Doctor's Office	\$150
Doctor's Office with x-ray	\$250
Emergency/Urgent Care	\$200
Emergency/Urgent Care with x-ray	\$300
Ambulance (ground)	\$300
Hospital Admission	\$1000
Coma	\$5,000
Therapy – up to 10 visits per covered accident	\$75
Medical Appliance (cane, ankle brace, or walking boot)	\$50
Organized Athletic Activity Rider*	20%

### Plan Features and Provisions

- Issue Age:
  - Employee: 18+
  - Spouse: 18+
  - Children: Under age 26
- Guaranteed Issue: No Underwriting Required
- Coverage: Non-occupational off-the-job coverage
- No initial waiting period
- Benefits available for spouse and children (with employee application)
- Benefits for both inpatient and outpatient treatment of covered accidents
- Coverage is portable
- \$50 Annual Wellness Benefit: Payable when an insured has a covered test performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.
- \*Organized Athletic Activity Rider: We will pay an additional 20% of the benefit amount payable under the Aflac Group Accident plan for covered accidental injuries sustained while participating in an organized athletic event.
- Accidental Death Rider: We will pay the amount shown if, because of a covered accident, you are injured, and the injury causes you to die within 90 days after the accident.

12-Month Rates*	
Employee	\$12.07
Employee + Spouse	\$20.96
Employee + Child(ren)	\$29.76
Employee + Family	\$38.65

\* Employees who are paid over the 9 or 10-month academic year have special arrangements for benefit premium deductions. Extra (pre-collected) deductions are taken out of each paycheck to pay for voluntary insurances during the summer months.



# HOSPITAL INDEMNITY

The Aflac Group Hospital Indemnity Plan provides cash benefits directly to you (unless otherwise assigned) that help pay for some of the costs – medical and nonmedical – associated with a covered hospital stay due to a sickness or accidental injury.

Eligible Benefits	Face Amount
<b>Hospital Admission Benefit (per confinement) Once per covered sickness or accident per calendar year</b>	\$1,000
<b>Intermediate Intensive Care Step-Down Unit (per day) Maximum of 10 days per confinement</b>	\$75
<b>Hospital Confinement (per day) Maximum of 31 days per confinement</b>	\$200
<b>Hospital Intensive Care Benefit (per day) Maximum of 10 days per confinement</b>	\$200

## Plan Features and Provisions

- Issue Age:
  - Employee: 18+
  - Spouse: 18+
  - Children: Under age 26
- Guaranteed Issue: No Underwriting Required
- No initial waiting period
- Benefits available for spouse and children (with employee application)
- Coverage is portable

12-Month Rates*	
<b>Employee</b>	\$21.70
<b>Employee + Spouse</b>	\$41.48
<b>Employee + Child(ren)</b>	\$33.72
<b>Employee + Family</b>	\$53.50

\* Employees who are paid over the 9 or 10-month academic year have special arrangements for benefit premium deductions. Extra (pre-collected) deductions are taken out of each paycheck to pay for voluntary insurances during the summer months.



# IDENTITY THEFT PROTECTION

Every two seconds, someone in the U.S. becomes a victim of identity theft. Identity theft can drain your savings, damage your credit and ruin your reputation. That’s why your employer is offering IdentityForce identity protection as part of your benefits. Protect your hard work. Protect yourself.

IdentityForce is an industry leader in identity, privacy and credit protection. We’ve protected the U.S. government and millions of people for over 40 years. You can trust us — at IdentityForce, we protect what matters most.

## Monitor

Continuous monitoring of your identity, privacy, and credit by using innovative and proactive identity theft protection technology. We’ll detect illegal selling of your personal, financial, and credit information, providing robust monitoring required in today’s connected world.

## Alert

IdentityForce provides an early warning system rapidly notifying you when your personal information is at risk. Our alerts are sent to your smart phone, tablet, or desktop computer, so you have the power to act before damage is done.

## Control

When you want total identity control, count on IdentityForce. Understand your credit score, and where or how your online information is being used. Protect your keystrokes, PIN numbers, and credit card information.

## Recover

Certified Protection Experts offer comprehensive, 24/7 recovery services. We’ll complete paperwork, make calls, and handle every detail to restore your identity. And, you’re covered by our nationwide \$1 million identity theft insurance policy.

12-Month Rates*	UltraSecure ID**	UltraSecure Plus**	UltraSecure Premium**
<b>Employee (includes ChildWatch*)</b>	\$4.54	\$7.06	\$12.24
<b>Family (includes ChildWatch*)</b>	\$8.18	\$12.52	\$21.34

\*ChildWatch | Both Employee and Family plan options include unlimited dependent children, age 25-years-old and under, living in the same household. Children 25-years-old and under will be enrolled in ChildWatch, an identity protection product specifically designed for minors and young adults. IdentityForce identity protection enrollment is limited to employees and their eligible dependents. At least one adult membership is required to receive ChildWatch.

\*\* Employees who are paid over the 9 or 10-month academic year have special arrangements for benefit premium deductions. Extra (pre-collected) deductions are taken out of each paycheck to pay for voluntary insurances during the summer months.

# IDENTITY THEFT PROTECTION

Category	Feature	UltraSecureID	UltraSecure Plus	UltraSecure Premium
Identity Protection	Advanced Fraud Monitoring		✓	✓
	Bank Transaction Alerts		✓	✓
	Credit Card Transaction Alerts		✓	✓
	Change of Address	✓	✓	✓
	Court Record		✓	✓
	<b>DARK WEB MONITORING</b>			
	Address Monitoring	✓	✓	✓
	Bank Account Number Monitoring	✓	✓	✓
	Credit Card Account Number Monitoring	✓	✓	✓
	Debit Card Account Number Monitoring	✓	✓	✓
	Driver's License Monitoring	✓	✓	✓
	Email Monitoring	✓	✓	✓
	Medical Insurance ID Monitoring	✓	✓	✓
	Passport Number Monitoring	✓	✓	✓
	Phone Number Monitoring	✓	✓	✓
	Social Security Number Monitoring	✓	✓	✓
	Fraud Alert Reminders		✓	✓
	Identity Threat Alerts	✓	✓	✓
	Junk Mail Opt-Out	✓	✓	✓
	Medical ID Fraud Protection	✓	✓	✓
	Mobile App	✓	✓	✓
	PC Anti-Phishing and Keylogging Tools			✓
	Pay Day Loan Monitoring			✓
	Sex Offender Registry Monitoring			✓
	Smart SSN Tracker	✓	✓	✓
<b>SOCIAL MEDIA IDENTITY MONITORING</b>	✓	✓	✓	
Inappropriate Activity Monitoring	✓	✓	✓	
Hacked Account Monitoring	✓	✓	✓	
Impersonation Account Monitoring	✓	✓	✓	
Scams, Malware and Phishing Monitoring	✓	✓	✓	
Two-Factor Authentication	✓	✓	✓	
Credit	Credit Report Monitoring		1B	3B
	Credit Report and Score		1B Quarterly	3B Quarterly
	Credit Score Simulator			✓
	Credit Score Tracker			Monthly
Recover	Lost Wallet Protection	✓	✓	✓
	24/7 US-based Customer Support	✓	✓	✓
	Fully Managed Identity Restoration	✓	✓	✓
	Restoration for Pre-existing Conditions	✓	✓	✓
	\$1M Identity Theft Insurance	✓	✓	✓
	Stolen Funds Reimbursement	✓	✓	✓
	Medical Identity Theft Rider	✓	✓	✓

# OGB HEALTH, LIFE AND FLEXIBLE BENEFITS

The Louisiana Office of Group Benefits (OGB) is an agency authorized by the state of Louisiana to provide health, life, and flexible benefits to all eligible employees and their dependents.

## Enrollment Opportunities

- Newly eligible employees have 30 days from their date of hire to enroll in an OGB health and/or life plan.
- Annual Enrollment – October 1st through November 15th each year for effective date of January 1st.
- When an employee has a recognized Qualified Life Event (QLE), they may enroll in an OGB product within 30 days of the QLE.

Please visit OGB's website, <https://info.groupbenefits.org/> or your Human Resources department to inquire about OGB health and life options, qualifying life events, adding dependents and proof of legal relationship of each covered dependent. Effective 1/1/2022, premium rates for BCBS plans will be increased by 5% and the Vantage plan will have a 10% increase. It is strongly recommended that you visit <http://annualenrollment.groupbenefits.org/> to view 2022 plan information, attend an OGB meeting or call 1.800.272.8451 for information on all OGB plans.

**Pelican HRA1000** – offers a low premium in combination with a Health Reimbursement Arrangement employer contribution to create an affordable option for members. Coverage is provided within the Blue Cross nationwide network, as well as out-of-network.

**Pelican HSA775** – offers a low premium in combination with a Health Savings Account – which the member and employer contribute to – to create an affordable option for members. Coverage is provided within the Blue Cross nationwide network, as well as out-of-network.

**Magnolia Local Plus** – offers a lower deductible than the Pelican plans in exchange for a higher premium. Coverage is provided within the Blue Cross nationwide network. Out-of-network care is provided in emergencies only.

**Magnolia Open Access** – offers moderate deductibles and co-insurance in exchange for a higher premium. Coverage is provided within the Blue Cross nationwide network, as well as out-of-network.

**Magnolia Local** – offers a lower deductible than the Pelican plans in exchange for a slightly higher premium. This is a narrow network (limited providers) plan for members who live in specific coverage areas. Out-of-network care is provided in emergencies only.

**Medical Home HMO** – is a traditional HMO offered by Vantage Health Plan. This plan provides coverage through the Affinity Health Networks and a standard provider network.

12-Month Rates						
	Pelican HRA1000	Pelican HSA775	Magnolia Local	Magnolia Local Plus	Magnolia Open Access	Vantage Medical Home HMO
<b>Employee</b>	\$122.74	\$70.96	\$166.48	\$196.44	\$204.20	\$205.32
<b>Employee + Spouse</b>	\$398.70	\$230.64	\$540.90	\$638.02	\$663.40	\$666.96
<b>Employee + Child(ren)</b>	\$176.76	\$102.28	\$239.62	\$282.72	\$293.96	\$295.50
<b>Family</b>	\$427.14	\$247.06	\$579.58	\$683.62	\$710.80	\$714.60

\*Rates may be different if you are a 9 or 10 month employee. Please ask your HR Department.

# RESOURCES

Benefit	Carrier	Phone	Website
<b>Dental</b>	Guardian	800-541-7846	<a href="http://www.guardianlife.com">www.guardianlife.com</a>
<b>Vision</b>	EyeMed	866-939-3633	<a href="http://www.eyemed.com">www.eyemed.com</a>
<b>Flexible Disability</b>	Standard	855-757-4717	<a href="http://www.standard.com">www.standard.com</a>
<b>Employee Assistance Program</b>	Standard	888-293-6948	<a href="http://www.healthadvocate.com/standard3">www.healthadvocate.com/standard3</a>
<b>Travel Assistance</b>	Standard	800-628-8600	<a href="http://www.standard.com">www.standard.com</a>
<b>Term Life and AD&amp;D</b>	Standard	800-872-1414 (in North America)	<a href="http://www.assistamerica.com">www.assistamerica.com</a>
<b>Life Services Toolkit</b>	Standard	800-378-5742	<a href="http://www.standard.com/mytoolkit">www.standard.com/mytoolkit</a> user name: support
<b>Critical Illness Accident Hospital Indemnity</b>	Aflac	800-433-3036	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>
<b>Identity Theft</b>	IdentityForce	877-694-3367	<a href="http://www.identityforce.com">www.identityforce.com</a>

*Disclaimer: The purpose of this Voluntary Benefits Booklet is to give you basic information about your benefits options and how to enroll for coverage or make changes to existing coverage. This guide is only a summary of your choices and does not fully describe each benefit option. Please refer to your Certificates of Coverage provided by your carriers for important additional information about the plans. Every effort has been made to make the information accurate; however, in the case of any discrepancy, the provisions of the legal documents will govern.*





All supplemental benefit elections can only be made during the October Open Enrollment period before the beginning of each plan year, unless you are newly eligible for benefits. These elections are irrevocable for the entire calendar year unless you incur a Qualifying Family Status Change during the year.