



# 2021 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 as well as speaking with a benefit counselor to enroll in your employee supplemental insurance plans.

To ensure that you have a complete understanding of the benefit plans and to help make the choices best suited to your needs, professional benefit counselors from Gallagher Enrollment Solutions (GES) will conduct one-on-one benefit enrollment sessions with you through the Benefits Enrollment Center.

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.

## 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.
  - A covered child under age 26 who is or becomes incapable of self-sustaining employment may be eligible to continue coverage as an over-age dependent. LCTCS must receive required medical documents verifying the condition/incapacity at least 30 days prior to the child reaching age 26. Approval is required prior to coverage continuation.
  - Children aged 26 or over cannot be newly enrolled in a product, regardless of their disability status. (LCTCS Disabled Dependent Eligibility mimics the Office of Group Benefits (OGB) medical insurance guidelines.)



# CONTENTS

Enrollment.....	2
Dental .....	3-6
Vision.....	7-8
Flexible Group Disability .....	9-13
Voluntary Term Life and AD&D .....	14-17
Whole Life.....	18-19
Critical Illness .....	20-21
Accident .....	22
Hospital Indemnity .....	23
Identity Theft.....	24-25
OGB Health, Life and Flexible Benefits .....	26
Resources.....	27

# DENTAL

Caring for your oral health should not break the bank. Dental Insurance from UNUM 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> <b>Class A Preventive</b> <b>Class B Basic</b> <b>Class C Major</b> <b>Class D Orthodontia</b>	100% 80% 50% 50%	100% 80% Not covered Not covered
<b>Class A - Preventive Services</b>		
<b>Coinsurance</b>	100%	100%
<b>Waiting Period</b>	None	None
<b>Routine Exams</b>	2 per 12 months	2 per 12 months
<b>Prophylaxis</b>	2 per 12 months 1 additional cleaning or periodontal maintenance per 12 months if member is in 2nd or 3rd trimester of pregnancy	2 per 12 months 1 additional cleaning or periodontal maintenance per 12 months if member is in 2nd or 3rd trimester of pregnancy
<b>Bitewing x-rays</b>	Max 4 films: 1 per 12 months	Max 4 films: 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 12 months	1 per 12 months
<b>Sealants to age 16</b>	Permanent molars, 1 per 36 months	Permanent molars, 1 per 36 months
<b>Space maintainers to age 16</b>	1 per 24 months	1 per 24 months
<b>Adjunctive pre-diagnostic oral cancer screening (ages 40+)</b>	1 per 12 months	1 per 12 months
<b>Class B - Basic Services</b>		
<b>Coinsurance</b>	80%	80%
<b>Waiting Period</b>	None	None
<b>Emergency Pain</b>	1 per 12 months	1 per 12 months
<b>Fillings</b>	Benefit allowed for amalgam restorations on posterior teeth	Benefit allowed for 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 endosteal implants (in lieu of an approved 3-unit bridge)</b>	Covered	
<b>Class D - Orthodontics</b>		
<b>Coinsurance</b>	50%	Not covered
<b>Waiting period</b>	12 month (waived if Unum or previous dental plan covered)	
<b>Lifetime/Annual Maximum</b>	\$1000/None Adult & Dependent Children to age 26 only Up to 25% of lifetime allowance may be payable on initial banding	
<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>	\$35.68	\$23.82
<b>Employee + Spouse</b>	\$67.02	\$44.95
<b>Employee + Child(ren)</b>	\$71.50	\$51.76
<b>Employee + Family</b>	\$103.32	\$72.48

\* 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.

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

Each benefit year a member must have:

- one cleaning,
- one regular exam, and
- total dental claims paid during the year below the threshold limit.

If all three criteria above are met, a portion of the annual maximum will carry over to the next year.

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

Dental plans are marketed by Unum, administered and underwritten by Starmount Life Insurance Company, Baton Rouge, LA. This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.

For complete details of coverage and availability, please refer to Policy Form DV-2010-LA or contact your Unum representative.

©2020 Starmount Life Insurance Company. All rights reserved. Starmount is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

CE-479524

# DENTAL

## Dental carryover benefit

Members who take care of their teeth, but use only part of their annual maximum benefit during a benefit period are rewarded with extra benefits in future years! If an Insured submits qualifying claims for covered expenses during a benefit year and, in that benefit year, receives benefits that are less than their group's threshold limit, the insured will be credited a carryover benefit. Carryover benefits will be accrued and stored in the insured's carryover account to be used in the next benefit year. If an insured reaches his or her certificate year maximum benefit, we will pay a benefit from the insured's carryover account up to the amount stored in the insured's carryover account. The accrued carryover benefits stored in the carryover account may not be greater than the carryover account limit.

The limits for this policy/certificate are:

- High Option - Carryover benefit \$350, threshold limit \$700, carryover account Limit \$1250.
- Low Option - Carryover benefit \$250, threshold limit \$500, carryover account Limit \$1000.

Other specifications:

- An insured's carryover account will be eliminated, and the accrued carryover benefits lost, if the insured has a break in coverage of any length of time, for any reason.
- Eligibility for a carryover benefit will be established or reestablished at the time the first qualifying claim in a benefit year is received for covered expenses incurred during that benefit year.
- In order to be eligible to accumulate the carryover benefit, an insured must be enrolled in the plan at least four months prior to the start of the new policy year. Example: If the plan effective date is January 1st, the insured must be enrolled by September 1st.
- Only claims incurred on or after the start of the next policy year will count toward the threshold Limit.
- Carryover benefits will not be applied to an insured's carryover account until the policy year that starts one year from the date the rider first applies.
- If charges for Class C services are not payable for an insured due to a benefit waiting period for certain covered procedures, this rider will not apply to the insured until the end of such waiting period. And, if the waiting period ends within the three months prior to the start of this plan's next benefit year, this rider will not apply to the insured until the next benefit year.
- Carryover benefits will not be applied to an insured's carryover account until the benefit year that starts one year from the date the rider first applies.

Definitions:

- "Benefit year" means calendar year or policy year, according to the type of plan applicable under the policy/certificate to which this rider is attached.
- "Carryover account" means the amount of an insured's accrued carryover benefits.
- "Carryover account limit" means the maximum amount of cumulative Carryover benefits that an insured can store in his or her carryover account.
- "Carryover benefit" means the dollar amount, which will be added to an insured's carryover account when he or she receives benefits in a benefit year that do not exceed the threshold limit.
- Qualifying claim means a claim under procedure classes A, B, C, and class D, orthodontia and must include 1 exam & 1 cleaning.
- "Threshold limit" means the maximum amount of benefits for all procedure classes A, B, C and D that an insured can receive during a benefit year and still be entitled to receive the carryover benefit.

Dependent children: Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at (888) 400-9304.

Services not listed: If you expect to require a dental or vision service not

included on this brochure, it may still be covered. Please contact customer service at (888) 400-9304 to confirm your exact benefits. Alternate treatment: Unum covers the least expensive most commonly used and accepted American Dental Association treatments. Plan members may elect a more expensive treatment, but will be responsible for the cost difference resulting from the more expensive procedure.

## Exclusions/limitations:

Unum members whose dental plan includes coverage of crowns and bridges will have the option of choosing an endosteal implant to replace a missing tooth instead of a conventional fixed 3-unit bridge, when a 3-unit bridge is approved for coverage. Crowns placed on implants will also be covered. Other implants or implant related services are not covered.

The following dental services are not covered:

- any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations;
- the correction of congenital malformations;
- the replacement of lost, discarded, or stolen appliances;
- replacement of bridges, dentures, crowns, inlays, onlays or dentures unless more than [5] years old and cannot be made serviceable;
- appliances, services or procedures relating to: (i) the change or maintenance of vertical dimension; (ii) restoration of occlusion; (iii) splinting; (iv) correction of attrition, abrasion, erosion or a fraction; (v) bite registration; or (vi) bite analysis;
- services provided for any type of temporomandibular joint (TMJ) dysfunctions, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain;
- charges for implants (except noted above), removal of implants, precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized services or attachments, and related procedures;
- dentures for teeth missing prior to effective date of coverage; some exceptions apply and are detailed in the Certificate of Coverage;
- multiple x-rays done on same date of service will be combined to a full-mouth x-ray;
- cosmetic restorations on posterior permanent teeth and all primary teeth will be given alternate benefit;
- Anesthesia is covered with complex oral surgery only. Charges are subject to review. Pre-treatment estimate is recommended.

## Takeover benefits:

Takeover benefits apply if we are taking over a comparable benefits plan from another carrier and only if there is no break in coverage between the original plan and the takeover date. Takeover is available to those individuals insured under the employer's dental plan in effect at the time of the employer's application. If takeover benefits are included in your benefits, then waiting periods for service will be waived for the individuals currently insured under the employer's previous plan during the month prior to coverage moving to us.

Application of takeover benefits is subject to Underwriting review and approval.

New hires with prior-like dental coverage (lapse in coverage must be less than 63 days) will receive takeover credit for the length of time they had with the prior carrier and must provide proof of coverage (including coverage dates) to receive takeover credit (i.e. one page benefit summary, certificate of creditable coverage, etc.).

Late entrants: Employees that waive coverage at initial enrollment (within 31 days of effective date) or in the new employee eligibility period and/or terminate coverage with Unum will have a twelve (12) month waiting period applied to basic and major services and orthodontia upon re-applying. The prior carrier is responsible for reimbursement of costs for procedures begun prior to the effective date.

# 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>	\$4 Co-pay	Up to \$35
<b>Materials</b>	\$10 Co-pay	See below
<b>Standard plastic lenses</b>		
<b>Single Vision</b>	Covered by Co-pay	Up to \$25
<b>Bifocal</b>	Covered by Co-pay	Up to \$40
<b>Trifocal</b>	Covered by Co-pay	Up to \$50
<b>Lenticular</b>	Covered by Co-pay	Up to \$50
<b>Standard Progressive</b>	Covered by Co-pay	Up to \$40
<b>Premium Progressive</b>	Covered by Co-pay + additional \$60 Co-pay	Up to \$40
<b>Ultra Progressive</b>	\$110 allowance (20% discount on overages at Value Added and Service Plus providers)	Up to \$40
<b>Lens Options</b>		
<b>Polycarbonate Lenses (Under age 19)</b>	Covered	Not Covered
<b>Standard Scratch Resistant Coating</b>	Covered (at Walmart only)	Not Covered
<b>Frames</b>		
<b>Member may select any frame available</b>	\$150 retail allowance	Up to \$65
<b>Contact Lenses</b>		
<b>In lieu of eyeglass lenses &amp; frames</b>	\$0 co-pay	
<b>Elective (Std Contacts)</b>	\$150 allowance	Up to \$100
<b>Medically Necessary</b>	Covered	Up to \$210
<b>Standard Contact Lens Fitting Exam Fee*</b>	\$55 co-pay	Not covered
<b>Specialty Contact Lens Fitting Exam Fee**</b>	Not covered	Not covered
<b>Plus</b>		
We offer nationwide access to discounts on LASIK surgery through a partnership with TLC Vision. Discounts are also available with participating local providers. This is not an insured benefit. Visit our web site to find the specialist closest to you.		

\*The standard contact lens fitting exam fee applies to a new or existing contact lens user who wears spherical disposable, daily wear, or extended wear lenses only.

\*\*The specialty contact lens fitting exam fee applies to a new or existing contact lens user who wears toric, gas-permeable, mono-fit or multi-focal lenses.

Special payment and reimbursement terms apply for materials purchased at Costco.

# VISION

12-Month Rates*	
<b>Employee</b>	\$9.86
<b>Employee + One</b>	\$18.34
<b>Employee + Two or More</b>	\$25.93

\* 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.

#### Other Unum Vision specifications

Dependent children: Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at 888-400-9304.

Services not listed: If you expect to require a vision service not included on this brochure, it may still be covered. Please contact customer service at 888-400-9304, to confirm your exact benefits.

This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Medical or surgical treatment of eye disease or injury is not provided under this plan. Coverage may not exceed the lesser of actual cost of covered services and materials or the limits of the policy. Some providers at optical and/or retail chains, such as Walmart, may charge for a contact lens fit and evaluation separately and apart from your contact lens allowance, leaving the entire allowance for materials.

Covered materials that are lost or broken will be replaced only at normal service intervals indicated in the Plan Design; however, these materials and any items not covered below may be purchased at Preferred Pricing from a Participating Provider. In addition, benefits are payable only for expenses incurred while the Group and individual Member coverage is in force.

#### This plan will not cover:

- Orthoptics or vision training and any supplemental testing; Plano (non- prescription) lenses; or two pair of eyeglasses in lieu of bifocals or trifocals;
- Medical or surgical treatment of the eyes;
- An eye exam or corrective eye wear required by an employer as a condition of employment;
- Any injury or illness covered under Workers' Compensation or similar law, or which is work related;
- Plain or prescription sunglasses or tinted lenses, and no-line bifocals and blended lenses (subject to allowance);
- Sub-normal vision aids;
- Services rendered or materials purchased outside the U.S. or Canada, unless: the insured resides in the U.S. or Canada, and the charges are incurred while on a business or pleasure trip;
- Charges in excess of Usual and Customary for services and materials;
- Experimental or non-conventional treatments or devices;
- Safety eyewear;
- Spectacle lens styles, materials, treatments or "add-ons" not shown in the Schedule of Benefits.

#### Laser vision correction network

Membership provides access to preferred pricing. Transactions are handled directly between members and providers. Refractive surgery is an elective procedure and may involve potential risks to patients. This is not an insured benefit. Unum cannot and does not guarantee the outcome of any refractive surgical procedure or a total elimination of the need for glasses or contacts. Providers may not be available in all metropolitan areas. Login to [www.alwaysassist.com](http://www.alwaysassist.com) for a list of participating laser vision correction providers.

Vision plans are marketed by Unum, administered and underwritten by Starmount Life Insurance Company, Baton Rouge, LA This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form VI-2007-LA or contact your Unum representative.

CE-479524

©2020 Starmount Life Insurance Company. All rights reserved. Starmount is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.



# FLEXIBLE GROUP DISABILITY

Unum’s disability insurance can replace a portion of your salary if you become ill or injured and can’t work due to a covered condition. It can help you cover your expenses and protect your finances at a time when you’re not getting a paycheck and have extra medical bills.

Employee Purchase Options	
<b>Monthly Benefit</b>	\$200 to \$10,000 available in \$100 increments
<b>Maximum Benefit</b>	Up to a maximum of 60% of the employee’s monthly earnings.
<b>Evidence of Insurability (EOI) Rules</b>	Annual open enrollment; no EOI ever
<b>Maximum Benefit Duration</b>	SS ADEA
<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>	<ul style="list-style-type: none"> <li>• 2 Year Regular Occupation</li> <li>• Zero-Day Residual</li> <li>• Work Incentive Benefit during the first 12 months of disability payments</li> </ul>
<b>Pre-Existing Limitation</b>	3/12*
<b>Social Security Integration</b>	Primary and Family

\*See Pre-existing condition coverage exclusion below.

## Standard Plan Features Included:

- Work-life balance employee assistance program (see page 11)
- Worldwide emergency travel assistance services (see page 12)
- Rehabilitation and Return to Work Assistance Program
- Dependent Care Benefit
- Guaranteed Insurability
- Full Maternity Benefits for 6 weeks
- 3 Month Lump-Sum Accelerated Survivor Benefit
- Indexed Pre-Disability Earnings
- “Freeze” in Cost of Living Increases from Deductible Sources of Income
- Waiver of Premium for employees receiving Disability payments
- 12 Month Rehire Provision
- Minimum Monthly Benefit - greater of \$100 or 10% of the gross disability payment

## Coverage Limitation:

24 months Mental Illness and Self-Reported Symptom

## Coverage Exclusion:

- Pre-existing condition – means the insured employee received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to his or her effective date of coverage and the disability begins in the first 12 months after the employee’s effective date of coverage.
- Intentionally self-inflicted injuries
- Active participation in a riot
- Loss of Professional License, Occupational License or Certification
- Commission of a crime for which the employee has been convicted
- War, declared or undeclared, or any act of war
- Incarceration

# FLEXIBLE GROUP DISABILITY

**Rehabilitation and Return to Work Assistance Program:** Provides a rehabilitation and return to work assistance benefit for disabled employees who are receiving Disability payments, and who are medically able to participate. Unum will determine eligibility for this program.

**Rehabilitation Dependent Care Benefit:** Pays an additional \$350 per dependent per month, to an overall family maximum of \$1,000, to disabled employees who are receiving Disability payments while participating in the Rehab/Return to Work Assistance program.

12-Month Rates per Increment of \$100*					
	Elimination Period (Days)				
Injury/Sickness (Days)	14/14	30/30	60/60	90/90	180/180
Employee Age Band					
15-24	2.56	0.95	0.63	0.32	0.19
25-29	2.64	1.30	0.81	0.43	0.28
30-34	2.67	1.62	1.11	0.64	0.43
35-39	2.35	1.68	1.45	0.86	0.59
40-44	2.28	1.81	1.67	1.07	0.76
45-49	2.93	2.54	2.40	1.49	1.09
50-54	3.95	3.52	3.33	2.00	1.47
55-59	5.36	4.85	4.69	2.68	1.96
60-64	6.25	5.79	5.65	3.00	2.17
65-69	7.53	7.34	7.35	4.10	3.22
70+	8.40	9.02	9.06	4.86	3.49

\* 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 age and the Plan and 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

Employee Assistance Program and Worldwide Emergency Travel Assistance services are available for those enrolled in the Flexible Disability plan.

## Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor who can help you at 1-800-854-1446 or visit [www.unum.com/lifebalance](http://www.unum.com/lifebalance).

### A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Job stress, work conflicts
- Family and parenting problems
- Anger, grief and loss
- And more

## Work/Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

### Ask our Work/Life Specialists about:

- Child care
- Elder care
- Legal questions
- Identity theft
- Financial services, debt management, credit report issues
- Even reducing your medical/dental bills!

### Help is easy to access:

- Online/phone support: Unlimited, confidential, 24/7.
- In-person: You can get up to 3 visits available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.
- And more

## Medical Bill Saver™ makes Unum's EAP even more valuable

As health care costs continue to rise, many people have trouble paying medical expenses that insurance doesn't cover. Luckily, our EAP — with the Medical Bill Saver feature — can help.

### How does it work?

- When a covered employee has a medical or dental bill totaling over \$400 in out-of-pocket costs, our skilled negotiating team works with the provider(s) to get a discount. Successful negotiations can save employees hundreds, and sometimes thousands of dollars.
- Our experts can also show employees how to keep bills lower in the future — for example, by using in-network providers.
- By helping reduce employees' out-of-pocket-costs, Medical Bill Saver can make consumer-driven health plans (CDHPs) more attractive — and more effective.

Medical Bill Saver is one more way the Unum Employee Assistance Program helps employees manage the stresses of modern life.

# FLEXIBLE GROUP DISABILITY

## Travel Assistance

Pack your worldwide emergency travel assistance phone number and leave travel worries at home. **This is available ONLY if you are enrolled in the Group Disability plan.**

### If you experienced a medical emergency while traveling, would you know who to call?

Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number! Travel assistance speaks your language, helping you locate hospitals, embassies and other “unexpected” travel destinations. Add the number to your cell phone contacts, so it’s always close at hand! Just one phone call connects you and your family to medical and other important services 24 hours a day.

Use your travel assistance phone number to access:

- Hospital admission assistance
- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Assistance with the return of a vehicle
- Emergency message services
- Critical care monitoring
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Legal and interpreter referrals
- Passport replacement assistance

### 24/7 services anywhere in the world

Unum’s travel assistance services are provided by Assist America, Inc., a leading provider of global emergency assistance services through employee benefit plans. Assist America’s medically certified personnel are ready to help 24 hours a day, 365 days a year, and can connect you with pre-qualified, English-speaking and Western-trained medical providers anywhere in the world.

### Whether traveling for business or pleasure, one phone call connects you to:

- Multi-lingual, medically certified crisis management professionals
- A state-of-the-art global response operations center
- Qualified medical providers around the world

Worldwide emergency travel assistance services are provided by Assist America, Inc. Work-Life balance employee assistance program services are provided by HealthAdvocate.

Services are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Service providers do not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.



# FLEXIBLE GROUP DISABILITY

## Exclusions and limitations

### Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by Louisiana Community & Technical College System for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

### Benefit duration (BD)

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

### Definition of disability

You are considered disabled when Unum determines that:

- You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury; and
- You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury

After 24 months, you are considered disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled. The loss of a professional or occupational license or certification does not, in itself, constitute disability.

“Substantial and material acts” means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified. Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

### Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

### Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers’ compensation or similar occupational benefit laws, including a temporary disability benefit under a workers’ compensation law
- State compulsory benefit laws
- Automobile liability insurance policy
- No fault motor vehicle plan
- Third-party settlements
- Other group insurance plans
- A group plan sponsored by your employer
- Governmental retirement system
- Salary continuation or sick leave plans, if applicable
- Retirement payments
- Social Security or similar governmental programs

## Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a crime for which you have been convicted;
- Loss of professional license, occupational license or certification; or
- Pre-existing conditions (See the disclosure section to learn more).

The loss of a professional or occupational license does not, in itself, constitute disability. Unum will not pay a benefit for any period of disability during which you are incarcerated. The lifetime cumulative maximum benefit for all disabilities due to mental illness and disabilities based primarily on self-reported symptoms is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

### Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan. Social Security advocacy services are provided by GENEX Services, Inc. or The Advocator Group, LLC.

Referral to one of our advocacy partners is determined by Unum. Worldwide emergency travel assistance services are provided by Assist America, Inc. Work-life balance employee assistance program services are provided by HealthAdvocate.

Services are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Service providers do not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details. This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al. or contact your Unum representative.

### Underwritten by:

Underwritten by Unum Life Insurance Company of America, Portland, ME. This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et.al. or contact your Unum representative.

Unum Life Insurance Company of America, Portland, Maine  
© 2020 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

CE-479524

# TERM LIFE AND AD&D

Get peace of mind and protection for loved ones with Term Life Insurance that can help cover expenses during life's most demanding years.

## How much Term Life Insurance can I purchase?

### Employee:

- If you enroll when you are first eligible, you are guaranteed the lesser of \$250,000 or 5 X annual earnings. You must purchase Term Life Insurance in increments of \$10,000. Guaranteed Issue only applies if you enroll when you are first eligible. See page 13 for more information.
- The maximum amount you may purchase cannot exceed \$500,000. Any amounts purchased over \$250,000 will require you to provide evidence of insurability before the excess can become effective.
- If elected, your AD&D policy will be equal to the Term Life Insurance amount.

### Spouse:

- If you elect Term Life Insurance for yourself, you may choose to purchase Spouse Term Life insurance in increments of \$5,000 to a maximum of 100% of the Employee Life amount. Guaranteed Issue only applies if your spouse enrolls when he/she is first eligible. See page 13 for more information.
- If you enroll your spouse when he/she is first eligible, your spouse is guaranteed the lesser of \$50,000 or 100% of the amount elected by you.
- For any amounts purchased over \$50,000, your spouse will need to provide evidence of insurability before the excess can become effective.
- If elected, your spouse's AD&D policy will be equal to their Term Life Insurance amount.
- Spouse's premium is dependent on the employee's age.

### Children:

- If you elect Term Life Insurance for yourself, you may choose to purchase Child(ren) Term Life insurance in increments of \$2,000 to a maximum of \$10,000 for each eligible dependent child with no medical information required.
- If your child is between live birth up to 6 months of age, the maximum amount of coverage he/she will have is \$1,000.
- Dependent children can be fully covered from 6 months to age 26.
- If elected, your child(ren)'s AD&D policy will be equal to their Term Life Insurance amount.

## Age Reduction

Life and AD&D Benefit for you and your dependents reduces to 65% of original amount when you reach age 65 and 50% of the original amount when you reach age 70.

## Standard Plan Features Included:

- Life Planning Financial & Legal Resources
- Annual Enrollment Period
- Customized Enrollment
- Life Insurance Conversion Privilege
- Retained Asset Account
- 12 Month Rehired Provision
- AD&D Education Benefit
- AD&D Seat Belt and Airbag Benefit – Employee Only 10%/\$25,000 Seatbelt – 5%/\$5,000 Airbag
- AD&D Exposure and Disappearance Benefit
- Enhanced AD&D Schedule of Benefits and Losses
  - o Accelerated Benefit – 50% of the Life Amount to a maximum of \$750,000
  - o Employee Life Insurance Premium Waiver
  - o Portability

# TERM LIFE AND AD&D

## Life Planning Financial & Legal Resources:

This personalized financial counseling service provides expert, objective financial counseling to survivors and terminally ill employees at no cost to them. This service is also extended to employees upon the death or terminal illness of their covered spouse. The financial consultants are master’s level consultants. They will help develop strategies needed to protect resources, preserve current lifestyles, and build future security. At no time will the consultants offer or sell any product or service.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details at 800-854-1446 or visit [members.healthadvocate.com](http://members.healthadvocate.com) (Enter Unum – Life Planning).

## How guaranteed issue works

With Unum’s guaranteed life insurance, your coverage is assured. You have the flexibility to choose any amount of coverage within the established limits — and change it during future annual enrollments to meet your needs.

When you are first eligible:	Future annual enrollments:
<b>If you enroll:</b> You can select any coverage amount with no questions or health exams up to the guaranteed issue amount.	You can increase your coverage up to the guaranteed issue amount with no health questions or physical exams.
<b>If you do not enroll:</b> You will not benefit from this opportunity to obtain guaranteed coverage.	If coverage is offered again, you can apply for it, but you will need to answer health questions, even for the minimum amount. You could be declined coverage.

## Coverage Example

When she was a new hire, Joyce was offered guaranteed coverage from Unum. As a full time LCTCS employee, she had a guaranteed issue amount up to \$250,000 for herself and \$50,000 for her spouse.

Here’s how Joyce managed her guaranteed life coverage\*

- The first year, Joyce enrolled for the \$10,000 minimum amount for herself and \$5,000 for her spouse.
- Two years later, after having twins and purchasing a new home, she decided to increase her coverages.
- She was able to increase her coverage at the annual enrollment up to \$250,000 for herself and up to \$50,000 for her spouse without medical questions or health exams.

\*For illustrative purposes only.



# TERM LIFE AND AD&D

12-Month Life Rates* (Per \$1,000)	
Employee Age	Employee/Spouse
15-24	0.05
25-29	0.07
30-34	0.08
35-39	0.10
40-44	0.11
45-49	0.16
50-54	0.29
55-59	0.53
60-64	0.84
65-69	1.85
70+	3.05
<b>Child(ren)</b>	<b>0.25</b>

12-Month AD&D Rates* (Per \$1,000)		
	Employee/Spouse	Child
Any Age	0.02	0.02
AD&D Covered Losses and Benefits		
	For Loss of	Benefit Will Be
<b>Life</b>		The full amount
<b>Both hands and feet or sight of both eyes</b>		The full amount
<b>One hand and one foot</b>		The full amount
<b>Speech and Hearing</b>		The full amount
<b>One hand or one foot</b>		One half the full amount
<b>Speech or hearing</b>		One half the full amount
<b>Sight of one eye</b>		One half the full amount

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

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

**Example: Employee, Age 53**

- 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**

$$\frac{\$100,000}{\$1,000} = 100 \times \$0.31 = \$31.00$$

Term Life Face Value                      Premium by Age                      Monthly Premium\*

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

$$\frac{\$50,000}{\$1,000} = 50 \times \$0.31 = \$15.50$$

Term Life Face Value                      Premium by Age                      Monthly Premium\*

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

$$\frac{\$10,000}{\$1,000} = 10 \times \$0.27 = \$2.70$$

Term Life Face Value                      Premium by Age                      Monthly Premium\*

**Employee's total monthly premium (\$31.00 + \$15.50 + 2.70) = \$49.20**

\* 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.

**Delayed Effective Date:** If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

CE-479524





# TERM LIFE AND AD&D

## Exclusions and limitations

### Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility. Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

### Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication – 'Being intoxicated' means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

### Age reduction

Coverage amounts for Life for you will reduce to 65% of the original amount when you reach age 65, and will reduce to 50% of the original amount when you reach age 70. Coverage may not be increased after a reduction.

### Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan. This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details

Underwritten by: Unum Life Insurance Company of America, Portland, Me.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et. al. or contact your Unum representative.

© 2020 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum group and its insuring subsidiaries.

# WHOLE LIFE

Unum’s Whole Life Insurance can pay money to your family if you die. It can help them with basic living expenses, final arrangements, tuition and more.

## How does it work?

You can keep Whole Life Insurance as long as you want. Once you’ve bought coverage, your cost won’t increase due to age. The benefit amount stays the same, too — it doesn’t decrease as you get older. That means you get protection during your working years and into retirement.

Whole Life Insurance also earns interest, or “cash value,” at a guaranteed rate of 4.5%. \* You can borrow from that cash value, or you can buy a smaller, paid-up policy — with no more premiums due.

## A “Living” Benefit

You can request an early payout of your policy’s death benefit (up to \$150,000 maximum) if you’re expected to live 12 months or less. It would reduce the benefit that’s paid when you die.

## Long Term Care Rider

You may be able to use your death benefit to pay for long term care. Subject to rider conditions. See your plan administrator for more information.

## Who can get coverage?

<b>Employee</b>	<ul style="list-style-type: none"> <li>You can purchase a minimum benefit amount of \$2,000 if you’re between 15 and 80 years old.</li> </ul>
<b>Spouse: Individual coverage</b>	<ul style="list-style-type: none"> <li>Available for your spouse, ages 15-80, even if you don’t purchase coverage for yourself.</li> <li>If you leave your employer, you can keep this coverage and be billed at home.</li> <li>You can purchase a minimum benefit amount of \$2,000.</li> </ul>
<b>Children: Individual coverage</b>	<ul style="list-style-type: none"> <li>Your children and grandchildren can have individual coverage, even if you don’t get coverage for yourself.</li> <li>If you leave your employer, your children can keep their coverage.</li> <li>You can purchase a benefit amount of up to \$50,000 for each child.</li> <li>Minimum benefits apply.</li> </ul>

## Why should I buy coverage now?

- It’s more affordable when you’re younger. Once you’ve bought coverage, your cost stays the same as long as you keep it.
- The cost is conveniently deducted from your paycheck.
- Whole life gives you valuable protection in addition to any term life insurance you might have.

## How guaranteed issue works

When you are first eligible

- If you enroll: You can select any coverage amount with no questions or health exams up to the guaranteed issue amount.
- If you do not enroll: You will not benefit from this opportunity to obtain guaranteed coverage.

Maximum Guarantee Issue	Age 15-50	Age 51-80
<b>Employee</b>	\$100,000	\$50,000
<b>Spouse</b>	\$25,000	\$10,000
<b>Child</b>	\$25,000	N/A

## Future Enrollments

You can increase your coverage up to the guaranteed issue amount with no health questions or physical exams. If coverage is offered again, you can apply for it, but will need to answer health questions, even for the minimum amount. You could be declined coverage.

\* For illustrative purposes only.

## Ask your benefit counselor for more information.

Employees must be U.S. citizens, Canadian citizens working in the U.S., or have a green card to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

# WHOLE LIFE

When you buy life insurance, you name the people who will receive the money from the policy when you die. These people are called beneficiaries. Unum will pay benefits to the beneficiaries in one lump sum; however, if a beneficiary is a minor (typically younger than 18, but this may vary by state) and no financial guardian has been appointed, the benefits will be paid to that minor through a Unum Retained Asset Account.

A Unum Retained Asset Account is a fund held in Unum's general account for the named minor beneficiary. The account accrues interest regardless of Unum's actual investment performance, and, while not FDIC insured, the account funds are fully guaranteed by Unum.

For more information about the retained asset account, please contact Unum.

\*The policy accumulates cash value based on a non-forfeiture interest rate of 4.5% and the 2017 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy. Cash value will be reduced by any outstanding loans against the policy. Eligible employees must be actively at work to apply for coverage. Employees are not considered actively at work if they are on a leave of absence.

Employees must be U.S. citizens, Canadian citizens working in the U.S., or have a Green Card to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

## Exclusions

Life insurance benefits will not be paid for deaths caused by suicide. If within two years from the policy effective date, the insured commits suicide, whether sane or insane, Unum will not pay the death benefit. The amount payable by us in place of all other benefits, shall be the sum of premiums paid, without interest, less the sum of any debt and the cost of any riders.

## Termination of coverage

All coverage under this policy will terminate on the earliest of the following:

- Written request by you to terminate the policy;
- The insured dies;
- The policy matures; or
- The loan value exceeds the guaranteed cash value of this policy.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form L-21848 et al. or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

© 2020 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum group and its insuring subsidiaries.

Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, TN.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form L-21848 or contact your Unum representative.

CE-479524

# 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

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

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 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. It is strongly recommended that you visit [info.groupbenefits.org](http://info.groupbenefits.org) to view 2021 plan information, and contact your college's human resource benefits representative to review the plan that is correct for you and your family.

**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>	\$116.90	\$67.58	\$158.56	\$187.08	\$194.48	\$186.66
<b>Employee + Spouse</b>	\$379.72	\$219.66	\$515.14	\$607.64	\$631.80	\$606.32
<b>Employee + Children</b>	\$168.34	\$97.40	\$228.20	\$296.26	\$279.96	\$268.64
<b>Family</b>	\$406.80	\$235.30	\$551.98	\$651.06	\$676.96	\$649.64

\*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>	Unum	1-888-400-9304	<a href="http://www.unumdentalcare.com">www.unumdentalcare.com</a>
<b>Vision</b>	Unum	1-888-400-9304	<a href="http://www.unum.com">www.unum.com</a>
<b>Flexible Disability</b>	Unum	1-800-858-6843	<a href="http://www.unum.com">www.unum.com</a>
<b>Employee Assistance Program</b>	Unum	1-800-854-1446	<a href="http://www.unum.com/lifebalance">www.unum.com/lifebalance</a>
<b>Travel Assistance</b>	Unum	1-800-872-1414	<a href="http://www.unum.com">www.unum.com</a>
<b>Term Life and AD&amp;D</b>	Unum	1-800-445-0402	<a href="http://www.unum.com">www.unum.com</a>
<b>Whole Life</b>	Unum	1-800-635-5597	<a href="http://www.unum.com">www.unum.com</a>
<b>Critical Illness Accident Hospital Indemnity</b>	Aflac	1-800-433-3036	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>
<b>Identity Theft</b>	IdentityForce	1-877-694-3367	<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. Employees are required to speak with a Benefits Counselor to review and enroll in their benefits.*





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.