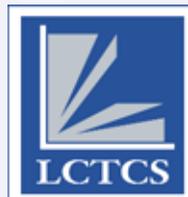


2026 BENEFITS GUIDE



WELCOME

We are pleased to offer a comprehensive voluntary benefits 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 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 work best for you. To enroll in your employee supplemental insurance plans, please utilize the self-service site dedicated to assist you.

Employees should access the platform via their LoLA dashboard at <https://my.lctcs.edu>.

- Navigate to the “Employee Resources” card
- Choose “Benefitfocus”
- Follow the prompts and instructions to complete enrollment

Be prepared to name your life insurance beneficiaries and any eligible dependents you would like to cover on your benefits. You’ll need to have each person’s name, Social Security Number, date of birth, and address. To add dependents to your coverage, you will also need to provide applicable dependent verification documents, such as a birth certificate or marriage license.

Contact your HR office if you require any assistance.

If you are adding dependents, please be prepared with each dependent’s name, social security number and date of birth.

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.

You must enroll in your benefits no later than 30 days after your date of hire. If you do not enroll in your benefits timely, you may not be able to start your benefits until the following January 1.

CONTENTS

Mid-Year Changes	3
Dental	4-6
Vision	7-8
Flexible Group Disability	9-11
Voluntary Term Life and AD&D	12-14
Critical Illness	15-16
Accident	17
Hospital Indemnity	18
Identity and Fraud Protection	19-20
OGB Health, Life and Flexible Benefits	21
Pet Insurance	22
Property Insurance.....	23
Resources.....	22

MID-YEAR CHANGES

Supplemental Insurance Mid-Year Changes Require a Qualifying Life Event (QLE)

After you make your initial benefit selections during your new-hire period, you will have an opportunity to make benefit changes once a year during Annual Enrollment for an effective date of January 1. In order to make changes outside of the Annual Enrollment period (such as enroll or cancel coverage for yourself and/or a dependent, or change coverage levels), you must have a Qualifying Life Event (QLE). Below is a list of some common QLEs and the documentation that is required for each event change.

You have 30 days from the date of the QLE to make the changes. After 30 days, you will need to wait until Annual Enrollment to make changes. Coverage start or end date may vary, depending on the QLE type and date, and on the benefit(s) you are changing.

The following plans allow QLE changes during the plan year:

- Office of Group Benefits Health, Flexible Spending, and Term Life
- Dental
- Vision
- Term Life (with AD&D)
- Critical Illness
- Accident
- Hospital Indemnity
- Identity Theft Protection

To make enrollment changes based on an event, you will need to log into the Benefitplace platform either via LoLA or the outside link or mobile app and initiate a change in benefits. You must take action within 30 days of the QLE and be prepared to provide the supporting documentation (verification document(s) listed below, depending on the event). Contact your Human Resources department to initiate the change.

QLE to Add LCTCS Coverage	Documentation Required
New Spouse	Marriage license indicating date of marriage
Newly eligible child under age 26 (or under age 18 if adding dependent based on full legal custody)	One of the following: <ul style="list-style-type: none"> • Newborn – birth letter from hospital showing the employee and/or the spouse as a parent • Recent Adoption – Adoption decree or placement for adoption naming employee and/or the spouse as an adoptive parent • New Step-child – marriage license and child’s birth letter, birth certificate, adoption decree, or placement for adoption showing the spouse as a parent • Recent Full Legal Custody – signed legal judgment granting the employee and/or the spouse full legal custody (under age 18 only)
Loss of other group coverage (includes loss of coverage through spouse’s employer) Loss of Medicaid or LaCHIP	Proof of loss of other coverage that includes coverage end date and the names of persons losing coverage Example: Letter from employer or insurance company that coverage was through; Official state document regarding Medicaid/LaCHIP coverage To add a child to your coverage, you must provide documentation of your relationship to the child, such as a birth certificate showing you as a parent (see above for other examples)

QLE to Terminate LCTCS Coverage	Documentation Required
Death of Covered Dependent	Copy of certified death certificate or another official document
Divorce <i>NOTE: Employees are REQUIRED to notify Human Resources within 30 days of a divorce</i>	Copy of official divorce, annulment or legal separation decree
Gain of other group coverage Gain of Medicaid or LaCHIP	Proof of other coverage that includes the effective date of coverage and names of covered persons Example: Letter from employer or insurance company providing the new group coverage; Official state document regarding Medicaid/LaCHIP coverage
Marriage – Gain of coverage on new spouse’s plan	Proof of other coverage that includes the effective date of coverage and names of covered persons

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. To find an in-network provider, visit www.guardianlife.com, select “Find a Dentist” and then search under “Dental benefits bought through your workplace” for a PPO: DentalGuard Preferred dentist.

	High Plan	Low Plan
Deductible:	\$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)
Benefit Year Maximum per Calendar Year: (Applies to Class A, B & C Services if applicable)	\$1,500	\$1,000
Carryover Benefit:	Yes	Yes
Coinsurance		
Class A Preventive	100%	100%
Class B Basic	80%	80%
Class C Major	50%	5%
Class D Orthodontia	50%	Not covered
Class A - Preventive Services		
Coinsurance	100%	100%
Waiting Period	None	None
Routine Exams	2 per calendar year	2 per calendar year
Prophylaxis (Cleaning)	2 per calendar year One additional cleaning is covered for medical conditions at the recommendation of the member’s physician	2 per calendar year One additional cleaning is covered for medical conditions at the recommendation of the member’s physician
Bitewing x-rays	1 per 12 months	1 per 12 months
Full mouth x-ray	1 per 24 months	1 per 24 months
Fluoride to age 16	1 per 6 months	1 per 6 months
Sealants to age 16	1 per 36 months	1 per 36 months
Space maintainers to age 16	Covered	Covered
Adjunctive pre-diagnostic oral cancer screening (ages 40+)	1 per 12 months, age 40+	1 per 12 months, age 40+
Class B - Basic Services		
Coinsurance	80%	80%
Waiting Period	None	None
Emergency Pain	1 per 6 months if no other services	1 per 6 months if no other services
Fillings+	Includes amalgam restorations on posterior teeth	Includes amalgam restorations on posterior teeth
Anesthesia++	Subject to review, covered with complex oral surgery	Subject to review; covered with complex oral surgery
Simple Extractions	Yes	Yes
Oral Surgery	Surgical extractions and impactions	Surgical extractions and impactions
Repairs	Crowns, dentures, and bridges	5% coverage for repairs

DENTAL

	High Plan	Low Plan
Class C - Major Services		
Coinsurance	50%	5%
Waiting Period	None	None
Periodontal maintenance	Once every 6 months	Once every 6 months
Dental Implants	50%	Not covered
Endodontics (root canals) Surgical periodontics (gum treatments) In-lays Onlays Crowns, bridges, and dentures+++	50%	5%
Class D - Orthodontics		
Coinsurance	50%	Not covered
Waiting period	12 months	
Lifetime/Annual Maximum	\$1000/None Adult & Dependent Children to age 26 only	
Reimbursements		
In Network	Fee Schedule	Fee Schedule
Non-Network	Maximum allowable charge based on 90th percentile	Maximum allowable charge based on 90th percentile



DENTAL

12-Month Rates*	High Plan	Low Plan
Employee	\$33.96	\$22.69
Employee + Spouse	\$63.81	\$42.79
Employee + Child(ren)	\$68.08	\$49.27
Employee + Family	\$98.36	\$69.00

* 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 DentalSM carryover benefits

Each benefit year, if the Guardian annual dental claim payment does not exceed the threshold limit, a 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
Low Plan	\$1,000	\$500	\$250	\$1,000	\$2,000
High Plan	\$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, they may also detect general health problems early. In-network doctors (Insight Network) can be found at <https://www.eyemed.com/en-us>.

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

Contact Lenses		
Conventional	\$150 allowance plus 15% off balance	Up to \$105
Disposable	\$150 allowance	Up to \$105
Medically Necessary	\$0 Co-pay	Up to \$210
Standard Contact Lens Fitting Exam Fee	Up to \$40 Co-pay	Not covered
Specialty Contact Lens Fitting Exam Fee	10% off retail price	Not covered
Plus		
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, Pearle Vision, and several independent providers		

VISION

12-Month Rates*	
Employee	\$6.72
Employee + Spouse	\$12.76
Employee + Child(ren)	\$13.44
Employee + Family	\$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 and Policy Terms	
Monthly Benefit	\$200 to \$10,000 available in \$100 increments
Maximum Benefit	Up to a maximum of 60% of the employee's predisability monthly earnings.
Evidence of Insurability (EOI) Rules	Annual open enrollment; no EOI required; see below for information on the Preexisting Condition Provision
Maximum Benefit Duration	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.
Elimination Periods Offered for Injury/Sickness	14/14 days 30/30 days 60/60 days 90/90 days 180/180 days
Definition of Disability	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.
Preexisting Limitation	90 day/12 month*
Sick and Annual Leave	Members with approved claims will be eligible to receive the full amount of their elected benefit for the first twelve (12) months, regardless of certain deductible income (e.g., sick or annual leave). After a member has been disabled for 12 months, such leave is considered deductible. For more information, please contact your local Human Resources Department.

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)				
Injury/Sickness (Days)	14/14	30/30	60/60	90/90	180/180
Monthly Rate	\$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 disability 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 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 disability 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

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

As a new hire, how much Term Life Insurance can I apply for without answering health questions (not subject to medical underwriting)?

- For You: \$10,000 to \$250,000 in increments of \$10,000
- For Your Spouse: \$5,000 to \$50,000 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.

Age Reduction: Under this plan, your coverage amount reduces to 65 percent of the original amount at age 65 and to 50 percent of the original amount at age 70. Your spouse’s coverage amount reduces by your spouse’s age as follows: to 65 percent of the original amount at age 65 and to 50 percent of the original amount 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.

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 at the end of the full benefits summary for more information, including requirements, exclusions, age reductions, and definitions.



TERM LIFE AND AD&D

Additional Features

Life Insurance

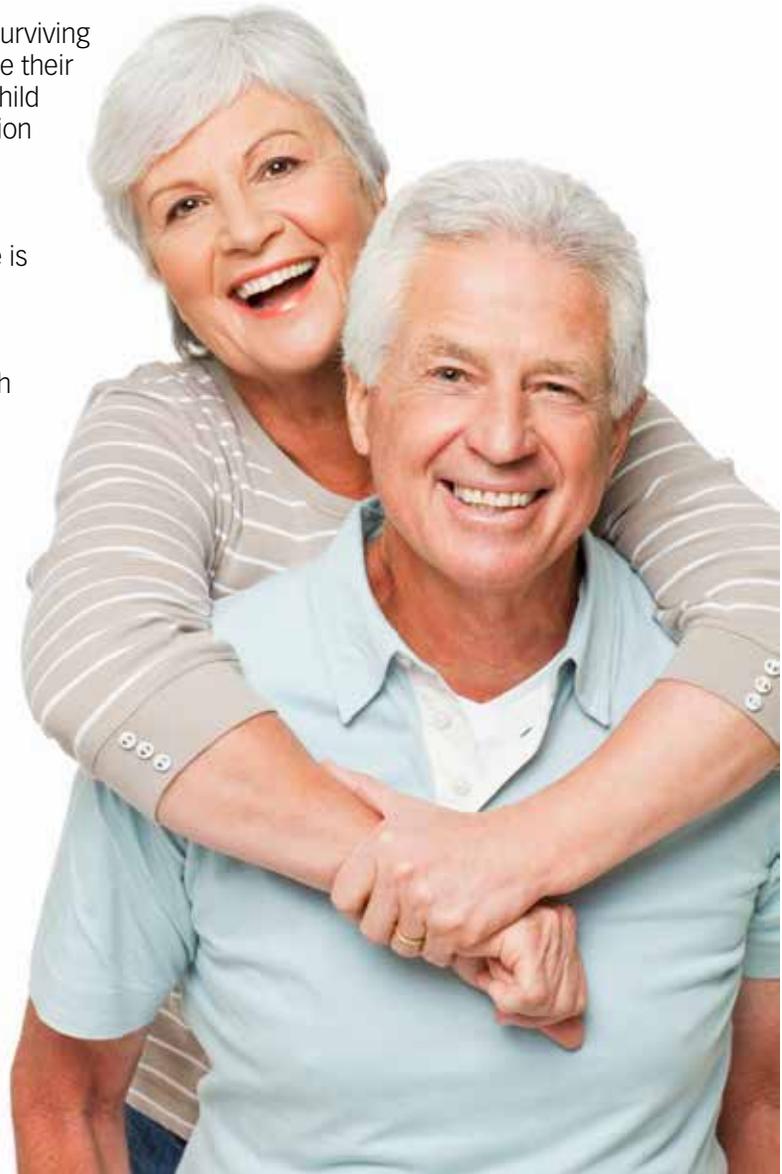
- **Accelerated Benefit:** If you become terminally ill, you may be eligible to receive up to 75 percent of your Life benefit to a maximum of \$500,000.
- **Travel Assistance*:** Available 24 hours a day, this service connects you to resources when you're traveling at least 100 miles from home or in 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.

**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.



TERM LIFE AND AD&D

12-Month Life Rates* (Per \$1,000)			
Employee/Spouse Age	Monthly Rate	Employee/Spouse Age	Monthly Rate
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 Monthly Premium*

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

* Final cost may vary due to rounding. 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 due to approval date of any submitted Evidence of Insurability information.



CRITICAL ILLNESS

The Guardian 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 \$30,000 in \$5,000 increments
 - Guaranteed Issue up to \$30,000
- **Spouse**
 - Coverage amounts can be between \$5,000 and \$30,000 in \$5,000 increments.
 - Coverage amount cannot exceed 100% of the amount elected by the employee
 - Guaranteed Issue up to \$30,000
- **Child(ren)**
 - 50% of the face amount elected by the employee - no additional cost!

Plan Features and Provisions

- Rates are Issue Age – premiums will not increase due to moving into new age band unless you change the amount of your coverage
- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued prior to age 70 (with certain stipulations). That means you can take it with you if you change jobs or retire.
- Fast claims payment. Most claims are processed in about 4 days.
- Additional Diagnosis: We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.
- Re-occurrence: We will pay benefits for the same critical illness after the first when the 2 dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

Critical Illness	Percentage of Face Amount
Invasive Cancer	100%
Heart Attack (Myocardial Infarction)	100%
Major Organ Failure	100%
Kidney Failure (End-Stage Renal Disease)	100%
Severe Stroke	100%
Sudden Cardiac Arrest	50%
Bone Marrow Failure	100%
Carcinoma in situ	30%
Coronary Artery Disease (Bypass needed)	50%
Skin Cancer	\$500

CRITICAL ILLNESS

Rates below are not comprehensive of all offerings. Critical Illness has different premium rates based on if the member or spouse uses tobacco or nicotine-related products.

Examples include:

- Cigars
- Cigarettes
- E-cigarettes or vape products
- Cannabis or marijuana
- Pipe
- Chewing tobacco
- Nicotine gum

12-Month Rates*					
Employee or Spouse (rates per person, based on Employee age)					
Non-Tobacco	<30	30-39	40-49	50-59	60+
\$5,000	\$2.00	\$3.20	\$6.10	\$11.70	\$22.40
\$10,000	\$4.00	\$6.40	\$12.20	\$23.40	\$44.80
\$15,000	\$6.00	\$9.60	\$18.30	\$35.10	\$67.20
\$20,000	\$8.00	\$12.80	\$24.40	\$46.80	\$89.60
\$25,000	\$10.00	\$16.00	\$30.50	\$58.50	\$112.00
\$30,000	\$12.00	\$19.20	\$36.60	\$70.20	\$134.40

Tobacco	<30	30-39	40-49	50-59	60+
\$5,000	\$2.80	\$4.90	\$9.50	\$19.00	\$35.10
\$10,000	\$5.60	\$9.80	\$19.00	\$38.00	\$70.20
\$15,000	\$8.40	\$14.70	\$28.50	\$57.00	\$105.30
\$20,000	\$11.20	\$19.60	\$38.00	\$76.00	\$140.40
\$25,000	\$14.00	\$24.50	\$47.50	\$95.00	\$175.50
\$30,000	\$16.80	\$29.40	\$57.00	\$114.00	\$210.60

* 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 Guardian 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 Guardian.

Eligible Treatments	
Initial Doctor Visit/Urgent Care/Emergency Room	\$200
X-ray	\$100
Doctor Follow-up visits	\$75, up to 6
Concussion	\$500
Ambulance (ground)	\$300
Hospital Admission	\$1,250
Coma	\$5,000
Therapy – up to 10 visits per covered accident	\$75
Blood/Plasma/Platelets	\$300
Child Organized Sport Rider*	25% increase

Plan Features and Provisions

- Guaranteed Issue: No Underwriting Required
- 24-hour 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 if you terminate employment
- \$50 Annual Wellness Benefit
- Child Organized Sport Rider - 25% Increased benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.
- Common Carrier - Accidental Death benefit is doubled if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance.
- Includes access to Guardian's Global Emergency Assistance Services, which offers emergency assistance for medical issues and travel challenges, as well as ID Theft Protection Services.

12-Month Rates*	
Employee	\$10.86
Employee + Spouse	\$18.86
Employee + Child(ren)	\$26.78
Employee + Family	\$34.78

* 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 Guardian 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
Hospital Admission Benefit (per admission, limited to 2 admissions per insured)	\$1,000
Intensive Care Unit (ICU) Admission Benefit (per admission, limited to 2 admissions per insured)	\$2,000
Hospital Confinement (per day) Maximum of 30 days per insured per benefit year	\$200
ICU Confinement (per day) Maximum of 30 days per insured per benefit year	\$400

Plan Features and Provisions

- Guaranteed Issue: No Underwriting Required
- No initial waiting period
- Benefits available for spouse and children (with employee application)
- Coverage is portable if you terminate employment

12-Month Rates*	
Employee	\$21.70
Employee + Spouse	\$41.48
Employee + Child(ren)	\$33.72
Employee + Family	\$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 AND FRAUD PROTECTION

We do so much online—from banking to shopping to socializing and more. Make the internet safer for you and your family with MetLife and Aura Identity & Fraud Protection, which offers all-in-one proactive protection to help stop threats before they strike.

Identity Theft & Financial Fraud Protection

Keep your personal, credit, and financial info secure in one place and protected with proactive controls, advanced threat detection and actionable alerts.

Scam & Cyber Crime Prevention

Our powerful suite of advanced digital tools helps catch and block scams, spam and phishing attempts.

Smart Family Safety

With unique features like Secure Family Sharing and a Digital Parenting Suite, we make it easier than ever for you to help loved ones safely navigate the digital world.

Digital Parenting & Mental Health

Aura’s AI tracks and analyzes patterns of digital behavior, social connections, language and more to help you understand your child’s digital world and spot signs of stress or other meaningful changes in their well-being. Plus, tools to help protect your kids from fraudsters, cyberbullies, mature content, and more.

12-Month Rates*	Protection Plan	Protection Plus Plan
Individual Coverage	\$6.96	\$8.96
Family Coverage	\$11.96	\$14.96

* 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.



IDENTITY AND FRAUD PROTECTION

Identity Theft & Financial Fraud Protection	Protection	Protection Plus	Services Restoration & Reimbursement	Protection	Protection Plus
Credit Monitoring and Alerts	1 Bureau	3 Bureau	\$5M Identity Theft Insurance Policy Per Adult ²	✓	✓
Credit Reports & Scores	1 Bureau	3 Bureau	White Glove Fraud Resolution Service	✓	✓
Monthly Credit Score Tracker & Insights ¹	✓	✓	Full-Service Resolution for Pre-Existing ID Thefts	✓	✓
Credit, Bank & Utility Account Freeze Assistance	✓	✓	Credit File Fraud Alerts Assistance	✓	✓
Home & Vehicle Title Monitoring	✓	✓	Online Resolution Tracker	✓	✓
Bank Fraud & Financial Transaction Monitoring	✓	✓	24/7/365 US-based Customer Support	✓	✓
High-Risk Transaction Alerts	✓	✓	Digital Parenting & Mental Health (included with family plan only)	Protection	Protection Plus
Utility Account Monitoring	✓	✓	Child Mental Wellbeing Insights³		
Dark Web Monitoring	✓	✓	Daytime and Nighttime Trends & Benchmarking	✓	✓
Digital Vault	✓	✓	Social Persona & Connections	✓	✓
SSN & Identity Authentication Alerts	✓	✓	Sentiment & Emotional Tone Analysis	✓	✓
Public & Court Records Monitoring	✓	✓	Behavior Change Detection	✓	✓
USPS Address Monitoring	✓	✓	Personalized Parent Insights & Recommendations	✓	✓
Social Media Monitoring & Takeover Alerts	✓	✓	Safe Gaming	✓	✓
Social Media Privacy Checkup & Optimization	✓	✓	Cyberbullying & Online Predator Protection	✓	✓
Experian Credit Lock		✓	Parental Controls		
Credit Score Simulator		✓	Content Filtering & Blocking	✓	✓
Gamertag Monitoring		✓	Screen Time Management & Schedules	✓	✓
Payday/Specialty Loan Block		✓	Safe Search & Pause the Internet	✓	✓
Scam & Cybercrime Prevention	Protection	Protection Plus	Child Identity Protection		
Automated Data Broker & Spam List Removal	✓	✓	Child SSN Monitoring	✓	✓
Password Manager & Automated Password Change	✓	✓	3-Bureau Child Credit Freeze Wizard	✓	✓
Email Alias	✓	✓	Smart Family Safety (included with family plan only)	Protection	Protection Plus
Safe Web Browsing with Anti-Tracker & Ad-Blocker	✓	✓	Unrestricted family definition	✓	✓
IP Address Monitoring	✓	✓	Private, Full-feature Aura Account per Adult	✓	✓
Wi-Fi Security VPN (Unlimited Devices)	2 devices per adult	Unlimited devices	Separate, Individual \$5M Insurance Policy per Adult ²	✓	✓
Antivirus (Unlimited Devices)	2 devices per adult	Unlimited devices	Sex Offender Geo Alerts	✓	✓
Mobile Phone Takeover Protection	✓	✓	Secure Family Sharing	✓	✓
Unusual Transaction Alerts	✓	✓			
Call Scam Protection		✓			
Text Scam Protection		✓			
Email Scam Protection		✓			

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 in these plans or plan changes is done through the employee’s HR office.

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 – Usually the month of October 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. Please visit <https://info.groupbenefits.org/health-plans/> or call 1.800.272.8451 for more detailed 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 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.

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.

12-Month Rates					
	Pelican HRA1000	Pelican HSA775	Magnolia Local	Magnolia Local Plus	Magnolia Open Access
Employee	\$156.46	\$90.46	\$212.22	\$250.42	\$260.28
Employee + Spouse	\$508.24	\$294.00	\$689.50	\$813.30	\$845.66
Employee + Child(ren)	\$225.32	\$130.38	\$305.44	\$360.38	\$374.72
Family	\$544.48	\$314.94	\$738.80	\$871.42	\$906.06

* 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.

PET INSURANCE

Pets are like family. When a member of the family becomes sick or injured, you do whatever it takes to fix it. However, paying for the vet bills when the unexpected happens can be stressful. Now you can protect your pet(s) like you do your other family members!

LCTCS partners with MetLife to provide Pet Insurance to its employees and their furry family members. Pet insurance can help reimburse you for unexpected vet bills. MetLife provides insurance for pets of all ages — even seniors — and employees can customize their deductible and reimbursement rates so they work best for their pet's needs and their budget.

Help protect your dogs and cats while enjoying flexible coverage and the freedom to visit any U.S. licensed vet, so you can offer protection to your family—including its furry members. Our options include:

- Levels of coverage from \$500 - unlimited
- \$0 - \$2,500 deductible options
- Reimbursement percentages from 50% - 100%

How does MetLife Pet Insurance work?

1. **Enroll** – Select and enroll in the coverage that is right for you and download the MetLife mobile app
2. **Care** – Take your pet to the vet when needed and pay the bill; manage your pet's health and wellness using the mobile app
3. **Cover** – Send the bill and your claim documents to MetLife and receive a reimbursement check or direct deposit

How can I enroll my furry family members?

Each pet's premium is unique and based on the age, breed, and location as well as the coverage options selected. There are additional discounts for multi-pet households and other factors. Employees interested in coverage can enter the Employer or Group name as LCTCS and fetch a specialized quote [here](#). This is not a payroll deducted benefit. Employees will pay via direct bill with MetLife.



PROPERTY INSURANCE

Giving you year-round access to additional benefits that could save you money.

Gallagher Marketplace is your gateway for discovering and accessing unique benefits that best fit your lifestyle. Our program offers significant savings on things you are already buying — like home and auto, renters insurance, boat or RV insurance, employee discount perks as well as extended vehicle warranties. With a centralized hub, you can explore an array of benefit options, available not only to Gallagher clients but also to their friends and families. Discover what benefits your organization offers through Gallagher Marketplace.

The Value

- Whether full-time, part-time or contract workers, all employees and their families are eligible
- Benefit access and potential savings through bundling with the ability to choose from multiple carriers
- Potential cost savings compared to shopping on your own
- Licensed insurance advisors to help find the policy that meets your needs

The Convenience

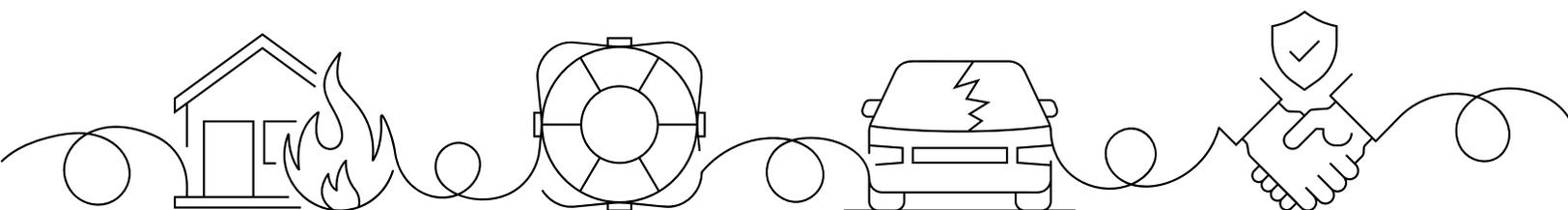
- Enroll any time of the year, not just during open enrollment
- Simple sign-up with payment options
- Easily compare rates from multiple carriers
- Schedule a callback from licensed insurance advisors for a time that's most convenient
- All programs are portable so you can keep the coverage no matter where life takes you

How It Works

1. Visit [Gallagher Marketplace](#) to see your available benefits.
2. Select a product to view more details.
3. Click on the partner link to learn more, get a free no obligation quote or apply for coverage.

Insurance is subject to availability and individual eligibility.

Consulting and insurance brokerage services to be provided by Gallagher Benefit Services, Inc. and/or its affiliate Gallagher Benefit Services (Canada) Group Inc. Gallagher Benefit Services, Inc. is a licensed insurance agency that does business in California as "Gallagher Benefit Services of California Insurance Services" and in Massachusetts as "Gallagher Benefit Insurance Services." Neither Arthur J. Gallagher & Co., nor its affiliates provide accounting, legal or tax advice. © 2023 Arthur J. Gallagher & Co. | GBS44585

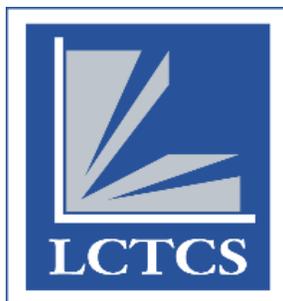


RESOURCES

Benefit	Carrier	Phone	Website
Dental	Guardian	800-541-7846	www.guardianlife.com
Vision	EyeMed	866-939-3633	www.eyemed.com
Flexible Group Disability	Standard	855-757-4717	www.standard.com
Employee Assistance Program	Standard	888-293-6948	www.healthadvocate.com/standard3
Term Life and AD&D	Standard	800-628-8600	www.standard.com
Travel Assistance	Standard	800-872-1414 (in North America)	www.assistamerica.com
Life Services Toolkit	Standard	800-378-5742	www.standard.com/mytoolkit user name: support
Critical Illness Accident Hospital Indemnity	Guardian	800-541-7846	www.guardianlife.com
Identity Theft	MetLife	844-931-2872	https://www.metlife.com/identity-and-fraud-protection/
Health Insurance	Office of Group Benefits (OGB)	800-272-8451	https://info.groupbenefits.org/health-plans/
Life Insurance	Office of Group Benefits (OGB)	800-272-8451	https://info.groupbenefits.org/life-insurance/
Pet Insurance	MetLife	"800-GET-MET8 800-438-6388"	www.metlife.com/getpetquote
Property Insurance	Gallagher Marketplace	844-570-0148	https://c2mb.ajg.com/abd/benefits/

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 Annual 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.