



MONROE
CITY SCHOOLS

INSURANCE
BENEFITS PACKAGE

**HELPFUL
INFORMATION
FOR NEW
EMPLOYEES**

MONROE CITY SCHOOLS

Helpful Information for New Employees

Monroe City Schools offers a variety of insurance products to its employees.

I. HEALTH INSURANCE PLANS

1. Magnolia Open access
2. Magnolia Local Plus
3. Pelican HRA 1000
4. Pelican H.S.A. 775

The New employee may enroll within his/her initial 30-day period. There is a day waiting periods for all new employees once he/she has enrolled. The effective date of coverage is always on the 1st of the month. If an employee elects not to enroll during the initial 30-day period, he /she must wait until the Office of Group Benefits Annual Enrollment period, which is usually in October. Important Note: **If the new employee is adding a dependent to his/her coverage, he /her must present a marriage license for the spouse and a birth certificate for the child(ren). Also, if the employee is adding a newborn to his/her coverage, he/she must do so within 30 days of the baby birthday, or you will be required to wait until the Annual Enrollment period to add the newborn.**

II. DENTAL AND VISION

MCS has one dental and vision plan (Starmount/Always Care), which is offered twice a year. The new employee may enroll during the initial 30 days of employment, or he/she may enroll when the insurance vendor, Taylor and Sons visits the schools in November. There is a 30-day waiting period for new employees' coverage to become effective. However, when the vendor enrolls employees in November, you become effective on February 1st of the following year.

III. 403(b) TAX SHELTERED ANNUITIES

MCS has four approved vendors that service the school district.

1. Horace Mann – John Gates (318) 314-3224
2. VOYA – George Williams (318) 606-4590
3. National Life Group/LSW/Value Teachers – Beth Parker & Stan Kirkikis
(318) 376-5180 & (318) 278-2455

4. ALG/VALIC – Thomas Breaux (318) 957-0596

These 403(b) vendors are permitted into schools for sales and service for two weeks each year during the fall. Ne Employees may also contribute to any of these products by contacting one of the vendors listed above.

IV. SALARY PROTECTION PLAN (ALSO KNOWN AS DISABILITY)

The Salary Protection Plan is offered by The Standard. The new employee may enroll during his/her initial 30 days of employment, or he/she may enroll when the insurance vendor, The Clinton Agency visits the schools in October. There is a 30-day waiting period for new employees in October, he/she becomes effective on January 1st of the following year.

V. CANCER/SUPPLEMENTAL HEALTH/INTENSIVE CARE

MCS offers a supplemental cancer policy through Transamerica along with a supplemental health plan and an intensive care rider. The new employee may enroll during his/her initial 30 days of employment, or he/she may enroll when the insurance vendor, The Clinton Agency, visits the schools in the October. The effective data of coverage for the cancer policy for a new hire is on the 1st of the month in which the premium is deducted. For those who enroll during the Annual Enrollment period in October, the effective data of coverage will be January 1st with a January payroll deduction.

VI. LIFE INSURANCE

MCS Offers five life insurance policies.

1. Prudential Life is MCS's group life insurance policy. MCS pays half the premium, and the employee is responsible for the other half of the premium. This life insurance is based on the employee's yearly salary. This life insurance is guaranteed issue up to \$50,000 based on the new employee's salary. However, he/she must enroll within the first 30 days of employment. If an employee elects to enroll beyond the initial 30-day period, he/she must complete an evidence of insurability form, which includes various health questions, and is subject to review by Prudential's Underwriting Department. The Underwriting Dept. may approve or decline the request for coverage.

2. MetLife is a supplemental life insurance that is also guaranteed issue up to \$1,000,000 with no health question, if the new employee enrolls within his/her initial 30 Days of Employment. The employee may also enroll when the Clinton Agency visits the schools in October of each year. However, the employee will be required to complete an evidence of insurability form and will be subject to the Underwriting Department's decision.
3. Combined Insurance is a combination of both term life insurance and a Long term Car policy. This policy was formerly offered by Fidelity Life Insurance until they were purchased by Combined Insurance. This policy is based on the employee's age and is guaranteed issue at the time of employment. Taylor and Sons is available for sales and service of this product each November. Evidence of Insurability will be required outside of the initial 30-day enrollment period.
4. Boston Mutual Life is a whole policy that builds cash value. All newly hired may enroll within 30 days of the hire date and effective coverage will be the following month. Active employees may also enroll during the open enrollment period in October and coverage will begin the following month. This policy is based on age and may be purchased for grandchildren as well as spouse and children.
5. Protective Life has both term life and universal life policies. These policies are only available to existing plan members. No new life insurance is being written at this time.

VII. HEART AND STROKE

MCS also offers a heart and stroke supplementary policy through Washington National Insurance Company. The new employee may enroll within his/her initial 30 days of employment, or he/she may enroll during the annual enrollment period in November through Taylor and Sons Insurance Agency. The effective date of coverage for a new employee is on the 1st of the month after the initial 30 days waiting period. If the employee enrolls during the annual enrollment period in November, his/her effective date will be February 1st of the following year.

VIII. SECTION 125 CAFETERIA PLAN

New employees may elect to place those insurance deductions that qualify under the cafeteria plan. The cafeteria plan is an employee benefit that

403(b) Tax Sheltered Annuities

For more information or to enroll in one of our 403 (b) tax sheltered annuity plans, please contact one of the vendors listed below.

1. Horace Mann – John Gates 318-314-3224

2. Voya/ING – George Williams 318-372-1220

3. National Life Group/LSW/ Value Teachers

1. Stan Kirkikis 318-278-2445

2. Beth Cooper 318-376-5180

4. AIG/VALIC – Thomas Breaux 318-957-0596

HEALTH INSURANCE



OFFICE OF GROUP BENEFITS
OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES
PARISH & CITY SCHOOL BOARDS ONLY

Rates effective January 1, 2024 (75% employer participation level)
 For a complete list of premium rates at all employer participation levels please visit info.groupbenefits.org.

	Magnolia Open Access Administered by Blue Cross			Magnolia Local Administered by Blue Cross			Magnolia Local Plus Administered by Blue Cross			Pelican HSA775 Administered by Blue Cross			Pelican HRA1000 Administered by Blue Cross		
	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium
ACTIVE EMPLOYEE															
ENROLLEE ONLY	\$679.72	\$226.50	\$906.22	\$554.18	\$184.68	\$738.86	\$653.84	\$217.90	\$871.74	\$236.30	\$78.72	\$315.02	\$484.10	\$161.34	\$645.44
ENROLLEE + 1 (SPOUSE)	\$1,189.10	\$735.90	\$1,925.00	\$969.42	\$600.00	\$1,569.42	\$1,143.80	\$707.74	\$1,851.54	\$413.44	\$255.84	\$669.28	\$846.84	\$524.08	\$1,370.92
ENROLLEE + 1 (CHILD)	\$779.26	\$326.08	\$1,105.34	\$635.30	\$265.80	\$901.10	\$749.54	\$313.60	\$1,063.14	\$270.98	\$113.46	\$384.44	\$555.12	\$232.34	\$787.46
ENROLLEE + CHILDREN	\$779.26	\$326.08	\$1,105.34	\$635.30	\$265.80	\$901.10	\$749.54	\$313.60	\$1,063.14	\$270.98	\$113.46	\$384.44	\$555.12	\$232.34	\$787.46
FAMILY	\$1,241.72	\$788.46	\$2,030.18	\$1,012.32	\$642.90	\$1,655.22	\$1,194.36	\$758.32	\$1,952.68	\$431.64	\$274.06	\$705.70	\$884.26	\$561.46	\$1,445.72
RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE															
ENROLLEE ONLY	\$1,459.58	\$226.50	\$1,686.08	\$1,189.98	\$184.68	\$1,374.66	\$1,409.12	\$217.90	\$1,627.02	N/A	N/A	N/A	\$852.08	\$161.34	\$1,013.42
ENROLLEE + 1 (SPOUSE)	\$2,241.46	\$735.90	\$2,977.36	\$1,827.38	\$600.00	\$2,427.38	\$2,165.14	\$707.74	\$2,872.88	N/A	N/A	N/A	\$1,342.06	\$447.36	\$1,789.42
ENROLLEE + 1 (CHILD)	\$1,551.98	\$326.08	\$1,878.06	\$1,265.40	\$265.80	\$1,531.20	\$1,498.78	\$313.60	\$1,812.38	N/A	N/A	N/A	\$896.84	\$232.34	\$1,129.18
ENROLLEE + CHILDREN	\$1,551.98	\$326.08	\$1,878.06	\$1,265.40	\$265.80	\$1,531.20	\$1,498.78	\$313.60	\$1,812.38	N/A	N/A	N/A	\$896.84	\$232.34	\$1,129.18
FAMILY	\$2,222.18	\$740.72	\$2,962.90	\$1,811.72	\$603.90	\$2,415.62	\$2,144.32	\$714.78	\$2,859.10	N/A	N/A	N/A	\$1,335.42	\$445.14	\$1,780.56
RETIREE WITH 1 MEDICARE															
ENROLLEE ONLY	\$411.22	\$137.06	\$548.28	\$335.24	\$111.76	\$447.00	\$403.70	\$134.56	\$538.26	N/A	N/A	N/A	\$247.16	\$82.40	\$329.56
ENROLLEE + 1 (SPOUSE)	\$1,519.42	\$506.42	\$2,025.84	\$1,238.76	\$412.88	\$1,651.64	\$1,475.42	\$491.84	\$1,967.26	N/A	N/A	N/A	\$913.18	\$304.36	\$1,217.54
ENROLLEE + 1 (CHILD)	\$711.76	\$237.26	\$949.02	\$580.28	\$193.42	\$773.70	\$694.40	\$231.50	\$925.90	N/A	N/A	N/A	\$427.98	\$142.60	\$570.58
ENROLLEE + CHILDREN	\$711.76	\$237.26	\$949.02	\$580.28	\$193.42	\$773.70	\$694.40	\$231.50	\$925.90	N/A	N/A	N/A	\$427.98	\$142.60	\$570.58
FAMILY	\$2,024.48	\$674.76	\$2,699.24	\$1,650.52	\$550.16	\$2,200.68	\$1,963.88	\$654.60	\$2,618.48	N/A	N/A	N/A	\$1,216.58	\$405.54	\$1,622.12
RETIREE WITH 2 MEDICARE															
ENROLLEE + 1 (SPOUSE)	\$739.24	\$246.36	\$985.60	\$602.68	\$200.86	\$803.54	\$723.66	\$241.20	\$964.86	N/A	N/A	N/A	\$444.30	\$148.06	\$592.36
FAMILY	\$915.22	\$305.08	\$1,220.30	\$746.22	\$248.70	\$994.92	\$895.96	\$298.64	\$1,194.60	N/A	N/A	N/A	\$550.02	\$183.34	\$733.36
C.O.B.R.A.															
ENROLLEE ONLY	\$0.00	\$924.36	\$924.36	\$0.00	\$753.62	\$753.62	\$0.00	\$889.20	\$889.20	\$0.00	\$321.34	\$321.34	\$0.00	\$658.34	\$658.34
ENROLLEE + 1 (SPOUSE)	\$0.00	\$1,963.48	\$1,963.48	\$0.00	\$1,600.82	\$1,600.82	\$0.00	\$1,888.54	\$1,888.54	\$0.00	\$682.62	\$682.62	\$0.00	\$1,398.32	\$1,398.32
ENROLLEE + 1 (CHILD)	\$0.00	\$1,127.42	\$1,127.42	\$0.00	\$919.12	\$919.12	\$0.00	\$1,084.42	\$1,084.42	\$0.00	\$392.12	\$392.12	\$0.00	\$803.20	\$803.20
ENROLLEE + CHILDREN	\$0.00	\$1,127.42	\$1,127.42	\$0.00	\$919.12	\$919.12	\$0.00	\$1,084.42	\$1,084.42	\$0.00	\$392.12	\$392.12	\$0.00	\$803.20	\$803.20
FAMILY	\$0.00	\$2,070.76	\$2,070.76	\$0.00	\$1,688.30	\$1,688.30	\$0.00	\$1,991.70	\$1,991.70	\$0.00	\$719.82	\$719.82	\$0.00	\$1,474.64	\$1,474.64
DISABILITY C.O.B.R.A.															
ENROLLEE ONLY	\$0.00	\$1,359.34	\$1,359.34	\$0.00	\$1,108.30	\$1,108.30	\$0.00	\$1,307.62	\$1,307.62	\$0.00	\$472.54	\$472.54	\$0.00	\$968.16	\$968.16
ENROLLEE + 1 (SPOUSE)	\$0.00	\$2,887.50	\$2,887.50	\$0.00	\$2,354.14	\$2,354.14	\$0.00	\$2,777.32	\$2,777.32	\$0.00	\$1,003.92	\$1,003.92	\$0.00	\$2,056.38	\$2,056.38
ENROLLEE + 1 (CHILD)	\$0.00	\$1,658.00	\$1,658.00	\$0.00	\$1,351.66	\$1,351.66	\$0.00	\$1,594.72	\$1,594.72	\$0.00	\$576.66	\$576.66	\$0.00	\$1,181.20	\$1,181.20
ENROLLEE + CHILDREN	\$0.00	\$1,658.00	\$1,658.00	\$0.00	\$1,351.66	\$1,351.66	\$0.00	\$1,594.72	\$1,594.72	\$0.00	\$576.66	\$576.66	\$0.00	\$1,181.20	\$1,181.20
FAMILY	\$0.00	\$3,045.28	\$3,045.28	\$0.00	\$2,482.84	\$2,482.84	\$0.00	\$2,929.02	\$2,929.02	\$0.00	\$1,058.56	\$1,058.56	\$0.00	\$2,168.58	\$2,168.58

- NOTE: 1) The breakdown between the *State Share* and *Employee Share* amounts shown for retirees without Medicare coverage is determined based upon the requirements of LA R.S. 42:851(C)(3), which supersedes the requirements of LA R.S. 42:851(E)(1).
- 2) All plan members who retired on or after July 1, 1997 must have Medicare Part A and Part B to qualify for reduced premium rates.
- 3) Monthly premium rates shown apply to charter schools that participate in the OGB program and are under the jurisdiction of a city or parish school board.

Approved

Active Employees and Non-Medicare Retirees
(RETIREMENT DATE ON or AFTER March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2024 - December 31, 2024

	Pelican HRA1000		Pelican HSA775	
Network	Blue Cross and Blue Shield of Louisiana Preferred Care Providers & Blue Cross National Providers		Blue Cross and Blue Shield of Louisiana Preferred Care Providers & Blue Cross National Providers	
Eligible OGB Members	Active Employees & Non-Medicare Retirees (retirement date on or AFTER 3-1-2015)		Active Employees	
	Network	Out-of-Network	Network	Out-of-Network
	You Pay		You Pay	
Deductible				
You	\$2,000	\$4,000	\$2,000	\$4,000
You + 1 (Spouse or child)	\$4,000	\$8,000	\$4,000	\$8,000
You + Children	\$4,000	\$8,000	\$4,000	\$8,000
You + Family	\$4,000	\$8,000	\$4,000	\$8,000
	HRA dollars will reduce this amount		HSA dollars will reduce this amount	
Out-of-Pocket Maximum				
You	\$5,000	\$10,000	\$5,000	\$10,000
You + 1 (Spouse or child)	\$10,000	\$20,000	\$10,000	\$20,000
You + Children	\$10,000	\$20,000	\$10,000	\$20,000
You + Family	\$10,000	\$20,000	\$10,000	\$20,000
State Funding	The Plan Pays		The Plan Pays	
You	\$1,000		\$775*	
You + 1 (Spouse or child)	\$2,000		\$775*	
You + Children	\$2,000		\$775*	
You + Family	\$2,000		\$775*	
	Funding not applicable to Pharmacy Expenses.		*\$200, plus up to \$575 more dollar for dollar match of employee contributions ⁵	
Physicians' Services	The Plan Pays		The Plan Pays	
Primary Care Physician or Specialist Office - Treatment of illness or injury	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible

Active Employees and Non-Medicare Retirees
(RETIREMENT DATE ON or AFTER March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2024 - December 31, 2024

Magnolia Local Plus		Magnolia Open Access		Magnolia Local	
Blue Cross and Blue Shield of Louisiana Preferred Care Provider & Blue Cross National Providers		Blue Cross and Blue Shield of Louisiana Preferred Care Provider & Blue Cross National Providers		Blue Cross and Blue Shield of Louisiana Community Blue & Blue Connect	
Active Employees & Non-Medicare Retirees (retirement date on or AFTER 3-1-2015)		Active Employees & Non-Medicare Retirees (retirement date on or AFTER 3-1-2015)		Active Employees & Non-Medicare Retirees (retirement date on or AFTER 3-1-2015)	
Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
You Pay		You Pay		You Pay	
Deductible					
\$400	No Coverage	\$900	\$900	\$400	No Coverage
\$800	No Coverage	\$1,800	\$1,800	\$800	No Coverage
\$1,200	No Coverage	\$2,700	\$2,700	\$1,200	No Coverage
\$1,200	No Coverage	\$2,700	\$2,700	\$1,200	No Coverage
Out-of-Pocket Maximum					
\$3,500	No Coverage	\$3,500	\$4,700	\$2,500	No Coverage
\$6,000	No Coverage	\$6,000	\$8,500	\$5,000	No Coverage
\$8,500	No Coverage	\$8,500	\$12,250	\$7,500	No Coverage
\$8,500	No Coverage	\$8,500	\$12,250	\$7,500	No Coverage
The Plan Pays		The Plan Pays		The Plan Pays	
Not Available		Not Available		Not Available	
The Plan Pays		The Plan Pays		The Plan Pays	
100% coverage after a \$25 PCP or \$50 SPC copay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after a \$25 PCP or \$50 SPC copay per visit	No Coverage

Active Employees and Non-Medicare Retirees
(RETIREMENT DATE ON or AFTER March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2024 - December 31, 2024

	Pelican HRA1000		Pelican HSA775	
	Network	Out-of-Network	Network	Out-of-Network
Physicians' Services	The Plan Pays		The Plan Pays	
Maternity Care (prenatal, delivery and postpartum)	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Physician Services Furnished in a Hospital Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist.	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Preventative Care Primary Care Physician or Specialist Office or Clinic For a complete list of benefits, refer to the Preventive and Wellness/ Routine Care in the Benefit Plan	100% coverage; not subject to deductible	100% of fee schedule amount. Plan participant pays the difference between the billed amount and the fee schedule amount; Not subject to deductible	100% coverage; not subject to deductible	100% of fee schedule amount. Plan participant pays the difference between the billed amount and the fee schedule amount; Not subject to deductible
Physician Services for Emergency Room Care	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible
Allergy Shots and Serum Copay per visit is applicable only to office visit	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Outpatient Surgery/ Services When billed as office visits	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Outpatient Surgery/ Services When billed as outpatient surgery at a facility	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Hospital Services	The Plan Pays		The Plan Pays	
Inpatient Services Inpatient care, delivery and inpatient short-term acute rehabilitation services	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible

Active Employees and Non-Medicare Retirees

(RETIREMENT DATE ON or AFTER March 1, 2015)

Benefits Comparison

Benefits effective January 1, 2024 - December 31, 2024

Magnolia Local Plus		Magnolia Open Access		Magnolia Local	
Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
The Plan Pays		The Plan Pays		The Plan Pays	
100% coverage; after a \$90 copay per pregnancy	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$90 copay per pregnancy	No Coverage
100% coverage; subject to deductible	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage
100% coverage; not subject to deductible	No Coverage	100% coverage; not subject to deductible	70% coverage; subject to deductible	100% coverage; not subject to deductible	No Coverage
100% coverage; subject to deductible	100% coverage; subject to deductible	90% coverage; subject to deductible	90% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible
100% coverage after a \$25 PCP or \$50 SPC per office visit copay per visit; shots and serum 100% after deductible	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after a \$25 PCP or \$50 SPC per office visit copay per visit; shots and serum 100% after deductible	No Coverage
100% coverage; after a \$25 PCP or \$50 SPC per office visit copay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$25 PCP or \$50 SPC per office visit copay per visit	No Coverage
100% coverage; subject to deductible	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage
The Plan Pays		The Plan Pays		The Plan Pays	
100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible + \$50 copay per day (days 1 - 50)	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage

Active Employees and Non-Medicare Retirees
(RETIREMENT DATE ON or AFTER March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2024 - December 31, 2024

	Pelican HRA1000		Pelican HSA775	
	Network	Out-of-Network	Network	Out-of-Network
Hospital Services	The Plan Pays		The Plan Pays	
Outpatient Surgery/Services Hospital / Facility	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Emergency Room - Hospital (Facility) Treatment of an emergency medical condition or injury	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible
Behavioral Health	The Plan Pays		The Plan Pays	
Mental Health and Substance Abuse Inpatient Facility	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Mental Health and Substance Abuse Outpatient Visits - Professional	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Other Coverage	The Plan Pays		The Plan Pays	
Outpatient Acute Short-Term Rehabilitation Services Physical Therapy, Speech Therapy, Occupational Therapy, Other short term rehabilitative services	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Chiropractic Care	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Hearing Aid Not covered for individuals age eighteen (18) and older	80% coverage; subject to deductible	No Coverage	80% coverage; subject to deductible	No Coverage
Vision Exam (routine) and Eye Wear	No Coverage	No Coverage	No Coverage	No Coverage
Comprehensive Dental	No Coverage	No Coverage	No Coverage	No Coverage
Urgent Care Center	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Home Health Care Services	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible

Active Employees and Non-Medicare Retirees

(RETIREMENT DATE ON or AFTER March 1, 2015)

Benefits Comparison

Benefits effective January 1, 2024 - December 31, 2024

Magnolia Local Plus		Magnolia Open Access		Magnolia Local	
Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
The Plan Pays		The Plan Pays		The Plan Pays	
100% coverage; after a \$100 facility copay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$100 facility copay per visit	No Coverage
100% coverage after \$200 copay per visit; waived if admitted	100% coverage after \$200 copay per visit; waived if admitted	90% coverage; subject to deductible; \$200 copay per visit; waived if admitted	90% coverage; subject to deductible; \$200 copay per visit; waived if admitted	100% coverage after \$200 copay per visit; waived if admitted	100% coverage after \$200 copay per visit; waived if admitted
The Plan Pays		The Plan Pays		The Plan Pays	
100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible + \$50 copay per day (days 1-5)	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage
100% coverage; after a \$25 copay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage
The Plan Pays		The Plan Pays		The Plan Pays	
100% coverage; after a \$25 copay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage
100% coverage; after a \$25 copay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$25 copay per visit	No Coverage
80% coverage; subject to deductible	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	80% coverage; subject to deductible	No Coverage
No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage
No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage
100% coverage after a \$50 copay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after a \$50 copay per visit	No Coverage
100% coverage subject to deductible	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage subject to deductible	No Coverage

Active Employees and Non-Medicare Retirees
(RETIREMENT DATE ON or AFTER March 1, 2015)
Benefits Comparison
Benefits effective January 1, 2024 - December 31, 2024

	Pelican HRA1000		Pelican HSA775	
	Network	Out-of-Network	Network	Out-of-Network
Other Coverage	The Plan Pays		The Plan Pays	
Skilled Nursing Facility Services	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Hospice Care	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Durable Medical Equipment (DME) - Rental or Purchase	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible
Transplant Services	80% coverage; subject to deductible	No Coverage	80% coverage; subject to deductible	No Coverage
Pharmacy	You Pay		You Pay	
Tier 1 - Generic	50% up to \$30 ¹		\$10; subject to deductible ¹	
Tier 2 - Preferred	50% up to \$55 ^{1,2}		\$25; subject to deductible ¹	
Tier 3 - Non-Preferred	65% up to \$80 ^{1,2}		\$50; subject to deductible ¹	
Tier 4 - Specialty	50% up to \$80 ^{1,2}		\$50; subject to deductible ¹	
90 day supply for maintenance drugs from mail order OR at participating 90-day retail network pharmacies	2.5 times the cost of applicable maximum copay		Applicable copay; Maintenance drugs not subject to deductible**	
After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s):				
Tier 1 - Generic	\$0 copay ¹		N/A	
Tier 2 - Preferred	\$20 copay ^{1,2}		N/A	
Tier 3 - Non-Preferred	\$40 copay ^{1,2}		N/A	
Tier 4 - Specialty	\$40 copay ^{1,2}		N/A	

NOTE: Prior Authorizations and Visit Limits may apply to some benefits - refer to your Plan Document for details.

This comparison chart is a summary of plan features and is presented for general information only. It is not a guarantee of coverage.

** For a complete list of maintenance medications visit: <https://www.bcbsla.com/ogb/pelican-hsa-775-active-employees>

**Active Employees and Non-Medicare Retirees
(RETIREMENT DATE ON or AFTER March 1, 2015)**

**Benefits Comparison
Benefits effective January 1, 2024 - December 31, 2024**

Magnolia Local Plus		Magnolia Open Access		Magnolia Local	
Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
The Plan Pays		The Plan Pays		The Plan Pays	
100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; after a \$100 copay per day max \$300 per admission	No Coverage
100% coverage; subject to deductible	No Coverage	80% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage
80% coverage of the first \$5,000 allowable; subject to deductible; 100% in excess of \$5,000 per plan year	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	80% coverage of the first \$5,000 allowable; subject to deductible 100% in excess of \$5,000 per plan year	No Coverage
100% coverage; not subject to deductible	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage
You Pay		You Pay		You Pay	
50% up to \$30 ¹		50% up to \$30 ¹		50% up to \$30 ¹	
50% up to \$55 ^{1,2}		50% up to \$55 ^{1,2}		50% up to \$55 ^{1,2}	
65% up to \$80 ^{1,2}		65% up to \$80 ^{1,2}		65% up to \$80 ^{1,2}	
50% up to \$80 ^{1,2}		50% up to \$80 ^{1,2}		50% up to \$80 ^{1,2}	
2.5 the cost of applicable maximum copay		2.5 the cost of applicable maximum copay		2.5 times the cost of applicable maximum copay	
After the out-of-pocket threshold amount of \$1,500 is met by you and/or your covered dependent(s)⁴:					
\$0 copay ¹				\$0 copay ¹	
\$20 copay ^{1,2}				\$20 copay ^{1,2}	
\$40 copay ^{1,2}				\$40 copay ^{1,2}	
\$40 copay ^{1,2}				\$40 copay ^{1,2}	

¹ Prescription drug benefit - 31-day fill

² Member who chooses brand-name drug for which approved generic version is available pays cost difference between brand-name drug & generic drug, plus copay for brand-name drug; cost difference does not apply to \$1,500 out-of-pocket threshold (if applicable).

³ Prescription drug benefit - 30-day fill



STATE OF LOUISIANA - OFFICE OF GROUP BENEFITS - ENROLLMENT/CHANGE FORM (Page 1 of 2)

Agency Number, Agency Name, Primary Plan Participant/Employee Name, Date of Hire

Section 1 - Primary Plan Participant/ Employee Information. Fields include Name First, M.I., Last, Social Security Number, Date of Birth, Home Phone number, Work/Alt Phone Number, Email Address, Gender, Mailing Address, Physical Address.

Section 2 - Rehired Retiree

When a retiree with OGB coverage returns to benefits-eligible employment, the hiring agency must notify OGB within 30 days of reemployment and the hiring agency must begin to pay the employer portion of the Re-employed Retiree premium from the date of hire.

AGENCY RETIRED FROM, RETIREMENT DATE (MM/DD/YYYY)

Section 3 - Enrollment Information

LEVEL OF HEALTH AND LIFE COVERAGE - FOR PLAN SELECTION SEE SECTIONS 4 AND 5

For each dependent, employee must check the box in section 3 if they wish that dependent to have health and/or life coverage. For life insurance, employee must also check the appropriate box of section 5.

Employee Only, Employee + Child(ren), Employee + Spouse, Family

Table with 8 columns: NAME, RELATIONSHIP, SEX, BIRTH DATE, ADD/DELETE, SOCIAL SECURITY NUMBER, HEALTH, DEP. LIFE. Rows include SPOUSE and multiple DEPENDENT entries.

Section 4 - Health Plan Selection

COMPLETE THE APPLICABLE SECTION BELOW. SELECT ONLY ONE HEALTH PLAN.

Active Employees and Non-Medicare Retirees. Options include Pelican HRA1000, Magnolia Local Plus, Pelican HSA775, Magnolia Local, Magnolia Open Access, LSU First Option 1.

Medicare Retirees

OGB Secondary Plans and OGB Sponsored Medicare Advantage Plans. Includes Medicare Verification table and a note: A COPY OF MEDICARE CARD MUST BE ATTACHED.

Note to FSA Enrollees: By providing an email address, you may receive certain benefits-related correspondence through email unless you contact Optum Financial to receive paper notices.



Agency Number	Agency Name	Primary Plan Participant/Employee Name	Social Security Number
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Section 5 - Life and Flexible Benefits Plan Selection

LIFE INSURANCE (check one only) OGB FLEXIBLE BENEFITS (check all that apply)

DECLINE LIFE INSURANCE COVERAGE

BASIC	BASIC PLUS SUPPLEMENTAL
<input type="checkbox"/> Employee/No Dependent Coverage <input type="checkbox"/> Employee/Dependent Coverage Eligible Spouse \$1,000 Eligible Child \$500 <input type="checkbox"/> Employee/Dependent Coverage Eligible Spouse \$2,000 Eligible Child \$1,000	<input type="checkbox"/> Employee/No Dependent Coverage <input type="checkbox"/> Employee/Dependent Coverage Eligible Spouse \$2,000 Eligible Child \$1,000 <input type="checkbox"/> Employee/Dependent Coverage Eligible Spouse \$4,000 Eligible Child \$2,000

Annual Salary _____ Date of Last Salary Increase _____ Face Life _____

FLEXIBLE BENEFITS (ACTIVE EMPLOYEES ONLY)

Decline flexible spending account
 My agency does not participate in OGB's flexible benefits plan
 I do want to participate and acknowledge that I have completed the flexible spending arrangement form.

Section 6 - Acknowledge Offer and Decline Health Insurance Coverage (Active Employees Only)

ACKNOWLEDGE OFFER AND DECLINE HEALTH INSURANCE COVERAGE (ACTIVE EMPLOYEES ONLY)

I have been offered health coverage for myself and my eligible dependents. I have voluntarily elected to decline the coverage as indicated below. If I choose to apply for health coverage at a later date, I understand that I may only enroll for health coverage during annual enrollment or as otherwise specified in the OGB plan document in the event I, or my eligible dependents have a Plan Recognized Qualified Life Event.

Reason for Declining Health Coverage Offer:

- Other Group Health Coverage (would include being covered as a dependent under an OGB plan)
- Other Individual Health Coverage
- Medicare, Medicaid, Other, Explain:
- I am not enrolled in any health coverage and I do not accept this offer of health coverage
- I do not wish to disclose

NOTE TO AGENCY REPRESENTATIVE: If the employee declines health coverage, he or she must acknowledge the offer of coverage by completing the GB-01 form. The acknowledgment must be sent to OGB and a copy retained by the agency participating employer as evidence that the employee was offered health coverage within the time-frames allowed by law and the employee subsequently declined the offer of coverage.

Section 7 - Acknowledgment and Certification

BY SIGNING THIS APPLICATION, I ACKNOWLEDGE AND CERTIFY THE FOLLOWING:

(Please check each box)

- I, Primary Plan Participant, acknowledge that I have provided appropriate documents to ogb to verify my eligibility and the eligibility of my covered dependent(s) and those documents are included with this application.
- I apply for participation or a change in my participation in the named plan(s) and agree to be bound by the plan's terms and conditions.
- I acknowledge and authorize deductions from my earnings or retirement check to pay for insurance for myself and my dependents, if applicable.
- I acknowledge and certify that the information provided on this form is true and correct I understand that if I provide false, misleading or incomplete information on this form, it may result in denial or rescission of coverage retroactive to the initial day of coverage.
- I accept that this acknowledgment and certification will become a part of my application for coverage and that a copy of my signature is as valid as the original.
- I acknowledge that any dis-enrollment from an OGB plan of benefits will result in dis-enrollment from both medical and pharmacy benefits, including, but not limited to, Medicare Part D.

Signature	Date
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FOR AGENCY USE

PLAN RECOGNIZED QUALIFIED LIFE EVENT (QLE) FOR APPLICATION (REFERENCE 2023 QLE SPREADSHEET):

QLE code or qualified life event description	Qualified life event date	Add/Drop/Reinstate Coverage <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Reinstate Coverage
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I, Agency Representative, certify that the documentation presented is appropriate and supports the occurrence of the OGB plan-recognized qualified life event referenced above.

Signature of Agency Representative	Date
Printed Name of Agency Representative	Date

**PRUDENTIAL
LIFE
INSURANCE**



Summary of Benefits

State of Louisiana

All Eligible Active and Retired Employees Including Members of Boards and Commissions

Basic Term Life, Basic Plus Supplemental Term Life, Basic Dependent Term Life, Basic Plus Supplemental Dependent Term Life, and Accidental Death & Dismemberment

Issued by The Prudential Insurance Company of America

This is a summary of benefits and does not include all plan provisions, exclusions and limitations. If there is a discrepancy between this document and the group contract issued by The Prudential Insurance Company of America, the terms of the group contract will govern.

Basic Term Life

50% Employee Paid

- ▶ Purchase Basic Term Life for \$5,000.
 - If enrolling when first eligible within the specified period of your date of hire or the occurrence of a life event, you can elect up to \$5,000 without providing proof of good health to Prudential.
 - All other elections or enrolling after the enrollment period will require proof of good health satisfactory to Prudential for all coverage amounts.
 - If you have been previously denied coverage in the past, proof of good health satisfactory to Prudential is required for all coverage amounts.
- ▶ If terminally ill, you can get a partial payment of your group term life insurance benefit. You can use this payment as you see fit. In the event of your death, your beneficiary will receive a benefit payout which has been reduced by the amount you receive.
- ▶ Coverage will be reduced as you age – to 75% at age 65 and 50% at age 70.
- ▶ You may convert your insurance to an individual life insurance policy issued by the Prudential Insurance Company of America, or you may be eligible to port your coverage ending to a separate group term life contract.

BASIC PLUS SUPPLEMENTAL TERM LIFE

50% Employee Paid

- ▶ **All Active and Retired Employees:** Purchase Basic Supplemental Term Life for 1.5 times your covered annual earnings to a maximum of \$50,000. **Please refer to your plan certificate(s) to review the required minimum and maximum coverage amounts allowed.**
- ▶ **All Members of Boards and Commissions:** Purchase Basic Supplemental Term Life for \$20,000.
 - If enrolling when first eligible within the specified period of your date of hire or the occurrence of a life event, you can elect up to \$50,000 without providing proof of good health to Prudential.
 - All other elections or enrolling after the enrollment period will require proof of good health satisfactory to Prudential for all coverage amounts.
 - If you have been previously denied coverage in the past, proof of good health satisfactory to Prudential is required for all coverage amounts.
- ▶ Coverage will be reduced as you age – to 75% at age 65 and 50% at age 70.
- ▶ If terminally ill, you can get a partial payment of your group term life insurance benefit. You can use this payment as you see fit. In the event of your death, your beneficiary will receive a benefit payout which has been reduced by the amount you receive.
- ▶ You may convert your dependent(s) insurance to an individual life insurance policy issued by the Prudential Insurance Company of America, or you may be eligible to port your dependent(s) coverage ending to a separate group term life contract.

SPOUSE & CHILDREN - BASIC DEPENDENT TERM LIFE

100% Employee Paid

- ▶ Purchase coverage on your spouse for \$1,000 and for each of your children for \$500 or purchase coverage on your spouse for \$2,000 and for each of your children for \$1,000. **Please Note:** The Basic Dependent Term Life insurance coverage amount on your spouse may not exceed 100% of your Basic Term Life coverage amount.
 - If enrolling your spouse when first eligible within the specified period of your date of hire or the occurrence of a life event, you can elect up to \$2,000 without providing proof of good health to Prudential.
 - All other elections or enrolling after the enrollment period will require proof of good health satisfactory to Prudential for all coverage amounts.
 - If your spouse has been previously denied coverage in the past, proof of good health satisfactory to Prudential is required for all coverage amounts.
- ▶ Coverage begins at live birth, and continues to to age 26, if unmarried.
- ▶ You may convert your insurance to an individual life insurance policy issued by the Prudential Insurance Company of America, or you may be eligible to port your coverage ending to a separate group term life contract.

SPOUSE & CHILDREN - BASIC PLUS SUPPLEMENTAL DEPENDENT TERM LIFE

100% Employee Paid

- ▶ Purchase coverage on your spouse for \$2,000 and for each of your children for \$1,000 or purchase coverage on your spouse for \$4,000 and for each of your children for \$2,000. **Please Note:** The Dependent Term Life Insurance coverage amount on your spouse may not exceed 100% of your Basic Plus Supplemental Term Life coverage amount
 - If enrolling your spouse when first eligible within the specified period of your date of hire or the occurrence of a life event, you can elect up to \$4,000 without providing proof of good health to Prudential.
 - All other elections or enrolling after the enrollment period will require proof of good health satisfactory to Prudential for all coverage amounts.
 - If your spouse has been previously denied coverage in the past, proof of good health satisfactory to Prudential is required for all coverage amounts.
- ▶ Coverage begins at live birth, and continues to age 26, if unmarried.
- ▶ You may convert your dependent(s) insurance to an individual life insurance policy issued by the Prudential Insurance Company of America, or you may be eligible to port your dependent(s) coverage ending to a separate group term life contract.

EMPLOYEE - ACCIDENTAL DEATH & DISMEMBERMENT

50% Employee Paid

- ▶ You are automatically enrolled for a coverage amount equal to your Basic Plus Supplemental Term Life Insurance coverage amount.
- ▶ Retiree coverage will be terminated on the first January 1st following your attainment of age 70. If you are still actively at work upon your attainment of age 70, your coverage will terminate on the last day of the month you retire.

Implementation of the insurance plan(s) will depend on having a specific percentage of all eligible employees enrolling in the plan(s). If this percentage of enrollment level is not met, these coverage(s) may not be effective.

Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

¹ Elections made outside of approved enrollment events and elections exceeding the guaranteed issue amount may require proof of good health. Employees previously declined coverage must also provide proof of good health.

*Accelerated Death Benefit option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered "terminally ill" or "chronically ill." You may wish to seek professional tax advice before exercising this option.

* **Important Notice** : The acceleration of life insurance benefits offered under this certificate is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986 (under IRC Section 101(g)). If the acceleration of life insurance benefits qualifies for such favorable treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration of life benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration of life insurance benefits that are excludable from income under federal law.

Receipt of accelerated benefits may be taxable and assistance should be sought from a personal tax advisor.

North Carolina residents: THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company.

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

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Rate Sheet

State of Louisiana

All Eligible Active and Retired Employees Including Members of Boards and Commissions

Issued by The Prudential Insurance Company of America (Prudential)

Effective: 01/01/2024

The Life Insurance Premium Rates can be accessed on the Office of Group Benefits website at: <https://info.groupbenefits.org>. Initial rates are based on age as of the effective date of your coverage. Please refer to your plan certificate(s) to review the required minimum and maximum coverage amounts allowed. Refer to the Basic Plus Supplemental Term Life section for evidence of insurability details. Rates may change as the insured enters a higher age category.

MONTHLY COST OF BASIC DEPENDENT TERM LIFE

Coverage is available on your spouse for \$1,000 and on each of your children for \$500 or on your spouse for \$2,000 and on each of your children for \$1,000. **Please Note:** The Basic Dependent Term Life coverage amount on your dependents cannot exceed 100% of your Basic Term Life coverage amount. Refer to the spouse section for evidence of insurability details.

Spouse: \$1,000/Children: \$500	\$1.36
Spouse: \$2,000/Children: \$1,000	\$2.72

MONTHLY COST OF BASIC PLUS SUPPLEMENTAL DEPENDENT TERM LIFE

Coverage is available on your spouse for \$2,000 and on each of your children for \$1,000 or on your spouse for \$4,000 and on each of your children for \$2,000. **Please Note:** The Basic Plus Supplemental Dependent Term Life coverage amount on your dependents cannot exceed 100% of your Basic Plus Supplemental Term Life coverage amount. Refer to the spouse section for evidence of insurability details.

Spouse: \$2,000/Children: \$1,000	\$2.72
Spouse: \$4,000/Children: \$2,000	\$5.44

Implementation of the insurance plan(s) will depend on having a specific percentage of all eligible employees enrolling in the plan(s). If this percentage of enrollment level is not met, these coverage(s) may not be effective.

Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

*Accelerated Death Benefit option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered "terminally ill" or "chronically ill." You may wish to seek professional tax advice before exercising this option.

* Important Notice : The acceleration of life insurance benefits offered under this certificate is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986 (under IRC Section 101(g)). If the acceleration of life insurance benefits qualifies for such favorable treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration of life benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration of life insurance benefits that are excludable from income under federal law.

Receipt of accelerated benefits may be taxable and assistance should be sought from a personal tax advisor.

North Carolina residents: THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company.

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

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OFFICE OF GROUP BENEFITS

OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES

*BASIC AND SUPPLEMENTAL LIFE INSURANCE**
RATES EFFECTIVE JANUARY 1, 2024

Annual Earnings**			Active Employees			Retired Employees			
			Age Group: 70 & Older			Age Group: 70 & Older			
From	-	To	Employee Share	Employer Share	Total Premium	Employee Share	Employer Share	Total Premium	
Basic Life									
			\$3,000	\$4.50	\$4.50	\$9.00	\$4.44	\$4.44	\$8.88
Basic & Supplemental Life									
\$2,000.01	-	\$4,000.00	\$4,000	\$6.00	\$6.00	\$12.00	\$5.92	\$5.92	\$11.84
\$4,000.01	-	\$5,333.33	\$5,000	\$7.50	\$7.50	\$15.00	\$7.40	\$7.40	\$14.80
\$5,333.34	-	\$6,666.66	\$6,000	\$9.00	\$9.00	\$18.00	\$8.88	\$8.88	\$17.76
\$6,666.67	-	\$8,000.00	\$7,000	\$10.50	\$10.50	\$21.00	\$10.36	\$10.36	\$20.72
\$8,000.01	-	\$9,333.33	\$8,000	\$12.00	\$12.00	\$24.00	\$11.84	\$11.84	\$23.68
\$9,333.34	-	\$10,666.66	\$9,000	\$13.50	\$13.50	\$27.00	\$13.32	\$13.32	\$26.64
\$10,666.67	-	\$13,333.33	\$10,000	\$15.00	\$15.00	\$30.00	\$14.80	\$14.80	\$29.60
\$13,333.34	-	\$14,666.66	\$11,000	\$16.50	\$16.50	\$33.00	\$16.28	\$16.28	\$32.56
\$14,666.67	-	\$16,000.00	\$12,000	\$18.00	\$18.00	\$36.00	\$17.76	\$17.76	\$35.52
\$16,000.01	-	\$17,333.33	\$13,000	\$19.50	\$19.50	\$39.00	\$19.24	\$19.24	\$38.48
\$17,333.34	-	\$18,666.66	\$14,000	\$21.00	\$21.00	\$42.00	\$20.72	\$20.72	\$41.44
\$18,666.67	-	\$20,000.00	\$15,000	\$22.50	\$22.50	\$45.00	\$22.20	\$22.20	\$44.40
\$20,000.01	-	\$21,333.33	\$16,000	\$24.00	\$24.00	\$48.00	\$23.68	\$23.68	\$47.36
\$21,333.34	-	\$22,666.66	\$17,000	\$25.50	\$25.50	\$51.00	\$25.16	\$25.16	\$50.32
\$22,666.67	-	\$24,000.00	\$18,000	\$27.00	\$27.00	\$54.00	\$26.64	\$26.64	\$53.28
\$24,000.01	-	\$25,333.33	\$19,000	\$28.50	\$28.50	\$57.00	\$28.12	\$28.12	\$56.24
\$25,333.34	-	\$26,666.66	\$20,000	\$30.00	\$30.00	\$60.00	\$29.60	\$29.60	\$59.20
\$26,666.67	-	\$28,000.00	\$21,000	\$31.50	\$31.50	\$63.00	\$31.08	\$31.08	\$62.16
\$28,000.01	-	\$29,333.33	\$22,000	\$33.00	\$33.00	\$66.00	\$32.56	\$32.56	\$65.12
\$29,333.34	-	\$30,666.66	\$23,000	\$34.50	\$34.50	\$69.00	\$34.04	\$34.04	\$68.08
\$30,666.67	-	\$32,000.00	\$24,000	\$36.00	\$36.00	\$72.00	\$35.52	\$35.52	\$71.04
\$32,000.01	And Over		\$25,000	\$37.50	\$37.50	\$75.00	\$37.00	\$37.00	\$74.00

*Accidental Death & Dismemberment benefits are included for all active and retired employees through age sixty-nine (69). If the plan member is still actively employed at age 70, coverage terminates at midnight on the last day of the month in which retirement occurs.

**Annual Earnings for those academic employees who work less than twelve months of the calendar year shall be the salary for that period of time required by their regular job duties as defined at the beginning of the academic year. For retired employees annual earnings means that salary level for which benefits were provided as an active employee on the last day of the month immediately preceding the actual last day of work.



OFFICE OF GROUP BENEFITS
OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES

BASIC AND SUPPLEMENTAL LIFE INSURANCE

RATES EFFECTIVE JANUARY 1, 2024

	Maximum Insurance	Dependents		
		Employee Share	Employer Share	Total Premium
Basic Life				
Option 1	\$1,000	\$1.36	\$0.00	\$1.36
Option 2	\$2,000	\$2.72	\$0.00	\$2.72
Basic & Supplemental Life				
Option 1	\$2,000	\$2.72	\$0.00	\$2.72
Option 2	\$4,000	\$5.44	\$0.00	\$5.44



ENROLLMENT FORM –

Agency #
Control #

Employee General Information		Effective Date of Coverage (for office use only) / /	
Last Name	First Name	MI	Email Address
Address		City	State
			Zip Code
Your Annual Earnings \$ _____	Social Security Number - -	Date of Birth (Month/Day/Year) / /	Date Employed (Month/Day/Year) / /
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Spouse Date of Birth (Month/Day/Year) / /	
Basic Term Life			
<input type="checkbox"/> Coverage amount chosen: \$		<input type="checkbox"/> No coverage chosen	
Basic Plus Supplemental Term Life With Matching Accidental Death & Dismemberment (AD&D)			
Enrollment in Employee AD&D coverage is automatic when electing Basic Plus Supplemental Term Life coverage.			
<input type="checkbox"/> Coverage amount chosen: \$		<input type="checkbox"/> No coverage chosen	
Basic Dependent Term Life			
You must be enrolled for Basic Term Life to elect Basic Dependent Term Life coverage for your dependents. Spouse coverage cannot exceed 100% of your Basic Term Life coverage amount. Child(ren) coverage cannot exceed 100% of your Basic Term Life coverage amount.			
Spouse/Children <input type="checkbox"/> No coverage chosen			
<input type="checkbox"/> Coverage amount chosen: \$1,000/Children \$500			
<input type="checkbox"/> Coverage amount chosen: Spouse \$2,000/Children \$1,000			
Basic Plus Supplemental Dependent Term Life			
You must be enrolled for Basic Plus Supplemental Term Life to elect Basic Plus Supplemental Dependent Term Life coverage for your dependents. Spouse coverage cannot exceed 100% of your Basic Plus Supplemental Term Life coverage amount. Child(ren) coverage cannot exceed 100% of your Basic Plus Supplemental Term Life coverage amount.			
Spouse/Children <input type="checkbox"/> No coverage chosen			
<input type="checkbox"/> Coverage amount chosen: Spouse \$2,000/Children \$1,000			
<input type="checkbox"/> Coverage amount chosen: Spouse \$4,000/Children \$2,000			

You must also complete a separate beneficiary designation form. If you have any questions, please see Human Resources for details.



ENROLLMENT FORM –

Agency #
Control #

Employee General Information
Last Name First Name Middle Initial Last 4 digits of Social Security No.
XXX-XX-_____

Acceptance or Waiver of Coverage

I am enrolling for coverage and I authorize my employer to deduct from my earnings until further notice my contributions for insurance under a contract issued by The Prudential Insurance Company of America. I understand that if I desire to increase the amount of my insurance or add dependent coverage hereafter, I may be required to furnish evidence of insurability for myself and/or my dependents. To the best of my knowledge and belief, I declare the statement above is true and understand it is the basis for determining the contribution for coverage. I also understand that for coverage to become effective, I must be actively at work during the enrollment period and on the effective date of the plan. If I apply for an amount that requires evidence of insurability satisfactory to The Prudential Insurance Company of America, I must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.
I do not wish to enroll for any of the above optional coverages. I certify that I have been given the opportunity by my above named employer to enroll for coverage. I understand that if I desire to enroll hereafter, I may be required to furnish satisfactory evidence of insurability to The Prudential Insurance Company of America for myself and/or my dependents.
FLORIDA RESIDENTS – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.
NEW YORK RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. This warning ONLY applies to accident and disability coverage.
I have read and understand the terms and requirements of the fraud warnings included as part of this form.
The policy/certificate provides limited benefits. Review your certificate carefully.
Employee Signature _____ Date Signed (Month/Day/Year) _____

Acceptance of Coverage

FOR INSUREDS WHO RESIDE IN MICHIGAN OR MINNESOTA ONLY – If you wish to enroll your Spouse, and/or eligible child 18 years of age or older for Dependent Life and/or Accidental Death and Dismemberment Insurance coverage, your Spouse, and/or each of your eligible children age 18 years or older must consent to such coverage by signing and dating this consent in the appropriate space(s) below.
Coverage on your Spouse and child(ren) age 18 or older will not become effective unless and until the requisite consent is provided.
Spouse Signature _____ Date Signed (Month/Day/Year) _____
Child Signature _____ Date Signed (Month/Day/Year) _____
Child Signature _____ Date Signed (Month/Day/Year) _____



ENROLLMENT FORM –

Agency #
Control #

Employee General Information			
Last Name	First Name	Middle Initial	Last 4 digits of Social Security No. XXX-XX- _____

Important Notices

For residents of all states and jurisdictions except Alabama, Alaska, Arizona, Arkansas, California, Colorado, Delaware, the District of Columbia, Florida, Idaho, Indiana, Kentucky, Louisiana, Maine, Maryland, Minnesota, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, Tennessee, Texas, Utah, Vermont, Virginia, Washington and West Virginia:

WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he or she is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

ALABAMA RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ALASKA RESIDENTS – A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA RESIDENTS - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MASSACHUSETTS, RHODE ISLAND, AND WEST VIRGINIA RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA AND TEXAS RESIDENTS - For your protection, California and Texas law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO RESIDENTS - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DELAWARE RESIDENTS - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

IDAHO RESIDENTS - Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA RESIDENTS - A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KENTUCKY RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE, TENNESSEE, VIRGINIA, WASHINGTON RESIDENTS – **It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.**

MARYLAND RESIDENTS – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA RESIDENTS - A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.



ENROLLMENT FORM –

Agency #
Control #

Employee General Information			
Last Name	First Name	Middle Initial	Last 4 digits of Social Security No. XXX-XX-_____
Important Notices			
<p>NEW HAMPSHIRE RESIDENTS - Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.</p> <p>NEW JERSEY RESIDENTS – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p> <p>NEW MEXICO RESIDENTS - ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.</p> <p>NORTH CAROLINA RESIDENTS – Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant, knowing that the statement contains false information concerning a fact or matter material to the claim may be guilty of a class H felony.</p> <p>OHIO RESIDENTS - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.</p> <p>OKLAHOMA RESIDENTS - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.</p> <p>OREGON RESIDENTS - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurance company, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.</p> <p>PENNSYLVANIA and UTAH RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.</p> <p>PUERTO RICO RESIDENTS – Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.</p> <p>VERMONT RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.</p>			

Employees and/or Dependents may be ineligible for group insurance coverage while on active duty in the armed forces

Accelerated Death Benefit Option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered terminally ill or chronically ill. You may wish to seek professional tax advice before exercising this option.

NOTICE TO CONSUMER: THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMAL ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.

Basic Term Life, Accidental Death & Dismemberment, Optional Term Life, Dependent Term Life, Long-Term Disability, Short-Term Disability Insurance coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542 and Disability Support 1-800-842-1718. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. If there is a discrepancy between this document and the Booklet-Certificate/ Group Contract issued by Prudential, the terms of the Group Contract will govern. Contract provisions may vary by state. California COA #1179, NAIC#68241. Contract Series: 83500.

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Beneficiary Designation - State of Louisiana

Control# 33624

Employee General Information

Last Name	First Name	Middle Initial	Social Security No.
_____	_____	_____	____ - ____ - ____

Employee / Applicant Beneficiary Designations (to be completed by Employee/applicant or assignee, if assigned)

Please designate at least one primary beneficiary. Use a separate sheet if you want to name more than two primary beneficiaries. If designating a Trust, Estate, or Corporation, please complete the corresponding fields. Do not name a beneficiary for Dependent Term Life Coverage; these benefits are paid to you while living. If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) who are then still living, unless their shares are specified. If there is no named beneficiary, or no beneficiary survives the insured, settlement will be made in accordance with the terms of your Group Contract.

Basic Term Life, Basic Plus Supplemental Term Life - Primary Beneficiary Designation

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
Check one, if applicable:	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation		Entity Name:
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
Check one, if applicable:	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation		Entity Name:
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip

Basic Term Life, Basic Plus Supplemental Term Life - Contingent Beneficiary Designation

- Death benefits will be paid to the contingent beneficiaries if the primary beneficiary(ies) is not alive. Use a separate sheet if you want to name more than two contingent beneficiaries. If designating a Trust, Estate, or Corporation, please complete the corresponding fields.

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
Check one, if applicable:	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation		Entity Name:
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
Check one, if applicable:	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation		Entity Name:
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip

Employee Signature _____ Date (mm/dd/yyyy) _____

If you have any questions, please see Human Resources for details.

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ 07102. Life Claims: 800-524-0542, Disability Support: 800-842-1718. This brochure is intended to be a summary of your benefits and does not include all plan provisions, exclusions and limitations. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the Group Contract will govern. Contract provisions may vary by state. Contract Series:83500. California COA # 1179 NAIC #68241

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**THE
PARTICIPATION
SCHEDULE**

Coverage for Retirees

To be eligible for retiree coverage, your coverage must be in effect immediately prior to your retirement. For those beginning participation or rejoining on or after January 1, 2002, the state subsidy of your premium is based on the number of years you have participated in a Group Benefits health plan. This also applies to dependents who begin coverage after July 1, 2002.

Retiree Participation Schedule

Years of Participation Percentage of State Subsidy

Less than 10 years 19%
10 years or more, but less than 15 years 38%
15 years or more, but less than 20 years 56%
20 years or more 75%

Retirees Returning to Work (Re-employed Retirees)

Whenever a retiree with OGB coverage returns to full-time employment with the state, the employee is placed in the "re-employed retiree" category for premium calculation. The re-employed retiree premium classification applies to retirees both with and without Medicare. The premium rates applicable to the re-employed retiree premium classification are identical to the premium rates for the "retirees with no Medicare" classification.

The agency hiring a retired OGB plan member is required to notify OGB. OGB will determine whether OGB coverage is primary or secondary, and notify the agency of the change in status.

It is the responsibility of the retiree returning to work to inform the hiring agency that they are retired

Dependent verification for Health Insurance Enrollment

If you are a new enrollee and you are adding you spouse and/or child to your health insurance policy, please bring a copy of the following:

- Spouse – Copy of the marriage license
 - His/her birth certificate
 - Social security card
- Child - Copy of birth letter/certificate
 - His/her social security card
 - If your **child** is adopted bring a copy:
 - Adoption papers
 - Birth certificate
 - Social security card
 - If you child is a stepchild, bring a copy
 - Your marriage licenses
 - Child's birth certificate
 - Social security card

AMERILIFE*
BENEFITS

Taylor & Sons
Insurance Services

**1201 DEREK DRIVE
HAMMOND, LA 70403
833-675-1442**

**Protective Life
Washington National
Chubb
Unum
Combined Life**

For more information click link below

<https://account.mybenefitsportal.com/monroe>



Educational **CIA**
BENEFITS
CLINTON
INSURANCE AGENCY

318-254-8044
113 Pelican Blvd.
Ruston, La 71270

The Standard (Disability)
America Public
MetLife
Transamerica (Cancer)



**Standard Insurance Company
Educator Options Voluntary Long Term Disability Coverage Highlights
Monroe City School Board**

Voluntary Long Term Disability (LTD) Insurance

Long Term 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 the Monroe City School Board.

Eligibility Requirements

- | | |
|-----------------|--|
| Policy | <ul style="list-style-type: none"> • A minimum number of eligible employees must apply and qualify for the proposed plan before Educator Options Voluntary LTD coverage can become effective |
| Employee | <ul style="list-style-type: none"> • A regular employee of Monroe City School Board • Actively working at least 20 hours each week • A citizen or resident of the United States or Canada • Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible |
| Premium | <ul style="list-style-type: none"> • You pay 100 percent of the premium for this coverage through easy payroll deduction |

Benefit Amount

- | | |
|-------------------------------------|---|
| Benefit Amount | You may select a monthly benefit amount in \$100 increments, based on the tables and guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 66 2/3 percent of your monthly predisability earnings. The minimum monthly amount you may elect is \$200. |
| Plan Maximum Monthly Benefit | The lesser of \$7,500 or 66 2/3 percent of your predisability earnings |
| Plan Minimum Monthly Benefit | 25 percent of your LTD benefit before reduction by deductible income |

Note:

- If you do not apply for this coverage within 31 days after becoming eligible, and later decide to do so, you must wait until your employer holds an annual enrollment.
- Reinstatements are subject to medical underwriting approval. To submit a medical history statement online, visit: www.standard.com/mhs

Disability Needs Calculator

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Disability insurance you may need if you become unable to work, The Standard has created a Disability Needs Calculator found at: <http://www.standard.com/calculators/dineeds.html>

Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative for more information regarding the requirements that must be satisfied for your insurance to become effective.

Understanding Your Plan Design

Benefit Waiting Period

The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. Benefits are not payable during the benefit waiting period. The benefit waiting period options associated with your plan include:

<u>Accidental Injury</u>	<u>Other Disabilities</u>
0 days	7 days
14 days	14 days
30 days	30 days
60 days	60 days
90 days	90 days
180 days	180 days

Own Occupation 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. You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

Any Occupation Definition of Disability

After the own occupation period of disability, you will be considered disabled if you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of any occupation.

Deductible Income

Deductible income is income you receive or are eligible to receive while LTD benefits are payable. Deductible income includes, but is not limited to:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Disability benefits from any other group insurance
- Disability or retirement benefits under your employer's retirement plan
- Benefits under any state disability income benefit law or similar law
- Earnings or compensation included in predisability earnings which you receive or are eligible to receive while LTD benefits are payable
- Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as your disability allows
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

Understanding Your Plan Design (Continued)

Maximum Benefit Period

The maximum period for which benefits are payable is shown in the table below:

If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Benefit Calculation

Example

You select the amount of your LTD benefit when you enroll for coverage in the plan. The dollar amount selected must be a multiple of \$100, from a minimum of \$200 to a maximum of the lesser of \$7,500 or 66 2/3 percent of your predisability earnings. This amount is then reduced by deductible income you receive, or are eligible to receive, while LTD benefits are payable. As an example, if your monthly predisability earnings are \$4,500, you may select any dollar amount (in \$100 increments) between \$200 and \$2,700 (66 2/3 percent of predisability earnings). In the example below, assume you elected the maximum benefit amount of \$2,700, and you now receive a monthly Social Security disability benefit of \$1,200 and a monthly retirement benefit of \$900. Your monthly LTD benefit would be calculated as follows:

Insured predisability earnings	\$4,500
Maximum benefit percentage	<u>X 66 2/3%</u>
Maximum benefit amount	\$3,000
Less Social Security disability benefit	-\$1,200
Less retirement benefit	<u>-\$900</u>
Amount of LTD benefit	\$900

Additional Features

Please see your human resources representative for additional information about the features and benefits below.

- | | |
|---|--|
| Rehabilitation Plan | If you are participating in an approved Rehabilitation Plan, The Standard may include payment of some of the expenses you incur in connection with the plan including but not limited to: training and education expenses, family (child and elder) care expenses, job related expenses and job search expenses. |
| Reasonable Accommodation Expense Benefit | If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification. |
| Employee Assistance Program | Includes an Employee Assistance Program and WorkLife Services to offer support, guidance and resources to help you and your household members resolve personal issues. |
| Survivors Benefit | If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three times your unreduced LTD benefit may be payable (any survivors benefit payable will first be applied to any overpayment of your claim due to The Standard). |
| First Day Hospital Benefit | If you are hospital confined for at least 4 hours during the benefit waiting period, the following will apply; the remainder of your benefit waiting period will be waived, LTD benefits will become payable on the first day you are hospital confined, and your maximum benefit period will begin on the date your LTD benefits are payable. You are eligible for this benefit only if your elected benefit waiting period is less than 45 days. |
| Family Care Expense Benefit | Applies when a disabled employee has returned to work and continues to receive LTD benefits. For 12 months, a portion of expenses (up to \$250 per dependent or \$500 per family, per month) is deducted from the amount of your work earnings. |

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 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

Preexisting Condition Provision

Preexisting Condition 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. Benefit 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
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Preexisting 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

Limitations

LTD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your indexed predisability earnings, but you elect not to work during the first 24 months after the end of the benefit waiting period the responsibility to work is limited to work in your own occupation; thereafter, the responsibility to work includes work in any occupation

In addition, payment of LTD benefits is limited in duration:

- If you reside outside the United States or Canada
- If applicable, if your disability is caused or contributed 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
- If your disability is caused or contributed to by mental disorders, substance abuse or the environment, chronic fatigue conditions, chronic pain conditions, carpal tunnel or repetitive motion syndrome or temporomandibular joint disorder or craniomandibular joint disorder

When Benefits End

LTD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other LTD disability insurance plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits

When Insurance Ends

Insurance ends automatically on the earliest of the following:

- The last day of the last period for which you make a premium contribution (except if premiums are waived while disabled)
- The date your employment terminates
- The date the group policy terminates
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- If applicable, the date your employer ceases to participate under the group policy

Group Insurance Certificate

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

Rates

Employees can select a monthly LTD benefit ranging from a minimum of \$200 to a maximum amount based on how much they earn. Referencing the attached charts, follow these steps to find the monthly cost for your desired level of monthly LTD benefit and benefit waiting period:

- Find the maximum LTD benefit by locating the amount of your earnings in either the annual earnings or Monthly Earnings column. The LTD benefit amount shown associated with these earnings is the maximum amount you can receive. If your earnings fall between two amounts, you must select the lower amount.
- Select the desired monthly LTD benefit between the minimum of \$200 and the determined maximum amount, making sure not to exceed the maximum for your earnings.
- In the same row, select the desired benefit waiting period to see the monthly cost for that selection.

If you have questions regarding how to determine your monthly LTD benefit, the benefit waiting period, or the premium payment of your desired benefit, please contact your human resources representative.

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit - Annual Period					
			Cost Per Month					
			0-7	14-14	30-50	60-60	90-90	180-180
3,600	300	200	10.70	8.54	7.06	4.80	4.18	3.24
5,400	450	300	16.05	12.81	10.59	7.20	6.27	4.86
7,200	600	400	21.40	17.08	14.12	9.60	8.36	6.48
9,000	750	500	26.75	21.35	17.65	12.00	10.45	8.10
10,800	900	600	32.10	25.62	21.18	14.40	12.54	9.72
12,600	1,050	700	37.45	29.89	24.71	16.80	14.63	11.34
14,400	1,200	800	42.80	34.16	28.24	19.20	16.72	12.96
16,200	1,350	900	48.15	38.43	31.77	21.60	18.81	14.58
18,000	1,500	1,000	53.50	42.70	35.30	24.00	20.90	16.20
19,800	1,650	1,100	58.85	46.97	38.83	26.40	22.99	17.82
21,600	1,800	1,200	64.20	51.24	42.36	28.80	25.08	19.44
23,400	1,950	1,300	69.55	55.51	45.89	31.20	27.17	21.06
25,200	2,100	1,400	74.90	59.78	49.42	33.60	29.26	22.68
27,000	2,250	1,500	80.25	64.05	52.95	36.00	31.35	24.30
28,800	2,400	1,600	85.60	68.32	56.48	38.40	33.44	25.92
30,600	2,550	1,700	90.95	72.59	60.01	40.80	35.53	27.54
32,400	2,700	1,800	96.30	76.86	63.54	43.20	37.62	29.16
34,200	2,850	1,900	101.65	81.13	67.07	45.60	39.71	30.78
36,000	3,000	2,000	107.00	85.40	70.60	48.00	41.80	32.40
37,800	3,150	2,100	112.35	89.67	74.13	50.40	43.89	34.02
39,600	3,300	2,200	117.70	93.94	77.66	52.80	45.98	35.64
41,400	3,450	2,300	123.05	98.21	81.19	55.20	48.07	37.26
43,200	3,600	2,400	128.40	102.48	84.72	57.60	50.16	38.88
45,000	3,750	2,500	133.75	106.75	88.25	60.00	52.25	40.50
46,800	3,900	2,600	139.10	111.02	91.78	62.40	54.34	42.12
48,600	4,050	2,700	144.45	115.29	95.31	64.80	56.43	43.74
50,400	4,200	2,800	149.80	119.56	98.84	67.20	58.52	45.36
52,200	4,350	2,900	155.15	123.83	102.37	69.60	60.61	46.98
54,000	4,500	3,000	160.50	128.10	105.90	72.00	62.70	48.60
55,800	4,650	3,100	165.85	132.37	109.43	74.40	64.79	50.22
57,600	4,800	3,200	171.20	136.64	112.96	76.80	66.88	51.84
59,400	4,950	3,300	176.55	140.91	116.49	79.20	68.97	53.46
61,200	5,100	3,400	181.90	145.18	120.02	81.60	71.06	55.08
63,000	5,250	3,500	187.25	149.45	123.55	84.00	73.15	56.70
64,800	5,400	3,600	192.60	153.72	127.08	86.40	75.24	58.32
66,600	5,550	3,700	197.95	157.99	130.61	88.80	77.33	59.94
68,400	5,700	3,800	203.30	162.26	134.14	91.20	79.42	61.56
70,200	5,850	3,900	208.65	166.53	137.67	93.60	81.51	63.18
72,000	6,000	4,000	214.00	170.80	141.20	96.00	83.60	64.80

Standard Insurance Company

Educator Options Voluntary LTD Coverage Highlights
Monroe City School Board

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit ¹ during Period					
			Cost Per Month					
			0-7	14-14	30-30	60-60	90-90	180-180
73,800	6,150	4,100	219.35	175.07	144.73	98.40	85.69	66.42
75,600	6,300	4,200	224.70	179.34	148.26	100.80	87.78	68.04
77,400	6,450	4,300	230.05	183.61	151.79	103.20	89.87	69.66
79,200	6,600	4,400	235.40	187.88	155.32	105.60	91.96	71.28
81,000	6,750	4,500	240.75	192.15	158.85	108.00	94.05	72.90
82,800	6,900	4,600	246.10	196.42	162.38	110.40	96.14	74.52
84,600	7,050	4,700	251.45	200.69	165.91	112.80	98.23	76.14
86,400	7,200	4,800	256.80	204.96	169.44	115.20	100.32	77.76
88,200	7,350	4,900	262.15	209.23	172.97	117.60	102.41	79.38
90,000	7,500	5,000	267.50	213.50	176.50	120.00	104.50	81.00
91,800	7,650	5,100	272.85	217.77	180.03	122.40	106.59	82.62
93,600	7,800	5,200	278.20	222.04	183.56	124.80	108.68	84.24
95,400	7,950	5,300	283.55	226.31	187.09	127.20	110.77	85.86
97,200	8,100	5,400	288.90	230.58	190.62	129.60	112.86	87.48
99,000	8,250	5,500	294.25	234.85	194.15	132.00	114.95	89.10
100,800	8,400	5,600	299.60	239.12	197.68	134.40	117.04	90.72
102,600	8,550	5,700	304.95	243.39	201.21	136.80	119.13	92.34
104,400	8,700	5,800	310.30	247.66	204.74	139.20	121.22	93.96
106,200	8,850	5,900	315.65	251.93	208.27	141.60	123.31	95.58
108,000	9,000	6,000	321.00	256.20	211.80	144.00	125.40	97.20
109,800	9,150	6,100	326.35	260.47	215.33	146.40	127.49	98.82
111,600	9,300	6,200	331.70	264.74	218.86	148.80	129.58	100.44
113,400	9,450	6,300	337.05	269.01	222.39	151.20	131.67	102.06
115,200	9,600	6,400	342.40	273.28	225.92	153.60	133.76	103.68
117,000	9,750	6,500	347.75	277.55	229.45	156.00	135.85	105.30
118,800	9,900	6,600	353.10	281.82	232.98	158.40	137.94	106.92
120,600	10,050	6,700	358.45	286.09	236.51	160.80	140.03	108.54
122,400	10,200	6,800	363.80	290.36	240.04	163.20	142.12	110.16
124,200	10,350	6,900	369.15	294.63	243.57	165.60	144.21	111.78
126,000	10,500	7,000	374.50	298.90	247.10	168.00	146.30	113.40
127,800	10,650	7,100	379.85	303.17	250.63	170.40	148.39	115.02
129,600	10,800	7,200	385.20	307.44	254.16	172.80	150.48	116.64
131,400	10,950	7,300	390.55	311.71	257.69	175.20	152.57	118.26
133,200	11,100	7,400	395.90	315.98	261.22	177.60	154.66	119.88
135,000	11,250	7,500	401.25	320.25	264.75	180.00	156.75	121.50



Standard Insurance Company

For more than 100 years we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance and Individual Disability insurance. We provide insurance to more than 24,800 groups, covering over 8 million employees nationwide.* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about products from The Standard, Contact your human resources department or visit us at www.standard.com.

* As of June 30, 2013, based on internal data developed by Standard Insurance Company.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

GP190-LTD/S399

To Be Completed By Human Resources

Group Number 169473	Division	Billing Category	Date of Employment
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To Be Completed By Applicant Apply for Coverage Name Change

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Your Address	City	State	ZIP
Former Name (Last, First, Middle) <i>Complete only if name change</i>		Phone Number	
Employer Name MONROE CITY SCHOOLS		Job Title/Occupation	
Hours Worked Per Week	Earnings \$ _____	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year	

Coverage *Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.*

Long Term Disability Educator Options

Refer to the enrollment materials provided (Coverage Highlights), when completing the following:

- 1. Monthly Disability Benefit: \$ _____
- 2. Benefit Waiting Period (in days): ____ / ____

Signature I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change. If not electing Educator Options Group Voluntary LTD coverage, I understand that if I want to apply later, I must wait until my employer holds an annual enrollment.

Member/Employee Signature Required _____ Date (Mo/Day/Yr) _____

Your Life is About Who You Love and Protect

Help Protect Them – With Life Insurance from MetLife



MetLife[®]




MGM
EDUCATOR BENEFIT PLANS
SERVING SCHOOLS SINCE 1975

Your employer cares about you and your family. That's why they have arranged for you to have the opportunity to purchase Supplemental Life and Accidental Death and Dismemberment insurance through MetLife, one of the world's largest and most respected financial services companies.

Three Steps To Help Protect Your Family

- 1** Read the enclosed material for information about the coverage options that are available to you and your family.
- 2** Use the needs assessment tool on the next page or online at www.metlifeeasier.net/sbc to determine how much life insurance coverage you really need, then refer to the enclosed rate chart to find out how much it will cost.
- 3** Fill out the enclosed enrollment form and return it before the enrollment deadline.



Your Options — At a Glance

Your employer is always looking for ways to improve your benefits plan and wants you to have the opportunity to receive the life coverage that meets your individual needs at a price you can afford. Getting the income protection needed to guard against life's uncertainties shouldn't be difficult. That's why your employer is offering you a life benefits plan from MetLife®, a leader in group life insurance. This coverage is designed to provide your family with a financial foundation that you can build upon. You have the opportunity to benefit from all that MetLife offers, including:

- **Supplemental Life Insurance (Employee Paid)**
- **Supplemental Accidental Death and Dismemberment Coverage (Employee Paid)**
- **Dependent Life Insurance (Employee Paid)**
- **Dependent Accidental Death and Dismemberment Coverage (Employee Paid)**

Life Insurance Planner

Evaluating Your Needs

Take a few moments today to determine if you have enough insurance coverage to protect the people that are important to you. Complete the Life Insurance Planner to figure out how much insurance you may need.

A

BASIC MONTHLY EXPENSES

These are the everyday expenses your family has to meet on a monthly basis. Decide how long you wish to provide for these expenses before your family is more self-sufficient. Then tally the total annual expense over the period of time you want covered.

Monthly Expenses (Consider expenses such as Mortgage Payment/Rent,

Household Living Expenses, Child Care) \$

Multiply the previous line by 12 for Basic Annual Expenses \$

Number of Years You Wish to Protect Your Family (It could be 5, 10, 15 years or more)

Multiply Previous Two Lines for Total Basic Expenses \$ (A1)

ADDITIONAL EXPENSES TO PLAN FOR

These are additional costs you and your family may have been planning for, so you may want to consider these as well.

Future Expenses (Consider expenses such as College Tuition, Child(ren)'s Wedding(s),

Personal Funeral Expenses, Elder Care for Parents) \$ (A2)

OUTSTANDING DEBT

These are committed costs you may wish to pay off in full to protect your family from this burden.

Outstanding Debt (Consider Remaining Mortgage, Credit Card Bills,

School or Auto Loans) \$ (A3)

Total lines A1, A2 and A3 for Total Expenses \$

B

AVAILABLE ASSETS

Assets (Consider Savings (Bonds, Stocks etc.), Employer Savings Plan, Equity in Your Home, Current Employer Paid and/or Other Individual Life Insurance) \$

C

A - B = C

Total Expenses - Total Available Assets

This is the amount of life insurance coverage you may need to provide adequate insurance protection for your family.

Total Coverage Needed \$

Be sure to take into account any income from your spouse that can be used towards these expenses, as well as any existing life insurance coverage you may have.

DON'T FORGET, your calculation is based on today's costs and doesn't account for inflation or changes in annual earnings. We recommend that you review your coverage periodically — even annually — to ensure that your family's needs will be met now and in the future.

Now that you have determined the amount of insurance you may need, you can make an informed decision about your life insurance options.

*If you wish to pay off your mortgage, do not enter the monthly expense in this section. You should enter this information under the Outstanding Debt section.

Your Options — At a Glance

Supplemental Life Insurance

Your employer recognizes how important it is to provide you with an opportunity to enroll for additional life insurance coverage to help meet your family's needs. To find out the options that are available to you, please refer to the enclosed enrollment form.

What are some of the other benefits available to you through participating in this program?

Besides the peace of mind that comes from knowing you've provided your loved ones with the protection they deserve, the benefits are numerous:

■ Option To Continue Your Coverage

Should you leave your employer for any reason, you can continue your life insurance coverage. Competitive rates apply, but will differ from your current rates. MetLife will bill you directly. To take advantage of this benefit, you must elect coverage of at least \$20,000.¹

■ Option to Receive Accelerated Benefit

In the event you become terminally ill, you may receive up to 50% of your Supplemental Life Insurance proceeds, subject to a maximum of \$250,000. This can go a long way toward helping your family meet medical and other related expenses.²

■ Pays Your Life Premiums if You Become Disabled

Should you become disabled and unable to work due to total and permanent disability, your life insurance coverage can be continued at no cost to you.³

Accidental Death and Dismemberment (AD&D) Insurance

What coverage is available?

When you enroll for Supplemental Life insurance, you are automatically enrolled in Supplemental AD&D insurance. The benefit amount for Supplemental AD&D insurance is equal to the benefit amount for Supplemental Life coverage.

What is covered under this plan?

Supplemental AD&D insurance provides benefits for accidental loss of life or serious accidents based on a benefit schedule.

FOR THE LOSS OF:	AMOUNT PAYABLE IS BASED ON A PERCENTAGE OF THE ACCIDENTAL DEATH BENEFIT:
Life; or any combination of a hand, foot or sight of an eye, or speech and hearing in both ears, paralysis in both arms and legs	100%
A hand, a foot, sight of an eye or speech, an arm or leg, paralysis of both legs or paralysis of one arm and leg on either side of the body	50%
An arm or a leg	75%
Thumb and index finger of same hand	25%
COVERED LOSSES ALSO INCLUDE:	
Paralysis of both legs or paralysis of one arm and leg on either side of the body	50%
Paralysis of one arm or leg	25%

What are some of the other benefits available to you through participating in this program?

Besides the peace of mind that comes from knowing you've provided your loved ones with the protection they deserve, you will have access to the following benefits:

■ Protection When You Travel

Travel Assistance⁴ covers you and your dependents for medical, travel, legal and financial assistance services 24 hours a day, 365 days a year, while traveling internationally or domestically, more than 100 miles from home. You will have access to more than 600,000 pre-qualified providers in more than 238 countries. The travel assistance services are underwritten by Fairmont Premier Insurance Company or Fairmont Insurance Company and administered by AXA Assistance USA, Inc. The Fairmont insurers and AXA Assistance USA, Inc. are not affiliated with MetLife and the services provided are not part of the insurance coverage provided by MetLife.

- You also receive the following benefits: Air Bag Benefit, Brain Damage Benefit, Child Care Benefit, Coma Benefit, Common Carrier Benefit, Exposure Benefit, Presumption of Death and Seat Belt Benefit.

Dependent Life Insurance

In addition to offering life insurance for employees, your employer also provides the opportunity to elect life insurance coverage for your dependent spouse and/or children. To be eligible for Dependent Life insurance, you must be enrolled in the Employee Supplemental Life insurance program and Dependent Life insurance coverage *may not* exceed 50% the employee coverage amount. To find out the options that are available to you, please refer to the enclosed enrollment form.

Dependent Accidental Death and Dismemberment Insurance

What coverage is available?

When you enroll your dependents for Dependent Life insurance, they are automatically enrolled in Dependent AD&D insurance. The benefit amount for Dependent AD&D insurance is equal to the benefit amount for Dependent Life coverage.



Frequently Asked Questions

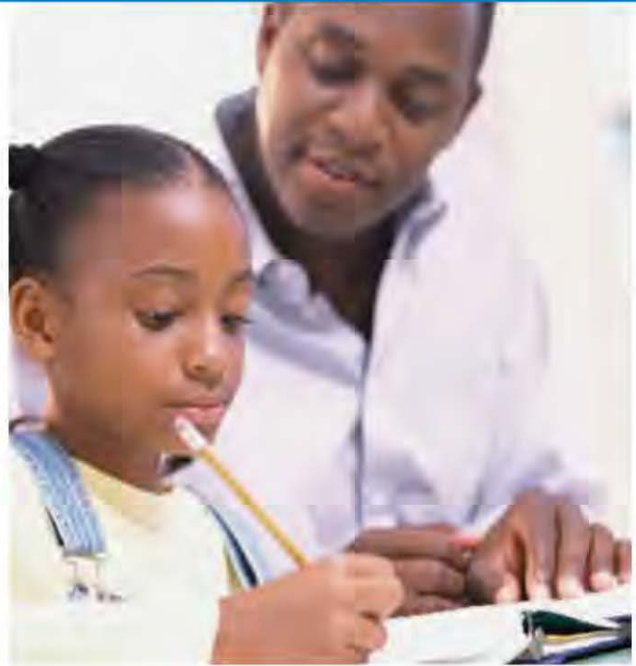
Q. What is the cost of coverage?

A. You are eligible for group rates that are available through the convenience of payroll deduction. Simply refer to the enclosed rate sheet for information on the cost.

Q. What is not covered?

A. Supplemental and Dependent Life insurance does not provide payment of benefits for death caused by suicide within the first two years (one year in North Dakota) of the effective date of the certificate, or payment of increased benefits for death caused by suicide within two years (one year in North Dakota or Colorado) of an increase in coverage.

AD&D insurance does not include payment of benefits for any loss caused by or contributed to by: physical or mental illness or infirmity; or the diagnosis or treatment of an illness or infirmity; an infection, other than infection occurring in an external accidental wound; suicide or attempted suicide (while sane in Missouri); intentionally self-inflicted injury; the voluntary intake or use of any drug, medication or sedative, unless it is taken or used as prescribed by a physician or an over-the-counter drug, medication or sedative taken as directed; alcohol in combination with any drug, medication, or sedative; or poison, gas, or fumes; war, whether declared or undeclared; or an act of war, insurrection, rebellion, riot or terrorist act; committing or attempting to commit a felony; service in the armed forces of any country or international authority, except the United States National Guard; travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger; travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in flight, except for self-preservation; travel in an aircraft or device used for testing or experimental purposes; by or for any military authority or for travel or designed for travel beyond the earth's atmosphere; or intoxicated at the time of the incident and is the operator of a vehicle or other device involved in the incident.



Intoxicated means that the person's blood alcohol level met or exceeded the level that creates legal presumptions of intoxication under the laws of the jurisdiction in which the incident occurred.

Q. How will my insurance benefits be paid?

A. Insurance benefits in the amount of \$5,000 or more are paid through the convenience of a Total Control Account (TCA), which is an account that pays interest at rates comparable to current money market accounts and is fully guaranteed by MetLife. The beneficiary receives a checkbook and has free check writing privileges.

Q. When will coverage become effective?

A. Coverage will become effective following review and approval of your completed enrollment form.

Provide Your Loved Ones with the Protection They Deserve.

Enroll in Supplemental Life Insurance Program before the enrollment deadline. If you have questions about the options that are available to you or how to enroll, contact your benefits administrator.

For more information, please refer to your employer's Summary Plan Description.

Monroe City Schools - MetLife Educator Optional Life Plan with AD&D

Build Your Benefit with MetLife's Enhanced Optional Life Insurance. Your employer gives you the opportunity to buy valuable life insurance coverage for yourself, your spouse and your dependent children – all at affordable group rates.

	Employee	Spouse	Child(ren)
Insurance Schedules	\$10,000 Increments	\$5,000 Increments	Flat Amount: \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000
Non Medical Maximum	\$100,000	\$25,000	\$10,000
Overall Benefit Maximum	\$500,000, not to exceed 5 times annual salary	\$100,000, not to exceed 50% of employee's amount	\$10,000, not to exceed spouse amount
AD&D	Included	Included	Included
Employee Contribution	100%	100%	100%

To request coverage:

1. Choose the amount of Employee coverage you want to buy.
2. Look up the premium costs for your age group for the coverage amount you are selecting on the chart below.
3. Choose the amount of coverage you want to buy for your spouse. Again, find the premium costs on the chart below. *Note: Spouse premiums are based upon your age, not your spouse's age.*
4. Choose the amount of coverage you want to buy for your dependent children. The premium costs for each coverage option are shown below.
5. Fill out the enrollment form with the amounts of coverage you are selecting. To request coverage over the non-medical maximum (or \$25,000 if you're age 70 or older), please see your Representative for a medical questionnaire that you will need to complete. Remember, you must buy coverage for yourself in order to buy coverage for your spouse and children.

Like most group life insurance policies, MetLife group policies contain exclusions, limitations, terms and conditions for keeping them in force. Please see your certificate for complete details.

Monroe City School System

Employee Monthly Rate – Group Term Life with AD&D:

Employee Age	10,000	20,000	30,000	40,000	50,000	60,000	70,000	80,000	90,000	100,000
Under 25	\$ 0.86	\$ 1.72	\$ 2.58	\$ 3.44	\$ 4.30	\$ 5.16	\$ 6.02	\$ 6.88	\$ 7.74	\$ 8.60
25-29	\$ 0.97	\$ 1.94	\$ 2.91	\$ 3.88	\$ 4.85	\$ 5.82	\$ 6.79	\$ 7.76	\$ 8.73	\$ 9.70
30-34	\$ 1.19	\$ 2.38	\$ 3.57	\$ 4.76	\$ 5.95	\$ 7.14	\$ 8.33	\$ 9.52	\$ 10.71	\$ 11.90
35-39	\$ 1.41	\$ 2.82	\$ 4.23	\$ 5.64	\$ 7.05	\$ 8.46	\$ 9.87	\$ 11.28	\$ 12.69	\$ 14.10
40-44	\$ 1.63	\$ 3.26	\$ 4.89	\$ 6.52	\$ 8.15	\$ 9.78	\$ 11.41	\$ 13.04	\$ 14.67	\$ 16.30
45-49	\$ 2.41	\$ 4.82	\$ 7.23	\$ 9.64	\$ 12.05	\$ 14.46	\$ 16.87	\$ 19.28	\$ 21.69	\$ 24.10
50-54	\$ 4.30	\$ 8.60	\$ 12.90	\$ 17.20	\$ 21.50	\$ 25.80	\$ 30.10	\$ 34.40	\$ 38.70	\$ 43.00
55-59	\$ 6.75	\$ 13.50	\$ 20.25	\$ 27.00	\$ 33.75	\$ 40.50	\$ 47.25	\$ 54.00	\$ 60.75	\$ 67.50
60-64	\$ 12.20	\$ 24.40	\$ 36.60	\$ 48.80	\$ 61.00	\$ 73.20	\$ 85.40	\$ 97.60	\$ 109.80	\$ 122.00
65-69	\$ 20.87	\$ 41.74	\$ 62.61	\$ 83.48	\$ 104.35	\$ 125.22	\$ 146.09	\$ 166.96	\$ 187.83	\$ 208.70
70+	\$ 23.99	\$ 47.98	\$ 71.97	\$ 95.96	\$ 119.95	\$ 143.94	\$ 167.93	\$ 191.92	\$ 215.91	\$ 239.90

Spouse Monthly Rate – Group Term Life with AD&D:

Spouse Age	5,000	10,000	15,000	20,000	25,000
Under 25	\$ 0.43	\$ 0.86	\$ 1.29	\$ 1.72	\$ 2.15
25-29	\$ 0.49	\$ 0.97	\$ 1.46	\$ 1.94	\$ 2.43
30-34	\$ 0.60	\$ 1.19	\$ 1.79	\$ 2.38	\$ 2.98
35-39	\$ 0.71	\$ 1.41	\$ 2.12	\$ 2.82	\$ 3.53
40-44	\$ 0.82	\$ 1.63	\$ 2.45	\$ 3.26	\$ 4.08
45-49	\$ 1.21	\$ 2.41	\$ 3.62	\$ 4.82	\$ 6.03
50-54	\$ 2.15	\$ 4.30	\$ 6.45	\$ 8.60	\$ 10.75
55-59	\$ 3.38	\$ 6.75	\$ 10.13	\$ 13.50	\$ 16.88
60-64	\$ 6.10	\$ 12.20	\$ 18.30	\$ 24.40	\$ 30.50
65-69	\$ 10.44	\$ 20.87	\$ 31.31	\$ 41.74	\$ 52.18
70+	\$ 12.00	\$ 23.99	\$ 35.99	\$ 47.98	\$ 59.98

Child(ren) Monthly Cost – Group Term Life with AD&D:

1,000	2,000	4,000	5,000	10,000
\$ 0.16	\$ 0.33	\$ 0.66	\$ 0.83	\$ 1.66

Enrollment Form for Group Insurance

Metropolitan Life Insurance Company
SBC Administration
P.O. Box 14593, Lexington, KY 40512-4593



Employee Name (Last, First, Middle)		Social Security Number		Customer Number	Division	Class
Your Home Address		City	State	ZIP	Sex (M/F)	Date of Birth
					Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
Your Occupation	Employer Name	Worksite Zip Code	Hire Date	Hours Worked Per Week	Salary: \$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	
Reason for Enrollment:		<input type="checkbox"/> First Time Eligible <input type="checkbox"/> Change in Insurance Amount Requested <input type="checkbox"/> COBRA - Original COBRA Eff. Date _____ # of Mos. _____ <input type="checkbox"/> Late Enrollee (Statement of Health form (GEF02-1 MQ) is required) <input type="checkbox"/> Change in Enrollment Other Than Insurance Amount				

Coverage Requested: Enhanced Optional Life (Supplemental): <input type="checkbox"/> Employee Optional Life Amount \$ _____ Premium \$ _____ <input type="checkbox"/> Spouse Optional Life Amount \$ _____ Premium \$ _____ (Not to exceed 50% of Employee amount) <input type="checkbox"/> Children Optional Life Amount \$ _____ Premium \$ _____ Total Optional Life Premium \$ _____	If applying for Dependent Coverage (Spouse and Child), complete section below: Number of dependents (including spouse) _____ Name (Last, First, MI) _____ Date of Birth _____ Sex (M/F) _____ Spouse _____ Child(ren) _____ _____ _____ _____																	
	If dependent children are full-time students in college, vocational or trade school, please complete the following: <table border="1"> <thead> <tr> <th>Child(ren)</th> <th>Name of School</th> <th># of Hours</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>			Child(ren)	Name of School	# of Hours	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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	_____	_____	_____															
	_____	_____	_____															
_____	_____	_____																
_____	_____	_____																
To decline coverage, complete this section: I understand that I have been given the opportunity to participate in the group insurance plan offered by my Employer. I am refusing the coverage(s) indicated at the right for which I am required to contribute. If I request Life and/or Disability Insurance after my initial enrollment period, I understand that I, or my dependents (for dependent life only), will be required to submit evidence of good health Satisfactory to MetLife. (Satisfactory to MetLife means MetLife has discretionary authority to determine eligibility.) For Dental Insurance, a waiting period may be required for certain services before expenses will be payable.																		
Reason for declining employee and/or dependent coverage (i.e. benefits elsewhere, cost, other): _____ _____																		
<table border="0"> <tr> <td></td> <td>Employee</td> <td>Spouse</td> <td>Child</td> </tr> <tr> <td>Enhanced Optional/Buy-Up Life</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>				Employee	Spouse	Child	Enhanced Optional/Buy-Up Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	Employee	Spouse	Child															
Enhanced Optional/Buy-Up Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															

BENEFICIARY DESIGNATION FOR EMPLOYEE INSURANCE (Dependent Insurance is Payable to the Employee)			
The Employee signing below names the following person(s) as primary beneficiary(ies) for any MetLife payment upon his or her death. For any other type of beneficiary, please use a beneficiary designation form available from your employer. Unless designated otherwise, payments will be made in equal shares or all to the survivor. The Employee understands that he or she has the right to change this designation at any time.			
Primary Beneficiary Full Name (Last, First, Middle Initial)	Relationship	Date of Birth (Mo./Day/Yr.)	Address (Street, City, State, Zip)
Contingent Beneficiary Full Name (Last, First, Middle Initial)	Relationship	Date of Birth (Mo./Day/Yr.)	Address (Street, City, State, Zip)

DECLARATION SECTION

Each person signing below declares that all the information given in this enrollment form is true and complete to the best of his/her knowledge and belief. Each person understands that this information will be used by MetLife to determine his or her insurability.

For the Accelerated Benefits Option

Life Insurance may include an Accelerated Benefits Option under which a terminally ill insured can accelerate a portion of his or her life insurance amount. Receipt of accelerated benefits may affect eligibility for public assistance and an interest and expense charge may be deducted from the accelerated payment.

For Changes Requested After Initial Enrollment Period Expires

I understand that if life or disability coverage is not elected, or if the maximum coverage is not elected, evidence of good health satisfactory to MetLife may be required to elect or increase such coverage after the initial enrollment period has expired. Coverage will not take effect, or it will be limited, until notice is received that MetLife has approved the coverage or increase.

I also understand that if dental coverage is not elected, a waiting period for certain covered services must be satisfied before coverage for such services will take effect.

For Payroll Deduction Authorization By the Employee

I authorize my employer to deduct the required contributions from my pay for the coverage requested in this enrollment form. This authorization applies to such coverage until I rescind it in writing.

Fraud Warning:

If you reside in or are applying for insurance under a policy issued in one of the following states, please read the applicable warning.

New York [only applies to Accident and Health Benefits (AD&D/Disability/Dental)]: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kansas and Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud, and may be subject to criminal and civil penalties.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Massachusetts: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, and may subject such person to criminal and civil penalties.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement may have violated state law.

In any other case, read the following warning.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature(s): The employee must sign in all cases. Each person signing below acknowledges that he or she has read and understands the statements and declarations made in this enrollment form.

Employee Signature

Print Name

Date (Mo./Day/Yr.)

**BOSTON
MUTUAL
LIFE
INSURANCE**

Whole Life Insurance ●●●



What is whole life insurance?

Whole life insurance is more than just life insurance at an affordable price.

It combines the guaranteed premiums, coverage, and values that have always been so attractive in whole life insurance with the advantages of cash accumulation at current interest rates.

With whole life coverage you choose the amount of insurance or the amount of premium that best suits your needs and budget.

Our Whole Life workplace insurance is an endowment at age 95 life insurance policy, which means the face value would be paid to the insured, if living, at age 95.

Providing peace of mind for you and your family ●●●



With Boston Mutual's Whole Life coverage...

- ✓ **Family coverage available.** You don't have to apply in order to cover your spouse, children, and grandchildren.
- ✓ **Guaranteed premium.** As long as you pay your premiums, the cost of your life insurance policy can never go up.
- ✓ **Guaranteed cash value.** The cash value illustrated at the time of purchase, when you reach age 65, is guaranteed as long as your coverage stays in force.*
- ✓ **Guaranteed portability.** Even if your employment changes, you can keep this coverage and pay us directly for the premiums.
- ✓ **Guaranteed additional purchase.** If you buy a minimum amount of coverage, you guarantee yourself the right to purchase any remaining portion of the guarantee issue limit at future approved enrollments (subject to product and payroll deduction availability).

* The actual cash value may be decreased by loans or withdrawals.

Just 54% of Americans have any life insurance coverage, a notable decline from 63% just a decade ago.

2020 Insurance Barometer Study, LIMRA and Life Happens

Did you know? ●●●

- ✓ **If you have a family**, whole life insurance enables you to build a cash reserve for yourself, your spouse, your children, and grandchildren for less than 1 hour's pay per week. It's a sound way to protect your family without exceeding your present budget.
- ✓ **If you're single with no dependents**, the flexibility of the whole life plan allows you to expand your coverage to meet future responsibilities.
- ✓ **If you are nearing retirement**, obligations and responsibilities have probably come and gone in the past few years. Now you can think about your future. Your whole life plan can be continued after retirement at the same premium.

44% of families say they would face financial hardship if the primary wage earner died within 6 months. For 28%, it would be within just one month.¹

69% of consumers with life insurance say they are less stressed knowing their loved ones are financially protected with life insurance.²

¹ 2020 Insurance Barometer Study, LIMRA and Life Happens

² 2019 Insure Your Love Consumer Survey, Life Happens

What's the right coverage for you? ●●●

We know it's not easy to figure out which insurance fits your needs. Whole life insurance provides protection and financial security that can ensure your family is taken care of when the unexpected happens.

Speak with a representative to talk about what might work for you and your family.

Service Provided By:

Francis B. Clements
Clements Insurance Services, Inc.

1.877.345.3956 or Cell: 985.507.0967

Fax: 225.755.1289

Email: francis@clementsinsgroup.com



FAMILY MATTERS. NO MATTER WHAT.®

120 Royall Street, Canton, MA 02021
800.669.2668 | www.bostonmutual.com

Policies underwritten by Boston Mutual Life Insurance Company. This information is not intended to be a complete description of the insurance coverage available. For complete details of coverage and availability, please refer to the policy form or contact your Boston Mutual representative.



ELOP

*Employee
Life
Option plus*



LIFE INSURANCE THAT WORKS FOR LIFE
Whole Life Insurance - *Policy endows at age 95.*

It's All About the Guarantees

- ✓ **Guaranteed Premium** - As long as you pay your premiums, the cost of your Life insurance policy can never go up.
- ✓ **Guaranteed Cash Value** - The cash value illustrated at the time of purchase when you reach age 65 is guaranteed as long as your coverage stays in force.
- ✓ **Guaranteed Interest Rate** - This Endowment at 95 life insurance policy provides a 3.00% guaranteed credited interest rate with a current credited interest rate of 4.25%.
- ✓ **Guaranteed Portability** - Even if your employer changes, you can keep this coverage and pay us directly for the premiums.
- ✓ **Guaranteed Issue** - Full-time employees who are actively at work can purchase this Life insurance up to certain limits despite past or present health problems.
- ✓ **Guaranteed Additional Purchase** - If you buy a minimum amount of coverage, you guarantee yourself the right to purchase any remaining portion of the guarantee issue limit at future approved enrollments (*subject to product and payroll deduction availability*).

Life Insurance that Works for Life!

Service Provided By:
Francis B. Clements
Clements Insurance Services, Inc.
francis@clementsinsgroup.com
1-877-345-3956 Fax 225-755-1289



BOSTON MUTUAL LIFE INSURANCE COMPANY - 120 Royall Street • Canton, MA 02021

**CAFETERIA
ELECTION
PLAN SECTION
125 PROGRAM**

MAKE THE MOST OF YOUR PAYCHECK

TAKE ADVANTAGE OF YOUR SCHOOL BOARD'S SECTION 125 PROGRAM

The Section 125/ Cafeteria Plan is a tremendous opportunity for you to enhance your fringe benefits package. Your school board approves this highly beneficial program and wants you to have the opportunity to participate in the Section 125/ Cafeteria Plan. The school board has allowed **Taylor & Sons Insurance Agency**, a leader in the implementation of Section 125 programs, to implement this program. Agency representative will show you how you can save money by using pre-tax dollars to pay the premiums for qualified benefits. When you use pre-tax dollars, you will reduce your taxable income and have fewer taxes taken out of your paycheck. Under a Section 125 program, you can have a more spreadable income. For more information, please call us at **877-365-2341**.

MONROE CITY SCHOOLS

LIST OF PRODUCTS AND VENDERORS

CLINTON INSURANCE AGENCY

318-254-8044 Office
318-254-8043 Fax
113 Pelican Blvd
Ruston, La 71270

TAYLOR AND SONS

883-675-1442 Toll Free
1201 Derek Drive
Hammond, La, 70403
1201 Derek Drive

The Standard (**Disability**)
America Public (**Cancer, Supplemental, Intensive Care**)
MetLife (**Term Life**)
Transamerica (**Cancer**)

Protective Life (**Universal and Term Life**)
Washington National (**Heart and Stroke**)
Chubb (**Accidental**)
Unum (**Dental and Vision**)
Combined (**Long Term Care and Term Life**)

403(b) Plans

Horace Mann	John Gates	318-314-3224
Voya/ING	George Williams	318-606-4590
AIG/Valic	Thomas Breaux	318-957-0596
LSW/Value Teachers	Stan Kirkikis	318-278-2455
LSW/Value Teachers	Virginia "Beth" Parker	318-376-5180
LSW/ Value Teachers	James "Rick" Walters	318-848-8393
LSW/ Value Teachers	Malcom Bosworth	318-348-7560

LIFE INSURANCE

Boston Mutual	781-828-7000
Francis Clements	225-755-1288

HEALTH INSURANCE

<https://info.groupbenefits.org/health-plans/>

OGB CUSTOMER SERVICE 800-272-8451