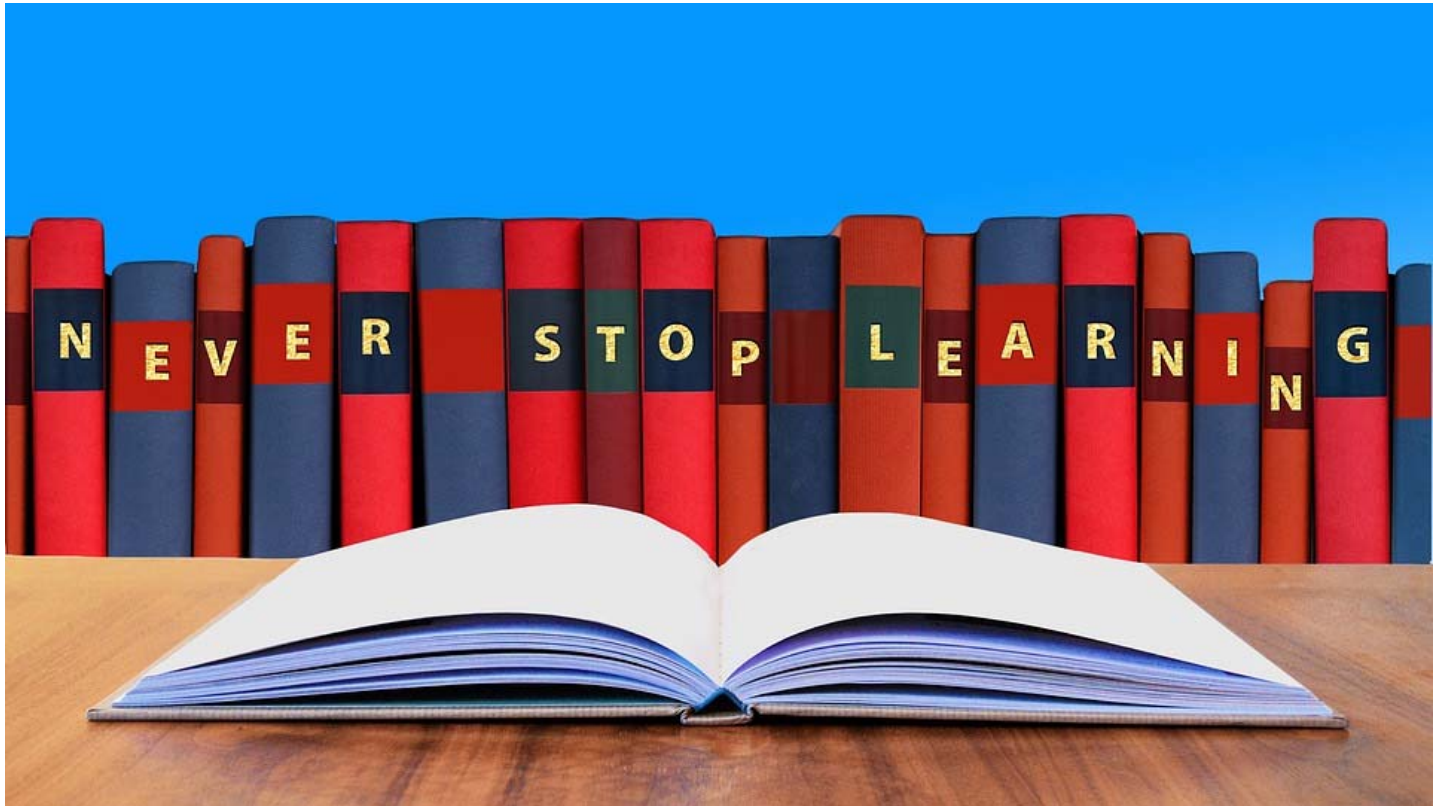


# St. Martin Parish School Board



## Employee Benefits Guide for Active Employees

Plan Year July 1, 2018 – June 30, 2019



# Table of Contents

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This comprehensive benefit package is briefly summarized in this booklet, however for a full description of the benefit plan terms and conditions please refer to the summary plan descriptions or certificates of coverage provided by the plan administrator or insurer for each respective benefit plan offered.

Benefits Overview.....	3
Medical Benefits.....	7
Flexible Spending Accounts.....	12
Voluntary Dental Benefits.....	13
Voluntary Vision Benefits.....	14
Life and Accidental Death & Dismemberment Insurance....	15
Disability Insurance.....	16
Worksite Benefits.....	18
Important Notice Information.....	21
Individual Cancer Benefit.....	28
403 B (Voluntary variable annuity) .....	29
Universal Life with a Long Term Care Rider .....	30
Wellness .....	31

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

# Benefits Overview

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St. Martin Parish School Board recognizes the importance of providing quality benefits at reasonable costs to all employees, and we have worked very hard in putting together an attractive package of benefit offerings to try to meet all of your needs.

**Group Medical Plan Coverage** – administered by UMR, utilizing Premium Choice Plus and UHC Choice Plus Provider Networks.

**Pharmacy Plan Coverage** – administered by Southern Scripts.

**Employer Paid Group Life Insurance** – St. Martin Parish School Board provides employees and retirees enrolled in the Medical plan with Life insurance equal to \$10,000 through Voya. (*age reductions apply*)

**Voluntary Life & AD&D Coverage** – Voluntary term life insurance may be purchased through Voya for active employees and their dependents.

**Flexible Spending Account** – Employees may elect to open a FSA account managed through DBS Flex for their qualified expenses to be payroll deducted on a pre-tax basis.

**Group Dental Insurance** – Available through Mutual of Omaha, this plan covers preventative, basic, and major dental services.

**Vision Insurance** - Offered through Alwayscare, this plan covers eye exams and eyeglasses or contact lenses.

**Disability Insurance** – Long Term Disability and Short Term Disability coverage is available through Mutual of Omaha.

**Group Worksite Plans** – Accident, Hospital Indemnity, and Critical Illness plans are offered through Aflac.

**Individual Cancer Policy** - Individual cancer policies are available through Aflac.

**403B** – a voluntary variable annuity offered by Voya Life Insurance.

**Universal Life with a Long Term Care Rider** - Individual Universal Life with a Long Term Care Rider policies are available through Transamerica Life Insurance.

# 2018 Open Enrollment

During this time we recommend that you review your personal information, the benefits being offered by St. Martin Parish School Board (SMPSB), and the plans you are enrolled in to determine if you should make any changes. The Active Benefits Guide highlights the array of benefits available to employees.

## Open Enrollment Group Meeting Schedule

### MAY 2018

	<b>May 1</b>	<b>May 2</b>	<b>May 3</b> DOA 8:30 – 4:00	<b>May 4</b>
<b>May 7</b> ELC/JCEP 8:00 – 11:30 St. Martinville Jr High 1:00 – 4:00	<b>May 8</b> Breux Bridge Jr High 8:00 – 11:00 Stephensville Elem 9:30 – 11:30 Parks Middle 1:00 - 4:00	<b>May 9</b> Breux Bridge Elem 8:00 – 11:00 Breux Bridge Primary 1:00 – 4:00	<b>May 10</b> Cecilia Primary 8:00 – 11:30 Teche Elem 1:00 – 4:00	<b>May 11</b> St.Martinville Primary 8:00 – 11:00
<b>May 14</b> Catahoula Elem 8:00 – 11:30 Breux Bridge Sr High 1:00 – 4:00	<b>May 15</b> Cecilia Jr High 8:00 – 11:00 Cecilia High 1:00 – 4:00	<b>May 16</b> St. Martinville Sr High 8:00 – 11:30 Parks Primary 1:00 – 4:00	<b>May 17</b> Bus Drivers/ Maintenance/ College CC 8:30 – 11:30	<b>May 18</b>
<b>May 21</b>	<b>May 22</b>	<b>May 23</b>	<b>May 24</b>	<b>May 19</b>
<b>May 28</b>	<b>May 29</b> DOA* 9:00 – 4:30 Open Enrollment Ends	<b>May 30</b>	<b>May 31</b>	



# Important Information

St. Martin Parish School Board acknowledges the importance of providing quality benefits to all employees. We are pleased to continue to offer a complete benefit package for all employees and their families.

**UMR is the Medical Insurance Claims Administrator**

**Southern Scripts is the Prescription Claims Administrator**

**By law, Section 125 Cafeteria Plan coverage elections must remain in effect until 6/30/2019, unless there is a qualifying event.**

St. Martin Parish School Board maintains an IRS section 125 Cafeteria plan. This section 125 plan allows certain fringe benefits to be deducted pre-tax (before federal and state taxes are calculated). Not all benefits are available on a pre-tax basis. Benefits that are pre-tax or non-pre-tax cannot be revoked or changed unless there is a qualifying event as defined by the IRS.

## **QUALIFIED CHANGE IN STATUS INCLUDES:**

- Marriage
- Divorce
- Death of a spouse or dependent
- Loss or gain of dependent's eligibility
- Loss or gain of a spouse's / dependent's medical or dental coverage through another employer

## **ELIGIBILITY:**

Board Members, Bus Drivers, Bus Attendants and all active employees paid at the end of the month regular payroll working 30+ hours are eligible for benefits the 1st of the month following 30 days of employment. For some benefits, you can also enroll your eligible dependents, which include:

- You legal spouse
- Your children, by birth, adoption, or legal ruling, up to age 26 regardless of student, marital, military or employment status.

*The intent of this information is to provide you with general guidelines regarding the Department of Labor required notices related to your current employee health plan(s). It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.*

## **ENROLLING IN BENEFITS**

### **Dependent Eligibility Verification**

Employees that add a new dependent(s) to their health benefit plan during open enrollment period and throughout the benefit plan year as a result of a Qualifying Event will be required to provide verification of their newly enrolled dependent(s).

### **Open Enrollment Period**

New plan elections or changes to existing coverage made during the open enrollment period must be submitted online by May 29, 2018 and will go into effect July 1, 2018. Even if you do not want to enroll in any of the benefits, you must log in and decline coverage.

### **New Hire Enrollments**

New Employees are **required** to go online within (30) days of hire. Once you have made your final decisions about your benefits for 2018, you can log in to the online enrollment system and make your elections. Even if you do not want to enroll in any of the benefits, you must log in and decline coverage.

### **Qualifying Event Enrollments**

Employees are **required** to go online and make your elections within (30) days of the qualified event. You will need to submit proof of the qualified event to the Group Benefits Department prior to going online.

**Employees may contact the Employee Benefits Helpline at (844) 656 -1462 for your benefits questions, Monday - Friday, 7:30 am – 5:30 pm**

# New For Open Enrollment

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Once you have made your final decisions about your benefits for 2018, you can log in to the online enrollment system and make your elections. **Even if you do not want to enroll in any of the benefits, you still need to log in and decline the coverages offered to you. You MUST take action by May 29<sup>th</sup>, 2018.**

**Website:** <https://enroll.benefitsconnect.net/smgsb>

**Username:** the first 6 letters of your last name (or your entire last name if six letters or less), the first letter of your first name, followed by the last 4 of your SSN (social security number).

*Example: John Johnson, xxx-xx-1234*

*Username would be johnsoj1234*

**Password:** the first time you log in, the password will be your SSN (no spaces or dashes). You will be given the opportunity to change your password after you log in the first time.

If you have problems logging in, or have questions, please reach out to our Employee Benefits Helpline at 1-844-656-1462 or Tammie Graham with Gallagher Benefit Services at 225-906-1227 or email [tammie\\_graham@ajg.com](mailto:tammie_graham@ajg.com).



# Medical Plan Benefits

	Premium Choice Plus	UHC Choice Plus	Out of Network Provider
<b>Deductible</b>			
Individual	\$0	\$ 625	\$ 950
Family	\$0	\$1,875	\$2,700
<b>Maximum Out-Of-Pocket</b>			
Individual	\$ 900	\$1,800	\$ 3,800
Family	\$2,700	\$5,400	\$11,400
<b>Coinsurance</b>	0% 10% subject to selected services	20%	40%
<b>Office Visit</b>	\$15 Copay	Deductible & Coinsurance	Deductible & Coinsurance
<b>Urgent Care</b>	\$25 Copay	\$25 Copay	\$30 Copay
<b>Emergency Room Copayment</b>	\$75 Copay	\$90 Copay	\$90 Copay
<b>Wellness/ Preventative</b>	\$0	\$0	N/A

*Certain services will pay at a different coinsurance level than level listed.  
Prior Authorization / Precertification is required on certain services*

Active Employees Monthly Premiums	
Employee Only (AEO)	\$203.00
Employee + Spouse (AES)	\$409.00
Employee + Child/Children (AEC)	\$383.00
Family (AEF)	\$573.00

Employees may contact UMR at (800) 207-3172 for information on the medical plan. UMR is available to assist St. Martin Parish School Board health plan members for:

- Questions about the medical plan benefits
- Claims related issues
- ID cards replacement
- Provider network inquiries

## Spouse Surcharge

In an effort to manage the increasing healthcare cost, a \$75 monthly Spousal Surcharge will be imposed for anyone electing to cover their spouse under the Saint Martin Parish School Board who is eligible for healthcare coverage through their employer.

# Spousal Surcharge

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A \$75 monthly spousal surcharge will be added to your premium if you have elected coverage for your spouse and your spouse is eligible for coverage through his/her employer health plan, but elects not to enroll. If your spouse is not eligible for coverage as an employee, the spousal coverage surcharge is waived.

## 2018 Health Plan Active Spousal Surcharge Rates

Employee + Spouse	\$484.00
Employee + Family	\$648.00

## Spousal Surcharge – Frequently Asked Questions

- **What is the spousal surcharge?**  
*The spousal surcharge is a monthly charge in addition to your regular medical coverage premium for a spouse who is working and is eligible for medical coverage through their employer or former employer.*
- **Why is Saint Martin Parish School Board implementing a spousal surcharge?**  
*The spousal surcharge encourages those participants eligible for other group insurance to take advantage of that coverage. It also allows Saint Martin Parish School Board to share healthcare cost with other employers and helps keep our medical plans more affordable. Spousal surcharge is a method adopted by many employers.*

All Employees with a spouse enrolled in coverage under the Saint Martin Parish School Board Medical must complete the Health Care Spousal Surcharge Form when enrolling. Individuals that do not go online at open enrollment will automatically be charged the surcharge beginning July of 2018. The online form will be available to you during open enrollment.

If your spouse loses or obtains health coverage through his/her employer, you have 30 days to notify the Group Benefits Office of such change. The Group Benefits Office needs to be notified in writing of this and all family status changes within 30 days of when the change occurred. Failure to notify us in a timely manner will bar you from making a change until the next annual enrollment period.

Please note that St. Martin Parish School Board will be conducting a dependent and spousal surcharge audit this year. Any discrepancy found will result in additional payroll deductions to recover the \$75/month spousal surcharge retroactive to the applicable date not later than July 1, 2018.



# UMR On The Go

## We've gone mobile

*Access to your health benefits  
anywhere, anytime*



A UnitedHealthcare Company

As a UMR member, you can now access your benefit and claim information when you're "on the go" from your mobile device. Just use your mobile browser to log in using the same username and password that you use on our full site. What's even better — we've made it quick and easy! There's no app to download, nothing to install, no waiting.

### What's new

Find out about new tools and information to help you live a healthier life.

### Log in

Log in here to get instant access to all our mobile inquiry tools.

### Find a provider

Need to find a doctor fast? Access an alphabetical listing of network providers.

### View, scan or fax your ID card

View your ID card, allow your provider to scan the on-screen bar code for instant access to your benefit information and/or fax a copy to a provider.

### Find a provider

Find an in-network provider while you are "on the go".

### Simplified navigation

- Home – Return to the main menu.
- Menu – Display the menu.
- Gear – Log out or learn more about UMR and our mobile site.

### Need help?

Click the question mark any time you are confused about a term or benefit and get an explanation.

### Look up claims

Look up a claim for yourself or an authorized dependent.

### Check your benefits

View medical and/or dental benefits, as well as persons covered.

### Access account balances

Look up balances for your HRA and flex accounts.

**Note:** The images above reflect available features within our mobile site. These features may or may not be available to all users depending on your individual and/or company benefits.

# Key Terms

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## *Terms to Know*

### Preventive Care

- In-network preventive care is covered at 100% without cost share. Preventive Care may include routine annual physicals, OB/GYN exams, scheduled child immunizations, routine tests.

### Copays

- Office visits copays cover the expense of your office visit, excluding any additional services such as lab work, x-ray and more.

### Coinsurance

- Once you meet your deductible, the plan pays a certain percentage of the claim. The percentage will depend on which plan you are enrolled in and where the services are provided.

### Out-of-pocket Maximums

- This is the maximum amount per year that you and your family may pay out in a plan year before the plan pays 100% of eligible claims.

### Deductible

- This is the amount you pay for covered health care services before your plan starts to pay.



# Prescription Drug Benefits

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Member pays the additional cost the Plan would incur if the Member elects to purchase a Brand Name Drug when a generic is available. If prescriber certifies a Brand Name Drug is medically necessary when a Generic Drug is available, the member does not pay the additional cost. Employees may contact Southern Scripts at (800) 710-9341 for information on the drug plan.

## Premium Choice Plus

### **Southern Scripts Premium Choice Plus Pharmacy Network**

#### **Calendar Year Deductible**

No Deductible applied to generic and brand medications at participating Premium Choice Plus Pharmacy Providers only. Standard Deductible applies on Specialty Drugs.

#### **Premium Choice Plus Preferred Generic Drugs**

Copayment .....\$0\*

*\*Copayment reduced for Premium Choice Plus Generic Drugs at restricted quantities at participating Premium Choice Plus Pharmacy Providers only.*

#### **Premium Choice Plus Generic Drugs**

Copayment ..... \$10\*

*\*Copayment reduced for First Choice Generic Drugs at participating Premium Choice Plus Pharmacy Providers only.*

#### **Formulary Brand Drugs and Compounds**

Copayment.....\$35

#### **Non-Formulary Brand Drugs**

Copayment.....\$50

## **Southern Scripts National Pharmacy Network**

**Calendar Year Deductible** Individual.....\$100

Family.....\$300

*Deductible waived for Covered Vaccines. When the maximum amount shown in the Schedule of Benefits has been incurred by members of a Family Unit toward their Calendar Year deductibles, the deductibles of all members of that Family Unit will be considered satisfied for that year.*

#### **Generic Drugs**

Copayment.....\$15

*Deductible waived for Generic Medications*

#### **Formulary Brand Drugs and Compounds**

Copayment.....\$40

#### **Non-Formulary Brand Drugs**

Copayment.....\$55

# Flexible Spending Accounts

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## What is a Flexible Spending Account?

Employees deduct monies from their paycheck **before** Federal, State, Social Security and Medicare taxes are calculated. The monies are withheld from each paycheck in equal installments and reimbursed to the employee for qualified expenses.

### Qualified Expenses for Reimbursement

Dependent Care for children under the age of 13, certain preschool tuition and certain adult care expenses.

Medical Expenses for paid out-of-pocket medical deductibles, glasses, office visits, prescription drug co-pays, dental work, and other qualifying items.

- There is no advance payment under the Dependent Care Reimbursement Account. The Medical Reimbursement Account will allow you to be reimbursed for more than what has been deducted from your paycheck if you have incurred the expenses. You cannot get back more than your annual election.

## FSA Plan Year

7/1/2018 – 6/30/2019

## Contribution Amounts

**Medical** – maximum annual amount that you may contribute is \$2,650.

**Dependent Care** – the maximum annual amount that you can contribute is \$5,000 (\$2,500 if single or married filing separately).

## Flexible Spending Account – “Use it or Lose It” Rule

Under this Group’s Flexible Spending Plan, any account balance in a Participant’s Flexible Spending Account(s) at the end of the Plan Year or applicable Grace Period must be forfeited. The balance cannot be paid to a Participant in cash, carried over to the next Plan Year, nor be made available to an Employee in any way. Forfeited funds may be used to offset administration expenses of the Plan.

## Grace Period

This is extra time to incur expenses and utilize them against the current FSA Plan Year contribution until 9/15/2018.

## Run-Out Period

You have until 10/15/2019 to submit claims for expenses incurred during the current Plan Year.

## Debit Cards

If you wish to receive a debit card for your Medical Reimbursement FSA, please indicate this when you complete your enrollment. The debit cards are valid for 5 years and reloaded each year with new election. **Do not throw your cards away!** Debit card transactions after 6/30/2018 will be deducted from your 7/1/2018 – 6/30/2019 FSA election.

## Online Account Access

You may view account details including balance, claims and reimbursements and also access claim forms via the DBS website at [www.dbsbenefits.com](http://www.dbsbenefits.com).

# Dental Plan Benefits

Dental Benefits		
Deductible	\$50 Single / \$150 Family	
*Deductible is waived for preventative		
Annual Maximum	\$1500	
Orthodontia Lifetime Maximum	\$1500	
	In-Network	Out-of-Network
Preventative Coinsurance	100%	100%
Basic Co-Insurance	80%	80%
Major Co-Insurance	50%	50%
Orthodontia Co-Insurance	50%	50%
Waiting Periods	None	None

All accumulator and maximums will carry over

### For assistance or additional information

Contact Mutual of Omaha Group at 877-999-2330 or log on to [www.mutualofomaha.com/dental](http://www.mutualofomaha.com/dental).

Active Employees Monthly Premiums	
Employee Only (EO)	\$31.08
Employee + 1 Dependent	\$58.97
Employee + 2 or more Dependents	\$99.00



# Vision Plan Benefits

Vision Benefits		
	Wal-Mart Vision Center	Other Participating Providers
<b>Exam Co-Pay (every 12 months)</b>	\$10	\$10
<b>Materials Co-Pay (every 12 months)</b>	\$0	\$15
<b>Lenses (every 12 months)</b>	Covered by Co-pay	Covered by Co-pay
<b>Lenticular</b>	\$80 Allowance	\$80 Allowance
<b>Progressive</b>	\$70 Allowance	\$70 Allowance
<b>Contact Lenses (every 12 months)</b>	No Co-pay	
<b>Elective</b>	\$130 Allowance	\$130 Allowance
<b>Medically Necessary</b>	\$210 Allowance	\$210 Allowance
<b>Frames (every 24 months)</b>	\$74 Allowance	\$100 Allowance

*Standard Scratch Resistant Coating – Covered at Wal-Mart Only*

*Polycarbonate Lenses for Children up to age 19 only – Covered at Wal-Mart / Sam’s Club Only*

**Dependent Children:** Dependent age guidelines vary by state. Please refer to your policy certificate or contact AlwaysCare at 888-729-5433, Ext. 2013.

**Services Not Listed:** If you expect to require a vision service not included on this brochure, it may still be covered. Please contact AlwaysCare customer service at 1-888-729-5433, Ext. 2013 to confirm your exact benefits.



Active Employees Monthly Premium	
Employee Only (EO)	\$9.04
Employee + Spouse	\$18.06
Employee + Child	\$19.16
Employee + Family	\$30.06

# Life Benefits

## Group LIFE INSURANCE – Paid By SMPSB

St Martin Parish School Board provides active employees enrolled in the Group Health Plan with Life insurance equal to \$10,000 through Voya.

**Employee** – If you are an active employee enrolled in the Group Health Plan.

Benefit Amount – \$10,000

Group Life Benefit Reduction Schedule: Providing you are still employed and enrolled in the Group Health Plan, your benefits will reduce to \$7,500 at age 65 and \$5,000 at age 70.

**Your Spouse** - Up to age 70 is eligible if your spouse is enrolled in Group Health Plan.

Benefit Amount – \$3,000

**Your Unmarried, Dependent Children** — A child 10 days up to age 26 years old if dependent is enrolled in Group Health Plan.

Benefit Amount – \$1,500

## VOLUNTARY LIFE INSURANCE – Paid By You

St Martin Parish School Board provides active employees voluntary life insurance through Voya.

**Employee** – If you are an active, full-time employee and work at least 30 hours per week for your employer

Benefit Amount – Units of \$10,000

Guaranteed Coverage Amount – \$150,000 (new hires only)

Maximum – The lesser of 5 times Annual Compensation rounded to the next higher \$1,000 or \$500,000

Minimum - \$10,000

Voluntary Life Benefit Reduction Schedule: Providing you are still employed, your benefits will reduce to 35% at age 70 and to 50% at age 75.

**You're Spouse** - Up to age 75 is eligible provided that you apply for and are approved for coverage for yourself.

Benefit Amount – Units of \$10,000

Voluntary Life Benefit Reduction Schedule: Providing you are still employed, your benefits will reduce to 35% at age 70.

Guaranteed Coverage Amount - \$30,000 (new hires only)

Maximum – \$500,000

**Your Unmarried, Dependent Children** — A child from live birth up to age 26, as long as you apply for and are approved for coverage for yourself.

Benefit Amount – Units of \$5,000

Maximum – \$10,000

Age	Employee Cost Per \$1,000	Spouse Cost Per \$1,000	Dependent Child Cost Per \$1,000
<20-39	\$0.105	\$0.135	Age <19, <25 if a Full Time Student \$0.388
40-44	\$0.229	\$0.259	
45-99	\$0.546	\$0.576	

**Portability:** This plan allows you to continue all of your voluntary coverage if you leave your employer. Premiums may change at this time. Just pay your premiums directly to the insurance company. Coverage may be continued for you and your spouse until age 75. Coverage may also be continued for your children.

**Conversion:** If group life insurance coverage is reduced or ends for any reason except nonpayment of premiums, you can convert to an individual policy. To convert, you must apply for the

conversion policy and pay the first premium payment within 31 days after your group coverage ends. Family members may convert their coverage as well. Converted policies are subject to certain benefits and limits as outlined in the conversion brochure which may be requested as needed. Premiums may change at this time.

*No one may be covered more than once under these plans.*

# Disability Benefits

## Short Term Disability

Short Term Disability is intended to protect your income for a short duration in case you become ill or injured. Please contact a representative for disability amounts if you have extended leave or sick leave.

<b>Maximum Weekly Benefit</b>	60% of weekly salary up to \$1,500 per week
<b>Maximum Benefit Duration</b>	24 weeks
<b>Elimination Period</b>	Benefits begin on: 15th day from an accident 15th day from an illness
<b>Pre-Existing Condition</b>	You may not be eligible for benefits if you have received treatment for a condition within the past 3 months until you have been covered under this plan for 6 months.
<b>Waiver of Premium</b>	Premiums for this coverage are waived for a disable employee while receiving STD benefits under this plan.
<b>Enrollment (Newly Eligible)</b>	You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again until your annual open enrollment.
<b>Portability</b>	Portability allows employees to apply for disability insurance in certain circumstances when they are no longer insured under the policy. Employees electing to port coverage become responsible for the premium payments. The claims experience of ported individuals is not charged back to the experience of the group. Coverage ported by an employee does not terminate when the master policy terminates.

### Monthly Premium Cost

List your monthly earnings

(Maximum coverage payroll is \$ \_\_\_\_\_ \$610  
\$10,800 monthly)

Premium factor and multiply \$ \_\_\_\_\_ \$0.0498

Estimated monthly premium \$ \_\_\_\_\_ \$30.38

This is an estimate of premiums cost. Actual deductions may vary slightly due to rounding and payroll frequency.

***\*New rates and employee amounts decreased for Short Term Disability***

**For assistance or additional information Contact Mutual of Omaha Group at 800-877-5176**



# Disability Benefits

## Long Term Disability

Long Term Disability is intended to protect your income for a long duration after you have depleted short term disability and any sick leave your company may offer.

<b>Maximum Monthly Benefit</b>	60% of salary up to \$5,000 per month
<b>Maximum Benefit Duration</b>	Later of Age 65 or Social Security Normal Retirement Age
<b>Elimination Period</b>	180 days The number of days you must be disabled prior to collecting disability benefits.
<b>Pre-Existing Condition</b>	You may not be eligible for benefits if you have received treatment for a condition within the past 12 months until you have been covered under this plan for 12 months.
<b>Waiver of Premium</b>	You will not be required to pay premium during any time of approved total or partial disability.
<b>Benefit Limitations</b>	Mental Illness: 24 Months - Lifetime Substance Abuse: 24 Months - Lifetime Specific Conditions: 24 Months - Lifetime

### Monthly Premium Cost

List your monthly earnings

(Maximum coverage payroll is \$8,333 monthly)    \$ \_\_\_\_\_    \$2,500

Multiply by                                    \$ \_\_\_\_\_    \$0.00464

Estimated monthly premium    \$ \_\_\_\_\_    \$11.60

This is an estimate of premiums cost. Actual deductions may vary slightly due to rounding and payroll frequency.

**For assistance or additional information Contact Mutual of Omaha Group at 800-877-5176**

# Worksite Benefits

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Several worksite group plans are available for purchase for St. Martin Parish School Board Employees through Aflac. Please contact the St Martin Parish School Board Employee Benefits Department at (337) 332 -2105 for detailed coverage information and premium amounts.

## **ACCIDENT COVERAGE**

An accident insurance plan provides benefits to help cover the costs associated with unexpected bills. You don't budget for accidents if you're like most people. When a Covered Accident occurs, the last thing on your mind is the charges that may be accumulating while you're at the emergency room, including:

- AMBULANCE
- WHEELCHAIR
- EMERGENCY ROOM
- CRUTCHES
- SURGERY AND ANESTHESIA
- BANDAGES
- STITCHES

## **CRITICAL ILLNESS**

A group critical illness plan helps prepare you for the added costs of battling a specific critical illness. Benefit Plan Options of \$5,000 - \$50,000 available.

- HEART ATTACK (Myocardial Infarction) 100%
- STROKE (Apoplexy or Cerebral Vascular Accident) 100%
- MAJOR ORGAN TRANSPLANT 100%
- RENAL FAILURE (End-Stage) 100%
- OPEN HEART SURGERIES 100%
- INVASIVE HEART PROCEDURE 10%
- CANCER IF SELECTED

## **HOSPITAL INDEMNITY**

Your insurance plan may pay only a portion of the total expenses a hospital stay or medical treatment requires. That likely would leave the rest of the bill for you to pay, plus any deductible or other expenses that are not covered by the plan.

- HOSPITAL CONFINEMENT
- HOSPITAL ADMISSION
- HOSPITAL INTENSIVE CARE
- SURGICAL AND ANESTHESIA
- EMERGENCY
- WELL BABY
- OUT OF HOSPITAL PRESCRIPTION DRUG

**Please contact the St Martin Parish School Board Employee Benefits Department at (337) 332 -2105 for detailed coverage information regarding worksite benefits.**

# Worksite Product Rates

## Accident Premiums

Employee Only	\$16.20
Employee + Spouse	\$23.16
Employee + Child	\$30.90
Employee + Family	\$37.86

## Hospital Indemnity Premiums

Employee Only	\$41.86
Employee + Spouse	\$83.23
Employee + Child	\$63.55
Employee + Family	\$104.92

## CRITICAL ILLNESS Policy - Without Cancer

Includes Heart Event Rider

Spouse is eligible for up to 50% of benefit selected for Employee

Children are covered at 50% of policyholder

### Employee NON-TOBACCO Rates

Age Bracket	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18 - 29	\$3.60	\$5.45	\$7.30	\$9.15	\$11.00	\$12.85	\$14.70	\$16.55	\$18.40	\$20.25
30 - 39	\$4.80	\$7.85	\$10.90	\$13.95	\$17.00	\$20.05	\$23.10	\$26.15	\$29.20	\$32.25
40 - 49	\$7.95	\$14.15	\$20.35	\$26.55	\$32.75	\$38.95	\$45.15	\$51.35	\$57.55	\$63.75
50 - 59	\$11.70	\$21.65	\$31.60	\$41.55	\$51.50	\$61.45	\$71.40	\$81.35	\$91.30	\$101.25
60 - 69	\$17.75	\$33.75	\$49.75	\$65.75	\$81.75	\$97.75	\$113.75	\$129.75	\$145.75	\$161.75

### Spouse NON-TOBACCO Rates

Age Bracket	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18 - 29	\$3.60	\$4.53	\$5.45	\$6.38	\$7.30	\$8.23	\$9.15	\$10.08	\$11.00
30 - 39	\$4.80	\$6.33	\$7.85	\$9.38	\$10.90	\$12.43	\$13.95	\$15.48	\$17.00
40 - 49	\$7.95	\$11.05	\$14.15	\$17.25	\$20.35	\$23.45	\$26.55	\$29.65	\$32.75
50 - 59	\$11.70	\$16.68	\$21.65	\$26.63	\$31.60	\$36.58	\$41.55	\$46.53	\$51.50
60 - 69	\$17.75	\$25.75	\$33.75	\$41.75	\$49.75	\$57.75	\$65.75	\$73.75	\$81.75

### Employee TOBACCO Rates

Age Bracket	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18 - 29	\$4.55	\$7.35	\$10.15	\$12.95	\$15.75	\$18.55	\$21.35	\$24.15	\$26.95	\$29.75
30 - 39	\$6.60	\$11.45	\$16.30	\$21.15	\$26.00	\$30.85	\$35.70	\$40.55	\$45.40	\$50.25
40 - 49	\$14.05	\$26.35	\$38.65	\$50.95	\$63.25	\$75.55	\$87.85	\$100.15	\$112.45	\$124.75
50 - 59	\$21.40	\$41.05	\$60.70	\$80.35	\$100.00	\$119.65	\$139.30	\$158.95	\$178.60	\$198.25
60 - 69	\$32.35	\$62.95	\$93.55	\$124.15	\$154.75	\$185.35	\$215.95	\$246.55	\$277.15	\$307.75

### Spouse TOBACCO Rates

Age Bracket	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18 - 29	\$4.55	\$5.95	\$7.35	\$8.75	\$10.15	\$11.55	\$12.95	\$14.35	\$15.75
30 - 39	\$6.60	\$9.03	\$11.45	\$13.88	\$16.30	\$18.73	\$21.15	\$23.58	\$26.00
40 - 49	\$14.05	\$20.20	\$26.35	\$32.50	\$38.65	\$44.80	\$50.95	\$57.10	\$63.25
50 - 59	\$21.40	\$31.23	\$41.05	\$50.88	\$60.70	\$70.53	\$80.35	\$90.18	\$100.00
60 - 69	\$32.35	\$47.65	\$62.95	\$78.25	\$93.55	\$108.85	\$124.15	\$139.45	\$154.75

# Worksite Product Rates

## CRITICAL ILLNESS Policy - With Cancer

Includes Internal Cancer & Heart Event Rider  
 Spouse is eligible for up to 50% of benefit selected for Employee  
 Children are covered at 50% of policyholder

### Employee NON-TOBACCO Rates

Age Bracket	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18 - 29	\$4.50	\$7.25	\$10.00	\$12.75	\$15.50	\$18.25	\$21.00	\$23.75	\$26.50	\$29.25
30 - 39	\$6.20	\$10.65	\$15.10	\$19.55	\$24.00	\$28.45	\$32.90	\$37.35	\$41.80	\$46.25
40 - 49	\$11.10	\$20.45	\$29.80	\$39.15	\$48.50	\$57.85	\$67.20	\$76.55	\$85.90	\$95.25
50 - 59	\$17.42	\$33.08	\$48.75	\$64.42	\$80.08	\$95.75	\$111.42	\$127.08	\$142.75	\$158.42
60 - 69	\$26.75	\$51.75	\$76.75	\$101.75	\$126.75	\$151.75	\$176.75	\$201.75	\$226.75	\$251.75

### Spouse NON-TOBACCO Rates

Age Bracket	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18 - 29	\$4.50	\$5.88	\$7.25	\$8.63	\$10.00	\$11.38	\$12.75	\$14.13	\$15.50
30 - 39	\$6.20	\$8.43	\$10.65	\$12.88	\$15.10	\$17.33	\$19.55	\$21.78	\$24.00
40 - 49	\$11.10	\$15.78	\$20.45	\$25.13	\$29.80	\$34.48	\$39.15	\$43.83	\$48.50
50 - 59	\$17.42	\$25.25	\$33.08	\$40.92	\$48.75	\$56.58	\$64.42	\$72.25	\$80.08
60 - 69	\$26.75	\$39.25	\$51.75	\$64.25	\$76.75	\$89.25	\$101.75	\$114.25	\$126.75

### Employee TOBACCO Rates

Age Bracket	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18 - 29	\$6.10	\$10.45	\$14.80	\$19.15	\$23.50	\$27.85	\$32.20	\$36.55	\$40.90	\$45.25
30 - 39	\$9.20	\$16.65	\$24.10	\$31.55	\$39.00	\$46.45	\$53.90	\$61.35	\$68.80	\$76.25
40 - 49	\$21.05	\$40.35	\$59.65	\$78.95	\$98.25	\$117.55	\$136.85	\$156.15	\$175.45	\$194.75
50 - 59	\$32.65	\$63.55	\$94.45	\$125.35	\$156.25	\$187.15	\$218.05	\$248.95	\$279.85	\$310.75
60 - 69	\$51.10	\$100.45	\$149.80	\$199.15	\$248.50	\$297.85	\$347.20	\$396.55	\$445.90	\$495.25

### Spouse TOBACCO Rates

Age Bracket	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18 - 29	\$6.10	\$8.28	\$10.45	\$12.63	\$14.80	\$16.98	\$19.15	\$21.33	\$23.50
30 - 39	\$9.20	\$12.93	\$16.65	\$20.38	\$24.10	\$27.83	\$31.55	\$35.28	\$39.00
40 - 49	\$21.05	\$30.70	\$40.35	\$50.00	\$59.65	\$69.30	\$78.95	\$88.60	\$98.25
50 - 59	\$32.65	\$48.10	\$63.55	\$79.00	\$94.45	\$109.90	\$125.35	\$140.80	\$156.25
60 - 69	\$51.10	\$75.78	\$100.45	\$125.13	\$149.80	\$174.48	\$199.15	\$223.83	\$248.50

# Important Notices

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## **HIPAA Special Enrollment Rights**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within "30 days" after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact plan administrator

## **HIPAA Privacy Notice - Protecting Your Health Information Privacy Rights**

Saint Martin Parish School Board is committed to the privacy of your health information. The administrators of the Saint Martin Parish School Board insurance plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting your plan administrator.

## **Women's Health and Cancer Rights Act Initial Notification**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physician complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, your deductible and coinsurance apply as according to your employer-sponsored medical insurance plan.

If you would like more information on WHCRA benefits, call your plan administrator.

## **Important Notice from Saint Martin Parish School Board About Your Prescription Drug Coverage and Medicare**

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Saint Martin Parish School Board and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If**

**you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare**

**prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

**There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Saint Martin Parish School Board has determined that the prescription drug coverage offered by the [Insert Name of Plan] is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

### **When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two- (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Saint Martin Parish School Board coverage will/will not be affected. See plan SPD for more information about your prescription drug coverage provisions/options.

If you do decide to join a Medicare drug plan and drop your current employer-sponsored coverage, be aware that you and your dependents will/will not be able to get this coverage back.

### **When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Saint Martin Parish School Board and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **For More Information About This Notice or Your Current Prescription Drug Coverage:**

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Saint Martin Parish School Board changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage:**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

**Date:** 7/1/2018

**Name of Entity/Sender:** Saint Martin Parish School Board

**Contact:** Casey Broussard

**Phone Number:** 337-332-2105

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

### **Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility –



<b>ALABAMA – Medicaid</b>	<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://myalhipp.com">http://myalhipp.com</a> Phone: 855.692.5447	Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 800.635.2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">http://www.state.nj.us/humanservices/dmahs/clients/medicaid</a>  Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>ALASKA – Medicaid</b>	<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 888.695.2447	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">www.nyhealth.gov/health_care/medicaid/</a> Phone: 800.541.2831
<b>ARKANSAS – Medicaid</b>	<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 800.442.6003      TTY: Maine relay 711	Website: <a href="http://www.ncdhhs.gov/dma">www.ncdhhs.gov/dma</a> Phone: 919.855.4100
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://www.mass.gov/MassHealth">www.mass.gov/MassHealth</a> Phone: 800.462.1120	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 844.854.4825
<b>FLORIDA – Medicaid</b>	<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.flmedicaidprecovery.com/hipp/">www.flmedicaidprecovery.com/hipp/</a> Phone: 877.357.3268	Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">www.insureoklahoma.org</a> Phone: 888.365.3742
<b>GEORGIA – Medicaid</b>	<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573.751.2005	Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a> Phone: 1-800-699-9075
<b>INDIANA – Medicaid</b>	<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.hip.in.gov">http://www.hip.in.gov</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864	Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 800.694.3084	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsur ancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsur ancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>IOWA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 888.346.9562	Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401.462.5300
<b>KANSAS – Medicaid</b>	<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">www.kdheks.gov/hcf/</a> Phone: 785.296.3512	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://www.scdhhs.gov">www.scdhhs.gov</a> Phone: 888.549.0820
	<b>NEW HAMPSHIRE – Medicaid</b>	<b>SOUTH DAKOTA – Medicaid</b>
	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a>	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 888.828.0059

	Phone: 603.271.5218	
TEXAS – Medicaid	VIRGINIA – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: <a href="http://www.gethipptexas.com/">www.gethipptexas.com/</a> Phone: 800.440.0493	Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 800.362.3002
UTAH – Medicaid and CHIP	WASHINGTON – Medicaid	WYOMING – Medicaid
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307.777.7531
VERMONT – Medicaid	WEST VIRGINIA – Medicaid	
Website: <a href="http://www.greenmountaincare.org/">www.greenmountaincare.org/</a> Phone: 800.250.8427	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 877.598.5820, HMS Third-Party Liability	

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor: Employee Benefits Security Administration

[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa) | 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services: Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov) 1-877-267-2323, Menu Option 4, Ext. 61565

**Paperwork Reduction Act Statement:** According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

## Wellness Program Notice of Alternative Standard

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your plan administrator and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

## Wellness Program – Health Risk Assessments

In answering the questions on your Health Risk Assessment, you should not include genetic information. That is, please do not include any family medical history or any information related to genetic testing, genetic services, genetic counseling, or genetic disease for which you believe you may be at risk.

## Grandfathered Health Plans

This St. Martin Parish School Board believes this group health plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that you Saint Martin Parish School Board may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at St. Martin Parish School Board, Casey Broussard, 337-332-2105. You may also contact the U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov).

### **Notice to Enrollees in a Self-Funded Nonfederal Governmental Group Health Plan For Plan Years Beginning On or After September 23, 2010**

Group health plans sponsored by State and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these employers are permitted to elect to exempt a plan from the requirements listed below for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. St. Martin Parish School Board has elected to exempt this group health plan from the following requirement:

- Protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan.

The exemption from these Federal requirements will be in effect for the current Plan year. The election may be renewed for subsequent plan years.

# Aflac Individual Cancer Plan

An Individual Cancer Plan is also available to St. Martin Parish School Board Employees through AFLAC. Mr. Gerald Angers has been representing AFLAC for over 45 years. Employees should contact Mr. Gerald Angers at office (337)295-9928, cell (337)780-1420, fax (337)295-9927 or email him at [robert\\_angers@us.aflac.com](mailto:robert_angers@us.aflac.com)

## St. Martin Parish School Board Monthly Payroll Deductions

Cancer Protection Assurance		
Plan Type	Individual Premium	Married Premium
Option 2	\$33.50	\$57.64
Option 3	\$47.37	\$80.86

Cancer Protection Assurance with Growth Benefit		
Plan Type	Individual Premium	Married Premium
Option 2	\$39.45	\$71.69
Option 3	\$53.32	\$94.91



*The intent of this information is to provide you with general benefits regarding your AFLAC Individual cancer policy and related to your current Individual cancer policy. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your Individual AFLAC Representative.*

# Voya 403 B Plan



## It's easy to get started

The steps you take today will affect how you spend tomorrow. On your journey to retirement do something good for yourself by planning ahead for the kind of future you envision. Enroll in your employer's retirement savings plan to set a little aside regularly for the kind of retirement you can look forward to.

- 1 Go to [enroll.voya.com](http://enroll.voya.com)
- 2 Enter plan number  
VFR619
- 3 Enter verification number  
116345

## 5 reasons to enroll now

1. Make changes anytime
2. Save automatically
3. Help lower your taxable income
4. Invest your way
5. Take your money with you

Joe Welser  
[Joe.Welser@voyafa.com](mailto:Joe.Welser@voyafa.com)  
504-258-6709



Not FDIC/NCUA/NCUSIF Insured | Not a Deposit of a Bank/Credit Union | May Lose Value | Not Bank/Credit Union Guaranteed | Not Insured by Any Federal Government Agency

Any insurance products, annuities and funding agreements that you may have purchased are sold as securities and are issued by Voya Retirement Insurance and Annuity Company ("VRIAC"). Fixed annuities are issued by VRIAC. VRIAC is solely responsible for meeting its obligations. Plan administrative services provided by VRIAC or Voya Institutional Plan Services, LLC ("VIPS"). Neither VRIAC nor VIPS engage in the sale or solicitation of securities. If custodial or trust agreements are part of this arrangement, they may be provided by Voya Institutional Trust Company. All companies are members of the Voya® family of companies. **Securities distributed by Voya Financial Partners, LLC (member SIPC) or other broker-dealers with which it has a selling agreement.** All products or services may not be available in all states.  
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# Universal Life with Long Term Care



Universal Life or permanent life insurance provides death benefits for your entire life. Benefits pay out a designated amount to your beneficiary at the time of death. The payout is guaranteed as long as premiums are paid to date. This policy may also hold a cash value which allows you to sell the policy back to the company for accrued funds. On this universal life plan, living benefit rider is included which means that 4% of your life insurance death benefit is available each month if a physician certifies that you are chronically ill according to the rider definitions. You will be paid 4% of your life insurance death benefit each month for up to 25 months.

## HIGHLIGHTS

- Living Benefit Rider Included
- Guaranteed Issue
- Fully Portable
- No physicals or blood work

PLAN DESCRIPTION	
Benefit Amounts	Guaranteed Issue
<b>Employee:</b> Up to \$300,000	\$100,000
<b>Spouse:</b> \$10,000-\$100,000	\$15,000
<b>Children:</b>	\$25,000
<b>Child Term Rider:</b>	\$20,000

Example Monthly Rates (Non-Tobacco)			
Age	\$50,000	\$75,000	\$100,000
25	\$20.04	\$30.06	\$40.07
30	\$23.93	\$35.89	\$47.86
35	\$29.82	\$44.74	\$59.65
40	\$37.25	\$55.87	\$74.50
45	\$47.64	\$71.46	\$95.28
50	\$62.70	\$94.05	\$125.40
55	\$83.60	\$124.60	\$166.13

\*\*\*Please note that the above benefits description is a brief summary and may not include all the details in the policy proposal. Please refer to your contract for full benefit details and specific rate.\*\*\*

If you have any questions or concerns, please contact AGM Benefit Solutions at: 1-844-880-6774.



# UMR Wellness Program

## NOTICE REGARDING WELLNESS PROGRAM

St. Martin Parish School Board offers a voluntary wellness program that is available to all employees enrolled in the group medical plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. The wellness program offers opportunities to win incentive prizes for participating in a variety of programs implemented to promote wellness. These wellness programs may include biometric screenings (blood tests) and physician examinations along with programs that encourage healthy lifestyle and promote healthy weight loss. The programs may also incorporate an online Clinical Health Risk Assessment (CHRA) that asks questions about your health related activities and medical history. Participation in all programs is voluntary and members will not be penalized for not participating. However, employees who choose to participate in the wellness program are eligible to win reward cards as incentive prizes for participation. Although you are not required to complete the CHRA, participate in biometric screenings or examinations, only employees who do so will be eligible to win prizes. The information from your CHRA and the results of any biometric screening will provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your medical doctor.

### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although UMR and St. Martin Parish School Board may use aggregate information it collects to design a program based on identified health risks in the workplace, we will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions, please reach out to Amanda Boyer with UMR at 225-237-2061 or email [amanda.boyer@umr.com](mailto:amanda.boyer@umr.com).



**Saint Martin Parish School Board**

**Po. Box 1000**

**Breaux Bridge, LA 70517**

**337-332-2105**

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

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