



ST. MARTIN PARISH SCHOOL BOARD

EMPLOYEE BENEFITS GUIDE FOR ACTIVE EMPLOYEES

PLAN YEAR: JULY 1, 2021 – JUNE 30, 2022

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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.

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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

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, Critical Illness, and Short-Term Disability 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.

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 Prescriptions Claims Administrator

By law, Section 125 Cafeteria Plan coverage elections must remain in effect until 6/30/2022, 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:

- 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:

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

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 31, 2021 and will go into effect July 1, 2021. 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 2021, 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 must contact the Group Benefits Department within (30) days of the qualified event. You will be required to submit proof of the qualified event and complete a change form in order for the change(s) to be processed.

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.

OPEN ENROLLMENT / NEW HIRE BENEFIT ADMINISTRATION LOGIN INFORMATION

Once you have made your final decisions about your benefits for 2021, 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:

- New Hires: you must log into the system and decline the coverages offered to you.
- Open Enrollment: you are encouraged to log into the system to review your elections and payroll changes, if applicable. **The deadline to make open enrollment changes is May 31, 2021.**

Website: <https://enroll.benefitsconnect.net/mysmps>

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 Brown & Brown representative Stacey Bienvenu at 337-266-5695 or email her at sbienvenu@bbgulfstates.com.



MEDICAL PLAN BENEFITS

	Premium Choice Plus & Local Fill-In List	UHC Choice Plus	Out-of-Network Providers
DEDUCTIBLE			
Individual	\$0	\$625	\$950
Family	\$0	\$1,875	\$2,700
MAXIMUM OUT-OF-POCKET			
Individual	\$900	\$1,800	\$3,800
Family	\$2,700	\$5,400	\$11,400
COINSURANCE	10% Subject to Selective Services	20%	40%
OFFICE VISIT	\$15 Copay	Deductible & Coinsurance	Deductible & Coinsurance
URGENT CARE	\$25 Copay	\$25 Copay	\$30 Copay + Deductible & Coinsurance
EMERGENCY ROOM COPAYMENT	\$75 Copay	\$90 Copay + Deductible & Coinsurance	\$90 Copay + Deductible & Coinsurance
WELLNESS/PREVENTIVE	\$0	\$0	Deductible & Coinsurance
INPATIENT SERVICES COPAYMENT	\$50 Per Day – Up to \$150	\$100 Per Day – Up to \$300	\$200 Per Day – Up to \$600
	<i>In Addition to Above Copays, Deductible & Coinsurance Applies</i>		
TELADOC SERVICES	\$0 Copay (Deductible Waived)		

Premium Choice Providers are designated by two blue hearts. ♥♥ (subject to change). Network providers can be accessed by logging onto www.umar.com and use the UnitedHealthcare Choice Plus Network. **See page 8 on locating providers.** Certain services will pay at a different coinsurance level than level listed. Prior Authorization / Precertification is required on certain services.

Active Employees Monthly Premium	
Employee Only (AEO)	\$203
Employee + Spouse (AES)	\$409
Employee + Child(ren) (AEC)	\$383
Family (AEF)	\$573

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, or members may register/loginfortheonline portal 24/7 at www.umar.com for:

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

SPOUSAL SURCHARGE

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.

2021 Health Plan Active Employee Spousal Surcharge Rates

Employee + Spouse	\$484
Employee + Family	\$648

Spousal Surcharge – Frequently Asked Questions

- **What is a 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 2021. 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, 2021.

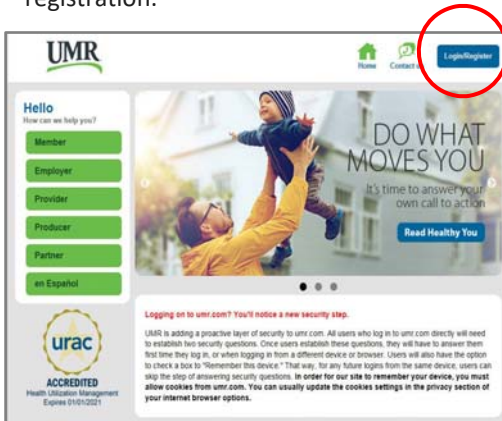
LOCATING PROVIDERS

How to find in-network health care providers on umr.com

1. Log in to your online services:

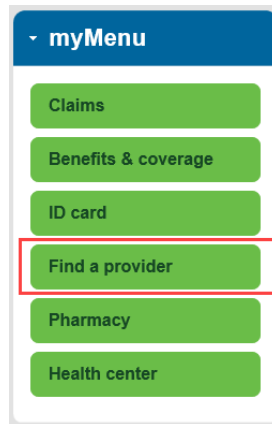
- Visit www.umar.com.
- If you have previously registered for online services, enter your username and password to sign in.

If you have not yet registered for online services, click the **Register** option and follow the prompts to complete your registration.



2. Find a provider

Select **Find a provider** from the myMenu bar on the left-hand side of your member homepage.



3. View providers

When the new window opens, select the **“View providers”** button to continue.

Provider network

[? Help](#)

For cost effective use of your medical benefits, search for physicians and facilities within your contracted group of providers. Before your next visit, please verify with them that they are still included in the network before you receive any services.

Your provider network is:
ST MARTIN PARISH SCHOOL DISTRICT

[View providers](#)

Need help? Call UMR Customer service at 1-800-207-3171 to speak with a Customer Service Advisor.

Select a link to search for Tier 1 or Tier 2 providers

Tier 1 providers offer service at the highest benefit level, so you will typically pay less out-of-pocket when you receive care from Tier 1 providers.

Tier 2 providers are also considered in-network; however, the St. Martin Parish School Board plan will pay claims at a lower benefit level, and you likely will pay more out-of-pocket.

Tier 1 providers can be found using both of the links provided



FIND A PROVIDER | St. Martin Parish School Board provider search

[Tier 1 - St. Martin Parish School Board Provider Search](#)

Please note: Premium Choice Plus benefits (Tier 1 benefits) apply to all providers included in the link above plus those providers designated with a Tier

1 emblem -  [Premium Care Physician](#) - in the link below.
Search both links to find a Premium Choice Plus provider that suits your needs.

[Tier 2 - United HealthCare Choice Plus Provider Search](#)



NOTE: Only those Choice Plus providers with the two filled in blue hearts as shown above are considered Tier 1

KEY TERMS



What is a deductible?

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

What is a coinsurance?

A set percentage of costs that are covered by your plan after your deductible has been paid (Deductible does not apply to tier 1). Your plan pays a higher percentage. You pay a lower percentage.

What is an out-of-pocket?

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, Copays, and Prescription drug costs do not accrue towards the maximum out of pocket.

What is a copay?

A small set fee. It is paid each time you have an office visit, outpatient service or prescription refill (excluding any additional services such as lab work, x-ray and more). Copays do not accrue towards satisfaction of the deductible or out of pocket maximum.

What is 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.

What is coordination of benefits (COB)?

Many families are covered by more than one health plan. The coordination of benefits (COB) process determines which plan pays first. It also determines if the second plan will pay any remaining charges not covered by the first plan. The process makes sure your doctor doesn't get paid twice for the same service.

What is an explanation of benefits (EOB)?

An EOB is simply the statement explaining your benefits activity. It includes the services provided, the amount billed and the amount paid, if any. You should review your EOBs carefully. Call the customer service number on your ID card or visit umr.com if you have any questions about your EOB.

ON-THE-GO WITH WWW.UMR.COM

Just use the same username and password that you use on our full site.

What's even better — 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

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

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.

Simplified navigation

Home – Return to the main menu.

Menu – Display the menu.

Gear – Log out or learn more about UMR and our mobile site.

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 special accounts.

Estimate health care costs

See what you can expect to pay before receiving care.





Getting started with Teladoc



Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. Set up your account today so when you need care now, a Teladoc doctor is just a call or click away.


1

Online:

Go to [Teladoc.com](https://teladoc.com) and click "set up account".

Mobile app:

Download the app and click "Activate account." Visit teladoc.com/mobile to download the app.

Call Teladoc:

Teladoc can help you register your account over the phone.

SET UP YOUR ACCOUNT

Set up your account by phone (toll-free) web, mobile app or by texting "Get Started" to 469-844-5637.


2

PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.


3

REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care. And talk to a doctor by phone, web or mobile app.

Talk to a Doctor anytime for FREE!



[Teladoc.com](https://teladoc.com)



1-800-Teladoc



PRESCRIPTION DRUG BENEFITS

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 or visit: <https://www.rxclearinghouse.com/pharmacylocationlocator.aspx> Bin: 015433 / Group Code: SMP0705

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.

Preferred Generic Drugs

Copayment.....\$0*

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

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

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.

**Over the counter prescriptions are now eligible to be filed under your Medical Flexible Spending Account. Contact representative for full listing of what is allowable.

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

7/1/2021 – 6/30/2022

Contribution Amounts

Medical – maximum annual amount that you may contribute is \$2,750.

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 9/15/2022.

Run-Out Period

You have until 10/15/2022 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 6/30/2021 will be deducted from your 7/1/2021 –6/30/2022 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.

DENTAL PLAN BENEFITS

Dental Benefits at a Glance

Annual Deductible	\$50 Individual \$150 Family	
Annual Maximum	\$1,500 per Person	
Orthodontia Lifetime (Dependent Child Up to Age 19)	\$1,500 per Person	
Coverage Type	In-Network % of Negotiated Fee	Out-of-Network % of R&C Fee
Type A: Preventive	100%	100%
Type B: Basic Restorative	80%	80%
Type C: Major Restorative	50%	50%
Type D: Orthodontia	50%	50%
Waiting Periods	None	None

Group #: G000BCNY | **Network:** Mutually Preferred | **Customer Service:** 1 (800) 927-9197

Visit the Member Portal - www.mutualofomaha.com/dental

You have access to several online tools and resources to help get the most out of your dental coverage:

- About Your Benefits
- Forms
- Print Explanation of Benefits (EOBs)
- View Claims
- Find a Provider

*To register, you will need your SSN or Member ID (located on your dental ID card)

Active Employees Monthly Premium

Employee Only (EO)	\$34.81
Employee + 1 Dependent	\$66.05
Employee + 2 or More Dependents	\$111.00



VISION PLAN BENEFITS

Vision Care Services	Wal-Mart Vision Center	Other Participating Providers	Out-of-Network
Exam	\$10	\$10	Up to \$35
Materials	\$0	\$15	See Below
Standard Plastic Lenses: • Single Vision • Bifocal • Trifocal • Lenticular • Progressive	Covered Covered Covered \$80 Allowance \$70 Allowance	Covered by Copay Covered by Copay Covered by Copay \$80 Allowance \$70 Allowance	Up to \$25 Up to \$40 Up to \$50 Up to \$50 Up to \$40
Lens Options: • Scratch resistant coating • Polycarbonate Lenses (for children to age 19)	Covered Covered	N/A N/A	N/A N/A
Frames	Up to \$74 Allowance	Up to \$100 Allowance (\$74 at Costco)	Up to \$50 Retail
Contact Lenses (Includes fit, follow-up, and Materials) • Elective • Medically Necessary	No Copay Up to \$130 Allowance Up to \$210 Allowance	\$15 Copay Up to \$130 Allowance Up to \$210 Allowance	Up to \$100 Up to \$210

Contact lenses are in lieu of eyeglass lenses and frames.

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 1-888-400-9304.

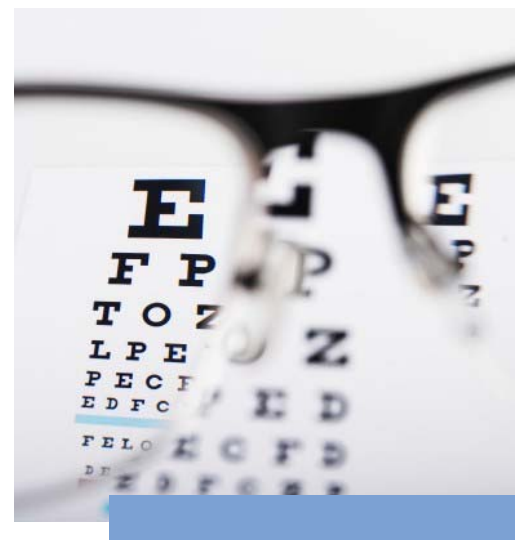
Benefit Frequencies:

Examination Once Every 12 Months	Frames Once Every 12 Months
Eyeglass Lenses Once Every 12 Months	Contact Lenses Once Every 12 Months

Selection of Providers: You have access to our national network of independent eye care professionals and large optical retail chains (including Walmart, Sam's Club, Costco*, Pearle Vision, Target, Sears, JCPenney and Visionworks). You may choose different providers for the vision exam and materials purchases. Visit www.AlwaysCareBenefits.com or call **888-400-9304** for a list of participating providers.

Active Employees Monthly Premium

Employee Only	\$9.32
Employee + Spouse	\$18.60
Employee + Child(ren)	\$19.74
Family	\$30.96



LIFE AND ACCIDENTAL DEATH 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	Spouse	Unmarried Dependent Children
\$10,000	\$3,000	\$1,500
Benefits will reduce to \$7,500 at age 65 and to \$5,000 at age 70	Terminates at age 70	Up to Age 26

**Note: Employee, Spouse, and Unmarried Dependent Children must be enrolled in the Group Health Plan to be eligible for the Group Life Insurance*

Voluntary Life Insurance – Paid by You

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

	Employee	Spouse	Unmarried Dependent Children
Benefit Amount	Units of \$10,000 (Minimum: \$10,000)	Units of \$10,000	Units of \$5,000
Benefit Maximum	The lesser of 5x Annual Compensation (rounded to the next highest \$1,000) or \$500,000	\$500,000 (Not to exceed 100% of Employee Amount)	\$10,000
Guarantee Issue (New Hires Only)	\$150,000	\$30,000	\$10,000
Benefit Reduction Schedule	Benefits will reduce to 65% at age 70 and to 50% at age 75	Benefits will reduce to 65% at age 70, Terminates at Age 75	N/A

**Note: Employee must remain actively employed to participate. Employee must be enrolled in Voluntary Life coverage in order to coverage a spouse or dependent child. Dependent Children are eligible from live birth up to age 26.*

Age	Employee Cost per \$1,000	Spouse Cost per \$1,000	Child Cost per \$1,000
<20-39	\$0.105	\$0.135	< 26 Yrs of Age: \$0.388
40-44	\$0.229	\$0.259	
45-99	\$0.546	\$0.576	

Late entrants are subject to medical underwriting.

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.

SHORT-TERM DISABILITY (MUTUAL OF OMAHA)

Short Term Disability is intended to protect your income for a short duration in case you become ill or injured. Please contact Group Benefits Department for disability amounts if you have extended leave and/or accumulated/sick leave. These leave balances must be exhausted before this plan will consider issuing weekly benefits up to the maximum benefit duration for your condition.

Maximum Weekly Benefit	60% of weekly salary up to \$1,500 per week
Maximum Benefit Duration	24 Weeks (Offset by extended leave and/or accumulated/sick leave)
Elimination Period	Benefits begin on: 15th day from an accident 15th day from an illness
Pre-Existing Condition	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 (3/6) .
Waiver of Premium	Premiums for this coverage are waived for a disable employee while receiving STD benefits under this plan.
Guaranteed Issue	You are able to take advantage of this coverage now without a health examination. You will not be offered this opportunity again until your annual open enrollment.
Benefit Reduction – Other Income	Depending on the type of income you receive, your benefit will be reduced by other sources of income such as paid family leave, extended leave, salary continuation/sick leave, retirement/government plans, other group disability plans, settlements on payments received and no-fault benefits.
Portability	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 weekly earnings (Max covered payroll is \$10,800 per month)	\$ _____	\$610
➤ Premium factor and multiply	\$ _____	\$0.0498
➤ Estimated monthly premium	\$ _____	\$30.38

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

For assistance or additional information contact Mutual of Omaha Group at 1 (800) 877-5176 Option 3

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. Late entrants are subject medical underwriting.

Maximum Monthly Benefit	60% of salary up to \$5,000 per month
Maximum Benefit Duration	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
Elimination Period	180 days The number of days you must be disabled prior to collecting disability benefits.
Pre-Existing Condition	You may not be eligible for benefits if you have received treatment for a condition within the past 6 months until you have been covered under this plan for 12 months.
Waiver of Premium	You will not be required to pay premium during any time of approved total or partial disability.
Benefit Reduction – Other Income	Depending on the type of income you receive, your benefit will be reduced by other sources of income such as paid family leave, extended leave, salary continuation/sick leave, retirement/government plans, other group disability plans, settlements on payments received and no-fault benefits.
Benefit Limitations	Mental Illness: 24 Months - Lifetime Substance Abuse: 24 Months - Lifetime Specific Conditions: 24 Months - Lifetime

Monthly Premium Cost

- | | | |
|--|----------|------------|
| ➤ List your monthly earnings
(Max covered payroll is \$8,333 per month) | \$ _____ | \$3,333.33 |
| ➤ Multiply by | \$ _____ | \$0.00464 |
| ➤ Estimated monthly premium | \$ _____ | \$15.47 |

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

**For assistance or additional information contact Mutual of Omaha Group at
1 (800) 877-5176 Option 3**

WORKSITE BENEFITS

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
- Casts

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. Late entrants are subject medical underwriting. Policy also has 12/12 pre-existing clause.

- Hospital Confinement
- Hospital Admission
- Hospital Intensive Care
- Surgical and Anesthesia
- Emergency Room / Physician
- Well Baby Care
- Out-of-Hospital Prescription Drug

Eligibility	
Employee	Issue Age: 18-69 Terminates at Age 70
Spouse	Issue Age: 18-64 Terminates at Age 70
Children	Terminates at Age 26
Accident Coverage Monthly Premium	
Employee Only	\$16.20
Employee + Spouse	\$23.16
Employee + Child(ren)	\$30.90
Family	\$37.86

Eligibility	
Employee	Issue Age: 18-64
Spouse	Issue Age: 18-64
Children	Terminates at Age 26
Hospital Indemnity Monthly Premium	
Employee Only	\$41.86
Employee + Spouse	\$83.23
Employee + Child(ren)	\$63.55
Family	\$104.92

Critical Illness w/ Wellness

A group critical illness plan helps prepare you for the added costs of battling a specific critical illness. Policy has 30-day waiting period from the effective date of the policy and a 12/12 pre-existing clause. If diagnosis occurs after age 70, half of the benefit amount is payable. **See linked benefit summary for additional covered benefits and plan details. Issue Age: 18-69**

- Heart Attack (Myocardial Infraction) – 100%
- Stroke (Apoplexy or Cerebral Vascular Accident) – 100%
- Renal Failure (End-Stage) – 100%
- Coronary Artery Bypass Surgery – 25%

***Elected amounts over Guaranteed Issue (below) are subject to medical underwriting.**

	Employee	Spouse	Child
Benefit Amount	\$5,000 Increments \$50,000 Max	\$2,500 Increments \$25,000 Max (Not to exceed 50% of the employee amount)	Automatically covered at 50% of the employee election. Terminates at Age 26.
Newly Eligible *Guaranteed Issue	\$30,000	\$15,000	\$15,000
Late Enrollee *Guaranteed Issue	\$5,000	\$5,000	\$2,500

CRITICAL ILLNESS RATES – WITHOUT CANCER

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

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	\$62.35	\$93.55	\$124.15	\$154.75	\$185.35	\$215.95	\$246.55	\$277.15	\$307.75

Spouse Non-Tobacco Rates

Age Bracket		\$5,000	\$7,500	\$10,000	\$12,000	\$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

Spouse Tobacco Rates

Age Bracket		\$5,000	\$7,500	\$10,000	\$12,000	\$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	\$62.35	\$78.25	\$93.55	\$108.85	\$124.15	\$139.45	\$154.75

Critical Illness + Cancer w/ Wellness

A group critical illness plan helps prepare you for the added costs of battling a specific critical illness. Policy has 30 day waiting period from the effective date of the policy and a 12/12 pre-existing clause. If diagnosis occurs after age 70, half of the benefit amount is payable. **See linked benefit summary for additional covered benefits and plan details. Issue Age: 18-69**

- Heart Attack (Myocardial Infraction) – 100%
- Stroke (Apoplexy or Cerebral Vascular Accident) – 100%
- Major Organ Transplant – 100%
- Renal Failure (End-Stage) – 100%

- **Cancer (If Selected) – 100%**
- **Carcinoma in SITU (If Selected) – 25%**

***Elected amounts over Guaranteed Issue (below) are subject to medical underwriting.**

	Employee	Spouse	Child
Benefit Amount	\$5,000 Increments \$50,000 Max	\$2,500 Increments \$25,000 Max (Not to exceed 50% of the employee amount)	Automatically covered at 50% of the employee election. Terminates at Age 26.
Newly Eligible *Guaranteed Issue	\$30,000	\$15,000	\$15,000
Late Enrollee *Guaranteed Issue	\$5,000	\$5,000	\$2,500

CRITICAL ILLNESS RATES WITH CANCER

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

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 Non-Tobacco Rates

Age Bracket		\$5,000	\$7,500	\$10,000	\$12,000	\$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

Spouse Tobacco Rates

Age Bracket		\$5,000	\$7,500	\$10,000	\$12,000	\$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

Short-Term Disability (Aflac)

Maximum Weekly Benefit	60% of monthly salary up to \$6,000 (\$300 Minimum) Guaranteed Issue Amount: Monthly benefit up to \$3,000 (Subject to participation requirements)
Maximum Benefit Duration	6 Months
Elimination Period	Benefits begin on: 15th day from an accident 15th day from an illness
Pre-Existing Condition	Pre-existing Condition is an illness, disease, infection, disorder, pregnancy, or injury that existed within the 12-month period before the effective date of coverage. For a condition to have been pre-existing: • A doctor must have advised, diagnosed, or treated the covered employee, or • Symptoms existed that would ordinarily cause a prudent person to seek medical advice or treatment. We will not pay benefits for any disability resulting from or affected by a pre-existing condition if the disability was diagnosed within the 12-month period after the effective date of coverage. We will not reduce or deny a claim for benefits for any disability due to a pre-existing condition that was diagnosed more than 12-months after the effective date of coverage (12/12).
Pregnancy Limitation	Within the first nine months of the Effective Date of coverage, we will not pay benefits for a Disability that is caused by, or occurs as a result of, your Pregnancy or childbirth. Disability due to Complications of Pregnancy will be covered to the same extent as a covered Sickness.
Pre-existing Conditions/Pregnancy Limitation Benefit	During the first 12 months of coverage, this benefit pays 50% of the covered employee's applicable monthly disability benefit for a pre-existing condition, including pregnancy. Benefits begin following the expiration of an applicable Elimination Period.
Waiver of Premium	After 90 consecutive days of disability caused by a covered sickness or injury, for as long as they remains disabled, up to the applicable benefit period.
Benefit Reduction – Other Income	None
Portability	Standard Portability (An employee's coverage may be continued when eligibility or employment ends. Coverage will end on the date the group plan is terminated.)

****Terminates at Age 75***

Aflac Short-Term Disability - Example Benefit and Premium Rates – For Illustrative Purposes Only

(Actual payroll deduction may vary due to rounding)

Annual Salary Range			Monthly Benefit	Age 18-49	Age 50-64	Age 65-74
\$14,000	to	\$15,999	\$700	\$15.97	\$18.25	\$22.81
\$16,000	to	\$17,999	\$800	\$18.25	\$20.86	\$26.07
\$18,000	to	\$19,999	\$900	\$20.54	\$23.46	\$29.33
\$20,000	to	\$21,999	\$1,000	\$22.82	\$26.07	\$32.59
\$22,000	to	\$23,999	\$1,100	\$25.10	\$28.68	\$35.85
\$24,000	to	\$25,999	\$1,200	\$27.38	\$31.29	\$39.11
\$26,000	to	\$27,999	\$1,300	\$29.66	\$33.89	\$42.37
\$28,000	to	\$29,999	\$1,400	\$31.94	\$36.50	\$45.63
\$30,000	to	\$31,999	\$1,500	\$34.23	\$39.11	\$48.89
\$32,000	to	\$33,999	\$1,600	\$36.51	\$41.72	\$52.14
\$34,000	to	\$35,999	\$1,700	\$38.79	\$44.32	\$55.40
\$36,000	to	\$37,999	\$1,800	\$41.07	\$46.93	\$58.66
\$38,000	to	\$39,999	\$1,900	\$43.35	\$49.54	\$61.92
\$40,000	to	\$41,999	\$2,000	\$45.64	\$52.14	\$65.18
\$42,000	to	\$43,999	\$2,100	\$47.92	\$54.75	\$68.44
\$44,000	to	\$45,999	\$2,200	\$50.20	\$57.36	\$71.70
\$46,000	to	\$47,999	\$2,300	\$52.48	\$59.97	\$74.96
\$48,000	to	\$49,999	\$2,400	\$54.76	\$62.57	\$78.22
\$50,000	to	\$51,999	\$2,500	\$57.04	\$65.18	\$81.48
\$52,000	to	\$53,999	\$2,600	\$59.33	\$67.79	\$84.74
\$54,000	to	\$55,999	\$2,700	\$61.61	\$70.39	\$87.99
\$56,000	to	\$57,999	\$2,800	\$63.89	\$73.00	\$91.25
\$58,000	to	\$59,999	\$2,900	\$66.17	\$75.61	\$94.51
\$60,000	to	\$61,999	\$3,000	\$68.45	\$78.22	\$97.77
\$62,000	to	\$63,999	\$3,100	\$70.73	\$80.82	\$101.03
\$64,000	to	\$65,999	\$3,200	\$73.02	\$83.43	\$104.29
\$66,000	to	\$67,999	\$3,300	\$75.30	\$86.04	\$107.55
\$68,000	to	\$69,999	\$3,400	\$77.58	\$88.65	\$110.81
\$70,000	to	\$71,999	\$3,500	\$79.86	\$91.25	\$114.07
\$72,000	to	\$73,999	\$3,600	\$82.14	\$93.86	\$117.33
\$74,000	to	\$75,999	\$3,700	\$84.43	\$96.47	\$120.58
\$76,000	to	\$77,999	\$3,800	\$86.71	\$99.07	\$123.84
\$78,000	to	\$79,999	\$3,900	\$88.99	\$101.68	\$127.10
\$80,000	to	\$81,999	\$4,000	\$91.27	\$104.29	\$130.36
\$82,000	to	\$83,999	\$4,100	\$93.55	\$106.90	\$133.62
\$84,000	to	\$85,999	\$4,200	\$95.83	\$109.50	\$136.88
\$86,000	to	\$87,999	\$4,300	\$98.12	\$112.11	\$140.14
\$88,000	to	\$89,999	\$4,400	\$100.40	\$114.72	\$143.40
\$90,000	to	\$91,999	\$4,500	\$102.68	\$117.32	\$146.66
\$92,000	to	\$93,999	\$4,600	\$104.96	\$119.93	\$149.92
\$94,000	to	\$95,999	\$4,700	\$107.24	\$122.54	\$153.17
\$96,000	to	\$97,999	\$4,800	\$109.52	\$125.15	\$156.43
\$98,000	to	\$99,999	\$4,900	\$111.81	\$127.75	\$159.69
\$100,000	to	\$101,999	\$5,000	\$114.09	\$130.36	\$162.95
\$102,000	to	\$103,999	\$5,100	\$116.37	\$132.97	\$166.21
\$104,000	to	\$105,999	\$5,200	\$118.65	\$135.58	\$169.47
\$106,000	to	\$107,999	\$5,300	\$120.93	\$138.18	\$172.73
\$108,000	to	\$109,999	\$5,400	\$123.22	\$140.79	\$175.99
\$110,000	to	\$111,999	\$5,500	\$125.50	\$143.40	\$179.25
\$112,000	to	\$113,999	\$5,600	\$127.78	\$146.00	\$182.51
\$114,000	to	\$115,999	\$5,700	\$130.06	\$148.61	\$185.77
\$116,000	to	\$117,999	\$5,800	\$132.34	\$151.22	\$189.02
\$118,000	to	\$119,999	\$5,900	\$134.62	\$153.83	\$192.28
\$120,000 or more			\$6,000	\$136.91	\$156.43	\$195.54

UNIVERSAL LIFE WITH LONG TERM CARE



Universal Life Benefits

Administered by: Transamerica

There is no way to know what will happen tomorrow; but there is a way to help ensure you are protected against the unexpected. Universal life insurance can help meet your family's future financial needs in the event of your premature passing. Prudent financial planning can help protect your family's future, offering them peace of mind.

HIGHLIGHTS

**Guaranteed Issue for
New Hires**

**Accelerated Death
Benefit Included**

Fully Portable

**Waiver of Premium
Included**

Plan Description

Benefit Amount	Guarantee Issue
Employee: Up to \$300,000	\$100,000
Spouse: \$10,000 - \$100,000	\$15,000
Children:	\$25,000
Child Term Rider:	\$20,000

Example Monthly Employee Rates

Non-Tobacco Rates				Tobacco Rates			
Age	\$50,000	\$75,000	\$100,000	Age	\$50,000	\$75,000	\$100,000
25	\$20.04	\$30.06	\$40.07	25	\$29.04	\$43.56	\$58.07
30	\$23.93	\$35.89	\$47.86	30	\$35.57	\$53.36	\$71.15
35	\$29.82	\$44.74	\$59.65	35	\$44.61	\$66.92	\$89.26
40	\$37.25	\$55.87	\$74.50	40	\$57.00	\$85.50	\$114.00
45	\$47.64	\$71.46	\$95.28	45	\$73.97	\$110.95	\$147.94
50	\$62.70	\$94.05	\$125.40	50	\$98.03	\$147.05	\$196.07
55	\$83.06	\$124.60	\$166.13	55	\$131.03	\$196.54	\$262.06
60	\$118.77	\$178.16	\$237.54	60	\$184.45	\$276.68	\$368.90

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.

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 Benefits		
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.

IMPORTANT NOTICES

The following brief summaries are taken from important notices regarding your rights and coverages with the Saint Martin Parish School Board Health and Welfare Benefit Plan. For the full text of these notices and additional important information, please see the 2021 Annual Notices Packet at the SMPSB website:

<https://www.saintmartinschools.org/departments/business/group-health>

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).

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 stages 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 physical 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 NOTICES FROM ST. MARTIN PARISH SCHOOL BOARD ABOUT YOUR PRESCRIPTION DRUG COVERAGE & 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 Saint Martin Parish School Board Health 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 not be affected. Plan participants can keep their prescription drug coverage under the group health plan if they select Medicare Part D prescription drug coverage. If they select Medicare Part D prescription drug coverage, the group health plan prescription drug coverage will coordinate with the Medicare Part D prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your current employer-sponsored coverage, active employees and their dependents will be able to get this coverage back at the next annual open enrollment. Retirees and their dependents will not be able to get employer-sponsored 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 call Employee Benefits Department at (337) 332- 2105.

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 St. 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
- 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, 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: 7/1/2021

Contact: Casey Broussard

Name of Entity/Sender: Saint Martin Parish School Board

Phone Number: (337) 332-2105



Premium Assistance Under Medicaid and 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.

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 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 or call 1-866-444-EBSA (3272).

If you live in one of the following states (Next Page), you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131

CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	NEBRASKA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
KENTUCKY – Medicaid	NEVADA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfp.nv.gov/ Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid and CHIP
Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100

MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT– Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration | 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 | 1-877-267-2323, Menu Option 4, Ext. 61565

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 P.O. Box 1000, Breaux Bridge, Louisiana 70517, (337) 332-2105. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or <http://www.dol.gov/ebsa/healthreform> This website has a table summarizing which protections do and do not apply to grandfathered health plans.



Notice to CMS HIPAA Exemption

The St. Martin Parish School Board Health Benefit Plan is not provided through insurance. St. Martin Parish School Board elects under authority of section 2722(a) (2) of the Public Health Service (PHS) Act, and 45 CFR146.180 of Federal regulations, to exempt the St. Martin Parish School Board Health Benefit Plan from the following requirement of title XXVII of the PHS Act:

Parity in the application of certain limits to mental health and addiction benefits.

This election has been made in conformity with all rules of the plan sponsor, including a public hearing authorizing such action on April 16, 2011. I certify that the undersigned is authorized to submit this election on behalf of St Martin Parish School Board Health Benefit Plan. A copy of the election renewal will be provided to plan enrollees by May 31, 2021.

If CMS has any questions regarding this election, please contact Casey Broussard at (337) 332-2105.

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 THE ST. MARTIN PARISH SCHOOL BOARD HEALTH BENEFIT PLAN from Number 2 of the following requirements:**

1. Protection against limiting hospital stays in connection with the birth of a child to less than 48 hours for a vaginal delivery, and 96 hours for a cesarean section.
- 2. 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.**
3. Certain requirements to provide benefits for breast reconstruction after a mastectomy.
4. Continued coverage for up to one year for a dependent child who is covered as a dependent under the plan solely based on student status, who takes a medically necessary leave of absence from a postsecondary educational institution

The exemption from these Federal requirements will be in effect for the plan year beginning July 1, 2021 and ending June 30, 2022. The election may be renewed for subsequent plan years.

PRA Disclosure Statement

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 **0938-0702**. The time required to complete this information collection is estimated to average 15 minutes per response, 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.

OMB Control No. 0938-0702 Expiration Date: 12/31/2022

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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

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

CONTACT INFORMATION

Contact	Product	Phone	Email/Website
SMPSB Employee Benefits	All	(337) 332-2105	---
Stacey Bienvenu (Brown & Brown)	Open Enrollment	(337) 266-5695 or (337) 909-2861	sbienvenu@bbgulfstates.com
Amanda Boyer (UMR)	Medical	1 (225) 237-2061	Amanda.boyer@umr.com
Southern Scripts	Prescription Drug	1 (800) 710-9341	https://www.rxclearinghouse.com/ pharmacylocationlocator.aspx Bin: 015433 Group Code: SMP0705
Mutual of Omaha	Dental	1 (800) 927-9197	www.mutualofomaha.com/dental
AlwaysCare	Vision	1-888-400-9304	www.AlwaysCareBenefits.com
Mutual of Omaha	Disability (STD/LTD)	1 (800) 877-5176 Option 3	www.mutualofomaha.com/support
Medicare	Medicare Prescription	1 (800) 633-4227	www.medicare.gov
Medicaid/CHIP	Medicaid	1 (877) KIDS NOW	www.insurekidsnow.gov
Gerald Angers (AFLAC)	Cancer	(337) 295-9928	Robert_angers@us.Aflac.com
Joe Weiser (Voya)	Retirement	1 (504) 258-6709	Joe.weiser@voyafa.com





Saint Martin Parish School Board
P.O. Box 1000
Breaux Bridge, LA 70517
337-332-2105

This document is an outline of the coverage proposed by the carrier(s) based upon information provided by your company. It does not include all of the terms, coverage, exclusions, limitations and condition 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 intend 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.

This benefit summary prepared by:
Brown & Brown Insurance



GULF STATES