



2023-2024

EMPLOYEE BENEFITS

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IMPORTANT CONTACT INFORMATION

BENEFITS

Blue Cross Blue Shield

(Health Insurance)

Phone: 1-800-363-9150

RxBenefits/Express Scripts

(Pharmacy Benefits)

Phone: 1-800-334-8134

Voya

(Life Insurance)

Phone: 1-800-955-7736

First Financial Group of America

410 N. Jefferson Street

Covington, LA 70433

Phone: (985) 893-5519

CENTRAL OFFICE

321 N. Theard Street

Covington, LA 70433

Certification – (985) 898-6497

Human Resources – (985) 898-3254

Insurance – (985) 898-6423

Payroll – (985) 898-6490

DEPARTMENT NEWS AND UPDATES

www.stpsb.org

Information for Employees > Health Insurance Information

Contact Information

STPSB Insurance Department

- 985-898-3245 – Candy
candy.luckado@stpsb.org
- 985-898-6424 – Renee
renee.mothershead@stpsb.org
- 985-898-6411 - Sherrie
sherrie.clements@stpsb.org
- 985-898-6423 – Tanya
tanya.montz@stpsb.org

St. Tammany Parish School Board

Employee Benefits

- Health Insurance
- Life Insurance
- Contact Information

Health Insurance Vesting Schedule

Effective July 1, 2007, employees who enroll in the St. Tammany Parish School Board's (STPSB) Health Insurance plan will be subject to the following premium reduction rates at the time of retirement:

- Less than 10 years of STPSB health insurance coverage
 - The school system will pay 25% of its normal contribution rate
- 10-14.99 years of STPSB health insurance coverage
 - The school system will pay 50% of its normal contribution rate
- 15-19.99 years of STPSB health insurance coverage
 - The school system will pay 75% of its normal contribution rate
- 20 or more years of STPSB health insurance coverage
 - The school system will pay 100% of its normal contribution rate

Employee Benefits Information

Plan Choice	Employee Contribution	Employer Contribution	Total Cost
Employee only	\$87.08	\$685.65	\$772.73
Employee with spouse*	\$404.30	\$1,298.01	\$1,702.31
Both employees	\$99.52	\$1,602.79	\$1,702.31
Employee with children	\$248.80	\$740.05	\$988.85
Family*	\$447.84	\$1,377.25	\$1,825.09
Family (both employees)	\$124.40	\$1,700.69	\$1,825.09

*an additional \$100.00 will be added to this premium if spouse has group coverage available through his/her employer and declines their coverage

Blue Cross Blue Shield	Member Responsibility	Blue Connect
Plan Year Deductible (Family)	\$800 per person \$1,600 per family Network and Non-Network	\$600 per person \$1,200 per family Blue Connect Network Only
Co-Insurance	90% / 70% Network and Non-Network	90% Blue Connect Network Only
Maximum Out-of-Pocket	\$2,750 per person \$5,500 per family Network and Non-Network	\$2,500 per person \$5,000 per family Blue Connect Network Only
In-Patient Hospital Services	Deductible and Co-Insurance 90% / 70% Network and Non-Network	Deductible and Co-Insurance 90% Blue Connect Network Only
Physician Office Visits Primary/Specialist Urgent Care	\$30 / \$45 \$50	\$25 / \$35 \$40 Blue Connect Network Only
Preventative Care Routine Well Care	100%	100%
RxBenefits Plan Coverage Prescription Drug Information Generic/Step 1 Preferred Brand/Step 2 Non-Preferred Brand/Step 3 Multi-Source Brand/Step 4	Member Responsibility \$15 \$40 \$60 \$75	--

Blue Connect



New! Blue Connect EPO Network www.bcbsla.com/blue-connect-epo

Anchored by Ochsner hospitals, clinics and providers, Blue Connect EPO network offers access to dozens of managed and affiliated hospitals and more than 4,500 participating physicians in the region including the following. When you see a provider at these locations, your out-of-pocket costs will be even lower:

- Ochsner Health
- St. Tammany Health System
- Slidell Memorial Hospital
- St. Charles Parish Hospital
- St. Bernard Parish Hospital
- Ochsner Lafayette General
- CHRISTUS St. Frances Cabrini Health System
- CHRISTUS Shreveport-Bossier Health System
- CHRISTUS Ochsner Health Southwestern Louisiana

Save time and money with your new resources



Ochsner Connected Anywhere

Download Ochsner Connected Anywhere app and enjoy **NO COST** virtual urgent care visits from the convenience of your workplace or home. With the coupon code **STPPSS** you will get no cost, immediate medical attention for common illnesses like colds, fever and rashes. Prescription delivery is free within a 20-mile radius of any Ochsner Pharmacy. Your normal prescription copays/deductibles will apply.



Patient Engagement Specialists

Connect with Ochsner Health to help you identify and connect with appropriate in-network providers and facilities, schedule appointments, and navigate the healthcare system.

Monday – Friday 8:00 a.m. to 5:30 p.m.

855.723.8152 | connected@ochsner.org



Member Resource Guide

Understanding your medical benefits is a complicated and sometimes overwhelming task. Look in your mail soon for a member resource guide to provide a handy reference to help you navigate benefits and save money.



Affordable Urgent Care

Ochsner owned and affiliated Urgent Care Centers visits are billed as primary care office visits at a lower copay, offering savings compared to a traditional Urgent Care Center, at a higher copay. Participating Urgent Care centers in the area include:

- Ochsner Urgent Care Covington
- Ochsner Urgent Care Mandeville
- Pelican Urgent Care in Slidell

See your Member Resource Guide for a full list of Ochsner Urgent Care Centers.

Blue Connect plans are products of HMO Louisiana, Inc., a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross and Blue Shield Association. Blue Cross and Blue Shield of Louisiana is incorporated as Louisiana Health Service & Indemnity Company. Ochsner Health is an independent company that offers health services to members of Blue Cross and Blue Shield of Louisiana and its subsidiaries.

Thank you again for learning about the Blue Connect EPO, an Ochsner affiliated network.

Life and Accidental Death and Dismemberment (AD&D) Insurance Benefits

- Basic Life Insurance and Basic AD&D
 - Benefit: \$5,000
 - Premium cost for employee: \$0 (paid by STPSB)
- Voluntary Life and AD&D
 - Benefit: \$25,000 \$2.99 per paycheck
 - \$35,000 \$4.19 per paycheck
 - \$45,000 \$5.38 per paycheck

Life and AD&D Insurance Benefits

Benefits for your spouse

- Option 1: \$1,000
- Option 2: \$2,000
- Option 3: \$3,000
- Option 4: \$4,000

Premium

\$0.40 per month
\$0.80 per month
\$1.20 per month
\$1.60 per month

Benefits for your children

- Option 1: \$500
- Option 2: \$1,000
- Option 3: \$1,500
- Option 4: \$2,000

Premium

\$0.40 per month
\$0.80 per month
\$1.20 per month
\$1.60 per month

*If you elect coverage for your children, each eligible child will be insured for the amount corresponding to the option selected for your spouse

Life Insurance Supplemental Plan

- Employee pays 100% of these plans

- Supplemental Life/Employee

Benefit: \$20,000-\$300,000

Guaranteed \$150,000 without Medical Questionnaire

- Supplemental Life/Spouse

Benefit: \$10,000-\$150,000

Selected coverage cannot exceed 50% of employee's election

Guaranteed \$30,000 without Medical Questionnaire

- Supplemental Life/Children

Benefit: \$5,000 or \$10,000

To elect coverage for spouse and/or children, employee must purchase supplemental life.

Supplemental Life & AD&D - Employee Cost / Payroll (24 Cycles)																																	
Age		\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000	\$270,000	\$280,000	\$290,000	\$300,000			
<24	0.065	\$0.65	\$0.98	\$1.30	\$1.63	\$1.95	\$2.28	\$2.60	\$2.93	\$3.25	\$3.58	\$3.90	\$4.23	\$4.55	\$4.88	\$5.20	\$5.53	\$5.85	\$6.18	\$6.50	\$6.83	\$7.15	\$7.48	\$7.80	\$8.13	\$8.45	\$8.78	\$9.10	\$9.43	\$9.75			
25-29	0.075	\$0.75	\$1.13	\$1.50	\$1.88	\$2.25	\$2.63	\$3.00	\$3.38	\$3.75	\$4.13	\$4.50	\$4.88	\$5.25	\$5.63	\$6.00	\$6.38	\$6.75	\$7.13	\$7.50	\$7.88	\$8.25	\$8.63	\$9.00	\$9.38	\$9.75	\$10.13	\$10.50	\$10.88	\$11.25			
30-34	0.095	\$0.95	\$1.43	\$1.90	\$2.38	\$2.85	\$3.33	\$3.80	\$4.28	\$4.75	\$5.23	\$5.70	\$6.18	\$6.65	\$7.13	\$7.60	\$8.08	\$8.55	\$9.03	\$9.50	\$9.98	\$10.45	\$10.93	\$11.40	\$11.88	\$12.35	\$12.83	\$13.30	\$13.78	\$14.25			
35-39	0.125	\$1.25	\$1.88	\$2.50	\$3.13	\$3.75	\$4.38	\$5.00	\$5.63	\$6.25	\$6.88	\$7.50	\$8.13	\$8.75	\$9.38	\$10.00	\$10.63	\$11.25	\$11.88	\$12.50	\$13.13	\$13.75	\$14.38	\$15.00	\$15.63	\$16.25	\$16.88	\$17.50	\$18.13	\$18.75			
40-44	0.165	\$1.65	\$2.48	\$3.30	\$4.13	\$4.95	\$5.78	\$6.60	\$7.43	\$8.25	\$9.08	\$9.90	\$10.73	\$11.55	\$12.38	\$13.20	\$14.03	\$14.85	\$15.68	\$16.50	\$17.33	\$18.15	\$18.98	\$19.80	\$20.63	\$21.45	\$22.28	\$23.10	\$23.93	\$24.75			
45-49	0.215	\$2.15	\$3.23	\$4.30	\$5.38	\$6.45	\$7.53	\$8.60	\$9.68	\$10.75	\$11.83	\$12.90	\$13.98	\$15.05	\$16.13	\$17.20	\$18.28	\$19.35	\$20.43	\$21.50	\$22.58	\$23.65	\$24.73	\$25.80	\$26.88	\$27.95	\$29.03	\$30.10	\$31.18	\$32.25			
50-54	0.325	\$3.25	\$4.88	\$6.50	\$8.13	\$9.75	\$11.38	\$13.00	\$14.63	\$16.25	\$17.88	\$19.50	\$21.13	\$22.75	\$24.38	\$26.00	\$27.63	\$29.25	\$30.88	\$32.50	\$34.13	\$35.75	\$37.38	\$39.00	\$40.63	\$42.25	\$43.88	\$45.50	\$47.13	\$48.75			
55-59	0.495	\$4.95	\$7.43	\$9.90	\$12.38	\$14.85	\$17.33	\$19.80	\$22.28	\$24.75	\$27.23	\$29.70	\$32.18	\$34.65	\$37.13	\$39.60	\$42.08	\$44.55	\$47.03	\$49.50	\$51.98	\$54.45	\$56.93	\$59.40	\$61.88	\$64.35	\$66.83	\$69.30	\$71.78	\$74.25			
60-64	0.735	\$7.35	\$11.03	\$14.70	\$18.38	\$22.05	\$25.73	\$29.40	\$33.08	\$36.75	\$40.43	\$44.10	\$47.78	\$51.45	\$55.13	\$58.80	\$62.48	\$66.15	\$69.83	\$73.50	\$77.18	\$80.85	\$84.53	\$88.20	\$91.88	\$95.55	\$99.23	\$102.90	\$106.58	\$110.25			
65-69	1.365	\$13.65	\$20.48	\$27.30	\$34.13	\$40.95	\$47.78	\$54.60	\$61.43	\$68.25	\$75.08	\$81.90	\$88.73	\$95.55	\$102.38	\$109.20	\$116.03	\$122.85	\$129.68	\$136.50	\$143.33	\$150.15	\$156.98	\$163.80	\$170.63	\$177.45	\$184.28	\$191.10	\$197.93	\$204.75			
70-74	2.195	\$10.98	\$16.46	\$21.95	\$27.44	\$32.93	\$38.41	\$43.90	\$49.39	\$54.88	\$60.36	\$65.85	\$71.34	\$76.83	\$82.31	\$87.80	\$93.29	\$98.78	\$104.26	\$109.75	\$115.24	\$120.73	\$126.21	\$131.70	\$137.19	\$142.68	\$148.16	\$153.65	\$159.14	\$164.63			
75-79	2.915	\$14.58	\$21.86	\$29.15	\$36.44	\$43.73	\$51.01	\$58.30	\$65.59	\$72.88	\$80.16	\$87.45	\$94.74	\$102.03	\$109.31	\$116.60	\$123.89	\$131.18	\$138.46	\$145.75	\$153.04	\$160.33	\$167.61	\$174.90	\$182.19	\$189.48	\$196.76	\$204.05	\$211.34	\$218.63			
80-84	3.815	\$19.08	\$28.61	\$38.15	\$47.69	\$57.23	\$66.76	\$76.30	\$85.84	\$95.38	\$104.91	\$114.45	\$123.99	\$133.53	\$143.06	\$152.60	\$162.14	\$171.68	\$181.21	\$190.75	\$200.29	\$209.83	\$219.36	\$228.90	\$238.44	\$247.98	\$257.51	\$267.05	\$276.59	\$286.13			
85-89	5.015	\$25.08	\$37.61	\$50.15	\$62.69	\$75.23	\$87.76	\$100.30	\$112.84	\$125.38	\$137.91	\$150.45	\$162.99	\$175.53	\$188.06	\$200.60	\$213.14	\$225.68	\$238.21	\$250.75	\$263.29	\$275.83	\$288.36	\$300.90	\$313.44	\$325.98	\$338.51	\$351.05	\$363.59	\$376.13			
90+	7.265	\$36.33	\$54.49	\$72.65	\$90.81	\$108.98	\$127.14	\$145.30	\$163.46	\$181.63	\$199.79	\$217.95	\$236.11	\$254.28	\$272.44	\$290.60	\$308.76	\$326.93	\$345.09	\$363.25	\$381.41	\$399.58	\$417.74	\$435.90	\$454.06	\$472.23	\$490.39	\$508.55	\$526.71	\$544.88			
80-84	3.815	\$19.08	\$28.61	\$38.15	\$47.69	\$57.23	\$66.76	\$76.30	\$85.84	\$95.38	\$104.91	\$114.45	\$123.99	\$133.53	\$143.06	\$152.60	\$162.14	\$171.68	\$181.21	\$190.75	\$200.29	\$209.83	\$219.36	\$228.90	\$238.44	\$247.98	\$257.51	\$267.05	\$276.59	\$286.13			
85-89	5.015	\$25.08	\$37.61	\$50.15	\$62.69	\$75.23	\$87.76	\$100.30	\$112.84	\$125.38	\$137.91	\$150.45	\$162.99	\$175.53	\$188.06	\$200.60	\$213.14	\$225.68	\$238.21	\$250.75	\$263.29	\$275.83	\$288.36	\$300.90	\$313.44	\$325.98	\$338.51	\$351.05	\$363.59	\$376.13			
90+	7.265	\$36.33	\$54.49	\$72.65	\$90.81	\$108.98	\$127.14	\$145.30	\$163.46	\$181.63	\$199.79	\$217.95	\$236.11	\$254.28	\$272.44	\$290.60	\$308.76	\$326.93	\$345.09	\$363.25	\$381.41	\$399.58	\$417.74	\$435.90	\$454.06	\$472.23	\$490.39	\$508.55	\$526.71	\$544.88			

Supplemental Life - Children

Cost / Payroll - 24 Cycles

	Child Or	\$5,000	\$0.25
	Child Or	\$10,000	\$0.50

Ages 70+ benefits reduce by 50% and rates reflect the reduced benefit

Supplemental Life & AD&D - Spouse Cost / Payroll (24 Cycles)																															
Age		\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000	\$105,000	\$110,000	\$115,000	\$120,000	\$125,000	\$130,000	\$135,000	\$140,000	\$145,000	\$150,000	
<24	0.065	\$0.33	\$0.49	\$0.65	\$0.81	\$0.98	\$1.14	\$1.30	\$1.46	\$1.63	\$1.79	\$1.95	\$2.11	\$2.28	\$2.44	\$2.60	\$2.76	\$2.93	\$3.09	\$3.25	\$3.41	\$3.58	\$3.74	\$3.90	\$4.06	\$4.23	\$4.39	\$4.55	\$4.71	\$4.88	
	25-29	0.075	\$0.38	\$0.56	\$0.75	\$0.94	\$1.13	\$1.31	\$1.50	\$1.69	\$1.88	\$2.06	\$2.25	\$2.44	\$2.63	\$2.81	\$3.00	\$3.19	\$3.38	\$3.56	\$3.75	\$3.94	\$4.13	\$4.31	\$4.50	\$4.69	\$4.88	\$5.06	\$5.25	\$5.44	\$5.63
30-34	0.095	\$0.48	\$0.71	\$0.95	\$1.19	\$1.43	\$1.66	\$1.90	\$2.14	\$2.38	\$2.61	\$2.85	\$3.09	\$3.33	\$3.56	\$3.80	\$4.04	\$4.28	\$4.51	\$4.75	\$4.99	\$5.23	\$5.46	\$5.70	\$5.94	\$6.18	\$6.41	\$6.65	\$6.89	\$7.13	
	35-39	0.125	\$0.63	\$0.94	\$1.25	\$1.56	\$1.88	\$2.19	\$2.50	\$2.81	\$3.13	\$3.44	\$3.75	\$4.06	\$4.38	\$4.69	\$5.00	\$5.31	\$5.63	\$5.94	\$6.25	\$6.56	\$6.88	\$7.19	\$7.50	\$7.81	\$8.13	\$8.44	\$8.75	\$9.06	\$9.38
40-44	0.165	\$0.83	\$1.24	\$1.65	\$2.06	\$2.48	\$2.89	\$3.30	\$3.71	\$4.13	\$4.54	\$4.95	\$5.36	\$5.78	\$6.19	\$6.60	\$7.01	\$7.43	\$7.84	\$8.25	\$8.66	\$9.08	\$9.49	\$9.90	\$10.31	\$10.73	\$11.14	\$11.55	\$11.96	\$12.38	
	45-49	0.215	\$1.08	\$1.61	\$2.15	\$2.69	\$3.23	\$3.76	\$4.30	\$4.84	\$5.38	\$5.91	\$6.45	\$6.99	\$7.53	\$8.06	\$8.60	\$9.14	\$9.68	\$10.21	\$10.75	\$11.29	\$11.83	\$12.36	\$12.90	\$13.44	\$13.98	\$14.51	\$15.05	\$15.59	\$16.13
50-54	0.325	\$1.63	\$2.44	\$3.25	\$4.06	\$4.88	\$5.69	\$6.50	\$7.31	\$8.13	\$8.94	\$9.75	\$10.56	\$11.38	\$12.19	\$13.00	\$13.81	\$14.63	\$15.44	\$16.25	\$17.06	\$17.88	\$18.69	\$19.50	\$20.31	\$21.13	\$21.94	\$22.75	\$23.56	\$24.38	
	55-59	0.495	\$2.48	\$3.71	\$4.95	\$6.19	\$7.43	\$8.66	\$9.90	\$11.14	\$12.38	\$13.61	\$14.85	\$16.09	\$17.33	\$18.56	\$19.80	\$21.04	\$22.28	\$23.51	\$24.75	\$25.99	\$27.23	\$28.46	\$29.70	\$30.94	\$32.18	\$33.41	\$34.65	\$35.89	\$37.13
60-64	0.735	\$3.68	\$5.51	\$7.35	\$9.19	\$11.03	\$12.86	\$14.70	\$16.54	\$18.38	\$20.21	\$22.05	\$23.89	\$25.73	\$27.56	\$29.40	\$31.24	\$33.08	\$34.91	\$36.75	\$38.59	\$40.43	\$42.26	\$44.10	\$45.94	\$47.78	\$49.61	\$51.45	\$53.29	\$55.13	
	65-69	1.365	\$6.83	\$10.24	\$13.65	\$17.06	\$20.48	\$23.89	\$27.30	\$30.71	\$34.13	\$37.54	\$40.95	\$44.36	\$47.78	\$51.19	\$54.60	\$58.01	\$61.43	\$64.84	\$68.25	\$71.66	\$75.08	\$78.49	\$81.90	\$85.31	\$88.73	\$92.14	\$95.55	\$98.96	\$102.38
70-74	2.195	\$5.49	\$8.78	\$10.98	\$14.27	\$16.46	\$19.76	\$21.95	\$25.24	\$27.44	\$30.73	\$32.93	\$36.22	\$38.41	\$41.71	\$43.90	\$47.19	\$49.39	\$52.58	\$54.88	\$58.17	\$60.36	\$63.56	\$65.85	\$69.14	\$71.34	\$74.63	\$76.83	\$80.12	\$82.31	
	75-79	2.915	\$7.29	\$11.66	\$14.58	\$18.95	\$21.86	\$26.24	\$29.15	\$33.52	\$36.44	\$40.81	\$43.73	\$48.10	\$51.01	\$55.39	\$58.30	\$62.67	\$65.59	\$69.96	\$72.88	\$77.25	\$80.16	\$84.54	\$87.45	\$91.82	\$94.74	\$99.11	\$102.03	\$106.40	\$109.31
80-84	3.815	\$9.54	\$15.26	\$19.08	\$24.80	\$28.61	\$34.34	\$38.15	\$43.87	\$47.69	\$53.41	\$57.23	\$62.95	\$66.76	\$72.49	\$76.30	\$82.02	\$85.84	\$91.56	\$95.38	\$101.10	\$104.91	\$110.64	\$114.45	\$120.17	\$123.99	\$129.71	\$133.53	\$139.25	\$143.06	
	85-89	5.015	\$12.54	\$20.06	\$25.08	\$32.60	\$37.61	\$45.14	\$50.15	\$57.67	\$62.69	\$70.21	\$75.23	\$82.75	\$87.76	\$95.29	\$100.30	\$107.82	\$112.84	\$120.36	\$125.38	\$132.90	\$137.91	\$145.44	\$150.45	\$157.97	\$162.99	\$170.51	\$175.53	\$183.05	\$188.06
90+	7.265	\$18.16	\$29.06	\$36.33	\$47.22	\$54.49	\$65.39	\$72.65	\$83.55	\$90.81	\$101.71	\$108.98	\$119.87	\$127.14	\$138.04	\$145.30	\$156.20	\$163.46	\$174.36	\$181.63	\$192.52	\$199.79	\$210.69	\$217.95	\$228.85	\$236.11	\$247.01	\$254.28	\$265.17	\$272.44	
	80-84	3.815	\$9.54	\$15.26	\$19.08	\$24.80	\$28.61	\$34.34	\$38.15	\$43.87	\$47.69	\$53.41	\$57.23	\$62.95	\$66.76	\$72.49	\$76.30	\$82.02	\$85.84	\$91.56	\$95.38	\$101.10	\$104.91	\$110.64	\$114.45	\$120.17	\$123.99	\$129.71	\$133.53	\$139.25	\$143.06
85-89	5.015	\$12.54	\$20.06	\$25.08	\$32.60	\$37.61	\$45.14	\$50.15	\$57.67	\$62.69	\$70.21	\$75.23	\$82.75	\$87.76	\$95.29	\$100.30	\$107.82	\$112.84	\$120.36	\$125.38	\$132.90	\$137.91	\$145.44	\$150.45	\$157.97	\$162.99	\$170.51	\$175.53	\$183.05	\$188.06	
	90+	7.265	\$18.16	\$29.06	\$36.33	\$47.22	\$54.49	\$65.39	\$72.65	\$83.55	\$90.81	\$101.71	\$108.98	\$119.87	\$127.14	\$138.04	\$145.30	\$156.20	\$163.46	\$174.36	\$181.63	\$192.52	\$199.79	\$210.69	\$217.95	\$228.85	\$236.11	\$247.01	\$254.28	\$265.17	\$272.44

Ages 70+ benefits reduce by 50% and rates reflect the reduced benefit - Spouse Cannot Exceed 50% of the Employee Election

Life and AD&D Benefit Details

- Age Reductions:
 - Voluntary Plan and Supplemental Plan
 - Benefit amount(s) reduce to 50% of original coverage at age 70
- Payroll deductions will be adjusted to pay premium based on the new benefit amount(s)
- Portability: you may apply to continue your Basic, Voluntary, and Supplemental coverage when you leave your position with STPSB, and pay premiums to the insurance company directly
- Accidental Death & Dismemberment (AD&D) coverage terminates at age 70



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbsla.com or call 1-800-495-2583. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-800-363-9150 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	EPO Providers: \$600 individual or \$1,200 family; <u>network providers</u> \$800 individual or \$1,600 family; for out-of-network providers \$800 individual or \$1,600 family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. <u>Preventive Care</u> and Wellness are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the Common Medical Events chart for other costs for services this <u>plan</u> covers.
What is the out-of-pocket limit for this plan?	EPO Providers: \$2,500 individual or \$5,000 family; <u>network providers</u> \$2,750 individual or \$5,500 family; for <u>out-of-network providers</u> \$2,750 individual or \$5,500 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>Balance Billing</u> Charges, and Health Care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.bcbsla.com or call 1-800-495-2583 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.

Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .
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 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Employer Preferred Option Provider (You will pay the least)	Network Provider	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$25 <u>Copayment</u>	\$30 <u>Copayment</u>	30% <u>Coinsurance</u> after deductible	None
	<u>Specialist</u> visit	\$35 <u>Copayment</u>	\$45 <u>Copayment</u>	30% <u>Coinsurance</u> after deductible	None
	<u>Other practitioner office visit</u>	\$35 <u>Copayment</u>	\$45 <u>Copayment</u>	30% <u>Coinsurance</u> after deductible	None
	<u>Preventive care/screening/immunization</u>	No Cost	No Cost	30% <u>Coinsurance</u> after deductible	None
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	10% <u>Coinsurance</u> after deductible	10% <u>Coinsurance</u> after deductible	30% <u>Coinsurance</u> after deductible	X-Rays, Lab Tests and Machine Tests performed within the office, clinic, or independent lab of a Network Provider that is subject to the Office Visit Copayment are covered at 100%.
	Imaging (CT/PET scans, MRIs)	10% <u>Coinsurance</u> after deductible	10% <u>Coinsurance</u> after deductible	30% <u>Coinsurance</u> after deductible	Must obtain authorization.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Employer Preferred Option Provider (You will pay the least)	Network Provider	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available by calling <u>1-800-334-8134</u> .	Tier 1	\$15 <u>Copayment</u> retail; \$30 <u>Copayment</u> mail order	\$15 <u>Copayment</u> retail; \$30 <u>Copayment</u> mail order	N/A	Retail: 34-day supply Mail Order: 90-day supply Maximum out of pocket amounts for prescription drugs are: \$5,150 Per Person/\$10,300 Per Family; Per Calendar Year.
	Tier 2	\$40 <u>Copayment</u> Retail; \$80 <u>Copayment</u> mail order	\$40 <u>Copayment</u> Retail; \$80 <u>Copayment</u> mail order	N/A	Retail: 34-day supply Mail Order: 90-day supply Maximum out of pocket amounts for prescription drugs are: \$5,150 Per Person/\$10,300 Per Family; Per Calendar Year.
	Tier 3	\$60 <u>Copayment</u> retail; \$120 <u>Copayment</u> mail order	\$60 <u>Copayment</u> retail; \$120 <u>Copayment</u> mail order	N/A	Retail: 34-day supply Mail Order: 90-day supply Maximum out of pocket amounts for prescription drugs are: \$5,150 Per Person/\$10,300 Per Family; Per Calendar Year.
	Tier 4	\$75 <u>Copayment</u> Retail; \$150 <u>Copayment</u> mail order	\$75 <u>Copayment</u> Retail; \$150 <u>Copayment</u> mail order	N/A	Retail: 34-day supply Mail Order: 90-day supply Maximum out of pocket amounts for prescription drugs are: \$5,150 Per Person/\$10,300 Per Family; Per Calendar Year. Specialty medications are limited to 30-day supply and must be ordered from the specialty pharmacy designated by this plan at 1-800-803-2523. Specialty medications require prior authorization and quantity limits or step therapy may apply.
	Facility fee (e.g., ambulatory surgery center)	10% <u>Coinsurance</u> after <u>deductible</u>	10% <u>Coinsurance</u> after <u>deductible</u>	30% <u>Coinsurance</u> after <u>deductible</u>	None
If you have outpatient surgery	Physician/surgeon fees	10% <u>Coinsurance</u>	10% <u>Coinsurance</u>	30% <u>Coinsurance</u>	None

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Employer Preferred Option Provider (You will pay the least)	Network Provider	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention		after deductible	after deductible	after deductible	
	<u>Emergency room care</u>	10% <u>Coinsurance</u> after deductible	10% <u>Coinsurance</u> after deductible	10% <u>Coinsurance</u> after deductible	None
	<u>Emergency medical transportation</u>	Ground & Air: 10% <u>Coinsurance</u> after deductible	Ground & Air: 10% <u>Coinsurance</u> after deductible	Ground & Air: 10% <u>Coinsurance</u> after deductible	None
	<u>Urgent care</u>	\$40 <u>Copayment</u>	\$50 <u>Copayment</u>	30% <u>Coinsurance</u> after deductible	None
If you have a hospital stay	Facility fee (e.g., hospital room)	10% <u>Coinsurance</u> after deductible	10% <u>Coinsurance</u> after deductible	30% <u>Coinsurance</u> after deductible	Must obtain authorization. Failure to do so will result in a \$500 penalty and no benefit if not medically necessary.
	Physician/surgeon fees	10% <u>Coinsurance</u> after deductible	10% <u>Coinsurance</u> after deductible	30% <u>Coinsurance</u> after deductible	None

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Employer Preferred Option Provider (You will pay the least)	Network Provider	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Mental/Behavioral outpatient services	Office Visits: \$35 <u>Copayment</u> ; All Other Services: 0% <u>Coinsurance</u> ; deductible waived	Office Visits: \$45 <u>Copayment</u> All Other Services: 0% <u>Coinsurance</u> ; deductible waived	30% <u>Coinsurance</u> after deductible	Authorization may be required.
	Mental/Behavioral inpatient services	10% <u>Coinsurance</u> after deductible	10% <u>Coinsurance</u> after deductible	30% <u>Coinsurance</u> after deductible	Must obtain authorization. Failure to do so will result in a \$500 penalty and no benefit if not medically necessary.
	Substance use disorder outpatient services	Office Visits: \$35 <u>Copayment</u> ; All Other Services: 0% <u>Coinsurance</u> ; deductible waived	Office Visits: \$45 <u>Copayment</u> All Other Services: 0% <u>Coinsurance</u> ; deductible waived	30% <u>Coinsurance</u> after deductible	Authorization may be required.
	Substance use disorder inpatient services	10% <u>Coinsurance</u> after deductible	10% <u>Coinsurance</u> after deductible	30% <u>Coinsurance</u> after deductible	Must obtain authorization. Failure to do so will result in a \$500 penalty and no benefit if not medically necessary.
If you are pregnant	Office visits	Initial Visit: \$35 <u>Copayment</u> All Other Services: 10% <u>Coinsurance</u> after deductible	Initial Visit: \$45 <u>Copayment</u> All Other Services: 10% <u>Coinsurance</u> after deductible	30% <u>Coinsurance</u> after deductible	Dependent maternity is not covered under this Benefit Plan.
	Childbirth/delivery professional services	10% <u>Coinsurance</u> after deductible	10% <u>Coinsurance</u> after deductible	30% <u>Coinsurance</u> after deductible	Authorization required if the mother's length of stay exceeds 48 hours following a vaginal delivery or 96 hours following a caesarean section.
	Childbirth/delivery facility services	10% <u>Coinsurance</u> after deductible	10% <u>Coinsurance</u> after deductible	30% <u>Coinsurance</u> after deductible	
If you need help recovering or have	Home health care	10% <u>Coinsurance</u> after deductible	10% <u>Coinsurance</u> after deductible	30% <u>Coinsurance</u> after deductible	Must obtain authorization.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Employer Preferred Option Provider (You will pay the least)	Network Provider	Out-of-Network Provider (You will pay the most)	
other special health needs	<u>Rehabilitation services</u>	10% Coinsurance after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible	None
	<u>Habilitation services</u>	10% Coinsurance after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible	None
	<u>Skilled nursing care</u>	10% Coinsurance after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible	Must obtain authorization.
	<u>Durable medical equipment</u>	10% Coinsurance after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible	Must obtain authorization (DME greater than \$1,000).
	<u>Hospice services</u>	10% Coinsurance after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible	Must obtain authorization.
If your child needs dental or eye care	Children's eye exam	\$25 Copayment	\$30 Copayment	Not Covered	Limited to one (1) routine eye exam.
	Children's glasses	Not Covered	Not Covered	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered	Not Covered	Not Covered

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)	
<ul style="list-style-type: none"> Bariatric Surgery Cosmetic Surgery Dental Care 	<ul style="list-style-type: none"> Hearing Aids (Adult) Infertility Treatment Long-Term Care Routine Foot Care Weight Loss Programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	
<ul style="list-style-type: none"> Acupuncture Chiropractic Care 	<ul style="list-style-type: none"> Non-emergency care when traveling outside the United States Private-Duty Nursing (Inpatient) Routine Eye Care

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or Louisiana Department of Insurance, Office of Consumer Services, P.O. Box 94214, Baton Rouge La 70804-9214 or call 1-800-259-5300. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.Healthcare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or Louisiana Department of Insurance, Office of Consumer Services, P.O. Box 94214, Baton Rouge La 70804-9214 or call 1-800-259-5300.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-495-2583
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-495-2583
Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-495-2583
Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-495-2583

_____To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$800
- Specialist copayment \$45
- Hospital (facility) coinsurance 10%
- Other coinsurance 10%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$800
Copayments	\$60
Coinsurance	\$920
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$1,840

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$800
- Specialist copayment \$45
- Hospital (facility) coinsurance 10%
- Other coinsurance 10%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$140
Copayments	\$1,520
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Joe would pay is	\$1,720

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$800
- Specialist copayment \$45
- Hospital (facility) coinsurance 10%
- Other coinsurance 10%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$800
Copayments	\$100
Coinsurance	\$160
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,060



Blue Cross and Blue Shield of Louisiana
HMO Louisiana
Southern National Life

Nondiscrimination Notice

Discrimination is Against the Law

Blue Cross and Blue Shield of Louisiana and its subsidiaries, HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc., does not exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex in its health programs or activities.

Blue Cross and Blue Shield of Louisiana and its subsidiaries:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (audio, accessible electronic formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, you can call the Customer Service number on the back of your ID card or email **MeaningfulAccessLanguageTranslation@bcbsla.com**. If you are hearing impaired call 1-800-711-5519 (TTY 711).

If you believe that Blue Cross, one of its subsidiaries or your employer-insured health plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you have the right to take the following steps;

1. If you are fully insured through Blue Cross, file a grievance with Blue Cross by mail, fax, or email.

Section 1557 Coordinator
P. O. Box 98012
Baton Rouge, LA 70898-9012
225-298-7238 or 1-800-711-5519 (TTY 711)
Fax: 225-298-7240
Email: Section1557Coordinator@bcbsla.com

2. If your employer owns your health plan and Blue Cross administers the plan, contact your employer or your company's Human Resources Department. To determine if your plan is fully insured by Blue Cross or owned by your employer, go to www.bcbsla.com/checkmyplan.

Whether Blue Cross or your employer owns your plan, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Or

Electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

NOTICE

Free language services are available. If needed, please call the Customer Service number on the back of your ID card. Hearing-impaired customers call 1-800-711-5519 (TTY 711).

Tiene a su disposición servicios lingüísticos gratuitos. De necesitarlos, por favor, llame al número del Servicio de Atención al Cliente que aparece en el reverso de su tarjeta de identificación. Clientes con dificultades auditivas, llamen al 1-800-711-5519 (TTY 711).

Des services linguistiques gratuits sont disponibles. Si nécessaire, veuillez appeler le numéro du Service clientèle figurant au verso de votre carte d'identification. Si vous souffrez d'une déficience auditive, veuillez appeler le 1-800-711-5519 (TTY 711).

Có dịch vụ thông dịch miễn phí. Nếu cần, xin vui lòng gọi cho Phục Vụ Khách Hàng theo số ở mặt sau thẻ ID của quý vị. Khách hàng nào bị suy giảm thính lực hãy gọi số 1-800-711-5519 (TTY 711).

我们为您提供免费的语言服务。如有需要，请致电您 ID 卡背面的客户服务号码。听障客户请拨打 1-800-711-5519 (TTY 711)。

الخدمات اللغوية متاحة مجاناً. يرجى، إذا اقتضى الأمر، الاتصال برقم خدمة العملاء المدون على ظهر بطاقة التعريف الخاصة بك. إذا كنت تعاني من إعاقة في السمع، فيرجى الاتصال بالرقم 1-800-711-5519 (TTY 711).

Magagamit ang mga libreng serbisyo sa wika. Kung kinakailangan, pakitawagan ang numero ng Customer Service sa likod ng iyong ID kard. Para sa mga may kapansanan sa pandinig tumawag sa 1-800-711-5519 (TTY 711).

무료 언어 서비스를 이용하실 수 있습니다. 필요한 경우 귀하의 ID 카드 뒤에 기재되어 있는 고객 서비스 번호로 연락하시기 바랍니다. 청각 장애가 있는 분은 1-800-711-5519 (TTY 711)로 연락하십시오.

Oferecemos serviços linguísticos grátis. Caso necessário, ligue para o número de Atendimento ao Cliente indicado no verso de seu cartão de identificação. Caso tenha uma deficiência auditiva, ligue para 1-800-711-5519 (TTY 711).

ພວກເຮົາມີບໍລິການແປພາສາໃຫ້ທ່ານຟຣີ. ຖ້າທ່ານຕ້ອງການບໍລິການນັ້ນ, ກະລຸນາໂທຫາພະແນກບໍລິການລູກຄ້າຕາມເບີໂທທີ່ຢູ່ທາງຫຼັງຂອງບັດປະຈຳຕົວຂອງທ່ານ. ຖ້າທ່ານໝູ່ບໍ່ດີ, ຂໍໃຫ້ໂທເບີ 1-800-711-5519 (TTY 711).

無料の言語サービスをご利用頂けます。あなたのIDカードの裏面に記載されているサポートセンターの電話番号までご連絡ください。聴覚障害がある場合は、1-800-711-5519 (TTY 711)までご連絡ください。

زبان سے متعلق مفت خدمات دستیاب ہیں۔ اگر ضرورت ہو تو، براہ کرم اپنے آئی ڈی کارڈ کی پشت پر موجود کسٹمر سروس نمبر پر کال کریں۔
سمعی نقص والے کسٹمرز 1-800-711-5519 (TTY 711) پر کال کریں۔

Kostenlose Sprachdienste stehen zur Verfügung. Falls Sie diese benötigen, rufen Sie bitte die Kundendienstnummer auf der Rückseite Ihrer ID-Karte an. Hörbehinderte Kunden rufen bitte unter der Nummer 1-800-711-5519 (TTY 711) an.

خدمات رایگان زبان در دسترس است. در صورت نیاز، لطفاً با شماره خدمات مشتریان که در پشت کارت شناسایی تان درج شده تماس بگیرید.
مشتریانی که مشکل شنوایی دارند با شماره 1-800-711-5519 (TTY 711) تماس بگیرند.

Предлагаются бесплатные переводческие услуги. При необходимости, пожалуйста, позвоните по номеру Отдела обслуживания клиентов, указанному на оборотной стороне Вашей идентификационной карты. Клиенты с нарушениями слуха могут позвонить по номеру 1-800-711-5519 (Телефон с текстовым выходом: 711).

มีบริการด้านภาษาให้ใช้ได้ฟรี หากต้องการ โปรดโทรศัพท์ติดต่อฝ่ายการบริการลูกค้าตามหมายเลขที่อยู่ด้านหลังบัตรประจำตัวประชาชนของท่าน
สำหรับลูกค้าที่มีปัญหาทางการได้ยิน โปรดโทรศัพท์ไปที่หมายเลข 1-800-711-5519 (TTY 711)

Who is RxBenefits?

We are your Pharmacy Benefits Optimizer. We have partnered with Express Scripts (ESI) to bring you greater discounts, better access, and improved member services.

RxBenefits® Member Services

Our Member Services representatives have access to the same system utilized by Express Scripts (ESI) and are equipped to help you, your physician, and your pharmacy with questions such as:

- "What medications are covered under my plan?"
- "Where is the closest in-network pharmacy?"
- "My claim had an issue at the pharmacy, what do I do?"
- "What are the next steps if my medication is requiring a prior authorization?"
- "How can I sign up for mail order?"

No matter what the issue or need, members can always expect RxBenefits to:

- **Act with urgency**
- **Remain responsive to change**
- **Follow all issues to Resolution**

Contact the RxBenefits Member Services Team at **1.800.334.8134** or **RxHelp@rxbenefits.com**

RxBenefits Member Services Team members are available from **7:00 am to 8:00 PM CST, Monday – Friday**. On weekends, after hours, and on holidays, members are given the option to speak with a Express Scripts (ESI) representative or leave a message for the RxBenefits Member Services Team to return their call.



RxBenefits, Inc.
advocacy. expertise. service.

P.O. Box 382377
Birmingham, AL 35238-2377

800.334.8134
RXBENEFITS.COM

St. Tammany Parish School Board is pleased to provide you with pharmacy benefit services via Express Scripts administered by RxBenefits, Inc. There are more than 60,000 pharmacies in the Express Scripts network. As part of your new pharmacy benefits you will receive:

ID Cards: Your pharmacy ID card will be sent by Express Scripts. Please be on the lookout for this mailing and begin using your new card when filling your prescriptions on or after **your coverage effective date**. Make sure your pharmacy has your new information. If you need to fill a script prior to receiving your Express Scripts ID card, below is the information your pharmacy needs in addition to your identification number or social security number:

RXBIN: 610014
RXPCN: A4
RXGRP: PBITAMM
Issuer: Express Scripts
Pharmacy Member Services: 1-800-334-8134
Pharmacist Helpdesk: 1-800-922-1557

Summary of Benefits: A summary of your benefits is provided in this packet for your information.

Preferred Drug List: You can access a copy of the most current Preferred Drug List at [Express-Scripts.com](https://www.express-scripts.com) or by contacting our Member Services Department at 1-800-334-8134. Your medications may not be in the same tier level under Express Scripts as they were under your prior plan, so please review the Preferred Drug List since it may provide lower cost alternatives for your medications. Also, discussing generics with your physician could save you money.

Drug Exclusion List: You can access a copy of the most current Drug Exclusion List at [Express-Scripts.com](https://www.express-scripts.com) or by contacting our Member Services Department at 1-800-334-8134. If you find that your medication is an excluded medication, you will need to speak with your physician to discuss other covered alternatives.

Maintenance Medication Coverage: In addition to local retail access for maintenance medications, your employer offers the additional benefit of Mail Order. Maintenance drugs can be ordered through Express Script's mail order pharmacy and delivered to your home. Maintenance medications are those that you take for ongoing medical conditions like diabetes, high blood pressure and asthma. Mail Order allows you to enjoy benefits such as:

- 📦 Home delivery with free standard shipping for up to a 90-day supply of medication
- 📦 Confidential, tamper-resistant and temperature-controlled packaging of your prescriptions
- 📦 Conveniently order prescription refills by Internet or phone anytime
- 📦 A registered pharmacist is available 24/7 to answer any questions or concerns you may have

Getting started with the Express Scripts Mail Order Pharmacy is easy: simply have your physician write a new prescription for each maintenance medication for a 90 day supply with up to three refills, complete

If you have any questions about your new pharmacy ID cards or prescription benefits please contact Member Services at 1-800-334-8134



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Birmingham, AL 35238-2377

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an Express Scripts mail order form (available at [Express-Scripts.com](https://www.express-scripts.com) or by contacting our Member Services Department at 1-800-334-8134) and mail the prescription(s) and order form to the Express Scripts Mail Order Pharmacy. Please note that new or initial orders do take 10-14 business days to process so you will need to have a 2-week supply of medication on hand when mailing a new order to the Mail Order Pharmacy. If you have a current and active prescription on file after **<Go Live Date>**, this will transfer to your new account under Express Scripts administered by RxBenefits.

Express-Scripts.com: On or after your effective date, you can register online at [Express-Scripts.com](https://www.express-scripts.com). As a registered member, you'll have a powerful tool to help you lower your prescription costs and save time. You can take a quick tour of the website to understand how to use it before you register.

Express Scripts Mobile App: With the Express Scripts mobile app, managing your medication is a snap! You can view orders, access your ID card, check drug interactions or even find the closest retail pharmacy in seconds. Make sure to download the Express Scripts mobile app for FREE today!

We look forward to assisting you with your pharmacy plan, so please let us know if we can be of service. Our Member Services Department can be reached at 1-800-334-8134 from 7:00 am CST until 8:00 pm CST Monday through Friday. After hours and on weekends you can either leave a message for us to call you back, or select the option to transfer directly to Express Scripts.

**If you have any questions about your new pharmacy ID cards or prescription benefits please
contact Member Services at 1-800-334-8134**

Prescription Drug Card Program

St. Tammany Parish School Board

Effective January 1, 2023

	<u>34 Day Supply Retail</u>	<u>90 Day Supply Mail</u>
Generic Drugs/Tier 1	\$15	\$ 30
Preferred Brand/Tier 2	\$40	\$ 80
Non-Preferred Brand/Tier 3	\$60	\$120
Multi-Source Brand	\$75	\$150

Maximum Out of Pocket (MOOP): \$5,150 single/\$10,300 family

The calendar year MOOP applies to pharmacy. Each individual family member must meet the single MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%.

Specialty medications must be ordered from Express Scripts/Medco at 1-800-803-2523 and may require prior authorization.

Some specialty medications may qualify for third party copayment assistance programs which could lower your out of pocket costs for those products. For any such specialty medication where third party copayment assistance is used, the Member shall not receive credit toward their maximum Out-of-Pocket or Deductible for any Copayment or Coinsurance amounts that are applied by a manufacturer coupon or rebate.

Preferred Step Therapy: Your employer has implemented step therapy that promotes the use of generic medications first before non-preferred brand medications. If you choose to use certain non-preferred brand- name drugs before trying a generic medication or a preferred brand medication, your prescription may not be covered and you may need to pay the full cost. See the below list.

HDCR (High Dollar Claim): Medication costs exceeding \$1,000 per 30-day supply and \$3,000 per 90-day supply require prior authorization. Please have physician contact RxBenefits at 1-888-608-8851.

LCV (Low Clinical Value): Formulary Exclusion List including low clinical value drugs, me too drugs, new to market drugs and non-essential drugs are excluded from the plan.

DRUGS COVERED*

- Legend Drugs (drugs that require a prescription) Exceptions: See Exclusion list below.
- Compound medications of which at least one ingredient is a legend drug at a participating pharmacy. Certain compound medications require a prior authorization and all compounded medications equal to or exceeding \$300 per script will require prior authorization.
- ADD/ADHD medications
- Acne agents (Accutane, Retin-A, etc.) - Prior Authorization required over age 35
- Biologicals/Immunization Agents (Zostavax & Gardasil)
- Contraceptives
- Diabetic Care: agents/strips for testing, disposable insulin needles/syringes and lancets**

DRUGS COVERED* (continued)

- Growth Hormones
- Hair Growth Stimulants
- Impotence Agents - Quantity Limits apply
- Narcolepsy (Provigil, Nuvigil, etc.) – Prior Authorization required
- Androgens & Anabolic Steroids – Prior Authorization required
- Influenza Treatments - Quantity Limits apply
- Insulin/Insulin pre-filled syringes
- Migraine Medications – Quantity Limits apply
- Fentanyl and Stadol NS – Quantity Limits apply
- Smoking Cessation - Quantity Limits apply
- Prenatal and fluoride vitamins
- Glumetza/Fortamet and Zegerid – Prior Authorization required
- Medication costs exceeding \$1,000 per 30 day supply and \$3,000 per 90 day supply. These medications require clinical prior authorization. Please have physician contact RxBenefits at 1-888-608-8851.

EXCLUSIONS*

- Anti-obesity/Appetite suppression medications
- Compounded prescriptions that use ingredients such as bulk chemicals and powders
- Cosmetic agents (Anti-wrinkle agents)
- Fertility medications
- OTC products
- Nutritional Supplements
- Formulary Exclusion List including low clinical value drugs, me too drugs, new to market drugs and non- essential drugs.
- Therapeutic devices or appliances unless listed as a covered product
- New to market drugs, including line extensions and new strengths until clinically reviewed
- Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
- Patient assistance programs may not apply to deductible and out of pocket accumulations.

****This is not an inclusive list but is a representation of the most commonly used medications. Contact Member Services for specific drug coverage information.***

**** No co-pay for diabetic supplies but co-pay does apply for insulin**

Your employer's plan is subject to the Affordable Care Act (ACA) which requires the coverage of a number of preventive items and services at 100% and ensures these items and services are not subject to deductibles or other limitations such as annual caps or limits. You can contact Member Services if you have specific drug questions or register at www.Express-Scripts.com to check drug costs and coverage.

Preferred Step Therapy (PDST) targets drugs that are highly interchangeable and have a lower-cost generic or brand. Before certain brand-name drugs are covered, it is necessary to try a generic drug first.



Drug Category	Targeted Drug(s)	Preferred Drug(s)	Rule Description
Hypnotic Agents	Lunesta, Rozerem, Edluar, Intermezzo, Silenor, Zolpimist	all generics available	PDST (Hypnotic Generic)
Intranasal Steroids	Rhinocort, Beconase AQ, Dymista, Veramyst, Omnisar, Zetonna	flunisolide, fluticasone nasal spray, Nasonex, triamcinolone	PDST (Intranasal Steroids Brand - 1)
Osteoporosis	Actonel, Actonel w/ Ca, Atelvia, Fosamax D	alendronate, ibandronate	PDST (Osteo)
Proton Pump Inhibitors	Aciphex, Prevacid, Dexilant, Zegerid, Prilosec Suspension (Packets), lansoprazole, omeprazole/sodium bicarb, Protonix suspension	omeprazole, pantoprazole, Nexium	PDST (PPI Standard)
Migraine Agents	Axert, Frova, Treximet, Zomig/ZMT	naratriptan, sumatriptan, Maxalt/MLT, Relpax	PDST (Triptan - Two Brand)
Glaucoma	Travatan Z, Zioptan	latanoprost, Lumigan	PDST (Glaucoma)
Insulin	Novolin N, Novolin R, Novolin 70/30	Humulin N, Humulin R, Humulin 70/30	PDST (Insulin)
Hypertension (ARB-Standard)	Atacand, Atacand HCT, Benicar, Benicar HCT, Teveten 400mg, Teveten HCT, Edarbi, Ederbyclor	losartan/HCTZ, Diovan/HCT, irbesartan/irbesartan HCTZ, Micardis/HCT	PDST (ARBs - 1)

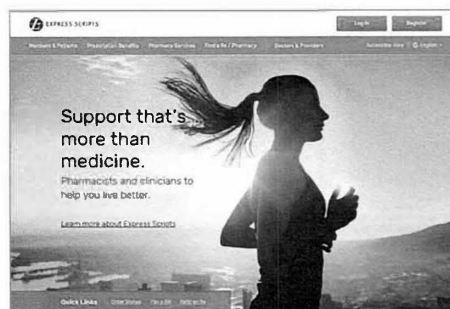
Confidential and Proprietary Information
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Getting Started with Home Delivery from the Express Scripts PharmacySM

Online access to savings and convenience

Whether you are viewing the member website or using the Express ScriptsTM mobile app¹, you can easily manage your home delivery prescriptions:

- Check order status
- Refill and renew prescriptions
- Check prices and coverage
- Find convenient pharmacies
- View your Rx claims and balances
- Pay your balance using a variety of payment options
- View our therapeutic resource centers for information
- And much more



To access the member website ...

Log in to **express-scripts.com** (Register if it is your first visit. Just have your member ID or SSN handy.)

If you have a **NEW** prescription ...

Get started by contacting your doctor to request a 90-day prescription that he or she can ePrescribe directly to Express Scripts

Or print a form by selecting "Forms" or "Forms & Cards" from the menu under "Benefits," print a mail order form and follow the mailing instructions.

Or call us and we'll contact your doctor for you.

Please allow 10 to 14 days for your first prescription order to be shipped.

Forms & cards

To mail in a prescription your doctor has already written:

- 1 Print a mail order form by clicking [here](#)
- 2 Mail your prescription(s) along with completed form to the address provided on the mail order form

If you already have a prescription ...

Check Order Status online or using our app to view details and track shipping.

Transfer retail prescriptions to home delivery. Just click **Add to Cart** for eligible prescriptions and check out. We'll contact your provider on your behalf and take care of the rest. Check **Order Status** to track your order.

Recent Order Status

[Go to full order status](#)

Toprol XL 200 mg tablet 200 mg, brand View details	Rx #: 123-	Chris	Address Verification Required
Harvoni 90-400 mg tablet 90 mg - 400 mg, brand View details	Accredo Rx #: 297-44	Shipped on XX/XX/XXXX View details	

Prescriptions You Can Order Today

[Find a prescription not listed below](#) [View Rx Authorization](#)

Chris		
Omeprazole dr 10 mg capsule 10 mg, generic View details	Rx #: 123 90-day supply 2 refills remaining	Refill past due You may be running low on this medication <input checked="" type="checkbox"/> Prescription in cart

Refill and Renew Prescriptions for yourself and your family while online or while using our app. Just click **Add to Cart** for eligible prescriptions and check out. We'll contact your provider on your behalf, if renewals are included, and take care of the rest.

¹ You can search for "Express Scripts" in your app store and download it for free. Then register, if first visit, or log in.

Registering with Express Scripts

Online access to savings and convenience

Manage your medicines anywhere, any time with express-scripts.com and the Express Scripts® mobile app

Register now so you can experience:

- **More savings.**
Compare prices of medicines at multiple pharmacies. Get free standard shipping¹ from the Express Scripts PharmacySM.
- **More convenience.**
Get up to 90-day supplies of your long-term medicine sent to your home. Order refills, check order status, and track shipments. Print forms and ID cards, if needed.
- **More confidence.**
Talk with a pharmacist from the privacy of your home any time, from anywhere. Find the latest information on your medicine, including possible side effects and interactions.
- **More flexibility.**
Download the Express Scripts mobile app to manage your medicines, find nearby pharmacies and get directions, and use your virtual ID card while on the go.

Get Started Today!

Registering is safe and simple. Your information is secure and confidential. Please have your member ID number or SSN available.

- Go to express-scripts.com and select **Register**, or download the **Express Scripts mobile app** for free from your mobile device's app store and select **Register**.
- Complete the information requested, including personal information and member ID number or Social Security number (SSN). Create your username and password, along with security information in case you ever forget your password.
- Click **Register now** and you're registered.
- To set preferences,² select **Communication Preferences** from the menu under **Account**, then scroll to **Communication** and **Viewing Preferences**. Click **Edit preferences**. Preferences can only be selected via the member website.

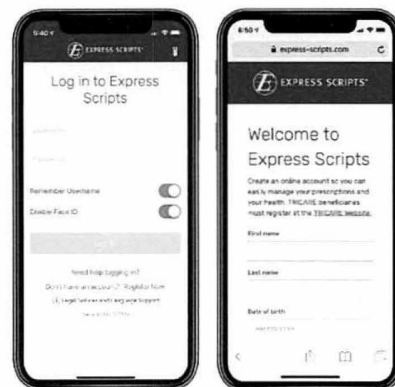
Members who have **touch or facial ID authentication** on their mobile devices can enable it to log in to their Express Scripts account on the mobile app, if desired.

¹ Standard shipping costs are included as part of your prescription plan benefit.

² Preferences include the option to share your prescription information with other adult members of your household (aged 18+) covered under your prescription drug plan.

- All covered adults (aged 18+) in the household need to register separately.
- When you grant permission to share your prescription information with other registered household members, they can view your information, place orders on your behalf and more.

The Express Scripts mobile app is available for iPhone®, iPad®, and Android™ mobile devices.

NEW HIRE BENEFITS ENROLLMENT INFORMATION



Congratulations on your position with St. Tammany Parish School Board.

You have 30 days from your actively-at-work date to make benefit elections.

FIRST FINANCIAL IS PREPARED TO SERVE!

No matter your current situation, we want to make sure you are able to enroll in your benefits during your new hire eligibility window.

Visit <http://benefits.ffga.com/sttammanyparishschoolboard>
to view new hire video and all available benefits.

Once you have reviewed all benefits available to you and you are ready to enroll, please call our Louisiana Branch Office at 985-893-5519.



Louisiana Branch Office
410 N. Jefferson Ave
Covington, LA 70433
covington@ffga.com
985-893-5519

Voluntary Benefit Enrollment

First Financial Group of America

As a benefit eligible employee, you are offered benefits with limited to no health questions. If you are interested in enrolling in any of the following Voluntary benefits, please view the link listed below. The link has explanations and rates of all benefits offered.

Benefits Available at Enrollment:

- **Texas Life** - Life Insurance (no blood test or medical exam)
- **American Fidelity** - Short Term Disability Insurance (Pays Benefits for Maternity Leave) and Long-Term Disability Insurance
- **Guardian** - Cancer and Specified Disease Insurance
- **Allstate** - Critical Illness
- **Humana** - Dental
- **Humana** -Vision
- **American Fidelity** -Accident
- **Combined** - Life/Long Term Care
- **American United Life** - Supplemental Retirement Plans 457 DC / 403b

The website to access any of the individual plan information is:

<http://benefits.ffga.com/sttammanyparishschoolboard>



Group Term Life Insurance

Benefits at a Glance

Convenient, employer-provided life insurance, offering financial protection for your loved ones.

For the employees of:

St. Tammany Parish School Board



What is Group Term Life Insurance?

Group Term Life Insurance is offered through your employer and pays a benefit to your beneficiary if you pass away during a specific period of time (known as a “term”). The term of this coverage is generally one year, renewing on an annual basis with your other employer-offered benefits. Your employer offers Basic Life Insurance and Accidental Death and Dismemberment Insurance, which is the amount they provide at no cost to you. You also have the option to elect additional coverage called Supplemental Life Insurance.

What is Accidental Death and Dismemberment (AD&D) Insurance?

AD&D Insurance pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. This coverage is part of the Group Term Life Insurance offered through your employer.

How can life insurance help?

Below are a few examples of how your life insurance benefit could be used (coverage amounts may vary):

- Pay off any remaining medical bills, funeral costs and debts
- Provide ongoing financial support to your family
- Keep your family in your home by paying off the mortgage
- Fund your children’s education

Who is eligible for life insurance?

- You— eligible active employees
- Your spouse*—if your spouse is covered under the policy as an employee, then your spouse is not eligible for coverage under the spouse rider/benefit. You must be enrolled in Supplemental Life coverage on yourself in order to elect coverage on your spouse/child.
- Your children—to age 26. The definition of child includes a child age 26 or older who is incapable of self-sustaining employment due to physical or intellectual disability. You must be enrolled in Supplemental Life coverage on yourself in order to elect coverage on your spouse/child.

**The use of “spouse” in this document means a person insured as a spouse as described in the certificate of insurance or rider. Please contact your employer for more information.*

What amount of coverage am I eligible for?

- For you
 - o St. Tammany Parish School Board provides you with Basic Life Insurance and Basic AD&D Insurance of \$5,000. There is no cost to you for this insurance.
 - o You may elect **Supplemental Life and AD&D Insurance** in the increments below. 50% of premiums are paid for by your employer.
 - Option 1: \$25,000
 - Option 2: \$35,000
 - Option 3: \$45,000
 - o You may elect **Additional Supplemental Life and AD&D Insurance** coverage of \$20,000 up to \$300,000, in \$10,000 increments.
 - 100% of premiums are paid for by you.
 - You may elect up to \$150,000 without evidence of insurability.

- For your spouse*
 - o Eligible employees may elect **Additional Spouse Supplemental Life Insurance** coverage of \$10,000 up to \$150,000, in \$5,000 increments.
 - Spouse coverage cannot exceed 50% of the employee's coverage.
 - You may elect up to \$30,000 without evidence of insurability.
- For your children**
 - o Eligible employees may elect **Additional Child Supplemental Life Insurance** of:
 - Option 1: \$5,000
 - Option 2: \$10,000

**The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. Please contact your employer for more information.*

*** The use of "child or children coverage" refers to all covered children.*

What does my life insurance include?

The benefits listed below are included with your life insurance coverage.

- **Accelerated Death Benefit:** If you have a medical condition that requires permanent continuous confinement in an institution or are diagnosed with a terminal illness with a limited life expectancy, you may receive a portion of your death benefit while still living.
- **Accidental Death and Dismemberment (AD&D) Insurance:** Pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. The proceeds can be used however you or your beneficiary would like. Coverage on your spouse and children is available if they are enrolled for life insurance.
- **Continuation:** If on an approved absence from work, you may continue your life insurance coverage under the employer's group policy for a set amount of time. Premiums must be paid during this time.
- **Conversion:** You, your spouse and/or your children may convert life insurance coverage to an individual whole life insurance policy when you leave your employer or due to loss of eligibility under the employer's group policy.
- **Portability:** You may apply to continue your Basic and Supplemental coverage when you leave your current employer, and pay premiums to the insurance company directly.
- **Convenient Payroll Deductions:** Premium deductions for Supplemental coverages are taken directly from your paycheck, so you never have to worry about late payments or lapse notices.

How much does my life insurance cost?

Basic Life Insurance and Basic AD&D Insurance are provided by your employer at no cost to you. Please see the enrollment form or visit the enrollment portal to view actual cost.

Will my benefits decrease as I get older?

- For you and your spouse - Benefit amount(s) reduce to 50% of original coverage on your policy anniversary date following your 70th birthday. A reduced insurance amount that does not equal an increment of \$1,000 is rounded to the next higher \$1,000.
- Your payroll deductions will be adjusted to pay premium based on the new benefit amount(s).

Exclusions and Limitations

Supplemental Life Insurance coverages have a two year suicide exclusion from the effective date of coverage or an increase in coverage.

AD&D Insurance has exclusions that are described in the certificate of insurance or rider.

Are there additional non-insurance services available?

- Funeral Planning and Concierge Services: You have the support of a team of independent professionals ready to assist with funeral planning for you and eligible family members.

Funeral Planning and Concierge Services are provided by Everest Funeral Package, LLC, Houston, TX.

- Travel Assistance: When traveling more than 100 miles from home, Voya Travel Assistance offers enhanced security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.

Who do I contact with questions?

For more information, please call the Voya Employee Benefits Customer Service Team at (800) 955-7736.

This offer is contingent upon participation requirements being met.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Group Term Life Insurance is underwritten by ReliaStar Life Insurance Company, a member of the Voya® family of companies. Policy form ICC LP14GP or LP00GP (may vary by state).

CN0203-21788-0217

St. Tammany Parish School Board, Group #69947-1, Date Prepared: 10/01/2020
172501-02/10/2016



How to keep my coverage

Group Term Life Insurance

What is portability?

If you leave your job or your hours are reduced, you may lose your eligibility for Group Term Life Insurance coverage through your employer. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company (age limitations may apply).

What is conversion?

Conversion allows you to convert all or a portion of your Group Term Life Insurance to an Individual Whole Life Policy when you are no longer eligible for coverage under the group policy. Only Group Term Life Insurance is available for conversion. Minnesota employees may have the option of electing Term Life continuation in place of conversion; contact your employer for more information.

Group Term Life Insurance* is offered through your employer and pays a benefit to your beneficiary if you pass away during a specific period of time (known as a “term”). Generally the term of this coverage is one year and renews on an annual basis.

When you are no longer eligible for life insurance coverage, you will be given the opportunity to continue or “port” that coverage. Rates will be provided to you at that time. You will also have the option to convert Term Life Insurance coverage to an Individual Whole Life policy, instead of porting.

Why should I continue my life insurance coverage?

It's important to consider how your loved ones would be affected if you passed away and they were left without your financial resources. Would they be able to pay their everyday expenses or would they need to make sacrifices?

Below are a few examples of how life insurance benefits could be used (coverage amounts may vary):

- Pay off any remaining medical bills, funeral costs and debts
- Provide ongoing financial support to your family
- Keep your family in your home by paying off the mortgage
- Fund your children's education

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders.

ReliaStar Life Insurance Company
a member of the Voya® family of companies

	Portability	Conversion
Do I need to answer health questions?	You are not required to answer health questions. However, you're welcome to answer health questions for a preferred rate.	You do not need to answer health questions.
What are the coverage amount limits?	Coverage amounts* are limited to the amount of insurance you had in force prior to applying for portability. You have the option to decrease the total amount of coverage you wish to continue.	You may convert any amount of coverage up to the amount you previously held.
Can I increase my coverage?	No	No
Can I also keep coverage on my spouse and/or child?	Spouse and Child coverage may only be ported if Employee coverage is ported.	Yes, you may convert Spouse and Child coverage.
Can my spouse and/or child keep coverage if I pass away?	Yes	Yes, your spouse and children can convert their insurance in the event you pass away.
Can my spouse keep coverage if we divorce?	Yes	Yes, a spouse can convert coverage if they are no longer considered an eligible spouse under the plan. Children would still be considered eligible under your coverage and thus could not convert.
Will my rates change over time?	Five-year, age-banded rates apply. Your rates will increase when you reach the next age band. Rates are included with the application. The insurer also has the right to increase rates in the future.	When you convert, you lock your premiums in and will pay the same rate for life with no increase in premium due to health or age. Rates and any fees are included with the application.
What are the age limits for applying?	Standard age to port is 69.	You may convert coverage at any age.
When does my continued coverage end?	Standard termination age is 70.	Your Whole Life policy is payable to age 121.
How are premiums paid?	Ongoing payments can be made to the insurer via electronic funds transfer (EFT). If you choose not to utilize EFT, invoices will be sent directly to your home on a quarterly basis. Please note that all non-EFT payments may include a \$3.50 processing fee for each payment.	
How long do I have to apply?	The application is due within 31 days of your life insurance eligibility under the group policy ending.	Application and first premium are due within 31 days of your life insurance eligibility under the group policy ending.
How do I apply?	You will receive your portability packet in the mail. Please return the application to Voya within 31 days from the date you received your packet. If you have any questions, please contact us at 1-866-760-3610 – we'll be happy to assist you.	

*GAT2 Port Select. Age reductions may apply. Please see your certificate of coverage for more information.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Group Term Life Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Group Life Policy form #: ICC LP14GP. Portability Rider form #: ICC LR14GP-PTS or ICC14 LR14GP-PTA. Form numbers and product provisions may vary by state.

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