

2024-2025



# Benefit Guide

November 1, 2024 - October 31, 2025

*family | health | planning*



# Important Contacts

BENEFIT / GROUP #	CONTACT	PHONE NUMBER	WEBSITE/EMAIL
Medical, #78J79ERC	Blue Cross Blue Shield	800-363-9150	<a href="http://www.bcbsla.com">www.bcbsla.com</a>
Pharmacy Member Services, #78J79ERC / RXBENEFIT	Optum/Rx Benefits	800-334-8134	<a href="mailto:rxhelp@rxbenefits.com">rxhelp@rxbenefits.com</a>
Dental, #010 351050	Ameritas	800-487-5553	<a href="http://www.ameritas.com">www.ameritas.com</a>
Vision, #VC-19	EyeMed	866-299-1358	<a href="http://www.eyemed.com">www.eyemed.com</a>
Life & AD&D	Companion Life	877-676-5789	<a href="http://myonlinebenefit.com">myonlinebenefit.com</a>
Long Term Disability, VPL304164	Reliance Standard	800-351-7500	<a href="http://www.reliancematrix.com">www.reliancematrix.com</a>
Identity Theft, #E0006038	Norton LifeLock	800-607-9174	<a href="http://www.norton.com/EBsetup">www.norton.com/EBsetup</a>
Accident & Critical Illness, #681813	The Hartford	866-547-4205	<a href="http://thehartford.com/benefits/myclaim">thehartford.com/benefits/myclaim</a>
Universal Life, #ER00038538 Hospital Indemnity, #L000049699	Transamerica	888-763-7474	<a href="http://transamericaemployeebenefits.com">transamericaemployeebenefits.com</a>
Whole Life, #R0124248 Pet Insurance Legal, #1000636	Unum Spot Pet Insurance Legal Access Plans	800-635-5597 - 800-248-9000	<a href="http://www.unum.com">www.unum.com</a> <a href="https://spotpet.link/apsb">https://spotpet.link/apsb</a> <a href="http://www.legaleaseplan.com/ascension-schools">www.legaleaseplan.com/ascension-schools</a>

APSB BENEFITS TEAM		
APSB Insurance Department	Website	<a href="https://www.ascensionschools.org/employees/human-resources/insurance">https://www.ascensionschools.org/employees/human-resources/insurance</a>
APSB Insurance Department	Email	<a href="mailto:employee.insurance@apsb.org">employee.insurance@apsb.org</a>
Benefit Enrollment Portal	BenefitFocus	<a href="https://apsbbenefits.hrintouch.com">https://apsbbenefits.hrintouch.com</a>
A-K (Last Name)	APSB	225-391-7113
L-Z (Last Name)	APSB	225-391-7112

**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

For additional information or questions regarding any of the benefits listed in this guide, **please contact the APSB Insurance Department.**





# Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This summary answers some of the basic questions you may have about your benefits. Please read it carefully.

## Getting Started

### Eligibility

You are eligible for all benefits if you work full time. You may also enroll your eligible family members under certain plans you choose for yourself.

### Eligible Dependents

- ▶ Your legally married spouse;
- ▶ Your child(ren) up to age 26 regardless of marital or student status. This includes natural, foster, step, legally adopted children, children placed for adoption, and children under court order who meet eligibility requirements.
- ▶ Your child(ren) of any age who are unmarried and incapable of supporting themselves due to a mental or physical disability and who are totally dependent on you.

## Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual open enrollment period, unless you have a qualifying life event during the year.

## Common Qualifying Life Events:

- Change in marital status
- Birth or adoption of a child
- Child reaching the maximum age limit of 26
- Death of a covered dependent
- Change in child custody
- Change in coverage election made by your spouse during his/her employer's open enrollment period
- Loss of coverage under your spouse's plan
- Entitlement to Medicare
- Court order or judgement requiring you to provide coverage for a dependent child (QMCSO)

### When Coverage Begins

- ▶ **New Employees:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days of service.

If you fail to enroll on time, you will **NOT** have benefits coverage unless you have a qualifying event.

- ▶ **Open Enrollment** takes place in August/September 2024. During this time, you may add or remove dependents from your coverage, change your coverage level, or change your benefit elections without experiencing a qualifying event. The benefits and coverage you select during this open enrollment period will remain in effect from **November 1, 2024 until October 31, 2025**, unless you experience a qualifying life event and submit plan changes.

### Enrolling

You will have **30 days after your date of hire to enroll in your benefits** at <https://apsbbenefits.hrintouch.com>. This is your chance to get benefits coverage for you and your family. Be sure to complete enrollment before the deadline.

#### Benefits Center Log-in Details

- Click "Create an Account"
- Enter the personal information requested.
- Create your username and password.
- Enroll!

Questions? Call your benefit support staff with one of the following numbers below:

Last names A-K: 225-391-7113

Last names L-Z: 225-391-7112

Or email [employee.insurance@apsb.org](mailto:employee.insurance@apsb.org)

NOTE: Employees must provide HR with a copy of social security cards, marriage license, and birth certificates for all dependents included on the plan. Employees who choose to waive/decline any benefits for themselves or their dependents will not be eligible to enroll until open enrollment for each plan without a Qualifying Life Event.



# Medical

APSB is proud to offer employees a choice between two medical plans administered through **Blue Cross Blue Shield of Louisiana**. The Blue Connect EPO network is anchored by Ochsner hospitals, clinics, and providers. Utilizing Blue Connect EPO network providers will lower your out-of-pocket cost. To review providers within the Blue Connect EPO network, visit [www.bcbsla.com/blue-connect-epo](http://www.bcbsla.com/blue-connect-epo). The following medical plan options available include:

## Network Options

Plan Design:	Plan 1			Plan 2		
	Blue Connect EPO	PPO	Out-of-Network	Blue Connect EPO	PPO	Out-of-Network
<b>Annual Deductible</b>						
Individual / Family	\$900 / \$1,800	\$1,150 / \$2,300	\$1,750 / \$5,250	\$1,250 / \$2,500	\$1,500 / \$3,000	\$1,750 / \$5,250
<b>Out-of-Pocket Maximum</b> *includes deductible						
Individual / Family	\$3,000 / \$6,000	\$3,500 / \$7,000	\$5,500 / \$16,500	\$4,000 / \$8,000	\$4,500 / \$9,000	\$5,500 / \$16,500
<b>Coinsurance</b>						
Plan Pays / You Pay	90% / 10%	90% / 10%	60% / 40%	70% / 30%	70% / 30%	60% / 40%
<b>Covered Services</b>						
Preventative Care	Covered in full		Not Covered	Covered in full		Not Covered
Primary Care	\$30 Copayment	\$40 Copayment	40% Coinsurance after deductible	\$30 Copayment	\$40 Copayment	40% Coinsurance after deductible
Specialist	\$45 Copayment	\$55 Copayment	40% Coinsurance after deductible	\$45 Copayment	\$55 Copayment	40% Coinsurance after deductible
Outpatient Surgery Facility Fee	\$150 Copayment		40% Coinsurance after deductible	\$150 Copayment		40% Coinsurance after deductible
Emergency Room Care	\$150 Copayment		\$150 Copayment	\$150 Copayment		\$150 Copayment
Urgent Care	\$45 Copayment	\$55 Copayment	40% Coinsurance after deductible	\$45 Copayment	\$55 Copayment	40% Coinsurance

## Pharmacy Benefits:

Prescription Type	Plan 1	Plan 2
<b>Rx Out of Pocket Maximum</b>	\$4,100	\$3,100
<b>Generic</b>	\$15 Copayment retail; \$45 Copayment mail order	\$15 Copayment retail; \$45 Copayment mail order
<b>Preferred Brand</b>	\$40 Copayment retail; \$120 Copayment mail order	\$40 Copayment retail; \$120 Copayment mail order
<b>Non-Preferred Brand</b>	\$75 Copayment retail; \$225 Copayment mail order	\$75 Copayment retail; \$225 Copayment mail order
<b>Rx Specialty Drugs</b>	Generic/Preferred Brand/Non-Preferred Brand Copays apply	Generic/Preferred Brand/Non-Preferred Brand Copays apply

## Plan 1: Monthly Rates

Coverage Options	Employee Share	Board Share	Total
Employee Only	\$119.37	\$636.87	\$756.24
Employee + Spouse	\$426.89	\$987.05	\$1,413.94
Employee + Child(ren)	\$291.60	\$840.50	\$1,132.10
Employee + Family	\$580.83	\$1,124.00	\$1,704.83
(2) Employees	\$212.19	\$1,197.70	\$1,409.89
(2) Employees + Family	\$298.65	\$1,275.71	\$1,574.36

## Plan 2: Monthly Rates

Coverage Options	Employee Share	Board Share	Total
Employee Only	\$51.25	\$542.59	\$593.84
Employee + Spouse	\$212.28	\$873.22	\$1,085.50
Employee + Child(ren)	\$137.55	\$719.59	\$857.14
Employee + Family	\$346.56	\$987.98	\$1,334.54
(2) Employees	\$90.30	\$993.17	\$1,083.47
(2) Employees + Family	\$172.05	\$1,060.04	\$1,232.09



# Know the **Right Place** to Get the **Right Care**:

## Your Primary Care Doctor

Unless you are experiencing an emergency, start by calling your primary care physician. Here are some situations in which you may want to call your primary care physician:

- Colds, flu-like symptoms and sore throats
- Nausea, vomiting, diarrhea
- Rashes, skin infections, insect bites
- Minor injuries, aches and pains
- Headaches
- Routine health exams

For conditions that aren't emergencies, and when you can't see your doctor, you may be able to get the help you need at the nearest urgent care center.

## Urgent Care

For conditions that aren't emergencies, and when you can't see your doctor, you may be able to save time and money by going to the nearest urgent care center. Here are some situations in which an urgent care center can better meet your needs:

- Minor burns or injuries
- Asthma
- Sprains and strains
- Coughs, colds and sore throats
- Puncture wounds
- Ear infections
- Allergic reactions (non emergencies)
- Fever or flu-like symptoms
- Rash or other skin irritations
- Animal bites
- Possible broken bone
- Sharp abdominal pain lasting more than an hour

When in doubt, call ahead. If the urgent care clinic in question can't accommodate your condition, they will advise you to go to the nearest emergency facility.

## Emergency Room

Some conditions ARE emergencies and require immediate attention. In such cases, the emergency room at the nearest hospital is the appropriate place to go. Here are some situations in which you should go to the nearest emergency room:

- Signs of a heart attack including, but not limited to, crushing or ongoing chest pain that lasts two minutes or longer
- Signs of stroke, like sudden onset of numbness in any extremity
- Severe shortness of breath
- Bleeding that won't stop after 10 minutes of direct pressure
- Deformed or severed digit(s) or limb(s)
- Poisoning
- Drug overdose
- Complicated fractures
- Major injury such as head injury
- Coughing up or vomiting blood
- Suicidal or homicidal feelings
- Major burns or electric shock
- Sudden inability to walk

For emergency conditions, the emergency room is your best option.

# Flexible Spending Accounts (FSA)

APSB offers you the option to enroll in a Flexible Spending Account (FSA) through **iSolved**. FSA's allow you to set aside a portion of your income, pre-tax, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes. Below are the spending accounts available to you, and the eligibility requirements to enroll in each account:

Account Features:	Health Care FSA	Dependent Care FSA
<b>2024 Annual IRS Limits</b> Individual Family	\$3,200	\$5,000
<b>Your Maximum Contribution</b> Individual Family	\$3,200	\$5,000
<b>Rollover Available</b>	Yes - Up to \$640	N/A
FAQs:	Health Care FSA	Dependent Care FSA
<b>What can I use my account for?</b>	You and your family members' eligible medical, prescription drug, dental, and vision expenses incurred beginning November 2024 - October 2025	Eligible child and/or adult day care expenses incurred November 2024 - October 2025
	For a complete list of eligible expenses, visit <a href="http://www.irs.gov/pub/irs-pdf/p502.pdf">www.irs.gov/pub/irs-pdf/p502.pdf</a>	
<b>Can I make changes to my contributions at any time?</b>	Only if you experience a qualified life event	Only if you experience a qualified life event that changes your childcare costs
<b>When can I access my funds?</b>	Anytime throughout the plan year	Once funds have been deposited into your Dependent Care account
<b>Will I receive a debit card?</b>	Yes	No
<b>Do I have to enroll in coverage each year?</b>	Yes	Yes



Our dental coverage administered by **Ameritas** is available to you and your eligible family members.

Dental Plan Design:	Annual Amounts	
Deductible (Individual   Family)	\$50 / \$150	
Maximum Benefit	\$2,000 per calendar year	
Orthodontia Maximum Benefit	\$1,000 (Lifetime Maximum)	
Covered Services:	Plan Pays	You Pay
Type 1 (Oral exams, Cleaning, Sealants, X-rays, etc.)	100%	0%
Type 2 (Fillings, Simple Extractions, etc.)	80%	20%
Type 3 (Crowns, Endodontics, Periodontics, Dentures, etc.)	50%	50%
Orthodontia (Adult and Children)	50%	50%

\*Deductible applies

**NOTE:** This plan will not cover treatment in progress when coverage begins.

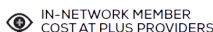
#### Dental Plan Monthly Rates:

Coverage Options	Employee Share	Board Share	Total
Employee Only	\$0.00	\$33.43	\$33.43
Employee + 1	\$30.60	\$33.43	\$64.03
Employee + 2 more	\$60.15	\$33.43	\$93.58



## Vision

Our vision plan is administered by **EyeMed** utilizing the Insight Network. Benefits include frames, lenses, and more. Visiting a **PLUS Provider** is designed to help you save even more. **PLUS Providers** add another layer of coverage to your vision plan saving you money on eye exams, frames, and lenses. PLUS Providers are network providers with additional perks built right into your vision benefit. You can locate a PLUS network provider online at [www.eyemed.com](http://www.eyemed.com), just look for the PLUS logo.



Vision Plan Design:	In-Network	Out-of-Network
Exam (once every 12 months)	In-Network: \$10 copay PLUS Providers: \$0 Copay	Up to \$30
Frames (once every 24 months)	In-Network: \$0 copay; 20% off balance over \$115 allowance PLUS Providers: \$165 allowance	Up to \$45
Lenses (once every 12 months)		
Single vision	\$25 copay	Up to \$25
Bifocal vision	\$25 copay	Up to \$40
Trifocal vision	\$25 copay	Up to \$55
Lenticular	\$25 copay	Up to \$55
Conventional Contact Lenses	\$0 copay; 15% off balance over \$115 allowance	Up to \$100
Disposable Contact Lenses	\$0 copay; 100% of balance over \$115 allowance	Up to \$100
Medically Necessary	\$0 copay; paid in full	Up to \$200

\*Please refer your SPD to review all lens options.

#### Vision Plan Monthly Rates:

Coverage Options	Employee Share	Board Share	Total
Employee Only	\$0.00	\$3.95	\$3.95
Employee + Spouse	\$3.50	\$3.95	\$7.45
Employee + Child(ren)	\$3.88	\$3.95	\$7.83
Employee + Family	\$7.78	\$3.95	\$11.73

# Life & AD&D

Your family's financial security in the event of your death, sickness or serious injury is one of the greatest gifts you can give your loved ones. APSB provides Basic Life and AD&D Insurance to full-time employees at no cost. APSB offers employees the option to choose Voluntary Life and AD&D Insurance through **Companion Life**.

Basic Life/AD&D (Employer Paid)	Amount
Employee Life Amount	\$50,000
Employee AD&D Amount	Equal to your Basic Life Life coverage amount of \$50,000
Age Reduction	Reduces by 25% at Age 65 and 50% at age 70

Voluntary Life/AD&D (Employee Paid)	Amount
Employee Life & AD&D	<b>Employee:</b> \$25,000, up to a maximum of \$300,000. <b>Spouse:</b> \$25,000, up to a maximum of \$150,000. <b>Children:</b> \$5,000 or \$10,000 (maximum)
AD&D Maximum	\$100,000
Guarantee Issue*	<b>Employee:</b> \$100,000 <b>Spouse:</b> \$50,000 <b>Children:</b> N/A
Limitations	You must be enrolled in employee Voluntary Life or AD&D to enroll your spouse or dependent in coverage. Spouse and Child(ren) coverage cannot exceed 50% of Employee.

\*Life insurance amounts elected over the guarantee issue amount will require Evidence of Insurability (EOI) to be completed.

## Name Your Beneficiaries

It's important to remember to name a beneficiary for both your Basic and Voluntary Life & AD&D Insurance. If you don't, your benefit will be paid according to insurance company guidelines. You're automatically listed as the beneficiary for any Dependent Life Insurance you may select. Beneficiaries may be updated at any time throughout the year.

## Voluntary Life Age Rated Monthly Rates (Employee Pays)

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee Per \$1,000	\$0.05	\$0.06	\$0.08	\$0.09	\$0.10	\$0.15	\$0.23	\$0.43	\$0.66	\$1.27	\$2.06
Dependent \$5,000	\$1.00 per dependent unit										
Dependent \$10,000	\$2.00 per dependent unit										

Please note: Your combined Basic and Voluntary Life insurance cannot exceed 8x your annual earnings.

## Voluntary AD&D Monthly Rates (Employee Pays)

Employee per \$1,000	Spouse per \$1,000	Child per \$5,000
\$0.035	\$0.035	\$1.00

# Voluntary Disability

APSB offers employees **Long-Term Disability** coverage administered by **Reliance Standard**. Long-Term Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Long Term Disability (Employee Paid):	Benefit Amount
Coverage Option	66.67% of your monthly earnings
Monthly Benefit	Increments of \$100 from a minimum of \$200, up to a maximum benefit of \$7,500
Elimination Period Options* 1 / 2 / 3 / 4	14 days or / 30 days or / 60 days or / 90 days
Max Duration	SSNRA - Social Security Normal Retirement Age
Pre-existing Conditions	3 month look back; 12 month exclusion of pre-existing condition

*\*Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration. You may utilize any accrued time to satisfy the elimination period. You must first exhaust any employer paid sick leave prior to being eligible.*

## Universal Life

TransElite Universal Life Plan with Long Term Care is also known as permanent life insurance with “living benefit” provision. You can enroll in a Universal Life Insurance policy for yourself and also for your spouse and child. For more information, visit [transamerica.com](http://transamerica.com).

Highlights include:

- Guaranteed issue
- No physical exams or blood tests
- Locked-in issue age rates
- Accelerated Death Benefit for Chronic Condition Rider
- Portable if you should leave your employer
- Up to 50 months of care coverage
- Living Benefit Rider pays 4% of the death benefit amount for up to 50 months, which equals 200% of the death benefit.

	Age Limits	Benefit
<b>Self</b>	16-80	\$25,000 to \$150,000 benefit, not to exceed 5x base salary
<b>Spouse</b>	16-65	\$25,000 benefit
<b>Child Term Rider</b>	0-25	\$10,000 or 20,000 benefit





# LifeLock

Signing up for LifeLock service is an important step in helping you protect your identity. From the moment you become a member, you will receive communications about your membership and keep you up-to-date on important information about your identity.

As a member, you will get alerts via phone, email or text to notify you of suspicious activity. If you become a victim of identity theft, a LifeLock U.S.-based Identity Restoration Specialist will help resolve it. This includes reimbursement for stolen funds and coverage for personal expenses.

- *LifeLock Identity Alert™ System*
- *U.S.-based Identity Restoration Agents*
- *One Bureau Credit Monitoring*
- *LifeLock Privacy Monitor™*
- *401K & Investment Account Activity Alerts*
- *Online Account Monitoring*
- *Includes Norton Security*
- *Online Threat Protection*
- *Secures PCs, Macs, smartphones/tablets (3 devices)*
- *Parental Controls*
- *10GB Cloud Backup*
- *SafeCam*
- *Credit Application Alerts*

## LifeLock Monthly Rates

Coverage Options	Benefit Essentials Plan	Benefit Premier Plan
Single	\$7.49	\$11.99
Family	\$14.98	\$23.98

# LegalEASE

Protect your family's future with LegalEASE. LegalEASE offers valuable benefits to shield your family and savings from unexpected personal legal issues.

## What you get with a LegalEASE plan:

- *Assistance during common life events varying from wills/codicil, name changes, adoptions, guardianship, traffic tickets, refinancing of primary residence, etc.*
- *An attorney with expertise specific to your personal legal matter*
- *Access to a national network of attorneys with exceptional experience that are matched to meet your needs*
- *In-and out-of-network coverage*

To learn more about the services of LegalEASE, call 1-800-248-9000 or [visit www.legaleaseplan.com/ascensionschools](http://www.legaleaseplan.com/ascensionschools).

## LegalEASE Rate

Coverage Options	Monthly Rate
Employee + Family	\$17.40



# Value-Added Benefits



## Spot Pet Insurance

With Spot Pet Insurance, APSB employees can receive up to a 20% discount. With Pet Insurance, you can visit any licensed vet, emergency clinic, or specialist, and get reimbursed up to 90% on eligible vet bills for accidents, injuries, illnesses, and chronic conditions.

With Pet Insurance, you can visit any licensed vet, emergency clinic, or specialist. Visit <https://spotpet.link/apsb> to get a free quote today.



## Employee Assistance Program (EAP)

An Employee Assistance Program provides employees and their immediate family members with free and confidential counseling services for issues affecting mental and emotional well-being, stress, grief, family problems, and more. Our EAP programs are there to support you and are available as needed.

**EAP Solutions of Louisiana, LLC** - EAP Solutions of Louisiana provides employees and their immediate family members with assessment, short-term counseling, and referral services at no cost. To schedule an appointment or speak with a counselor, call (225) 767-7740.

EAP Services can help with:

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Workplace Issues

**Reliance Standard EAP** - Take advantage of Reliance Standard's Employee Assistance Program for short-term counseling, financial coaching, care giving referrals and a wide range of well-being benefits to reduce stress, improve mental health and make life easier. The following services are free to use, confidential, and available to you and your family members including:

- Mental Health Sessions
- Life Coaching
- Financial Consultation
- Legal Consultation
- Life Management
- Personal Assistant
- Medical Advocacy Member Portal and App

For more information, call 855-775-4357 for 24/7 service or visit <http://rslia.cieap.com>  
Company Code: RSLI859



## Travel Assistance

Whether you need help with an illness or injury, lost passport, missing luggage or even a prescription refill, you can rest assured you (and your covered dependents) have access to a personal travel emergency companion anytime you're more than 100 miles away from home. You, your spouse, and kids (up to age 25) are covered with your group insurance from Reliance Matrix. On Call's Global Response Center is open 24 hours a day, 365 days a year and can provide the following services through your group coverage with Reliance Standard.

For more information on the benefits of Travel Assistance, call:

**In the U.S., toll free:** 800-456-3893  
**Worldwide, collect:** 603-328-1966

*For emergency medical, legal and travel assistance information and referral service 24 hours a day, 365 days a year, call the numbers below. To place a collect call, dial the <<INTERNATIONAL COUNTRY CODE: X>>, followed by On Call's collect call number.*

# Additional Voluntary Group Benefits

## Critical Illness

Critical Illness is administered by **Hartford**. This coverage includes lump sum payouts for cancer, heart attacks, kidney failure, and more. Critical Illness coverage through Hartford allows you to select a lump sum dollar amount that would be paid directly to you (not to hospitals or doctors) in the event that you are diagnosed with one of these illnesses. Rates are based on current age.

Benefit Overview	Amount
Employee Benefit Options	Choose from \$5,000 - \$30,000 in increments of \$5,000
Spouse Benefit Options	50% of Employee Benefit Amount
Child Benefit Option*	50% of Employee Benefit Amount
Wellness	\$50



## Accident

Accident insurance is administered by **Hartford**. This coverage can assist with the financial impact regardless of where the accident occurs.

Type	Benefits Payable Per Event
Ambulance	\$400/\$1,500
Hospital admission	\$1,500
Hospital Confinement	\$200/day *365 days max
ICU admission	\$1,500
ICU Confinement	\$400 day *30 days max
Wellness	\$75

### Monthly Rates

Employee	\$12.35
Employee + Spouse	\$19.47
Employee + Children	\$19.93
Family	\$31.68

## Hospital Indemnity

Hospital Indemnity insurance is administered by **Transamerica**. This coverage protects you in the event you are admitted into a hospital.

**NOTE:** Hospital Indemnity does not require evidence of insurability and is guarantee issue.

Type	Amount
ICU Confinement	\$100 per day to a max of 30 days per year, per person
Daily Hospital Confinement	\$100 per day to a max of 31 days per year, per person
Daily Hospital / ICU Admission	\$1,000 per admission 1 day per confinement / 1 day per calendar year
Treatments Covered	Sickness and Injury

### Monthly Rates

Employee	\$16.90
Employee + Spouse	\$36.12
Employee + Children	\$28.42
Family	\$39.99

