EDUCATIONAL EXCELLENCE

ST. MARTIN PARISH

SCHOOL BOARD

AND EQUAL ACCESS
FOR ALL STUDENTS

# EMPLOYEE BENEFIT GUIDE

July 1, 2026 – June 30, 2027

IMPORTANT INFORMATION ENCLOSED

# Benefits Overview

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

## Table of Contents


| | |
|---|---|
| Eligibility | 3 |
| How to Enroll | 4 |
| Medical Plan | 5 |
| Locating Medical Providers | 7 |
| Prescription Drug Benefits | 10 |
| Flexible Spending Account | 11 |
| Dental Plan | 12 |
| Vision Plan | 13 |
| Life and (AD&D) Coverage | 14 |
| Disability Coverage (UHC) | 15-16 |
| Worksite Benefits (Aflac) | 17-21 |
| Universal Life w/ Long Term Care | 22 |
| Aflac Individual Cancer | 23 |
| Important Notices | 24-31 |
| 403 B (Variable Annuity) Plan | 32 |
| UMR Wellness Program | 33 |
| Contact | 34 |


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

**Medical Coverage** is administered by UMR utilizing Premium Choice Plus and UHC Choice Plus Provider Networks.

**Prescription Drug Coverage** is administered by Southern Scripts.

**Flexible Spending Account** managed through DBS. Employees can use pre-tax dollars to pay for qualified medical expenses.

**Dental Coverage** is arranged through United Healthcare. This plan covers preventive, basic, and major dental services as well as orthodontia for dependent children up to age 19.

**Vision Coverage** is arranged through United Healthcare. This plan covers eye exams and eyeglasses or contact lenses.

**Employer Paid Group Life Coverage** is arranged by Voya. This coverage is provided to employees and retirees enrolled in the medical plan (age restrictions apply).

**Voluntary Life & AD&D Coverage** is arranged by Voya.

**Disability Coverage** is arranged by United Healthcare. Both Short- and Long-term policies are available.

**Group Worksite Plans** Accident, Hospital Indemnity, Critical Illness, and Short-Term Disability plans are offered through Aflac.

**Universal Life Plans** are offered through Transamerica. These individual life plans include a long-term care rider.

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

**403B Plan** Offered through Voya. This is a voluntary variable annuity plan.



# Welcome!

Saint Martin Parish School Board recognizes the importance of providing a comprehensive benefits program to all our benefit eligible employees and their dependents.

**Eligibility**

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

- Legal spouse.
- Children by birth, adoption, or legal ruling, up to age 26 regardless of student, marital, military or employment status
- Children who are disabled, live with you, and depend on you for support.

By law, Section 125 Cafeteria Plan coverage elections must remain in effect until 6/30/2027, unless there is a qualifying event.

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

### Qualified Status Changes

If you have an eligible change in status, you may make certain changes to your benefit coverage. Eligible changes in status include:

» Marriage

» Divorce

» Death of a spouse or dependent

» Loss or gain of dependent's eligibility

» Loss or gain of a spouse's or dependent's medical, dental, or vision coverage through another employer

## Enrolling in Benefits

### ➢ Dependent Eligibility Verification

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

### ➢ Open Enrollment Period

New plan elections or changes to existing coverage made during the open enrollment period must be submitted online by May 28, 2026, and will go into effect July 1, 2026.

### ➢ New Hire Enrollments

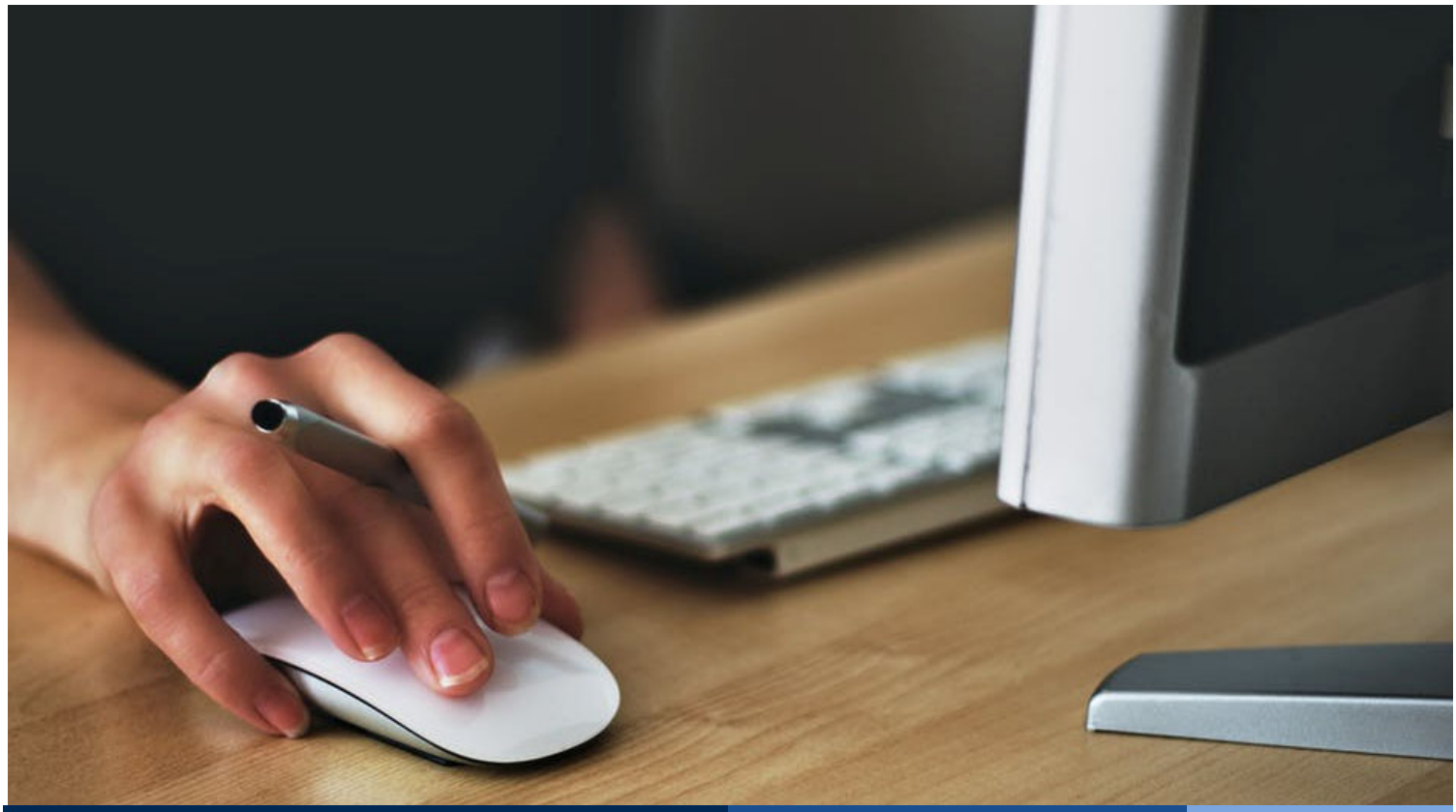
New Employees are required to go online within (30) days of hire. Once you have made your final decisions about your benefits for 2026, you can log in to the online enrollment system and make your elections. Even if you do not want to enroll in any of the benefits, you must log in and decline coverage.

### ➢ Qualifying Event Enrollments

Employees must contact the Group Benefits Department within (30) days of the qualified event. You will be required to submit proof of the qualified event and complete a change form for the change(s) to be processed.

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

# How to Enroll



Eligible employees enroll via the online enrollment system website below:

**Website**: **https://enroll.benefitsconnect.net/mysmpsb**

- **Username:** the first 6 letters of your last name (or your entire last name if six letters or less), the first letter of your first name, followed by the last 4 of your SSN (social security number).
    - Example: John Johnson, xxx-xx-1234 Username would be johnsoj1234

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

If you need assistance logging in or have questions, please reach out to our Brown & Brown representative Stacey Bienvenu at 337-266-5695 or email Stacey.Bienvenu@bbrown.com or Caroline Domingue at 337-266-5608 or email Caroline.Domingue@bbrown.com.

**Even if you do not want to enroll in any of the benefits:**

- New Hires: you must log into the system and decline the coverages offered to you.

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**If you do not complete your enrollment during your designated window, you may not be able to enroll or make changes unless you experience a qualifying event, or until the next open enrollment period.**

# Medical Plan

| | Tier 1<br>Premium Care Physicians<br>Local Tier 1 List – Page 8 | Tier 2<br>UHC Choice Plus | Tier 3<br>Out-of-Network |
|---|---|---|---|
| **DEDUCTIBLE** | | | |
| Individual | $100 | $800 | $1,200 |
| Family | $300 | $2,400 | $3,600 |
| **MAXIMUM OUT-OF-POCKET** | | | |
| Individual | $1,150 | $2,300 | $5,000 |
| Family | $3,450 | $6,900 | $15,000 |
| **COINSURANCE** | 10% Subject to Selective Services | 20% | 40% |
| **OFFICE VISIT** | | | |
| PCP | $15 Copay | $15 Copay | Deductible & Coinsurance |
| Specialist | $40 Copay | Deductible & Coinsurance | Deductible & Coinsurance |
| **URGENT CARE** | $25 Copay | $25 Copay | $30 Copay + Deductible & Coinsurance |
| **EMERGENCY ROOM** (Copay may be waived is admitted) | Facility: $90 Copay Physician: 10% Coinsurance | $120 Copay + Deductible & Coinsurance | $120 Copay + Deductible & Coinsurance |
| **PREVENTIVE CARE** | $0 | $0 | Deductible & Coinsurance |
| **INPATIENT SERVICES** | $65 Per Day – Up to $195 | $150 Per Day – Up to $450 | $300 Per Day – Up to $900 |
| | *In Addition to Above Copays, Deductible & Coinsurance Applies* | | |
| **TELADOC SERVICES** | $0 | N/A | N/A |

St. Martin Parish considers the following as PCP: Family Practitioner, General Practitioner, Internal Medicine, Pediatrics, OBGYN, Nurse Practitioner, and Physician Assistant

Tier 1 Designated Premium Providers are designated by TIER 1. Network providers can be accessed by logging onto www.umr.com and use the UnitedHealthcare Choice Plus Network. **See page 7 on locating providers**. Certain services will pay at a different coinsurance level than level listed. Prior Authorization / Precertification is required on certain services.

| Active Employees Monthly Premium | |
|---|---|
| Employee Only (AEO) | $234 |
| Employee + Spouse (AES) | $472 |
| Employee + Child(ren) (AEC) | $442 |
| Family (AEF) | $662 |

**Employees may contact UMR at (800) 207-3172 for information on the medical plan.**
UMR is available to assist St. Martin Parish School Board health plan members, or members may register/login for the online portal 24/7 at www.umr.com for:

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

# Spousal Surcharge

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

## 2025 Health Plan Active Employee Spousal Surcharge Rates

| | |
|---|---|
| Employee + Spouse | $547 |
| Employee + Family | $737 |

## Spousal Surcharge – Frequently Asked Questions

**• What is a spousal surcharge?**
The spousal surcharge is a monthly charge in addition to your regular medical coverage premium for a spouse who is working and is eligible for medical coverage through their employer or former employer.

**• Why is Saint Martin Parish School Board implementing a spousal surcharge?**
The spousal surcharge encourages those participants eligible for other group insurance to take advantage of that coverage. It also allows Saint Martin Parish School Board to share healthcare cost with other employers and helps keep our medical plans more affordable. Spousal surcharge is a method adopted by many employers.

All Employees with a spouse enrolled in coverage under the Saint Martin Parish School Board Medical must complete the Health Care Spousal Surcharge Form when enrolling. Individuals that do not go online at open enrollment will automatically be charged the surcharge beginning July of 2026. The online form will be available to you during open enrollment.

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

Please note that St. Martin Parish School Board will be conducting a dependent and spousal surcharge audit this year. Any discrepancy found will result in additional payroll deductions to recover the $75/month spousal surcharge retroactive to the applicable date not later than July 1, 2026.

# How to Locate a Provider

1. Visit www.umr.com.

2. Select “Find a provider.”

3. Scroll down to Network names by letter select the “U” dropdown arrow, then select “United Healthcare Choice Plus with Premium Tiered Benefits.”.

## Tier 1 – Premium Tiered Benefits




## Tier 2 – All Other Choice Plus Providers




** Tier 2 may be with or without Premium Care Physician

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

# Local Tier 1 Providers

**The following directory is a listing of Tier 1 designated health care providers and facilities that offer services to members enrolled in the St. Martin Parish School Board benefits plan.**

*Please note: The providers on this list may change.*

## ARNAUDVILLE

Kirk Elliott
410 Olive St.
Arnaudville, LA 70512
337-754-7254

## BREAUX BRIDGE

Lourdes After Hours
1821 Rees St.
Breaux Bridge, LA 70517
877-313-3836

Warren Degatur, Jr.
206 Champagne Blvd.
Breaux Bridge, LA 70517
337-332-3500

Jaime Cordova
1442 E. Bridge St.
Breaux Bridge, LA 70517
337-332-2428

Jeanne Theriot
112 Champagne Blvd.
Breaux Bridge, LA 70517
337-332-2242

Srinivasa Yerasi
555 Lakes Blvd.
Breaux Bridge, LA 70517
337-332-3971

Kristy Kennedy
1555 Gary Drive, Suite B
Breaux Bridge, LA 70517
337-235-6886

Michael McElderry
2390 W. Congress St.
Breaux Bridge, LA 70517
337-261-6747

St. Martin Hospital
Main Campus
210 Champagne Blvd.
Breaux Bridge, LA 70517
337-332-2178

Benjamin Degatur
206 Champagne Blvd., Suite A
Breaux Bridge, LA 70517
337-332-3500

Breaux Bridge Physical Therapy
1220 N Berard St., Suite B
Breaux Bridge, LA 70517
337-414-6079

MTS Therapy Services
1400 Rees St. Suite D
Breaux Bridge, LA 70517
337-442-6077

## HENDERSON

Aimee Guidry
1421 Henderson Hwy.
Henderson, LA 70517
337-434-6082

## LAFAYETTE

Adam Kennedy
100 W. Pinhook Rd., Suite 305
Lafayette, LA 70501
337-235-1600

Lafayette General Medical Center
Main Campus
1214 Coolidge Blvd.
Lafayette, LA 70503
337-289-7991

Christopher Hubbell
913 S. College Rd., Suite 216
Lafayette, LA 70503
337-981-6065

## MORGAN CITY

Mary Ellon Allen
1302 Lakewood Drive
Plaza 2, Suite 200
Morgan City, LA 70380
985-702-1220

## ST. MARTINVILLE

St. Martinville Physical Therapy
400 S. Main St., Suite D
St. Martinville, LA 70582
337-394-3757

Kathryn Martin
508 E. Breaux Bridge St.
St. Martinville, LA 70582
337-342-2706

Kayla Sonnier
407 N. Main St.
St. Martinville, LA 70582
337-342-2641

Members may pay lower copayments and coinsurance amounts for services received from these designated Tier 1 providers and facilities. Please note: UnitedHealthcare Choice Plus with Premium Designation (Tier 1 benefits) applies to all providers listed in this document along with any listed in the provider directory with the Tier 1 logo next to their listing as shown here: TIER 1

# Teladoc

**Your anytime, anywhere healthcare benefit**
*Start using your Teladoc Health benefits.*

## General Medical (24/7 Care)

Need care for non-urgent and common conditions? Get same-day appointments with a certified clinician from wherever you are. Our clinicians diagnose, treat and even prescribe medicine if needed.

- Allergies
- Bronchitis
- Flu
- COVID-19
- Pink eye
- Rashes
- Sinus Infection
- Sore Throats
- And more

## Mental Health

Have real conversations and see progress with a therapist or psychiatrist of your choice. Available 7 days a week from the privacy of your own home.

- Anxiety and depression
- Sleep issues
- Relationship conflicts
- Trauma and PTSD
- Medication management

**Schedule a visit today and get peace of mind**

Visit Teladoc.com

Call 1-800-TELADOC (800-835-2362) | Download the app

# NOOM Ready to make a lasting change?

## St. Martin Parish School Board is proud to offer Noom as a wellness benefit!

*(Must be enrolled in the UMR Health Plan)*

**Noom** uses the latest in psychology and behavioral science to empower people with the knowledge and skills they need to live healthier lives and hit their goals at a pace that's comfortable for them.

### DAILY LESSONS ON YOUR TERMS

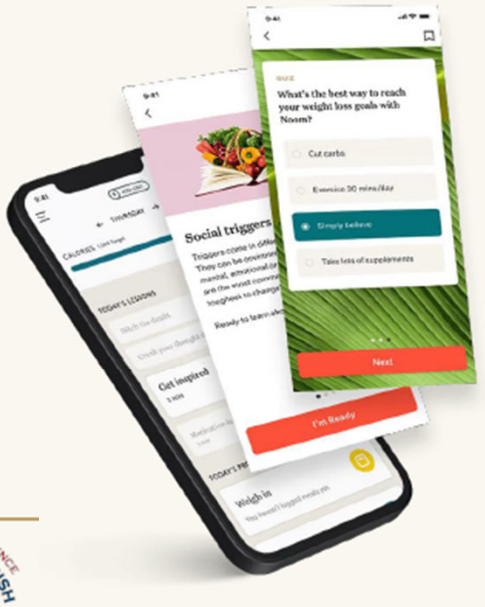
Noom has personalized lessons to help you gain confidence with practical knowledge you can employ right away. How much time you spend on each lesson is up to you, so you can easily fit Noom into your schedule.

### GET MOTIVATED

With one-on-one coaching, support groups, and SOS plans, you can choose the kind of support you need to keep going.

### AT YOUR SPEED

Noom's tracking tools for food, exercise, and more are designed to empower you to hit your goals at a pace that's comfortable for you.




All personal information you enter into the app is confidential.

Enrollment is easy.
Follow through on the healthier you.

SCAN THE QR CODE OR VISIT GO.NOOM.COM/LIVINITI TO ENROLL

Enrollment questions? partnersupport@noom.com

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# Prescription Drug Benefits

Member pays the additional cost the Plan would incur if the Member elects to purchase a Brand Name Drug when a generic is available. If prescriber certifies a Brand Name Drug is medically necessary when a Generic Drug is available, the member does not pay the additional cost. Employees may contact Liviniti (formerly Southern Scripts) at (800) 710-9341 for information on the drug plan or visit: www.liviniti.com. Bin: 015433 / Group Code: SMP0705

| Liviniti | | |
|---|---|---|
| **Rx Tier** | **Premium Choice Plus Network** | **National Pharmacy Network** |
| Preferred Generic Drugs | $5 | N/A |
| Generic Drugs | $15 | $15 |
| Formulary Brand Drugs & Compounds | $45 | $45 |
| Non-Formulary Brand Drugs | $70 | $70 |

Calendar Year Deductible: $100 Individual / $300 Family



# Flex Spending Account (FSA)

A **Health Care FSA** is a program that saves you money by allowing you to pay for eligible medical, dental, and vision expenses for you, your spouse and your eligible dependents using **pre-tax dollars**.

A **Dependent Care FSA** is a program that saves you money by allowing you to pay for qualified dependent care expenses using **pre-tax dollars**.

- **Plan Year:** July 1, 2026 – June 30, 2027
- **Health Care Contribution Limit:** $3,400
- **Dependent Care Contribution Limit:** $7,500 ($3,750 if single or married filing separately)

**How does it work?** Calculate your annual expenses and determine an election amount that you are comfortable with. Your employer will take pre-tax deductions from your paychecks in equal amounts throughout the entire plan year. A great benefit of the plan is that you have access to your entire election amount on the first day of the plan year. This means that if you have an expense at the beginning of the plan year, you can be reimbursed up to your entire election amount, even though you have not yet contributed that amount, easing the financial burden on you.

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

**Grace Period** If you have a balance remaining, your plan allows you to incur expenses through **9/15/2026** and apply them against the **2025/2026** FSA plan year.

**Run-Out Period** **You have until 10/15/2026** to ***submit*** claims for expenses incurred during the current Plan Year and Grace Period.

**Termination Runout Period:** 30 days from your termination date to submit claims for expenses

**Debit Cards** If you wish to receive a debit card for your Medical Reimbursement FSA, please indicate this when you complete your enrollment. The debit cards are valid for 5 years and reloaded each year with new election. Do not throw your cards away! Debit card transactions after June 30, 2026 will be deducted from your July 1, 2026 – June 30, 2027 FSA election.

**Online Account Access** You may view account details including balance, claims and reimbursements and also access claim forms via the DBS website at www.dbsbenefits.com or download the Diversified Benefits Services App. Employer PIN: **StMartin**

**Do your homework and consider known expenses. Make an informed decision when you elect your contribution for the year. FSA elections can only be changed during Open Enrollment or due to a Qualifying Event.**

# Dental Plan

The dental plans are arranged through **United Healthcare.** Exclusions and Limitations may apply. See your Certificate of Coverage for a complete list of services. **Dental Plan: National Options PPO 30.**

| UHC Dental | | |
|---|---|---|
| Annual Deductible (Waived for Diagnostic & Preventive) | $50 Individual \| $150 Family | |
| Annual Maximum | $1,500 per Person | |
| Orthodontia Lifetime (Dependent Child Up to Age 19) | $1,500 per Person | |
| **COVERED SERVICES** | **IN-NETWORK** | **OUT-OF-NETWORK** |
| **DIAGNOSTIC SERVICES** | | |
| Periodic Oral Evaluation | 100% | 100% |
| Radiographs | 100% | 100% |
| Lab and Other Diagnostic Tests | 100% | 100% |
| **PREVENTIVE SERVICES** | | |
| Prophylaxis (Cleanings) | 100% | 100% |
| Fluoride Treatment (Preventive) | 100% | 100% |
| Sealants | 100% | 100% |
| Space Maintainers | 100% | 100% |
| **BASIC SERVICES** | | |
| Restorations (Amalgams or Composite) | 80% | 80% |
| Emergency Treatment / General Services | Split Class | Split Class |
| General Services – Adjunctive Occlusal Guard | 80% | 80% |
| General Services – Adjunctive Emergency Treatment | 80% | 80% |
| General Services – Adjunctive Other | 80% | 80% |
| **MAJOR SERVICES** | | |
| Emergency Treatment / General Services | Split Class | Split Class |
| General Services – Adjunctive Anesthesia | 50% | 50% |
| Simple Extractions | 50% | 50% |
| Oral Surgery (Incl. Surgical Extractions) | 50% | 50% |
| Periodontics | 50% | 50% |
| Endodontics | 50% | 50% |
| Inlays/Onlays/Crowns | 50% | 50% |
| Dentures & Removable Prosthetics | 50% | 50% |
| Fixed Partial Dentures (Bridges) | 50% | 50% |
| **ORTHODONTIC SERVICES** | | |
| Diagnose or correct misalignment of the teeth or bite | 50% | 50% |

| Monthly Premium | |
|---|---|
| Employee Only | $39.49 |
| Employee + 1 Dependent | $74.93 |
| Employee + 2 or More Dependents | $125.93 |

**Benefits on the go:** Check the UnitedHealthcare app, visit www.myuhc.com or call the number on your ID card to learn more about your benefits:

- Find a dentist
- Review your benefits
- Check claim status

# Vision Plan

The vision plan is arranged through **United Healthcare.** If you use a provider participating in the network, your out-of-pocket expenses will be reduced. If you use a non-network provider, in-network benefits and discounts will not apply and benefits will be paid according to a set benefit reimbursement schedule.

| Benefits | UHC Vision | |
|---|---|---|
| | In-Network | Out-of-Network |
| **Eye Exams** | $10 copay | Reimbursed up to $40 |
| **Eyeglass Lenses and Frames** | | |
| **Single Standard Lenses** | $15 copay | Reimbursed up to $40 |
| **Bifocal Standard Lenses** | $15 copay | Reimbursed up to $60 |
| **Trifocal Standard Lenses** | $15 copay | Reimbursed up to $80 |
| **Lenticular Standard Lenses** | $15 copay | Reimbursed up to $80 |
| **Frames** | $130 allowance; 30% off balance | Reimbursed up to $45 |
| **Contact Lenses (In lieu of eyeglasses lenses and/or eyeglass frames)** | | |
| **Standard Fit and Follow Up** | Included in allowance | Not Applicable |
| **Formulary Lenses** | Up to 4 boxes | Reimbursed up to $130 |
| **Non-Formulary Lenses** | $130 allowance | Reimbursed up to $130 |
| **Medically Necessary Lenses** | Paid in full | Reimbursed up to $210 |
| **Frequency** | | |
| **Eye Exam** | Once every 12 months | |
| **Lenses—Eyeglass or Contact** | Once every 12 months | |
| **Frames** | Once every 12 months | |

**Extra Savings:** At a participating in-network provider you will receive up to a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Additional materials do not have to be purchased at the time of initial material purchase.

**Laser Vision** UnitedHealthcare has partnered with QualSight LASIK, the largest LASIK manager in the United States, to provide our members with access to discounted laser vision correction providers. Member savings represent up to 35% off the national average price of Traditional LASIK. Contracted prices start at $945 per eye for Traditional LASIK and $1,395 per eye for Custom LASIK. Discounts are also provided on newer technologies such as Custom Bladeless (all laser) LASIK. For more information, visit myuhcvision.com.

**Hearing Aids** As a UnitedHealthcare vision plan member, you can save on custom-programmed hearing aids when you buy them from UnitedHealthcare Hearing. To find out more go to UHCHearing.com. When placing your order use promo code MYVISION to get the special price discount.

| Active Employees Monthly Premium | |
|---|---|
| Employee Only | $7.00 |
| Employee + Spouse | $13.28 |
| Employee + Child(ren) | $15.58 |
| Family | $21.93 |

### Sign in to myuhc.com

If you have a UnitedHealthcare health plan, you can access your vision and health plan benefits here by following these steps:

- Sign in to myuhc.com
- Go to Coverage and Benefits
- Scroll down to Vision
- Click “View vision plan”

# Life and AD&D Insurance

## Group Life and AD&D Insurance (Paid By SMPSB)

Group Life and AD&D Insurance is arranged through **Voya**. All active employees enrolled in the Group Medical Plan are enrolled in this Term Life plan at no additional cost.

| Employee | Spouse | Unmarried Dependent Children |
|---|---|---|
| $10,000 | $3,000 | $1,500 |
| Benefits will reduce to $7,500 at age 65 and to $5,000 at age 70 | Terminates at age 70 | Up to Age 26 |

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

## Voluntary Life Insurance (Paid By You)

Voluntary Life Insurance is arranged through **Voya.**

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

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

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

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

**Conversion:** If group life insurance coverage is reduced or ends for any reason except nonpayment of premiums, you can convert to an individual policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Family members may convert their coverage as well. Converted policies are subject to certain benefits and limits as outlined in the conversion brochure which may be requested as needed. Premiums may change at this time. No one may be covered more than once under these plans.

# Short Term Disability Insurance

Group Short Term Disability (STD) Insurance is arranged through **United Healthcare**. This coverage is intended to protect your income for a short duration in case you become ill or injured. Please contact Group Benefits Department for disability amounts if you have extended leave and/or accumulated/sick leave. These leave balances must be exhausted before this plan will consider issuing weekly benefits up to the maximum benefit duration for your condition. Late entrants are subject medical underwriting.

| | |
|---|---|
| **Maximum Weekly Benefit** | 60% of weekly salary up to $1,500 per week |
| **Maximum Benefit Duration** | 24 Weeks **(Offset by extended leave and/or accumulated/sick leave)** |
| **Elimination Period** | The later of: a) 14 days after your accident/sickness; or b) after the exhaustion of Your sick leave, paid time off (PTO) and vacation pay |
| **Guaranteed Issue** | You are able to take advantage of this coverage now without a health examination. Coverage elected during future open enrollment periods will be subject to Evidence of Insurability. |
| **Benefit Reduction – Other Income** | Depending on the type of income you receive, your benefit will be reduced by other sources of income such as paid family leave, extended leave, salary continuation/sick leave, retirement/government plans, other group disability plans, settlements on payments received and no-fault benefits. |

## Use the formula below to calculate the cost of coverage:

$_____ ÷ 52 = $_____ x 60.0 = $_____

Annual Earnings | Weekly Earnings | Weekly Benefit

Covered Weekly Benefit used below is the lesser of the calculated Weekly Benefit or the Benefit Maximum

$ _____ x 0.44 ÷ 10 = $_____

Covered Weekly Benefit | Monthly Cost

Rates shown are current as of the effective date and are subject to change over time. Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here.

# Long Term Disability Insurance

Group Long Term Disability (LTD) Insurance is arranged through **United Healthcare**. This coverage is intended to protect your income for a long duration after you have depleted short term disability and any sick leave your company may offer. Late entrants are subject medical underwriting.

| | |
|---|---|
| **Maximum Monthly Benefit** | 60% of salary up to $5,000 per month |
| **Maximum Benefit Duration** | Reducing Benefit Duration w/ SSNRA (See Benefit Summary) |
| **Elimination Period** | 180 days<br>The number of days you must be disabled prior to collecting disability benefits. |
| **Pre-Existing Condition** | You may not be eligible for benefits if you have received treatment for a condition within the past 6 months until you have been covered under this plan for 12 months. |
| **Waiver of Premium** | You will not be required to pay premium during any time of approved total or partial disability. |
| **Benefit Reduction – Other Income** | Depending on the type of income you receive, your benefit will be reduced by other sources of income such as paid family leave, extended leave, salary continuation/sick leave, retirement/government plans, other group disability plans, settlements on payments received and no-fault benefits. |
| **Benefit Limitations** | Mental Illness: 24 Months - Lifetime<br>Substance Abuse: 24 Months - Lifetime<br>Specific Conditions: 24 Months - Lifetime |

## Use the formula below to calculate the cost of coverage:

$ _____ ÷ 12 = $_____
Annual Earnings — Monthly Earnings

The lesser of the calculated Monthly Earnings or the Maximum Covered Monthly Earnings ($8,333.33) is used for the Covered Monthly Earnings below.

$ _____ x 0.42 = _____ ÷100 = $ _____
Covered Monthly Earnings — Monthly Cost

Rates shown are current as of the effective date and are subject to change over time. Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here.

# Worksite Benefits

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




# Accident Insurance

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

- Ambulance
- Wheelchair
- Emergency Room
- Crutches
- Surgery and Anesthesia
- Bandages
- Stitches
- Casts

**Eligibility:**
Employee – Issue Age 18-69; Terminates at Age 70
Spouse – Issue Age 18-64; Terminates at Age 70
Children – Terminates at Age 26

| Accident Coverage Monthly Premium | |
|---|---|
| Employee Only | $16.20 |
| Employee + Spouse | $23.16 |
| Employee + Child(ren) | $30.90 |
| Family | $37.86 |

# Hospital Indemnity Insurance

Your insurance plan may pay only a portion of the total expenses a hospital stay, or medical treatment requires. That likely would leave the rest of the bill for you to pay, plus any deductible or other expenses that are not covered by the plan. Late entrants are subject medical underwriting. Policy also has 12/12 pre- existing clause.

**Eligibility:**
Employee – Issue Age 18-64
Spouse – Issue Age 18-64
Children – Terminates at Age 26

| Hospital Indemnity Monthly Premium | |
|---|---|
| Employee Only | $41.86 |
| Employee + Spouse | $83.23 |
| Employee + Child(ren) | $63.55 |
| Family | $104.92 |

# Critical Illness Insurance

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

**This plan is offered with or without a cancer benefit. See following pages for rates.**

# Critical Illness with Wellness

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

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

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

**CRITICAL ILLNESS RATES – WITHOUT CANCER**

**Employee Non-Tobacco Rates**

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

**Employee Tobacco Rates**

| Age Bracket | $5,000 | $10,000 | $15,000 | $20,000 | $25,000 | $30,000 | $35,000 | $40,000 | $45,000 | $50,000 |
|---|---|---|---|---|---|---|---|---|---|---|
| 18-29 | $4.55 | $7.35 | $10.15 | $12.95 | $15.75 | $18.55 | $21.35 | $24.15 | $26.95 | $29.75 |
| 30-39 | $6.60 | $11.45 | $16.30 | $21.15 | $26.00 | $30.85 | $35.70 | $40.55 | $45.40 | $50.25 |
| 40-49 | $14.05 | $26.35 | $38.65 | $50.95 | $63.25 | $75.55 | $87.85 | $100.15 | $112.45 | $124.75 |
| 50-59 | $21.40 | $41.05 | $60.70 | $80.35 | $100.00 | $119.65 | $139.30 | $158.95 | $178.60 | $198.25 |
| 60-69 | $32.35 | $62.35 | $93.55 | $124.15 | $154.75 | $185.35 | $215.95 | $246.55 | $277.15 | $307.75 |

**Spouse Non-Tobacco Rates**

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

**Spouse Tobacco Rates**

| Age Bracket | | $5,000 | $7,500 | $10,000 | $12,500 | $15,000 | $17,500 | $20,000 | $22,500 | $25,000 |
|---|---|---|---|---|---|---|---|---|---|---|
| 18-29 | | $4.55 | $5.95 | $7.35 | $8.75 | $10.15 | $11.55 | $12.95 | $14.35 | $15.75 |
| 30-39 | | $6.60 | $9.03 | $11.45 | $13.88 | $16.30 | $18.73 | $21.15 | $23.58 | $26.00 |
| 40-49 | | $14.05 | $20.20 | $26.35 | $32.50 | $38.65 | $44.80 | $50.95 | $57.10 | $63.25 |
| 50-59 | | $21.40 | $31.23 | $41.05 | $50.88 | $60.70 | $70.53 | $80.35 | $90.18 | $100.00 |
| 60-69 | | $32.35 | $47.65 | $62.35 | $78.25 | $93.55 | $108.85 | $124.15 | $139.45 | $154.75 |

# Critical Illness + Cancer with Wellness

- Heart Attack (Myocardial Infraction) – 100%
- Stroke (Apoplexy or Cerebral Vascular Accident) – 100%
- Major Organ Transplant – 100%
- Renal Failure (End-Stage) – 100%
- Coronary Artery Bypass Surgery – 25%
- Cancer (If Selected) – 100%
- Carcinoma in SITU (If Selected) – 25%

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

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

**CRITICAL ILLNESS RATES WITH CANCER**

**Employee Non-Tobacco Rates**

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

**Employee Tobacco Rates**

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

**Spouse Non-Tobacco Rates**

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

**Spouse Tobacco Rates**

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

# Short Term Disability Insurance (Aflac)

* Late entrants are subject medical underwriting.

| | |
|---|---|
| **Maximum Weekly Benefit** | 60% of monthly salary up to $6,000 ($300 Minimum)<br>Guaranteed Issue Amount: Monthly benefit up to $3,000 (Subject to participation requirements) |
| **Maximum Benefit Duration** | 6 Months |
| **Elimination Period** | Benefits begin on:<br>15th day from an accident<br>15th day from an illness |
| **Pre-Existing Condition** | **Pre-existing Condition is an illness, disease, infection, disorder, pregnancy, or injury that existed within the 12-month period before the effective date of coverage.**<br><br>For a condition to have been pre-existing:<br>• A doctor must have advised, diagnosed, or treated the covered employee, **or**<br>• Symptoms existed that would ordinarily cause a prudent person to seek medical advice or treatment.<br><br>We will not pay benefits for any disability resulting from or affected by a pre-existing condition if the disability was diagnosed within the 12-month period after the effective date of coverage.<br><br>We will not reduce or deny a claim for benefits for any disability due to a pre-existing condition that was diagnosed more than 12-months after the effective date of coverage **(12/12)**. |
| **Pregnancy Limitation** | Within the first nine months of the Effective Date of coverage, we will not pay benefits for a Disability that is caused by, or occurs as a result of, your Pregnancy or childbirth. Disability due to Complications of Pregnancy will be covered to the same extent as a covered Sickness. |
| **Pre-existing Conditions/Pregnancy Limitation Benefit** | During the first 12 months of coverage, this benefit pays 50% of the covered employee's applicable monthly disability benefit for a pre-existing condition, including pregnancy. Benefits begin following the expiration of an applicable Elimination Period. |
| **Waiver of Premium** | After 90 consecutive days of disability caused by a covered sickness or injury, for as long as they remains disabled, up to the applicable benefit period. |
| **Benefit Reduction – Other Income** | None |
| **Portability** | Standard Portability (An employee's coverage may be continued when eligibility or employment ends. Coverage will end on the date the group plan is terminated.) |
| ***Terminates at Age 75*** | |

# Short Term Disability Insurance (Aflac)

**Aflac Short-Term Disability - Example Benefit and Premium Rates – For Illustrative Purposes Only**
(Actual payroll deduction may vary due to rounding)

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

# Transamerica Universal Life Insurance



Transamerica Universal Life Insurance is a type of permanent life insurance that can cover you for the duration of your life, as long as premiums are paid. It also builds cash value in case of an emergency or borrowed against if needed.

We understand that your health can impact your finances and vice versa. That's why our universal life insurance also includes an Accelerated Death Benefit for Chronic Condition Rider that can be used if diagnosed with a chronic condition to help pay for any expenses you may have, such as costs for an assisted living facility, family caregivers, or household bills, and it doesn't require institutionalization or that the chronic condition be permanent

### Highlights

- No physical exams of blood tests
- Premiums won't increase due to your age
- Flexibility to adjust premiums up (to build more cash value) or down (if money is tight)
- Take it with you if you leave your job or retire
- Up to 25 months of benefits payment with the Accelerated Death Benefit for Chronic Condition Rider
- Restoration Rider that can restore the death benefit up to 100%

| Plan Description | |
|---|---|
| **Benefit Amount** | **Guarantee Issue (New Hires Only)** |
| **Employee:** Up to $300,000 | $150,000 |
| **Spouse:** $10,000 - $100,000 | $15,000 |
| **Children:** | $25,000 |
| **Child Term Rider:** | $20,000 |

**Example Monthly Employee Rates**

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

# Aflac Individual Cancer Plan

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

| Cancer Protection Assurance | | |
|---|---|---|
| **Plan Type** | **Individual Premium** | **Married Premium** |
| **Option 2** | $33.50 | $57.64 |
| **Option 3** | $47.37 | $80.86 |
| **Cancer Protection Assurance with Growth Benefits** | | |
| **Plan Type** | **Individual Premium** | **Married Premium** |
| **Option 2** | $39.45 | $71.69 |
| **Option 3** | $53.32 | $94.91 |

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

# Important Notices

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | ALASKA – Medicaid |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility:<br>https://health.alaska.gov/dpa/Pages/default.aspx |
| **ARKANSAS – Medicaid** | **CALIFORNIA – Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Website:<br>Health Insurance Premium Payment (HIPP) Program<br>http://dhcs.ca.gov/hipp<br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: hipp@dhcs.ca.gov |
| **COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)** | **FLORIDA – Medicaid** |

| | |
|---|---|
| Health First Colorado Website:<br>https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center:<br>1-800-221-3943/ State Relay 711<br>CHP+: https://hcpf.colorado.gov/child-health-plan-plus<br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711<br>Health Insurance Buy-In Program<br>(HIBI): https://www.mycohibi.com/<br>HIBI Customer Service: 1-855-692-6442 | Website:<br>https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html<br>Phone: 1-877-357-3268 |
| **GEORGIA – Medicaid** | **INDIANA – Medicaid** |
| GA HIPP Website:<br>https://medicaid.georgia.gov/health- insurance-premium-payment-program-hipp<br>Phone: 678-564-1162, Press 1<br>GA CHIPRA Website:<br>https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra<br>Phone: (678) 564-1162, Press 2 | Health Insurance Premium Payment Program<br>All other Medicaid<br>Website: https://www.in.gov/medicaid/<br>http://www.in.gov/fssa/dfr/<br>Family and Social Services Administration<br>Phone: 1-800-403-0864<br>Member Services Phone: 1-800-457-4584 |
| **IOWA – Medicaid and CHIP (Hawki)** | **KANSAS – Medicaid** |
| Medicaid Website:<br>https://dhs.iowa.gov/ime/members<br>Medicaid Phone: 1-800-338-8366<br>Hawki Website:<br>http://dhs.iowa.gov/Hawki<br>Hawki Phone: 1-800-257-8563<br>HIPP Website:<br>https://dhs.iowa.gov/ime/members/medicaid- a-to-z/hipp<br>HIPP Phone: 1-888-346-9562 | Website: https://www.kancare.ks.gov/<br>Phone: 1-800-792-4884<br>HIPP Phone: 1-800-967-4660 |
| **KENTUCKY – Medicaid** | **LOUISIANA – Medicaid** |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br>https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx<br>Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br>KCHIP Website: https://kynect.ky.gov<br>Phone: 1-877-524-4718<br>Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms | Website: https://www.ldh.la.gov/healthy-louisiana<br>Medicaid Customer Service Line: 1-888-342-6207<br>Louisiana Medicaid email: healthy@la.gov<br>Louisiana Health Insurance Premium Program (LaHIPP)<br>Website: Website: https://www.ldh.la.gov/lahipp<br>LaHIPP phone: 1-877-697-6703<br>LaHIPP email: La.HIPP@la.gov<br>LaHIPP fax: 1-888-716-9787<br>LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084 |
| **MAINE – Medicaid** | **MASSACHUSETTS – Medicaid and CHIP** |
| Enrollment Website:<br>https://www.mymaineconnection.gov/benefits/s/?language=en_US<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br>Private Health Insurance Premium Webpage:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: 1-800-977-6740<br>TTY: Maine relay 711 | Website:<br>https://www.mass.gov/masshealth/pa<br>Phone: 1-800-862-4840<br>TTY: 711<br>Email: masspremassistance@accenture.com |
| **MINNESOTA – Medicaid** | **MISSOURI – Medicaid** |

| | |
|---|---|
| Website: https://mn.gov/dhs/health-care-coverage/<br>Phone: 1-800-657-3672 | Website:<br>http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 |
| **MONTANA – Medicaid** | **NEBRASKA – Medicaid** |
| Website:<br>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084<br>Email: HHSHIPPProgram@mt.gov | Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |
| **NEVADA – Medicaid** | **NEW HAMPSHIRE – Medicaid** |
| Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 | Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218<br>Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov |
| **NEW JERSEY – Medicaid and CHIP** | **NEW YORK – Medicaid** |
| Medicaid Website:<br>http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Phone: 1-800-356-1561<br>CHIP Premium Assistance Phone: 609-631-2392<br>CHIP Website:<br>http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 (TTY: 711) | Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **NORTH CAROLINA – Medicaid** | **NORTH DAKOTA – Medicaid** |
| Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 | Website:<br>http://www.nd.gov/dhs/services/medicalserv/medicaid/<br>Phone: 1-844-854-4825 |
| **OKLAHOMA – Medicaid and CHIP** | **OREGON – Medicaid and CHIP** |
| Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 | Website: http://healthcare.oregon.gov/Pages/index.aspx<br>Phone: 1-800-699-9075 |
| **PENNSYLVANIA – Medicaid and CHIP** | **RHODE ISLAND – Medicaid and CHIP** |
| Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html<br>Phone: 1-800-692-7462<br>CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)<br>CHIP Phone: 1-800-986-KIDS (5437) | Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RIte Share Line) |
| **SOUTH CAROLINA – Medicaid** | **SOUTH DAKOTA - Medicaid** |
| Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 | Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 |

| TEXAS – Medicaid | UTAH – Medicaid and CHIP |
|---|---|
| Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program<br>Phone: 1-800-440-0493 | Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/<br>Email: upp@utah.gov<br>Phone: 1-888-222-2542<br>Adult Expansion Website: https://medicaid.utah.gov/expansion/<br>Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/<br>CHIP Website: https://chip.utah.gov/ |
| **VERMONT– Medicaid** | **VIRGINIA – Medicaid and CHIP** |
| Website: Health Insurance Premium Payment (HIPP) Program \| Department of Vermont Health Access<br>Phone: 1-800-250-8427 | Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select<br>https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs<br>Medicaid/CHIP Phone: 1-800-432-5924 |
| **WASHINGTON – Medicaid** | **WEST VIRGINIA – Medicaid and CHIP** |
| Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 | Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/<br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **WISCONSIN – Medicaid and CHIP** | **WYOMING – Medicaid** |
| Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm<br>Phone: 1-800-362-3002 | Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.
The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

# Important Notices Continued

**Disclosure of Grandfather Status** This group health plan believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at P.O. Box 1000, Breaux Bridge, Louisiana 70517. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or http://www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

### Wellness Program Notice of Alternative Standard

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

### Wellness Program – Health Risk Assessments

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

### Women's Health and Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction.

For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for: All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema.

Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those established for other benefits under the plan. If you would like more information on WHCRA benefits, contact your plan administrator (see cover page for contact information).

# Important Notices Continued

## Medicare Part D Creditable Coverage Notice

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

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Saint Martin Parish School Board and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan(like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Saint Martin Parish School Board has determined that the prescription drug coverage offered by the 2026 - 2027 Plan Year is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current Saint Martin Parish School Board coverage will be affected. Plan participants can keep their prescription drug coverage under the group health plan if they select Medicare Part D prescription drug coverage. If they select Medicare Part D prescription drug coverage, the group health plan prescription drug coverage will coordinate with the Medicare Part D prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your current Saint Martin Parish School Board coverage, be aware that you and your dependents will not be able to get this coverage back.

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

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

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

# Important Notices Continued

## Medicare Part D Creditable Coverage Notice Continued

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

Contact the person listed below for further information call Casey Broussard at (337) 332-2105. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Saint Martin Parish School Board changes. You also may request a copy of this notice at any time.

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

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

### For more information about Medicare prescription drug coverage:

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

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

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

Date: 7/1/2026
Contact: Casey Broussard

Name of Entity/Sender: Saint Martin Parish School Board
Phone Number: (337) 332-2105



# Important Notices Continued

### Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure

The Mental Health Parity and Addiction Equity Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under the plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at (337) 332-2105.

### Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### Notice of Privacy Practices

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

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

### Notice of Special Enrollment Rights

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

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

If you or your dependent(s) lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the loss of CHIP or Medicaid coverage.

If you or your dependent(s) become eligible to receive premium assistance under a state CHIP or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days of the determination of eligibility for premium assistance from state CHIP or Medicaid.

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

# Voya 403 B Plan




## It's easy to get started

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

1. Go to enroll.voya.com
2. Enter plan number
   VFR619
3. Enter veri ication number
   116345

### 5 reasons to enroll now

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

Joe Welser
Joe.Welser@voyafa.com
504-258-6709

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

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

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Voya.com

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# UMR Wellness Program

## Notice Regarding Wellness Program

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

## Protections from Disclosure of Medical

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

**If you have questions, please reach out to Amanda Boyer with UMR at 225-237-2061 or email amanda.boyer@umr.com**

# Who to Call?

Saint Martin Parish School Board partners with the following Insurance carriers and vendors to strive to meet your benefit needs. If you have any questions regarding your benefits, please contact the corresponding carrier/vendor listed below.

| Benefit / Contact | Carrier / Vendor | Phone # | Email / Website |
|---|---|---|---|
| **Employee Benefits Stacey Bienvenu** | Brown & Brown | 1 (337) 266-5695 or 1 (337) 909-2861 | Stacey.Bienvenu@bbrown.com |
| **Employee Benefits Caroline Domingue** | Brown & Brown | 1 (337) 266-5608 | Caroline.Domingue@bbrown.com |
| **Medical Amanda Boyer** | UMR | 1 (225) 237-2061 | Amanda.Boyer@umr.com |
| **Prescription Drugs** | Liviniti | 1 (800) 710-9341 | www.liviniti.com<br>Bin: 015433<br>Group Code: SMP0705 |
| **Dental** | United Healthcare | 1 (800) 445-9090 | www.myuhc.com |
| **Vision** | United Healthcare | 1 (800) 638-3120 | |
| **Disability** | United Healthcare | 1 (888) 299-2070 | www.myuhc.com |
| **Medicare** | Medicare | 1 (800) 633-4227 | www.medicare.gov |
| **Medicaid/CHIP** | Medicaid | 1 (877) 543-7669 | www.insurekidsnow.gov |
| **Individual Cancer Gerald Angers** | AFLAC | 1 (337) 295-9928 | Robert_angers@us.Aflac.com |
| **Retirement Joe Weiser** | Voya | 1 (504) 258-6709 | Joe.weiser@voyafa.com |




# Access your St. Martin Schools Benefits Anytime, Anywhere!

As a St. Martin Schools employee, you can now access most employee benefits plan information and resources when you're "on the go" from your mobile device.

*Nothing to install! Access from a computer, tablet or smartphone.*

## Searchable

Quickly find service contact information and online resources

## Benefits Plans

Review benefit plan design information and find online provider directories

## Group Information

Access and print generic ID cards with group information

## Forms

Download and print benefit-related documents and forms

**saintmartinschools.mybenefitsapp.com**

*Add an icon to your smartphone for quick access*

### iPhone

Tap the **Share icon** in Safari's lower menu bar

Add to Home Screen

Tap the Add to **home screen** icon

### Android

Tap this **Icon** in the **top right** menu bar

Select: **Add to Home screen**




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

This Benefit Summary is designed to provide basic information regarding benefit plans and programs available to eligible employees of St. Martin Parish School Board. This document merely summarizes the employee benefit plans and programs and does not detail all the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the “plan documentation”) for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee of St. Martin Parish School Board or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual’s rights under any employee benefit plan or program. St. Martin Parish School Board reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.

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