



# Employee Benefits Guide

2024 Plan Year

Regina Coeli Child Development Center

**CADENCE**  
**Insurance**

A Gallagher Company

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# Benefits That Work for You

Regina Coeli knows that it is important to provide quality benefit options for our employees and their dependents. This is your starting point to learn about your benefits - whether you're enrolling for the first time or reconsidering your benefits during the annual open enrollment period.

## Enrollment Eligibility

Full-time employees working at least 30 or more hours per week are eligible for benefits on the first of the month following 60 days of employment.

Many of the plans offer coverage for eligible dependents, including:

- Your legal spouse
- Your children to age 26, regardless of student, marital, or tax- dependent status (including stepchildren, legally adopted children, children placed with you for adoption, or a children for whom you are the legal guardian)
- Your dependent children over age 26 who are physically or mentally unable to care for themselves

## When To Enroll

Other than during the designated open enrollment period, you can enroll in benefits or change your elections at the following times:

- 30 days prior to your initial eligibility date (as a newly hired employee)
- Within 30 days of experiencing a qualifying life event

## Changing Benefits After Enrollment

You may pay your portion of your select coverages on a pre-tax basis. Thus, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying life event, and election changes must be consistent with that event.

To request a benefits change, notify human resources (HR) within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. You may need to provide proof of the life event.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Change in your child's eligibility for benefits
- Qualified medical child support order (QMCSO)





## Benefit Options

We offer comprehensive benefits packages that includes:

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Basic Life and Accidental Death & Dismemberment Insurance
- Voluntary Life and Accidental Death & Dismemberment Insurance
- Voluntary Short-Term Disability Insurance
- Voluntary Long-Term Disability Insurance
- Critical Illness Insurance



# Medical Insurance



## THINGS TO CONSIDER

1. Do you prefer to pay more for medical insurance out of your paycheck, but less when you need care?
2. Do you prefer to pay less out of your paycheck, but more when you need care?
3. What planned medical services do you expect to need in the upcoming year?
4. Do you or any of your covered family members take prescription medications regularly?

Please refer to the official plan documents for additional information on coverage and exclusions.

|  | Group Care Copay 80/60 \$4000  | Group Care Copay 80/60 \$250A   |
|--|--|---|
| Covered Benefits   | In-Network   | In-Network  |
| <b>Annual Deductible:</b> Individual/Family  | \$4,000/\$12,000   | \$250/\$750   |
| <b>Out-of-Pocket Maximum:</b><br>Individual/Family<br><i>(includes coinsurance, copays &amp; deductible)</i> | \$6,350/\$12,700   | \$1,500/\$3,000   |
| <b>Coinsurance</b> <i>(You pay)</i>  | 80%  | 80%   |
| <b>Preventive Care</b>   | 100%   | 100%  |
| <b>Physician Services</b><br><i>(Primary Care/Specialist Office Visit)</i>                                   | \$40 Copay/\$55 Copay  | \$20 Copay/\$35 Copay   |
| <b>Urgent Care</b>   | \$55 Copay   | \$35 Copay  |
| <b>Diagnostic Testing</b><br><i>(Lab/X-Ray)</i>  | 20% Coinsurance after deductible   | 20% Coinsurance after deductible  |
| <b>Major Diagnostic Imaging</b><br><i>(CT, MRI, PET)</i>   | 20% Coinsurance after deductible   | 20% Coinsurance after deductible  |
| <b>Inpatient Facility</b>  | 20% Coinsurance after deductible   | 20% Coinsurance after deductible  |
| <b>Outpatient Facility</b>   | 20% Coinsurance after deductible   | 20% Coinsurance after deductible  |
| <b>Emergency Room</b>  | 20% Coinsurance after deductible   | 20% Coinsurance after deductible  |
| <b>Prescription Drug Deductible</b>  | 20% Coinsurance after deductible   | 20% Coinsurance after deductible  |
| <b>Prescription Drug Copays</b><br><i>(Retail - Up to a 30-day supply)</i>                                   | Tier 1: \$15 copay<br>Tier 2: \$40 copay<br>Tier 3: \$70 copay<br>Tier 4: 10% Coinsurance up to \$150 per prescription | Tier 1: \$7 copay<br>Tier 2: \$30 copay<br>Tier 3: \$70 copay<br>Tier 4: 10% Coinsurance up to \$150 per prescription |



## Medical Insurance Rates



**BlueCross BlueShield  
of Louisiana**

### Group Care Copay 80/60 \$4000 (19 pay periods)

| Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family |
|---------------|-------------------|-----------------------|-------------------|
| \$214.00      | \$857.00          | \$487.00              | \$1,012.00        |

### Group Care Copay 80/60 \$4000 (24 pay periods)

| Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family |
|---------------|-------------------|-----------------------|-------------------|
| \$170.00      | \$679.00          | \$386.00              | \$801.00          |

### Group Care Copay 80/60 \$250A (19 pay periods)

| Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family |
|---------------|-------------------|-----------------------|-------------------|
| \$336.00      | \$1,119.00        | \$701.00              | \$1,374.00        |

### Group Care Copay 80/60 \$250A (24 pay periods)

| Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family |
|---------------|-------------------|-----------------------|-------------------|
| \$266.00      | \$886.00          | \$555.00              | \$1,087.00        |



IT'S EASY TO ACTIVATE YOUR ONLINE ACCOUNT:

# ACTIVATE TODAY!

View your ID card, statements and claims, access forms, look up your plan benefits and cost share, find a provider or Blue365® discounts! **Do all of this and more when you activate your secure, password-protected online account in A FEW EASY STEPS.\***

- 1 Visit [www.bcbsla.com](http://www.bcbsla.com).
- 2 In the upper right corner of the page, click on the blue **Log In or Sign Up** button.
- 3 On the Login Selection page, click on the **Customers** button.
- 4 Under the **Don't have an account?** heading, click the **Sign Up Now** button.
- 5 Fill out all required fields (marked by an asterisk).
- 6 Check the box above the **Submit** button.
- 7 Click the **Submit** button.
- 8 If your account registration attempt is successful, you should receive a message saying so. You'll be sent an email and asked to verify your email address. If you don't receive a verification email, click the **Resend Verification Email** button.
- 9 Once you've verified your email address, you'll be directed to fill out your member information so you can view your plan online. Please complete all required fields to view your plan details.

## NEED HELP WITH YOUR MEMBER ACCOUNT?

Call the Customer Service number on the back of your ID card 8 a.m.-8 p.m., Monday-Friday.

## MOBILE IS THE WAY TO GO



Download the **Blue Cross and Blue Shield of Louisiana app** and use your same username and password to log in to your online account. Download our BCBSLA app on an iPhone or Android and get health care information at your fingertips!

Visit [www.bcbsla.com/register](http://www.bcbsla.com/register) for more information on how to activate your online account.

\*This is not an inclusive list of online account features, and options may vary based on the plan(s) you have.





| Benefits  | Plan 2  | Plan 3  |
|---|---|---|
| <b>Hospital Admission Indemnity Benefit</b> <ul style="list-style-type: none"> <li>Pays in addition to hospital indemnity</li> <li>Once per admission, once per diagnosis</li> <li>Benefit will not be payable for the same or related injury or illness</li> </ul> | \$1,000 first day when admitted as an inpatient into a hospital room                                | \$1,500 first day when admitted as an inpatient into a hospital room                              |
| <b>Hospital Indemnity Benefit</b> <ul style="list-style-type: none"> <li>Must be admitted as an inpatient into a hospital room</li> <li>If hospital confinement falls into a category below a different maximum applies</li> </ul>                                  | \$600 per day overall calendar year max subject to 60(s) total for any inpatient stay in a hospital | \$800 per day overall calendar year max subject to 60(s) total for any inpatient stay in hospital |
| <b>Intensive Care</b> <ul style="list-style-type: none"> <li>If the participant is confined in a hospital intensive care unit</li> </ul>  | \$1,200 per day up to 30 day(s) calendar year max (applied overall calendar year max)               | \$1,600 per day up to 30 day(s) calendar year max (applied to overall calendar year max)          |
| <b>Substance Abuse</b> <ul style="list-style-type: none"> <li>Must be diagnosed &amp; admitted as an inpatient in a substance abuse unit</li> </ul>   | \$300 per day up to 30 day(s) calendar year max (applied to overall calendar year max)              | \$400 per day up to 30 day(s) calendar year max (applied to overall calendar year max)            |
| <b>Mental Illness</b> <ul style="list-style-type: none"> <li>Must be diagnosed &amp; admitted as an inpatient into a mental illness unit</li> </ul>   | \$300 per day up to 60 day(s) calendar year max (applied to overall calendar year max)              | \$400 per day up to 60 day(s) calendar year max (applied to overall calendar year max)            |
| <b>Skilled Nursing Facility</b> <ul style="list-style-type: none"> <li>Must be admitted in a skilled nursing facility following a covered hospital stay of at least 3 days</li> </ul>   | \$300 per day up to 57 day(s) calendar year max (applied to overall calendar year max)              | \$400 per day up to 57 day(s) calendar year max (applied to overall calendar year max)            |
| <b>Doctor's Office Benefit</b> <ul style="list-style-type: none"> <li>Benefit pays one benefit per day if the patient is seen by a doctor for an illness or injury</li> </ul>   | \$100 per visit<br>4 visits per calendar year   | \$100 per visit<br>6 visits per calendar year   |
| <b>Outpatient Diagnostic Labs</b> <ul style="list-style-type: none"> <li>Includes glucose test, urinalysis, CBC &amp; others</li> <li>When hospital confinement is not required &amp; the test is ordered or performed by a doctor</li> </ul>                       | \$45 per day up to 3 days per calendar year   | \$65 per day up to 3 days per calendar year   |
| <b>Outpatient Diagnostic Radiology</b> <ul style="list-style-type: none"> <li>Includes chest, broken bones, &amp; others</li> <li>When hospital confinement is not required &amp; the test is ordered or performed by a doctor</li> </ul>                           | \$100 per day up to 2 days per calendar year  | \$150 per day up to 2 days per calendar year  |





| Benefits  | Plan 2  | Plan 3  |
|---|---|---|
| <b>Outpatient Advanced Studies</b> <ul style="list-style-type: none"> <li>Includes CT Scan, MRI, &amp; others</li> <li>When hospital confinement is not required &amp; the test is ordered or performed by a doctor</li> </ul>  | \$400 per day<br>up to 2 days per calendar year   | \$500 per day<br>up to 2 days per calendar year   |
| <b>Inpatient Surgical Benefit</b> <ul style="list-style-type: none"> <li>Surgery must be performed due to an illness or injury as an inpatient stay in a hospital</li> <li>Minor surgical procedures are excluded</li> </ul>  | \$750 per day<br>1 day per calendar year  | \$1,500 per day<br>2 days per calendar year   |
| <b>Inpatient Anesthesia Benefit</b> <ul style="list-style-type: none"> <li>25% of the amount paid under the inpatient surgical benefit</li> </ul>   | \$187.50 per day<br>1 day per calendar year   | \$375 per day<br>1 per calendar year  |
| <b>Outpatient Surgical Benefit</b> <ul style="list-style-type: none"> <li>Surgery must be performed due to an illness or injury at an outpatient surgical facility center of hospital outpatient surgical facility</li> <li>Minor surgeries are excluded</li> </ul>   | \$350 per day<br>2days per calendar year  | \$750 per day<br>2 days per calendar year   |
| <b>Outpatient Anesthesia Benefit</b> <ul style="list-style-type: none"> <li>25% of the amount paid under the outpatient surgical benefit</li> </ul>   | \$93.75 per day<br>2 days per calendar year   | \$187.50 per day<br>2 days per calendar year  |
| <b>Emergency Room Sickness Benefit</b> <ul style="list-style-type: none"> <li>Pays one benefit per day for services received in an ER as a result of an illness</li> </ul>  | \$150 per day up<br>2 days per calendar year  | \$150 per days<br>2 calendar days per year  |
| <b>Outpatient Surgical Facility</b> <ul style="list-style-type: none"> <li>Pays one benefit per day for surgery performed at an outpatient surgical facility center or hospital outpatient surgical facility</li> </ul>   | \$150 per day<br>2 day per calendar year  | \$200 per day<br>2 days per calendar year   |
| <b>Specified Illness Plus</b> <ul style="list-style-type: none"> <li>Lump sum benefit for specified major health events (first diagnosis of invasive cancer, heart attack, stroke, or major organ transplant).</li> <li>30 day waiting period for heart attack &amp; stroke</li> <li>90 day waiting period for invasive cancer &amp; major organ transplants</li> </ul>   | \$5,000 lump sum 1 lump sum per transplant event<br>Spouse 50% of lump<br>Children 25% lump sum | \$10,000 lump sum 1 lump sum per transplant event<br>Spouse 50% of lump sum<br>Children 25% of lump sum |
| <p align="center"><b>THE LIMITED BENEFIT IDEMNITY PLAN ALONE DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE (MADJOR MEDICAL COVERAGE) &amp; DOES NOT SATISFY THE REQUIREMENT OF MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. HOWEVER, THE PREVENTIVE CARE PLAN OFFERED AS PART OF PANABRIDGE ADVANTAGE DOES MEET THE INDIVIDUAL RESPONSIBILITY REQUIRMENT UNDER THE AFFORDABLE CARE ACT AS IT PROVIDES MINIMUM ESSTIAL COVERAGE</b></p> |   |   |

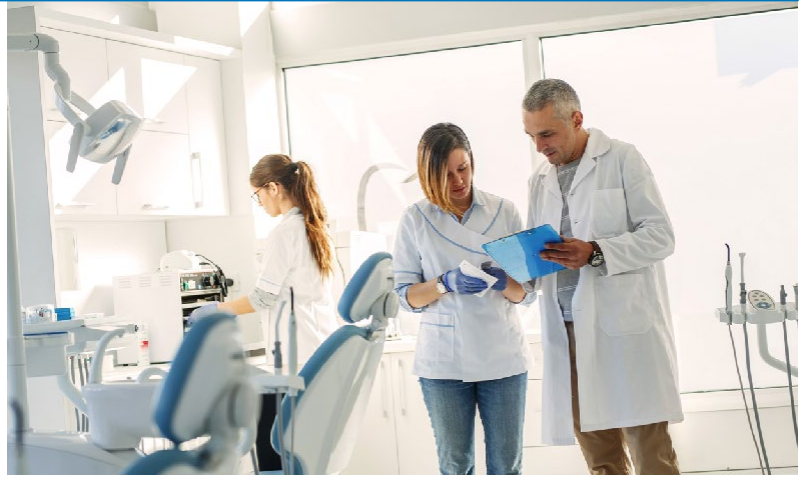


| <b>Member Cost Per Pay Period (19)</b> |                                  |                                  |
|--|----------------------------------|----------------------------------|
| <b>Benefit Tier<br/>Plan 2</b>         | <b>19 Payroll<br/>Deductions</b> | <b>24 Payroll<br/>Deductions</b> |
| <b>Member</b>                          | \$42.18                          | \$33.40                          |
| <b>Member &amp; Spouse</b>             | \$79.37                          | \$62.83                          |
| <b>Member &amp;<br/>Child(ren)</b>     | \$73.43                          | \$58.13                          |
| <b>Family</b>                          | \$166.61                         | \$131.90                         |
| <b>Benefit Tier<br/>Plan 3</b>         | <b>19 Payroll<br/>Deductions</b> | <b>24 Payroll<br/>Deductions</b> |
| <b>Member</b>                          | \$56.52                          | \$44.75                          |
| <b>Member &amp; Spouse</b>             | \$107.88                         | \$85.41                          |
| <b>Member &amp;<br/>Child(ren)</b>     | \$102.44                         | \$81.10                          |
| <b>Family</b>                          | \$226.48                         | \$179.30                         |

## Dental Insurance



- You will pay less out-of-pocket when you choose an in-network provider.
- Locate an in-network provider at [www.guardianlife.com/providers](http://www.guardianlife.com/providers) or by calling 800-627-4200
- Out-of-network providers can balance bill or bill you for the difference between the provider's charge and the allowed amount.
- Please refer to the official plan documents for additional information on coverage and exclusions.



| Covered Benefits  | In-Network                        |
|---|-----------------------------------|
| <b>Calendar Year Deductible</b> (waived for Preventive Care)  | \$50 per person, \$150 per family |
| <b>Annual Plan Benefit Maximum</b>  | \$2,000 per covered member        |
| <b>Orthodontic Lifetime Maximum</b>   | \$1,000                           |
| <b>Preventive Care</b><br>Oral exams, cleanings, X-rays, sealants (to age 14), space maintainers (to age 14) and fluoride treatment (to age 14) | 100%                              |
| <b>Basic Services</b><br>Periodontal & endodontic services, fillings, simple extractions, root canal, anesthesia                                | 100%                              |
| <b>Major Services</b><br>Bridges, crowns (inlays/outlays), dentures (full/partial), veneers   | 60%                               |
| <b>Orthodontic Services</b><br>Available to dependent child(ren) to age 19  | 50%                               |

### Deduction 19 pay periods

| Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family |
|---------------|-------------------|-----------------------|-------------------|
| \$17.99       | \$34.68           | \$45.20               | \$65.25           |



## Vision Insurance



- You will pay less out-of-pocket when you choose an in-network provider.
- Locate an in-network provider at [www.vsp.com](http://www.vsp.com) or by calling 800-877-7195
- **You do not need an ID card to begin receiving network services after the effective date of your enrollment.**
- Please refer to the official plan documents for additional information on coverage and exclusions.

| Covered Benefits   | In-Network      | Out-of-Network                      |
|--|-----------------|-------------------------------------|
| <b>Eye Exam</b> (every 12 months)  | \$10 copay      | \$10 allowance                      |
| Exam Allowance   | 100%            | \$39 allowance                      |
| Materials  | \$10 copay      | \$10 allowance                      |
| <b>Standard Plastic Lenses</b> (every 12 months)                           |                 |                                     |
| Single / Bifocal / Trifocal / Lenticular                                   | \$0 copay       | \$23 / \$37 / \$49 / \$64 allowance |
| <b>Frames</b> (every 24 months)  | \$130 allowance | \$46 allowance                      |
| <b>Contact Lenses</b> (every 12 months in lieu of standard plastic lenses) |                 |                                     |
| <b>Elective</b>  | \$130 allowance | \$100 allowance                     |
| <b>Medically Necessary</b>   | Plan Pays 100%  | \$210 allowance                     |

### Deduction 19 pay periods

| Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family |
|---------------|-------------------|-----------------------|-------------------|
| \$4.75        | \$7.99            | \$8.15                | \$12.89           |





## Group Life Insurance



### Life and Accidental Death & Dismemberment (AD&D)

Basic Life and AD&D Insurance is automatically provided to all benefits-eligible employees at no cost. If you die as a result of an accident, your beneficiary will receive both the life and the AD&D benefit.

- Life Insurance Amount: \$50,000
- AD&D Amount: Equal to life insurance amount
- Benefit Reduction Schedule: 35% at age 65, 60% at age 70, 75% at age 75 and 85% at age 80
- **Please refer to the official plan documents for additional information on coverage and exclusions.**

|  |         |
|--|---------|
| Dependent Life - \$1.08 per pay period |         |
| Spouse                                 | \$5,000 |
| Child (Flat)                           | \$2,000 |

## Voluntary Life Insurance



### What is Voluntary Life Insurance?

Voluntary Life Insurance is offered through an employer but is paid by employees.

### Why purchase voluntary life insurance?

- This type of life insurance has limited underwriting required. This allows for people with health conditions or lifestyles that might otherwise disqualify them to qualify for life insurance.
- The group rates are lower than what you could purchase on your own.
- You may purchase a policy for your spouse and children IF you elect coverage for yourself.
- **Please refer to the official plan documents for additional information on coverage and exclusions.**

## REMINDER

Review your beneficiary designations.



## Voluntary Life Insurance Cont.



**Employee Coverage:** \$25,000 to \$200,000 in increments of \$25,000

**Guaranteed Coverage Amount for New Hire:** \$150,000

**Currently Enrolled Employees:** No Guaranteed Issue

**Employees Not Currently Enrolled:** No Guarantee Issue

**Spouse:** 50% of employee coverage to a max of \$100,000

**Spouse Guaranteed Issue for New Hire:** \$50,000

**Dependent Child Coverage:** \$10,000

**Age Reduction Schedule:**

35% at age 65

60% at age 70

75% at age 75

85% at age 80

## Voluntary Life Insurance Cont.



| Amount                                  | Premium Per Pay Period (19)<br>Policy Election Cost Per Age Bracket |        |         |         |         |         |         |          |          |
|---|---|--------|---------|---------|---------|---------|---------|----------|----------|
|   | <30   | 30-34  | 35-39   | 40-44   | 45-49   | 50-54   | 55-59   | 60-64    | 65-69    |
| <b>\$25,000 Policy Election Amount</b>  |   |        |         |         |         |         |         |          |          |
| Employee \$25,000                       | \$0.79  | \$1.11 | \$1.58  | \$2.84  | \$4.58  | \$6.95  | \$12.32 | \$20.53  | \$32.68  |
| Spouse \$12,500                         | \$0.40  | \$0.56 | \$0.79  | \$1.42  | \$2.29  | \$3.47  | \$6.16  | \$10.26  | \$16.35  |
| Dependent \$2,500                       | \$0.27  | \$0.27 | \$0.27  | \$0.27  | \$0.27  | \$0.27  | \$0.27  | \$0.27   | \$0.27   |
| <b>\$50,000 Policy Election Amount</b>  |   |        |         |         |         |         |         |          |          |
| Employee \$50,000                       | \$1.58  | \$2.21 | \$3.16  | \$5.68  | \$9.16  | \$13.89 | \$24.63 | \$41.05  | \$65.37  |
| Spouse \$25,000                         | \$0.79  | \$1.11 | \$1.58  | \$2.84  | \$4.58  | \$6.95  | \$12.32 | \$20.53  | \$32.68  |
| Dependent \$5,000                       | \$0.54  | \$0.54 | \$0.54  | \$0.54  | \$0.54  | \$0.54  | \$0.54  | \$0.54   | \$0.54   |
| <b>\$100,000 Policy Election Amount</b> |   |        |         |         |         |         |         |          |          |
| Employee \$100,000                      | \$3.16  | \$4.42 | \$6.32  | \$11.37 | \$18.32 | \$27.79 | \$49.26 | \$82.11  | \$130.74 |
| Spouse \$50,000                         | \$1.58  | \$2.21 | \$3.16  | \$5.68  | \$9.16  | \$13.89 | \$24.63 | \$41.05  | \$65.37  |
| Dependent \$10,000                      | \$1.07  | \$1.07 | \$1.07  | \$1.07  | \$1.07  | \$1.07  | \$1.07  | \$1.07   | \$1.07   |
| <b>\$150,000 Policy Election Amount</b> |   |        |         |         |         |         |         |          |          |
| Employee \$150,000.00                   | \$4.74  | \$6.63 | \$9.47  | \$17.05 | \$27.47 | \$41.68 | \$73.89 | \$123.16 | \$195.79 |
| Spouse \$75,000.00                      | \$2.37  | \$3.32 | \$4.74  | \$8.53  | \$13.74 | \$20.84 | \$36.95 | \$61.58  | \$98.05  |
| Dependent \$10,000.00                   | \$1.07  | \$1.07 | \$1.07  | \$1.07  | \$1.07  | \$1.07  | \$1.07  | \$1.07   | \$1.07   |
| <b>\$200,000 Policy Election Amount</b> |   |        |         |         |         |         |         |          |          |
| Employee \$200,000.00                   | \$6.32  | \$8.84 | \$12.63 | \$22.74 | \$36.63 | \$55.58 | \$98.53 | \$164.21 | \$261.47 |
| Spouse \$100,000.00                     | \$3.16  | \$4.42 | \$6.32  | \$11.37 | \$18.32 | \$27.79 | \$49.26 | \$82.11  | \$130.74 |
| Dependent \$10,000.00                   | \$1.07  | \$1.07 | \$1.07  | \$1.07  | \$1.07  | \$1.07  | \$1.07  | \$1.07   | \$1.07   |





## Disability Insurance



### Short-Term Disability Insurance

Short-Term Disability (STD) Insurance is designed to help you meet your financial needs if you are unable to work due to a non-work-related illness or injury. **Short-Term Disability Insurance is a voluntary plan; employees are responsible for 100% of the cost.** Premiums are calculated as a percentage of your annual base salary. Benefits may be offset due to other benefits such as paid sick leave, workers' compensation, etc.

- **Benefit Amount:** \$50 increments from \$50 to a maximum of \$1,000
- **Replacement Coverage:** Available up to policy limits if replacing existing coverage
- **Age Rate Structure:** Cost per age bracket
- **Non-Occupational Coverage:** Off-the-job only
- **Elimination Period:** 15 days from the date of injury/accident
- **Benefit Duration:** Up to 13 weeks
- **Guarantee Issue:** \$1,000
- **Pre-Existing Condition Waiting Period:** 3 month look back; 12 months after 2 weeks limitation
- **Waiver of Premium:** While receiving Short-Term Disability benefits



## Disability Insurance



## Short-Term Disability Plan Cost Illustration – Election cost per age bracket

|   | Election Coast Per Age Bracket |         |         |         |         |         |         |         |
|---|--------------------------------|---------|---------|---------|---------|---------|---------|---------|
|   | <30                            | 30-34   | 35-39   | 40-44   | 45-49   | 50-54   | 55-59   | 60+     |
| \$4,333 Minimum Annual Salary<br>\$50 Weekly Benefits | \$2.70                         | \$2.34  | \$1.47  | \$1.17  | \$1.66  | \$1.81  | \$2.34  | \$3.20  |
| \$8,667 Minimum Annual Salary<br>\$100                | \$5.40                         | \$4.67  | \$2.94  | \$2.35  | \$3.32  | \$3.61  | \$4.68  | \$3.39  |
| \$13,000 Minimum Annual salary<br>\$150               | \$8.10                         | \$7.00  | \$4.41  | \$3.52  | \$4.98  | \$5.42  | \$7.02  | \$9.58  |
| \$17,333 Minimum Annual salary<br>\$200               | \$10.80                        | \$9.33  | \$5.87  | \$4.70  | \$6.64  | \$7.23  | \$9.36  | \$12.77 |
| \$21,667 Minimum Annual Salary<br>\$250               | \$13.50                        | \$11.67 | \$7.35  | \$5.87  | \$8.31  | \$9.03  | \$11.70 | \$15.97 |
| \$26,000 Minimum Annual Salary<br>\$300               | \$16.20                        | \$14.00 | \$8.81  | \$7.05  | \$9.97  | \$10.84 | \$14.04 | \$19.16 |
| \$30,333 Minimum Annual Salary<br>\$350               | \$18.90                        | \$16.34 | \$10.28 | \$8.22  | \$11.63 | \$12.64 | \$16.38 | \$22.35 |
| \$34,667 Minimum Annual Salary<br>\$400               | \$21.60                        | \$18.67 | \$11.75 | \$9.40  | \$13.29 | \$14.45 | \$18.72 | \$25.54 |
| \$39,000 Minimum Annual Salary<br>\$450               | \$24.30                        | \$21.01 | \$13.22 | \$10.57 | \$14.95 | \$16.26 | \$21.06 | \$28.74 |
| \$43,333 Minimum Annual Salary<br>\$500               | \$27.00                        | \$23.34 | \$14.68 | \$11.75 | \$16.61 | \$18.06 | \$23.40 | \$31.93 |
| \$47,667 Minimum Annual Salary<br>\$550               | \$29.70                        | \$25.67 | \$16.16 | \$12.92 | \$18.27 | \$19.87 | \$25.74 | \$35.12 |
| \$52,000 Minimum Annual Salary<br>\$600               | \$32.40                        | \$28.00 | \$17.62 | \$14.10 | \$19.93 | \$21.68 | \$28.08 | \$38.31 |
| \$56,333 Minimum Annual Salary<br>\$650               | \$35.10                        | \$30.34 | \$19.09 | \$15.27 | \$21.59 | \$23.48 | \$30.42 | \$41.51 |
| \$60,667 Minimum Annual Salary<br>\$700               | \$37.80                        | \$32.67 | \$20.56 | \$16.45 | \$23.25 | \$25.29 | \$32.76 | \$44.70 |
| \$65,000 Minimum Annual Salary<br>\$750               | \$40.50                        | \$35.01 | \$22.03 | \$17.62 | \$24.92 | \$27.09 | \$35.10 | \$47.89 |
| \$69,333 Minimum Annual Salary<br>\$800               | \$43.20                        | \$37.34 | \$23.49 | \$18.80 | \$26.58 | \$28.90 | \$37.44 | \$51.08 |
| \$73,667 Minimum Annual Salary<br>\$850               | \$45.90                        | \$39.68 | \$24.97 | \$19.97 | \$28.24 | \$30.71 | \$39.78 | \$54.28 |
| \$78,000 Minimum Annual Salary<br>\$900               | \$48.60                        | \$42.01 | \$26.43 | \$21.15 | \$29.90 | \$32.51 | \$42.12 | \$57.47 |
| \$82,333 Minimum Annual Salary<br>\$950               | \$51.30                        | \$44.34 | \$27.90 | \$22.32 | \$31.56 | \$34.32 | \$44.46 | \$60.66 |
| \$86,667 Minimum Annual Salary<br>\$1,000             | \$54.00                        | \$46.67 | \$29.37 | \$23.49 | \$33.22 | \$36.13 | \$46.80 | \$63.85 |



## Disability Insurance



### Long-Term Disability Insurance

Long-Term Disability (LTD) Insurance is designed to help you meet your financial needs during longer disability periods. Benefits may be offset due to other benefits such as paid sick leave, workers' compensation, etc.

- **Benefit Amount:** From \$500 to \$6,000 per month. Not to exceed 60% of annual income
- **Elimination Period:** 90 days from the date of disability
- **Benefit Duration:** Until Social Security Normal; Retirement Age
- **Pre-Existing Condition Waiting Period:** 12 months look back; 12 months after exclusion
- **Waiver of Premium:** After 90 days

## Disability Insurance



| Monthly Benefit | Minimum Annual Salary | <30    | 30-34   | 35-39   | 40-44   | 45-49   | 50-54   | 55-59   | 60+     |
|-----------------|-----------------------|--------|---------|---------|---------|---------|---------|---------|---------|
| <b>\$500</b>    | \$10,000              | \$0.49 | \$0.60  | \$0.68  | \$0.95  | \$1.34  | \$1.83  | \$2.49  | \$2.62  |
| <b>\$600</b>    | \$12,000              | \$0.59 | \$0.71  | \$0.81  | \$1.14  | \$1.60  | \$2.19  | \$2.99  | \$3.14  |
| <b>\$700</b>    | \$14,000              | \$0.69 | \$0.83  | \$0.95  | \$1.33  | \$1.88  | \$2.56  | \$3.49  | \$3.66  |
| <b>\$800</b>    | \$16,000              | \$0.79 | \$0.95  | \$1.08  | \$1.52  | \$2.14  | \$2.92  | \$3.98  | \$4.19  |
| <b>\$900</b>    | \$18,000              | \$0.88 | \$1.07  | \$1.22  | \$1.71  | \$2.41  | \$3.28  | \$4.48  | \$4.71  |
| <b>\$1,000</b>  | \$20,000              | \$0.99 | \$1.19  | \$1.35  | \$1.90  | \$2.68  | \$3.65  | \$4.98  | \$5.24  |
| <b>\$1,500</b>  | \$30,000              | \$1.48 | \$1.79  | \$2.03  | \$2.85  | \$4.02  | \$5.48  | \$7.47  | \$7.86  |
| <b>\$1,800</b>  | \$36,000              | \$1.77 | \$2.15  | \$2.43  | \$3.42  | \$4.82  | \$6.57  | \$8.96  | \$9.42  |
| <b>\$2,000</b>  | \$40,000              | \$1.97 | \$2.39  | \$2.70  | \$3.80  | \$5.36  | \$7.30  | \$9.95  | \$10.47 |
| <b>\$2,500</b>  | \$50,000              | \$2.46 | \$2.99  | \$3.38  | \$4.76  | \$6.69  | \$9.13  | \$12.44 | \$13.09 |
| <b>\$3,000</b>  | \$60,000              | \$3.77 | \$4.70  | \$5.48  | \$7.84  | \$11.35 | \$15.93 | \$22.21 | \$23.97 |
| <b>\$3,500</b>  | \$70,000              | \$4.40 | \$5.48  | \$6.39  | \$9.15  | \$13.24 | \$18.59 | \$25.91 | \$27.97 |
| <b>\$4,000</b>  | \$80,000              | \$5.03 | \$6.27  | \$7.30  | \$10.46 | \$15.13 | \$21.25 | \$29.61 | \$31.96 |
| <b>\$6,000</b>  | \$120,000             | \$8.94 | \$11.29 | \$13.34 | \$19.29 | \$28.16 | \$39.98 | \$56.20 | \$61.24 |



## Voluntary Critical Illness Insurance



Critical Illness Insurance supplements your existing medical insurance in case you are diagnosed with a covered condition, like a heart attack or stroke; medical insurance alone may not be enough to cover your expenses. The plan pays a cash benefit during the term of your coverage following a covered diagnosis.

- Critical Illness Insurance may not cover all types of cancer, but it does cover heart and vascular conditions, cancer-related conditions, and major organ failure
- Guaranteed Issue for Employee is \$25,000 and for Spouse is \$12,500
- Employee may choose a lump sum benefit of \$5,000 to \$25,000 in increments of \$5,000
- Spouse may choose a lump sum benefits of \$2,500 to \$12,500 up to 50% of the employee benefits and Child 25% of Employee benefit
- 12 month look back period, 12 month exclusion period, continuity of coverage
- Benefit Reduction (of original amount): Age 70 50% reduction
- [Please refer to the official plan documents for additional information on coverage and exclusions.](#)

| Covered Specified Critical Illnesses            | Percent of Benefit Amount        |
|---|----------------------------------|
| Cancer  | 100%                             |
| Carcinoma in situ                               | 30%                              |
| Skin Cancer                                     | \$250 one-time (lifetime)        |
| Heart Attack (Myocardial Infarction)            | 100%                             |
| Coronary Artery Bypass Surgery                  | 30%                              |
| Stroke (Apoplexy or Cerebral Vascular Accident) | 100%                             |
| Coma  | 100%                             |
| Paralysis                                       | 50% for 1 limb, 100% for 2 limbs |
| Severe Burns                                    | 100%                             |
| Organ Failure                                   | 100%                             |
| Alzheimer's Disease                             | 50%                              |
| ALS (Lou Gehrig's Disease)                      | 100%                             |
| Loss of Sight, Speech or Hearing                | 100%                             |
| Benign Brain Tumor                              | 75%                              |



# Voluntary Critical Illness Insurance



## Health Screening Benefits

We will pay a \$50 benefit if an insured has any one of the covered screening tests after the 30 day waiting period. (waiting period does not apply in Kansas, Indiana, Missouri.) This benefit is paid only once per calendar year, regardless of the number of tests. Payment of this benefit will not reduce the amount payable for the diagnosis of a critical illness. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the policy remains inforce. This benefit is payable for the covered employee (and spouse if spouse coverage is included). This benefit is not paid for dependent children. The covered health screening includes:

|   |   |
|---|---|
| 1. Stress test on a bicycle or treadmill  | 11. Colonoscopy   |
| 2. Fasting blood glucose test             | 12. Flexible sigmoidoscopy  |
| 3. Blood test for triglycerides           | 13. Hemocult stool analysis   |
| 4. Lipid Panel (total cholesterol count)  | 14. Mammography / Breast Ultrasound                                     |
| 5. Bone marrow testing                    | 15. Pap smear (including Thin Prep Pap Test)                            |
| 6. CA 153 (blood test for breast cancer)  | 16. PSA (blood test for prostate cancer)                                |
| 7. CA 125 (blood test for ovarian cancer) | 17. Serum Protein Electrophoresis (blood for myeloma)                   |
| 8. CEA (blood test for colon cancer)      | 18. Thermography  |
| 9. Chest X-ray                            | 19. Oral cancer screening using ViziLite Ora Test or other similar rest |
| 10. Electrocardiogram (EKG)               | 20. Biopsy for Skin Cancer  |

**RATES INCLUDE THE FOLLOWING:** Specified Critical Illness including Cancer, Pre-Existing Condition Exclusion, Age 70 Reduction and the \$50 Health Screening Benefit Rider. Spouse is eligible to apply for up to 100% of the employee amount. Includes 25% benefit for eligible children. Tobacco

| Employee Rates Premiums Are Listed At Issue Age   |        |         |         |         |         |         |
|---|--------|---------|---------|---------|---------|---------|
| Benefit Amounts   | <30    | 30-39   | 40-49   | 50-59   | 60-69   | 70+     |
| \$5,000   | \$1.29 | \$2.24  | \$4.36  | \$7.67  | \$11.08 | \$18.85 |
| \$10,000  | \$2.59 | \$4.48  | \$8.72  | \$15.35 | \$22.17 | \$37.71 |
| \$15,000  | \$3.88 | \$6.73  | \$13.07 | \$23.02 | \$33.25 | \$56.56 |
| \$20,000  | \$5.18 | \$8.97  | \$17.43 | \$30.69 | \$44.34 | \$75.41 |
| \$25,000  | \$6.47 | \$11.21 | \$21.79 | \$38.37 | \$55.42 | \$94.26 |
| <b>*Benefit amounts for individuals who are age 70 and over and applying for coverage have already been reduced by 50%.</b> |        |         |         |         |         |         |
| Spouse Rates *BASED ON SPOUSE AGE*  |        |         |         |         |         |         |
| \$2,500   | \$0.65 | \$1.12  | \$2.18  | \$3.84  | \$5.55  | \$9.43  |
| \$5,000   | \$1.29 | \$2.24  | \$4.36  | \$7.67  | \$11.08 | \$18.85 |
| \$7,500   | \$1.95 | \$3.37  | \$6.54  | \$11.51 | \$22.95 | \$28.28 |
| \$10,000  | \$2.59 | \$4.48  | \$8.72  | \$15.35 | \$22.17 | \$37.71 |
| \$12,500  | \$3.24 | \$5.61  | \$10.89 | \$19.19 | \$27.71 | \$47.13 |

## Important Contacts

| Benefit   | Carrier                             | Phone        | Website/Email  |
|---|-------------------------------------|--------------|--|
| Medical Insurance   | Blue Cross Blue Shield of Louisiana | 800-495-2583 | <a href="http://www.bcbsla.com">www.bcbsla.com</a>                                 |
| Dental Insurance  | Guardian                            | 800-627-4200 | <a href="http://www.guardianlife.com/providers">www.guardianlife.com/providers</a> |
| Vision Insurance  | VSP                                 | 877-7195     | <a href="http://www.vsp.com">www.vsp.com</a>                                       |
| Life and AD&D Insurance, Disability, Critical Illness Insurance | Guardian                            | 800-638-5433 | <a href="http://www.guardian.com">www.guardian.com</a>                             |
| Voluntary Life with Long-Term Care                              | CHUBB                               | 855-241-9891 | <a href="http://www.chubb.com">www.chubb.com</a>                                   |
| Employer Contact  | Dora or Sandra                      | 985-318-8800 | <a href="http://www.rccdc.org">www.rccdc.org</a>                                   |

# About Us

Cadence Insurance, A Gallagher Company, delivers the highest standard in brokerage services nationally and globally to individuals, small companies, and organizations with more than 10,000 employees. We are an industry leader in commercial insurance, surety, employee benefits, and private client brokerage services that invests in technology and human capital to expand service offerings and create a competitive advantage for clients.

## Connect With Us

**Marylea Fears**

**Employee Benefits**

Employee Benefits

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