



MCNEESE
STATE UNIVERSITY



EMPLOYEE BENEFITS GUIDE

January 1, 2020 - December 31, 2021

WELCOME

We are pleased to offer a comprehensive benefit program to our valued employees. This benefits guide will provide you with information about the benefits available to you and how to enroll.

As you review this guide, you will notice that you have a full array of options for your benefits. Having choices means that you can select those plans and options best suited to your family's particular needs. To make informed choices regarding your benefits, please take the time to learn about the features of the various new plan offerings by reviewing this guide.

NEW THIS YEAR

We are happy to announce that we are not making any changes to our plans this year! All benefits are remaining the same.

We will also continue to utilize the PlanSource enrollment system. Please take the time to verify that all of your /your dependent information, address, beneficiary, etc are correct and up to date. Everyone will have to enter the PlanSource portal and make elections for this coming benefit year. Items to have on hand for enrolling:

- Social Security Number (SSN) for all legal dependents you wish to enroll in any coverage
- Date of Birth (DOB) for all legal dependents you wish to enroll in any coverage
- Beneficiary Information for Life insurance, which includes your beneficiaries' name, DOB and SSN



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DISCLAIMER

The information in this Benefits Guide is designed to provide an overview of the benefits offered through McNeese State University. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These official documents govern your benefits program. If there is any discrepancy between the Benefits Guide and the official documents, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits. McNeese State University reserves the right to modify, change, revise, amend or terminate these benefits plans at any time. If you have any questions about this summary, contact Human Resources.

FIRST STEPS

Log in to PlanSource

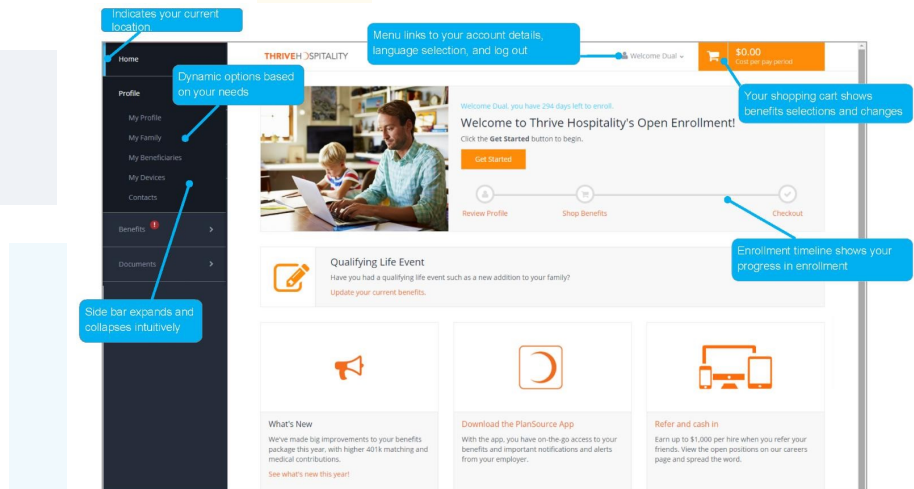
Before you can do anything in the PlanSource system, you must first log in with your username and password.

1. Type or paste this link into your web browser's search bar:
<https://benefits.plansource.com/>
2. On the login page, type your username and password.
3. If this is the first time you are using this site follow the instructions below for your user name and
4. Password. Your Username consists of:
 - a. First initial of your First Name
 - b. First six characters of your Last Name
 - c. Last four (4) digits of your SSN

Example: John Employee, whose SSN is 000-00-1234, would have a login of JEMPLOY1234

Your Password is your birthdate in the format YYYYMMDD. Example: a birthdate of February 7, 1975 would look like this: 19750207

First time users will be prompted to select a new Password. (Note: Every year during Open Enrollment your password will reset back to your birthdate in the YYYYMMDD format.) If you forgot your password, click forgot your password. If you have no email address on file for this process, contact your Human Resources department.



Welcome Screen

From this screen you will be able to begin your enrollment, make changes to your benefits, see your benefits summary, and review Benefit Plan Information among other resources.

Overview

At the top of the screen you'll see how many days you have left to enroll, whether you're a new hire or in an open enrollment window. You also have until that time to revisit benefits.plansource.com to make any changes to your enrollment. Failure to enroll by the enrollment due date will result in "NO COVERAGE".

1. Review the timeline. The timeline will show where you are, or where you left off in the enrollment process.
2. Click Get Started

Updating Your Information

After you select Get Started, you will be taken through a series of steps in order to update your own personal information and your dependents information.

Shop for Benefits

You've checked your profile information, and added dependents. Now you're looking at your benefits dashboard, and you're ready to shop! You'll see available options in the middle of your screen, and the total Benefit Cost per pay period will appear in the upper right hand side of the enrollment screen in your cart.

Electing a Plan

All the plans available to you will be listed on the Plan Cards page (see above; the plans in the figures are of sample plans for demonstration purposes only). So, after you've reviewed your options, learned about that benefit type and decided what plan is right for you and your family, you'll need to select your benefit.

- This is where you can edit who you want to cover, or add, by click Edit Family Covered.
- Click on the benefit you wish to enroll in.

Enrollment Confirmation

This page lists all the benefits you elected: Read through the entire page carefully and verify all information. Your cost is at the top in your cart, and your confirmed plan elections are shown below. You'll notice your timeline has reached checkout as well! To review your plans and who's covered, simply click View Plan next to each benefits type. You can also download, email, and print your selections for your own record. Congratulations, you have completed your enrollment!

MEDICAL BENEFITS - MAGNOLIA LOCAL PLUS

MAGNOLIA LOCAL PLUS

The Magnolia Local Plus plan offers the same coverage as the Magnolia Local plan. This plan offers \$25 primary care co-pays and \$50 specialty care co-pays.

The Local Plus plan is ideal for members who prefer the predictability of co-payments rather than using employer funding to offset out-of-pocket costs.

This plan provides care in the Blue Cross nationwide network. Out-of-network care is provided in emergencies only.

MEDICAL COVERAGE				
	Single	Employee + Spouse	Employee + Children	Family
Deductible – Active Retiree (on or after 3/1/2015)	\$400	\$800	\$1,200	\$1,200
Deductible Retiree (with or without Medicare before 3/1/15)	\$0	\$0	\$0	\$0
Co-pay(In-Network)	\$25/\$50	\$25/\$50	\$25/\$50	\$25/\$50
Out-of-Pocket Maximum – Active Employee (on or after 3/1/15)	\$3,500	\$6,000	\$8,500	\$8,500
Out-of-Pocket Maximum – Retiree (with or without Medicare before 3/1/15)	\$2,000	\$3,000	\$4,000	\$4,000

MAGNOLIA LOCAL PLUS RESOURCES

Blue Cross and Blue Shield of LA
www.bcbsla.com/ogb
 1-800-392-4089
 8:00 AM – 5:00 PM CT
 Monday-Friday

MedImpact
mp.medimpact.com/ogb
 1-800-788-2949
 8:00 AM – 11:00 PM CT
 24 Hours, Seven Days a Week

- > [Louisiana Provider Directory](#)
- > [National Provider Directory](#)
- > [2018 Schedule of Benefits](#)
- > [2018 Benefit Plan](#)
- > [Benefit Comparison](#)
- > [Premium Rates](#)

PHARMACY BENEFITS – MEDIMPACT

OGB uses the MedImpact formulary to help members select the most appropriate, lowest-cost options. The formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a co-pay or coinsurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred brand, non-preferred brand or specialty drug.

Tier	Member Co-Pay
Generic	50% up to \$30
Preferred	50% up to \$55
Non-Preferred	65% up to \$80
Specialty	50% up to \$80
Once you pay \$1,500:	
Generic	\$0
Preferred	\$20
Non-Preferred	\$40
Specialty	\$40

MEDICAL BENEFITS - MAGNOLIA OPEN ACCESS

MAGNOLIA OPEN ACCESS

The Magnolia Open Access Plan offers coverage both inside and outside of the Blue Cross nationwide network.

Though the premiums for the Magnolia Open Access plan are higher than OGB's other plans, its moderate deductibles combined with a nationwide network make it an attractive plan for members who live out of state or travel regularly.

MEDICAL COVERAGE

	Single	Employee + Spouse	Employee + Children	Family
Deductible – Active Retiree (on or after 3/1/2015)	\$900	\$1,800	\$2,700	\$2,700
Deductible Retiree (with or without Medicare before 3/1/2015)	\$300	\$600	\$900	\$900
Coinsurance – Active Employee/Non-Medicare Retiree (In-Network)	10%	10%	10%	10%
Coinsurance – Medicare Retiree (In-Network)	20%	20%	20%	20%
Active Employee/Non-Medicare Retiree (Out-of-Network)	30%	30%	30%	30%
Out-of-Pocket Maximum – Active Employee/Non-Medicare Retiree On or After 3/1/15	\$3,500	\$6,000	\$8,500	\$8,500
Out-of-Pocket Maximum – Non-Medicare Retiree (In-Network Before 3/1/15)	\$2,300 individual; plus \$1,300 per additional person up to 2; plus \$1,000 per additional person up to 10 people; \$12,700 for a family of 12+			
Out-of-Pocket Maximum – Medicare Retiree (Out-of-Network Before 3/1/15)	\$3,300 individual; plus \$2,300 per additional person up to 2; plus \$2,000 per additional person up to 2 additional people; \$12,700 for a family of 5+			

MAGNOLIA OPEN ACCESS

Blue Cross and Blue Shield of LA

www.bcbsla.com/ogb

1-800-392-4089

8:00 AM – 5:00 PM CT

Monday-Friday

MedImpact

mp.medimpact.com/ogb

1-800-788-2949

8:00 AM – 11:00 PM CT

24 Hours, Seven Days a Week

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- > National Provider Directory
- > 2018 Schedule of Benefits
- > 2018 Benefit Plan
- > Benefit Comparison
- > Premium Rates
- > Retiree 100

PHARMACY BENEFITS – MEDIMPACT

OGB uses the MedImpact formulary to help members select the most appropriate, lowest-cost options. The formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a co-pay or coinsurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred brand, non-preferred brand name drug, or specialty drug.

Tier	Member Co-Pay
Generic	50% up to \$30
Preferred	50% up to \$55
Non-Preferred	65% up to \$80
Specialty	50% up to \$80
Once you pay \$1,500:	
Generic	\$0
Preferred	\$20
Non-Preferred	\$40
Specialty	\$40

MEDICAL BENEFITS - PELICAN HRA 1000

PELICAN HRA1000

OGB offers the Pelican HRA1000 option to active employee's and retirees — with or without Medicare. This plan is administered by Blue Cross and Blue Shield of Louisiana and features lower premiums than Magnolia plans in exchange for higher deductibles.

Health Reimbursement Arrangement

A Health Reimbursement Arrangement, or HRA, is an account used to reimburse employees' medical expenses and other medical costs. These funds are available as long as you remain employed by an OGB-participating employer.

The Pelican HRA1000 includes \$1,000 in employer contributions for the employee-only plan and \$2,000 for employee plus dependent plan(s). Funds rollover up to the in-network out-of-pocket maximum, allowing members to build up a balance.

How does it work? – Members do not have direct access to the funds. The out-of-pocket portion of a claim will be paid directly by Blue Cross from the member's account. Funds can only be used to cover eligible medical expenses, such as coinsurance, co-pays, deductibles, and services. Pharmacy, dental, and vision claims are not considered eligible medical expenses and therefore will not be paid for out of the HRA funds.

MEDICAL COVERAGE

	Single	Employee + Spouse	Employee + Children	Family
Employer Contribution to HRA	\$1,000	\$2,000	\$2,000	\$2,000
Deductible (In-Network)	\$2,000	\$4,000	\$4,000	\$4,000
Deductible (Out-of-Network)	\$4,000	\$8,000	\$8,000	\$8,000
Coinsurance (In-Network)	20%	20%	20%	20%
Coinsurance (Out-of-Network)	40%	40%	40%	40%
Out-of-Pocket Maximum (In-Network)	\$5,000	\$10,000	\$10,000	\$10,000
Out-of-Pocket Maximum (Out-of-Network)	\$10,000	\$20,000	\$20,000	\$20,000

HRA RESOURCES

Blue Cross and Blue Shield of LA
www.bcbsla.com/ogb
 1-800-392-4089
 8:00 AM – 5:00 PM CT
 Monday-Friday

MedImpact
mp.medimpact.com/ogb
 1-800-788-2949
 24 Hours, Seven Days a Week

- > Louisiana Provider Directory
- > National Provider Directory
- > 2018 Schedule of Benefits
- > 2018 Benefit Plan
- > HRA Benefit Plan
- > Benefit Comparison
- > Premium Rates
- > HRA vs HSA

PHARMACY BENEFITS – MEDIMPACT

The Pelican HRA1000 uses the MedImpact formulary. The formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a co-pay or coinsurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred brand, non-preferred brand or specialty drug.

Tier	Member Co-Pay
Generic	50% up to \$30
Preferred	50% up to \$55
Non-Preferred	65% up to \$80
Specialty	50% up to \$80
Once you pay \$1,500:	
Generic	\$0
Preferred	\$20
Non-Preferred	\$40
Specialty	\$40

MEDICAL BENEFITS - PELICAN HSA775

PELICAN HSA775

OGB offers the Pelican HSA775 option to active employees. This plan is administered by Blue Cross and Blue Shield of Louisiana and features lower premiums compared to Magnolia plans in exchange for higher deductibles.

Health Savings Account

One of the benefits of choosing the Pelican HSA775 is the option to enroll in a health savings account (HSA). The HSA allows you to use pre-tax dollars to pay eligible medical and pharmacy expenses for you and your eligible dependents until you satisfy your deductible. It can also help you save for future health care expenses.

Your employer will contribute \$200 per plan year to help jump-start your savings and will match your tax-free contributions made through payroll deduction dollar-for-dollar, up to an additional \$575 per plan year. For the 2016 calendar year, the U.S. Internal Revenue Service limits total tax-free contributions to \$3,450 for employee coverage and \$6,900 for family coverage – plus an additional \$1,000 if you are age 55 or older.

How does it work? – Members will be issued a debit card that can be used to cover eligible medical expenses, such as coinsurance, co-pays, deductibles, and services as well as pharmacy, dental, and vision expenses.

Members enrolled in OGB's HSA775 are eligible for a personal tax-free health savings account (HSA). HealthEquity, Inc. is Blue Cross Blue Shield's third party administrator for MySmartSaver HSA banking.

The HealthEquity website features other tools to help you understand the benefits of your HSA. [Click here](#) to learn more.

[Click here](#) to learn how to maximize your HSA.

The Pelican HSA775 Plan is a high deductible health plan which may be used in conjunction with an HSA for those eligible to participate in such an account. Eligibility to participate in and contribute to an HSA must be met on a monthly basis. It is your responsibility to ensure that you are eligible to maintain an HSA. The below factors affect your eligibility to participate in and/or make contributions to an HSA:

- Neither you nor your spouse may be covered by Medicare at any time during the Plan year (Medicare Part A coverage begins six months back from the date one applies for Medicare, social security, or railroad retiree benefits, but no earlier than the first month one was eligible for Medicare. Therefore, the general advisory is that you stop contributing to your health savings account at least six months before you apply for any of those benefits.)
- You must not be covered by any other health plan that is not a high-deductible health plan.

CONTACT INFORMATION

Blue Cross and Blue Shield of LA
www.bcbsla.com/ogb
1-800-362-4089
8:00 AM – 5:00 PM CT Monday-Friday

Express Scripts
www.express-scripts.com/index.html
1-866-781-7533
8:00 AM – 11:00 PM CT
Seven Days a Week

HealthEquity, Inc. Account Mentors
memberservices@healthequity.com
Toll-free: 1-877-987-8123
24 hours/ 7 Days a Week

- > [Louisiana Provider Directory](#)
- > [National Provider Directory](#)
- > [2018 Schedule of Benefits](#)
- > [2018 Benefit Plan](#)
- > [Medicare Eligibility and your HSA](#)
- > [Benefit Comparison](#)
- > [Premium Rates](#)
- > [HRA vs HSA](#)

MEDICAL BENEFITS - PELICAN HSA775

- You may not be covered by Veteran's services during the last three months.
- You may not be active-duty military with Tricare coverage.
- You may not be claimed as a dependent on another person's tax return.
- Neither you nor your spouse may be participating in a General-Purpose Flexible Spending Account ("FSA") (Limited-Purpose FSAs are allowed).

MEDICAL COVERAGE

	Single	Employee + Spouse	Employee + Children	Family
Employer Contribution to HSA	\$200, plus up to \$575 more dollar-for-dollar match of employee contributions			
Deductible (In-Network)	\$2,000	\$4,000	\$4,000	\$4,000
Deductible (Out-of-Network)	\$4,000	\$8,000	\$8,000	\$8,000
Coinsurance (In-Network)	20%	20%	20%	20%
Coinsurance (Out-of-Network)	40%	40%	40%	40%
Out-of-Pocket Maximum (In-Network)	\$5,000	\$10,000	\$10,000	\$10,000
Out-of-Pocket Maximum (Out-of-Network)	\$10,000	\$20,000	\$20,000	\$20,000

PHARMACY BENEFITS – EXPRESS SCRIPTS

Blue Cross and Blue Shield of Louisiana works in partnership with Express Scripts® to administer your prescription formulary drug program for the Pelican HSA775. Prescriptions are subject to the plan deductible with the exception of maintenance medications.

Tier	Member Co-Pay*
Generic	\$10
Preferred	\$25
Non-Preferred	\$50
Specialty	\$50
*Subject to deductible and applicable co-payment. Maintenance drugs are not subject to the deductible.	

Click on the links below for more information on the pharmacy benefits through Express Scripts.

[Express Scripts 2015 Maintenance/Preventative Drug List](#)


[Blue Selections – Rx Member Guide](#)

DENTAL BENEFITS



Your dental benefits are provided through **MetLife**. The dental plan pays 100% of the cost for preventive and diagnostic dental services, like your routine cleanings. Plus, adult orthodontia is covered! The plan allows you the freedom to select any dentist, but you pay less out-of-pocket when you choose an in-network provider.

You may locate a dentist online at www.metlife.com. On the main page, Highlight Dentist under 'I want to find a MetLife:' and enter your Zip or City, State. Next, Select your Network: **PDP Plus** and search.

DENTAL PLAN OPTIONS	LOW PLAN	HIGH PLAN 
Annual Deductible Individual / Family	\$50 / \$150	\$50 / \$150
Calendar Year Plan Maximum	\$1,250	\$2,000
Preventive Care Benefits	Covered at 100%; deductible waived Oral examinations, full mouth & bitewing x-rays, cleanings	Covered at 100%; deductible waived Oral examinations, x-rays, cleanings
Basic Services	You pay 20% after \$50 deductible Sealants, fillings, simple extractions	You pay 20% after \$50 deductible Sealants, fillings, simple extractions
Major Services	You pay 50% after \$50 deductible Periodontics (gum), root canal, crowns, dentures, bridges, implants	You pay 50% after \$50 deductible Periodontics (gum), root canal, crowns, dentures, bridges, implants
Orthodontia Lifetime Maximum	\$1,000	\$2,000
Orthodontia - child to age 19	You pay 50%; no deductible	You pay 50%; no deductible
Out-of-Network	Negotiated Fee Schedule	90th Percentile

MONTHLY COST	LOW PLAN	HIGH PLAN
Employee Only	\$25.91	\$36.88
Employee + Spouse	\$50.74	\$72.91
Employee + Child(ren)	\$59.97	\$88.26
Employee + Family	\$80.39	\$133.80

- > Under the PPO dental plan, if you use a non-participating provider, you will pay more out-of-pocket, since those providers are not contracted with your dental carrier. You will also be responsible for any amount over the reasonable and customary.
- > Waiting Periods Notice: There are no waiting periods for services. However, if you did not enroll when you were first eligible, you are only allowed to enroll if you have a Life Status Change Event or at Annual Open Enrollment.
- > If you are having any major dental work done that will cost over \$200, please have your dental provider contact MetLife and have them do a Predetermination for services. This will give you an approximate cost of what your dental services will cost you so you will not be surprised when you receive your bill.

VISION BENEFITS

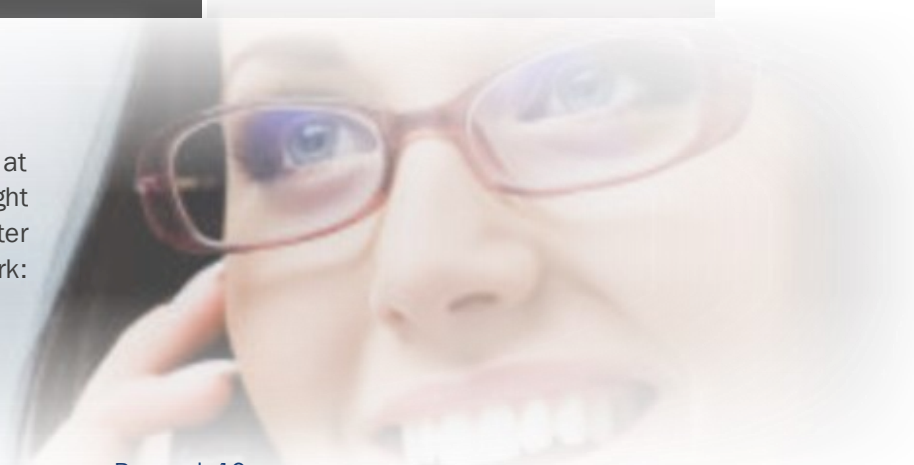


The vision is administered through **MetLife**. It is a full service plan that has a copayment schedule for in-network services as well as out-of-network reimbursements. If you participate, you may choose a provider from the plan's Preferred Provider network with access to private practice as well as retail choice and convenience.

VISION PLAN	IN-NETWORK MEMBER PORTION	OUT-OF-NETWORK REIMBURSEMENT
Examination Once Every 12 Months	\$10 copay	Up to \$45
Frames Once Every 12 Months	\$25 copay; \$150 allowance; 20% off balance over \$150 (Costco \$85 Allowance)	Up to \$70
Lenses Once Every 12 Months		
Single Vision	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$65
Contacts (Instead of glasses) Once Every 12 Months	\$0 copay; \$150 allowance	Up to \$105
Fit & Follow Up Exam	Up to \$60 Copay	N/A
Laser Vision Correction	15% off retail price or 5% off promotional price	
Frequency	Each benefit is available once every 12 months	

MONTHLY COST	VISION
Employee Only	\$10.67
Employee + 1	\$20.04
Employee + 2 or more	\$28.54

You may locate a vision provider online at www.metlife.com. On the main page, Highlight Vision under 'I want to find a MetLife:' and enter your Zip or City, State. Next, Select your Network: **MetLife Vision PPO** and search.



LIFE INSURANCE BENEFITS



Voluntary Life/AD&D

Your life insurance benefits are provided through **MetLife**. You have the option to elect additional coverage for you and your eligible dependents. Please review the table below regarding the benefit options. The cost will depend on your age and the elected benefit amount.

COVERAGE FOR	COVERAGE AMOUNT	GUARANTEED ISSUE
Employee	Increments of \$10,000. Maximum Benefit is the lesser of 5x your Basic Annual Earnings or \$500,000	\$100,000 (for new hires)
Spouse	Increments of \$5,000. Maximum benefit is 50% of the employee benefit up to \$100,000.	\$25,000 (for new hires)
Child(ren)	Options of \$1,000 / \$2,000 / \$4,000 / \$5,000 / \$10,000	\$10,000 (for new hires)

Important Things to Consider Regarding Your Life Insurance

- Remember to update your beneficiary annually.
- You must elect coverage for yourself in order to enroll in the dependent life benefits.
- The rate for your spouse is based on your age.
- You will be required to submit Evidence of Insurability if:
 - You declined voluntary life for you or your dependents during your initial eligibility period and would like to enroll for coverage now.
 - You elect to increase your current election in excess of the Guaranteed Issue amount.



Voluntary Life/AD&D Rates - per \$1,000 of coverage

Employee Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee/Spouse Rate (Spouse rate based on EE age)	\$0.054	\$0.060	\$0.071	\$0.098	\$0.145	\$0.217	\$0.324	\$0.453	\$0.717	\$1.341

Child Life/AD&D per \$1,000 of coverage: \$0.291

Short-Term Disability

Short Term Disability insurance can help replace a portion of your income during the initial weeks of a disability to help you pay your bills and help maintain your current lifestyle. It helps by protecting you and your income if a sickness or accidental injury kept you from working. The plan is being made available to you through your employer and with the convenience of payroll deduction.

VOLUNTARY SHORT-TERM DISABILITY BENEFIT

Benefit Waiting Period	
Accident	7 days
Sickness	7 days
Weekly Benefit	Multiples of \$50; minimum of \$100
Weekly Benefit Amount	Lesser of \$1,000 and 60% of your earnings Earnings includes your basic weekly earnings prior to your period of disability.
Maximum Benefit Duration	Up to 12 weeks

Enrollment Process

If you complete the enrollment process within 31 days of becoming eligible (initial enrollment period) for insurance you can request up to the maximum amount without completing Evidence of Insurability (health questions). The maximum benefit you can elect is the lesser of \$1,000 and 60% of your earnings.

Annual Enrollment Following Initial Eligibility

If you did not enroll timely (during your initial enrollment period), you may enroll for \$100 Weekly Benefits. There are no health questions asked.

Making Increases to Your Benefits at Annual Enrollment

If you are enrolled in Voluntary Short-Term disability insurance, you may request an increase in your Weekly Benefit, only during annual enrollment period. The increase will be for \$50 more of insurance benefit.

What is the monthly premium?

To determine your premium, refer to the chart on the next page that shows monthly premium for all ages and each amount. Premiums are based on your current age as of the effective date of coverage. At each policy anniversary, future costs will change as your age increases. Please note, the maximum benefit amount cannot exceed 60% of your gross weekly earnings or \$1,000, whichever is less, (rounded down to the next \$50 increment).

DISABILITY BENEFITS



Short-Term Disability - Monthly Rates

Weekly Benefit	Employee's Age								
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$100	\$4.51	\$4.51	\$4.51	\$4.51	\$4.51	\$5.38	\$7.10	\$8.06	\$8.26
\$150	\$6.76	\$6.76	\$6.76	\$6.76	\$6.76	\$8.07	\$10.65	\$12.09	\$12.39
\$200	\$9.02	\$9.02	\$9.02	\$9.02	\$9.02	\$10.76	\$14.20	\$16.12	\$16.52
\$250	\$11.28	\$11.28	\$11.28	\$11.28	\$11.28	\$13.45	\$17.75	\$20.15	\$20.65
\$300	\$13.53	\$13.53	\$13.53	\$13.53	\$13.53	\$16.14	\$21.30	\$24.18	\$24.78
\$350	\$15.78	\$15.78	\$15.78	\$15.78	\$15.78	\$18.83	\$24.85	\$28.21	\$28.91
\$400	\$18.04	\$18.04	\$18.04	\$18.04	\$18.04	\$21.52	\$28.40	\$32.24	\$33.04
\$450	\$20.30	\$20.30	\$20.30	\$20.30	\$20.30	\$24.21	\$31.95	\$36.27	\$37.17
\$500	\$22.55	\$22.55	\$22.55	\$22.55	\$22.55	\$26.90	\$35.50	\$40.30	\$41.30
\$550	\$24.80	\$24.80	\$24.80	\$24.80	\$24.80	\$29.59	\$39.05	\$44.33	\$45.43
\$600	\$27.06	\$27.06	\$27.06	\$27.06	\$27.06	\$32.28	\$42.60	\$48.36	\$49.56
\$650	\$29.32	\$29.32	\$29.32	\$29.32	\$29.32	\$34.97	\$46.15	\$52.39	\$53.69
\$700	\$31.57	\$31.57	\$31.57	\$31.57	\$31.57	\$37.66	\$49.70	\$56.42	\$57.82
\$750	\$33.82	\$33.82	\$33.82	\$33.82	\$33.82	\$40.35	\$53.25	\$60.45	\$61.95
\$800	\$36.08	\$36.08	\$36.08	\$36.08	\$36.08	\$43.04	\$56.80	\$64.48	\$66.08
\$850	\$38.34	\$38.34	\$38.34	\$38.34	\$38.34	\$45.73	\$60.35	\$68.51	\$70.21
\$900	\$40.59	\$40.59	\$40.59	\$40.59	\$40.59	\$48.42	\$63.90	\$72.54	\$74.34
\$950	\$42.84	\$42.84	\$42.84	\$42.84	\$42.84	\$51.11	\$67.45	\$76.57	\$78.47
\$1,000	\$45.10	\$45.10	\$45.10	\$45.10	\$45.10	\$53.80	\$71.00	\$80.60	\$82.60

ELIGIBLE INDIVIDUAL	INITIAL BENEFIT	REQUIREMENTS
Employee	\$15,000 or \$30,000	Coverage is guaranteed provided you are actively at work. ³
Spouse/Domestic Partner ¹	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ³
Dependent Child(ren) ²	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the child/ren is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ³

Benefit Payment

Your Initial Benefit provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit⁴ equal to the Initial Benefit for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the Total Benefit and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300% or \$45,000 or \$90,000.

Please refer to the table below for the percentage benefit amount for each Covered Condition.

COVERED CONDITIONS	INITIAL BENEFIT	RECURRENCE BENEFIT
Full Benefit Cancers ⁵	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancers ⁵	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack	100% of Initial Benefit	50% of Initial Benefit
Stroke ⁶	100% of Initial Benefit	50% of Initial Benefit
Coronary Artery Bypass Graft ⁷	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not Applicable
Alzheimer's Disease ⁸	100% of Initial Benefit	Not Applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not Applicable
Occupational HIV ⁹	100% of Initial Benefit	Not Applicable
22 Listed Conditions	25% of Initial Benefit	Not Applicable

Supplemental Benefits

MetLife provides coverage for the Supplemental Benefits listed below. This coverage would be in addition to the Total Benefit Amount payable for the previously mentioned Covered Conditions.

Health Screening Benefit¹⁰

MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. MetLife will pay only one health screening benefit per covered person per calendar year.

CRITICAL ILLNESS CONTINUED



- 1 Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.
- 2 Dependent Child coverage varies by state. Please contact MetLife for more information.
- 3 Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.
Coverage is guaranteed provided (1) the employee is performing all of the usual and customary duties of your job at the employer's place of business or at an alternate place approved by your employer (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate.
Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.
- 4 We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period. We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit during the Benefit Suspension Period.
- 5 Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount. For NH-sitused cases and NH residents, there is an initial benefit of \$100 for All Other Cancers.
- 6 In certain states, the covered condition is Severe Stroke.
- 7 In NJ sitused cases, the Covered Condition is Coronary Artery Disease.
- 8 Please review the Outline of Coverage for specific information about Alzheimer's disease.
The Occupational HIV benefit is not available with all plans or in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about the Occupational HIV benefit if it is available to you.
- 10 The Health Screening Benefit is not available in all states. See your certificate for any applicable waiting periods. There is a separate mammogram benefit for MT residents and for cases sitused in CA and MT.

PREMIUM STRUCTURE MONTHLY PREMIUM PER \$1,000 OF COVERAGE				
ATTAINED AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
<25	\$0.33	\$0.57	\$0.61	\$0.85
25-29	\$0.35	\$0.60	\$0.63	\$0.88
30-34	\$0.50	\$0.82	\$0.78	\$1.10
35-39	\$0.70	\$1.14	\$0.98	\$1.42
40-44	\$1.09	\$1.73	\$1.37	\$2.01
45-49	\$1.66	\$2.60	\$1.94	\$2.88
50-54	\$2.41	\$3.77	\$2.69	\$4.05
55-59	\$3.40	\$5.31	\$3.68	\$5.59
60-64	\$4.94	\$7.72	\$5.22	\$8.00
65-69	\$7.48	\$11.66	\$7.76	\$11.94
70+	\$11.45	\$17.73	\$11.73	\$18.01

ACCIDENT INSURANCE



With MetLife, you will have a choice of two plans which provide payments in addition to any other insurance payments you may receive. The next few charts include just some of the covered events/services.

BENEFIT TYPE ¹	LOW PLAN PLAN PAYS YOU	HIGH PLAN PLAN PAYS YOU
INJURIES		
Fractures ²	\$50 – \$3,000	\$100 – \$6,000
Dislocations ²	\$50 – \$3,000	\$100 – \$6,000
Second and Third Degree Burns	\$50 – \$5,000	\$100 – \$10,000
Concussions	\$200	\$400
Cuts/Lacerations	\$25 – \$200	\$50 – \$400
Eye Injuries	\$200	\$300
MEDICAL SERVICES & TREATMENT		
Ambulance	\$200 – \$750	\$300 – \$1,000
Emergency Care	\$25 – \$50	\$50 – \$100
Non-Emergency Care	\$25	\$50
Physician Follow-Up	\$50	\$75
Therapy Services (including physical therapy)	\$15	\$25
Medical Testing Benefit	\$100	\$200
Medical Appliances	\$50 – \$500	\$100 – \$1,000
Inpatient Surgery	\$100 – \$1,000	\$200 – \$2,000
HOSPITAL³ COVERAGE (ACCIDENT)		
Admission	\$500 – \$1,000 per accident	\$1,000 – \$2,000 per accident
Confinement	\$100 a day (non-ICU) – up to 31 days \$200 a day (ICU) – up to 31 days	\$200 a day (non-ICU) – up to 31 days \$400 a day (ICU) – up to 31 days
Inpatient Rehab (paid per accident)	\$100 a day, up to 15 days	\$200 a day, up to 15 days
ACCIDENTAL DEATH		
Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown.	\$25,000 \$75,000 for common carrier ⁵	\$50,000 \$150,000 for common carrier ⁵

ACCIDENT INSURANCE CONTINUED



BENEFIT TYPE ¹	LOW PLAN PLAN PAYS YOU	HIGH PLAN PLAN PAYS YOU
DISMEMBERMENT, LOSS & PARALYSIS		
Dismemberment, Loss & Paralysis	\$250 - \$10,000 per injury	\$500 - \$50,000 per injury
OTHER BENEFITS		
Lodging ⁶ - Pays for lodging for companion up to 30 nights per calendar year	\$100 per night, up to 30 nights; up to \$3,000 in total lodging benefits available per calendar year	\$200 per night, up to 30 nights; up to \$6,000 in total lodging benefits available per calendar year

1 Covered services/treatments must be the result of a covered accident as defined in the group policy/certificate. See the Outline of Coverage for more details.

2 Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit.

3 Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.

6 Provides a benefit for lodging for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from insured's primary residence.

7 The Health Screening Benefit is not available in all states..

LOW PLAN	ANNUAL	MONTHLY
Employee Only	\$104.16	\$8.68
Employee + Spouse	\$161.76	\$13.48
Employee + Child/ren	\$188.64	\$15.72
Employee + Family	\$251.25	\$20.94
HIGH PLAN	ANNUAL	MONTHLY
Employee Only	\$199.92	\$16.66
Employee + Spouse	\$309.96	\$25.83
Employee + Child/ren	\$361.20	\$30.10
Employee + Family	\$481.32	\$40.11

ELIGIBLE INDIVIDUAL	INITIAL BENEFIT	REQUIREMENTS
Employee	\$15,000 or \$30,000	Coverage is guaranteed provided you are actively at work. ³
Spouse/Domestic Partner ¹	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ³
Dependent Child(ren) ²	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ³

Benefit Payment

Your Initial Benefit provides a lump-sum payment if you or a covered family member is diagnosed with a covered cancer⁴ or a recurrence of cancer⁵, providing those covered meet the policy and certificate requirements. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences. Initial Benefits and Recurrence Benefits will be paid until the Total Benefit Amount has been reached.

This Cancer Insurance coverage provides a lump sum payment for:

- ✓ Full Benefit Cancer—All forms of advanced cancers are covered and may qualify for full benefits (as defined by the group policy or certificate).
- ✓ Partial Benefit Cancer—Most forms of early stage cancers are covered and may qualify for partial benefits (as defined by the group policy or certificate).
- ✓ All Other Cancer.
- ✓ Additional Benefits—A health screening benefit is also available as a part of the MetLife Cancer plan.⁶

The maximum amount that you can receive through your Cancer Insurance plan is called the Total Benefit and is 2 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 200% or \$30,000 or \$60,000.

Please refer to the table below for the percentage benefit amount for each Covered Condition.

COVERED CANCERS	INITIAL BENEFIT	RECURRENCE BENEFIT
Full Benefit Cancer	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer	25% of Initial Benefit	12.5% of Initial Benefit

Supplemental Health Screening Benefit

MetLife's Cancer Insurance also provides a supplemental health screening benefit. This coverage would be in addition to the Total Benefit Amount payable for the previously mentioned Covered Conditions.

Health Screening Benefit⁴

MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. MetLife will pay only one health screening benefit per covered person per calendar year.

CANCER INSURANCE CONTINUED



- 1 Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.
- 2 Dependent Child coverage varies by state. Please contact MetLife for more information.
- 3 Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.
- 4 The Health Screening Benefit is not available in all states. See your certificate for any applicable waiting periods. There is a separate mammogram benefit for MT residents and for cases situated in CA and MT.

NON-TOBACCO RATES MONTHLY PREMIUM PER \$1,000 OF COVERAGE				
ATTAINED AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
<25	\$0.30	\$0.50	\$0.53	\$0.73
25-29	\$0.30	\$0.51	\$0.53	\$0.74
30-34	\$0.39	\$0.64	\$0.62	\$0.87
35-39	\$0.51	\$0.82	\$0.74	\$1.05
40-44	\$0.76	\$1.20	\$0.99	\$1.43
45-49	\$1.05	\$1.65	\$1.28	\$1.88
50-54	\$1.41	\$2.20	\$1.64	\$2.43
55-59	\$1.76	\$2.75	\$1.99	\$2.98
60-64	\$2.10	\$3.26	\$2.33	\$3.49
65-69	\$2.18	\$3.39	\$2.41	\$3.62
70+	\$2.18	\$3.40	\$2.41	\$3.63

TOBACCO RATES MONTHLY PREMIUM PER \$1,000 OF COVERAGE				
ATTAINED AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
<25	\$0.48	\$0.77	\$0.71	\$1.00
25-29	\$0.48	\$0.77	\$0.71	\$1.00
30-34	\$0.65	\$1.02	\$0.88	\$1.25
35-39	\$0.88	\$1.38	\$1.11	\$1.61
40-44	\$1.37	\$2.12	\$1.60	\$2.35
45-49	\$1.94	\$2.99	\$2.17	\$3.22
50-54	\$2.62	\$4.05	\$2.85	\$4.28
55-59	\$3.32	\$5.31	\$3.55	\$5.36
60-64	\$4.00	\$6.17	\$4.23	\$6.40
65-69	\$4.20	\$6.49	\$4.43	\$6.72
70+	\$4.21	\$6.54	\$4.44	\$6.77

Expert legal advice for your employees' peace of mind

We'll all need an attorney at some point in our lives, whether it's when starting a family, buying a house or caring for elderly parents. But it doesn't have to be expensive — or stressful. With MetLaw®, a group legal plan offered through Hyatt Legal Plans, your employees can have access to legal expertise for less than \$1 a day.



Our network of attorneys is here to make your employees' lives easier.



Getting married



Buying or selling a home



Starting a family



Dealing with identity theft



Sending kids off to college



Caring for aging parents

Navigating life together

Top attorneys your employees can rely on

When it comes to legal support, choosing the right attorney isn't a snap decision. Your employees want peace of mind. Someone with the experience, the expertise, the professionalism, and the courtesy to help them navigate through life's major milestones. Every attorney that joins our network has to meet these requirements. We take care of the selection, so you can be confident your employees have professional and experienced attorneys on their side, whenever they need them.

How do we get top attorneys to join our network? By providing exceptional service to your employees, attorneys are more likely to get referrals, resulting in more clients for them. And even the most experienced attorneys want to grow their practice. That's how MetLaw has created one of the largest and most experienced attorney networks — with attorneys averaging 25 years of experience.

Tailored service makes life easier

While some legal plans only offer self-service or phone consultations, MetLaw gives employees a choice of options. They can meet an attorney in-person, or contact them over the phone, or online using our attorney e-Panel. And we have a range of self-service tools to give employees a helping hand and a little guidance.

For some legal matters, our attorneys can even appear on your employee's behalf in court, so they don't have to take time away from work or their families to attend a court hearing.

Services for everyone

Navigating life's milestones is easier with MetLaw. MetLaw provides legal assistance for a wide range of personal legal matters, and that's with:

- unlimited use of legal services covered by your plan
- no waiting periods, deductibles, or copays to worry about
- and no claim forms — all billing is between the network attorney and MetLaw.

If one of your employees needs an attorney who doesn't participate in our network, that's okay, too. They can be reimbursed for some of the costs.¹

Helping your employees navigate life's twists and turns.

Money Matters	<ul style="list-style-type: none"> Identity Theft Defense Personal Bankruptcy Negotiations with Creditors 	<ul style="list-style-type: none"> Tax Audit Representation Debt Collection Defense Identity Management Services² 	<ul style="list-style-type: none"> Tax Collection Defense Promissory Notes
Home & Real Estate	<ul style="list-style-type: none"> Foreclosure Tenant Negotiations Boundary & Title Disputes Deeds 	<ul style="list-style-type: none"> Sale or Purchase of Primary and Vacation Home Eviction Defense Property Tax Assessments Mortgages 	<ul style="list-style-type: none"> Refinancing & Home Equity Loan of Primary and Vacation Home Security Deposit Assistance Zoning Applications
Estate Planning	<ul style="list-style-type: none"> Simple Wills Complex Wills Revocable & Irrevocable Trusts 	<ul style="list-style-type: none"> Powers of Attorney (Healthcare, Financial, Childcare, Immigration) Healthcare Proxies 	<ul style="list-style-type: none"> Living Wills Codicils
Family & Personal	<ul style="list-style-type: none"> Adoption Guardianship Conservatorship Prenuptial Agreement Name Change Review of ANY Personal Legal Document 	<ul style="list-style-type: none"> Juvenile Court Defense Including Criminal Matters Parental Responsibility Matters School Hearings Demand Letters Personal Property Issues 	<ul style="list-style-type: none"> Affidavits Garnishment Defense Protection from Domestic Violence Review of Immigration Documents
Civil Lawsuits	<ul style="list-style-type: none"> Civil Litigation Defense Disputes Over Consumer Goods & Services 	<ul style="list-style-type: none"> Small Claims Assistance Administrative Hearings 	<ul style="list-style-type: none"> Incompetency Defense Pet Liabilities
Elder-Care Issues	Consultation & Document Review for issues related to your parents: <ul style="list-style-type: none"> Medicare Medicaid 	<ul style="list-style-type: none"> Prescription Plans Nursing Home Agreements Leases Notes 	<ul style="list-style-type: none"> Deeds Wills Powers of Attorney
Vehicle & Driving	<ul style="list-style-type: none"> Repossession Defense of Traffic Tickets³ 	<ul style="list-style-type: none"> Driving Privileges Restoration 	<ul style="list-style-type: none"> License Suspension Due to DUI

A legal plan you can count on.

You can feel confident that when you offer MetLaw to your employees, you're providing a benefit that your employees can really use. It's the reason why 86% of our plan participants stay in the plan year over year.⁴

And, it's easy for you too. With no benefits cost to you, it's simple to add MetLaw to your employee benefits program. You can be confident that your employees will have professional and experienced attorneys on their side, whenever they need them.

Cost per employee per month (covers spouse and dependents)⁵: \$21.00

- The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. Your employees will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. Hyatt Legal Plans is not responsible for legal work performed by out-of-network attorneys.
- This benefit provides the Participant with access to LifeStages Identity Management Services provided by CyberScout, LLC. CyberScout is not a corporate affiliate of Hyatt Legal Plans.
- Does not cover DUI.
- Internal data, Hyatt Legal Plans, 2017.
- Minimum participation requirements may apply.

Group legal plans are provided by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, RI. Payroll deduction required for group legal plans. For costs and complete details of the coverage, call or write the company.

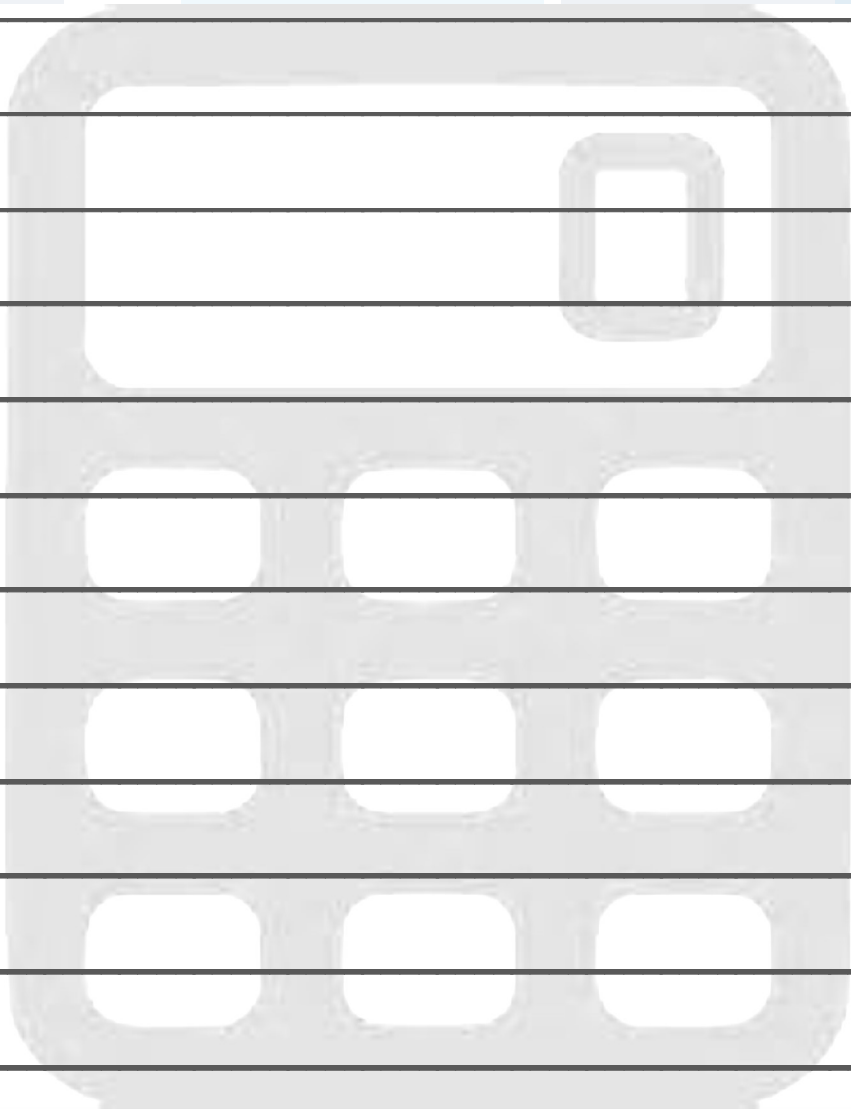
Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters.

Please see the plan description for details.

Hyatt Legal Plans, Inc., A MetLife Company | 1111 Superior Avenue, Suite 800 | Cleveland, OH 44114
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NOTES & CALCULATIONS



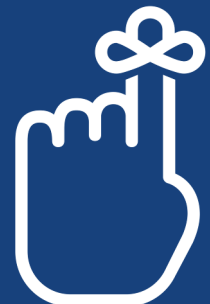
IMPORTANT CONTACTS

BENEFIT	CARRIER GROUP #	PHONE	WEBSITE EMAIL ADDRESS
Medical	BCBSLA	800-392-4089	www.bcbsla.com/ogb Networks: Magnolia Local Plus / Magnolia Open Access / Pelican HRA / Pelican HSA
Pharmacy	MedImpact	800-788-2949	www.mp.medimpact.com/obg Plans: Magnolia Local Plus / Magnolia Open Access / Pelican HRA
Pharmacy	Express Scripts	866-781-7533	www.express-scripts.com/index.html Plans: Pelican HSA
Dental	MetLife Group # 5939417	800-275-4638	www.metlife.com/dental Network: PDP Plus
Vision	MetLife Group # 5939417	855-638-3931	www.metlife.com/insuarance/visioin-insurance Network: Vision PPO
Disability Insurance	MetLife Group # 5939417	800-275-4638	www.metlife.com
Voluntary Life/AD&D Insurance	MetLife Group # 5939417	800-275-4638	www.metlife.com
Voluntary Accident/ Critical Illness / Cancer	MetLife Group # 5939417	800-275-4638	www.metlife.com
Legal Insurance	MetLife Group # 5939417	800-438-6388	www.metlife.com

Remember!

Make sure to designate a beneficiary to ensure your wishes are clear as to who should receive the proceeds of any company sponsored life benefits in the event of your death. A single designation will be applied for all applicable life group plans.

Remember: Beneficiary changes should be submitted through PlanSource.





Why won't they pay my claim?
Services denied?!

How can my claim still be "in process"?
It's been two months!

I called my insurance carrier, but now I'm just more confused.

Do I have mail-order prescription benefits?



Call the Benefit Resource Center ("BRC"),
We're Here To Help!

We speak insurance.





Our Benefits Specialists can help you choose the right plan for you and your family, translate confusing jargon, answer questions about which benefits are on your plan and which aren't, work directly with insurance carriers to resolve tricky issues regarding claims and denials of service—and more!

Benefit Resource Center

BRCSouthwest@usi.com | Toll Free: 855-874-0110

WHERE SHOULD I GO FOR CARE?

Helping you choose the right care center

Care Center	Why would I use this care center?	What type of care would they provide?	What are the cost and time considerations?
Doctor's Office 	<p>You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide preventive and routine care, manage your medications and refer you to a specialist, if necessary.</p>	<ul style="list-style-type: none"> ▶ Routine checkups ▶ Immunizations ▶ Preventive services ▶ Manage your general health 	<ul style="list-style-type: none"> ▶ Often requires a copayment and/or coinsurance ▶ Normally requires an appointment ▶ Little wait time with scheduled appointment
Convenience Care Clinic 	<p>You can't get to your doctor's office, but your condition is not urgent or an emergency. Convenience care clinics are often located in malls or retail stores offering services for minor health conditions. Staffed by nurse practitioners and physician assistants.</p>	<ul style="list-style-type: none"> ▶ Common infections (e.g. strep throat) ▶ Minor skin conditions (e.g. poison ivy) ▶ Flu shots ▶ Pregnancy tests ▶ Minor cuts ▶ Earaches 	<ul style="list-style-type: none"> ▶ Often requires a copayment and/or coinsurance similar to office visit ▶ Walk in patients welcome with no appointments necessary, but wait times can vary
Urgent Care Clinic 	<p>You may need care quickly, but it is not an emergency, and your primary physician may not be available. Urgent care centers offer treatment for non-life threatening injuries or illnesses. Staffed by qualified physicians.</p>	<ul style="list-style-type: none"> ▶ Sprains ▶ Strains ▶ Minor broken bones (e.g. finger) ▶ Minor infections ▶ Minor burns 	<ul style="list-style-type: none"> ▶ Often requires a copayment and/or coinsurance usually higher than an office visit ▶ Walk in patients welcome, but waiting periods may be longer as patients with more urgent needs will be treated first
Emergency Room 	<p>You need immediate treatment of a very serious or critical condition. The ER is for the treatment of life-threatening or very serious conditions that require immediate medical attention.</p> <p>Do not ignore an emergency. If a situation seems life threatening, take action. Call 911 or your local emergency number right away.</p>	<ul style="list-style-type: none"> ▶ Heavy bleeding ▶ Large open wounds ▶ Chest pain ▶ Sudden weakness or trouble walking ▶ Major burns ▶ Spinal injuries ▶ Severe head injury ▶ Difficulty breathing 	<ul style="list-style-type: none"> ▶ Often requires a much higher copayment and/or coinsurance than an office visit or urgent care visit ▶ Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first

NETWORKS: WHY IT IS IMPORTANT TO STAY IN-NETWORK

Your out-of-pocket costs will likely be higher when receiving covered health services from a physician or other health care professional (provider) who is not in your Medical plan's network, even if you receive these services in a network facility. For example, if you visit a hospital in the network, but the anesthesiologist or radiologist is NOT in the network, you will pay more out of pocket than if you had received those services from a provider in the network. Since non-network providers have not contracted with the Medical plan network, you could be billed for the difference between the total amount billed by the provider and the amount paid under your benefit plan.



What is a non-network provider?

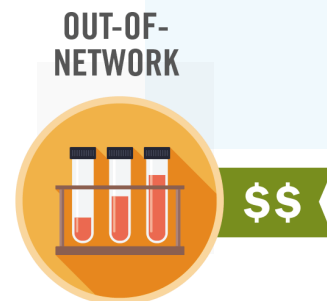
A non-network provider is a doctor, facility (including laboratories), or other health care professional who has not contracted with your Medical plan network to provide services to you at a discounted rate.

Will my costs be higher when receiving services from a non-network provider?

Yes, your costs will likely be higher. In addition to your deductible, coinsurance and/or copay, if you receive services from a non-network provider, you could be billed for the difference between the total amount billed by the provider and the amounts allowed under your benefit plan. You will have to pay the non-network provider directly for this difference.

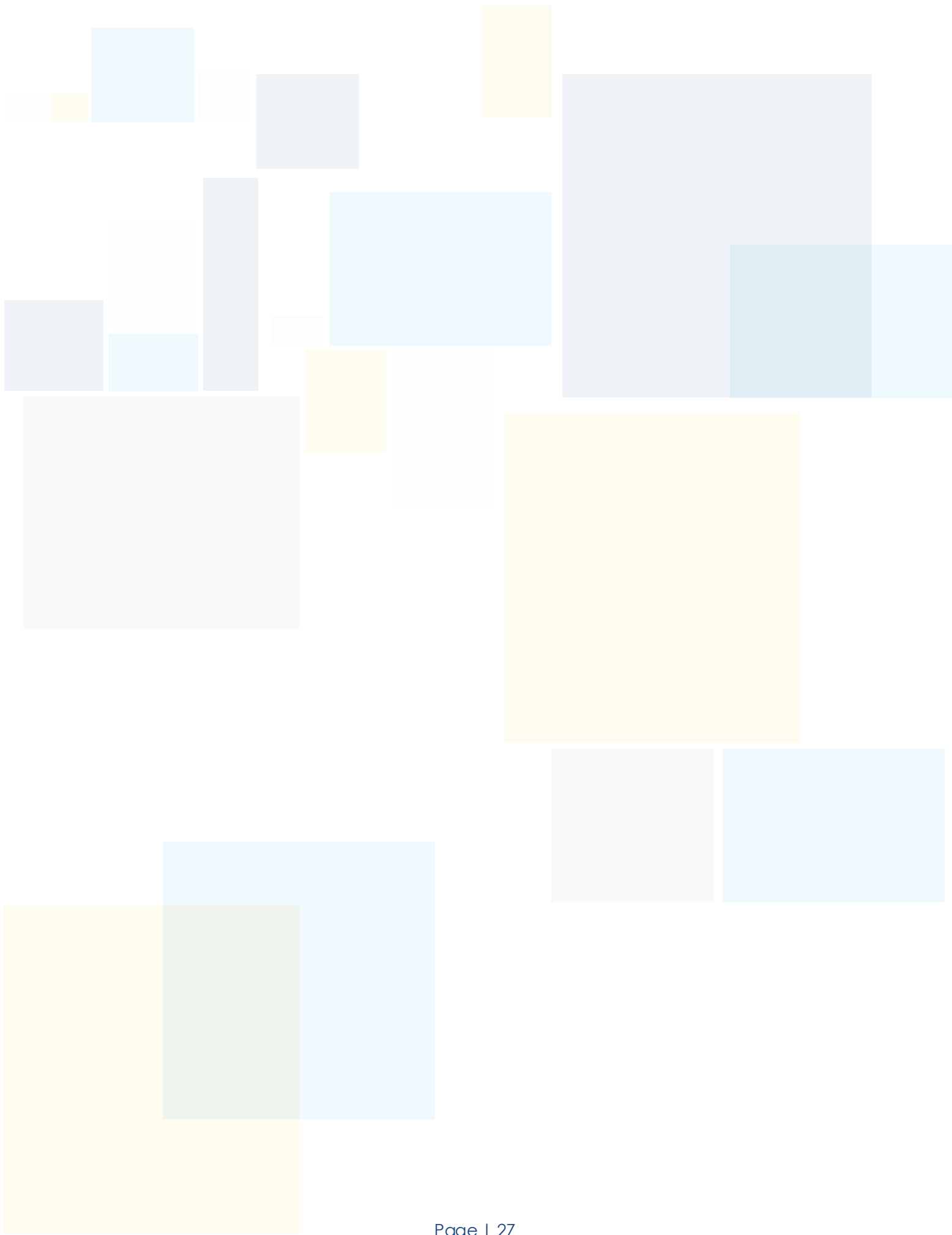
What can I do to keep my costs down?

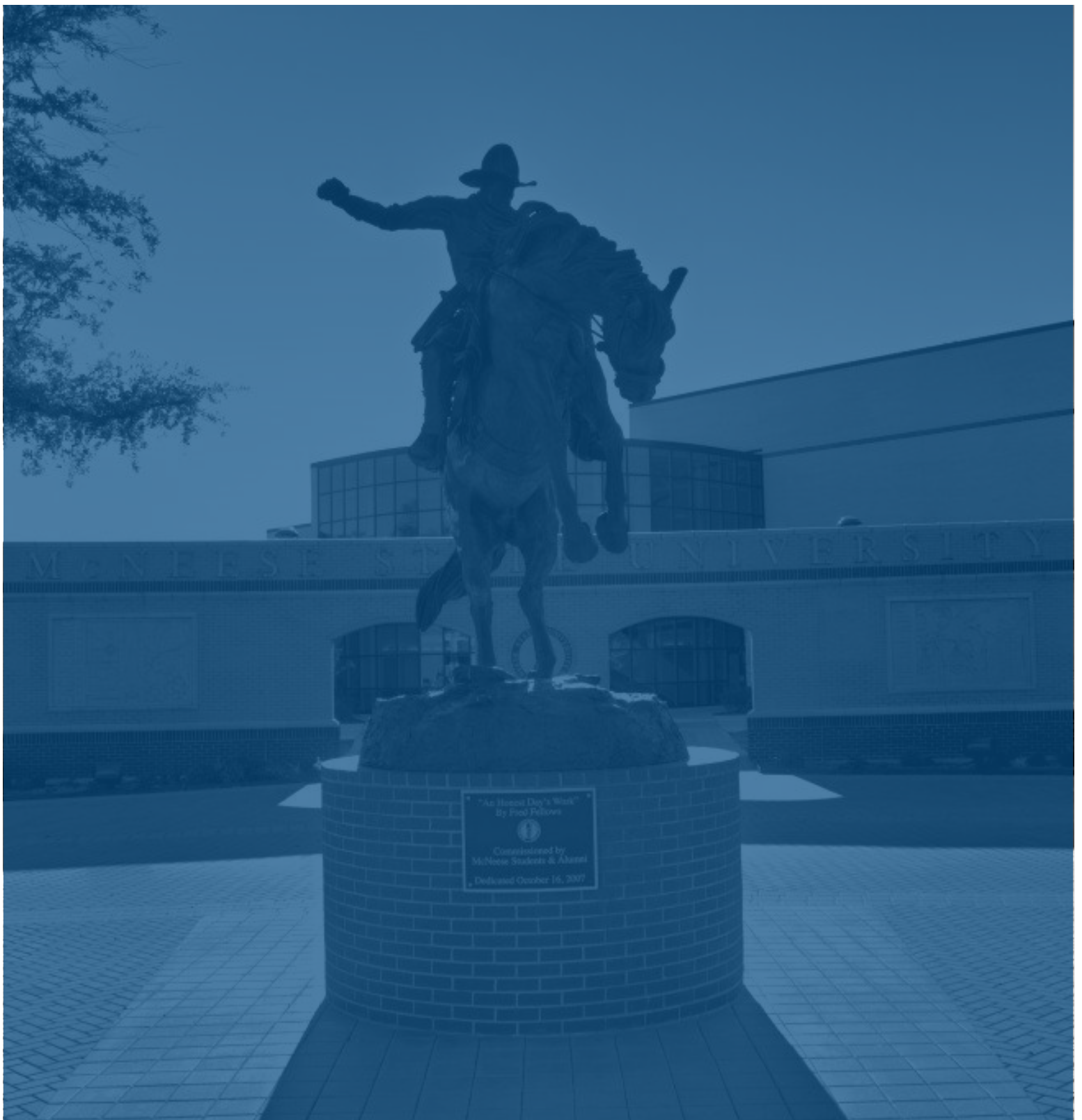
- **Find and use network physicians and facilities.** If you don't have a network doctor, find one now who participates in the network. You will save yourself time when you need to see a doctor if you have already established a relationship with a network physician prior to developing a health care issue.
- **Talk to your doctor.** If you are planning to receive health care services, talk to your doctor about the facilities and other physicians that may be involved so that you can make sure they participate in the Medical plan network.
- **Understand your benefits.** Your employer's benefits administrator or Human Resources department can answer questions about your health plan. However, you should review your coverage documents to fully understand your benefits.



IMPORTANT NOTE:

Although health care services may be provided to you at a facility that is part of the network, other professional services may be provided at the facility by physicians and other health care professional who are not part of the network. You may be responsible for payment of all or part of the fees for those professional services that are not paid or covered by your health benefit plan.





This brochure provides only a brief summary of the benefits available under the McNeese State University benefit plans. In the event of a discrepancy between this summary and the plan document, the plan document will prevail. McNeese State University retains the right to modify or eliminate these or any other benefits at any time and for any reason.