



MYMCNEESE EMPLOYEE EXTRAS

2021



WHAT'S NEW FOR 2021?

McNeese State University is committed to maintaining affordable benefits for our employees. We are proud to offer several benefit enhancements for 2021. McNeese Employee Extras offers several ways for you to supplement your benefits and offset out-of-pocket cost; therefore, we are providing access to additional coverage options to help lower your out-of-pocket expenses.

2021 Carriers:

- » **Dental insured through Unum**
- » **Vision insured through Unum**
- » **Life and Disability insured through The Standard**
- » **Whole Life with Long-Term Care insured through Allstate**
- » **Enhanced Critical Illness, Accident Insurance, and Hospital Indemnity insured through Cigna**
- » **Cancer insurance through Allstate**
- » **Identity Theft through InfoArmor**
- » **Prepaid Legal through LegalShield**

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We all work together to make McNeese Employee Extras a success, and our teamwork extends to your benefits. Your health and well-being are important to us, so we provide benefit options to make your and your family's lives better. Together, let's invest in you. Read over this guide for details on your 2021 benefits from A to Z. If you have questions, your Human Resources department is here to help.

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ELIGIBILITY & ENROLLMENT



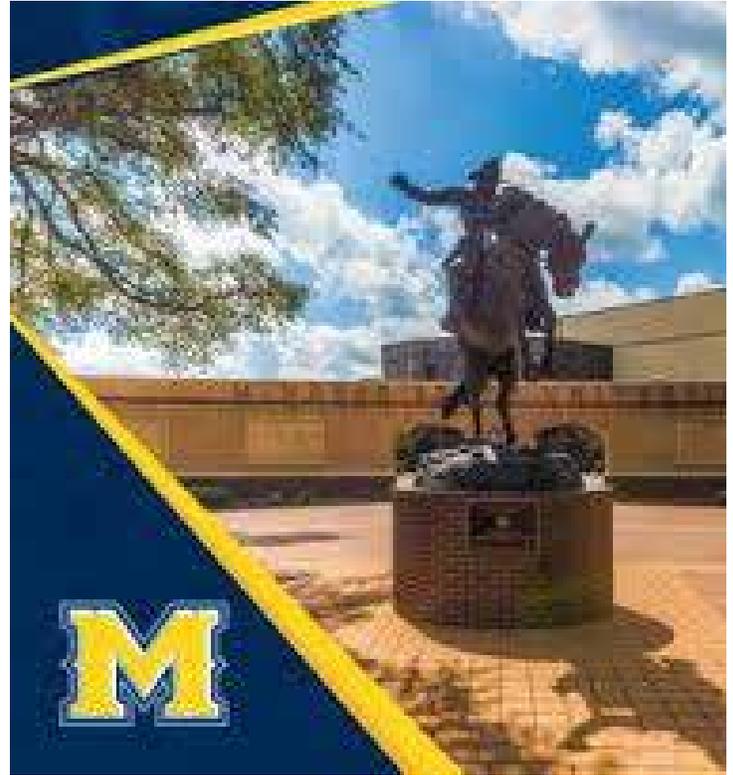
MyMcNeese Employee Extras offers a variety of benefits to support your and your family's needs. Choose options that cover what's important to your unique lifestyle.

Eligibility

If you are a full-time employee of McNeese State University who is regularly scheduled to be a full-time faculty or staff employee, you are eligible to participate in the **dental, vision, life and disability plans and additional benefits**.

When Does Coverage Begin?

The elections you make during annual enrollment are effective September 1, 2021. If you are a new hire, benefits will become effective on the first of the month following 30 consecutive days of employment. If hired on the first of the month, benefits will become effective first of the following month. Due to IRS regulations, once you have made your choices for the 2021 plan year, you won't be able to change your benefits until the next enrollment period unless you experience a qualifying life event.



Eligible Dependents

Dependents eligible for coverage in MyMcNeese Employee Extras benefit plans include:

- » Your legal spouse
- » Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children and children for whom legal guardianship has been awarded to you or your spouse).
- » Dependent children 26 or more years old, unmarried and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Verification of dependent eligibility is required upon enrollment.



Thoughts & Tips: You CANNOT change your benefit selections during the plan year unless you have a qualifying life event, such as marriage and/or the birth or adoption of a child.

ENROLL NOW. YOU'VE GOT ONE SHOT!

What are Qualifying Life Events?

Most people know you can change your benefits when you start a new job or during Open Enrollment. But did you know that changes in your life may permit you to update your coverage at other points in the year? Qualifying Life Events (QLEs) determined by the IRS could allow you to enroll in health insurance or change your elections outside of the annual time.

Common qualifying events include:

A change in your legal marital status (marriage, divorce or legal separation)

A change in the number of your dependents (for example, through birth or adoption, or if a child is no longer an eligible dependent)

A change in your spouse's employment status (resulting in a loss or gain of coverage)

A change in your employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility

Entitlement to Medicare or Medicaid

Eligibility for coverage through the Marketplace

Changes in your address or location that may affect the coverage for which you are eligible



Some lesser-known qualifying events are:

Turning 26 and losing coverage through a parent's plan

Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Death in the family (leading to change in dependents or loss of coverage)

When a Qualifying Life Event occurs, you have 30 days to request changes to your coverage. Keep in mind your change in coverage must be consistent with your change in status.

Questions regarding specific life events and your ability to request changes should be directed to McNeese State University's Human Resources. Don't miss out on a chance to update your benefits!

PREPARING FOR OPEN ENROLLMENT



Your contributions for dental and vision benefits are deducted on a pre-tax basis, lessening your tax liability. Please note that employee contributions vary depending on level of coverage. Typically, the more coverage you have, the higher your portion.

You may select any combination of dental and/or vision plan coverage. For example, you could select dental coverage for you and your entire family, but select vision coverage only for yourself. The only requirement is that you, as an eligible employee of McNeese State University, must elect coverage for yourself in order to elect any dependent coverage.

Open Enrollment To-Do



Update your personal information.

If you've experienced a qualifying life event in the last year, you may need to change your elections or update your details.

Need Assistance with Enrollment or Have Benefit Questions?

CoreStream is available 24/7/365 to address your questions and help you through the enrollment process:

CoreStream
855-702-1100
ulsmcneesesupport@corestream.com

The link below will take you directly to the CoreStream enrollment portal to enroll for 2021 supplemental benefits.

<http://uls-mcneese.corestream.com/>



ACCIDENT COVERAGE



McNeese Employee Extras offers several ways for you to supplement your medical plan coverage. McNeese Employee Extras supplement benefits can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and is offered at discounted group rates.



Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident coverage, available through Cigna, provides benefits for you and your covered family members if you have expenses related to an accident that occurs outside of work. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help you pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits under this plan are payable to you, to use as you wish.

	BASE PLAN	PLUS PLAN
MONTHLY CONTRIBUTIONS		
EMPLOYEE ONLY	\$5.83	\$11.89
EMPLOYEE + SPOUSE	\$10.36	\$21.38
EMPLOYEE + CHILD(REN)	\$12.25	\$24.95
EMPLOYEE + FAMILY	\$16.79	\$34.44

BASE PLAN

PLUS PLAN

BRIEF SUMMARY OF BENEFITS*

	BASE PLAN	PLUS PLAN
HOSPITAL ADMISSION	\$1,000 + \$100 per day	\$1,200 + \$250 per day
INTENSIVE CARE UNIT STAY	\$200 per day	\$400 per day
DISLOCATIONS AND FRACTURES	Up to \$4,000	Up to \$10,000
AMBULANCE	Ground: \$300 / Air: \$1,200	Ground: \$400 / Air: \$1,500
EMERGENCY CARE BENEFIT - EMERGENCY ROOM / PHYSICIAN'S OFFICE / URGENT CARE	\$100	\$200
DIAGNOSTIC EXAM (X-RAY OR LAB)	\$50	\$75
FOLLOW UP PHYSICIAN OFFICE VISIT	\$75 (max 10/accident)	\$100 (max 10/accident)
FOLLOW UP PHYSICAL THERAPY VISITS	\$50 (max 10/accident)	\$75 (max 10/accident)
BURNS	Up to \$7,500	Up to \$10,000
CONCUSSION	\$100	\$200
COMA	\$5,000	\$10,000
ABDOMINAL OR THORACIC SURGERY	\$1,000	\$1,500
TENDON, LIGAMENT, ROTATOR CUFF, OR KNEE SURGERY	Repair: \$200 / Exploratory: \$100	Repair: \$600 / Exploratory: \$200
RUPTURED DISC SURGERY (REPAIR)	\$500	\$1,000
BLOOD / PLASMA / PLATELETS	\$100	\$300

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

CRITICAL ILLNESS COVERAGE

Critical Illness coverage through Cigna pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like; for example: to help pay your medical plan deductible, cover lost wages, child care, travel, home health care costs or any of your regular household expenses.



Plan Highlights

- » Guaranteed Issue Coverage (no medical questions)
- » Benefits are payable based on the date of the covered event occurring or the date of diagnosis; Illnesses or occurrences prior to the effective date of coverage will not be payable events
- » \$50 annual Wellness Benefit is payable for each covered member for completing certain wellness screenings. Examples include (but are not limited to) mammography and certain blood tests. Available once per year per covered person.

Premium contributions for critical illness coverage will be deducted from your paycheck on a post-tax basis. Your age, tier of coverage and benefit amount will determine your premium. The chart to the right gives a summary of the coverage.

Covered Conditions

- » **Employee:** You choose increments of \$10,000, \$20,000 or \$30,000
- » **Spouse:** Covered at 100% of Employee benefit amount
- » **Children:** Covered at 100% of Employee benefit amount



CRITICAL ILLNESS COVERAGE



	INITIAL DIAGNOSIS (Benefit Percentage)	RECURRENCE (Benefit Percentage)
CANCER CONDITIONS		
INVASIVE CANCER	100%	100%
CARCINOMA IN SITU	25%	25%
SKIN CANCER	\$250 (max 1x/lifetime)	Not Available
VASCULAR CONDITIONS		
HEART ATTACK	100%	100%
STROKE	100%	100%
CORONARY ARTERY DISEASE	25%	25%
AORTIC & CEREBRAL ANEURYSM	25%	25%
ADVANCED HEART FAILURE	25%	Not Available
NERVOUS SYSTEM CONDITIONS		
ADVANCED STAGE ALZHEIMER'S DISEASE	25%	Not Available
AMYOTROPHIC LATERAL SCLEROSIS (ALS)	25%	Not Available
PARKINSON'S DISEASE	25%	Not Available
MULTIPLE SCLEROSIS	25%	Not Available
MILD STAGE ALZHEIMER'S DISEASE	25%	Not Available
HUNTINGTON'S DISEASE	25%	Not Available
MYASTHENIA GRAVIS	25%	25%
INFECTIOUS CONDITIONS		
BACTERIAL MENINGITIS	25%	25%
MALARIA	25%	25%
TUBERCULOSIS	25%	25%
NECROTIZING FASCIITIS	25%	25%
OSTEOMYELITIS	25%	25%
SEVERE SEPSIS	25%	25%

	INITIAL DIAGNOSIS (Benefit Percentage)	RECURRENCE (Benefit Percentage)
CHILDHOOD CONDITIONS		
CEREBRAL PALSY	100%	Not Available
CYSTIC FIBROSIS	100%	Not Available
MUSCULAR DYSTROPHY	100%	Not Available
POLIOMYELITIS	100%	Not Available
HEART WALL MALFORMATION	100%	Not Available
SICKLE CELL	100%	Not Available
OTHER SPECIFIED CONDITIONS		
BENIGN BRAIN TUMOR	100%	100%
BLINDNESS	100%	Not Available
COMA	25%	25%
END-STAGE RENAL (KIDNEY) DISEASE	100%	100%
MAJOR ORGAN FAILURE	100%	100%
PARALYSIS	100%	100%
LOSS OF HEARING	100%	Not Available
LOSS OF SPEECH	100%	Not Available
SYSTEMIC LUPUS	25%	25%
SYSTEMIC SCLEROSIS	25%	25%
ADVANCED OBESITY	25%	25%
CROHN'S DISEASE	25%	Not Available
PULMONARY EMBOLISM	25%	25%

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

CRITICAL ILLNESS MONTHLY PREMIUM RATES



Non-Tobacco

\$10,000 BENEFIT (NON TOBACCO)

ATTAINED AGE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
0-24	\$4.19	\$9.36	\$6.68	\$11.85
25-29	\$4.98	\$10.34	\$7.48	\$12.83
30-34	\$6.09	\$12.21	\$8.58	\$14.70
35-39	\$7.53	\$14.90	\$10.02	\$17.40
40-44	\$8.91	\$17.92	\$11.40	\$20.41
45-49	\$12.13	\$24.79	\$14.62	\$27.30
50-54	\$16.39	\$34.79	\$18.89	\$37.29
55-59	\$22.02	\$47.91	\$24.52	\$50.41
60-64	\$27.53	\$60.73	\$30.02	\$63.22
65-69	\$34.87	\$76.06	\$37.36	\$78.56
70-74	\$49.00	\$106.83	\$51.49	\$109.32
75-79	\$65.12	\$144.61	\$67.61	\$147.10
80-84	\$78.97	\$174.51	\$81.48	\$177.01
85+	\$126.76	\$240.19	\$129.25	\$242.69

\$30,000 BENEFIT (NON TOBACCO)

ATTAINED AGE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
0-24	\$12.57	\$28.08	\$20.04	\$35.55
25-29	\$14.94	\$31.02	\$22.44	\$38.49
30-34	\$18.27	\$36.63	\$25.74	\$44.10
35-39	\$22.59	\$44.70	\$30.06	\$52.20
40-44	\$26.73	\$53.76	\$34.20	\$61.23
45-49	\$36.39	\$74.37	\$43.86	\$81.90
50-54	\$49.17	\$104.37	\$56.67	\$111.87
55-59	\$66.06	\$143.73	\$73.56	\$151.23
60-64	\$82.59	\$182.19	\$90.06	\$189.66
65-69	\$104.61	\$228.18	\$112.08	\$235.68
70-74	\$147.00	\$320.49	\$154.47	\$327.96
75-79	\$195.36	\$433.83	\$202.83	\$441.30
80-84	\$236.91	\$523.53	\$244.44	\$531.03
85+	\$380.28	\$720.57	\$387.75	\$728.07

\$20,000 BENEFIT (NON TOBACCO)

ATTAINED AGE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
0-24	\$8.38	\$18.72	\$13.36	\$23.70
25-29	\$9.96	\$20.68	\$14.96	\$25.66
30-34	\$12.18	\$24.42	\$17.16	\$29.40
35-39	\$15.06	\$29.80	\$20.04	\$34.80
40-44	\$17.82	\$35.84	\$22.80	\$40.82
45-49	\$24.26	\$49.58	\$29.24	\$54.60
50-54	\$32.78	\$69.58	\$37.78	\$74.58
55-59	\$44.04	\$95.82	\$49.04	\$100.82
60-64	\$55.06	\$121.46	\$60.04	\$126.44
65-69	\$69.74	\$152.12	\$74.72	\$157.12
70-74	\$98.00	\$213.66	\$102.98	\$218.64
75-79	\$130.24	\$289.22	\$135.22	\$294.20
80-84	\$157.94	\$349.02	\$162.96	\$354.02
85+	\$253.52	\$480.38	\$258.50	\$485.38

CRITICAL ILLNESS MONTHLY PREMIUM RATES



Tobacco

\$10,000 BENEFIT (TOBACCO)

ATTAINED AGE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
0-24	\$4.81	\$10.73	\$7.30	\$13.22
25-29	\$6.06	\$12.64	\$8.56	\$15.13
30-34	\$8.08	\$16.36	\$10.57	\$18.85
35-39	\$11.64	\$23.44	\$14.14	\$25.93
40-44	\$14.98	\$30.53	\$17.47	\$33.03
45-49	\$22.17	\$45.96	\$24.67	\$48.46
50-54	\$30.43	\$64.72	\$32.93	\$67.22
55-59	\$40.49	\$88.07	\$42.98	\$90.56
60-64	\$49.10	\$108.10	\$51.59	\$110.59
65-69	\$59.20	\$127.53	\$61.70	\$130.02
70-74	\$79.31	\$170.68	\$81.81	\$173.18
75-79	\$96.35	\$209.51	\$98.84	\$212.00
80-84	\$116.15	\$251.62	\$118.64	\$254.11
85+	\$149.57	\$292.85	\$152.07	\$295.36

\$30,000 BENEFIT (TOBACCO)

ATTAINED AGE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
0-24	\$14.43	\$32.19	\$21.90	\$39.66
25-29	\$18.18	\$37.92	\$25.68	\$45.39
30-34	\$24.24	\$49.08	\$31.71	\$56.55
35-39	\$34.92	\$70.32	\$42.42	\$77.79
40-44	\$44.94	\$91.59	\$52.41	\$99.09
45-49	\$66.51	\$137.88	\$74.01	\$145.38
50-54	\$91.29	\$194.16	\$98.79	\$201.66
55-59	\$121.47	\$264.21	\$128.94	\$271.68
60-64	\$147.30	\$324.30	\$154.77	\$331.77
65-69	\$177.60	\$382.59	\$185.10	\$390.06
70-74	\$237.93	\$512.04	\$245.43	\$519.54
75-79	\$289.05	\$628.53	\$296.52	\$636.00
80-84	\$348.45	\$754.86	\$355.92	\$762.33
85+	\$448.71	\$878.55	\$456.21	\$886.08

\$20,000 BENEFIT (TOBACCO)

ATTAINED AGE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
0-24	\$9.62	\$21.46	\$14.60	\$26.44
25-29	\$12.12	\$25.28	\$17.12	\$30.26
30-34	\$16.16	\$32.72	\$21.14	\$37.70
35-39	\$23.28	\$46.88	\$28.28	\$51.86
40-44	\$29.96	\$61.06	\$34.94	\$66.06
45-49	\$44.34	\$91.92	\$49.34	\$96.92
50-54	\$60.86	\$129.44	\$65.86	\$134.44
55-59	\$80.98	\$176.14	\$85.96	\$181.12
60-64	\$98.20	\$216.20	\$103.18	\$221.18
65-69	\$118.40	\$255.06	\$123.40	\$260.04
70-74	\$158.62	\$341.36	\$163.62	\$346.36
75-79	\$192.70	\$419.02	\$197.68	\$424.00
80-84	\$232.30	\$503.24	\$237.28	\$508.22
85+	\$299.14	\$585.70	\$304.14	\$590.72

HOSPITAL INDEMNITY COVERAGE

Hospital Indemnity Coverage through Cigna pays cash benefits directly to you if you have a covered stay in a hospital or intensive care unit. You can use the benefits from this policy to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging, or everyday expenses such as groceries and utilities.

- » Benefits are payable for pregnancy on the first day of coverage, so even if you or your spouse are already expecting, you can elect coverage to start on September 1.
- » Coverage is guaranteed issue; no medical questions
- » You must be admitted to the hospital on an inpatient basis, in order to be considered for an admission benefit



BASE PLAN PLUS PLAN

MONTHLY CONTRIBUTIONS

	BASE PLAN	PLUS PLAN
EMPLOYEE ONLY	\$10.45	\$20.96
EMPLOYEE + SPOUSE	\$20.71	\$41.71
EMPLOYEE + CHILD(REN)	\$16.95	\$34.10
EMPLOYEE + FAMILY	\$27.21	\$54.86

BASE PLAN PLUS PLAN

BRIEF SUMMARY OF BENEFITS*

	BASE PLAN	PLUS PLAN
HOSPITAL ADMISSION No elimination period. Limited to 1 day, 1 benefit(s) every 365 days.	\$500 per day	\$1,000 per day
HOSPITAL CHRONIC CONDITION ADMISSION No elimination period. Limited to 1 day, 1 benefit(s) every 90 days.	\$50 per day	\$100 per day
HOSPITAL STAY No elimination period. Limited to 30 days, 1 benefit(s) every 90 days.	\$100 per day	\$200 per day
HOSPITAL INTENSIVE CARE UNIT STAY No elimination period. Limited to 30 days, 1 benefit(s) every 90 days.	\$200 per day	\$400 per day
HOSPITAL OBSERVATION STAY 24 hour elimination period. Limited to 72 hours.	\$100 per day	\$200 per day

*This list is a summary. Refer to plan documents for details.

CANCER COVERAGE

Coverage provided by Allstate includes benefits for cancer screenings for early detection as well as benefits if you are diagnosed with cancer. Benefits are paid for your initial diagnosis plus radiation and chemotherapy, anti-nausea medications, stem cell and bone marrow transplant, surgery, hospitalization, and more.



BASE PLAN PLUS PLAN

INITIAL DIAGNOSIS BENEFIT

FIRST OCCURRENCE BENEFIT	\$4,000	\$8,000
HOSPITAL CONFINEMENT BENEFIT	\$200 per day	\$200 per day
CHEMO/RADIATION BENEFITS	\$10,000	\$15,000

PLAN BENEFITS

ANTI-NAUSEA BENEFIT	\$200	\$200
EXPERIMENTAL TREATMENT BENEFIT	\$5,000	\$5,000
NURSING SERVICES	\$200	\$200
SURGICAL BENEFIT	Up to \$3,000	Up to \$3,000
ANESTHESIA BENEFIT	25%	25%
RECONSTRUCTIVE SURGERY	up to \$3,000	up to \$3,000
PROSTHESIS BENEFIT (SURGICAL)	\$2,000	\$2,000
BLOOD AND PLASMA BENEFIT	\$10,000	\$15,000
SECOND SURGICAL OPINION	\$400	\$400
AMBULANCE BENEFIT (AIR / GROUND)	\$100	\$100
TRANSPORTATION BENEFIT	Coach Fare or \$0.40 per mile	Coach Fare or \$0.40 per mile
FAMILY LODGING BENEFIT	\$50	\$50
BONE MARROW TRANSPLANTATION BENEFIT	Up to \$5,000	Up to \$5,000
STEM CELL TRANSPLANTATION BENEFIT	Up to \$5,000	Up to \$5,000
EXTENDED CARE FACILITY	\$200	\$200
HOSPICE BENEFIT	\$200	\$200
HOME HEALTH CARE BENEFIT	\$200	\$200
PRE-EXISTING EXCLUSION	12 / 12	12 / 12
MEDICAL IMAGING WITH DIAGNOSIS	\$500	\$750
WELLNESS BENEFIT	\$50	\$50

BASE PLAN PLUS PLAN

MONTHLY CONTRIBUTIONS

EMPLOYEE ONLY	\$24.81	\$34.20
EMPLOYEE + SPOUSE	\$38.68	\$53.37
EMPLOYEE + CHILD(REN)	\$35.51	\$49.26
EMPLOYEE + FAMILY	\$42.14	\$58.26



DENTAL BENEFITS



Brushing your teeth and flossing are great, but don't forget to visit the dentist too! McNeese Employee Extras offers affordable plan options for routine care and beyond. Coverage is available from Unum.



Network Dentists

If you use a dentist who doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Unum at unumdentalcare.com.

Dental Premiums

Premium contributions for dental are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your paycheck deduction.

Dental Plan Summary

This chart summarizes the 2021 dental coverage provided by Unum.

	MAC PLAN		BASE PPO		BUY UP PPO	
MONTHLY CONTRIBUTIONS						
EMPLOYEE ONLY	\$22.44		\$29.61		\$36.33	
EMPLOYEE + SPOUSE	\$46.28		\$57.52		\$71.82	
EMPLOYEE + CHILD(REN)	\$54.27		\$72.15		\$86.94	
EMPLOYEE + FAMILY	\$68.73		\$87.78		\$131.79	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE						
INDIVIDUAL	\$50		\$50		\$50	
FAMILY	\$150		\$150		\$150	
ANNUAL MAXIMUM						
PER PERSON	\$1,000		\$1,500		\$2,000	
CARRY-OVER BENEFITS						
CARRY-OVER BENEFIT	\$250		\$350		\$400	
THRESHOLD LIMIT	\$500		\$700		\$800	
CARRYOVER ACCOUNT LIMIT	\$1,000		\$1,250		\$1,500	
COVERED SERVICES (PLAN PAYS)						
DIAGNOSTIC AND PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays	100%		100%		100%	
BASIC SERVICES Full Mouth X-rays, Fillings, Oral Surgery, Simple Extractions	80%		80%		80%	
MAJOR SERVICES Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridges	50%		50%		50%	
ORTHODONTIC BENEFITS						
ORTHODONTIA COINSURANCE	Not Covered		50%		50%	
LIFETIME MAXIMUM	Not Covered		\$1,500		\$2,000	
DEPENDENT CHILDREN	Not Covered		Covered; Up to age 26		Covered; Up to age 26	
ADULTS	Not Covered		Covered		Covered	

DENTAL CARRYOVER BENEFIT



Unum DentalSM carryover benefits

Earn extra benefits just by taking care of your teeth!

How it works

Each benefit year a member must have:

- › one cleaning,
- › one regular exam and
- › total dental claims paid during the year below the threshold limit.

If all three criteria above are met, a portion of the annual maximum will carry over to the next year.

Base Plan Annual Maximum	Threshold Limit	Carryover Amount	Carryover Account Maximum	Total Potential Annual Maximum
\$1,000	\$500	\$250	\$1,000	\$2,000

Other specifications

- › Each covered family member receives their own carryover benefit.
- › Group carryover benefit rider must be in effect for one benefit year before any members can utilize carryover benefits.
- › A member must be on the plan for a minimum of four months before accruing carryover benefits.
- › Carryover benefit cannot be used towards orthodontia.
- › A member's carryover account will be eliminated and the accrued carryover benefits lost if the insured has a break in coverage for any length of time or any reason.

\$1,000 carryover example

In the first qualifying year, the member has one cleaning, one exam and incurs \$300 in paid claims.

Member earns a \$250 carryover benefit that is applied to the next year's annual maximum.

Benefit in year two

Annual Maximum		Carryover Amount		Total Annual Maximum with Carryover
\$1,000	+	\$250	=	\$1,250

Member gets one cleaning, one regular exam and incurs \$300 in paid claims.

Member earns a \$250 carryover benefit that is applied to the next year's annual maximum.

Benefit in year three

Annual Maximum		Carryover Amount		Total Annual Maximum with Carryover
\$1,000	+	\$500	=	\$1,500

Member gets one cleaning, one regular exam and incurs \$1,300 in paid claims.

Member does not earn the carryover benefit in year three, but is able to utilize the carryover benefits earned in previous years to help pay the \$1,300 in claims.

Because the entire \$500 would not be utilized by the \$1,300 claim, \$200 will carry over to the next year.

Benefit in year four

Annual Maximum		Carryover Amount		Total Annual Maximum
\$1,000	+	\$200	=	\$1,200

Member has \$1,200 available to use in this year because of the \$1,000 regular annual maximum plus \$200 in remaining carryover benefit.

VISION BENEFITS



Don't wear glasses? Even you shouldn't skip an annual eye exam! McNeese Employee Extras supplement benefits provides you and your family access to quality vision care with a comprehensive vision benefit through Unum.



Vision Premiums

Premium contributions for vision are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your paycheck deduction.

Vision Plan Summary

This chart summarizes the 2021 vision coverage provided by Unum.

		LOW PLAN		HIGH PLAN	
MONTHLY CONTRIBUTIONS					
	EMPLOYEE ONLY	\$5.20		\$8.50	
	EMPLOYEE + SPOUSE	\$10.41		\$14.93	
	EMPLOYEE + CHILD(REN)	\$11.45		\$15.75	
	EMPLOYEE + FAMILY	\$17.51		\$21.97	
		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
EXAMS					
	COPAY	\$10	Up to \$35	\$0	Up to \$35
	FREQUENCY	Once per 12 months		Once per 12 months	
LENSES					
	SINGLE VISION	\$20	Up to \$25	\$10	Up to \$25
	BIFOCAL	\$20	Up to \$40	\$10	Up to \$40
	TRIFOCAL	\$20	Up to \$50	\$10	Up to \$50
	PROGRESSIVE	\$70 allowance	Up to \$50	\$70 allowance	Up to \$50
	FREQUENCY	Once per 12 months		Once per 12 months	
CONTACTS					
	COPAY	\$20	N/A	\$10	N/A
	CONTACT LENS FITTING (STANDARD)	\$20 copay	Applied to allowance for contact lenses	\$10 copay	Applied to allowance for contact lenses
	CONTACT LENSES - ELECTIVE	\$130 allowance	Up to \$105	\$180 allowance	Up to \$105
	CONTACT LENSES - MEDICALLY NECESSARY	\$130 allowance	Up to \$210	\$180 allowance	Up to \$210
	CONTACT LENSES ARE COVERED "IN LIEU OF FRAMES AND LENSES"	Yes	Yes	Yes	Yes
	FREQUENCY	Once per 12 months		Once per 12 months	
FRAMES					
	ALLOWANCE (Discount on amount over allowance)	\$130 retail allowance Costco frame allowance: \$80	Up to \$50	\$180 retail allowance Costco frame allowance: \$95	Up to \$50
	FREQUENCY	Once per 24 months		Once per 12 months	



Thoughts & Tips: More than 150 million Americans use corrective eye wear to compensate for refractive errors.

SURVIVOR BENEFITS



It's difficult to think about what would happen if something ever happened to you, but it's important to have a plan in place to make sure your family is provided for. Survivor benefits provide financial protection and security in the event of an absence or unexpected event. Securing Life insurance now ensures your family will be protected for the future.

What's a beneficiary? Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. You receive the benefit payment for a dependent's death under the The Standard insurance.

Name a primary and contingent beneficiary to make your intentions clear. Make sure to indicate their full name, address, Social Security number, relationship, date of birth and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches majority age at 18. If you need assistance, contact Human Resources or your own legal counsel.



VOLUNTARY LIFE AND AD&D INSURANCE



Voluntary Life and AD&D Insurance

Life and AD&D benefits are an important part of your family's financial security. Eligible employees may purchase Voluntary Life and AD&D insurance to protect you and your family members. Premiums are paid through payroll deductions.

VOLUNTARY EMPLOYEE LIFE AND AD&D

COVERAGE AMOUNT	\$10,000-\$500,000
WHO PAYS	Employee
BENEFITS PAYABLE	If an employee dies while covered under the plan
MAXIMUM BENEFIT	\$500,000
GUARANTEE ISSUE AMOUNT*	\$100,000

VOLUNTARY SPOUSE LIFE AND AD&D

COVERAGE AMOUNT	\$5,000-\$250,000
WHO PAYS	Employee
BENEFITS PAYABLE	If a spouse dies while covered under the plan
MAXIMUM BENEFIT	\$250,000
GUARANTEE ISSUE AMOUNT*	\$25,000

VOLUNTARY CHILD LIFE AND AD&D

COVERAGE AMOUNT	\$10,000 per child
WHO PAYS	Employee
BENEFITS PAYABLE	If a child dependent dies while covered under the plan
MAXIMUM BENEFIT	\$10,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Not Applicable

*Evidence Of Insurability (EOI) is required for:
Employee amounts over \$100,000
Spouse amounts over \$25,000

Any election amount for Late Entrants, meaning you are enrolling after your initial eligibility period Approved elections over the Guarantee Issue amount will become effective 1st of the month following approval by The Standard

Plan Features

- » Benefits reduce to 65% at age 70; to 50% at age 75
 - **Example:**
Larry is 69 years old enrolled with \$100,000 of Life and AD&D insurance. Larry turns 70 years old. His Life and AD&D coverage amount will reduce to 65% first of the next month following his 70th birthday. His remaining benefit amount is \$65,000.
- » Waiver of Premium if disabled prior to age 60; 6 month waiting period; coverage continues to age 65
- » Conversion and Portability
- » Accelerated Benefit available with 12 months or less to live, up to 80% of coverage
- » You must enroll for Life and AD&D coverage in order to elect coverage for your dependents
- » Spouse coverage cannot exceed 100% of Employee Voluntary Life and AD&D amount

VOLUNTARY LIFE AND AD&D PREMIUMS



VOLUNTARY LIFE/AD&D INSURANCE			
RATES/\$1,000 (MONTHLY)			
AGE (AS OF JANUARY 1, 2021)	EMPLOYEE	AGE (AS OF JANUARY 1, 2021)	SPOUSE
<24	\$0.048	<24	\$0.048
25-29	\$0.048	25-29	\$0.048
30-34	\$0.058	30-34	\$0.058
35-39	\$0.069	35-39	\$0.069
40-44	\$0.103	40-44	\$0.103
45-49	\$0.156	45-49	\$0.156
50-54	\$0.239	50-54	\$0.239
55-59	\$0.371	55-59	\$0.371
60-64	\$0.467	60-64	\$0.467
65-69	\$0.689	65-69	\$0.689
70-74	\$1.217	70-74	\$1.217
75-79	\$2.070	75-79	\$2.070
80+	\$2.070	80+	\$2.070

CHILD LIFE AND AD&D
FLAT \$10,000 BENEFIT PER CHILD
\$0.16

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:

\$	÷ 1,000 =	\$	x Age Based Rate =	\$
Benefit Elected				Monthly Premium

WHOLE LIFE INSURANCE

Allstate Whole Life coverage combines permanent life insurance policy with living benefits in the form of Long Term Care (LTC).



You can enroll in this plan without medical questions when you are first eligible. If you wait to enroll at a later date, evidence of insurability will apply and coverage may be declined.

Check out the three main features of this plan alongside an example of how the plans works for a 35 year old, non-smoker:

1	A Death Benefit payable to your beneficiaries if you pass away	\$50,000 death benefit is payable to your beneficiaries when you pass away
2	A Living benefit , to help pay for care in an assisted living, long term care facility, home health care and/or adult day care	Pays you 4% per month, up to 25 months. \$2,000 per month x 25 months = \$50,000
3	A terminal illness benefit , that pays you 50% of your death benefit if your life expectancy is less than 12-months	Pays you \$25,000 with life expectancy declaration Pays remaining \$25,000 to your beneficiaries when you pass away

Plan Highlights

- » Your rates lock in at your current age and do not increase as you age
- » Coverage is portable which mean you can take this plan with you if you no longer work for the company
- » You choose the level of Coverage that is right for you

	GUARANTEE ISSUE (NO MEDICAL QUESTIONS)	MAXIMUM BENEFIT AMOUNT
EMPLOYEE ONLY	\$130,000	\$250,000
WORKING SPOUSE	\$40,000	\$150,000
CHILD(REN)	\$20,000	\$50,000

Rate are based on your age and coverage level
There are certain benefit restrictions for anyone enrolling beyond age 64



INCOME PROTECTION



Maintaining your quality of life counts on your income. McNeese Employee Extras supplement benefits offer disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury. A portion of your income is protected until you can return to work or until you reach retirement age.



Voluntary Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits are available for purchase on a voluntary basis. STD insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions may apply. See your plan documents or Human Resources for details.

THE STANDARD

	PLAN 1	PLAN 2	PLAN 3
BENEFIT PERCENTAGE	60%	60%	60%
BENEFIT MAXIMUM (WEEKLY)	\$1,500	\$1,500	\$1,500
ELIMINATION PERIOD (SICKNESS/ACCIDENT)	7 days	14 days	30 days
MINIMUM BENEFIT	\$100	\$100	\$100
MAXIMUM BENEFIT DURATION	12 week	11 weeks	9 weeks
PRE-EXISTING CONDITION LIMITATIONS	No Pre-Ex	No Pre-Ex	No Pre-Ex
MATERNITY COVERAGE	Covered the same as any other illness	Covered the same as any other illness	Covered the same as any other illness
RATE PER \$10 WEEKLY BENEFIT	\$0.52	\$0.39	\$0.24

Voluntary Long Term Disability (LTD) Insurance

Long Term Disability (LTD) benefits are available for purchase on a voluntary basis. LTD insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

THE STANDARD

BENEFIT PERCENTAGE	60%
MONTHLY BENEFIT MAXIMUM	\$5,000
MAXIMUM PERIOD OF PAYMENT	Social Security Normal Retirement Age
PRE-EXISTING CONDITION LIMITATIONS	3 / 12
MENTAL ILLNESS/SUBSTANCE ABUSE LIMITATION	24 Months / 24 Months
DEFINITION OF DISABILITY	24 Month Own Occupation
SURVIVOR BENEFITS	3 Months
REHABILITATION BENEFITS	Included
PORTABILITY	Not Portable
	BUYUP PLAN BASE PLAN
ELIMINATION PERIOD	90 days 180 days

VOLUNTARY LTD

RATE PER \$100 OF MONTHLY COVERED PAYROLL

AGE RANGE	BUYUP PLAN	BASE PLAN
20-24	\$0.082	\$0.053
25-29	\$0.136	\$0.087
30-34	\$0.251	\$0.167
35-39	\$0.258	\$0.179
40-44	\$0.368	\$0.238
45-49	\$0.518	\$0.342
50-54	\$0.705	\$0.464
55-59	\$0.810	\$0.523
60-64	\$0.886	\$0.565
65-69	\$0.886	\$0.565
70+	\$0.886	\$0.565



Thoughts & Tips: Nearly 6% of working Americans will experience a short term disability due to illness, injury or pregnancy on average every year.

IDENTITY THEFT PROTECTION



McNeese State University cares about you and wants you to succeed in all aspects of life, so we offer a variety of additional benefits to help make your day-to-day easier.



Access to identity theft protection is available on a voluntary basis through InfoArmor. In an always on, ever connected world, the risk of identity theft is real. There is a new identity fraud victim every two seconds. You can help protect yourself with InfoArmor monitors millions of transactions every second, alerting you to suspicious activity by text, phone or email. This protection is different than free credit monitoring and offers a full set of features to help proactively protect you and your covered family members against identity theft.

- » You have two options to choose from — PrivacyArmor or PrivacyArmor PLUS.
- » Pay your Allstate Identity Protection premium via payroll deduction.
- » In the event you retire or no longer work for the company, you are able to take this benefit with you.

	PRIVACYARMOR	PRIVACYARMOR PLUS
IDENTITY MONITORING		
AUTO-ON MONITORING	✓	✓
RAPID ALERTS	✓	✓
HIGH-RISK TRANSACTION MONITORING	✓	✓
SOCIAL MEDIA REPUTATION MONITORING	✓	✓
SEX OFFENDER REGISTRY	✓	✓
CREDIT AND DEBIT CARD MONITORING	✓	✓
BANK ACCOUNT TRANSACTION MONITORING	✓	✓
401(K) INVESTMENT ACCOUNT MONITORING	✓	✓
STUDENT LOAN ACTIVITY ALERTS	✓	✓
FINANCIAL TRANSACTION MONITORING	✓	✓
LOST WALLET PROTECTION	✓	✓
DIGITAL EXPOSURE REPORTS	✓	✓
DARK WEB MONITORING	✓	✓
COMPROMISED CREDENTIALS	✓	✓
DATA BREACH NOTIFICATIONS	✓	✓
DECEASED FAMILY MEMBER COVERAGE	✓	✓
SOCIAL MEDIA ACCOUNT TAKEOVER		✓
IP ADDRESS MONITORING		✓
CREDIT		
TRANSUNION CREDIT MONITORING	✓	✓
CREDIT SCORE TRACKING	✓	✓
UNLIMITED TRANSUNION CREDIT REPORTS AND SCORES		✓
CREDIT FREEZE ASSISTANCE		✓
TRI-BUREAU CREDIT MONITORING		✓
CREDIT LOCK (ADULT AND CHILD)		✓
ANNUAL TRI-BUREAU REPORT AND SCORE		✓
CREDIT REPORT DISPUTES		✓
REMEDATION		
FULL-SERVICE, 24/7 REMEDIATION SUPPORT	✓	✓
\$1 MILLION INSURANCE POLICY	✓	✓
STOLEN FUND REIMBURSEMENT	✓	✓
TAX FRAUD REFUND ADVANCE		✓
401(K) AND HSA REIMBURSEMENT	✓	✓
MONTHLY CONTRIBUTION		
EMPLOYEE ONLY	\$7.95	\$9.95
EMPLOYEE + FAMILY	\$13.95	\$17.95

PREPAID LEGAL PLANS



LegalShield offers you and your family value, convenience and peace of mind by giving you low-cost access to attorneys for a wide variety of personal legal services. Payments are made conveniently and easily through payroll deductions. It's like having your own attorney on retainer, but for a lot less.

Through the LegalShield Legal Plan, you will have a nationwide network of thousands of attorneys to choose from if you need legal advice. And with the LegalShield mobile app, you have on-the-go, 24/7 access to the help you need. Text LEGAL to 38470 to download the app.

Plan Attorneys can help you with:

- » Advice and consultations
- » Consumer protection
- » Defense of civil lawsuit
- » Document preparation
- » Elder care issues, demand letters and affidavits
- » Wills and estate planning
- » Family law
- » Financial Matters
- » Juvenile Court matters
- » Real Estate matters
- » Traffic matters

If you use a plan attorney, covered legal services are provided with no additional attorney fees.

LEGAL PLANS MONTHLY PREMIUM

EMPLOYEE + FAMILY

\$18.25



EMPLOYEE ASSISTANCE PROGRAM (EAP)



There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program¹ (EAP) which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)² and all household members can contact master's-degreed clinicians 24/7 by phone, online, live chat, email and text. There's even a mobile EAP app. Receive referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three face-to-face assessment and counseling sessions per issue. EAP services can help with:

-  Depression, grief, loss and emotional well-being
-  Family, marital and other relationship issues
-  Life improvement and goal-setting
-  Addictions such as alcohol and drug abuse
-  Stress or anxiety with work or family
-  Financial and legal concerns
-  Identity theft and fraud resolution
-  Online will preparation

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, travel, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit workhealthlife.com/Standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

With EAP, assistance is immediate, personal and available when you need it.

Contact EAP

888.293.6948
TDD: 800.327.1833
24 hours a day,
seven days a week

workhealthlife.com/Standard3



NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

¹ The EAP service is provided through an arrangement with Morneau Shepell, which is not affiliated with The Standard. Morneau Shepell is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

² Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204

standard.com

Employee Assistance Program-3
SI 17201 (7/17) EE

Life Insurance

The Life Services Toolkit

Resources and Tools to Support You and Your Beneficiary



Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a group Life policy from Standard Insurance Company (The Standard) does more than help protect your family from financial hardship after a loss. We have partnered with Morneau Shepell to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard.

Services to Help You Now

Visit the Life Services Toolkit website at standard.com/mytoolkit and enter user name "assurance" for information and tools to help you make important life decisions.

- **Estate Planning Assistance:** Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and health care agent forms.
- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- **Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.
- **Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.
- **Funeral Arrangements:** Use the website to calculate funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

If you are a recipient of an Accelerated Benefit,¹ you may access the services for beneficiaries outlined on the next page.



continued on next page

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

¹ An Accelerated Benefit allows a covered individual who becomes terminally ill to receive a portion of the Life insurance proceeds while living, if all other eligibility requirements are met.

Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204

standard.com

Life Services Toolkit
SI 17526 (10/17) EE

Services for Your Beneficiary

Life insurance beneficiaries² can access services for 12 months after the date of death. Recipients of an Accelerated Benefit can access services for 12 months after the date of payment.

These supportive services can help your beneficiary cope after a loss:

- **Grief Support:** Clinicians with master's degrees are on call to provide confidential grief sessions by phone or in person. Your beneficiaries are eligible for up to six face-to-face sessions and unlimited phone contact.

Our clinicians may offer your beneficiaries additional grief support through books sent to their home, based on each individual's needs. As part of this program, age-appropriate books can be sent for children and teens.

- **Legal Services:** Your beneficiaries can obtain legal assistance from experienced attorneys. They can:
 - Schedule an initial 30-minute office and a telephone consultation with a network attorney. Beneficiaries who wish to retain a participating attorney after the initial consultation receive a 25 percent rate reduction from the attorney's normal hourly or fixed-fee rates.
 - Obtain an estate-planning package that consists of a simple will, a living will, a health care agent form and a durable power of attorney.
- **Financial Assistance:** Your beneficiaries have unlimited phone access to financial counselors who can help with issues such as budgeting strategies, and credit and debt management, including hour-long sessions on topics requiring more in-depth discussion.
- **Support Services:** During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. Work-life advisors can guide them to resources to help manage household repairs and chores; find child care and elder care providers; or organize a move or relocation.
- **Online Resources:** Your beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources to calculate funeral costs, find funeral-related services and make decisions about funeral arrangements.



Beneficiaries can participate in phone consultations or in-person meetings with trained grief counselors.

For beneficiary services, visit standard.com/mytoolkit (user name = support) or call the assistance line at 800.378.5742.



² The Life Services Toolkit is not available to Life insurance beneficiaries who are minors or to non-individual entities such as trusts, estates, charities.

The Life Services Toolkit is provided through an arrangement with Morneau Shepell and is not affiliated with The Standard. Morneau Shepell is solely responsible for providing and administering the included service. This service is not an insurance product.

PERSONAL HEALTH ADVOCATE

PERSONAL HEALTH ADVOCATE

When you're sick or injured, your main focus should be on your health – not untangling medical bills, scheduling appointments and coordinating your care with specialists and other providers.



Help is Only a Phone Call Away

Fortunately, you don't have to take on the healthcare system by yourself. While you're out on a short term disability claim, you can connect with a Personal Health Advocate who'll help you navigate the complexities of the healthcare system. Simply take advantage of Health Advocacy Select, a service that's included with your group Short Term Disability insurance coverage through Standard Insurance Company (The Standard).

An Expert by Your Side

At no additional cost, you can contact *Health Advocate*^{TM1} and be assigned a Personal Health Advocate, typically a registered nurse, who will remain on your case until it's fully resolved. From start to finish, you'll work with one person sparing you the headache of explaining your concerns to someone who might be unfamiliar with your situation.

Your Personal Health Advocate can assist you in quickly and efficiently working through healthcare management issues.

Some ways they can help you are:

- **Understand** and take maximum advantage of your medical benefits.
- **Make sense** of your diagnosis and research treatment options.
- **Find and schedule appointments** with the right doctors and specialists, particularly for complex medical conditions where a second opinion is appropriate.
- **Locate specialists** for high-risk pregnancies and find pediatricians.
- **Manage your out-of-pocket expenses** by finding alternative services and cost information.
- **Locate** necessary post pregnancy support in the event of a difficult delivery or when complications arise.
- **Resolve** medical claims and billing issues.
- **Find resources** for services that may not be covered through your employer's health benefits program.

All cases are managed in compliance with state and federal privacy laws. Your personal medical information is kept strictly confidential.



Personal Health Advocates available Monday - Friday, 8 a.m. - 11 p.m., Eastern at:

844.450.5543

Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204

standard.com

¹ Health Advocacy services are provided through an arrangement with Health Advocate, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care or recommend treatment.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

TRAVEL ASSISTANCE

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.¹

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).²

Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains³



Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond



Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded



Evacuation arrangements in the event of a natural disaster, political unrest and social instability

Contact Travel Assistance

800.872.1414

United States, Canada, Puerto Rico,
U.S. Virgin Islands and Bermuda

Everywhere else
+1.609.986.1234

Text:
+1.609.334.0807

Email:
medservices@assistamerica.com

Get the App

Get the most out of Travel Assistance with the Assist America Mobile App.

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator



Reference Number:
01-AA-STD-5201



Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

¹ Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy.

² Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

³ Must be arranged by Assist America, Inc.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GLOSSARY

Balance Billing – When you are billed by a provider for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount, as determined by your insurance plan, you pay for healthcare services received.

Deductible – The amount you owe for healthcare services before your health insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you’ve paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer’s decision.

Network – A group of physicians, hospitals and other healthcare providers that have agreed to provide medical services to a health insurance plan’s members at discounted costs.

- » **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- » **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- » **Non-Participating** – Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage, make changes or decline coverage.

Out-of-Pocket Maximum – The most you pay during a policy period (usually a 12-month period) before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, charges beyond the Reasonable & Customary, or healthcare your plan doesn’t cover. Check with your carrier to confirm what applies to the maximum.



Required Notices

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 318-342-5140.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 318-342-5140.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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

To request special enrollment or obtain more information, contact Human Resources at 318-342-5140.

IMPORTANT CONTACTS



CORESTREAM

855-702-1100

ulsmcneesesupport@corestream.com

ACCIDENT, CRITICAL ILLNESS, AND HOSPITAL INDEMNITY

Cigna

800-754-3207

SuppHealthClaims.com

CANCER AND WHOLE LIFE

Allstate

800-521-3535

www.allstatebenefits.com/mybenefits

DENTAL

Unum

888-400-9304

www.alwaysassist.com

Policy #: 641521

VISION

Unum

888-400-9304

www.alwaysassist.com

Policy #: 641521

LIFE AND AD&D

The Standard

800-628-8600

www.standard.com

Policy #: 758956

DISABILITY

The Standard

800-378-2395

www.standard.com

Policy #: 758956

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Standard (WorkLife Services)

888-293-6948

workhealthlife.com/Standard3

IDENTITY THEFT PROTECTION

Allstate Identity Theft Protection

800-789-2720

MyPrivacyArmor.com

PREPAID LEGAL

LegalShield

800-654-7757

benefits.legalshield.com/ulsadmin

MCNEESE STATE UNIVERSITY HUMAN RESOURCES

4205 Ryan St.

Lake Charles, LA 70605

337-475-5105

MyMcneeseEmployeeExtras@mcneese.edu

GET MOBILE

Scan these codes to go directly to the supplemental carrier's website for more information about your plan benefits.



Standard
FloCode



Allstate



Standard
File a Claim



unum



InfoArmor





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EMPLOYEE EXTRAS ✓