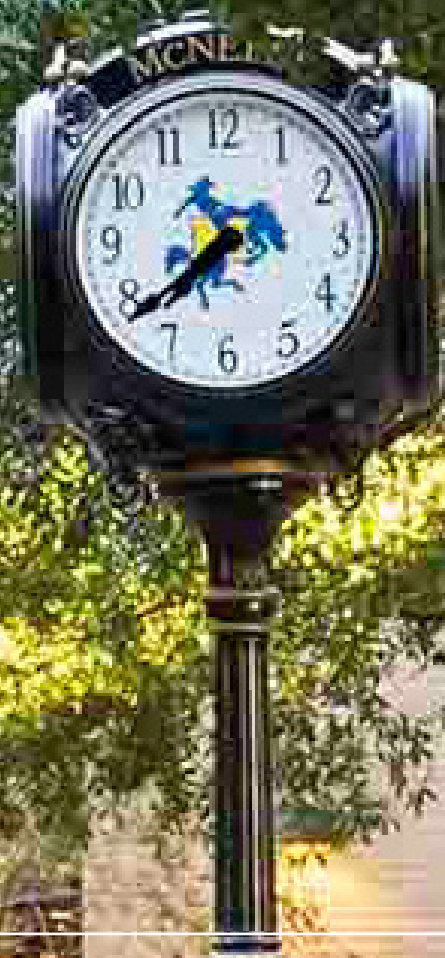




MCNEESE EMPLOYEE EXTRAS

2026



2026 BENEFIT HIGHLIGHTS

McNeese State University is committed to maintaining affordable benefits for our employees. McNeese Employee Extras offers several ways for you to supplement your benefits and offset out-of-pocket cost; therefore, we are continuing to provide access to additional coverage options to help lower your out-of-pocket expenses. You will see a slight increase in your vision premiums. All other supplemental coverage premiums will remain the same.

2026 Carriers:

- » **Medical insured through Blue Cross and Blue Shield of LA (BCBSLA)**
- » **Pharmacy Benefits Manager (PBM) for the Pelican HRA 1000 and Magnolia plans through CVS Caremark**
- » **Dental insured through Humana**
- » **Vision insured through Humana**
- » **Life and Disability insured through The Standard**
- » **Permanent/Whole Life with Long-Term Care insured through Allstate**
- » **Critical Illness, Accident Insurance, and Hospital Indemnity insured through The Standard**
- » **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 2026 benefits from A to Z. If you have questions, your Human Resources department is here to help.

See **page 36** for important information concerning Medicare Part D coverage.

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ELIGIBILITY & ENROLLMENT



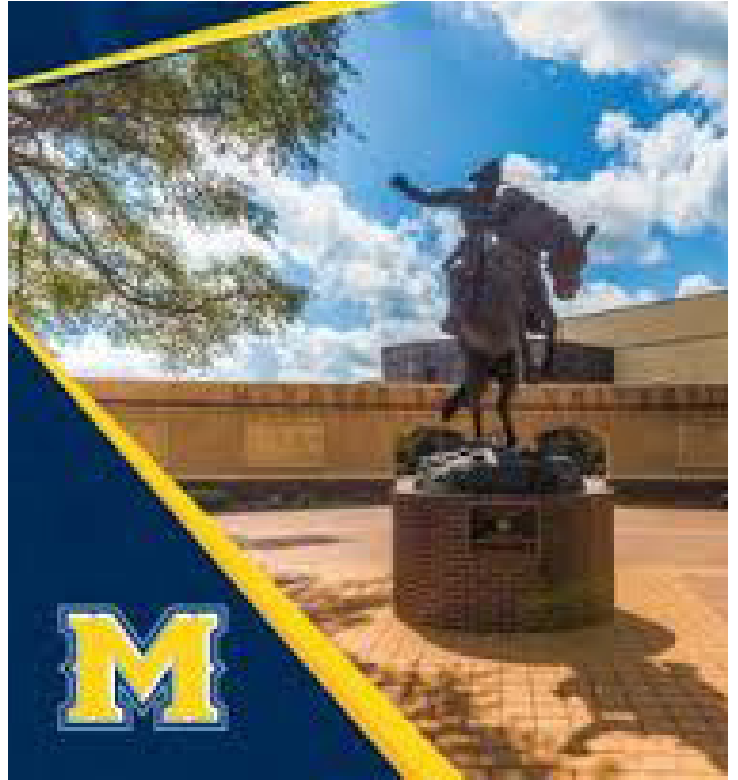
MyMcNeese Employee Extras offers a variety of benefits to support your and your family's needs. Choose options that cover what's important to your unique lifestyle.

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 January 1, 2026. 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 2026 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, 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

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.



Contact McNeese HR or Office of Group Benefits if enrolling or making changes to your Health Benefits.

Need Assistance with Enrollment or Have Benefit Questions?

PlanSource is available 8 am – 11 pm EST, Monday through Friday to address your questions and help you through the enrollment process:

PlanSource
844-289-4969

The link below will take you directly to the PlanSource enrollment portal to enroll for 2026 supplemental benefits.

<https://benefits.plansource.com>



MEDICAL MONTHLY PREMIUM RATES

OFFICE OF GROUP BENEFITS

OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES

ALL OGB-PARTICIPATING AGENCIES, EXCLUDING PARISH & CITY SCHOOL BOARDS

Rates effective January 1, 2026 (75% employer participation level)

For a complete list of premium rates for all employer types and at all employer participation levels, please visit info.groupbenefits.org.



	Magnolia Open Access Administered by Louisiana Blue			Magnolia Local Administered by Louisiana Blue			Magnolia Local Plus Administered by Louisiana Blue			Pelican HSA775 Administered by Louisiana Blue			Pelican HRA1000 Administered by Louisiana Blue		
	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share	Total Premium
ACTIVE EMPLOYEE															
ENROLLEE ONLY	\$781.10	\$260.28	\$1,041.38	\$636.86	\$212.22	\$849.08	\$751.36	\$250.42	\$1,001.78	\$271.54	\$90.46	\$362.00	\$469.46	\$156.46	\$625.92
ENROLLEE + 1 (SPOUSE)	\$1,366.46	\$845.66	\$2,212.12	\$1,114.00	\$689.50	\$1,803.50	\$1,314.40	\$813.30	\$2,127.70	\$475.10	\$294.00	\$769.10	\$821.22	\$508.24	\$1,329.46
ENROLLEE + 1 (CHILD)	\$895.48	\$374.72	\$1,270.20	\$730.06	\$305.44	\$1,035.50	\$861.34	\$360.38	\$1,221.72	\$311.40	\$130.38	\$441.78	\$538.32	\$225.32	\$763.64
ENROLLEE + CHILDREN	\$895.48	\$374.72	\$1,270.20	\$730.06	\$305.44	\$1,035.50	\$861.34	\$360.38	\$1,221.72	\$311.40	\$130.38	\$441.78	\$538.32	\$225.32	\$763.64
FAMILY	\$1,426.92	\$906.06	\$2,332.98	\$1,163.32	\$738.80	\$1,902.12	\$1,372.52	\$871.42	\$2,243.94	\$496.00	\$314.94	\$810.94	\$857.54	\$544.48	\$1,402.02
RETIREE WITHOUT MEDICARE & RE-EMPLOYED RETIREE															
ENROLLEE ONLY	\$1,677.28	\$260.28	\$1,937.56	\$1,367.48	\$212.22	\$1,579.70	\$1,619.28	\$250.42	\$1,869.70	N/A	N/A	N/A	\$1,008.12	\$156.46	\$1,164.58
ENROLLEE + 1 (SPOUSE)	\$2,575.80	\$845.66	\$3,421.46	\$2,099.94	\$689.50	\$2,789.44	\$2,488.08	\$813.30	\$3,301.38	N/A	N/A	N/A	\$1,548.08	\$508.24	\$2,056.32
ENROLLEE + 1 (CHILD)	\$1,783.46	\$374.72	\$2,158.18	\$1,454.14	\$305.44	\$1,759.58	\$1,722.32	\$360.38	\$2,082.70	N/A	N/A	N/A	\$1,072.30	\$225.32	\$1,297.62
ENROLLEE + CHILDREN	\$1,783.46	\$374.72	\$2,158.18	\$1,454.14	\$305.44	\$1,759.58	\$1,722.32	\$360.38	\$2,082.70	N/A	N/A	N/A	\$1,072.30	\$225.32	\$1,297.62
FAMILY	\$2,553.62	\$851.22	\$3,404.84	\$2,081.94	\$693.98	\$2,775.92	\$2,464.16	\$821.40	\$3,285.56	N/A	N/A	N/A	\$1,534.58	\$511.54	\$2,046.12
RETIREE WITH 1 MEDICARE															
ENROLLEE ONLY	\$472.56	\$157.50	\$630.06	\$385.22	\$128.44	\$513.66	\$463.92	\$154.62	\$618.54	N/A	N/A	N/A	\$284.02	\$94.70	\$378.72
ENROLLEE + 1 (SPOUSE)	\$1,746.04	\$581.96	\$2,328.00	\$1,423.54	\$474.46	\$1,898.00	\$1,695.48	\$565.20	\$2,260.68	N/A	N/A	N/A	\$1,049.38	\$349.76	\$1,399.14
ENROLLEE + 1 (CHILD)	\$817.90	\$272.66	\$1,090.56	\$666.84	\$222.26	\$889.10	\$797.96	\$266.04	\$1,064.00	N/A	N/A	N/A	\$491.82	\$163.86	\$655.68
ENROLLEE + CHILDREN	\$817.90	\$272.66	\$1,090.56	\$666.84	\$222.26	\$889.10	\$797.96	\$266.04	\$1,064.00	N/A	N/A	N/A	\$491.82	\$163.86	\$655.68
FAMILY	\$2,326.42	\$775.42	\$3,101.84	\$1,896.70	\$632.22	\$2,528.92	\$2,256.78	\$752.24	\$3,009.02	N/A	N/A	N/A	\$1,398.06	\$466.02	\$1,864.08
RETIREE WITH 2 MEDICARE															
ENROLLEE + 1 (SPOUSE)	\$849.50	\$283.10	\$1,132.60	\$692.58	\$230.82	\$923.40	\$831.58	\$277.18	\$1,108.76	N/A	N/A	N/A	\$510.58	\$170.14	\$680.72
FAMILY	\$1,051.72	\$350.58	\$1,402.30	\$857.52	\$285.80	\$1,143.32	\$1,029.60	\$343.18	\$1,372.78	N/A	N/A	N/A	\$632.04	\$210.70	\$842.74
C.O.B.R.A.															
ENROLLEE ONLY	\$0.00	\$1,062.22	\$1,062.22	\$0.00	\$866.02	\$866.02	\$0.00	\$1,021.84	\$1,021.84	\$0.00	\$369.26	\$369.26	\$0.00	\$638.44	\$638.44
ENROLLEE + 1 (SPOUSE)	\$0.00	\$2,256.34	\$2,256.34	\$0.00	\$1,839.60	\$1,839.60	\$0.00	\$2,170.22	\$2,170.22	\$0.00	\$784.44	\$784.44	\$0.00	\$1,356.04	\$1,356.04
ENROLLEE + 1 (CHILD)	\$0.00	\$1,295.58	\$1,295.58	\$0.00	\$1,056.20	\$1,056.20	\$0.00	\$1,246.18	\$1,246.18	\$0.00	\$450.62	\$450.62	\$0.00	\$778.92	\$778.92
ENROLLEE + CHILDREN	\$0.00	\$1,295.58	\$1,295.58	\$0.00	\$1,056.20	\$1,056.20	\$0.00	\$1,246.18	\$1,246.18	\$0.00	\$450.62	\$450.62	\$0.00	\$778.92	\$778.92
FAMILY	\$0.00	\$2,379.62	\$2,379.62	\$0.00	\$1,940.12	\$1,940.12	\$0.00	\$2,288.76	\$2,288.76	\$0.00	\$827.18	\$827.18	\$0.00	\$1,430.04	\$1,430.04
DISABILITY C.O.B.R.A.															
ENROLLEE ONLY	\$0.00	\$1,562.10	\$1,562.10	\$0.00	\$1,273.60	\$1,273.60	\$0.00	\$1,502.66	\$1,502.66	\$0.00	\$543.02	\$543.02	\$0.00	\$938.90	\$938.90
ENROLLEE + 1 (SPOUSE)	\$0.00	\$3,318.18	\$3,318.18	\$0.00	\$2,705.28	\$2,705.28	\$0.00	\$3,191.58	\$3,191.58	\$0.00	\$1,153.66	\$1,153.66	\$0.00	\$1,994.20	\$1,994.20
ENROLLEE + 1 (CHILD)	\$0.00	\$1,905.30	\$1,905.30	\$0.00	\$1,553.26	\$1,553.26	\$0.00	\$1,832.56	\$1,832.56	\$0.00	\$662.66	\$662.66	\$0.00	\$1,145.44	\$1,145.44
ENROLLEE + CHILDREN	\$0.00	\$1,905.30	\$1,905.30	\$0.00	\$1,553.26	\$1,553.26	\$0.00	\$1,832.56	\$1,832.56	\$0.00	\$662.66	\$662.66	\$0.00	\$1,145.44	\$1,145.44
FAMILY	\$0.00	\$3,499.50	\$3,499.50	\$0.00	\$2,853.16	\$2,853.16	\$0.00	\$3,365.90	\$3,365.90	\$0.00	\$1,216.46	\$1,216.46	\$0.00	\$2,103.02	\$2,103.02

- NOTE:
- 1) The breakdown between the State Share and the Employee Share amounts shown may not be accurate for certain school board employees due to local funding that affects agency funding, which affects agency contributions. Total Premium amounts are correct for all non-risk rated agencies.
 - 2) The breakdown between the State Share and Employee Share amounts shown for retirees without Medicare coverage is determined based upon the requirements of LA R.S. 42:851(C)(3), which supersedes the requirements of LA R.S. 42:851(E)(1).
 - 3) All plan members who retired on or after July 1, 1997 must have Medicare Part A and Part B to qualify for reduced premium rates.

Approved

Rates can be viewed on OGB at: <https://info.groupbenefits.org/docs/OGBforms/PremiumRates/2026/OGBJanuary2026HealthInsurancePremiumSchedulesSelffundedPlansAllOtherAgencies75percentSigned.pdf>

OGB ANNUAL ENROLLMENT PORTAL

Non-LaGov active employees & retirees, and LaGov retirees wishing to change health plans with the same covered dependents as their 2025 plan should use the annual enrollment portal to make their 2026 selection.

To enroll using the OGB annual enrollment portal:

- » Follow the links from the OGB homepage — info.groupbenefits.org — to the annual enrollment portal.
- » Log in to the portal by entering last name, date of birth, last four digits of SSN and ZIP code.
- » Confirm contact information.
- » Make Plan selection.
- » Enter HSA/FSA contributions (if applicable).
- » Review selections and click “Confirm” to save changes and view confirmation page; click “Change” to revise selections.
- » Print/Save confirmation page and click “Logout” to exit the portal.



Thoughts & Tips: Adding or removing dependents cannot be completed through the web portal; FSA and HSA contributions **MUST** be renewed annually.



MEDICAL BENEFITS

Magnolia Local

The Magnolia Local plan is a traditional plan that offers \$25 primary care copays and \$50 specialty care copays for members who live in specific coverage areas. Community Blue and Blue Connect networks in Shreveport, New Orleans, Baton Rouge, St. James Parish, and Terrebonne Parish are available for OGB members.

This plan is ideal for members who live in the parishes within the available networks and don't plan to utilize out-of-network care. However, out-of-network care is provided in emergencies.

MAGNOLIA LOCAL

	STATE – SHARE	EMPLOYEE – SHARE	TOTAL – PREMIUM
MONTHLY CONTRIBUTIONS			
ENROLLEE ONLY	\$636.86	\$212.22	\$849.08
ENROLLEE + 1 (SPOUSE)	\$1,114.00	\$689.50	\$1,803.50
ENROLLEE + 1 (CHILD)	\$730.06	\$305.44	\$1,035.50
ENROLLEE + CHILDREN	\$730.06	\$305.44	\$1,035.50
FAMILY	\$1,163.32	\$738.80	\$1,902.12

	EMPLOYEE	EMPLOYEE + 1	EMPLOYEE + 2 OR MORE
MEDICAL COVERAGE			
DEDUCTIBLE – ACTIVE RETIREE (on or after 3/1/2015)	\$400	\$800	\$1,200
DEDUCTIBLE RETIREE (with or without Medicare before 3/1/15)	\$0	\$0	\$0
COPAY (In-Network)	\$25/\$50	\$25/\$50	\$25/\$50
OUT-OF-POCKET MAXIMUM – ACTIVE EMPLOYEE (on or after 3/1/15)	\$2,500	\$500	\$7,500
OUT-OF-POCKET MAXIMUM – RETIREE (with or without Medicare before 3/1/15)	\$1,000	\$2,000	\$3,000

Pharmacy Benefits – Liviniti

OGB uses the Liviniti 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 copay 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.

	MEMBER COPAY	ONCE YOU PAY \$1,500
GENERIC	50% up to \$30	\$0
PREFERRED	50% up to \$55	\$20
NON-PREFERRED	65% up to \$80	\$40
SPECIALTY	50% up to \$80	\$40

Magnolia Local Plus

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

The Local Plus plan is ideal for members who prefer the predictability of copayments 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.

MAGNOLIA LOCAL PLUS

	STATE – SHARE	EMPLOYEE – SHARE	TOTAL – PREMIUM
MONTHLY CONTRIBUTIONS			
ENROLLEE ONLY	\$751.36	\$250.42	\$1,001.78
ENROLLEE + 1 (SPOUSE)	\$1,314.40	\$813.30	\$2,127.70
ENROLLEE + 1 (CHILD)	\$861.34	\$360.38	\$1,221.72
ENROLLEE + CHILDREN	\$861.34	\$360.38	\$1,221.72
FAMILY	\$1,372.52	\$871.42	\$2,243.94

	EMPLOYEE	EMPLOYEE + 1	EMPLOYEE + 2 OR MORE
MEDICAL COVERAGE			
DEDUCTIBLE – ACTIVE RETIREE (on or after 3/1/2015)	\$400	\$800	\$1,200
DEDUCTIBLE RETIREE (with or without Medicare before 3/1/15)	\$0	\$0	\$0
COPAY (In-Network)	\$25/\$50	\$25/\$50	\$25/\$50
OUT-OF-POCKET MAXIMUM – ACTIVE EMPLOYEE (on or after 3/1/15)	\$3,500	\$6,000	\$8,500
OUT-OF-POCKET MAXIMUM – RETIREE (with or without Medicare before 3/1/15)	\$2,000	\$3,000	\$4,000

Pharmacy Benefits – Liviniti

OGB uses the Liviniti 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 copay 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.

	MEMBER COPAY	ONCE YOU PAY \$1,500
GENERIC	50% up to \$30	\$0
PREFERRED	50% up to \$55	\$20
NON-PREFERRED	65% up to \$80	\$40
SPECIALTY	50% up to \$80	\$40

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.

MAGNOLIA OPEN ACCESS

	STATE – SHARE	EMPLOYEE – SHARE	TOTAL – PREMIUM
MONTHLY CONTRIBUTIONS			
ENROLLEE ONLY	\$781.10	\$260.28	\$1,041.38
ENROLLEE + 1 (SPOUSE)	\$1,366.46	\$845.66	\$2,212.12
ENROLLEE + 1 (CHILD)	\$895.48	\$374.72	\$1,270.20
ENROLLEE + CHILDREN	\$895.48	\$374.72	\$1,270.20
FAMILY	\$1,426.92	\$906.06	\$2,332.98

	EMPLOYEE	EMPLOYEE + 1	EMPLOYEE + 2 OR MORE
MEDICAL COVERAGE			
DEDUCTIBLE – ACTIVE EMPLOYEE/ NON-MEDICARE RETIREE (on or after 3/1/2015)	\$900	\$1,800	\$2,700
DEDUCTIBLE RETIREE (with or without Medicare before 3/1/2015)	\$300	\$600	\$900
COINSURANCE – ACTIVE EMPLOYEE/ NON-MEDICARE RETIREE (In-Network)	10%	10%	10%
COINSURANCE – MEDICARE RETIREE (In-Network)	20%	20%	20%
ACTIVE EMPLOYEE/NON-MEDICARE RETIREE (Out-of-Network)	30%	30%	30%
OUT-OF-POCKET MAXIMUM – ACTIVE EMPLOYEE/NON-MEDICARE RETIREE (On or After 3/1/15)	\$3,500	\$6,000	\$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+		

Pharmacy Benefits – Liviniti

OGB uses the Liviniti 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 copay 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.

	MEMBER COPAY	ONCE YOU PAY \$1,500
GENERIC	50% up to \$30	\$0
PREFERRED	50% up to \$55	\$20
NON-PREFERRED	65% up to \$80	\$40
SPECIALTY	50% up to \$80	\$40

Pelican HRA1000

OGB offers the Pelican HRA1000 option to active employees. This plan is administered by BCBSLA 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, copays, 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.

PELICAN HRA1000

	STATE – SHARE	EMPLOYEE – SHARE	TOTAL – PREMIUM
MONTHLY CONTRIBUTIONS			
ENROLLEE ONLY	\$469.46	\$156.46	\$625.92
ENROLLEE + 1 (SPOUSE)	\$821.22	\$508.24	\$1,329.46
ENROLLEE + 1 (CHILD)	\$538.32	\$225.32	\$763.64
ENROLLEE + CHILDREN	\$538.32	\$225.32	\$763.64
FAMILY	\$857.54	\$544.48	\$1,402.02

	EMPLOYEE	EMPLOYEE + 1	EMPLOYEE + 2 OR MORE
MEDICAL COVERAGE			
EMPLOYER CONTRIBUTION TO HRA	\$1,000	\$2,000	\$2,000
DEDUCTIBLE (In-Network)	\$2,000	\$4,000	\$4,000
DEDUCTIBLE (Out-of-Network)	\$4,000	\$8,000	\$8,000
COINSURANCE (In-Network)	20%	20%	20%
COINSURANCE (Out-of-Network)	40%	40%	40%
OUT-OF-POCKET MAXIMUM (In-Network)	\$5,000	\$10,000	\$10,000
OUT-OF-POCKET MAXIMUM (Out-of-Network)	\$10,000	\$20,000	\$20,000

Pharmacy Benefits — Liviniti

The Pelican HRA1000 uses the Liviniti 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 copay 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.

	MEMBER COPAY	ONCE YOU PAY \$1,500
GENERIC	50% up to \$30	\$0
PREFERRED	50% up to \$55	\$20
NON-PREFERRED	65% up to \$80	\$40
SPECIALTY	50% up to \$80	\$40

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 healthcare 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. This \$775 total amount counts toward the maximum U.S. Internal Revenue Service Annual limits of \$4,400 for employee only coverage and \$8,750 for family coverage, for the 2026 calendar year — 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, copays, 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 MySmart\$aver HSA banking.

The HealthEquity website features other tools to help you understand the benefits of your HSA.

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.
- » 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).

PELICAN HSA775

	STATE – SHARE	EMPLOYEE – SHARE	TOTAL – PREMIUM
MONTHLY CONTRIBUTIONS			
ENROLLEE ONLY	\$271.54	\$90.46	\$362.00
ENROLLEE + 1 (SPOUSE)	\$475.10	\$294.00	\$769.10
ENROLLEE + 1 (CHILD)	\$311.40	\$130.38	\$441.78
ENROLLEE + CHILDREN	\$311.40	\$130.38	\$441.78
FAMILY	\$496.00	\$314.94	\$810.94

	EMPLOYEE	EMPLOYEE + 1	EMPLOYEE + 2 OR MORE
MEDICAL COVERAGE			
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
DEDUCTIBLE (Out-of-Network)	\$4,000	\$8,000	\$8,000
COINSURANCE (In-Network)	20%	20%	20%
COINSURANCE (Out-of-Network)	40%	40%	40%
OUT-OF-POCKET MAXIMUM (In-Network)	\$5,000	\$10,000	\$10,000
OUT-OF-POCKET MAXIMUM (Out-of-Network)	\$10,000	\$20,000	\$20,000

Pharmacy Benefits — Liviniti

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

	MEMBER COPAY*
GENERIC	\$10
PREFERRED	\$25
NON-PREFERRED	\$50
SPECIALTY	\$50

*Subject to deductible and applicable copayment. Maintenance drugs are not subject to the deductible.

ACCIDENT COVERAGE



McNeese Employee Extras offers several ways for you to supplement your medical plan coverage. McNeese Employee Extras' supplemental 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 The Standard, provides benefits for you and your covered family members if you have expenses related to an accident. 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 Wellness Benefit: \$50

Plus Wellness Benefit: \$200

Wellness benefit is payable once per person, per calendar year. Services include lipid panel, colonoscopy, mammography, etc. Please refer to the plan documents for the full list of health maintenance screening available for this benefit.

	BASE PLAN	PLUS PLAN
MONTHLY CONTRIBUTIONS		
EMPLOYEE ONLY	\$5.21	\$10.08
EMPLOYEE + SPOUSE	\$8.39	\$16.70
EMPLOYEE + CHILD(REN)	\$9.93	\$18.72
EMPLOYEE + FAMILY	\$15.61	\$29.63

BASE PLAN

PLUS PLAN

BRIEF SUMMARY OF BENEFITS*

HOSPITAL ADMISSION	\$1,000	\$1,500
DISLOCATIONS	Up to \$3,000	Up to \$5,000
FRACTURES	Up to \$5,500	Up to \$8,000
AMBULANCE	Air/ \$1,200; Ground/ \$300	Air/ \$1,500; Ground/ \$400
URGENT CARE	\$50	\$50
EMERGENCY ROOM	\$100	\$200
INITIAL PHYSICIANS OFFICE	\$100	\$200
X-RAY	\$50	\$75
ACCIDENT FOLLOW-UP	\$75 (3x)	\$100 (3x)
BURNS	Up to \$7,500	Up to \$10,000
DIAGNOSTIC EXAM	\$100	\$200
ABDOMINAL/THORACIC SURGERY	\$150	\$200
TENDON/LIGAMENT/CUFF	\$150	\$200
RUPTURED DISC	\$400	\$750
BLOOD/PLASMA/PLATELETS	\$150	\$300
MEDICAL APPLIANCE	\$50	\$100

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

CRITICAL ILLNESS COVERAGE

Critical Illness coverage through The Standard 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 for expenses not covered by your medical plan, lost wages, child care, travel, home healthcare costs or any of your regular household expenses.



Plan Highlights

- » 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.
- » **Wellness Benefit:** The \$50 wellness benefit is payable once per person, per calendar year. Wellness services include Bone Marrow Testing, Colonoscopy, Mammography, etc.

Coverage Amounts

- » **Employee:** \$10,000 / \$20,000 / \$30,000
- » **Spouse:** 100% of employee benefit
- » **Children:** 50% of employee benefit (for free)



CORE PLAN BENEFITS

HEART ATTACK	100%
SEVERE CORONARY ARTERY DISEASE WITH RECOMMENDATION OF BYPASS	25%
STROKE	100%
MAJOR ORGAN FAILURE	100%
END STAGE RENAL (KIDNEY) FAILURE	100%
CANCER	100%
NON-INVASIVE CANCER/CANCER IN SITU	25%
ADVANCED ALZHEIMER'S DISEASE	100%
ADVANCED PARKINSON'S DISEASE	100%
ADVANCED MULTIPLE SCLEROSIS (MS)	100%
BENIGN BRAIN TUMOR	100%
LOSS OF SPEECH & HEARING	100%
OCCUPATIONAL HIV	100%

CHILDHOOD DISEASES

CEREBRAL PALSY	100%
CLEFT LIP, CLEFT PALATE	100%
CYSTIC FIBROSIS	100%
DOWN SYNDROME	100%
MUSCULAR DYSTROPHY	100%
SPINA BIFIDA	100%

CRITICAL ILLNESS COVERAGE



CRITICAL ILLNESS MONTHLY CONTRIBUTIONS		
\$10,000 BENEFIT		
ATTAINED AGE*	EMPLOYEE	SPOUSE
18-24	\$2.10	\$2.10
25-29	\$2.50	\$2.50
30-34	\$3.10	\$3.10
35-39	\$4.20	\$4.20
40-44	\$6.10	\$6.10
45-49	\$8.90	\$8.90
50-54	\$13.10	\$13.10
55-59	\$18.40	\$18.40
60-64	\$26.40	\$26.40
65-69	\$33.30	\$33.30
70+	\$66.06	\$66.06
\$20,000 BENEFIT		
ATTAINED AGE*	EMPLOYEE	SPOUSE
18-24	\$4.20	\$4.20
25-29	\$5.00	\$5.00
30-34	\$6.20	\$6.20
35-39	\$8.40	\$8.40
40-44	\$12.20	\$12.20
45-49	\$17.80	\$17.80
50-54	\$26.20	\$26.20
55-59	\$36.80	\$36.80
60-64	\$52.80	\$52.80
65-69	\$66.60	\$66.60
70+	\$132.12	\$132.12
\$30,000 BENEFIT		
ATTAINED AGE*	EMPLOYEE	SPOUSE
18-24	\$6.30	\$6.30
25-29	\$7.50	\$7.50
30-34	\$9.30	\$9.30
35-39	\$12.60	\$12.60
40-44	\$18.30	\$18.30
45-49	\$26.70	\$26.70
50-54	\$39.30	\$39.30
55-59	\$55.20	\$55.20
60-64	\$79.20	\$79.20
65-69	\$99.90	\$99.90
70+	\$198.18	\$198.18

*Premiums are based on the Employee's age on the effective date of coverage. Even if the Spouse is in a different age band, the rates are driven off of the employee's age. Children are covered at no additional cost, when you elect Employee coverage.



HOSPITAL INDEMNITY COVERAGE

Hospital Indemnity Coverage through The Standard 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 January 1. (Delivery must occur on or after January 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		
EMPLOYEE ONLY	\$7.17	\$13.67
EMPLOYEE + SPOUSE	\$12.33	\$23.29
EMPLOYEE + CHILD(REN)	\$10.35	\$19.61
EMPLOYEE + FAMILY	\$18.26	\$34.71

BASE PLAN

PLUS PLAN

BRIEF SUMMARY OF BENEFITS*

HOSPITAL ADMISSION	\$500 1x per calendar year	\$1,000 1x per calendar year
HOSPITAL CONFINEMENT BENEFIT	\$100/day (30days)	\$200/day (30days)
CRITICAL CARE UNIT Pays in addition to hospital confinement	\$100/day (30days)	\$200/day (30days)
HEALTH MAINTENANCE SCREENING	\$50	\$50

*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 per 12 months	\$15,000 per 12 months

PLAN BENEFITS

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

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 Humana.

Humana

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 Humana at <https://findcare.humana.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 2026 dental coverage provided by Humana.

		MAC PLAN		LOW PLAN		HIGH PLAN	
MONTHLY CONTRIBUTIONS							
EMPLOYEE ONLY		\$31.40		\$41.44		\$50.84	
EMPLOYEE + SPOUSE		\$64.78		\$80.50		\$100.52	
EMPLOYEE + CHILD(REN)		\$75.94		\$100.98		\$121.68	
EMPLOYEE + FAMILY		\$96.20		\$122.86		\$184.46	
		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	
COVERED SERVICES (PLAN PAYS)							
DIAGNOSTIC AND PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic Film or Full Mouth X-Ray		100%		100%		100%	
BASIC SERVICES Fillings, Oral Surgery and Simple Extractions (varies by plan)		80%		80%		80%	
MAJOR SERVICES Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy (varies by plan), Periodontics (varies by plan), 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	

This is not a complete listing of covered services. Please refer to the Summary Plan Document for a full list of covered services.

HUMANA EXTENDED ANNUAL MAX BENEFIT



Your dental plan extends your benefits to save you money



Humana's extended annual maximum gives you continued access to your dental benefits after you reach the annual maximum benefit on what the plan pays.

We want to help make it easy to prioritize your dental care as an important part of your overall health. Your dental plan's **extended annual maximum** will help you save money by giving you continued access to your dental benefits:

- **Humana will pay 30% of covered charges*** – even after you've used up the annual maximum dollar amount of your plan.
- **Extended coverage** allows you to continue to pay less with in-network discounts on covered services when you see an in-network dentist.

Example of how the extended annual maximum works:

On a recent trip to the dentist, Kevin found out he'll need a root canal and a crown, and he has already met his annual maximum benefit for the year. **With the extended annual maximum, here's how Kevin saves money:**

	Without Extended Annual Max	With Extended Annual Max
		Plan pays 30% of the cost
Root canal	\$875	\$612.50 (\$875 - 30%)
Crown	\$800	\$560 (\$800 - 30%)
MEMBER COST:	\$1,675	\$1,172.50
In this example, Kevin saved over \$500		

This is an example only for illustrative purposes. Actual savings will depend on benefits, as well as services provided.

Humana®

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* Waiting period, service-specific frequency and/or age limitations may apply.

Extended Annual Maximum available with specific PPO and Traditional Preferred plans



VISION BENEFITS



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

Humana

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 2026 vision coverage provided by Humana

		LOW PLAN		HIGH PLAN	
MONTHLY CONTRIBUTIONS					
EMPLOYEE ONLY		\$5.48		\$8.94	
EMPLOYEE + SPOUSE		\$10.96		\$15.74	
EMPLOYEE + CHILD(REN)		\$12.06		\$16.62	
EMPLOYEE + FAMILY		\$18.46		\$23.14	
		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 \$60	\$10	Up to \$60
PROGRESSIVE		Up to \$100	Up to \$50	Up to \$100	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		Covered in full after copay	Up to \$200	Covered in full after copay	Up to \$200
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	Up to \$50	\$180 retail allowance	Up to \$50
FREQUENCY		Once per 24 months		Once per 12 months	

This is not a complete listing of covered services. Please refer to the Summary Plan Document for a full list of covered services.



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

- » 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, 2026)	EMPLOYEE	AGE (AS OF JANUARY 1, 2026)	SPOUSE
<24	\$0.046	<24	\$0.046
25-29	\$0.046	25-29	\$0.046
30-34	\$0.056	30-34	\$0.056
35-39	\$0.066	35-39	\$0.066
40-44	\$0.098	40-44	\$0.098
45-49	\$0.149	45-49	\$0.149
50-54	\$0.228	50-54	\$0.228
55-59	\$0.353	55-59	\$0.353
60-64	\$0.444	60-64	\$0.444
65-69	\$0.655	65-69	\$0.655
70-74	\$1.157	70-74	\$1.157
75-79	\$1.967	75-79	\$1.967
80+	\$1.967	80+	\$1.967

CHILD LIFE AND AD&D
FLAT \$10,000 BENEFIT PER CHILD
\$0.15

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 work 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 healthcare 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 means 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

Rates 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' supplemental 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

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 PlanSource 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 weeks	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	\$0.468	\$0.351	\$0.216

Extended Benefit Waiting Period

This applies if you do not apply for this coverage within 31 days of becoming eligible, were eligible for coverage under a prior plan for more than 31 days but were not insured, or if your insurance ends because you failed to pay your premium and is later reinstated.

60 days for any qualifying disability caused by physical disease, pregnancy or mental disorder occurring during the first 12 months of coverage.

Voluntary Long-Term Disability (LTD) Insurance

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

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, who 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)

A helping hand when you need it.

Rely on the support, guidance and resources of your Employee Assistance Program.



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 Program,¹ 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 the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get 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 counseling sessions per issue. Sessions can be done in person, on the phone, by video or text.

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 and other legal documents



Contact EAP

888.293.6948
(TTY Services: 711)
24 hours a day,
seven days a week

healthadvocate.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.

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

WorkLife Services

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

Online Resources

Visit healthadvocate.com/standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

¹ The EAP service is provided through an arrangement with Health AdvocateSM, which is not affiliated with The Standard. Health AdvocateSM 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.

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

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.

LIFE INSURANCE RESOURCES

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 Health AdvocateSM 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 advance directives.
- **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 for guidance on how to begin, to educate yourself on funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

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



continued on reverse

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

¹ An Accelerated Death Benefit or 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

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Life Services EE
(8/21)

LIFE INSURANCE RESOURCES

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™¹ 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.

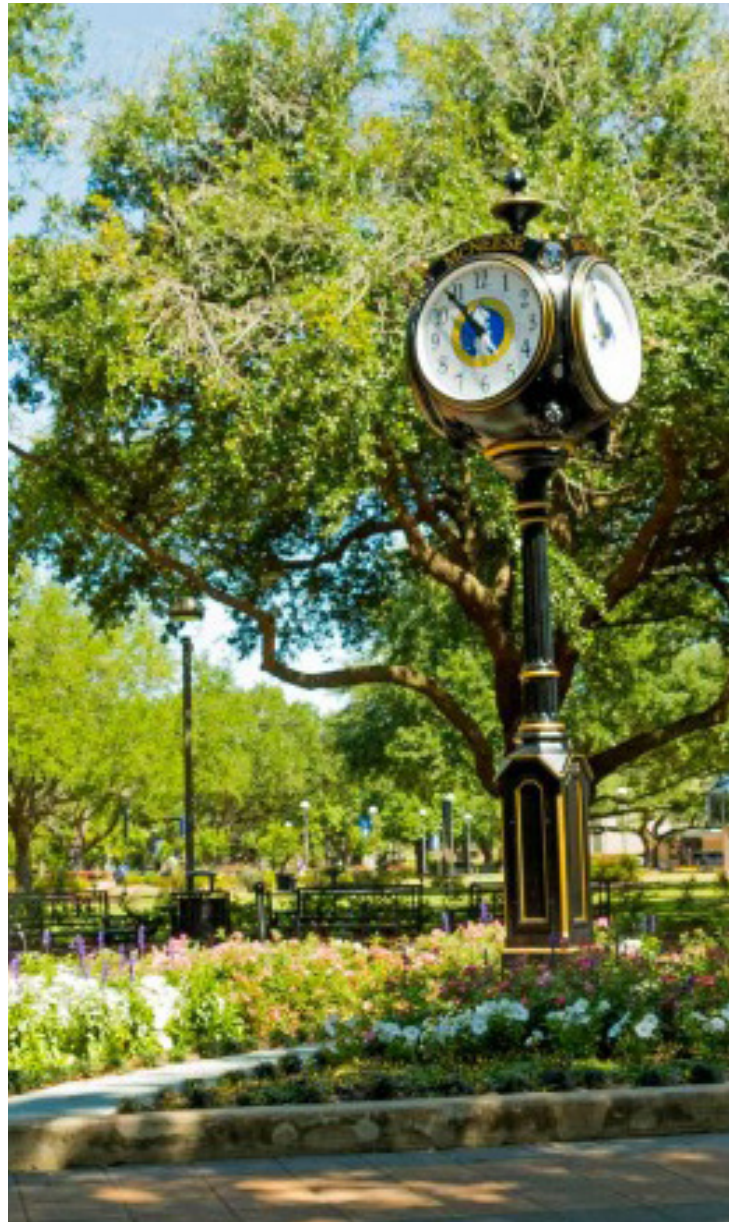
Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

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

Important Notice From McNeese State University About Your Prescription Drug Coverage and Medicare Under the OGB Plan(s)

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. McNeese State University has determined that the prescription drug coverage offered by the OGB plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current McNeese State University coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

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

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

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

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

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through McNeese State University changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	January 1, 2026
Name of Entity/Sender:	McNeese State University
Contact—Position/Office:	Human Resources
Address:	4205 Ryan St. Lake Charles, LA 70605
Phone Number:	337-475-5102

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 337-475-5102.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare 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 337-475-5102.

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 337-475-5102.

IMPORTANT CONTACTS



MEDICAL

Blue Cross and Blue Shield of LA
800-392-4089
www.bcbsla.com/ogb

PHARMACY

Pelican and Magnolia Plans
Liviniti
833-925-2770
Support@liviniti.com

Pelican HSA775
Express Scripts
877-417-8952
www.express-scripts.com

PLANSOURCE

844-289-4969
<https://benefits.plansource.com>

ACCIDENT, CRITICAL ILLNESS, AND HOSPITAL INDEMNITY

The Standard
800-628-8600
www.standard.com

CANCER AND WHOLE LIFE

Allstate
800-521-3535
www.allstatebenefits.com/mybenefits

DENTAL

Humana
800-233-4013
www.humana.com
Policy #: 420429

VISION

Humana
800-233-4013
www.humana.com
Policy #: 420429

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
healthadvocate.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.

Allstate



**Standard
FloCode**



Humana



**Standard
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