



Insurance Benefits Information

HEALTH INSURANCE is with BLUE CROSS BLUE SHIELD OF LOUISIANA (BCBSLA) www.bcbsla.com

It is offered to all Full Time Employees at the time of employment and annually during open enrollment. It is a PPO Network Plan that includes a \$20.00 copay for Primary Care and Physical Therapy visits and \$40.00 copay for Specialists visits. There is no charge for Preventive Care Visits. Prescription medication coverage (retail) is no deductible plan with copays of \$15.00 for generic, \$25.00 for formulary, and \$40.00 for non-formulary.

	Monthly Premium	Board Contributions	Monthly Cost to Employee
Employee Only	\$883.20	\$780.06	\$103.14
Employee & 1 Dependent	\$1686.70	\$1394.41	\$292.29
Employee & 2 + Dependents	\$2375.11	\$1895.78	\$479.33

DENTAL INSURANCE/VISION INSURANCE

Eligible for enrollment at time of employment and annually for open enrollment

DINA DENTAL Group# L68395-D		UNUM VISION Group# SJP1204	
Employee Only	\$34.56 monthly	Employee Only	\$8.34 monthly
Employee + One	\$83.60 monthly	Employee and Spouse	\$16.68 monthly
Employee + Family	\$108.40 monthly	Employee and Children	\$14.43 monthly
*Plan is for any dentist		Employee and Family	\$22.76 monthly
*Annual Benefit – Per Person \$2,000.00			
Clements Insurance Services, Inc. – 17913 Heritage Estates Drive – Baton Rouge, LA 70810 – 1-877-345-3956			

DISABILITY INSURANCE COMPANY

Must enroll within 60 days of employment or during open enrollment

UNUM/ Detillier Financial Advisors, LLC
10900 Highway 3125 Suite A – Lutcher, LA 70071
225-869-1776 1-800-336-1572

OTHER INSURANCE OPTIONS

Must enroll during open enrollment

American Heritage Cancer Insurance Detillier Financial Advisors, LLC 225-869-1776	NTA – National Teachers Association Cancer and Intensive Care Insurance 1-888-671-6771 972-532-2190
Boston Mutual Accident/Critical Illness and Life Insurance Clements Insurance Services, Inc. - 1-877-345-3956	National Benefit Services - Flexible Spending Account <i>(Enrollment available at time of hire)</i> Detillier Financial Advisors, LLC 225-869-1776



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

Group Policy underwritten by Sun Life Financial.

Basic Employee Life / AD&D - Automatically provided to all employees. *(Employer Paid)*

Life Benefit: \$10,000

AD&D Benefit: \$10,000

Basic Dependent Life - \$0.46/month premium covers multiple dependents *(Employee Paid)*

Dependent Coverage:

Spouse: \$500

Children: \$500

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

Class	Definition of Class	Employee Life/AD&D Coverage	Dependent Spouse Life	Dependent Children
Class 2	Principal, Assistant Principals, Supervisory Personnel	\$45,000	\$10,000, \$15,000, or \$20,000	\$5,000 or \$10,000
Class 3	Instructional Employees	\$35,000	\$10,000, \$15,000, or \$20,000	\$5,000 or \$10,000
Class 4	All Other Employees	\$30,000	\$10,000, \$15,000, or \$20,000	\$5,000 or \$10,000

Rates per Monthly Pay Period According to Age (Employer pays 50% - Employee portion listed below)

Class	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
2	\$3.06	\$5.33	\$6.10	\$6.86	\$7.65	\$16.79	\$20.59	\$38.90	\$41.77	\$52.64
3	\$2.38	\$4.15	\$4.74	\$5.34	\$5.95	\$13.06	\$16.01	\$30.26	\$32.48	\$40.94
4	\$2.04	\$3.56	\$4.07	\$4.58	\$5.10	\$11.19	\$13.73	\$25.94	\$27.84	\$35.09

- Life volume coverages reduce to 75% at age 65 and 50% at age 70.
- All late applications (applying 31 days after becoming eligible) require medical underwriting approval.

Spouse Life Monthly Premiums

Coverage	Premium
\$10,000	\$6.20
\$15,000	\$9.30
\$20,000	\$12.40

Child Life Monthly Premiums

Coverage	Premium	One premium covers all eligible children
\$5,000	\$2.10	
\$10,000	\$4.20	

**Child coverage is effective from 14 days through age 24.*

Employee pays 100% of Spouse and Children Coverages.