



Helping You Live Your Healthiest

welcome

We recognize the importance of providing our employees the opportunity to participate in a comprehensive and competitive benefits program. A competitive benefits program is key to our continued growth as an organization and offers our employees benefits in support of overall health and financial security. We continually review new developments in employee benefits programs, periodically add new benefits or change existing benefits to provide maximum value to our employees.

Your benefits package is an important part of your total compensation. This benefits guide has been prepared to summarize the benefit plans available to eligible employees for the 2026 plan year. Please read this information carefully. This benefits guide is not intended to be comprehensive, so please refer to the plan documents pertaining to each plan for more information. If you have any questions not answered by this guide, or if you need assistance with your benefits, please contact the Benefit Resource Center at 855.874.0110 or the Louisiana Assessors' Insurance Fund at 225.928.8886 or toll free at 800.925.4446.



Benefits Enrollment & Eligibility

Eligibility

Full-time Employees who work 30 hours or more per week are eligible for coverage as described on the next few pages. Benefits begin 30 days after date of hire.

Dependents are defined as:

- Your legal spouse
- Dependent “child” up to age 26 or any child who is medically disabled and dependent on you.
Child means:
 - a natural child
 - a stepchild
 - an adopted child

What is Open Enrollment?

Open Enrollment is a once-a-year opportunity to make changes to your current benefits and to review which dependents you will be covering during the new plan year. All changes you request will take effect January 1st.

Enrollment

Eligible employees can make benefit elections and changes during open enrollment and after a life status change event.

What happens if I don't enroll?

If your enrollment is not completed during the Open Enrollment period (which occurs in December for the next plan year), or within 30 days of your eligibility date (see life status change events), you will have to wait until the next Open Enrollment to apply for coverage.

Making Election Changes During the Year

In most cases, your benefit elections remain in effect until the next annual open enrollment period. You will not be able to make any plan changes unless you experience a change in life status.



Life Status Change Events

Events described in IRS regulations allow you to make a change to your benefit coverage if you experience any of the following:

- Marriage or divorce
- Death
- Birth or adoption of a dependent
- Change in employment status
- Dependent satisfying or ceasing to satisfy the plan's eligibility requirements
- Judgment, decree or court order
- Enrollment / ceasing to be enrolled in Medicare or Medicaid
- Ceasing to be enrolled in Children's Health Insurance Program (CHIP)

You have 30 days from the date of the event (60 days if it's due to loss of coverage from Medicaid or CHIP) to report and update your benefits with the Human Resources department. You will be required to provide documentation.

MEDICAL BENEFITS

The Preferred Provider Organization (PPO) medical plan uses The Health Plan through a CIGNA network for benefits. Benefits are provided at a preferred or non-preferred level, depending whether or not you receive care from an in-network provider. While Plan highlights are provided below, please refer to the Summary Plan Description for plan details.

The Health Plan	PPO Plan	
	In-Network	Out-of-Network
Annual Deductible Individual Family	\$500 \$1,500	\$500 \$1,500
Coinsurance Plan Pays	90% after deductible	60% after deductible
Out-of-Pocket Maximum Individual Family Out of Area: Individual \$5,000 / Family \$15,000	Includes Copays, Deductibles and Coinsurance \$2,500 \$7,500	 \$8,550 \$17,100
You Pay:		
Physician Office Visits Primary Care Physician Specialist	\$30 copay \$45 copay	40% coinsurance after deductible
Preventive Care	Covered at 100%	40% coinsurance After deductible
Outpatient Lab and X-ray	10% coinsurance after deductible	40% coinsurance After deductible
Urgent Care	\$45 copay per visit	40% coinsurance after deductible
Emergency Room	\$100 copay (waived if admitted)	
Hospital — Inpatient stay	\$100 copay per day with a 3 day maximum	\$100 copay per day with a 3 day maximum
Outpatient Hospital Surgery Center	\$200 copay per visit then 90% Deductible does not apply	60% coinsurance after deductible
Hearing Aid Benefit	After plan deductible is met, covered at 100% up to plan max of \$2,000 per ear; and 1 hearing aid per ear every 3 years.	
Retail Drugs (1-34 day supply) Generic Preferred Brand Non-Preferred Brand Specialty	\$100 Drug Deductible \$10 copay \$35 copay \$50 copay 10% coinsurance or \$100 (whichever is less)	
Retail Drugs (34-90 day supply) Generic Preferred Brand Non-Preferred Brand	\$25.00 copay \$87.50 copay \$125.00 copay	



WHERE SHOULD I GO FOR CARE?

Helping you choose the right care center

Do you know where to seek care when an unexpected health situation happens? Make sure you are ready when you have to make an urgent healthcare decision. Review some of the choices of care that are available, so you know where to go the next time you need treatment. **Being prepared is important because knowing where to go for care can help you receive faster treatment and an overall better experience.**

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

DENTAL BENEFITS

Louisiana Assessors' Ins. Fund offers a Dental PPO plan through The Health Plan for all employees. With the Dental PPO plan you have the ability to obtain dental care services from the dentist of your choice (contracted or not). The dental plan provides a higher level of benefit if you choose to use an in-network provider.

The Health Plan	PPO Dental In & Out-of-Network ¹
Annual Deductible Individual Family	\$50 \$150
Calendar Year Plan Max	\$5,000 per person
Preventive Services Routine cleanings, X-rays, etc.	Covered at 100% Deductible Waived for Preventive
Basic Services Fillings, root canal, etc.	You pay 20%
Major Restorative Implants, Crowns, bridges, etc.	You pay 50%
Orthodontia (adult & children) Coinsurance Lifetime Maximum	You pay 40% \$5,000 Lifetime Max per individual
<small>¹You can receive care from any licensed dentist, anywhere in the United States. If you choose a non-participating dentist, you will be responsible for the coinsurance amount listed above, as well as any charges above The Health Plan's maximum allowable charge for covered services.</small>	



VISION BENEFITS

Are you really seeing your best? Or are you simply used to the view? With good vision, your experiences are clearer, sharper and brighter.

Vision examinations not only determine the need for corrective eye wear but also may help detect other general health problems such as glaucoma, cataracts, and diabetes.

Dollar for dollar, you get the best value from your vision care plan when you visit a VSP network doctor. If you decide not to see a VSP doctor, the Out of Network plan copays will still apply. The choice is yours—either way, your vision benefits are a tremendous part of your overall benefits package.

Vision Benefit	In-Network	Out-of-Network
Annual Copay	\$10 copay	N/A
Eye Exams	\$0	Amount over \$39
Frames	80% of amount over \$150	Amount over \$46
Lenses		
Single Vision	\$0	Amount over \$23
Bifocal	\$0	Amount over \$37
Trifocal	\$0	Amount over \$49
Lenticular	\$0	Amount over \$64
Contacts (instead of glasses)	Amount over \$150	Amount over \$100
Laser Vision Correction	Up to 15% off the usual charge or 5% off promotional price IN NETWORK ONLY	
Frequency		
Frames	Every 12 months	
Lenses	Every 12 months	
Contacts	Every 12 months	



Contact VSP at
www.vsp.com
 to find a
 Provider



Your life coverage

Basic Life and Accidental Death and Dismemberment is provide to all eligible employees at no cost to you Plan highlights are provided below, please refer to official plan documents for complete plan details.

	Life Benefit	AD&D Benefit	Reduction	Spouse Life	Child Life
Class 1 Eligible Assessors	\$600,000	\$600,000	50% at age 70	\$20,000	0-14 days \$2,000 15 days – 26 yr \$10,000
Class 2 Chief Deputy and Executive Director	\$450,000	\$450,000	50% at age 70	\$20,000	0-14 days \$2,000 15 days – 26 yr \$10,000
Class 3 Chief Deputy Assessors Income Greater than \$50,000	\$225,000	\$225,000	50% at age 70	\$20,000	0-14 days \$2,000 15 days – 26 yr \$10,000
Class 4 Chief Deputy Assessors Income between \$30,000 & \$50,000	\$180,000	\$180,000	50% at age 70	\$20,000	0-14 days \$2,000 15 days – 26 yr \$10,000
Class 5 Chief Deputy Assessors Income less than \$30,000	\$100,000	\$100,000	50% at age 70	\$20,000	0-14 days \$2,000 15 days – 26 yr \$10,000
Class 6 Qualified Retirees (retired prior to 01/2017)	Based on the amount in force at retirement	N/A	N/A	\$5,000	0-14 days \$400 15 days – 26 yr \$2,000
Class 7 Qualified Retirees (retired after 01/2017)	Based on the amount in force at retirement	N/A	N/A	\$20,000	0-14 days \$2,000 15 days – 26 yr \$10,000

Long Term Disability—Guardian

If you are disabled for 90 days or longer due to a illness or injury, LTD benefits are provided to all eligible employees. The LTD plan is designed to provide you with a reasonable level of income replacement in case you can no longer work due to a disability. Highlights of the LTD plan are below, please refer to official plan documents for complete plan details.



LONG TERM DISABILITY	
Monthly Benefit Percentage	60%
Benefit Maximum	\$5,000
Elimination Period	90 days



Your voluntary life coverage

In addition to the basic life insurance plan, you are eligible to purchase additional amounts of individual term life insurance through Guardian Life Ins Co of America for yourself, your spouse and your children. There are three points to consider when deciding how much life insurance coverage you might need:

- If you have dependents that rely on you, how much will they need to pay off your current debts such as your mortgage, car loans, or credit card balances?
- What will it cost your beneficiaries to maintain their current standard of living?
- What kind of future would you like to provide for your spouse or dependent children or others who rely on you for financial support?

Voluntary life benefits are non-taxable when funded with post-tax dollars. The price you pay for voluntary group term life insurance is a function of your age and your coverage amount. The table shows the price for voluntary life insurance.

Coverage For	Coverage Amount
Employee	Increments of \$10,000 up to a maximum of \$100,000
Spouse	Increments of \$5,000 up to a maximum of \$50,000 Not to exceed 50% of the employee election.
Child/ren	\$10,000 Not to exceed 100% of employee amount

Important Things to Consider Regarding Your Life Insurance

- Remember to update your beneficiary annually.
- Benefits reduce with age :
35% at 65; 60% at 70; 75% at 75 and 85% at 80
- You must elect coverage for yourself in order to enroll in the dependent life benefits.
- You will be required to submit Evidence of Insurability if:
 - You declined voluntary life for you or your dependents during your initial eligibility period and would like to enroll for coverage now .
 - You elect to increase your current election in excess of the Guaranteed Issue amount.



MONTHLY RATE PER \$1,000 OF COVERAGE	
AGE	Employee & Spouse
Under 30	\$0.077
30 - 34	\$0.092
35 - 39	\$0.135
40 - 44	\$0.187
45 - 49	\$0.291
50 - 54	\$0.511
55 - 59	\$0.799
60 - 64	\$1.233
65 - 69	\$3.188
70 +	\$5.527
AD&D	\$0.042
Voluntary Child Life	
Coverage	Monthly Rate
\$1,000	\$0.182

Rate Calculator | Supplemental Life Insurance

To calculate your monthly (employee) Voluntary Life Insurance, divide your selected Life Benefit by 1,000. Round the results up to the next multiple of \$1,000. Multiply this result by the applicable monthly rate, based on your age, from the rate table.

$$\begin{array}{ccccccc}
 \boxed{30,000} & \div 1000 & \boxed{30} & \times & \boxed{.187} & = & \boxed{\$5.61} \\
 \text{Annual Salary} & & \text{Multiplier} & & \text{Rate based on} & & \text{Monthly Cost} \\
 & & & & \text{40-44 age} & &
 \end{array}$$

$$\begin{array}{ccccccc}
 \boxed{} & \div 1000 & \boxed{} & \times & \boxed{} & = & \boxed{} \\
 \text{Annual Salary} & & \text{Multiplier} & & \text{Rate based on age} & & \text{Monthly Cost}
 \end{array}$$

IMPORTANT CONTACTS

BENEFIT	CARRIER	CONTACT INFORMATION
Benefit Help	USI Benefit Resource Center	855-874-0110 BRCSouthwest@usi.com
Medical	The Health Plan Group Number: 0180951100	888-816-3096 www.healthplan.org
Pharmacy	RxBenefits Group Number Rx 2187	800-344-8134
Dental	The Health Plan Group Number: 0180951100	888-816-3096 www.healthplan.org
Vision	Guardian Policy Number: 541371	800-627-4200 www.guardiananytime.com
Disability Insurance	MetLife Policy Number: 146824	800-275-4638 www.mtelife.com/mybenefits
Life & AD&D Insurance	Guardian Policy Number: 530357	800-627-4200 www.guardiananytime.com
Voluntary Life & AD&D	Guardian Policy Number: 541371	800-627-4200 www.guardiananytime.com
Accident Insurance	Guardian Policy Number: 541371	800-627-4200 www.guardiananytime.com
Critical Illness	Guardian Policy Number: 541371	800-627-4200 www.guardiananytime.com
Louisiana Assessors' Insurance Fund		800-925-4446 or 225-928-8886 www.louisianaassessors.org/insurance.html

Remember!

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





Why won't they pay my claim?

Services denied?!

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

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

Do I have mail-order prescription benefits?



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

We speak insurance.

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

Benefit Resource Center

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



LOUISIANA ASSESSORS' ASSOCIATION



This brochure summarizes the benefit plans that are available to Louisiana Assessors' Association's eligible employees and their dependents. Official plan documents and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions for each benefit. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through Human Resources.

Please note that the information provided in this brochure is not a guarantee of benefits.