



Employee Benefits Guide
2025 Plan Year
City of Hammond

CADENCE
Insurance
A Gallagher Company

Table of Contents

Eligibility for Benefits	03
Your Health	
Medical Insurance	04
Health Reimbursement Arrangement	05
Dental Insurance	08
Vision Insurance	09
Your Protection	
Group & Voluntary Life and AD&D Insurance	11
Short-Term Disability Insurance	14
Long-Term Disability	15
Voluntary Accident Insurance Voluntary	16
Critical Illness	17
Legal Shield / ID Shield	19
Employee Assistance Program	21
Whole Life Insurance	22
Resources & Contacts	
Important Contacts	23

Benefits That Work for You

City of Hammond Company knows that it is important to provide quality benefit options for our employees and their dependents. This is your starting point to learn about your benefits - whether you're enrolling for the first time or reconsidering your benefits during the annual open enrollment period.

Enrollment Eligibility

Full-time employees working at least 30 or more hours per week are eligible for benefits on the first of the month following 30 days of employment.

Many of the plans offer coverage for eligible dependents, including:

- Your legal spouse
- Your children to age 26, regardless of student, marital, or tax- dependent status (including stepchildren, legally adopted children, children placed with you for adoption, or a children for whom you are the legal guardian)
- Your dependent children over age 26 who are physically or mentally unable to care for themselves

When To Enroll

Other than during the designated open enrollment period, you can enroll in benefits or change your elections at the following times:

- 30 days prior to your initial eligibility date (as a newly hired employee)
- During the annual benefits open enrollment period
- Within 30 days of experiencing a qualifying life event

Changing Benefits After Enrollment

You may pay your portion of your select coverages on a pre-tax basis. Thus, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying life event, and election changes must be consistent with that event.

To request a benefits change, notify human resources (HR) within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. You may need to provide proof of the life event.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Change in your child's eligibility for benefits
- Qualified medical child support order (QMCSO)

Medical Insurance

Carrier: Blue Cross Blue Shield of Louisiana



- Locate an in-network provider at www.bcbsla.com or by calling 800-495-2583.
- Please refer to the official plan documents for additional information on coverage and exclusions.

Medical Plan Highlights

Covered Benefits	In-Network	Out-of-Network
Annual Deductible: Individual/Family	\$4,000 / \$8,000	\$8,000 / \$16,000
Out-of-Pocket Maximum: Individual/Family <i>(includes coinsurance, copays & deductible)</i>	\$6,350 / 12,700	\$12,700 / \$25,400
Coinsurance <i>(You pay)</i>	20%	40%
Preventive Care	No Charge	40% Coinsurance
Physician Services <i>(Primary Care/Specialist Office Visit)</i>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Urgent Care	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Diagnostic Testing <i>(Lab/X-Ray)</i>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Major Diagnostic Imaging <i>(CT, MRI, PET)</i>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Inpatient Facility	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Facility	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Emergency Room	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Prescription Drug Deductible	Not Applicable	Not Applicable

Prescription Drug Copays
(Retail - Up to a 30-day supply)

Tier 1: 20% Coinsurance after Deductible.

Tier 2: 40% Coinsurance after Deductible.

Semi-Monthly Medical Deduction

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$0.00	\$257.37	\$159.63	\$299.72



HEALTH REIMBURSEMENT ARRANGEMENT

Deductible Breakdown

	<u>SINGLE</u>	<u>FAMILY</u>
Initial Deductible Funding (City Pays)	\$3,300	\$6,600
Member Deductible Responsibility (Out of Pocket)	\$700	\$1,400
Total BCBS	\$4,000	\$8,000

Member may incur up to an additional \$2,350 For RX Cost

Member may incur up to an additional \$4,700 For RX Cost

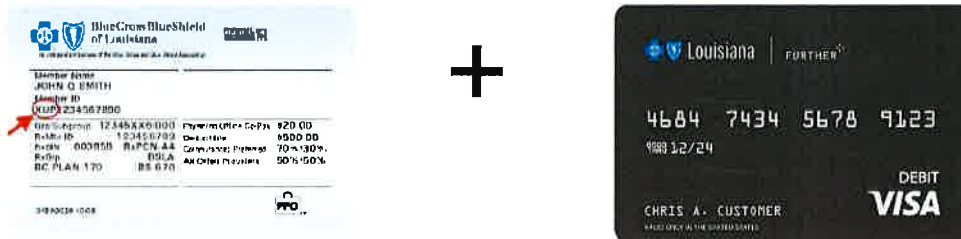


HEALTH REIMBURSEMENT ARRANGEMENT

FURTHER
by HealthEquity

A Health Reimbursement Arrangement (HRA) is an employer-funded health spending account provided and owned by an employer. The money in it pays for qualified expenses that are determined by an employer. Employees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year.

How can I use the card?



When you go to the doctor or pharmacy make sure to present your Blue Cross Blue Shield card. Then pay with your Further Card.

INELIGIBLE Charges on Further Card

- Over the counter drugs
Ex.: Tylenol or sinus/ allergy medications
- Medications such as:
 - smoking cessation
 - weight loss drugs, ED drugs and others (check with your pharmacist if you are unsure)
- Weightloss clinics, dentists and eye glasses
- Some physicals such as CDL





IT'S EASY TO ACTIVATE YOUR ONLINE ACCOUNT:

ACTIVATE TODAY!

View your ID card, statements and claims, access forms, look up your plan benefits and cost share, find a provider or Blue365® discounts! Do all of this and more when you activate your secure, password-protected online account in A FEW EASY STEPS.*

- 1 Visit www.bcbsla.com.
- 2 In the upper right corner of the page, click on the blue **Log In or Sign up** button.
- 3 On the Login Selection page, click on the **Customers** button.
- 4 Under the **don't have an account?** heading, click the **Sign up Now** button.
- 5 Fill out all required fields (marked by an asterisk).
- 6 Check the box above the **Submit** button.
- 7 Click the **Submit** button.
- 8 If your account registration attempt is successful, you should receive a message saying so. You'll be sent an email and asked to verify your email address. If you don't receive a verification email, click the **Resend Verification Email** button.
- 9 Once you've verified your email address, you'll be directed to fill out your member information so you can view your plan online. Please complete all required fields to view your plan details.

NEED HELP WITH YOUR MEMBER ACCOUNT?

Call the Customer Service number on the back of your ID card 8 a.m.-8 p.m., Monday-Friday.

MOBILE IS THE WAY TO GO



Download the **Blue Cross and Blue Shield of Louisiana app** and use your same username and password to log in to your online account. Download our BCBSLA app on an iPhone or Android and get health care information at your fingertips!

Visit www.bcbsla.com/register for more information on how to activate your online account.

*This is not an inclusive list of online account features and options may vary based on the plan(s) you have.

Dental Insurance

- You will pay less out-of-pocket when you choose an in-network provider.
- Locate an in-network provider at www.bcbsla.com or by calling 800-495-2583.
- Out-of-network providers can balance bill or bill you for the difference between the provider's charge and the allowed amount.
- [Please refer to the official plan documents for additional information on coverage and exclusions.](#)

Covered Benefits	In-Network
Calendar Year Deductible (waived for Preventive Care)	\$50 per person, \$150 per family
Annual Plan Benefit Maximum	\$1,500 per covered member
Orthodontic Lifetime Maximum	\$2,000
Preventive Care	
Oral exams, cleanings, X-rays, sealants (to age 14), space maintainers (to age 14) and fluoride treatment (to age 14)	100%
Basic Services	
Periodontal & endodontic services, oral surgery, fillings, complex and simple extractions	80%
Major Services	
Bridges, crowns (inlays/outlays), dentures (full/partial), implants	50%
Orthodontic Services	
Available to dependent child(ren) to age 26	50%

Waiting Period: No waiting period for basic services. 12 months for major and orthodontic services.

Semi-Monthly Dental Deduction

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$0.00	\$15.12	\$21.72	\$36.95

Vision Insurance



- You will pay less out-of-pocket when you choose an in-network provider.
- Locate an in-network provider at www.bcbsla.com or by calling 800-495-2583.
- You do not need an ID card to begin receiving network services after the effective date of your enrollment.
- Please refer to the official plan documents for additional information on coverage and exclusions.

Covered Benefits	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$0 copay	\$30 allowance
Materials	\$15 copay	See Below
Standard Plastic Lenses (every 12 months) Single / Bifocal / Trifocal / Lenticular	Covered	\$25 / \$35 / \$45 / \$60 allowance
Frames (every 24 months)	\$150 allowance + 20% off balance	\$30 allowance
Contact Lenses (every 12 months in lieu of standard plastic lenses)		
Elective	\$130 allowance	\$75 allowance
Medically Necessary	Covered	\$225 allowance

Semi-Monthly Vision Deduction

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$2.97	\$5.82	\$6.08	\$9.05

Life and Accidental Death & Dismemberment (AD&D)

Basic Life and AD&D Insurance is automatically provided to benefits-eligible employees at no cost. If you die because of an accident, your beneficiary will receive both life insurance and the AD&D.

- Life Insurance Amount: \$30,000
- AD&D Amount: Equal to life insurance amount
- Benefit Reduction Schedule: 35% at age of 65 and 50% at age 70
- [Please refer to the official plan documents for additional information on coverage and exclusions.](#)

Voluntary Life Insurance

What is Voluntary Life Insurance?

Voluntary Life Insurance is offered through an employer but is paid by employees.

Why purchase voluntary life insurance?

- This type of life insurance has limited underwriting required. This allows for people with health conditions or lifestyles that might otherwise disqualify them to qualify for life insurance.
- The group rates are lower than what you could purchase on your own.
- You may purchase a policy for your spouse and children IF you elect coverage for yourself.
- [Please refer to the official plan documents for additional information on coverage and exclusions.](#)

REMINDER

Review your beneficiary designations.

Voluntary Life Insurance



Employee

- \$10,000 increments to a maximum of the lesser of 5x salary or \$500,000
- A minimum benefit of \$10,000
- Guarantee Issue Amount: \$100,000
- AD&D amount is 100% of supplemental life benefit amount
- Age Reduction Schedule: No age reduction schedule

Spouse

- \$5,000 increments to a maximum of \$100,000, not to exceed 50% of employee's life amount
- A minimum benefit of \$5,000 Guarantee Issue Amount: \$25,000
- AD&D amount is 100% of supplemental life benefit amount
- Age Reduction Schedule: No age reduction schedule Spouse cost is based on employee's age

Child(ren)

- Benefit of \$10,000
- Guarantee Issue Amount: \$10,000
- Child age limit: 26, if a full-time student

REMINDER

Review your beneficiary designations.

Voluntary Life Insurance Rate Charts



Semi-Monthly Rates - Employee										
Age bracket	<29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
\$10,000.00	\$0.55	\$0.65	\$0.75	\$1.20	\$1.90	\$3.35	\$5.60	\$4.05	\$15.15	\$35.60
\$20,000.00	\$1.09	\$1.29	\$1.49	\$2.39	\$3.79	\$6.69	\$11.19	\$8.09	\$30.29	\$71.19
\$30,000.00	\$1.64	\$1.94	\$2.24	\$3.59	\$5.69	\$10.04	\$16.79	\$12.14	\$45.44	\$106.79
\$40,000.00	\$2.18	\$2.58	\$2.98	\$4.78	\$7.58	\$13.38	\$22.38	\$16.18	\$60.58	\$142.38
\$50,000.00	\$2.73	\$3.23	\$3.73	\$5.98	\$9.48	\$16.73	\$27.98	\$20.23	\$75.73	\$177.98
\$60,000.00	\$3.27	\$3.87	\$4.47	\$7.17	\$11.37	\$20.07	\$33.57	\$24.27	\$90.87	\$213.57
\$70,000.00	\$3.82	\$4.52	\$5.22	\$8.37	\$13.27	\$23.42	\$39.17	\$28.32	\$106.02	\$249.17
\$80,000.00	\$4.36	\$5.16	\$5.96	\$9.56	\$15.16	\$26.76	\$44.76	\$32.36	\$121.16	\$284.76
\$90,000.00	\$4.91	\$5.81	\$6.71	\$10.76	\$17.06	\$30.11	\$50.36	\$36.41	\$136.31	\$320.36
\$100,000.00	\$5.45	\$6.45	\$7.45	\$11.95	\$18.95	\$33.45	\$55.95	\$40.45	\$151.45	\$355.95

Semi-Monthly Rates - Spouse based on Employees Age										
Age Bracket	<29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
\$5,000.00	\$0.27	\$0.32	\$0.37	\$0.60	\$0.95	\$1.67	\$2.80	\$2.02	\$7.57	\$17.80
\$10,000.00	\$0.55	\$0.65	\$0.75	\$1.20	\$1.90	\$3.35	\$5.60	\$4.05	\$15.15	\$35.60
\$15,000.00	\$0.82	\$0.97	\$1.12	\$1.79	\$2.84	\$5.02	\$8.39	\$6.07	\$22.72	\$53.39
\$20,000.00	\$1.09	\$1.29	\$1.49	\$2.39	\$3.79	\$6.69	\$11.19	\$8.09	\$30.29	\$71.19
\$25,000.00	\$1.36	\$1.61	\$1.86	\$2.99	\$4.74	\$8.36	\$13.99	\$10.11	\$37.86	\$88.99

Child Life with AD&D Semi-Monthly Payments	
Coverage Amount	Premium
\$10,000	\$1.30

Short-Term Disability Insurance



Short-Term Disability (STD) Insurance is designed to help you meet your financial needs if you become unable to work due to a non-work related illness or injury. **Short-Term Disability Insurance is a voluntary plan; employees are responsible for 100% of the cost.** Premiums are calculated as a percentage of your annual base salary. Benefits may be offset due to other benefits such as paid sick leave, workers' compensation, etc.

- **Benefit Amount:** 60% of base weekly salary up to \$1,200 per week
- **Elimination Period:** 14 Days
- **Benefit Duration:** Up to 11 weeks
- **Weekly Minimum Benefit:** Greater of \$25 and 10%
- **Pre-Existing Condition Waiting Period:** 3/12
- [Please refer to the official plan documents for additional information on coverage and exclusions](#)

Age	\$10 of Covered Benefit
< 30	\$0.472
30-34	\$0.515
35-39	\$0.404
40-44	\$0.379
45-49	\$0.462
50-54	\$0.546
55-59	\$0.759
60+	\$0.924

Voluntary-Long Term Disability Insurance



Long-Term Disability (LTD) Insurance is designed to help you meet your financial needs during longer disability periods. **Long-Term Disability Insurance is a voluntary plan; employees are responsible for 100% of the cost.** Benefits may be offset due to other benefits such as paid sick leave, workers' compensation, etc.

- **Benefit Amount:** 60% of base monthly
- **Minimum Benefit Amount:** \$100
- **Maximum Benefit Amount:** \$6,000
- **Elimination Period:** 90 days or until the end of short-term disability
- **Benefits Duration:** Until Social Security Normal; Retirement Age or released by your doctor to return to work
- **Pre-Existing Condition Waiting Period:** 12/12

Please refer to the official plan documents for additional information on coverage and exclusions.

Age	Rate
<35	\$0.283
35-39	\$0.604
40-44	\$0.828
45-49	\$1.126
50-54	\$1.508
55-59	\$1.722
60-64	\$1.344
65+	\$0.505

Voluntary Accident Insurance



Accidents supplements your existing medical insurance in case you have an accident; medical insurance alone may not be enough to cover your expenses. Please review the two benefit options offered to determine which may fit you / your family's needs best. Both plans cover the same type of benefits, but the amount payable differs based on your plan of choice. The plans pay a cash benefit during the term of your coverage following a covered accident and could help cover:

- Out-of-pocket expenses such as copays and deductibles
- Transportation
- Lodging costs
- Emergency room expenses
- [Please refer to the official plan documents for additional information on coverage and exclusions.](#)

All benefits are limited to one benefit per covered accident, per insured, and are paid independently of one another unless specifically noted otherwise.

Benefit	Gold Plan Benefits
Hospital Admission	\$2,000
Hospital Confinement	\$500
Ground Ambulance	\$200
Emergency Room	\$200
Urgent Care	\$50
X-Ray	\$50
Follow up Visits (2)	\$100
Physical Therapy	\$30
Health Screening/ Wellness Benefit	\$50
Accidental Death Benefit – Employee / Spouse	\$100,000
Accidental Death Benefit Children	\$20,000

Semi-Monthly Accident Deduction

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$5.84	\$10.62	\$13.16	\$17.94



Voluntary Critical Illness Insurance

Critical Illness Insurance supplements your existing medical insurance in case you are diagnosed with a covered condition, like a heart attack or stroke; medical insurance alone may not be enough to cover your expenses. The plan pays a cash benefit during the term of your coverage following a covered diagnosis.

- Critical Illness Insurance may not cover all types of cancer, but it does cover heart and vascular conditions, cancer-related conditions, and major organ failure
- The guaranteed issue for the employee is \$15,000 and for your spouse is \$7,500. Each eligible child is covered at 25% of the primary insured amount.
- [Please refer to the official plan documents for additional information on coverage and exclusions.](#)

Covered Specified Critical Illnesses	Percent of Benefit Amount
Cancer	100%
Carcinoma in situ	30%
Skin Cancer	\$300 one-time (lifetime)
Heart Attack (Myocardial Infarction)	100%
Coronary Artery Bypass Surgery	30%
Angioplasty & Stent Insertion	30%
Stroke (Apoplexy or Cerebral Vascular Accident)	100%
Coma	100%
Paralysis	100%
Severe Burns	100%
Major Organ Transplant	100%
Alzheimer's Disease	100%
ALS (Lou Gehrig's Disease)	100%
Loss of Sight, Speech or Hearing	100%
End Stage Renal Disease	100%
Benign Brain Tumor	100%

Voluntary Critical Illness Insurance



RATES INCLUDE THE FOLLOWING: Specified Critical Illness including Cancer, Pre-Existing Condition Exclusion, Age 70 Reduction, and the \$50 Health Screening Benefit Rider. Spouse is eligible to apply for up to 100% of the employee amount. Include 25% benefit eligible for children.

Employee Non-Tobacco Rates						Face Purchase – Semi-Monthly Premiums				
Issue Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.25	\$3.60	\$4.95	\$6.30	\$7.65	\$9.00	\$10.35	\$11.70	\$13.05	\$14.40
30-39	\$3.35	\$5.80	\$8.25	\$10.70	\$13.15	\$15.60	\$18.05	\$20.50	\$22.95	\$25.40
40-49	\$5.40	\$9.90	\$14.40	\$18.90	\$23.40	\$27.90	\$32.40	\$36.90	\$41.40	\$45.90
50-59	\$8.55	\$16.20	\$23.85	\$31.50	\$39.15	\$46.80	\$54.45	\$62.10	\$69.75	\$77.40
60-69	\$13.90	\$26.90	\$39.90	\$52.90	\$65.90	\$78.90	\$91.90	\$104.90	\$117.90	\$130.90
*70+	\$26.90	\$52.90	\$78.90	\$104.90	\$130.90	NA	NA	NA	NA	NA

Employee Tobacco Rates						Face Purchase – Semi-Monthly Premiums				
Issue Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.75	\$4.60	\$6.45	\$8.30	\$10.15	\$12.00	\$13.85	\$15.70	\$17.55	\$19.40
30-39	\$4.75	\$8.60	\$12.45	\$16.30	\$20.15	\$24.00	\$27.85	\$31.70	\$35.55	\$39.40
40-49	\$8.75	\$16.60	\$24.45	\$32.30	\$40.15	\$48.00	\$55.85	\$63.70	\$71.55	\$79.40
50-59	\$15.05	\$29.20	\$43.35	\$57.50	\$71.65	\$85.80	\$99.95	\$114.10	\$128.25	\$142.40
60-69	\$25.90	\$50.90	\$75.90	\$100.90	\$125.90	\$150.90	\$175.90	\$200.90	\$225.90	\$250.89
*70+	\$50.90	\$100.90	\$150.90	\$200.90	\$250.89	NA	NA	NA	NA	NA

*Benefit amounts for individuals who are age 70 and over and applying for coverage have already been reduced by 50%.

Spouse Non-Tobacco Rates *BASED ON SPOUSE AGE*						Face Purchase – Semi-Monthly Premiums				
Issue Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.25	\$3.60	\$4.95	\$6.30	\$7.65	\$9.00	\$10.35	\$11.70	\$13.05	\$14.40
30-39	\$3.35	\$5.80	\$8.25	\$10.70	\$13.15	\$15.60	\$18.05	\$20.50	\$22.95	\$25.40
40-49	\$5.40	\$9.90	\$14.40	\$18.90	\$23.40	\$27.90	\$32.40	\$36.90	\$41.40	\$45.90
50-59	\$8.55	\$16.20	\$23.85	\$31.50	\$39.15	\$46.80	\$54.45	\$62.10	\$69.75	\$77.40
60-69	\$13.90	\$26.90	\$39.90	\$52.90	\$65.90	\$78.90	\$91.90	\$104.90	\$117.90	\$130.90

Spouse Tobacco Rates *BASED ON SPOUSE AGE*						Face Purchase – Semi-Monthly Premiums				
Issue Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.75	\$4.60	\$6.45	\$8.30	\$10.15	\$12.00	\$13.85	\$15.70	\$17.55	\$19.40
30-39	\$4.75	\$8.60	\$12.45	\$16.30	\$20.15	\$24.00	\$27.85	\$31.70	\$35.55	\$39.40
40-49	\$8.75	\$16.60	\$24.45	\$32.30	\$40.15	\$48.00	\$55.85	\$63.70	\$71.55	\$79.40
50-59	\$15.05	\$29.20	\$43.35	\$57.50	\$71.65	\$85.80	\$99.95	\$114.10	\$128.25	\$142.40
60-69	\$25.90	\$50.90	\$75.90	\$100.90	\$125.90	\$150.90	\$175.90	\$200.90	\$225.90	\$250.89

Legal Shield / ID Shield

Carrier: Legal Shield














HAVE YOU EVER?

- | | |
|---|--|
| <input type="checkbox"/> Needed your Will prepared or updated | <input type="checkbox"/> Worried about being a victim of Identity theft |
| <input type="checkbox"/> Been overcharged for a repair or paid an unfair bill | <input type="checkbox"/> Been concerned about your child's identity |
| <input type="checkbox"/> Had trouble with a warranty or defective product | <input type="checkbox"/> Lost your wallet |
| <input type="checkbox"/> Signed a contract | <input type="checkbox"/> Worried about entering personal information on-line |
| <input type="checkbox"/> Received a moving traffic violation | <input type="checkbox"/> Feared the security of your medical information |
| <input type="checkbox"/> Had concerns regarding child support | <input type="checkbox"/> Been pursued by a collection agency |

WHAT IS LEGALSHIELD?





LegalShield was founded in 1972, with the mission to make equal justice under law a reality for all North Americans the 3.5 million individuals enrolled as LegalShield members throughout the United States and Canada can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs. LegalShield has provided identity theft protection since 2003 with Kroll Advisory Solutions, the world's leading company in ID Theft consulting and restoration. We have safeguarded over 1million members, provided more than 200,000 identity consultations, and helped restore nearly 10,000 individual identities.

THE LEGALSHIELD® MEMBERSHIP INCLUDES:

-  ✓ Personal Legal advice on unlimited issues
-  ✓ Letters/ calls made on your behalf
-  ✓ Contracts & documents reviewed (up to 15 pages)
-  ✓ Residential Loan Document Assistance
-  ✓ Lawyers prepare your Will, your Living Will and your Health Care Power of Attorney
-  ✓ Moving Traffic Violations (available 15 days after enrollment)
-  ✓ IRS Audit Assistance
-  ✓ Trial Defense (if named defendant/ respondent in a covered civil action suit)
-  ✓ Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
-  ✓ 25% Preferred Member Discount (Bankruptcy, Criminal Charges, DUI, Other Matters, etc.)
-  ✓ 24/7 Emergency Access for covered situations

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under age 18 for whom the member is legal guardian; never married, dependent children up to age 26 if a full-time college student; and physically or mentally disabled dependent children. An individual rate is available for those enrollees who are not married, do not have a domestic partner and do not have minor children or dependents. No family benefits are available to individual plan members. Ask your Independent Associate for details.

THE IDSHIELD™ MEMBERSHIP INCLUDES:

-  **Privacy Monitoring**
Monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10), driver license & passport numbers, and medical ID numbers (up to 10) provides you with comprehensive identity protection service that leaves nothing to chance.
-  **Security Monitoring**
SSN, credit cards (up to 10), and bank account (up to 10) monitoring, sex offender search, financial activity alerts and quarterly credit score tracking keep you secure from every angle. With the family plan, Minor Identity Protection is included and provides monitoring for up to 8 children under the age of 18.
-  **Consultation**
Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.
-  **Full Service Restoration**
Complete identity recovery services by Kroll Licensed Private Investigators and our \$5 million service guarantee ensure that if your identity is stolen, it will be restored to its pre-theft status.

IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 8 dependents up to the age of 18

Legal Shield / ID Shield Cont.

Carrier: Legal Shield



Available Plans	Semi-Monthly Premiums
IDSHEILD - Family	\$9.48
Gun Owners Supplement + Legal Plan	\$15.95
Gun Owners Supplement, IDSHEILD + Legal Plan	\$20.43
IDSHEILD - Personal	\$4.48
Family Legal + IDSHEILD	\$16.95
Gun Owners Supplement, Legal Plan + IDSHEILD	\$23.43
Family Legal	\$9.48
Family Legal + Personal IDSHEILD	\$13.95



Employee Assistance Program

Carrier: TELUS Health

All employees, regardless of enrollment in other benefits, have 24/7 access to confidential support, guidance, and resources.

Services include

- Confidential Emotional Support Work/life services for assistance with relationships, financial issues, child care, elder care, and adoption

To access services:

- 24/7 Phone Support: 888-667-6328
- Online: www.us.lifeworks.com

**WHOLE LIFE INSURANCE
BOSTON MUTUAL
Francis Clements
225-755-1288
francis@clementsinsgroup.com**

Important Contacts

Benefit	Carrier	Phone	Website/Email
Medical Insurance	Blue Cross Blue Shield of Louisiana	800-495-2583	www.bcbsla.com
Health Reimbursement Arrangement	Blue Cross Blue Shield Further Card	800-859-2144	www.hellofurther.com
Dental Insurance	Blue Cross Blue Shield of Louisiana	800-495-2583	www.bcbsla.com
Vision Insurance	Blue Cross Blue Shield of Louisiana	800-495-2583	www.bcbsla.com
Group & Voluntary Life and AD&D, Disability Insurance	MetLife	800-638-5433	www.metlife.com
Voluntary Accident & Critical Illness Insurance	Boston Mutual	225-755-1288	www.bostonmutual.com
Legal Shield / ID Shield	Austen Powell	985-386-8542	apowell@powellins.net
Employee Assistance Program	Telus Health	800-667-6328	www.us.lifeworks.com
Whole Life Insurance	Francis Clements	225-755-1288	francis@clementsinsgroup.com
Employer Contact	Dina McMahon	985-277-5626	Mcmahon_dp@hammond.org

Connect With Us

Marylea fears

Senior Employee Benefits Account Manager

Employee Benefits

D: (985) 602-1667

E: Marylea.Fears@ajg.com