

City Of Hammond

2026

Employee Benefit Guide



About Your Benefits

At City of Hammond, we are committed to providing a comprehensive and affordable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your City of Hammond benefits. If you have any questions, feel free to reach out to Gallagher Insurance at [985-340-4092](tel:985-340-4092)



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Eligibility and Enrollment

You are eligible to participate in City Of Hammond benefits if you are a full-time employee working at least 30 hours per week. If you enroll for benefits, you may also cover your:

- Legal spouse
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

You are eligible for benefits 1st Day of the Month Following or Coinciding with 60 Days.

Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent’s eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent’s benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Medical Coverage



You have a choice of two medical Blue Saver plans through Blue Cross and Blue Shield of Louisiana. Review the chart below for the amount you will pay for the medical service listed.

Medical Plans	Blue Saver 80/60 \$4000 (Base Plan)	Blue Saver 100/80 \$3000 (Buy Up Plan)
Medical Benefits	In Network	In Network
Calendar Year Deductible (Individual/Family)	\$4,000 / \$8,000	\$3,000 / \$6,000
Calendar Year Out-of-pocket Maximum (Individual/Family)	\$6,350 / \$12,700	\$5,000 / \$10,000
Coinsurance (You Pay)	20%	0%
Preventive Care	Covered in Full	Covered in Full
Physician Services (Primary Care / Specialist Office Visit)	20% Coinsurance after Deductible	No Charge after Deductible
Urgent care	20% Coinsurance after Deductible	No Charge after Deductible
Diagnostic Testing (Lab/X-Ray)	20% Coinsurance after Deductible	No Charge after Deductible
Major Diagnostic Imaging (CT, MRI, PET)	20% Coinsurance after Deductible	No Charge after Deductible
Inpatient Facility	20% Coinsurance after Deductible	No Charge after Deductible
Outpatient Facility	20% Coinsurance after Deductible	No Charge after Deductible
Emergency Room	20% Coinsurance after Deductible	No Charge after Deductible
Prescription Drug Deductible	Included in Medical	Included in Medical
Prescription Drug Copays (Retail – Up to a 30-day supply)	Tier 1: Coinsurance after Deductible Tier 2, 3 & 4: 40% Coinsurance after Deductible	Tier 1: No Charge after Deductible Tier 2, 3 & 4: 20% Coinsurance after Deductible

Blue Saver 80/60 \$4000 (Base Plan) – Semi-Monthly Rates

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$0.00	\$267.67	\$166.02	\$311.71

Blue Saver 100/80 \$3000 (Buy Up Plan) – Semi-Monthly Rates

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$71.63	\$395.88	\$272.73	\$449.23

Terms to Know

- **Copay** - A set dollar amount you pay for a covered health care service, usually when you receive the service.
- **Deductible** - What you pay out of pocket for health care services before the plan begins to pay a portion.
- **Coinsurance** - Your share of the costs of covered health care services after you reach the deductible. You pay the percentage noted in the table above, and the medical plan pays the rest.
- **Out-of-pocket Maximum** - What you have to pay before the plan pays 100% of your covered costs.
- **Network** - The facilities and providers the medical plan has contracted with to provide health care services. In-network providers typically provide services at a lower negotiated rate.

Finding In-network Providers

You save the most money when you choose in-network doctors, facilities and pharmacies. Log on to www.bcbsla.com or call 800-495-2583 to find providers in the BCBS network.



Health Reimbursement Arrangement Blue Saver 80/60 \$4000 (Base Plan)



Deductible Breakdown

	<u>Single</u>	<u>Family</u>
Initial Deductible Funding (City of Hammond Pays)	\$3,300	\$6,600
Member Deductible Responsibility (Out of Pocket)	\$700	\$1,400
Total BCBSLA	\$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 Blue Saver 100/80 \$3000 (Buy Up Plan)



Deductible Breakdown

	<u>Single</u>	<u>Family</u>
Initial Deductible Funding (City of Hammond Pays)	\$2,300	\$4,600
Member Deductible Responsibility (Out of Pocket)	\$700	\$1,400
Total BCBSLA	\$3,000	\$6,000

Member may incur up to an additional \$2,000 For RX Cost

Member may incur up to an additional \$4,000 For RX Cost

Health Reimbursement Arrangement - New Cards



HEALTH REIMBURSEMENT ARRANGEMENT

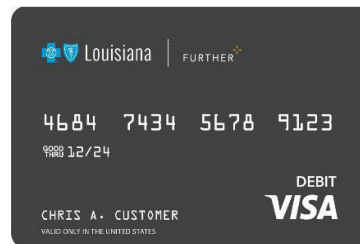
HealthEquity®

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 HealthEquity 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

Health Reimbursement Arrangement



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.

Dental Coverage



Dental Plan	
	In Network
Calendar Year Deductible (Individual/Family)	\$50 / \$150
Calendar Year Maximum (Per Person)	\$1,500
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%
Orthodontia (Children up to age 26)	50%
Orthodontia Lifetime Maximum (Per Person)	\$2,000

Dental Coverage – Semi-Monthly Rates

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



Finding In-network Dentists

You pay less for services when you use a dentist in the CARRIER network. You can find an in-network dentist by visiting www.bcbsla.com or calling 800-495-2583.

Vision Coverage



Vision Plan		
	In Network	Out of Network
Eye Exam (Once every 12 months)	\$0 copay	Up to \$45 allowance
Lenses (Once every 12 months) Single Vision Bifocal Trifocal Lenticular	\$15 Copay	\$30 allowance \$50 allowance \$65 allowance \$100 allowance
Frames (Once every 24 months)	Up to \$150 allowance + 20% off Balance	Up to \$700 allowance
Contact Lenses (Once every 12 months in lieu of standard plastic lenses) Elective Medically Necessary	Up to \$130 allowance Covered in full	Up to \$105 allowance \$225 allowance

Vision Coverage – Semi-Monthly Rates			
Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$3.04	\$5.95	\$6.22	\$9.25

Finding In-network Eye Doctors

You can find an in-network eye doctor in the CARRIER network by visiting www.bcbsla.com or calling 800-495-2583.



Group and Voluntary Life and AD&D



Life and AD&D Insurance

City of Hammond provides basic life and accidental death and dismemberment (AD&D) insurance through CARRIER at no cost to eligible employees. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates.

	How it Works	Basic Life and AD&D (Company-paid benefit)	Voluntary Life and AD&D (Employee-paid benefit)
Life	Your beneficiaries receive this benefit if you pass away	<p>Benefit Amount: \$30,000</p> <p>Age Reduction Schedule: 35% at age 65 & 50% at age 70)</p>	<p><u>Benefit Schedule</u></p> <p>You: Increments of \$10,000 up to a maximum of the lesser of 5x Salary or \$500,000</p> <p>Your spouse: Increments of \$5,000 up to \$100,000 not to exceed 50% of employee's benefit</p> <p>Your child(ren): \$10,000</p> <p>(No Age Reduction Schedule)</p> <p><u>Guarantee Issue for 2026 Open Enrollment</u></p> <p>Employee Guarantee Issue: \$100,000</p> <p>Spouse Guarantee Issue: \$25,000</p> <p>Child Guarantee Issue: \$10,000</p>
AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	Equal to Life Insurance Amount	Equal to Life Insurance Amount



Keep Your Beneficiaries Up to Date

Please contact HR to designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance. Make sure to keep this person's information updated so your benefit is paid according to your wishes.

Voluntary Life and AD&D Rates



Employee - Semi-Monthly Rates										
Age Bands	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$0.55	\$0.65	\$0.75	\$1.20	\$1.90	\$3.35	\$5.60	\$4.05	\$15.15	\$35.60
\$20,000	\$0.55	\$0.65	\$0.75	\$1.20	\$1.90	\$3.35	\$5.60	\$4.05	\$15.15	\$35.60
\$30,000	\$1.64	\$1.94	\$2.24	\$3.59	\$5.69	\$10.04	\$16.79	\$12.14	\$45.44	\$106.79
\$40,000	\$2.18	\$2.58	\$2.98	\$4.78	\$7.58	\$13.38	\$22.38	\$16.18	\$60.58	\$142.38
\$50,000	\$2.73	\$3.23	\$3.73	\$5.98	\$9.48	\$16.73	\$27.98	\$20.23	\$75.73	\$177.98
\$60,000	\$3.27	\$3.87	\$4.47	\$7.17	\$11.37	\$20.07	\$33.57	\$24.27	\$90.87	\$213.57
\$70,000	\$3.82	\$4.52	\$5.22	\$8.37	\$13.27	\$23.42	\$39.17	\$28.32	\$106.02	\$249.17
\$80,000	\$4.36	\$5.16	\$5.96	\$9.56	\$15.16	\$26.76	\$44.76	\$32.36	\$121.16	\$284.76
\$90,000	\$4.91	\$5.81	\$6.71	\$10.76	\$17.06	\$30.11	\$50.36	\$36.41	\$136.31	\$320.36
\$100,000	\$5.45	\$6.45	\$7.45	\$11.95	\$18.95	\$33.45	\$55.95	\$40.45	\$151.45	\$355.95

Spouse - Semi-Monthly Rates										
Age Bands	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
\$5,000	\$0.27	\$0.32	\$0.37	\$0.60	\$0.95	\$1.67	\$2.80	\$2.02	\$7.57	\$17.80
\$10,000	\$0.55	\$0.65	\$0.75	\$1.20	\$1.90	\$3.35	\$5.60	\$4.05	\$15.15	\$35.60
\$15,000	\$0.82	\$0.97	\$1.12	\$1.79	\$2.84	\$5.02	\$8.39	\$6.07	\$22.72	\$53.39
\$20,000	\$1.09	\$1.29	\$1.49	\$2.39	\$3.79	\$6.69	\$11.19	\$8.09	\$30.29	\$71.19
\$25,000	\$1.36	\$1.61	\$1.86	\$2.99	\$4.74	\$8.36	\$13.99	\$10.11	\$37.86	\$88.99

❖ Spouse Rates are based on Employee's age.

Child - Semi-Monthly Rate	
Benefit	Rate
\$10,000	\$1.30

Voluntary Short-Term Disability



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 Exclusion:** 3/12

Semi-Monthly Short Disability Rates								
Age Bands	<30	30-34	35-39	40-44	45-49	50-54	55-59	60+
Rates	\$0.236	\$0.258	\$0.202	\$0.190	\$0.231	\$0.273	\$0.380	\$0.462



Employer Paid Long-Term Disability



Long Term Disability Insurance

Long-Term Disability (LTD) Insurance is designed to help you meet your financial needs if you become unable to work due to a disability extends beyond the short-term disability period. **Long-Term Disability Insurance is paid by the City of Hammond 100%**. 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 monthly salary up to \$6,000
- **Elimination Period:** 90 Days or until the end of the STD Maximum Benefit Period.
- **Benefit Duration:** RBD w/ SSNRA



Voluntary Accident Insurance



Accident insurance 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 & Deductibles
- Transportation
- Lodging Costs
- Emergency Room Expenses

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

Accident Coverage – Semi-Monthly Rates			
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.

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 Rates



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				
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				
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				
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














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 1 million 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 ✓ 24/7 Emergency Access for covered situations

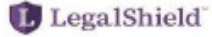
LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under age 18 for whom the member is legal guardian; never married, dependent children up to age 26 if a full-time college student; and physically or mentally disabled 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 Rates



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

Employee Assistance Program



Employee Assistance Program:

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**

Contact Information

Benefit	Vendor	Phone	Website or Email
Medical	Blue Cross Blue Shield of Louisiana	800-495-2583	www.bcbsla.com
Dental	MetLife	800-638-5433	www.metlife.com
Vision	MetLife	800-638-5433	www.metlife.com
Group and Voluntary Life, AD&D and Disability	MetLife	800-638-5433	www.metlife.com
Voluntary Accident & Critical Illness	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

Your Gallagher Insurance Representative:

Marylea Fears

Senior Employee Benefits Account Manager

D: (985) 602-1667

E: Marylea_Fears@ajg.com





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