

CITY OF HAMMOND, LA



2019 ANNUAL ENROLLMENT OVERVIEW

MEETING DATES TIMES & LOCATIONS

Thursday 11/15/2018:

Recreational Center

8:00 AM

&

Fire Headquarters

10:00 AM

&

1:00 PM and 3:00 PM

Friday 11/16/2018:

Recreational Center

8:00 AM and 10:00 AM

&

Council Chambers

1:00 PM and 3:00 PM

Police Station

5:00 PM

Welcome to City of Hammond

City of Hammond knows how important it is to provide quality employee benefits to our employees and their dependents. We always strive to provide a total benefits package that meets your needs as well as the needs of the company.

The City of Hammond pays the entire premiums for health insurance, dental insurance, life insurance, and long-term disability insurance as a benefit to its full-time employees. The City also pays for the majority of the health insurance deductible for its full-time employees.

The following plans renew January 1, 2019

BXS Insurance:

Medical	Long Term Disability
Dental	Short Term Disability
Vision	Accident
Basic Life and AD&D	Critical Illness
Voluntary Life and AD&D	Cancer
Legal Shield / ID Shield	



During this Annual Enrollment Period, you may request changes to the above plans subject to completion of the proper forms and approval by the insurance carriers. These changes will become effective January 1, 2019 subject to carrier approval.

Please take the time to read the following benefit summaries carefully. This information along with your 2018 election documentation will help you in deciding the best benefit selections for you and your family.

You will have until **Wednesday, November 21, 2018** to review all of the information provided and make your selections for the 2019 benefit year.

At other times during the year, you may request changes **ONLY** when there is a Family Status Change, and the proposed change is consistent with the Family Status Change event. Family Status Changes include:

- Change in legal marital status (e.g., marriage or divorce);
- Change in the number of dependents (e.g., birth, adoption or placement for adoption, death);
- Change in employment status or residency of the employee, spouse or dependent that affects eligibility;
- Change in coverage under another employer's plan.

Changes, additions or voluntary cancellations generally cannot be made during the plan year unless the employee experiences a Family Status Change. The employee **MUST contact Human Resources within 30 days of the qualifying event. Otherwise, the employee must wait until the annual enrollment period to change or cancel an election.**

Healthcare Marketplace Notice

Why am I receiving this notice? The Affordable Care Act requires us to inform you of the healthcare Marketplace that allows you to purchase health insurance online or over the phone. Marketplace open enrollment begins November 15th for enrollment on January 1st.

Does this mean that City of Hammond will no longer offer health coverage? No. City of Hammond will continue to offer health plans with the same eligibility rules. Only full-time employees (those working 30 or more hours per week) and their dependents will be eligible.

Does the Marketplace offer anything besides a place to buy coverage? Yes, for some people, premium tax credits are available to pay for coverage depending upon whether a parent is eligible for affordable employer coverage, family size and household income.

Is it better for me to buy my coverage through the Marketplace? The decision to buy Marketplace coverage is personal and will be determined by your family's financial conditions. If you are eligible for a City of Hammond health plan, you are not likely to be eligible for a premium tax credit. If you purchase coverage through the Marketplace, you may need City of Hammond's EIN.

Can I use the City of Hammond subsidy in the Marketplace? No, if you choose to buy coverage through the Marketplace, the amount that City of Hammond pays for your coverage will be lost.

If I enroll in the City of Hammond health plan, will that coverage satisfy my obligation to have health insurance? Yes, you will not be subject to a tax for failure to maintain health coverage because the City of Hammond plan is intended to satisfy the minimum value standard.

What about my family? If your dependents do not have minimum value coverage through City of Hammond or some other source, there will be a tax due for them on the tax return of the person who claims them as dependents.

Why does it matter that the plan is minimum value? There are two reasons. If you have minimum value coverage, you won't have to pay a tax to the IRS as described above. The second reason is that if you are offered affordable, minimum value coverage, you are not eligible for a premium tax credit. This does not always mean that other members of your family are ineligible for a premium tax credit. That depends upon many factors, including marital status.

How do you know whether the plan is affordable to me? Affordability is determined on a person-by-person basis. In general, if the cost of coverage for you alone (not family or spousal coverage) exceeds 9.66% of your household income, the coverage is not affordable. We anticipate that our coverage will be affordable.

If I don't have coverage, what is the tax? The tax is the greater of \$695 per adult and \$347.50 per child under 18 (capped at \$2,085) or 2.5% of household adjusted gross income 2018.

How do I contact the Marketplace? Go to www.healthcare.gov or call 1-800-318-259

Medical Plan

City of Hammond plan is now with Blue Cross Blue Shield

Benefits		
	In-Network Benefit	Out-of-Network Benefit
Deductible		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Coinsurance	100%	80%
Out-of-Pocket Maximum		
Individual	\$3,350	\$6,700
Family	\$6,700	\$13,400
Lifetime Maximum	Unlimited	Unlimited
Office Visit		
Primary	100% After Deductible	80% After Deductible
Specialist	100% After Deductible	80% After Deductible
Wellness Preventive Care	100%	N/A
Emergency Room	100% After Deductible	100% After Deductible
Urgent Care	100% After Deductible	80% After Deductible
Inpatient Services	100% After Deductible	80% After Deductible
Outpatient Surgery	100% After Deductible	80% After Deductible
Prescription Drug Coverage	100% After Deductible for Generic 80% After Deductible for Brand Name	

Medical Insurance Cost

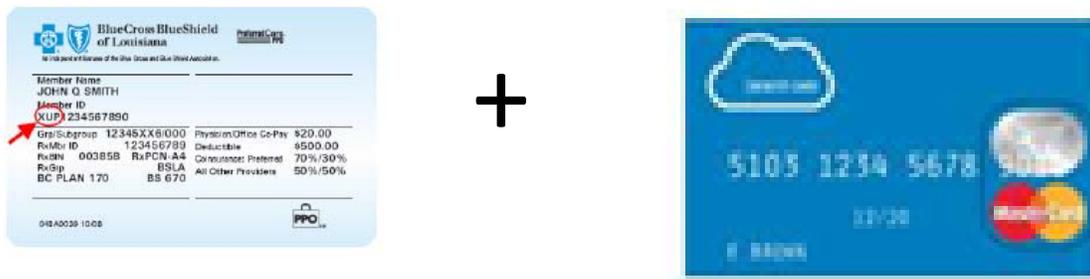
See chart below for 2018 payroll deductions.

Elections		
	Employee Monthly Cost	Cost Per Check (24)
Employee Only	\$0.00 (City pays \$561.95)	\$0.00 (City pays \$280.98)
Employee / Spouse	\$443.94	\$221.97
Employee / Child(ren)	\$275.35	\$137.68
Family	\$516.99	\$258.50

What is the Benny Card?

It is a credit card you use to pay for your prescriptions and doctor visits adding up to your total deductible. The card not only enables the City to pay for the majority of your deductible, but it also tracks the expenses. First present your Blue Cross Blue Shield card. Then use your Benny Card to pay.

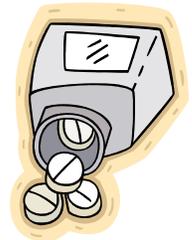
How can I use the card?



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

INELIGIBLE Charges on Benny 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)
- Weight loss clinics, dentists and eye glasses
- Some physicals such as CDL
- **Charges from previous year(s)**
(bills from previous years can be submitted to Empire Management or BancorpSouth Insurance for manual payment on or before March 31st of the next year)



Deductible Breakdown

	<u>SINGLE</u>	<u>FAMILY</u>
Initial Deductible Funding (City Pays)	\$400	\$800
Member Deductible Responsibility (Out of Pocket)	\$700	\$1400
Final Deductible Funding (City Pays)	\$1400	\$2800
Total BCBS Deductible	\$2500	\$5000

Member may incur up to an additional \$850 if taking Brand Name RX

Member may incur up to an additional \$1,700 if taking Brand Name RX

All New Members Electing Coverage Will Need to Complete New HIPPA Forms for All Covered on Plan!!!!

HIPPA Form

Individual (person whose protected health information is being disclosed)

Group Name: _____ Dept: _____ *REQUIRED TO SET UP BCBS ACCOUNT

Printed Name: _____ *Date of Birth: _____

Address: _____

Telephone: _____ *Email Address: _____

*Member Number: _____ *Group number: _____ (may be obtained from Your BCBS card)

Authority to Release Protected Health Information

I hereby authorize Blue Cross Blue Shield to release the protected health information identified in this authorization form to Empire Management Group.

Protected Health Information To Be Disclosed – Covering Dates of Service

From (date) effective date of policy to (date) termination date of policy

Please check type of information to be released:

<input checked="" type="checkbox"/> All Claims Information
<input checked="" type="checkbox"/> Health Plan Benefit Information
<input checked="" type="checkbox"/> All Protected Health Information

Other, (specify) _____

Purpose of the Requested Disclosure of Protected Health Information

I am authorizing the disclosure of my Protected Health Information for the following purposes (e.g. a purpose may be "at the request of the individual"): substantiate claims related to Health Reimbursement account

Drug and/or Alcohol Abuse, and/or HIV/AIDS Records Release

I understand if my medical or billing record contains information in reference to drug and/or alcohol abuse, sexually transmitted disease, hepatitis B or C testing, and/or other sensitive information, I agree to its release. **Check One:** Yes No

I understand if my medical or billing record contains information in reference to HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) testing and/or treatment I agree to its release. **Check One:** Yes No

Right to Revoke Authorization

Except to the extent that action has already been taken in reliance on this authorization, the authorization may be revoked at any time by submitting a written notice to Empire Management Group 110 West Morris Avenue, Hammond, LA 70403. Unless revoked, this authorization will expire on the following date, or after the following time period or event: termination of above referenced policy.

Re-disclosure

I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer be protected by the Health Insurance Portability and Accountability Act of 1996.

Signature of Patient or Personal Representative Who May Request Disclosure

I understand that I do not have to sign this authorization, and my treatment will not be denied if I do not sign this form. However, if health care services are being provided to me for the purpose of providing information to a third-party (e.g. fitness-for-work test), I understand that services may be denied if I do not authorize the release of information related to such health care services to the third-party. I can inspect or copy the protected health information to be used or disclosed. **I hereby hold Empire Management Group harmless for complying with this Authorization.**

Signature: _____ Date: _____

Description of relationship if Personal Representative of Individual:

Why do we need a HIPPA form?

This form allows Empire Management Group to access your online account with the insurance carrier. We match your Explanation of Benefits to your Benny Card charges. This process is called substantiation and is required by the IRS. If you do not wish to have Empire Management access your account, you can send the EOB for each Benny Card charge to Empire Management manually. Please contact Empire Management at 985-340-2880 and we can discuss this process.

For a charge to be eligible to be paid by the Benny Card, it must be:

1. A covered service, medication or medical equipment under your medical plan
2. Part of your deductible, co-pay or co-insurance under your medical plan
3. A charge for the employee or any covered dependent on the medical plan only
4. A medical expense incurred in the current calendar year



City of Hammond offers the Employer Paid Dental Insurance through **MetLife**.

Plan Design for: City of Hammond

Network: PDP Plus

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

Coverage Type:	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ⁴
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Type D - Orthodontia	50%	50%
Deductible³		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:		
Per Individual	\$1500	\$1500
Orthodontia Lifetime Maximum - Ortho applies to Adult and Child		
	Up to dependent age limit	
	\$2000 per Person	\$2000 per Person
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	
<p>1. "In-Network Benefits" means benefits provided under this plan for covered dental services that are provided by a MetLife PDP dentist. "Out-of-Network Benefits" means benefits provided under this plan for covered dental services that are not provided by a MetLife PDP dentist.</p> <p>2. PDP Fee refers to the fees that MetLife PDP dentists have agreed to accept as payment in full.</p> <p>3. Applies to Type B and C services only.</p> <p>4. Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> the dentist's actual charge (the 'Actual Charge'), <input type="checkbox"/> the dentist's usual charge for the same or similar services (the 'Usual Charge') or <input type="checkbox"/> the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards. 		

Dental Premium Cost (MetLife)		
	Employee Monthly Cost	Cost Per Check (24)
Employee	\$0.00 (City pays \$27.67)	\$0.00 (City pays \$13.84)
Employee + Spouse	\$28.13	\$14.07
Employee + Child(ren)	\$40.41	\$20.21
Employee + Family	\$68.75	\$34.38

Selected Covered Services and Frequency Limitations*

Type A - Preventive

How Many/How Often:

Oral Examinations	2 in 12 months
Full Mouth X-rays	1 in 60 months
Biting X-rays (Adult/Child)	1 in 12 months
Prophylaxis - Cleanings	2 in 12 months
Topical Fluoride Applications	2 in 12 months - Children to age 14
Space Maintainers	1 per lifetime per tooth area - Children up to age 14

Type B - Basic Restorative

How Many/How Often:

Problem Focused Examinations	2 in 12 months
Sealants	1 in 36 months - Children to age 14
Amalgam and Composite Fillings	1 in 24 months.
Endodontics Root Canal	1 per tooth per lifetime
Periodontal Surgery	1 in 60 months per quadrant
Periodontal Scaling & Root Planing	1 in 36 months per quadrant
Periodontal Maintenance	2 in 1 year, includes 2 cleanings
Oral Surgery (Simple Extractions)	
Oral Surgery (Surgical Extractions)	
Other Oral Surgery	
Emergency Palliative Treatment	

Type C - Major Restorative

How Many/How Often:

Crowns/Inlays/Onlays	1 per tooth in 10 years
Prefabricated Crowns	1 per tooth in 24 months
Repairs	1 in 24 months
Bridges	1 in 10 years
Dentures	1 in 10 years
General Anesthesia	
Consultations	1 in 12 months
Implant Services	1 service per tooth in 10 years - 1 repair per 12 months
TMJ	Major Service as part of Annual Maximum.

Type D – Orthodontia

- Adult and Child Coverage. Dependent children up to age 26. Age limitations may vary by state. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.
- All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia.
- Benefits for the initial placement will not exceed 20% of the Lifetime Maximum Benefit Amount for Orthodontia. Periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment. Allowable expenses for the initial placement, periodic follow-up visits and procedures performed in connection with the orthodontic treatment, are all subject to the Orthodontia coinsurance level and Lifetime Maximum Benefit Amount as defined in the Plan Summary.
- Orthodontic benefits end at cancellation of coverage

***Alternate Benefits:** Your dental plan provides that if there are two or more professionally acceptable dental treatment alternatives for a dental condition, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you receive a more costly treatment alternative, your dentist may charge you or your dependent for the difference between the cost of the service that was performed and the least costly treatment alternative.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.

Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations and waiting periods and terms for keeping them in force. The certificate of insurance sets forth all plan terms and provisions, including all exclusions and limitations.



With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical and Vision works.
- Take advantage of our service agreement with Walmart and Sam's Club—they check your eligibility and process claims even though they are out of network.

In-network value added features:

Additional lens enhancements:¹
Average 20-25% savings on all other lens enhancements.

Savings on glasses and sunglasses:
Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.

Laser vision correction:²
Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

In-network benefits

There are no claims for you to file when you go to a participating vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

	Frequency
Eye exam	Once every 12 months
<input type="checkbox"/> Eye health exam, dilation, prescription and refraction for glasses: Covered in full after \$10 copay.	
<input type="checkbox"/> Retinal imaging: ¹ Up to a \$39 copay on routine retinal screening when performed by a private practice provider.	

Frame	Once every 24 months
<input type="checkbox"/> Allowance: \$130 after \$25 eyewear copay.	
<input type="checkbox"/> Costco: \$70 allowance after \$25 eyewear copay. You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco. ¹	

Standard corrective lenses	Once every 12 months
<input type="checkbox"/> Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$25 eyewear copay	

Standard lens enhancements¹	Once every 12 months
<input type="checkbox"/> Polycarbonate (child up to age 18) and Ultraviolet (UV) coating: Covered in full after \$25 eyewear copay.	

<input type="checkbox"/> Progressive, Polycarbonate (adult), Photochromic, Anti-reflective, Scratch-resistant coatings and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits .	
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Contact lenses instead of eye glasses	Once every 12 months
<input type="checkbox"/> Contact fitting and evaluation: ¹ Covered in full with a maximum copay of \$60 .	
<input type="checkbox"/> Elective lenses: \$130 allowance.	
<input type="checkbox"/> Necessary lenses: Covered in full after eyewear copay.	

We're here to help

Find a participating vision specialist:

www.metlife.com/mybenefits or call [1-855-MET-EYE1 (1-855-638-3931)]

Get a claim form:

www.metlife.com/mybenefits

General questions:

www.metlife.com/mybenefits or call [1-855-MET-EYE1 (1-855-638-3931)]

Vision Premium Cost (MetLife)		
	Employee Monthly Cost	Cost Per Check (24)
Employee	\$4.66	\$2.33
Employee + Spouse	\$9.32	\$4.66
Employee + Child(ren)	\$7.83	\$3.92
Employee + Family	\$13.08	\$6.54

Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **In-network benefits** apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

<input type="checkbox"/> Eye exam: up to \$45	<input type="checkbox"/> Single vision lenses: up to \$30	<input type="checkbox"/> Lined trifocal lenses: up to \$65
<input type="checkbox"/> Frames: up to \$70	<input type="checkbox"/> Lined bifocal lenses: up to \$50	<input type="checkbox"/> Progressive lenses: up to \$50
<input type="checkbox"/> Contact lenses: - Elective up to \$105	<input type="checkbox"/> Lenticular lenses: up to \$100	
<input type="checkbox"/> Necessary up to \$210		

Exclusions and Limitations of Benefits

This plan does not cover the following services, materials and treatments.

Services and Eyewear

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your Dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or

1 All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm the availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

2 Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

committing or attempting to commit a felony.

- Services and materials obtained while outside the United States, except for emergency vision care.
- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the Group Policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program, or coverage provided by a government as an employer or Medicare.

- Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter).
- Two pairs of glasses instead of bifocals.

- Replacement of lenses, frames and/or contact lenses furnished under this Plan which are lost, stolen, or damaged (within the 12 month benefit period from date of purchase.)

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

M130D-10/25

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY.

Certain claims and network administration services are provided through Vision Service Plan. In certain states, availability of MetLife's group vision benefits is subject to regulatory approval. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

- Contact lens insurance policies and service agreements.

- Refitting of contact lenses after the initial (90-day) fitting period.

- Contact lens modification, polishing, and cleaning.

Treatments

- Orthoptics or vision training and any associated supplemental testing.

- Medical and surgical treatment of the eye(s).

Medications

- Prescription and non-prescription medication

Basic Term Life / AD&D



Plan Design for: CITY OF HAMMOND
Original Plan Effective Date: January 1, 2019
For All Active Full Time Employees working at least 30 hours per week

Basic Life	\$30,000
Accidental Death & Dismemberment	An amount equal to Your Basic Life Insurance.
Plan Maximum	\$30,000
Non-Medical Maximum	\$30,000
Age Reduction Formula	Reduces by 35% at age 65, and to 50% of the original amount at age 70
Employee Contribution	
• Basic Life	0%
• AD&D	0%

Term Life Features (1)

- Continuation of Life insurance while totally disabled as defined by the Group Policy (2)
- Accelerated Benefits Option (3)
- Life Settlement Account (4)

AD&D Features (1)

- Seat Belt Benefit (5)
- Common Carrier Benefit
- Air Bag Benefit
- Total Control Account®

Employer-Paid Long Term Disability

City of Hammond offers the Employer Paid Long Term Disability Insurance through Metlife. The City pays for this coverage. The amount of coverage and cost is different for each employee based on their salary.

Monthly Benefit	60% of Predisability Earnings
Maximum Monthly Benefit	\$6,000
Elimination Period	90 Days
Benefit Duration	RBD w/ SSNRA

Supplemental Term Life



MetLife

Plan Design for: CITY OF HAMMOND
Original Plan Effective Date: January 1, 2019
For All Active Full Time Employees working at least 30 hours per week

Build Your Benefit With MetLife's Supplemental Term Life insurance, your employer gives you the opportunity to buy valuable life insurance coverage for yourself, your spouse and your dependent children -- all at affordable group rates.

	Employee	Spouse & Child	
		Spouse ¹	Child
Life Coverage: provides a benefit in the event of death Schedules:	Increments of \$10,000	Increments of \$5,000	Flat Amount: \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000
Non Medical Maximum	\$100,000	\$25,000	\$10,000
Overall Benefit Maximum	The lesser of 5 times Your Basic Annual Earnings, or \$500,000	\$100,000	\$10,000
AD&D Coverage: provides a benefit in the event of death or dismemberment resulting from a covered accident Schedules:	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)
AD&D Maximum	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage
Employee Contribution	100%	100%	100%

Any purchase or increase in benefits, which does not take place within 31 days of employee's or dependent's eligibility effective date is subject to evidence of insurability. Coverage is subject to the approval of MetLife.

To request coverage:

1. Choose the amount of employee coverage that you want to buy.
2. Look up the premium costs for your age group for the coverage amount you are selecting on the chart below.
3. Choose the amount of coverage you want to buy for your spouse. Again, find the premium costs on the chart below. Note: Premiums are based on your age, not your spouse's.
4. Choose the amount of coverage you want to buy for your dependent children. The premium costs for each coverage option are shown below.
5. Fill in the enrollment form with the amounts of coverage you are selecting. (To request coverage over the non-medical maximum, please see your Human Resources representative for a medical questionnaire that you will need to complete.) Remember, you must purchase coverage for yourself in order to purchase coverage for your spouse or children.

Employee Age	Semi-Monthly Premium For: Employee & Spouse Coverage					
	\$5,000	\$10,000	\$20,000	\$40,000	\$50,000	\$100,000
Under 30	\$0.28	\$0.55	\$1.10	\$2.20	\$2.75	\$5.50
30-34	\$0.33	\$0.65	\$1.30	\$2.60	\$3.25	\$6.50
35-39	\$0.38	\$0.75	\$1.50	\$3.00	\$3.75	\$7.50
40-44	\$0.60	\$1.20	\$2.40	\$4.80	\$6.00	\$12.00
45-49	\$0.95	\$1.90	\$3.80	\$7.60	\$9.50	\$19.00
50-54	\$1.68	\$3.35	\$6.70	\$13.40	\$16.75	\$33.50
55-59	\$2.80	\$5.60	\$11.20	\$22.40	\$28.00	\$56.00
60-64	\$2.03	\$4.05	\$8.10	\$16.20	\$20.25	\$40.50
65-69	\$7.56	\$15.13	\$30.25	\$60.50	\$75.63	\$151.25
70+	\$17.79	\$35.59	\$71.17	\$142.34	\$177.93	\$355.85
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Due to rounding, your actual payroll deduction amount may vary slightly.

Semi-Monthly Premium For: Dependent Child Coverage	
\$10,000	\$1.30

Features available with Supplemental Life

Grief Counseling³: You, your dependents, and your beneficiaries access to grief counseling sessions and funeral related concierge services to help cope with a loss – at no extra cost. Grief counseling services provide confidential and professional support during a difficult time to help address personal and funeral planning needs. At your time of need, you and your dependents have 24/7 access to a work/life counselor. You simply call a dedicated 24/7 toll-free number to speak with a licensed professional experienced in helping individuals who have suffered a loss. Sessions can either take place in-person or by phone. You can have up to five face-to-face grief counseling sessions per event to discuss any situation you perceive as a major loss, including but not limited to death, bankruptcy, divorce, terminal illness, or losing a pet.³ In addition, you have access to funeral assistance for locating funeral homes and cemetery options, obtaining funeral cost estimates and comparisons, and more. You can access these services by calling 1-1-888-319-7819 or log on to www.metlifegc.lifeworks.com (Username: metlifeassist; Password: support).

Funeral Discounts and Planning Services⁴: As a MetLife group life policyholder, you and your family may have access to funeral discounts, planning and support to help honor a loved one's life - at no additional cost to you. Dignity Memorial provides you and your loved ones access to discounts of up to 10% off of funeral, cremation and cemetery services through the largest network of funeral homes and cemeteries in the United States.

When using a Dignity Memorial Network you have access to convenient planning services - either online at www.finalwishesplanning.com, by phone (1-866-853-0954), or by paper - to help make final wishes easier to manage. You also have access to assistance from compassionate funeral planning experts to help guide you and your family in making confident decisions when planning ahead as well as bereavement travel services - available 24 hours, 7 days a week, 365 days a year - to assist with time-sensitive travel arrangements to be with loved ones.

Will Preparation⁵: Like life insurance, a carefully prepared Will is important. With a Will, you can define your most important decisions such as who will care for your children or inherit your property. By enrolling for Supplemental Term Life coverage, you will have in person access to Hyatt Legal Plans' network of 14,000+ participating attorneys for preparing or updating a will, living

will and power of attorney. When you enroll in this plan, you may take advantage of this benefit at no additional cost to you if you use a participating plan attorney. To obtain the legal plan's toll-free number and your company's group access number, contact your employer or your plan administrator for this information.

MetLife Estate Resolution Services (ERS)⁵ is a valuable service offered under the group policy. A Hyatt Legal Plan attorney will consult with your beneficiaries by telephone or in person regarding the probate process for your estate. The attorney will also handle the probate of your estate for your executor or administrator.. This can help alleviate the financial and administrative burden upon your loved ones in their time of need.

Portability⁶: If your present employment ends, you can choose to continue your current life benefits.

What Is Not Covered?

Like most insurance plans, this plan has exclusions. Supplemental and Dependent Life Insurance do not provide payment of benefits for death caused by suicide within the first two years (one year in North Dakota) of the effective date of the certificate, or payment of increased benefits for death caused by suicide within two years (one year in North Dakota or Colorado) of an increase in coverage. In addition, a reduction schedule may apply. Please see your benefits administrator or certificate for specific details.

Accidental Death & Dismemberment insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99 or G2130-S) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates when your employment ceases, when your Life and AD&D contributions cease, or upon termination of the group insurance policy. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and your employer and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the certificate.

If you have additional questions regarding the Life Insurance program underwritten by MetLife, please contact your benefits administrator or MetLife. Like most group life insurance policies, MetLife group policies contain exclusions, limitations, terms and conditions for keeping them in force. Please see your certificate for complete details.

1. Spouse amount cannot exceed 50% of the employee's Supplemental Life benefit.
2. Child benefits for children under 6 months old are limited.
3. Grief Counseling services are provided through an agreement with LifeWorks US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.
4. Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers are pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.

Voluntary Short Term Disability Insurance

City of Hammond offers the Voluntary Short Term Disability Insurance through AllState.

	<i>Plan 1</i>	<i>Plan 2</i>
<i>Monthly Benefit</i>	<i>\$400 up to 60% of income</i>	<i>\$400 up to 60% of income</i>
<i>Maximum Monthly Benefit</i>	<i>\$5,000</i>	<i>\$5,000</i>
<i>Elimination Period</i>	<i>7/7</i>	<i>14/14</i>
<i>Benefit Duration</i>	<i>3 Months</i>	<i>3 Months</i>

American Heritage Life Insurance Company
 Group Disability Insurance Policy Illustration
 This Rate Generator does not validate income rules for any States.

This illustration and rates expire 2/9/2016
Issue State: Louisiana

Industry Class: Preferred Plus
Premium Mode: Semi-Monthly

Benefit Period	3	3	3	3	3
Elimination Period Acc/Sick	7/7	7/7	7/7	7/7	7/7
Issue Age	18-49	50-59	60-64	65-69	70 +
Portable?	YES	YES	YES	YES	YES

Monthly Benefit

\$ 400.00	\$ 6.68	\$ 8.12	\$ 10.96	\$ 11.98	\$ 12.61
\$ 500.00	\$ 8.35	\$ 10.15	\$ 13.70	\$ 14.97	\$ 15.77
\$ 600.00	\$ 10.02	\$ 12.17	\$ 16.44	\$ 17.96	\$ 18.92
\$ 700.00	\$ 11.70	\$ 14.20	\$ 19.18	\$ 20.96	\$ 22.07
\$ 800.00	\$ 13.37	\$ 16.23	\$ 21.92	\$ 23.95	\$ 25.23
\$ 900.00	\$ 15.04	\$ 18.26	\$ 24.66	\$ 26.94	\$ 28.38
\$ 1,000.00	\$ 16.71	\$ 20.29	\$ 27.40	\$ 29.94	\$ 31.53
\$ 1,100.00	\$ 18.38	\$ 22.32	\$ 30.14	\$ 32.93	\$ 34.68
\$ 1,200.00	\$ 20.05	\$ 24.35	\$ 32.88	\$ 35.92	\$ 37.84
\$ 1,300.00	\$ 21.72	\$ 26.38	\$ 35.62	\$ 38.92	\$ 40.99
\$ 1,400.00	\$ 23.39	\$ 28.40	\$ 38.36	\$ 41.91	\$ 44.14
\$ 1,500.00	\$ 25.06	\$ 30.43	\$ 41.10	\$ 44.90	\$ 47.30
\$ 1,600.00	\$ 26.73	\$ 32.46	\$ 43.84	\$ 47.90	\$ 50.45
\$ 1,700.00	\$ 28.40	\$ 34.49	\$ 46.58	\$ 50.89	\$ 53.60
\$ 1,800.00	\$ 30.07	\$ 36.52	\$ 49.31	\$ 53.88	\$ 56.75
\$ 1,900.00	\$ 31.74	\$ 38.55	\$ 52.05	\$ 56.88	\$ 59.91
\$ 2,000.00	\$ 33.41	\$ 40.58	\$ 54.79	\$ 59.87	\$ 63.06
\$ 2,100.00	\$ 35.08	\$ 42.61	\$ 57.53	\$ 62.86	\$ 66.21
\$ 2,200.00	\$ 36.75	\$ 44.63	\$ 60.27	\$ 65.86	\$ 69.37
\$ 2,300.00	\$ 38.42	\$ 46.66	\$ 63.01	\$ 68.85	\$ 72.52
\$ 2,400.00	\$ 40.09	\$ 48.69	\$ 65.75	\$ 71.84	\$ 75.67
\$ 2,500.00	\$ 41.76	\$ 50.72	\$ 68.49	\$ 74.84	\$ 78.83
\$ 2,600.00	\$ 43.43	\$ 52.75	\$ 71.23	\$ 77.83	\$ 81.98
\$ 2,700.00	\$ 45.10	\$ 54.78	\$ 73.97	\$ 80.82	\$ 85.13
\$ 2,800.00	\$ 46.77	\$ 56.81	\$ 76.71	\$ 83.82	\$ 88.28
\$ 2,900.00	\$ 48.44	\$ 58.84	\$ 79.45	\$ 86.81	\$ 91.44
\$ 3,000.00	\$ 50.11	\$ 60.86	\$ 82.19	\$ 89.80	\$ 94.59
\$ 3,100.00	\$ 51.79	\$ 62.89	\$ 84.93	\$ 92.80	\$ 97.74
\$ 3,200.00	\$ 53.46	\$ 64.92	\$ 87.67	\$ 95.79	\$ 100.90
\$ 3,300.00	\$ 55.13	\$ 66.95	\$ 90.41	\$ 98.78	\$ 104.05
\$ 3,400.00	\$ 56.80	\$ 68.98	\$ 93.15	\$ 101.78	\$ 107.20
\$ 3,500.00	\$ 58.47	\$ 71.01	\$ 95.89	\$ 104.77	\$ 110.35
\$ 3,600.00	\$ 60.14	\$ 73.04	\$ 98.63	\$ 107.76	\$ 113.51
\$ 3,700.00	\$ 61.81	\$ 75.07	\$ 101.37	\$ 110.76	\$ 116.66
\$ 3,800.00	\$ 63.48	\$ 77.09	\$ 104.11	\$ 113.75	\$ 119.81
\$ 3,900.00	\$ 65.15	\$ 79.12	\$ 106.85	\$ 116.74	\$ 122.97
\$ 4,000.00	\$ 66.82	\$ 81.15	\$ 109.59	\$ 119.74	\$ 126.12
\$ 4,100.00	\$ 68.49	\$ 83.18	\$ 112.33	\$ 122.73	\$ 129.27
\$ 4,200.00	\$ 70.16	\$ 85.21	\$ 115.06	\$ 125.72	\$ 132.42
\$ 4,300.00	\$ 71.83	\$ 87.24	\$ 117.80	\$ 128.72	\$ 135.58
\$ 4,400.00	\$ 73.50	\$ 89.27	\$ 120.54	\$ 131.71	\$ 138.73
\$ 4,500.00	\$ 75.17	\$ 91.30	\$ 123.28	\$ 134.70	\$ 141.88
\$ 4,600.00	\$ 76.84	\$ 93.32	\$ 126.02	\$ 137.70	\$ 145.04
\$ 4,700.00	\$ 78.51	\$ 95.35	\$ 128.76	\$ 140.69	\$ 148.19
\$ 4,800.00	\$ 80.18	\$ 97.38	\$ 131.50	\$ 143.68	\$ 151.34
\$ 4,900.00	\$ 81.85	\$ 99.41	\$ 134.24	\$ 146.68	\$ 154.50
\$ 5,000.00	\$ 83.52	\$ 101.44	\$ 136.98	\$ 149.67	\$ 157.65

Allstate Benefits is the marketing name for American Heritage Life Insurance Company, a subsidiary of the Allstate Corporation, Home Office: Northbrook, Illinois. All products are underwritten by American Heritage Life Insurance Company, Home Office: Jacksonville, Florida. This illustration highlights some features of the policy and riders, but is not the insurance contract. Only the actual policy and certificate provisions control. The policy and riders set forth, in detail, the rights and obligations of both the insured and the insurance company. ©2011 Allstate Insurance Company.

The Maximum Monthly Benefit that can be applied for must be reduced by the Monthly Benefits of all other existing coverage.

This illustration is incomplete without Brochure SCSET

This quote is incomplete and cannot be used without the accompanying illustration pages that provide a complete description of all benefits, limitations and exclusions.

American Heritage Life Insurance Company
 Group Disability Insurance Policy Illustration
 This Rate Generator does not validate income rules for any States.

Industry Class:	Preferred Plus				
	Semi-Monthly				
Premium Mode:					
Benefit Period					
Elimination Period Acc/Sick	3	3	3	3	3
Issue Age	14/14	14/14	14/14	14/14	14/14
Portable?	18-49	50-59	60-64	65-69	70 +
	YES	YES	YES	YES	YES
Monthly Benefit					
\$ 400.00	\$ 4.88	\$ 6.02	\$ 7.90	\$ 8.36	\$ 9.26
\$ 500.00	\$ 6.09	\$ 7.53	\$ 9.87	\$ 10.45	\$ 11.58
\$ 600.00	\$ 7.31	\$ 9.03	\$ 11.84	\$ 12.54	\$ 13.89
\$ 700.00	\$ 8.53	\$ 10.54	\$ 13.82	\$ 14.63	\$ 16.21
\$ 800.00	\$ 9.75	\$ 12.04	\$ 15.79	\$ 16.72	\$ 18.53
\$ 900.00	\$ 10.97	\$ 13.55	\$ 17.77	\$ 18.80	\$ 20.84
\$ 1,000.00	\$ 12.19	\$ 15.05	\$ 19.74	\$ 20.89	\$ 23.16
\$ 1,100.00	\$ 13.40	\$ 16.56	\$ 21.71	\$ 22.98	\$ 25.47
\$ 1,200.00	\$ 14.62	\$ 18.06	\$ 23.69	\$ 25.07	\$ 27.79
\$ 1,300.00	\$ 15.84	\$ 19.57	\$ 25.66	\$ 27.16	\$ 30.10
\$ 1,400.00	\$ 17.06	\$ 21.07	\$ 27.63	\$ 29.25	\$ 32.42
\$ 1,500.00	\$ 18.28	\$ 22.58	\$ 29.61	\$ 31.34	\$ 34.73
\$ 1,600.00	\$ 19.50	\$ 24.08	\$ 31.58	\$ 33.43	\$ 37.05
\$ 1,700.00	\$ 20.71	\$ 25.59	\$ 33.56	\$ 35.52	\$ 39.36
\$ 1,800.00	\$ 21.93	\$ 27.09	\$ 35.53	\$ 37.61	\$ 41.68
\$ 1,900.00	\$ 23.15	\$ 28.60	\$ 37.50	\$ 39.70	\$ 44.00
\$ 2,000.00	\$ 24.37	\$ 30.10	\$ 39.48	\$ 41.79	\$ 46.31
\$ 2,100.00	\$ 25.59	\$ 31.61	\$ 41.45	\$ 43.87	\$ 48.63
\$ 2,200.00	\$ 26.81	\$ 33.11	\$ 43.42	\$ 45.96	\$ 50.94
\$ 2,300.00	\$ 28.02	\$ 34.62	\$ 45.40	\$ 48.05	\$ 53.26
\$ 2,400.00	\$ 29.24	\$ 36.12	\$ 47.37	\$ 50.14	\$ 55.57
\$ 2,500.00	\$ 30.46	\$ 37.63	\$ 49.35	\$ 52.23	\$ 57.89
\$ 2,600.00	\$ 31.68	\$ 39.13	\$ 51.32	\$ 54.32	\$ 60.20
\$ 2,700.00	\$ 32.90	\$ 40.64	\$ 53.29	\$ 56.41	\$ 62.52
\$ 2,800.00	\$ 34.12	\$ 42.14	\$ 55.27	\$ 58.50	\$ 64.83
\$ 2,900.00	\$ 35.33	\$ 43.65	\$ 57.24	\$ 60.59	\$ 67.15
\$ 3,000.00	\$ 36.55	\$ 45.15	\$ 59.21	\$ 62.68	\$ 69.46
\$ 3,100.00	\$ 37.77	\$ 46.66	\$ 61.19	\$ 64.77	\$ 71.78
\$ 3,200.00	\$ 38.99	\$ 48.16	\$ 63.16	\$ 66.86	\$ 74.10
\$ 3,300.00	\$ 40.21	\$ 49.67	\$ 65.14	\$ 68.94	\$ 76.41
\$ 3,400.00	\$ 41.43	\$ 51.17	\$ 67.11	\$ 71.03	\$ 78.73
\$ 3,500.00	\$ 42.64	\$ 52.68	\$ 69.08	\$ 73.12	\$ 81.04
\$ 3,600.00	\$ 43.86	\$ 54.18	\$ 71.06	\$ 75.21	\$ 83.36
\$ 3,700.00	\$ 45.08	\$ 55.69	\$ 73.03	\$ 77.30	\$ 85.67
\$ 3,800.00	\$ 46.30	\$ 57.19	\$ 75.00	\$ 79.39	\$ 87.99
\$ 3,900.00	\$ 47.52	\$ 58.70	\$ 76.98	\$ 81.48	\$ 90.30
\$ 4,000.00	\$ 48.74	\$ 60.20	\$ 78.95	\$ 83.57	\$ 92.62
\$ 4,100.00	\$ 49.95	\$ 61.71	\$ 80.93	\$ 85.66	\$ 94.93
\$ 4,200.00	\$ 51.17	\$ 63.21	\$ 82.90	\$ 87.75	\$ 97.25
\$ 4,300.00	\$ 52.39	\$ 64.72	\$ 84.87	\$ 89.84	\$ 99.57
\$ 4,400.00	\$ 53.61	\$ 66.22	\$ 86.85	\$ 91.93	\$ 101.88
\$ 4,500.00	\$ 54.83	\$ 67.73	\$ 88.82	\$ 94.01	\$ 104.20
\$ 4,600.00	\$ 56.05	\$ 69.23	\$ 90.79	\$ 96.10	\$ 106.51
\$ 4,700.00	\$ 57.26	\$ 70.74	\$ 92.77	\$ 98.19	\$ 108.83
\$ 4,800.00	\$ 58.48	\$ 72.24	\$ 94.74	\$ 100.28	\$ 111.14
\$ 4,900.00	\$ 59.70	\$ 73.75	\$ 96.72	\$ 102.37	\$ 113.46
\$ 5,000.00	\$ 60.92	\$ 75.25	\$ 98.69	\$ 104.46	\$ 115.77

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The Maximum Monthly Benefit that can be applied for must be reduced by the Monthly Benefits of all other existing coverage.

This illustration is incomplete without Brochure SCSET

This quote is incomplete and cannot be used without the accompanying illustration pages that provide a complete description of all benefits, limitations and exclusions.

Accident Insurance Plan Summary

ACCIDENT INSURANCE BENEFITS

With MetLife, you'll have access to a comprehensive plan which provides payments in addition to any other insurance payments you may receive. Here are just some of the covered events/services.

Benefit Type ¹	MetLife Accident Insurance Pays YOU
Injuries	
Fractures ²	\$150 – \$9,000
Dislocations ²	\$150 – \$9,000
Second and Third Degree Burns	\$150 – \$15,000
Concussions	\$600
Cuts/Lacerations	\$75 – \$600
Eye Injuries	\$400
Medical Services & Treatment	
Ambulance	\$200 or \$600
Emergency Care	\$100 – \$150
Non-Emergency Care	\$50
Physician Follow-Up	\$100
Therapy Services (including physical therapy)	\$35
Medical Testing Benefit	\$200
Medical Appliances	\$200 – \$1,500
Inpatient Surgery	\$300 – \$3,000
Hospital³ Coverage (Accident)	
Admission	\$1250 per accident
Confinement	\$250 a day (non-ICU) – up to 31 days \$500 a day (ICU) – up to 31 days
Inpatient Rehab (paid per accident)	\$300 a day, up to 15 days
Accidental Death	
Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown.	\$50,000 \$125,000 for common carrier ⁵
Dismemberment, Loss & Paralysis	
Dismemberment, Loss & Paralysis	\$1,000 - \$100,000 per injury
Other Benefits	
Lodging ⁶ - Pays for lodging for companion up to 31 nights per calendar year	\$300 per night, up to 31 nights; up to \$9,300 in total lodging benefits available per calendar year

BENEFIT PAYMENT EXAMPLE

Kathy's daughter, Molly, plays soccer on the varsity high school team. During a recent game, she collided with an opposing player, was knocked unconscious and taken to the local emergency room by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event ¹	Benefit Amount ⁸
Ambulance (ground)	\$200
Emergency Care	\$150
Physician Follow-Up (\$100 x 2)	\$200
Medical Testing	\$200
Concussion	\$600
Broken Tooth (repaired by crown)	\$400
Benefits paid by MetLife Group Accident Insurance	\$1,750

INSURANCE RATES

MetLife offers competitive group rates and convenient payroll deduction so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Accident Insurance Coverage Options	Semi-Monthly Cost to You
Employee	\$7.48
Employee & Spouse	\$13.15
Employee & Child(ren)	\$15.58
Employee & Spouse/Child(ren)	\$19.17

QUESTIONS & ANSWERS

Who is eligible to enroll for this accident coverage?

You are eligible to enroll yourself and your eligible family members!⁹ You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective.

How do I pay for my accident coverage?

Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

What happens if my employment status changes? Can I take my coverage with me?

Yes, you can take your coverage with you.¹⁰ You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Who do I call for assistance?

Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

Critical Illness Insurance Plan Summary

COVERAGE OPTIONS

Critical Illness Insurance		
Eligible Individual	Initial Benefit	Requirements
Employee	Increments of \$10,000; \$10,000 to \$50,000	Coverage is guaranteed provided you are actively at work. ³
Spouse	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ³
Dependent Child(ren) ^{2*}	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ³

BENEFIT PAYMENT

Your **Initial Benefit** provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit⁴ for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer, Partial Benefit Cancer and All Other Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences. Initial Benefits and Recurrence Benefits will be paid until the Total Benefit Amount has been reached.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit** and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300% or \$30,000 - \$150,000..

Please refer to the table below for the percentage benefit amount for each Covered Condition.

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer ⁵	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer ⁵	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack	100% of Initial Benefit	50% of Initial Benefit
Stroke ⁶	100% of Initial Benefit	50% of Initial Benefit
Coronary Artery Bypass Graft ⁷	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease ⁸	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable
22 Listed Conditions	25% of Initial Benefit	Not applicable

22 Listed Conditions

MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount when a covered person is diagnosed with one of the 22 Listed Conditions. A Covered Person may only receive one payment for each Listed Condition in his/her lifetime. The Listed Conditions are Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy;
ADF# CI1848.18

myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Example of Initial & Recurrence Benefit Payments

The example below illustrates an employee who elected an Initial Benefit of \$10,000 and has a Total Benefit of 3 times the Initial Benefit Amount or \$30,000.

Illness – Covered Condition	Payment	Total Benefit Remaining
Heart Attack – first diagnosis	Initial Benefit payment of \$10,000 or 100%.	\$20,000
Heart Attack – second diagnosis, two years later	Recurrence Benefit payment of \$5,000 or 50%	\$15,000
Kidney Failure – first diagnosis, three years later	Initial Benefit payment of \$10,000 or 100%	\$5,000

SUPPLEMENTAL BENEFITS

MetLife provides coverage for the Supplemental Benefits listed below. This coverage would be in addition to the Total Benefit Amount payable for the previously mentioned Covered Conditions.

MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. MetLife will pay only one health screening benefit per covered person per calendar year.

Eligible screening/prevention measures may include:

• annual physical exam	• flexible sigmoidoscopy
• biopsies for cancer	• hemoccult stool specimen
• blood test to determine total cholesterol	• hemoglobin A1C
• blood test to determine triglycerides	• human papillomavirus (HPV) vaccination
• bone marrow testing	• lipid panel
• breast MRI	• mammogram
• breast ultrasound	• oral cancer screening
• breast sonogram	• pap smears or thin prep pap test
• cancer antigen 15-3 blood test for breast cancer (CA 15-3)	• prostate-specific antigen (PSA) test
• cancer antigen 125 blood test for ovarian cancer (CA 125)	• serum cholesterol test to determine LDL and HDL levels
• carcinoembryonic antigen blood test for colon cancer (CEA)	• serum protein electrophoresis
• carotid doppler	• skin cancer biopsy
• chest x-rays	• skin cancer screening
• clinical testicular exam	• skin exam
• colonoscopy	• stress test on bicycle or treadmill
• digital rectal exam (DRE)	• successful completion of smoking cessation program
• Doppler screening for cancer	• tests for sexually transmitted infections (STIs)
• Doppler screening for peripheral vascular disease	• thermography
• echocardiogram	• two hour post-load plasma glucose test
• electrocardiogram (EKG)	• ultrasounds for cancer detection
• endoscopy	• ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
• fasting blood glucose test	• virtual colonoscopy
• fasting plasma glucose test	

INSURANCE RATES

MetLife offers competitive group rates and convenient payroll deduction so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Semi-Monthly Premium for \$1,000 of Coverage (Non-Tobacco)

Employee Age	Semi-Monthly Premium For: \$10000 of Coverage - NonSmoker Rates			
	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Child(ren)
<25	\$2.00	\$3.25	\$2.80	\$4.05
25-29	\$2.00	\$3.25	\$2.80	\$4.05
30-34	\$2.50	\$3.95	\$3.35	\$4.75
35-39	\$2.90	\$4.45	\$3.70	\$5.30
40-44	\$3.90	\$5.80	\$4.70	\$6.60
45-49	\$5.40	\$7.85	\$6.20	\$8.70
50-54	\$7.15	\$10.25	\$7.95	\$11.05
55-59	\$9.05	\$12.90	\$9.90	\$13.75
60-64	\$10.90	\$15.50	\$11.70	\$16.30
65-69	\$11.80	\$16.95	\$12.60	\$17.75
70+	\$13.40	\$19.30	\$14.20	\$20.15

Semi-Monthly Premium for \$1,000 of Coverage (Tobacco)

Employee Age	Semi-Monthly Premium For: \$10000 of Coverage - Smoker Rates			
	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Child(ren)
<25	\$2.95	\$4.75	\$3.80	\$5.55
25-29	\$2.95	\$4.75	\$3.80	\$5.55
30-34	\$3.85	\$5.90	\$4.65	\$6.70
35-39	\$4.50	\$6.85	\$5.30	\$7.65
40-44	\$6.20	\$9.10	\$7.00	\$9.90
45-49	\$8.80	\$12.70	\$9.65	\$13.50
50-54	\$11.90	\$16.90	\$12.70	\$17.70
55-59	\$15.20	\$21.45	\$16.00	\$22.25
60-64	\$18.30	\$25.85	\$19.10	\$26.65
65-69	\$19.95	\$28.45	\$20.80	\$29.25
70+	\$22.80	\$32.70	\$23.65	\$33.50

**Multiply the per \$1,000 rates shown above by the benefit amount divided by \$1,000 (e.g., 20 for \$25,000 of coverage) and round to two decimals to calculate semi-monthly cost. Actual payroll deduction amount may vary due to rounding.*

QUESTIONS & ANSWERS

How do I enroll?

Enroll for coverage via your Human Resource Representative.

Who is eligible to enroll?

Voluntary Cancer (Allstate) Option 1		
	Employee Monthly Cost	Cost Per Check (24)
Employee	\$16.88	\$8.44
Employee + Spouse	\$26.58	\$13.29
Employee + Child(ren)	\$23.22	\$11.61
Employee + Family	\$32.92	\$16.46
Voluntary Cancer (Allstate) Option 2		
	Employee Monthly Cost	Cost Per Check (24)
Employee	\$26.24	\$13.12
Employee + Spouse	\$40.98	\$20.49
Employee + Child(ren)	\$36.84	\$18.42
Employee + Family	\$51.56	\$25.78
Voluntary Cancer (Allstate) Option 3		
	Employee Monthly Cost	Cost Per Check (24)
Employee	\$32.40	\$16.20
Employee + Spouse	\$51.00	\$25.50
Employee + Child(ren)	\$45.98	\$22.99
Employee + Family	\$64.54	\$32.27

Employee Assistance Program (EAP)

What is an Employee Assistance Program (EAP)?

This program provides free, confidential, professional assistance to help employees and their families resolve problems / issues that affect their personal lives to job performance. Besides being confidential, the program is voluntary- it is designed to allow the employee or family to seek help on their own.

How does the EAP work?

It is an employer sponsored program. The request for help may be by the employee or the family simply calls you EAP at 800.749.3277 and an appointment will be arranged. Confidentiality is assured. Any issues discussed are strictly between you and the counselor. Neither your employer nor your coworkers will have any knowledge of your request for help.

Your supervisor may encourage the use of the EAP when a performance problem occurs in order to determine if personal issues may be interfering with the job, or if competency based coaching will be beneficial.

Confidential: All information is strictly confidential between you and the EAP professional.

No Red Tape: A simple phone call starts the process.

Fees: The initial sessions are paid for by your employer, and are offered at no charge to you.

Employee Assistance Program

1-800-749-3277

Why is a program like this needed?

Progressive organizations are providing EAP to their employee because it is good business and because they are about their employees. Each of us, regardless of our position in the organization faces a variety of problems in our daily lives. Sometimes our problems become too much for us to handle and they affect our personal happiness, our family relations, our performance at work and even our health. When this occurs we often need professional help in resolving them. Without proper attention those problems usually become worse and the consequences are often unpleasant and expensive.

What kind of problems will the EAP deal with?

The program deals with human problems – the kinds that affect an employee’s personal wellbeing and their ability to perform on the job. These problems may include marital difficulties, or problems caused by alcohol or drug abuse, but if doesn’t have to be a serious problem to call your EAP. If it’s a concern for you, it is a concern for us!

But aren’t those private problems?

Certainly these are personal problems that are until they begin to have an effect on the employee’s

performance on the job. Many times these problems begin to affect the morale of fellow workers and the overall effectiveness of the organization. The intent of the EAP is to prevent that from happening.

The program is strictly confidential and voluntary. The employer sponsors the EAP, but does not get involved in the counseling / resolution process.

What about family problems?

YES! Since an employee's personal well-being and work performance can be affected by the problems of a spouse or a dependent, this program is also made available to the family.

Who will pay for the cost of counseling or other professional services that might be necessary?

The initial problem assessment and counseling services are free to the employee and their family members. If further assistance is necessary, the employee's regular health insurance benefits may be used. If services are not covered by the health insurance the counselor will try to help the employee minimize cost by making referrals to the most appropriate agency. This cost will be the employee's responsibility, but many times the services are available which are based on the individual's ability to pay.

Does this mean that our organization has usual number of employees with problems?

Not at all! It simply means that your organization cares about its employees. The organization is more than buildings and equipment!

What about work related problems?

EAP deals only with personal problems or issues which may affect work performance without interfering in your organization's existing policies and disciplinary procedures. EAP coaching service deals with "soft-skill competencies to promote personal and professional success.

If the program is entirely confidential, how will the success of the program be evaluated?

Periodic reports will be given to the employer to show the number of employees using g the program. No names or other identifying information will be provided or included in the employer report. If the employee wants the employer notified special considerations need to be made by the employee and the counselor.

Some of the reasons to call EAP are:

- Parenting Skills
- Locate Resources
- Depression
- Anxiety
- Stress
- Grief
- Martial Relations
- Work/Life Issues
- Post-Trauma Issues
- Children/ Adolescents
- Anger
- Soft Skill Competencies
- Alcohol/ Drugs
- Gambling



HAVE YOU EVER?

- Needed your Will prepared or updated
- Been overcharged for a repair or paid an unfair bill
- Had trouble with a warranty or defective product
- Signed a contract
- Received a moving traffic violation
- Had concerns regarding child support
- Worried about being a victim of Identity theft
- Been concerned about your child's identity
- Lost your wallet
- Worried about entering personal information on-line
- Feared the security of your medical information
- 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 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 IDSHIELDSM 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

Payroll Deduction Semi-Monthly	Individual	Family
LegalShield	\$8.48	\$9.48
IDShield	\$4.48	\$9.48
Combined	\$12.95	\$16.95

For more information, please call your independent associate:

This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See a plan contract for your state of residence for complete terms, coverage, amounts, conditions and exclusions.

Carrier Contact Information

We created this simple directory for you. It provides you with important information on your employee benefits and contact information for human resources. For more information on the plans, please contact Henry Powell's office with BancorpSouth Insurance at 1-888-240-5899.

BancorpSouth Insurance Services, Inc.	
Account Manager:	<i>Mickie Thompson</i>
Phone Number:	<i>888-240-5899</i>
Email:	<i>mickie.thompson@bxsi.com</i>
Empire Management	
Contact:	<i>Wende Powell</i>
Phone Number:	<i>985-340-2880</i>
Email:	<i>empmgmt@bellsouth.net</i>
City of Hammond Human Resources	
Contact:	<i>Jaquetta McGee</i>
Phone Number:	<i>985-277-5629</i>
Email:	<i>mcgee_jr@hammond.org</i>
Medical Insurance (Blue Cross Blue Shield)	
Phone Number:	<i>800-495-2583</i>
Website:	<i>www.bcbsls.com</i>
HRA Card (Consumer Choice Plans)	
Phone Number:	<i>985-340-2880</i>
Website	<i>http://www.consumerchoiceplans.com</i>
Dental, Vision, Long Term Disability Insurance (Metlife)	
Phone Number:	<i>Dental 800-942-0854 / Vision 855-638-3931/ LTD 866-729-9200</i>
Website:	<i>www.metlife.com</i>
Life, Short Term Disability, Accident, Critical Illness, Cancer Insurance (AllState)	
Phone Number:	<i>800-521-3535</i>
Website	<i>www.allstatebenefits.com</i>
Whole Life (Boston Mutual)	
Provider Name:	<i>Boston Mutual</i>
Contact and Phone Number:	<i>Frances Clements 225-755-1288</i>
Email:	<i>francis@clementinsgroup.com</i>
Legal Shield	
Contact Name:	<i>Austin Powell</i>
Phone Number:	<i>985-386-8542</i>
Email:	<i>apowell@powellins.net</i>