



Helping You Live Your Healthiest



2025
BENEFITS GUIDE

welcome

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

Your benefits package is an important part of your total compensation. This benefits guide has been prepared to summarize the benefit plans available to eligible employees for the 2025 plan year. Please read this information carefully. This benefits guide is not intended to be comprehensive, so please refer to the plan documents pertaining to each plan for more information. If you have any questions not answered by this guide, or if you need assistance with your benefits, please contact the Benefit Resource Center at 855.874.0110 or the Louisiana Assessors' Association at 225.928.8886 or toll free at 800.925.4446.



Benefits Enrollment & Eligibility

Eligibility

Full-time Employees who work 30 hours or more per week are eligible for coverage as described on the next few pages. Benefits begin on the first of the month following 60 days of becoming a full-time employee.

Dependents are defined as:

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

What is Open Enrollment?

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

Enrollment

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

What happens if I don't enroll?

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

Making Election Changes During the Year

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



Life Status Change Events

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

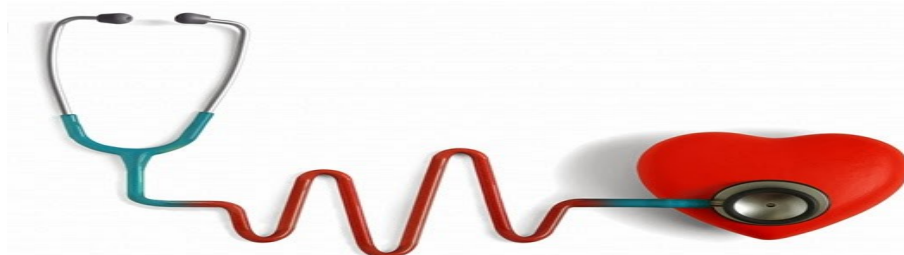
- Marriage or divorce
- Death
- Birth or adoption of a dependent
- Change in employment status
- Dependent satisfying or ceasing to satisfy the plan's eligibility requirements
- Loss of or significant change to your current coverage
- Judgment, decree or court order
- Enrollment / ceasing to be enrolled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

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

MEDICAL BENEFITS

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


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



WHERE SHOULD I GO FOR CARE?

Helping you choose the right care center

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

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

DENTAL BENEFITS

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

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



VISION BENEFITS

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

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

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

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



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

Program Details

The Louisiana Assessors' Association has partnered with Empower Health Services to offer our annual blood screening at no cost to you! The EHS Individual Screening Program runs from January 1 through April 25, 2025. Please note that this program is optional and that your screening results will be confidentially provided to you to share with your doctor.

An annual screening allows you to identify health risks early and better understand your overall wellness. Following the registration process, you can complete your screening at a local LabCorp patient service center.

Your Screening Package Includes:

- **Panel C** – Testing that consists of a [37-component blood chemistry profile](#). In addition to identifying signs of heart disease and diabetes, Panel C tests for liver and kidney malfunction, and thyroid, blood, and nutrition disorders.
- **Hemoglobin A1c** – Assesses blood sugar levels over the past 90 to 120 days. This test can help diagnose type 2 diabetes and prediabetes.
- **Prostate Specific Antigen (PSA)** – Screens for signs of prostate cancer in men. (Included at no cost for men age 40+)
- Self-Reported Blood Pressure Evaluation – Please provide your most recent blood pressure reading during the online registration process. Blood pressure is expressed by a systolic (top number) and diastolic (bottom number) measurement. (Example: 120/80; 120 = systolic and 80 = diastolic)
- Self-Reported Height and Weight with Body Mass Index Calculation
- Empower Health Assessment™
- One year of unlimited access to our user portal, designed to help you understand and grow your health.
- Results are confidentially and securely available online at empower.health within 2-3 business days of your lab visit.

ELIGIBLE PARTICIPANTS

Employees, Spouses, Retirees,
and Retiree Spouses

SCREENING FEES

No cost to you!

REGISTRATION DEADLINE IS 04/18/25

SCREENING DEADLINE IS 04/25/25

Follow These Steps To Participate

1. Go to: empower.health

Returning Participants: If you previously created an account, sign in under "Welcome Back!"

New Participants: Complete "New User" fields and enter client code: **LouisianaAssessorsEHS**

A verification email will be sent. Verify your email address to activate your account.

2. On the dashboard, click "Register" and select "Individual Program" to complete registration by **04/18/25**

3. Complete the Empower Health Assessment™

Click "Begin Assessment" when prompted during registration or from the dashboard.

4. Await your LabCorp confirmation email

Once the registration steps are complete, you will receive a confirmation email containing next steps. You must wait until you receive this email before visiting the lab.

5. Visit the lab by **04/25/25**

- a. Your confirmation email will include your COR order number. Please bring this number to your appointment.
- b. We recommend printing your LabCorp Requisition to bring to the lab. You can access your requisition and lab information through your personal empower.health portal.

6. Access your results on empower.health

After your lab visit, you can expect to receive an email letting you know that your screening results are ready to view online approximately 2-3 business days from your lab visit.

Please contact your local Human Resources Administrator with questions regarding the EHS Individual Program and your company's benefits plan. With questions about participating in the EHS Individual Program, please contact EHS:

- Phone: 866.367.6974
- Email: individualprogram@empowerhealthservices.com

HST'S PATIENT ADVOCACY CENTER

"I'm so thankful the PAC was there to help resolve my balance bill. I really can't say enough about the support and communication they provided throughout this process"

- Jane B., CA

The Patient Advocacy Center (PAC) is a member-driven service offered as part of our Value-Driven Health Plan Services. In the rare instances of balance billing, where a provider tries to collect any amount greater than the amount the patient is responsible for, the Patient Advocate's role is to educate providers on the Value-Driven Health Plan Services and work directly with them to achieve a resolution all the while keeping the member apprised.



PATIENT ADVOCATES

Our team of Patient Advocates are always working hard to ensure providers are charging you a fair price for your medical services and that you only receive a bill for your patient responsibility.

BENEFITS OF HST'S PAC:

- Less than 2% of claims are disputed
- A dedicated Patient Advocate represents you through completion
- Accessible via phone, text, email, and HSTConnect mobile app



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HMKT0001

hstechnology.com

PATIENT ADVOCACY CENTER (PAC)

FREQUENTLY ASKED QUESTIONS

WHO IS HST?

HST, a MultiPlan company, has been engaged by your Employer to review some healthcare medical bills and verify that all billed charges are fair for both you and the provider. For example, we identify any inflated or duplicate charges on your bill.

WILL THE PROVIDER KNOW THAT AN HST PATIENT ADVOCATE IS INVOLVED IN MY CASE?

Yes. We will contact the provider to inform them that an HST Patient Advocate has been appointed as the liaison between the member and the provider. We will ask that that all

communications to you, the member, should be redirected to the Patient Advocate.

WILL MY CREDIT BE AFFECTED?

No. The Federal Fair Credit Reporting Act mandates that neither the provider nor their agents may threaten the patient's credit rating or report them as delinquent while the claim is being disputed.

WILL I BE NOTIFIED WHEN THE DISPUTE HAS BEEN RESOLVED?

Yes. Your HST Patient Advocate will notify you of the final resolution.



**DO NOT PAY
THE BILL!**

If you receive a balance bill, contact HST's PAC. A representative will guide you through the process and handle all further communications with the provider on your behalf.

INFORMATION TO PROVIDE THE PAC

- Your full name
- Date of service
- Copy of bill; EOB when available
- Your daytime phone number and email address

WE'RE HERE FOR YOU

- Phone: (888) 837-2237
- Fax: (949) 891-0420
- Email: pac@hstechnology.com
- Monday-Friday 7:00am-5:00pm PST
- HSTConnect (mobile app)



Guardian[®]

Your life coverage



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

	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6
Description	All Eligible Assessors	All Eligible Chief Deputies & Executive Director	All Eligible Deputy Assessor income greater than \$50,000	All Eligible Deputy Assessor income Between \$30,000 & \$50,000	All Eligible Deputy Assessor income less than \$30,000	All Qualified Retirees
Employee Life	\$600,000	\$450,000	\$225,000	\$180,000	\$100,000	Based on amount in force at retirement
Employee AD&D	\$600,000	\$450,000	\$225,000	\$180,000	\$100,000	Equal to Life Amt
Reduction	50% at age 70	50% at age 70	50% at age 70	50% at age 70	50% at age 70	N/A
Spouse Life	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$5,000 if retired prior to 2017; \$20,000 after 2017
Child Life Birth - 14 days 14 days - 26 years	\$2,000 \$10,000	\$2,000 \$10,000	\$2,000 \$10,000	\$2,000 \$10,000	\$2,000 \$10,000	\$400 \$2,000

Long Term Disability—Met Life

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



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



Your voluntary life coverage

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

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

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

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

Important Things to Consider Regarding Your Life Insurance

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



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

Rate Calculator | Supplemental Life Insurance

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

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

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



Your critical illness coverage

CRITICAL ILLNESS

Benefit Amount(s)	Employee may choose a lump sum benefit of \$2,500 to \$50,000 in \$2,500 increments.	
CONDITIONS		
Cancer	1st OCCURRENCE	2nd OCCURRENCE
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	Not Covered
Vascular		
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	50%
Kidney Failure	100%	50%
ADDITIONAL CONDITIONS	1st OCCURRENCE ONLY	
Addison's Disease	30%	
ALS (Lou Gehrig's Disease)	100%	
Alzheimer's Disease	50%	
Coma	100%	
Huntington's Disease	30%	
Loss of Hearing	100%	
Loss of Sight	100%	
Loss of Speech	100%	
Multiple Sclerosis	30%	
Parkinson's Disease	100%	
Permanent Paralysis	50% for 1 limb, 100% for 2 limbs	
Severe Burns	100%	
Spouse/Domestic Partner Benefit	May choose a lump sum benefit of \$2,500 to \$50,000 in \$2,500 increments up to 100% of the employee's lump sum benefit.	
Child Benefit- children age Birth to 26 years	25% of employee's lump sum benefit	
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages	50% at age 70	



Your critical illness coverage

CRITICAL ILLNESS

Guarantee Issue/

Conditional Issue: The 'Guarantee/Conditional' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.

We Guarantee Issue up to:
Less than age 70 \$20,000

For a spouse:
Less than age 70 \$10,000

For a child: All Amounts

Health questions are required if the elected amount exceeds the Guarantee Issue, as well as for all applicants age 70+ regardless of elected amount.

Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.

Included

Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.

12 months prior, 12 months after

WELLNESS BENEFIT

Employee Per Year Limit	\$50
Spouse Per Year Limit	\$50
Child Per Year Limit	\$50

Condition Definitions

- **Stroke:** Stroke must be severe enough to cause neurological deficits at least 30 days after the event.
- **Heart Failure:** An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- **Coronary Arteriosclerosis:** Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- **Organ Failure:** Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.
- **Kidney Failure:** An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.

Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Your premium will not increase as you age.

Spouse/DP coverage premium is based on Employee age

Child cost is included with employee election.

Issue Age	Monthly Premiums Displayed Election Cost Per Age Bracket					
	< 30	30-39	40-49	50-59	60-69	70+ ^f
Employee						
\$2,500	\$3.17	\$4.17	\$7.09	\$12.29	\$18.47	\$33.92
\$5,000	\$4.87	\$6.67	\$11.94	\$21.21	\$32.27	\$61.12
\$7,500	\$6.57	\$9.17	\$16.79	\$30.14	\$46.07	\$88.32
\$10,000	\$8.27	\$11.67	\$21.64	\$39.06	\$59.87	\$115.52
\$12,500	\$9.97	\$14.17	\$26.49	\$47.99	\$73.67	\$142.72
\$15,000	\$11.67	\$16.67	\$31.34	\$56.91	\$87.47	\$169.92
\$17,500	\$13.37	\$19.17	\$36.19	\$65.84	\$101.27	\$197.12
\$20,000	\$15.07	\$21.67	\$41.04	\$74.76	\$115.07	\$224.32
\$22,500	\$16.77	\$24.17	\$45.89	\$83.69	\$128.87	\$251.52
\$25,000	\$18.47	\$26.67	\$50.74	\$92.61	\$142.67	\$278.72
\$27,500	\$20.17	\$29.17	\$55.59	\$101.54	\$156.47	\$305.92
\$30,000	\$21.87	\$31.67	\$60.44	\$110.46	\$170.27	\$333.12
\$32,500	\$23.57	\$34.17	\$65.29	\$119.39	\$184.07	\$360.32
\$35,000	\$25.27	\$36.67	\$70.14	\$128.31	\$197.87	\$387.52
\$37,500	\$26.97	\$39.17	\$74.99	\$137.24	\$211.67	\$414.72
\$40,000	\$28.67	\$41.67	\$79.84	\$146.16	\$225.47	\$441.92
\$42,500	\$30.37	\$44.17	\$84.69	\$155.09	\$239.27	\$469.12
\$45,000	\$32.07	\$46.67	\$89.54	\$164.01	\$253.07	\$496.32
\$47,500	\$33.77	\$49.17	\$94.39	\$172.94	\$266.87	\$523.52
\$50,000	\$35.47	\$51.67	\$99.24	\$181.86	\$280.67	\$550.72
Benefit Amount Up To 100% of Employee Amount to a Maximum of \$50,000						
Spouse						
\$2,500	\$3.06	\$4.07	\$6.99	\$12.19	\$18.37	\$33.82
\$5,000	\$4.76	\$6.57	\$11.84	\$21.11	\$32.17	\$61.02
\$7,500	\$6.46	\$9.07	\$16.69	\$30.04	\$45.97	\$88.22
\$10,000	\$8.16	\$11.57	\$21.54	\$38.96	\$59.77	\$115.42
\$12,500	\$9.86	\$14.07	\$26.39	\$47.89	\$73.57	\$142.62
\$15,000	\$11.56	\$16.57	\$31.24	\$56.81	\$87.37	\$169.82
\$17,500	\$13.26	\$19.07	\$36.09	\$65.74	\$101.17	\$197.02
\$20,000	\$14.96	\$21.57	\$40.94	\$74.66	\$114.97	\$224.22
\$22,500	\$16.66	\$24.07	\$45.79	\$83.59	\$128.77	\$251.42
\$25,000	\$18.36	\$26.57	\$50.64	\$92.51	\$142.57	\$278.62
\$27,500	\$20.06	\$29.07	\$55.49	\$101.44	\$156.37	\$305.82
\$30,000	\$21.76	\$31.57	\$60.34	\$110.36	\$170.17	\$333.02
\$32,500	\$23.46	\$34.07	\$65.19	\$119.29	\$183.97	\$360.22
\$35,000	\$25.16	\$36.57	\$70.04	\$128.21	\$197.77	\$387.42

Issue Age	< 30	30-39	40-49	50-59	60-69	70+†
\$37,500	\$26.86	\$39.07	\$74.89	\$137.14	\$211.57	\$414.62
\$40,000	\$28.56	\$41.57	\$79.74	\$146.06	\$225.37	\$441.82
\$42,500	\$30.26	\$44.07	\$84.59	\$154.99	\$239.17	\$469.02
\$45,000	\$31.96	\$46.57	\$89.44	\$163.91	\$252.97	\$496.22
\$47,500	\$33.66	\$49.07	\$94.29	\$172.84	\$266.77	\$523.42
\$50,000	\$35.36	\$51.57	\$99.14	\$181.76	\$280.57	\$550.62

†Benefit reductions may apply. See plan details.

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category. We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

If the plan is new (not transferred): During the exclusion period, this Critical Illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered

under that plan will count toward satisfying Guardian's pre-existing condition limitation period. A pre-existing condition includes any condition for which an employee, in a specified time period prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods. State variations may apply.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or "medical" insurance as defined by the New York State Insurance Department.

Health questions are required on 1) late enrollees and 2) enrollees over age 69 (not applicable in FL). This coverage will not be effective until approved by a Guardian underwriter.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations..

If Critical Illness insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits..

Contract # GP-I-CI-I4



Your accident coverage

ACCIDENT	
COVERAGE - DETAILS	
Your Monthly premium	\$12.09
You and Spouse	\$20.54
You and Child(ren)	\$21.65
You, Spouse and Child(ren)	\$30.10
Accident Coverage Type	On and Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee \$20,000 Spouse \$10,000 Child \$5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Accident Emergency Room Treatment	\$150
Accident Follow-Up Visit - Doctor	\$25 up to 6 treatments
Air Ambulance	\$500
Ambulance	\$100
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	\$100
Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burn - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate.	20% increase to child benefits



Your accident coverage

FEATURES (Cont.)

Coma	\$7,500
Concussions	\$50
Dislocations	Schedule up to \$3,600
Diagnostic Exam (Major)	\$100
Emergency Dental Work	\$200/Crown, \$50/Extraction
Epidural pain management	\$100, 2 times per accident
Eye Injury	\$200
Family Care	\$20/day up to 30 days
Fracture	Schedule up to \$4,500
Hospital Admission	\$750
Hospital Confinement	\$175/day - up to 1 year
Hospital ICU Admission	\$1,500
Hospital ICU Confinement	\$350/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	\$50
Joint Replacement (hip/knee/shoulder)	\$1,500/\$750/\$750
Knee Cartilage	\$500
Laceration	Schedule up to \$300
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$100/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$500
Surgery	Schedule up to \$1,000 Hernia: \$125
Surgery - Exploratory or Arthroscopic	\$150
Tendon/Ligament/Rotator Cuff	1: \$250 2 or more: \$500
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$400, 3 times per accident
X - Ray	\$20

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.



Your accident coverage

UNDERSTANDING YOUR BENEFITS (Cont.):

- **Accident Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

Employees must be working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subject to satisfactory financial evaluation.

We don't pay benefits for any Injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder, except as a

fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time. Job related or on the job injuries for the employee are excluded if Accident coverage is off job only.

Contract # GP-I-AC-IC-12

If Accident insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.

IMPORTANT CONTACTS

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

Remember!

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



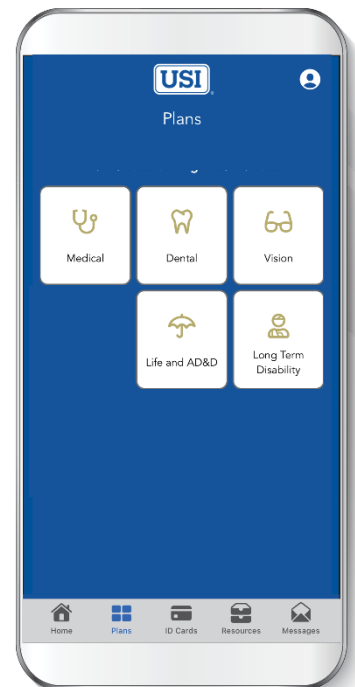


MyBenefits2GO: FREE MOBILE BENEFITS APP

The MyBenefits2GO app gives you on-the-go access to Louisiana Assessors' Association benefit and insurance policy details, HR contact information and more!

The mobile benefits app provides a quick and simple way for you and your enrolled dependents to access benefit summaries and other important information about our group plans. The app also offers the ability to take photos of ID cards to store on the phone, as well as a way to easily locate carrier and HR contact information—all in one place—24/7 and on the go. The MyBenefits2GO app is free and available for iPhone and Android platforms. App benefits include:

- **Staying Organized**
The app gives you access to benefit plan information and ID cards—all in one place.
- **Keeping Up-to-Date**
The app automatically connects you with the most updated plan information.
- **Lightening Wallets**
The app allows you to store and share images of your ID cards. Images are stored on the phone itself; no personal health information is transmitted or saved.
- **Getting In Touch**
The app provides you with a single location to find contact information for the Human Resources team and the Benefit Resource Center, as well as insurance carriers.



Check Out the App

Download the mobile app to your smartphone. Scroll through the intro pages and, when prompted, enter the code N91770 to see your plan information.



Why won't they pay my claim?

Services denied?!

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

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

Do I have mail-order prescription benefits?



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

We speak insurance.

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

Benefit Resource Center

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



 **LAA**
LOUISIANA ASSESSORS' ASSOCIATION



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

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