

# Employee Benefits Enrollment Guide SAMPLE

## Welcome to Open Enrollment for your Benefits!

The Lincoln Parish Police Jury offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.





### Who is Eligible?

If you are a full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide. You will also have the ability to add dependent family members to you plan. Children will be able to stay on your plan until age 26!



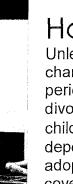
#### How to Enroll

The first step is to review your current benefit elections. Verify your personal information and make any changes if necessary. Make your benefit elections. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.



#### When to Enroll

You will be able to enroll during the open enrollment period, and during a qualifying event.



#### How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include, for example: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence, commencement or termination of adoption proceedings, change in employment status or change in coverage under another employer-sponsored plan.



#### 2018 Health Insurance Plan and Rates

	Health Carrier	
Services	Current	
Physician / Specialist Visit	\$20 / \$40	
Deductible - Individual / Family	\$0 / \$0	
Out-of-Pocket Max - Individual / Family	\$7,150 / \$14,300	
Inpatient Stay	\$300 / Day X 5 Days	
Preventive Care	Covered at 100%	
Emergency Room	\$100	
Outpatient Procedure	\$275	
Prescription Drugs	\$7 / \$25 / \$45	

Monthly Premiums for Employee
Employee Only - SAMPLE
Employee Spouse - SAMPLE Employee Child – SAMPLE Family - SAMPLE



SAMPLE

#### 2018 Life Insurance Plan and Rates

#### **Employer Provided Life Insurance**

Department Heads - \$10,000 Active Fulltime Employees - \$5,000 Retirees - \$2,500

#### Voluntary Employee Whole Life and Term Life Insurance

#### **Guaranteed Issue**

• Employee: up to \$50,000

• Spouse: up to \$15,000

• Child: up to \$20,000

• Employee must be actively at work 20+ hours/week

• Spouse/Children must not have been hospitalized or disabled within last 6 months, except for normal pregnancy

#### Easy Issue

• Employee: \$50,001 - \$100,000

• Spouse: \$15,001 - \$50,000

• HIV/AIDS, Build (height/weight), and cancer/stroke/kidney disease/heart attack question applies (in addition to above eligibility questions)

#### **Simplified Issue**

• Employee: \$100,001 - \$150,000

• Spouse: \$50,001 - \$100,000

• Build (height/weight) and all health questions apply



#### 2018 Vision Insurance Plan and Rates

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Services	Current	
<b>Exams</b> One Per Year	\$10 copay	
Prescription Glasses One Pair Per Year	\$25 Copay	
Frames One Pair Per Two Years	\$150 Allowance	
Elective Contacts Per Year	\$60 Copay and \$150 Allowance	
Necessary Contacts Per Year	\$25 Copay	
Emergency Room	\$100	

#### **Monthly Premiums for Employee**

Employee Only - SAMPLE
Employee Spouse - SAMPLE
Employee Child - SAMPLE
Family - SAMPLE



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