



TANGIPAHOA
PARISH SCHOOL
SYSTEM
EST. 1896

ANNUAL ENROLLMENT BENEFITS GUIDE

2022

BXS Insurance Phone Number: (985) 340-4092

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BENEFITS OVERVIEW



ENROLLMENT

Tangipahoa Parish School System is proud to offer a comprehensive Voluntary Benefits package to eligible, full-time employees regularly scheduled to work at least 30 hours per week. These voluntary benefits are offered with reasonable group rates and can be purchased through payroll deductions. The Dental, Vision and Flexible Spending Accounts are offered on a pre-tax basis, allowing you tax savings on payroll deductions.



BENEFIT OPTIONS

We offer a comprehensive benefits package consisting of:

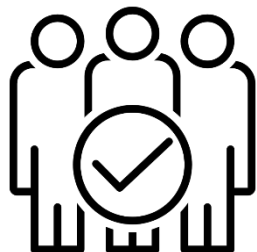
- Dental Insurance
- Vision Insurance
- Term Life
- Term Life with Long Term Care Insurance
- Whole Life Insurance with Long Term Care
- Disability Insurance
- Cancer Insurance
- Critical Illness with Cancer Rider
- Accident Insurance
- Legal Shield & ID Shield
- Flexible Spending Accounts

You are strongly encouraged to see an Enroller at your location to review benefits and determine if changes need to be made.

All changes will take effect March 1, 2022.

BXS Insurance Phone Number: (985) 340-4092

BENEFITS OVERVIEW



ELIGIBILITY

Full-time employees working at least 30 hours per week are eligible for benefits on the first of the month following or coinciding with 30 days of employment. Many of the plans offer coverage for eligible dependents, including:

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

Deadline to make changes is Friday, February 18, 2022



CHANGING BENEFITS AFTER OPEN ENROLLMENT

The Dental, Vision and fund the flexible spending accounts, on a pre-tax basis allowing you tax savings on payroll deductions. Thus, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying event, and election changes must be consistent with your life event.

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

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Change in your child's eligibility for benefits
- Qualified Medical Child Support Order

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BENEFITS OVERVIEW

BancorpSouth Insurance and Powell Agency serve as TPSS' Voluntary Benefits Consultants.



Henry Powell, Jr.
110 W. Morris Avenue, Hammond, LA 70406

Our staff is available to assist you with benefit questions during the annual enrollment period and throughout the year.

A FEW REMINDERS AS YOU PREPARE FOR ENROLLMENT:

- **Enrollment Guide:** Please review this overview of benefits being offered along with payroll deductions.
- **Guaranteed Issue Benefits (No medical questions):** Some of the Carriers offer the opportunity for you to enroll during this eligibility period with **no medical** questions asked. Don't miss out on these opportunities.
- **Enrollment Assistance:** Please see an Enroller at your location or contact our office directly at (985) 340-4092.
- **Enrollment Form: EVERYONE is asked to complete/sign a 2022 enrollment form to enroll, make changes to your elections or simply confirm you do not wish to make changes.**
- **Dependent Data Needed:** Please be prepared to provide Dates of Birth and Social Security Numbers for dependents you have covered on any of these benefits.

Please do not delay in completing your enrollment.

Notes

- Employees are responsible for notifying Human Resources if a dependent is no longer eligible for coverage. Failure to notify HR will affect COBRA availability and premium refunds.
- From time to time other coverage information and accident details may be requested by the carriers – please respond promptly to expedite processing of your enrollment or claims.

Deadline to make changes is Friday, February 18, 2022.

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DENTAL INSURANCE



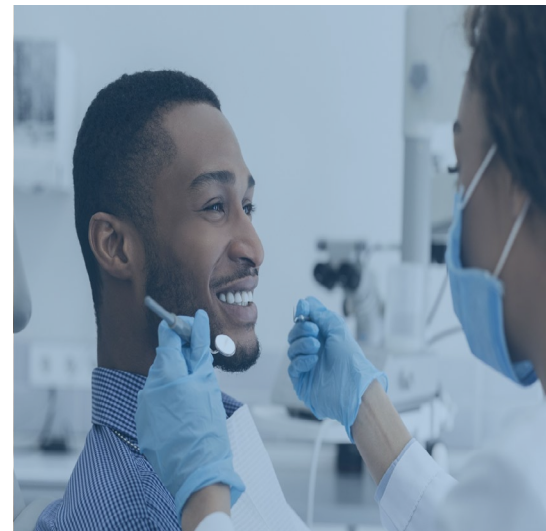
Two Plans are offered: 1) a **PPO Plan Option** allows you to receive benefits by using either In Network **or** Out of Network Providers for covered services, and, 2) an **In-Network Benefit Plan** which requires all services be provided by an In Network provider in order to receive benefits. You will receive lower out-of-pocket costs and no balanced billing when you use an In Network Provider. Please review both plans before making a selection.

- Locate an in-network provider at www.AlwaysCareBenefits.com.
- Be sure to ask for a pre-treatment estimate.
- Late Entrant Waiting Periods may apply if an employee did not enroll when initially eligible.

Dental Employee Monthly Cost

ELECTION	PPO Plan	In Network Plan
Employee Only	\$33.68	\$26.49
EE & Spouse	\$74.44	\$56.15
EE & Child(ren)	\$72.72	\$57.66
EE & (Family)	\$103.28	\$82.72

ID Cards for *newly* enrolled members will be mailed to your home. Your provider can contact AlwaysCare directly prior to your office visit to validate eligibility and benefits.



COVERED BENEFITS	PPO Plan	In Network Plan
Deductible (per calendar year)	\$50 per person, \$150 per family	\$50 per person, \$150 family
Annual Plan Benefit Maximum	\$1,500 per covered member	\$1,500 per covered member
Preventive Care (No waiting Period) Oral exams, cleanings, X-rays	100%	100%
Basic Services (No Waiting Period) Periodontal & endodontic services, oral surgery, fillings	80%	80%
Major Services (3 month Waiting Period) Bridges, crowns (inlays/outlays), dentures (full/partial)	50%	50%
Orthodontia Services (Dependent Children to age 19) (6 month Waiting Period)	50%	50%
Lifetime Orthodontia Plan Max Maximum Annual benefit of \$500; Available for Children to age 19	\$1,500	\$1,500



VISION INSURANCE



- You will pay less out of pocket when you choose an in-network provider.
- Locate an in-network provider at www.AlwaysCareBenefits.com.
- You must submit a claim form for out-of-network expenses.
- LASIK surgery discounts available

ELECTION	VISION PREMIUM PER PAY PERIOD
Employee Only	\$8.09
EE & Spouse	\$16.18
EE & Child(ren)	\$14.00
EE & (Family)	\$22.09



Note: Your provider can contact AlwaysCare Directly prior to your vision appointment to verify benefits and eligibility, using your social security number.

Type of Service	Walmart Vision Centers	(Walmart, Sam's Club, Target, JCPenney, Costco, Visionworks)	Out Of Network
Exam Materials Once every 12 months	\$10 Copay \$0 Copay	\$10 Copay \$15 Copay	Reimbursed up to \$35 See Below
Frames Once every 24 months	Covered up to \$74 retail allowance	Covered up to \$100 retail allowance / \$74 at Costco	Reimbursed up to \$50
Standard Plastic Lenses Once every 12 months	Covered by copay \$80 Allowance, Lenticular \$70 Allowance, Progressive	Covered by copay \$80 Allowance, Lenticular \$70 Allowance, Progressive	Reimbursed up to: Single Vision: \$25 Bifocal: \$40 Trifocal: \$50 Lenticular: \$50 Progressive: \$40
Contact Lens (once every 12 months, in place of glasses)	\$0 copay Allowance up to \$130, elective Allowance up to \$210, Medically Necessary	\$0 copay Allowance up to \$130, elective Allowance up to \$210, Medically Necessary	Reimbursed up to: \$100, Elective \$210, Medically Necessary

TERM LIFE INSURANCE



LIFE and ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

This Voluntary Term Life and Accidental Death and Dismemberment benefit pays the benefit value to your beneficiary upon death of the covered member. Please review the benefit highlights below as you make your elections.

Basic and Voluntary Term Life and AD&D		
Eligibility	Active, full-time Hourly employees working a minimum of 20 hours perweek.	
Voluntary Term Life and AD&D – paid by you		
Employee	Benefit Amount	Units of \$10,000
	Guaranteed Coverage Amount for New Hires	\$250,000
	Maximum	\$250,000
	Currently Enrolled Employees	Can increase \$50,000 up to the \$250,000 GI
	Employees Not Currently Enrolled	Come in at \$50,000 without EOI and Increase \$10,000 each year thereafter
	Benefit Reduction Schedule	Benefits will reduce to 65% at age 65, to 50% at age 70
Spouse* (up to age 70)	Spouse is eligible provided that you apply for and are approved for coverage for yourself.	
	Benefit Amount	Units of \$5,000
	Guaranteed Coverage Amount	\$100,000
	Maximum	The lesser of \$100,000 or 100% of the Employee's Voluntary Life Insurance Amount.
Unmarried Dependent Children	Under age 19 (or under age 26 if they are full-time students), as long as you apply for and are approved for coverage for yourself. Premium includes all eligible children.	
	Benefit Amount	\$10,000

Age as of January 1, 2022	Employee & Spouse Rates per \$1,000
<34	\$0.10
35-39	\$0.11
40-44	\$0.18
45-49	\$0.30
50-54	\$0.42
55-59	\$0.70
60-64	\$1.18
65-69	\$2.03
70+	\$3.36

Child(ren) Coverage	
\$10,000	\$0.18

*Term Life/AD&D Benefits
Least Expensive type of Life Benefit
Rates Based on 5 year age bands*

REMINDER

Review your beneficiary designations

LIFE TIME BENEFIT TERM WITH LONG TERM CARE

CHUBB®

Life Time Benefit term policy protects your family with money that can be used any way you choose. It provides money to your family upon your death, and also while you are living. This policy incorporates several enhancements to the typical basic term life benefits – see examples of these enhancement in the chart below.

WHY PURCHASE VOLUNTARY LIFE INSURANCE?

- Life Insurance Premiums are guaranteed to never increase.
- Permanent Life Insurance coverage guaranteed through age 100.
- Includes Living Benefits for Long Term Care. 4% of your death benefit can be accelerated for up to 75 months.
- Affordable with premiums as low as \$3.00 per week.
- Coverage is portable at the same cost and with no change in benefit.
- Provides paid up insurance after the 10th policy year and can also be used for LTC.
- The cost of this benefit is calculated based on your age and the amount of basic life benefit you select.

Currently Covered Employee? You may increase coverage by \$25,000 or less, not to exceed a maximum of \$100,000 (ages 19-70) **No Medical Questions Asked.**

Currently Covered Spouse? You may increase coverage by \$25,000 (provided the employee is enrolled for at least the amount is requesting and answers only one question).

NEWLY ELIGIBLE: Hired after 11/10/2020

Underwriting for Employees ages 19-70

- Guaranteed Issue coverage up to \$100,000
- Conditional Guaranteed Issue of up to \$150,000

Underwriting for Spouses

- Modifies Guarantee Issue coverage of up to \$25,000 for spouses ages 19-60
- Employee must participate for Spouse MGI
- Spouse MGI amount can not exceed 50% of the employee's amount
- *Conditional Guarantee Issue* coverage of up to \$75,000 for spouses ages 19-70 ****Employee does not have to participate**

Underwriting for Dependents ages 15 days – 25 years

- Guaranteed Issue of \$25,000 for Individual Child Coverage
- Up to \$25,000 Child Term Rider is available in \$1,000 increments
- Guarantee Conversion to Individual coverage at age 26-up to 5 times the benefits amount

PREVIOUSLY ELIGIBLE: Hired before 11/20/2020

Underwriting for Employees ages 19-70

- Simplified Issue coverage up to \$150,000

Underwriting for Spouses

- Simplified Issue Coverage up to \$75,000

REMEMBER: Beneficiary Changes must be made directly with CHUBB using their specific forms.

Contact BXS Insurance for this change form at (985) 340-4092.

WHOLE LIFE INSURANCE



The Employee Life Option Plus insurance provides life insurance at an affordable price, offering a guaranteed cash value that can grow over years. Once purchased, your ELOP plan remains in force and your current permanent premiums cannot be increased, as long as premiums continue to be paid. If you change jobs or retire, you can take the policy with you at the same premiums.

Highlights of Term Life with Long Option Plus	
Employee (to age 72)	<ul style="list-style-type: none"> Guaranteed Issue \$108.33 a month
	<ul style="list-style-type: none"> Premiums are calculated based on age and amount of coverage selected
	<ul style="list-style-type: none"> Accidental Death Benefit can also be added to the basic coverage
	<ul style="list-style-type: none"> Premiums remain the same as long as premiums are paid/builds cash value
	<ul style="list-style-type: none"> Catastrophic Loss Rider Optional (offers financial assistance should you lose ability to care for yourself). Pre-existing Conditions limitations apply.
Spouse (to age 72)	<ul style="list-style-type: none"> Guaranteed Issue \$13 a month or \$21.67 if employee does \$21.67
Child(ren)	<ul style="list-style-type: none"> Guaranteed Issue \$13 a month
	<ul style="list-style-type: none"> Available for <i>unmarried</i> dependent children 15 days – 25 years
	<ul style="list-style-type: none"> Available for Grandchild(ren) 15 days – 15 years
Permanent Life accumulates Cash Value.	

REMEMBER: Beneficiary Changes must be made directly with Boston Mutual using their specific forms.

Contact BXS Insurance for this change form at (985) 340-4092.



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DISABILITY INSURANCE



DISABILITY INSURANCE

Disability insurance is designed to help you meet your financial needs if you become unable to work due to a non-work related illness or injury. During this enrollment period you may increase or decrease your monthly benefit or change elimination periods, if you are currently enrolled. Please note, any change to your existing benefit will be subject to the 12 month pre-existing limitation. Benefit may be offset due to other benefits such as paid sick leave, workers' compensation.

- **Benefit** – 66.67% of your monthly earnings. You may select a monthly benefit of \$200, or up to the maximum allowed benefit based upon your salary.
- **Elimination Period:** 14 Days, 30 days, 60 days, 90 days, 180 days **Exception:** If you elect the 14/14 or the 30/30 day elimination period, and are hospitalized for an overnight stay (not for observation only), the elimination period will be waived.
- **Benefit Durations:** Benefits are payable up to age 65. (Schedule of benefits applies for disability beginning at age 60+).
- **Maximum Benefit Guarantee Issue:** \$7,500
- **Pre-Existing Condition Limitation:** If your disability is subject to a pre-existing condition limitation and you have continuously been insured under the Group Policy less than 12 months your maximum benefit period is 90 days.

Disability Employee Monthly Cost

Elimination Period Options	Monthly Rates per \$100 of Benefit
14/14	\$5.54
30/30	\$4.50
60/60	\$3.08
90/90	\$2.66
180/180	\$2.03



To Calculate Your Disability Cost

Assume Annual Base Salary	\$30,000
Divided by 12:	/12
Equals (Monthly Salary)	= \$2,500
X .667 for monthly benefit	= \$1,667
Divide by 100:	= \$16.67
X Elimination cost (Example 60/60 in chart to left)	X \$3.08
Equals your Monthly Cost	= \$51.34

To Calculate Your Disability Cost

Assume Annual Base Salary	\$50,000
Divided by 12:	/12
Equals (Monthly Salary)	= \$4,167
X .667 for monthly benefit	= \$27.78
Divide by 100:	= \$2.778
X Elimination cost (Example 60/60 in chart to left)	X \$2.66
Equals your Monthly Cost	= \$73.99

CANCER INSURANCE

PROSPERITY
LIFE GROUP™



U.S. men have slightly less than a 1 in 2 risk of developing cancer; For women, the risk is a little more than 1 in 3.



SHENANDOAH LIFE
INSURANCE COMPANY

CANCER VOLUNTARY COVERAGE PAYS CASH BENEFITS WHEN YOU NEED IT MOST

With our cancer plan, you will receive benefits that follow a positive diagnosis of internal cancer during the term of your coverage. You and your loved ones can rest a little easier knowing you have protection in place to help avoid depleting your bank accounts or taking additional debt to cover day-to-day living expenses.

- Make your mortgage payments
- Hire extra help for around the house, such as in-home caregivers
- Help cover medical bills as well as therapy and training
- Pay for travel to treatment facilities away from home – and for family visits

In addition to the physical and emotional effects, people who are diagnosed with cancer may see a costly impact on their expenses. You may need additional help to absorb the expense of paying for drugs and other direct and indirect costs associated with cancer.

	Plan B	Plan C	Plan D
Wellness Benefit	\$50	\$100	\$150
First Occurrence Benefit	\$2,000	\$4,000	\$8,000
Radiation/Chemotherapy	\$400/day	\$600/day	\$600/day
ICU Rider	\$1,000/day	\$1,000/day	\$1,000/day
Lodging	Actual charges not to exceed \$75/day, max 100 days in calendar year	Actual charges not to exceed \$75/day, max of 100 days in calendar year	Actual charges not to exceed \$75/day, max of 100 days in calendar year
Surgical Benefit	Up to \$5,000	Up to \$5,000	Up to \$6,000
	Plan B	Plan C	Plan D
Employee Only	\$25.06	\$34.00	\$39.36
Employee + Spouse	\$43.26	\$57.73	\$66.36
Employee + Child(ren)	\$31.38	\$41.68	\$47.82
Employee + Family	\$43.26	\$57.73	\$66.68

VOLUNTARY CRITICAL ILLNESS WITH CANCER RIDER

CHUBB®

Critical illness insurance supplements your existing medical insurance in case you are diagnosed with a covered condition, like a heart attack or stroke; medical insurance alone may not be enough to cover your expenses. Coverage is available for Employees, Spouses, children to age 21, or 24 if FST. Covered benefits are paid in Lump Sum to the insured, rather than Provider, over and above your health plan payments. See BXS Insurance for additional Benefits options.

Employee: \$5,000-\$50,000 Spouse: 50% of Employee's Benefit, up to \$25,000 Child(ren): 25% of Employee's Benefit

- All employees are eligible to apply for Critical Illness Coverage during this enrollment period. **Guarantee Issue Underwriting each year, up to \$30,000 for employees.**
- Payroll deduction will NOT begin until approval has been received from CHUBB.
- Rates for enrollments or changes will be based on your age as of March 1, 2022
- **You may elect Critical Illness coverage WITH CANCER or WITHOUT the CANCER RIDER.** See BXS Insurance for assistance.

Condition	Plan Pays
Heart Attack, Stroke, End Stage Renal Failure, Major Organ Failure, Cancer, Paralysis, Coma, Severe Burns	100% of face amount
Carcinoma in Situ, Artery Bypass Surgery, Angioplasty & Stent Insertion	25% of face amount
Initial Occurrence Benefit: Additional payout if diagnosed with same condition again (subsequent occurrence)	100%
Recurrence Benefit: Additional payout if diagnosed of a covered illness/condition	100%, Separated by 6 months between occurrences
Additional Occurrence Benefit: If insured collects benefits for a Critical Illness, and later has a different covered illness, benefits are payable	100%, separated by 6 months between occurrences
Other Covered Benefits: Paralysis, Coma, Severe Burns	
Cancer (Optional Rider)	100%
OTHER PLAN HIGHLIGHTS:	
Health Screening/Wellness Benefit: For Employee & Spouse (After 60 day waiting period)	\$100 per calendar year
Portable	Yes
No Lifetime Maximum	
Pre-Existing Condition Limitation*	12 month
Waiting period for health Screening Benefit	60 days

Example of Monthly Cost for Employee Only

Issue Age	Employee \$5,000 CI w/out Cancer	Employee \$10,000 CI w/out Cancer	Employee \$5,000 CI With Cancer	Employee \$10,000 CI With Cancer
<29	\$4.72	\$5.58	\$6.86	\$9.07
30-39	\$6.27	\$8.02	\$9.40	\$13.61
40-49	\$9.91	\$13.97	\$15.61	\$24.98
50-59	\$15.22	\$22.60	\$24.57	\$41.36
60-69	\$22.19	\$34.14	\$36.61	\$63.58

Cost to cover eligible children is included automatically in the Employee's rate (Benefit = 10% of Employee's benefit)

VOLUNTARY ACCIDENT INSURANCE



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

- Out-of-pocket expenses such as copays and deductibles
- Transportation
- Lodging costs
- Emergency room expenses

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



Accident Employee Monthly Cost		
	Gold Plan Benefits	Platinum Plan Benefits
Employee Only	\$11.68	\$18.13
Employee & Spouse	\$21.24	\$33.08
Employee & Children	\$26.32	\$40.38
Employee & Family	\$35.88	\$55.33

No Change in Rates for 2022

Benefit	Gold Plan Benefits	Platinum Plan Benefits
Hospital Admission	\$2,000	\$3,000
Hospital Confinement	\$500	\$750
Ground Ambulance	\$200	\$300
Emergency Room	\$200	\$300
Urgent Care	\$50	\$75
X-ray	\$50	\$75
Follow-Up Visits (3)	\$100	\$150
Physical Therapy	\$30	\$45
Health Screening / Wellness Benefit	\$50	\$100
Accidental Death Benefit – Emp&Sp	\$100,000	\$150,000
Children	\$20,000	\$30,000

LEGALSHIELD/IDSHIELD














HAVE YOU EVER?

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

WHAT IS LEGALSHIELD?





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

THE LEGALSHIELD® MEMBERSHIP INCLUDES:

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

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

THE IDSHIELD™ MEMBERSHIP INCLUDES:

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

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

Payroll Deduction Semi-Monthly	Individual	Family
LegalShield	\$16.95	\$18.95
IDShield	\$8.95	\$18.95
Combined	\$25.90	\$33.90

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.

FLEXIBLE SPENDING ACCOUNTS



Flex Made Easy offers two flexible spending account (FSA) options – the health care FSA and the dependent care FSA – that allow you to pay for eligible health care and dependent care expenses with the pre-tax dollars.

Log into your account at <https://flexmadeeasy.lh1ondemand.com/Login.aspx?ReturnUrl=%2f> to view your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more.

HEALTH CARE FSA

- Set aside pre-tax money from your paycheck to pay for eligible out-of-pocket expenses, such as deductibles, copays, and other health-related expenses, that are not paid by the medical, dental, or vision plans.
- Filing Limitations: Claims for expenses incurred through the end of February each year are eligible to be filed through May 14th each year. **\$500 Rollover:** Individuals who have not exhausted their FSA funds by end of February may “carryover” any unused funds into the next plan year, not exceed \$500.
- The 2022-2023 Annual Health Care FSA maximum contributions is \$2,850.

DEPENDENT CARE FSA

- Set aside pre-tax money from your paycheck for daycare expense to allow you and your spouse to work or attend school full time.
- Eligible dependents are children under age 13 or a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for himself or herself.
- Examples of eligible expenses are daycare facility fees, before and after-school care, and in-home babysitting fees (income must be reported by your care provider).

HEALTH CARE FSA
\$2,850

ATTENTION: PELICAN HRA 1000 MEMEBERS
If you enroll in the FSA also, you may claim ONLY RX, dental, and vision expenses through FSA (No medical expenses can be claimed). Adjust your FSA contributions accordingly. These are IRS Guidelines.

DEPENDENT CARE FSA
\$5,000 *married filing jointly or single / head of household*
\$2,500 *married filing separately*

BXS Insurance Phone Number: (985) 340-4092

IMPORTANT CONTACTS

BENEFIT	CARRIER	PHONE	WEBSITE
Dental Insurance	AlwaysCare	888-400-9304	www.alwayscarebenefits.com
Vision Insurance	AlwaysCare	888-400-9304	www.alwayscarebenefits.com
Term Life	Standard	888-937-4783	www.standard.com
Term Life with Long Term Care Rider	CHUBB – Life Combined Accident	855-241-9891 866-455-8874	www.chubb.com *When calling, ask for Combined Accident
Whole Life with Long Term care Rider	Boston Mutual	800-669-2668	www.bostonmutual.com
Disability	Standard	888-937-4783	www.standard.com
Cancer	Prosperity Fax (Change Forms)	844-801-6238 866-269-9919	www.prosperitylife.com
Critical Illness	CHUBB	855-242-9891	www.chubb.com
Accident Coverage	Boston Mutual	888-453-5120	www.bostonmutual.com
Legal/ID Shield	Legal/ID Shield	800-654-7757	memberservices@legalshield.com
Flexible Spending Account	Flex Made Easy Fax Number	855-615-3679 866-686-3539	info@FlexMadeEasy.com

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