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Charlotte A. Randolph, *Parish President*

Human Resources Department

LAFOURCHE PARISH GOVERNMENT BENEFIT INFORMATION

HEALTH INSURANCE

COMPANY - BLUE CROSS BLUE SHIELD OF LOUISIANA
BENEFITS - DEDUCTIBLE 500 SINGLE/ DEPENDANT COV. UP TO 1,500 MAX PER FAMILY
 CO-INSURANCE 70%/30%
 OUT OF POCKET MAX \$2,000 SINGLE/\$4,000 FAMILY AGGREGATE
 PHYSICIAN/SPECIALIST CO-PAY - \$20.00 (NO REFERRAL NEEDED)
 PRESCRIPTION DRUG CO-PAY - \$7 GENERIC/\$25 PREFERRED/\$40 NON-PREFERRED BRANDS
 MAIL ORDER PRESCRIPTION PROGRAM 3 CO-PAYS/90 DAY SUPPLY
COST - SINGLE \$ 11.22/MONTH
 EMPLOYEE + CHILD (REN) \$100.44/MONTH
 EMPLOYEE + SPOUSE \$113.46/MONTH
 FAMILY \$192.10/MONTH

GROUP TERM LIFE

COMPANY - FORT DEARBORN LIFE
BENEFITS - \$15,000 VOLUME LIFE (under age 65. At 65+, coverage reduces accordingly)
COST - .12 CENTS PER MONTH (under age 65. At 65+, premiums reduces accordingly)
BENEFITS - \$5,000 DEPENDANT VOLUME LIFE
COST - \$1.95 PER MONTH

SUPPLEMENTAL TERM LIFE

COMPANY - FORT DEARBORN LIFE
BENEFITS - MINIMUM 10,000 UP TO 100,000 (EMPLOYEES)
 SPOUSE CAN ENROLL UP 20,000 NO MEDICAL QUESTIONS. 30,000 TO 100,000 WITH MEDICAL QUESTIONS.
 DEPENDANT CHILDREN 5,000 OR 10,000 OF VOLUME ONLY
COST - DEPENDANT ON AGE AND AMOUNT OF VOLUME FOR EMPLOYEE AND DEPENDANT SPOUSE. DEPENDANT CHILD COST .85 PER 5,000 OF VOLUME

SHORT TERM AND LONG TERM DISABILITY

COMPANY - FORT DEARBORN LIFE
SHORT TERM BENEFITS - 60% OF WEEKLY GROSS INCOME
WAITING PERIOD - EXHAUST ALL SICK LEAVE BALANCE THEN 14 DAY ELIMINATION PERIOD. UP TO 6 MONTH BENEFIT PAYMENT
COST - DETERMINED BY ANNUAL SALARY
LONG TERM BENEFITS - 60% OF MONTHLY GROSS INCOME
WAITING PERIOD - 180 DAYS (PERIOD ON SHORT TERM)
COST - DETERMINED BY ANNUAL SALARY

Charlotte A. Randolph	Parish President	Matt Matherne	District 5
Jerry Jones	District 1	Lindel Toups	District 6
Michael Delatte	District 2	Phillip Gouaux	District 7
Louis Richard	District 3	Rodney Doucet	District 8
Joseph "Joe" Fertitta	District 4	Daniel Lorraine	District 9

DENTAL

COMPANY - ALWAYS CARE
BENEFITS - LOW PLAN - 100% PREVENTIVE, 60% BASIC, 40% MAJOR
COST - SINGLE \$18.55/MTH, EE + SPOUSE \$41.34/MTH, EE + CHILDREN \$35.86/MTH, EE + FAMILY 59.29/MTH
BENEFITS - MID PLAN – 100% PREVENTIVE, 80% BASIC, 50% MAJOR
COST - SINGLE \$22.35/MTH, EE + SPOUSE \$50.03/MTH, EE + CHILDREN \$43.18/MTH, EE + FAMILY \$71.63/MTH
 HIGH PLAN WITH ORTHO – SAME AS GOLD PLAN WITH ADDED ORTHODONTIC COVERAGE, DEDUCTIBLE - \$50 SINGLE, \$150 FAMILY, ANNUAL MAXIMUM BENEFIT \$1,000 PER MEMBER
 EE + CHILDREN \$47.83, EE + FAMILY \$76.28

VISION

COMPANY- ALWAYS CARE
BENEFITS - IN-NETWORK- EYE EXAMS-\$10 COPAY; MATERIALS-\$10 CO-PAY; STANDARD PLASTIC LENSES- SINGLE AND BIFOCAL & TRIFOCAL-\$10 CO-PAY, LENTICULAR-\$80 ALLOWANCE, PROGRESSIVE-\$70 ALLOWANCE; CONTACT LENS FIT & FOLLOW-UP-\$0 COPAY, ELECTIVE-UP TO \$120 ALLOWANCE; MEDICAL NECESSARY-UPTO \$210 ALLOWANCE, FRAMES- \$120 FRAME ALLOWANCE, (\$94 AT WAL-MART, SAM'S CLUB AND COSTCO)
COST - EE \$5.26.MTH, EE + SPOUSE \$10.32/MTH, EE + CHILD(REN) \$11.20/MTH, EE + FAMILY \$15.92/MTH

457K DEFERRED COMPENSATION

COMPANY - SECURITY BENEFITS GROUP
BENEFITS - AFTER COMPLETION OF SIX MONTH PROBATION PERIOD, UP TO 6% MATCH. DO NOT HAVE TO WAIT 6 MONTHS TO ENROLL.

CAFETERIA PLAN – SECTION 125 PLAN

COMPANY - COLONIAL LIFE
BENEFITS - PRE-TAX BENEFITS
COST - NO COST

FLEXIBLE SPENDING ACCOUNTS AND DEPENDANT CHILD CARE PRE-TAXED PAYROLL DEDUCTIONS

COMPANY- TAX FREE PLANS
COST - NO COST

ACCIDENT, CRITICAL ILLNES, CANCER, MEDICAL BRIDGE, UNIVERSAL LIFE

COMPANY - COLONIAL LIFE
BENEFITS - SUPPLEMENTAL BENEFITS, VARIOUS PLANS AND COVERAGES
COST - VARIOUS COSTS DEPENDANT ON PLAN AND COVERAGE ENROLLMENT

EMPLOYEE ASSISTANCE PROGRAM

COMPANY - HIDALGO HEATH ASSOCIATES
BENEFITS - EMPLOYEE ASSISTANCE WITH SUBSTANCE ABUSE, PERSONAL ISSUES, MARITAL ISSUES, STRESS ISSUES, ETC.
COST- NO COST

DIRECT DEPOSIT

- Available to all employees of the Parish
- It is MANDATORY