



St. Martin Parish School System

Employee Benefits Guide for Active Employees

Plan Year July 1, 2014 – June 30, 2015

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This comprehensive benefit package is briefly summarized in this booklet, however for a full description of the benefit plan terms and conditions please refer to the summary plan descriptions or certificates of coverage provided by the plan administrator or insurer for each respective benefit plan offered.

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St. Martin Parish School Board recognizes the importance of providing quality benefits at reasonable costs to all employees, and we have worked very hard in putting together an attractive package of benefit offerings to try to meet all of your needs.

Group Medical Plan Coverage – is administered by WebTPA, utilizing the First Choice, Verity Health, and Aetna Provider Networks.

Employer Paid Group Life Insurance –St. Martin Parish School Board provides employees and retirees enrolled in the Medical plan with Life insurance equal to \$10,000 through Cigna. (*age reductions apply*)

Voluntary Life & AD&D Coverage – Voluntary term life insurance may be purchased through Cigna for employees and their dependents.

Flexible Spending Account – Employees may elect to open a FSA account managed through DBS Flex for their qualified expenses to be payroll deducted on a pre-tax basis.

Whole Life Coverage – A Voluntary Whole Life Policy is available through One America

Group Dental Insurance - A voluntary dental plan is available through Lincoln Financial, offering coverage for preventative, basic, and major dental services.

Vision Insurance - A voluntary vision plan is offered through Alwayscare, covering eye exams and eyeglasses or contact lenses.

Disability Insurance – Long Term Disability and Short Term Disability coverage is available through Lincoln Financial.

Group Worksite Plans – Group coverage is for Accident, Hospital Indemnity, and Critical Illness is offered through Aflac.

Individual Cancer Policy - Individual cancer policies are available through Aflac.

403B – a voluntary variable annuity offered by ING Life Insurance.

The purpose of this Open Enrollment Guide is to give you basic information about your benefits options and how to enroll for coverage or make changes to existing coverage. This guide is only a summary of your choices and does not fully describe each benefit option. Please refer to your Certificates of Coverage provided by your health plan carriers for important additional information about the plans. Every effort has been made to make the information accurate; however, in the case of any discrepancy, the provisions of the legal documents will govern.

2014 Open Enrollment

During this time we recommend that you review your personal information, the benefits being offered by St. Martin Parish School Board (SMPSB), and the plans your are enrolled in to determine if you should make any changes. The Active Benefits Guide highlights the array of benefits available to employees.

Open Enrollment Timeline

Important Dates	Open Enrollment Activity
May 1 – May 28, 2014	Open Enrollment Period. Unless you make changes to your current benefit elections, with the exception of Flexible Spending Accounts, all will continue for the 2014 Plan Year.
May 5 – May 16, 2014	Benefit Enrollment Sessions Conducted Plan Representatives and Benefit Office Staff will be present to answer any questions.
May 27 & May 28, 2014	Benefit Enrollment Make-up Sessions Conducted Two make up sessions will be conducted for employees unable to attend their regular scheduled meeting.
May 28, 2014	Open Enrollment Ends – All benefit choices must be submitted to Benefits Office.
June 30, 2014	Group Health Benefit Payroll Deduction Begins.
July 1, 2014	Benefit Plan Elections Take Effect.
July 31, 2014	All Plan Elections <i>except Group Health</i> Payroll Deductions Begin.

Important Information

PREMIUMS:

There will be an increase to both Medical and Dental coverage due to rising cost however the same high level of benefits will remain in place on both plans. We are also pleased to let you know that there will be no increase in your Disability, Life, Hospital Indemnity, Critical Illness, or Accident Plans.

INSURANCE CARDS:

Insurance cards will be issued only if you are new to the plan or you changed your coverage level.

By law, Section 125 Cafeteria Plan coverage elections must remain in effect until 6/30/2015, unless there is a qualified event.

St. Martin Parish School Board maintains an IRS section 125 Cafeteria plan. This section 125 plan allows certain fringe benefits to be deducted pre-tax (before federal and state taxes are calculated). Not all benefits are available on a pre-tax basis. Benefits that are pre-tax cannot be revoked or changed unless there is a qualified benefit as defined by the IRS.

QUALIFIED CHANGE IN STATUS INCLUDES:

• Marriage • Divorce • Death of a spouse or dependent • Loss or gain of dependent's eligibility • Loss or gain of a spouse's / dependent's medical or dental coverage through another employer

ELIGIBILITY:

All active employees working 30+ hours are eligible for benefits the 1st of the month following **30 days** of employment. For some benefits, you can also enroll your eligible dependents, which include:

- You legal spouse
- Your children, by birth, adoption, or legal ruling, up to age 26 regardless of student, marital, military or employment status.

ENROLLING IN BENEFITS

Dependent Eligibility Verification

Employees that add a new dependent(s) to their health benefit plan during open enrollment period and throughout the benefit plan year as a result of a Qualifying Event will be required to provide verification of their newly enrolled dependent(s).

Open Enrollment Period

New plan elections or changes to existing coverage made during the open enrollment period must be submitted to St. Martin Parish School Board Benefits office by May 28, 2014 and will go into effect July 1, 2014.

New Hire Enrollments

New Employees are **required** to complete all forms and return to the St. Martin Parish School Board office within (30) days of hire. The employee should indicate the coverage as declined and sign the enrollment forms of any coverage not being elected.

Qualifying Event Enrollments

Employees are **required** to complete all forms and return to the St. Martin Parish School Board Benefits office within (30) days of the qualified event.

Employees may contact the St Martin Parish School Board Benefits office at (337) 332 -2105 for further information regarding employee benefits.

The intent of this information is to provide you with general guidelines regarding the Department of Labor required notices related to your current employee health plan(s). It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Medical Plan Benefits

	First Choice Provider	Verity or Aetna Provider	Out of Network Provider
Deductible			
Individual	\$0	\$500	\$750
Family	\$0	\$1,500	\$2,250
Maximum Out-Of-Pocket			
Individual	\$750	\$1,500	\$3,000
Family	\$2,000	\$4,500	\$9,000
Coinsurance	0%	20%	40%
Office Visit	\$10 Copay	\$25 Copay Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care	\$20 Copay	Deductible & Coinsurance	Deductible
Wellness/ Preventative	\$0	\$0	N/A

*Certain services will pay at a different coinsurance level than level listed.
Prior Authorization / Precertification is required on certain services*

Active Employees Monthly Premiums	
Employee Only (EO)	\$199.00
Employee + Spouse (ES)	\$401.00
Employee + Child/Children (EC)	\$375.00
Family (EF)	\$562.00

Employees may contact WebTPA at 855-688-1200 for information on the medical plan.

WebTPA is available to assist St. Martin Parish School Board health plan members for all of the below items:

Questions about the medical plan benefits

Claims related issues

ID cards replacement

Provider network inquiries

Prescription Drug Benefits

Member pays the additional cost the Plan would incur if the Member elects to purchase a Brand Name Drug when a generic is available. If prescriber certifies a Brand Name Drug is medically necessary when a Generic Drug is available, the member does not pay the additional cost.

Tier 1

Southern Scripts First Choice Pharmacy Network

Calendar Year Deductible

No Deductible applied to generic and brand medications at participating First Choice Pharmacy Providers only. Standard Deductible applies on Specialty Drugs.

First Choice Preferred Generic Drugs

Copayment\$0*

**Copayment reduced for First Choice Generic Drugs at restricted quantities at participating First Choice Pharmacy Providers only.*

First Choice Generic Drugs

Copayment\$5*

**Copayment reduced for First Choice Generic Drugs at participating First Choice Pharmacy Providers only.*

Formulary Brand Drugs and Compounds

Copayment.....\$30

Non-Formulary Brand Drugs

Copayment.....\$45

Tier 2

Southern Scripts National Pharmacy Network

Calendar Year Deductible Individual.....\$100

Family.....\$300

Deductible waived for Covered Vaccines

When the maximum amount shown in the Schedule of Benefits has been incurred by members of a Family Unit toward their Calendar Year deductibles, the deductibles of all members of that Family Unit will be considered satisfied for that year.

Generic Drugs

Copayment.....\$10

Deductible waived for Generic Medications

Formulary Brand Drugs and Compounds

Copayment.....\$30

Non-Formulary Brand Drugs

Copayment.....\$45

Flexible Spending Accounts

What is a Flexible Spending Account?

Employees deduct monies from their paycheck **before** Federal, State, Social Security and Medicare taxes are calculated. The monies are withheld from each paycheck in equal installments and reimbursed to the employee for qualified expenses.

Qualified Expenses for Reimbursement:

Dependent Care for children under the age of 13, certain preschool tuition and certain adult care expenses.

Medical Expenses for paid out-of-pocket for medical deductibles, glasses, office visits, prescription drug co-pays, dental work, and other qualifying items.

- There is no advance payment under the Dependent Care Reimbursement Account. The Medical Reimbursement Account will allow you to be reimbursed for more than what has been deducted from your paycheck if you have incurred the expenses. You cannot get back more than your annual election.

Contribution Amounts

- ☐ **Medical** – maximum annual amount that you may contribute is \$2,500.
- ☐ **Dependent Care** – the maximum annual amount that you can contribute is \$5,000 (\$2,500 if single or married filing separately).

Flexible Spending Account – “Use it or Lose It” Rule

Under this Group’s Flexible Spending Plan, any account balance in a Participant’s Flexible Spending Account(s) at the end of the Plan Year or applicable Grace Period must be forfeited. The balance cannot be paid to a Participant in cash, carried over to the next Plan Year, nor be made available to an Employee in any way. Forfeited funds may be used to offset administration expenses of the Plan.

Dental Plan Benefits

Dental Benefits		
Deductible	\$50 Single / \$150 Family	
*Deductible is waived for preventative		
Annual Maximum	\$1500	
Orthodontia Lifetime Maximum	\$1500	
	<u>In-Network</u>	<u>Out-of-Network</u>
Preventative Coinsurance	100%	100%
Basic Co-Insurance	80%	80%
Major Co-Insurance	50%	50%
Orthodontia Co-Insurance	50%	50%

For assistance or additional information

Contact Lincoln Financial Group at 800-423-2765 or log on to www.LFG.com.

Active Employees Monthly Premiums	
Employee Only (EO)	\$31.59
Employee + 1 Dependent	\$59.94
Employee + 2 or more Dependents	\$100.63



Vision Plan Benefits

Vision Benefits		
	Wal-Mart Vision Center	Other Participating Providers
Exam Co-Pay (every 12 months)	\$10	\$10
Materials Co-Pay (every 12 months)	\$0	\$15
Lenses (every 12 months)	Covered by Co-pay	Covered by Co-pay
Lenticular	\$80 Allowance	\$80 Allowance
Progressive	\$70 Allowance	\$70 Allowance
Contact Lenses (every 12 months)	No Co-pay	
Elective	\$130 Allowance	\$130 Allowance
Medically Necessary	\$210 Allowance	\$210 Allowance
Frames (every 24 months)	\$74 Allowance	\$100 Allowance

Standard Scratch Resistant Coating – Covered at Wal-Mart Only

Polycarbonate Lenses for Children up to age 19 only – Covered at Wal-Mart / Sam's Club Only



Dependent Children: Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at 888-729-5433, Ext. 2013.

Services Not Listed: If you expect to require a vision service not included on this brochure, it may still be covered. Please contact customer service at 1-888-729-5433, Ext. 2013 to confirm your exact benefits.

Active Employees Monthly Premium	
Employee Only (EO)	\$9.04
Employee + Spouse	\$18.06
Employee + Child	\$19.16
Employee + Family	\$30.06

Life Benefits

St Martin Parish School Board provides employees and retirees enrolled in the Medical plan with Life insurance equal to \$10,000 through Cigna.

VOLUNTARY LIFE INSURANCE – Paid By You

Employee – If you are an active, full-time employee and work at least 30 hours per week for your employer

- Benefit Amount – Units of \$10,000
- Guaranteed Coverage Amount – \$150,000
- Maximum – The lesser of 5 times Annual Compensation rounded to the next higher \$1,000 or \$500,000
- Minimum - \$10,000
- Your Spouse - Up to age 70 is eligible provided that you apply for and are approved for coverage for yourself.
- Benefit Amount – Units of \$5,000
- Guaranteed Coverage Amount - \$30,000
- Maximum – \$500,000

Your Unmarried, Dependent Children — Under age 19 (or under age 25 if they are full-time students), as long as you apply for and are approved for coverage for yourself.

- Benefit Amount – Units of \$5,000
- Maximum – \$10,000
- *No one may be covered more than once under this plan*

Age	Employee Cost Per \$1,000	Spouse Cost Per \$1,000	Benefit	Premium Cost
<20-39	\$0.08	\$0.095	Voluntary Child per \$1,000 of Coverage Elected	\$0.348
40-44	\$0.204	\$0.219		
45-99	\$0.521	\$0.535		

Group & Voluntary Life Benefit Reduction Schedule: Providing you are still employed, your benefits will reduce to 50% at age 70.

Portability: This plan allows you to continue all of your voluntary coverage if you leave your employer. Premiums may change at this time. Just pay your premiums directly to the insurance company. Coverage may be continued for you and your spouse until age 70. Coverage may also be continued for your children.

Conversion: If group life insurance coverage is reduced or ends for any reason except nonpayment of premiums, you can convert to an individual policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Family members may convert their coverage as well. Converted policies are subject to certain benefits and limits as outlined in the conversion brochure which may be requested as needed. Premiums may change at this time.

Disability Benefits

Short Term Disability

Short Term Disability is intended to protect your income for a short duration in case you become ill or injured.

Maximum Weekly Benefit	60% of weekly salary up to \$1,500 per week
Maximum Benefit Duration	24 weeks
Elimination Period	Benefits begin on: 15th day from an accident 15th day from an illness
Survivor Income	A benefit may be paid to your survivor if you should die while you were eligible to receive benefits under this policy.
Pre-Existing Condition	You may not be eligible for benefits if you have received treatment for a condition within the past 3 months until you have been covered under this plan for 6 months.
Waiver of Premium	You will not be required to pay premium during any time of approved total or partial disability.
Enrollment (Newly Eligible)	You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again until your annual open enrollment.
Portability	You may be able to port your coverage if you have been covered under the policy for 12 months and terminate due to reasons other than disability, retirement, or leave of absence.

Monthly Premium Cost

EXAMPLE
Age 35

List your weekly earnings (Maximum covered payroll is \$2,500 weekly)	\$ _____	\$610
Find your age and premium factor and multiply	_____	0.05700
Estimated monthly premium	\$ _____	\$34.77

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Attained Age	Premium Factors
<25	0.06780
25 – 29	0.06780
30 – 34	0.06120
35 – 39	0.05700
40 – 44	0.05400
45 – 49	0.05760
50 – 54	0.06180
55 – 59	0.07080
60 – 64	0.08280
65 – 69	0.09420
70 +	0.11280

Disability Benefits

Long Term Disability

Long Term Disability is intended to protect your income for a long duration after you have depleted short term disability and any sick leave your company may offer.

Maximum Monthly Benefit	60% of salary up to \$5,000 per month
Maximum Benefit Duration	Later of Age 65 or Social Security Normal Retirement Age
Elimination Period	180 days The number of days you must be disabled prior to collecting disability benefits.
Pre-Existing Condition	You may not be eligible for benefits if you have received treatment for a condition within the past 3 months until you have been covered under this plan for 12 months.
Waiver of Premium	You will not be required to pay premium during any time of approved total or partial disability.
Benefit Limitations	Mental Illness: 24 Months Substance Abuse: 24 Months Specified Illness: No Limit
Family Care Expense	If you have a qualified disability and incur Family Care Expenses, you will be reimbursed for expenses up to \$250 for a maximum of 12 months.

EXAMPLE
John Doe, Age 33

List your Monthly earnings
(*Maximum covered payroll is \$8,333 Monthly)

\$ _____

\$2,500.00

Multiply by

0.00450

Your Estimated Monthly Premium

\$ _____

\$11.25

Worksite Benefits

Several worksite group plans are available for purchase for St. Martin Parish School Board Employees through Aflac. Please contact the St Martin Parish School Board Employee Benefits Department at (337) 332 -2105 for detailed coverage information and premium amounts.

HOSPITAL INDEMNITY

Your insurance plan may pay only a portion of the total expenses a hospital stay or medical treatment requires. That likely would leave the rest of the bill for you to pay, plus any deductible or other expenses that are not covered by the plan.

HOSPITAL CONFINEMENT
HOSPITAL ADMISSION
HOSPITAL INTENSIVE CARE
SURGICAL AND ANESTHESIA
EMERGENCY
WELL BABY
OUT OF HOSPITAL PRESCRIPTION DRUG

CRITICAL ILLNESS

A group critical illness plan helps prepare you for the added costs of battling a specific critical illness. Benefit Plan Options of \$5,000 - \$50,000 available.

HEART ATTACK (Myocardial Infarction) 100%
STROKE (Apoplexy or Cerebral Vascular Accident) 100%
MAJOR ORGAN TRANSPLANT 100%
RENAL FAILURE (End-Stage) 100%
OPEN HEART SURGERIES 100%
INVASIVE HEART PROCEDURE 10%

ACCIDENT COVERAGE

An accident insurance plan provides benefits to help cover the costs associated with unexpected bills. You don't budget for accidents if you're like most people. When a Covered Accident occurs, the last thing on your mind is the charges that may be accumulating while you're at the emergency room, including:

THE AMBULANCE RIDE
WHEELCHAIRS
USE OF THE EMERGENCY ROOM
CRUTCHES
SURGERY AND ANESTHESIA
BANDAGES
STITCHES

Please contact the St Martin Parish School Board Employee Benefits Department at (337) 332 -2105 for detailed coverage information regarding worksite benefits.

WORKSITE PRODUCT RATES

Hospital Indemnity Premiums

Employee Only	\$41.86
Employee + Spouse	\$83.23
Employee + Child	\$63.55
Employee + Family	\$104.92

Critical Illness Premiums

Employee Non Tobacco Monthly Premium										
Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.60	\$5.45	\$7.30	\$9.15	\$11.00	\$12.85	\$14.70	\$16.55	\$18.40	\$20.25
30-39	\$4.80	\$7.85	\$10.90	\$13.95	\$17.00	\$20.05	\$23.10	\$26.15	\$29.20	\$32.25
40-49	\$7.95	\$14.15	\$20.35	\$26.55	\$32.75	\$38.95	\$45.15	\$51.35	\$57.55	\$63.75
50-59	\$11.70	\$21.65	\$31.60	\$41.55	\$51.50	\$61.45	\$71.40	\$81.35	\$91.30	\$101.25
60-69	\$17.75	\$33.75	\$49.75	\$65.75	\$81.75	\$97.75	\$113.75	\$129.75	\$145.75	\$161.75

Employee Non Tobacco Monthly Premium									
Ages	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$3.60	\$4.53	\$5.45	\$6.38	\$7.30	\$8.23	\$9.15	\$10.08	\$11.00
30-39	\$4.80	\$6.33	\$7.85	\$9.38	\$10.90	\$12.43	\$13.95	\$15.48	\$17.00
40-49	\$7.95	\$11.05	\$14.15	\$17.25	\$20.35	\$23.45	\$26.55	\$29.65	\$32.75
50-59	\$11.70	\$16.68	\$21.65	\$26.63	\$31.60	\$36.58	\$41.55	\$46.53	\$51.50
60-69	\$17.75	\$25.75	\$33.75	\$41.75	\$49.75	\$57.75	\$65.75	\$73.75	\$81.75

Employee Tobacco Monthly Premium										
Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.55	\$7.35	\$10.15	\$12.95	\$15.75	\$18.55	\$21.35	\$24.15	\$26.95	\$29.75
30-39	\$6.60	\$11.45	\$16.30	\$21.15	\$26.00	\$30.85	\$35.70	\$40.55	\$45.40	\$50.25
40-49	\$14.05	\$26.35	\$38.65	\$50.95	\$63.25	\$75.55	\$87.85	\$100.15	\$112.45	\$124.75
50-59	\$21.40	\$41.05	\$60.70	\$80.35	\$100.00	\$119.65	\$139.30	\$158.95	\$178.60	\$198.25
60-69	\$32.35	\$62.95	\$93.55	\$124.15	\$154.75	\$185.35	\$215.95	\$246.55	\$277.15	\$307.75

Employee Non Tobacco Monthly Premium									
Ages	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$4.55	\$5.95	\$7.35	\$8.75	\$10.15	\$11.55	\$12.95	\$14.35	\$15.75
30-39	\$6.60	\$9.03	\$11.45	\$13.88	\$16.30	\$18.73	\$21.15	\$23.58	\$26.00
40-49	\$14.05	\$20.20	\$26.35	\$32.50	\$38.65	\$44.80	\$50.95	\$57.10	\$63.25
50-59	\$21.40	\$31.23	\$41.05	\$50.88	\$60.70	\$70.53	\$80.35	\$90.18	\$100.00
60-69	\$32.35	\$47.65	\$62.95	\$78.25	\$93.55	\$108.85	\$124.15	\$139.45	\$154.75

Accident Premiums

Employee Only	\$16.20
Employee + Spouse	\$23.16
Employee + Child	\$30.90
Employee + Family	\$37.86

Important Notices

The intent of this information is to provide you with general guidelines regarding the Department of Labor required notices related to your current employee health plan(s). It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Remember: Keep these Notices. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of the Certificate of Creditable Rx Coverage notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Important Notice About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with St. Martin Parish School Board and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. St. Martin Parish School Board has determined that the prescription drug coverage offered by the St. Martin Parish School Board health plan, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current St. Martin Parish School Board coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current St. Martin Parish and School Board coverage, be aware that you and your dependents may not be able to get this coverage back. If you join a Medigap Plan, you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with St. Martin Parish School Board and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information contact St. Martin Parish School Board at (337) 332 - 2105. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through St. Martin Parish School Board changes. You also may request a copy of this notice at any time.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: April 17, 2014

Name of Entity/Sender: St. Martin Parish School Board
P.O Box 1000
Breaux Bridge, LA 70517
Casey Broussard; 337-332-2105

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

CMS Form 10182-CC Updated April 1, 2011

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the deductibles and coinsurance applicable to the employer's Plan apply.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

CMS Form 10182-CC Updated April 1, 2011

Notice of Availability of HIPAA Privacy Notice

You have a right to the information included in this Notice, available at your Human Resource Department. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please Review It Carefully. If you have any questions about this notice or would like a copy for your records, contact St. Martin Parish School Board, Casey Broussard, P.O. Box 1000, Breaux Bridge, LA 70517, 337-332-2105.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the health care claims reimbursed under the Plan for Plan administration purposes. This notice applies to all of the medical records we maintain. Your personal doctor or health care provider may have different policies or notices regarding the doctors use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment (as described in applicable regulations). We may use or disclose medical information about you to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicated with prior prescriptions.

For Payment (as described in applicable regulations). We may use and disclose medical information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. We may also share medical information with a utilization review or precertification service provider. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations (as described in applicable regulations). We may use and disclose medical information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage, submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

As Required By Law We will disclose medical information about you when required to do so by federal, state or local law. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.

To Avert a Serious Threat to Health or Safety We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose medical information about you in a proceeding regarding the licensure of a physician.

Special Situations

Disclosure to Health Plan Sponsor Information may be disclosed to another health plan maintained by St. Martin Parish School Board for purposes of facilitating claims payments under that plan. In addition, medical information may be disclosed to St. Martin Parish School Board personnel solely for purposes of administering benefits under the Plan.

Organ and Tissue Donation If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths,
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement We may release medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the hospital, and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary:

- for the institution to provide you with health care;
- to protect your health and safety or the health and safety of others, or
- for the safety and security of the correctional institution.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to Restrict Disclosure of Certain Protected Health Information You have the right to request a restriction on disclosures of your protected health information if: (1) the disclosure is to a health plan for purposes of carrying out payment or health care operations (but not treatment); AND (2) the protected health information relates to a health care item or service for which the provider has already been paid by you in full.

Right to Accounting of Electronic Health Records If a "covered entity" maintains an "electronic health record" about you, you have the right to (1) obtain a copy of the information in electronic format and (2) tell the covered entity to send the copy to a third party. We may charge you a reasonable fee for our labor costs for sending the electronic copy of your health information.

Right to Inspect and Copy You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Human Resources. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Right to Amend If you feel that medical information we have about you is incorrect or incomplete; you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to St. Martin Parish School Board. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

Right to an Accounting of Disclosures You have the right to request an "accounting of disclosures" where such disclosure was made for any purpose other than treatment, payment, or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing St. Martin Parish School Board Human Resources. Your request must state a time period which may not be longer than six years and may not include dates before April, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request.

To request restrictions, you must make your request in writing to. In your request, you must tell us:

- what information you want to limit;
- whether you want to limit our use, disclosure or both; and
- to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to St. Martin Parish School Board Human Resources Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

A Note About Personal Representatives You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- a power of attorney for health care purposes, notarized by a notary public;
- a court order of appointment of the person as the conservator or guardian of the individual; or
- an individual who is the parent of a minor child. The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

Right to a Paper Copy of This Notice You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact Casey Broussard at 337-332-2105

Changes to This Notice We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the Plan website. The notice will contain on the first page, in the top left-hand corner, the effective date.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2014. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	COLORADO – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid	
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	FLORIDA – Medicaid
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: https://www.flmedicaidtplrecovery.com/ Phone: 1-877-357-3268
	GEORGIA – Medicaid
	Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
IDAHO – Medicaid	MONTANA – Medicaid

<p>Medicaid Website: http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx</p> <p>Medicaid Phone: 1-800-926-258</p>	<p>Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</p> <p>Phone: 1-800-694-3084</p>
INDIANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://www.in.gov/fssa</p> <p>Phone: 1-800-889-9949</p>	<p>Website: www.ACCESSNebraska.ne.gov</p> <p>Phone: 1-800-383-4278</p>
IOWA – Medicaid	NEVADA – Medicaid
<p>Website: www.dhs.state.ia.us/hipp/</p> <p>Phone: 1-888-346-9562</p>	<p>Medicaid Website: http://dwss.nv.gov/</p> <p>Medicaid Phone: 1-800-992-0900</p>
KANSAS – Medicaid	
<p>Website: http://www.kdheks.gov/hcf/</p> <p>Phone: 1-800-792-4884</p>	
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Website: http://chfs.ky.gov/dms/default.htm</p> <p>Phone: 1-800-635-2570</p>	<p>Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</p> <p>Phone: 603-271-5218</p>
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
<p>Website: http://www.lahipp.dhh.louisiana.gov</p> <p>Phone: 1-888-695-2447</p>	<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</p> <p>Medicaid Phone: 609-631-2392</p> <p>CHIP Website: http://www.njfamilycare.org/index.html</p> <p>CHIP Phone: 1-800-701-0710</p>
MAINE – Medicaid	
<p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html</p> <p>Phone: 1-800-977-6740 TTY 1-800-977-6741</p>	
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
<p>Website: http://www.mass.gov/MassHealth</p> <p>Phone: 1-800-462-1120</p>	<p>Website: http://www.nyhealth.gov/health_care/medicaid/</p> <p>Phone: 1-800-541-2831</p>
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
<p>Website: http://www.dhs.state.mn.us/</p> <p>Click on Health Care, then Medical Assistance</p> <p>Phone: 1-800-657-3629</p>	<p>Website: http://www.ncdhhs.gov/dma</p> <p>Phone: 919-855-4100</p>
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</p> <p>Phone: 573-751-2005</p>	<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/</p> <p>Phone: 1-800-755-2604</p>

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
<p>Website: http://www.insureoklahoma.org</p> <p>Phone: 1-888-365-3742</p>	<p>Website: http://health.utah.gov/upp</p> <p>Phone: 1-866-435-7414</p>
OREGON – Medicaid	VERMONT– Medicaid
<p>Website: http://www.oregonhealthykids.gov</p> <p>http://www.hijossaludablesoregon.gov</p> <p>Phone: 1-800-699-9075</p>	<p>Website: http://www.greenmountaincare.org/</p> <p>Phone: 1-800-250-8427</p>
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
<p>Website: http://www.dpw.state.pa.us/hipp</p> <p>Phone: 1-800-692-7462</p>	<p>Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm</p> <p>Medicaid Phone: 1-800-432-5924</p> <p>CHIP Website: http://www.famis.org/</p> <p>CHIP Phone: 1-866-873-2647</p>
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
<p>Website: www.ohhs.ri.gov</p> <p>Phone: 401-462-5300</p>	<p>Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</p> <p>Phone: 1-800-562-3022 ext. 15473</p>
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
<p>Website: http://www.scdhhs.gov</p>	<p>Website: www.dhhr.wv.gov/bms/</p> <p>Phone: 1-877-598-5820, HMS Third Party Liability</p>

Phone: 1-888-549-082	
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2014, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa

1-866-444-EBSA (3272)
OMB Control Number 1210-0137 (expires 10/31/2016)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

Grandfathered Health Plans

For Nonfederal Governmental Plans

This St. Martin Parish School Board believes this group health plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your [plan or policy] may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at St. Martin Parish School Board, Casey Broussard, 337-332-2105. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

Notice to Enrollees in a Self-Funded Nonfederal Governmental Group Health Plan For Plan Years Beginning On or After September 23, 2010

Group health plans sponsored by State and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these employers are permitted to elect to exempt a plan from the requirements listed below for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. St. Martin Parish School Board has elected to exempt this group health plan from the following requirement:

- Protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan.

The exemption from these Federal requirements will be in effect for the current Plan year. The election may be renewed for subsequent plan years.

Aflac Individual Cancer Plan

An Individual Cancer Plan is also available to St. Martin Parish School Board Employees through AFLAC. Mr. Gerald Angers has been representing AFLAC for over 40 years. Employees should contact Mr. Gerald Angers at (337)780-1420 or fax (337)233-3827.

St. Martin Parish School Board Monthly Payroll Deductions

Cancer (Base Plan)

Plan Type	Individual Premium	Married Premium
Premier Plan	\$45.89	\$79.95
Classic Plan	\$31.72	\$53.95

Cancer (Base Plan With Progressive Building Benefit)

Plan Type	Individual Premium	Married Premium
Premier Plan	\$51.74	\$92.95
Classic Plan	\$37.57	\$66.95

ING 403 B Plan



ING Custom Choice Voluntary TDA

A flexible retirement option for Louisiana Public School Districts

ING Custom Choice Voluntary TDA is an option available to you through the Louisiana K-12 403(b) plan. With this variable annuity contract, issued by ING Life Insurance and Annuity Company, you can build a portfolio from a broad menu of variable investment options managed by well known portfolio managers. There are also separate fixed interest options available. Please note that distributions will be taxed as ordinary income when distributed and are subject to any tax penalties that may apply. The program offers a variety of employee services to assist you from enrollment to retirement and beyond. As always, your local ING representative is available to help build a retirement strategy to help your work toward your objectives.

Contract Charges

0.80% mortality & expense risk charge (fund management fees and other fund operating expenses will also apply. Fees depend on the investment option chosen. Please refer to the Contract Prospectus Summary for individual fund fee information).

Annual Maintenance Fee

There is no maintenance fee.

Investment Options

The variable annuity offers a variety of investment options, managed by well known portfolio managers, as well as fixed interest options with a guarantee of principal (guarantee based on the claims-paying ability of ING Life Insurance and Annuity Company. Guarantees do not apply to the investment return or principal value of the separate account). You can customize your portfolio to match your individual needs and diversify or spread contributions over different options, thereby potentially reducing investment risk. While using diversification as part of your investment strategy neither assures nor guarantees better performance and cannot protect against loss in declining markets, it is a well-recognized risk management strategy.

Fund Transfers

No restrictions for transfers among variable investment options. Certain restrictions apply for transfers from the fixed interest account. Subject to ING's policy on market timing and excessive trading.

Account Rebalancing and Dollar Cost Averaging

With Account Rebalancing your account values are reallocated to predetermined percentages – prespecified by you – on a scheduled basis (annual, semiannual, or quarterly). Dollar Cost Averaging is a system for investing a fixed amount of money at regular intervals over a period of time. These programs are elective and offered at no cost. They can help you keep your portfolio in line with your financial objectives and risk/reward tolerance. Only one of these programs can be elected in a given plan. Dollar Cost Averaging does not ensure a profit nor guarantee against loss. Investors should consider their financial ability to continue their purchases.

Rollovers

Rollovers are allowed.

Loans

Loans are available. Please note: loans may impact your withdrawal value and limit participation in future growth potential. Not available for Roth 403(b).

Distribution Options

A variety of distribution options to choose from including:

- Lump sum
- Systematic distribution options
- Variety of fixed and/or variable lifetime-based or period certain payout options (if electing a variable payout option, the mortality & expense risk charge is 1.25%)

Distributions will be taxed as ordinary income when received and may be subject to an IRS 10% premature distribution penalty tax if received prior to age 59½ unless another exception applies.

Roth 403(b)

Roth 403(b) is an option that may be available to you (your employer first must elect to offer it through the traditional 403(b) plan). Roth 403(b) is similar to the well-known Roth IRA in that you contribute after-tax dollars – distributions from the Roth 403(b) will be federal income tax free as long as you have met the criteria of a "qualified



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distribution" (see the Contract Prospectus Summary for details). Roth 403(b) contributions are made through salary deduction and are accounted for separately from your pre-tax contributions in the plan.

Withdrawal Charge

Percentage (%) of amount withdrawn during years 0-10; % decreasing each year as follows.

Completed Purchase Payment Periods	Withdrawal Charge
Less than 5	5%
5 or more but less than 7	4%
7 or more but less than 9	3%
9 or more but less than 10	2%
More than 10	0%

The withdrawal charge is waived under the following conditions:

- Upon separation from service
- Due to a financial hardship as defined by the Internal Revenue Code
- On or after the tenth individual account anniversary
- Under a systematic distribution option
- For withdrawals from an account with an accumulated value of \$5,000 or less, with no withdrawals in the previous 12 months
- In an amount equal to or less than 10% of the individual account value when the withdrawal is the first withdrawal requested in a calendar year and is made to a participant who has attained age 59½ and is less than age 70½
- Due to the death of the participant
- Used to purchase Annuity payments

Withdrawals prior to age 59½ may be subject to an IRS 10% premature distribution penalty tax.

<http://ing.us> www.ingretirementplans.com

Insurance products, annuities and retirement plan funding issued by (third party administrative services may also be provided by) ING Life Insurance and Annuity Company. Securities are distributed by ING Financial Advisers, LLC (member SIPC), One Orange Way, Windsor, CT 06095-4774. These companies are wholly owned, indirect subsidiaries of ING Groep N.V. Securities may also be distributed through other broker-dealers with which ING Financial Advisers, LLC has selling agreements. Insurance obligations are the responsibility of each individual company. Products and services may not be available in all states.

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Comprehensive Employee Education and Services

- Enrollment support information materials and on-site enrollment meeting assistance
- Asset allocation assistance
- Participant newsletter
- Comprehensive quarterly reports
- Distribution assistance for departing/retiring employees
- One-on-one enrollment assistance
- Electronic delivery of documents

E-Delivery

You can elect to receive the regulatory documents associated with your retirement investment electronically. With ING's e-Delivery service, you can access account statements, plan and fund-level prospectuses, prospectus supplements, and annual and semiannual reports through a secure website. When documents are available, you will receive an email notification. To sign up for e-Delivery, log into your account on www.ingretirementplans.com.

Account Services

- Access to accounts 24 hours a day via a secure Internet site and toll-free telephone service – allows you to make investment inquiries and allocation changes, get investment option performance history, and more
- Toll-Free account access by calling 1-800-262-3862
- Internet account access by visiting www.ingretirementplans.com

You should consider the investment objectives, risks, and charges and expenses of the variable product and its underlying fund options carefully before investing. The prospectus/ prospectus summaries contain this and other information, and can be obtained by contacting your local representative. Please read the information carefully before investing.

Important Notes

Variable annuities are intended to be long-term investments for retirement. Account values fluctuate with market conditions, and when surrendered the principal may be worth more or less than the original amount invested. Tax deferral is provided by your employer's plan and the annuity does not provide any additional tax deferral benefit. Annuities may be subject to additional fees and expenses to which other tax-qualified plan funding vehicles may not be subject. However, annuities provide features and benefits such as lifetime income payments and death benefits which may be valuable to you.

For 403(b)(1) variable annuities, employee deferrals (including earnings) may generally be distributed only upon your: attainment of age 59½, severance from employment, death, disability, or hardship. Note: Hardship withdrawals are limited to employee deferrals made after 12/31/88. Exceptions to the distribution rules: No IRC withdrawal restrictions apply to '88 cash value (employee deferrals (including earnings) as of 12/31/88) and employer contributions (including earnings). However, employer contributions made to an annuity contract issued after December 31, 2008 may not be paid or made available before a distributable event occurs. Such amounts may be distributed to a participant or if applicable, the beneficiary: upon the participant's severance from employment or upon the occurrence of an event, such as after a fixed number of years, the attainment of a stated age, or disability.



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