



2026 Benefits Guide

Your Health & Wellness



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The information in this Enrollment Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage, and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any expressed or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact Human Resources. © Copyright 2025 Marsh & McLennan Agency, LLC. All rights reserved.

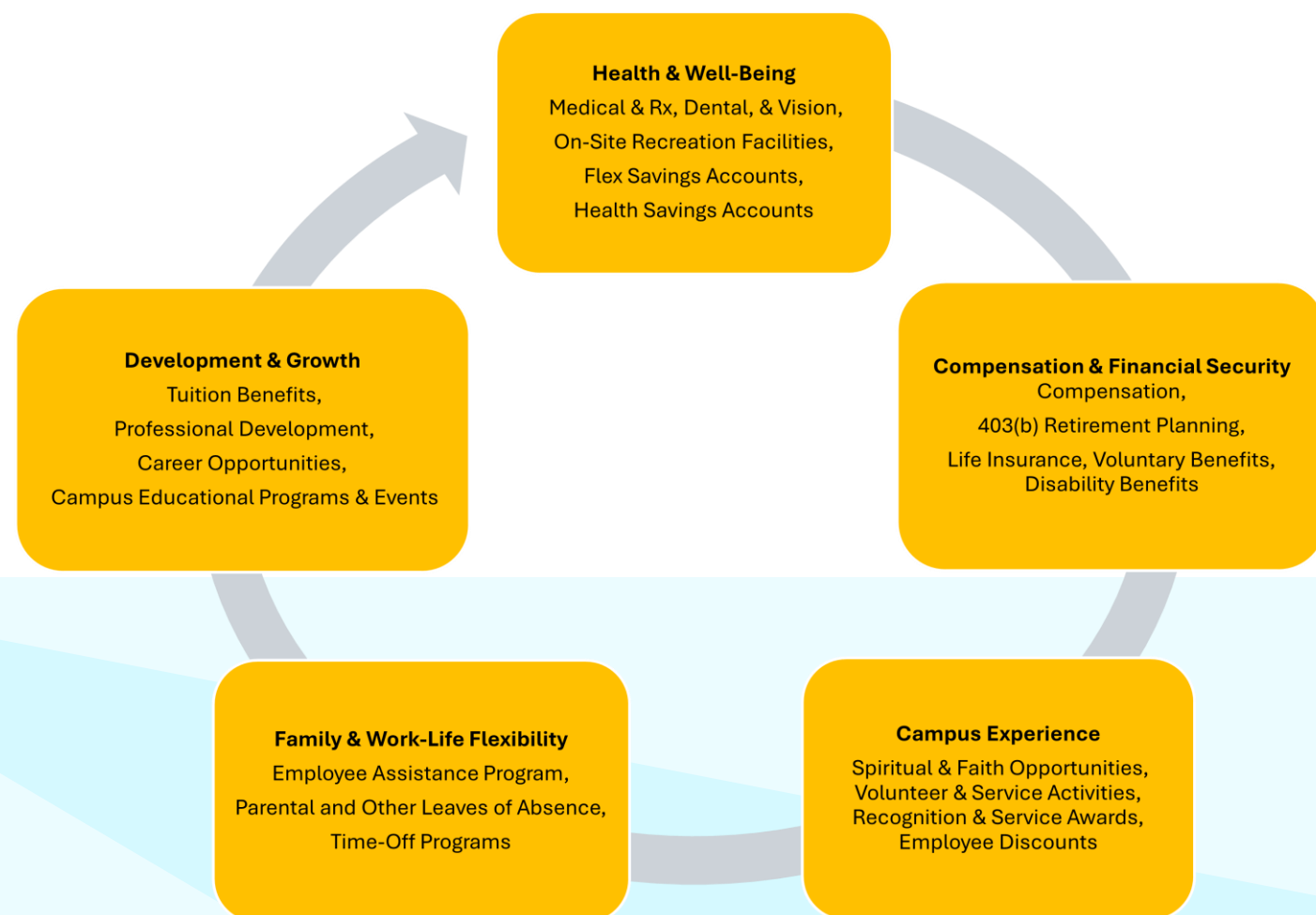
Welcome to Your 2026 Benefits!

Dear Centenary employee,

Managing our overall health (physical, emotional, financial, and spiritual) is essential and continues to be at the forefront of our total benefit plan strategy at Centenary College of Louisiana. Below you will see the Benefits Wheel, which includes all the components that make Centenary a wonderful place to work. Our comprehensive benefit program includes benefits to assist employees in their health and well-being, growth and development, financial security, and work-life balance. When combined with the overall campus experience, the total benefits program reflects Centenary's mission and values.

This document serves as a guide to Centenary's Comprehensive Benefit program. As you read through this guidebook, you will learn about the tools and services we offer to help our employees manage rising health care costs and to optimize their benefits.

Every year Centenary closely evaluates our total benefit offerings to address the diverse needs of our workforce. Your role in this is to read through this guide and ask questions to ensure you are getting the most from your comprehensive benefits package.



Eligibility

If you are regularly scheduled to work at least 30 hours per week, you are eligible for the Centenary College of Louisiana benefits program. For newly hired individuals, most of your benefits are effective first of the month coinciding with or after date of hire. You may also enroll your eligible dependents for coverage. Eligible dependents include:

- Your legal spouse or qualified domestic partner;
- Children under the age of 26, regardless of student, dependency or marital status;
- Children past the age of 26 who are fully dependent on you for support due to a mental or physical disability (and are indicated as such on your federal tax return).

For details on eligibility and when your benefits begin and end, refer to your summary plan documents.

Benefits End

Your medical, dental and vision benefits end the last day of the month in which your employment ends. Your life and disability benefits end on your date of termination.

Changing Benefits After Enrollment

During the year, you cannot make changes to your elections unless you experience a Qualifying Life Event, such as marriage or the birth of a child. If you experience a Qualifying Life Event (examples below), you should contact Human Resources within 30 days of the event, or you will have to wait until the next annual open enrollment period to make changes (unless you experience another Qualifying Life Event).

Qualifying Life Event	Possible Documentation Needed
Change in marital status	
Marriage	Copy of marriage certificate
Divorce/Legal Separation	Copy of divorce decree
Death	Copy of death certificate
Change in number of dependents	
Birth or adoption	Copy of birth certificate or copy of legal adoption papers
Stepchild	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
Death	Copy of death certificate
Change in employment	
Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage

How to Enroll

If you are a new hire, you have 30 days to enroll from your date of hire. You must complete your enrollment to receive benefit coverage for the plan year.

Before You Enroll

- Carefully review the benefits listed in this guide and determine the medical, dental, vision and other coverage that's best for you and your family.
- Ensure family members meet the eligibility requirements.
- Understand the cost of the plans you selected.
- Be sure to consider beneficiary information for life insurance.

Contact Human Resources if you have questions.

Employee Navigator Enrollment Instructions

To enroll, simply follow these steps:

- Navigate to <https://marsh.employeenavigator.com>.
- First Time User? Choose "Register as a new user" and complete the "Create Your Account" section.
 - Enter the Company Identifier: 100-CCLA
 - Enter PIN: Last four digits of your Social Security Number (SSN)
 - Password: Must be at least six characters and contain a symbol (#, ?, @, etc.) and a number
- Returning User? Enter your username and password or select "Reset a forgotten password".
- Click "Start" to begin your enrollment.
- Follow the prompts to make your elections.
- Click the "Click to Sign" button to finalize your elections.

Staying Connected Year-Round

Member Support Center

Marsh McLennan Agency's Member Support Center is here for you — to answer your questions, including insurance claim questions, by phone and email. The representatives are licensed agents, are familiar with your benefits package and can assist with the following:

- Central point of contact for benefits questions and coverage inquiries
- Assist with ID Card request
- Assist employees with entering enrollment elections (New Hires/Life Events)
- Claims Inquiries
- Assist with finding in-network providers/facilities
- Assist with determining covered services

Contact them via email at centenarybenefits@marshmma.com or via telephone at +1-844-208-5744 PIN 2143.

Representatives are available Monday through Friday, from 8 a.m. – 6 p.m. Central. Spanish speaking representatives are available.

Telemedicine - Spruce

Under the weather and need a doctor visit fast? Telemedicine gives you 24/7 access to U.S. board-certified doctors through the convenience of your phone. You and a practitioner can speak or video chat to answer questions, make a diagnosis and even prescribe some medications. This convenient and affordable option provides you on-demand access to treat many medical conditions. As always, call 911 for any emergency.

Telemedicine is provided through First Primary Care and can be accessed by downloading the app or calling +1-281-801-4388 for membership or eligibility, +1-832-737-8622 for care coordination.

Staying Connected Year-Round

First Primary Care

At First Primary Care, you get unlimited doctor visits and follow-ups included in one monthly fee with no co-pays or deductibles, and a complete range of health services that cover your primary health needs.

- No Copays or Deductibles
- Unlimited Access to Your Dedicated Doctor – In Person, Video, Text or Phone
- No Waiting Rooms
- Free Generic Prescription Medications
- Free Lab Tests With Bio Marker Analysis
- Free In Office Minor Procedures
- Free Mental Health Support

GETTING STARTED IS EASY

One: Enroll in the medical plan offered at Centenary

You get unlimited, unrestricted access to your FPC doctor through in-person visits and the Spruce Health app for text and video access. You'll also unlock reduced wholesale pricing for most lab work, radiology, and select prescription medications.

Two: Meet your FPC doctor

With FPC you will spend 45 minutes with your doctor on your first visit for a Comprehensive Health and Wellness Assessment. The better we know you, the better we can serve you.

Three: Complete your assessment

Your membership includes a comprehensive health exam and biomarker lab screening, a complete Medical History Review and Documentation, and FREE generic prescription drugs.

Medical

Centenary College of Louisiana's medical coverage, through First Primary Care, provides you and your family the protection you need for everyday health issues or unexpected medical expenses.



How Medical Coverage Works

When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion, as detailed below. Note that preventive care — like physical exams, flu shots and screenings — is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care. The plans have different:

- **Deductibles** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs.
- **Copays** — a fixed amount you pay for a health care service. Copays do not count toward your annual deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurances** — Once you've met your deductible, you and the plan share the cost of care, which is called coinsurance. For example, you pay 20% for services and the plan pays 80% of the cost until you reach your annual out-of-pocket maximum.
- **Out-of-pocket maximums** — the most you will pay each year for eligible in- or out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan pays the full cost of eligible health care services for the rest of the year.
- **Prescription programs** — You are responsible for the applicable costs until the overall out-of-pocket maximum has been met.

Before You Enroll

Consider this:

1. Think about the per-pay-period cost and out-of-pocket expenses you will incur and your possible future medical expenses. The option that has the highest per-pay-period cost typically pays more, which results in lower deductibles, coinsurance, and/or copays when you need care.
2. Want to stay with your doctor? Ensure they are in the plan's network by visiting www.firstprimarycare.com and www.cigna.com. If they're out of network, services may not be covered or may be more expensive.
3. Consider the cost of services and prescription drugs you expect to receive during the year.
4. Evaluate how your out-of-pocket expenses may fluctuate and consider adding accident and/or critical illness insurance to help offset your out-of-pocket medical costs.

The table below summarizes the key features of the medical coverage. Please refer to the official plan documents for additional information on coverage and exclusions.

	Base Plan		
	Coordinated through First Primary Care		
	In-Network		
Calendar Year Deductible			
Individual	\$0		
Family	\$0		
Calendar Year Out-of-Pocket Maximum (Includes Deductible)			
Individual	\$0		
Family	\$0		
	You pay		
Coinsurance	0%		
Preventive Care	\$0		
Telemedicine	\$0		
Primary Care Physician	\$0 for 25 sessions, \$30 per session after 25 sessions		
Specialist	\$0		
Urgent Care	\$0		
Emergency Room	\$500		
Lab & X-ray	\$0		
Hospitalization	\$0		
Diagnostic Imaging (MRI/CT)	\$0		
Pharmacy			
Rx Deductible	N/A		
Rx Out-of-Pocket Max	N/A		
Retail Rx (up to 30-day supply)			
Tier 1	\$25 Copay, \$0 via Capitated Mail Order Program		
Tier 2	\$60 Copay, \$0 if Alternatively Sourced		
Tier 3	\$100 Copay, \$0 if Alternatively Sourced		
Medical Payroll Deductions	Monthly 12 months	Monthly 10 months	Bi-Weekly (24)
Employee Only	\$83.36	\$100.03	\$41.68
Employee + Spouse	\$319.22	\$383.06	\$159.61
Employee + Child(ren)	\$274.87	\$329.84	\$137.44
Employee + Family	\$394.36	\$473.23	\$197.18
*After Deductible			

The table below summarizes the key features of the medical coverage. Please refer to the official plan documents for additional information on coverage and exclusions.

	HSA Plan			PPO Plan		
	Cigna Network			Cigna Network		
	In-Network			In-Network		
Calendar Year Deductible						
Individual	\$5,000			\$3,000		
Family	\$10,000			\$6,000		
Calendar Year Out-of-Pocket Maximum (Includes Deductible)						
Individual	\$9,100			\$6,000		
Family	\$18,200			\$12,000		
	You pay			You pay		
Coinsurance	30%			30%		
Preventive Care	\$0			\$0		
Primary Care Physician	30%*			\$35		
Specialist	30%*			\$75		
Urgent Care	30%*			\$75		
Emergency Room	30%*			\$500		
Lab & X-ray	30%*			30%*		
Hospitalization	30%*			30%*		
Diagnostic Imaging (MRI/CT)	30%*			30%*		
Pharmacy						
Rx Deductible	N/A			N/A		
Rx Out-of-Pocket Max	Included in medical			Included in medical		
Retail Rx (up to 30-day supply)						
Tier 1	\$25 Copay, \$0 via Capitated Mail Order Program			\$25 Copay, \$0 via Capitated Mail Order Program		
Tier 2	\$60 Copay, \$0 if Alternatively Sourced			\$60 Copay, \$0 if Alternatively Sourced		
Tier 3	\$100 Copay, \$0 if Alternatively Sourced			\$100 Copay, \$0 if Alternatively Sourced		
Medical Payroll Deductions	Monthly 12 months	Monthly 10 months	Bi-Weekly (24)	Monthly 12 months	Monthly 10 months	Bi-Weekly (24)
Employee Only	\$211.46	\$253.75	\$105.73	\$225.73	\$270.88	\$112.87
Employee + Spouse	\$590.72	\$708.86	\$295.36	\$630.70	\$756.84	\$315.35
Employee + Child(ren)	\$502.39	\$602.87	\$251.20	\$536.35	\$643.62	\$268.18
Employee + Family	\$738.21	\$885.85	\$369.10	\$788.15	\$945.78	\$394.08
*After Deductible						

Health Savings Account (HSA)

A Health Savings Account (HSA) is a personal savings account through Flores that you own and can use to pay for qualified out-of-pocket medical expenses. Your contributions to the HSA are taken out of your paycheck and are tax-free. Once you enroll in the HSA, you'll receive a debit card to pay for qualified out-of-pocket medical expenses. Your HSA can be used to pay for your health care expenses and those of your spouse and dependents, even if they are not covered by the High Deductible Health Plan (HDHP).

How a Health Savings Account (HSA) Works



Eligibility

Anyone who is:

- Covered by a High Deductible Health Plan (HDHP);
- Not covered under another medical plan that is not a High Deductible Health Plan (HDHP);
- Not entitled to Medicare benefits;
- Not eligible to be claimed on another person's tax return;
- Not in receipt of VA benefits within the last three months; or
- Not covered under your or your spouse's Flexible Spending Accounts (FSAs), except for a Limited Purpose FSA



Your Contributions

You choose how much to contribute from each paycheck on a pretax basis.

You can contribute up to the IRS maximum of \$4,400/individual or \$8,750/family.

You can make an additional "catch-up" contribution of up to \$1,000 per year if you are age 55 or older.



Eligible Expenses

You can use your HSA to pay for medical, dental, vision, and prescription drug expenses incurred by you and your eligible family members. *Please note: Funds available for reimbursement are limited to the balance in your HSA.*



Using Your Account

Use the debit card linked to your HSA to cover eligible expenses — or pay for expenses out of your own pocket and save your HSA dollars for future health care expenses.



Your HSA is always yours – no matter what

One of the best features of an HSA is that money left over at the end of the year remains in the account so you can use it the following year or at any time in the future. If you leave Centenary College of Louisiana or retire, your HSA goes with you.

Dental

Taking care of your oral health is not a luxury; it is necessary for optimal long-term health. With a focus on prevention, early diagnosis and treatment, dental coverage can greatly reduce the cost of restorative and emergency procedures. Preventive services at in-network providers are generally covered at no cost to you and include routine exams and cleanings. You pay a small deductible and coinsurance for basic and major services.

You may enroll yourself and your eligible dependents — or you may waive dental coverage. You do not have to be enrolled in medical coverage to elect a dental plan.

Centenary College of Louisiana offers dental coverage through Mutual of Omaha. For information on finding a dental provider using the Mutually Preferred network, visit www.MutualofOmaha.com/Dental and click on Find a Dentist.

Before You Enroll

Consider this:

1. Most in-network preventive cleanings and exams are covered at 100%.
2. You may receive dental care in- or out-of-network. However, when you go out of network, the provider can charge more and the plan will only reimburse up to the reasonable and customary rates.



The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions.

	PPO Plan		
	Mutually Preferred Network		
	In-Network	Out-of-Network	
Calendar Year Deductible			
Individual	\$50		
Family	\$150		
Calendar Year Benefit Maximum			
Per Individual	\$1,500		
	You pay		
Preventive Care			
Exams, Cleanings, X-rays, Fluoride Treatments, Space Maintainers, Sealants	0%		
Basic Services			
Fillings, Extractions	10%*		
Major Services			
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs, Oral Surgery, Endodontics, Periodontics	40%*		
Orthodontia			
Children (up to 26th birthday)	50% up to a lifetime maximum benefit of \$1,500 per individual; deductible waived		
Dental Payroll Deductions	Monthly 12 months	Monthly 10 months	Bi-Weekly (24)
Employee Only	\$18.17	\$21.80	\$9.08
Employee + Spouse	\$37.59	\$45.11	\$18.80
Employee + Child(ren)	\$53.22	\$63.86	\$26.61
Employee + Family	\$71.78	\$86.13	\$35.89
*After deductible			

Vision

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents — or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect a vision plan.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Centenary College of Louisiana offers vision coverage through Mutual of Omaha using the EyeMed Insight network. For information on finding a vision provider, visit www.mutualofomaha.com/vision.

	Vision Plan		
	In-Network	Out-of-Network	
	You pay	Reimbursement	
Cost			
Exam	\$10	Up to \$37	
Materials	\$25	See Below	
Covered Services – Lenses			
Single Lenses	\$25	Up to \$20	
Bifocals	\$25	Up to \$36	
Trifocals	\$25	Up to \$64	
Frames	\$0 copay, \$130 allowance, 20% off balance	Up to \$58	
Covered Services – Contacts in lieu of Frames/Lenses			
Contacts – Medically Necessary	\$0	Up to \$210	
Contacts – Elective	Conventional: \$0 copay, \$130 allowance, 15% off balance Disposable: \$0 copay, \$130 allowance	Conventional: Up to \$89 Disposable: Up to \$104	
Benefit Frequency			
Exams	Once every 12 Months		
Lenses	Once every 12 Months		
Frames	Once every 12 Months		
Contacts (in lieu of lenses)	Once every 12 Months		
Vision Payroll Deductions	Monthly 12 months	Monthly 10 months	Bi-Weekly (24)
Employee Only	\$4.04	\$4.85	\$2.02
Employee + Spouse	\$7.93	\$9.52	\$3.97
Employee + Child(ren)	\$8.53	\$10.24	\$4.26
Employee + Family	\$12.31	\$14.77	\$6.15

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. There are two types of FSAs – the Health Care FSA, and the Dependent Care FSA:

- **Health Care FSA** – Used to pay for out-of-pocket expenses associated with your medical, dental or vision plan such as copayments, coinsurance deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.
- **Dependent Care FSA** – Used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time.

You cannot use your Health Care FSA to pay for dependent care expenses, and you cannot use your dependent care FSA to pay for health care expenses.

Important: The IRS has a “use it or lose it” rule. If you do not spend all of the money in your FSA by the annual deadline, any unused dollars in your account(s) will be forfeited.

How the Health Care FSA Works	How the Dependent Care FSA Works
You may contribute up to \$3,400 per year, pretax	You may contribute up to \$7,500 per year, pretax, or \$3,750 if married and filing separate tax returns
You receive a debit card to pay for eligible medical expenses (funds must be available in your account)	You submit claims for reimbursement; no debit cards are provided
Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses and over-the-counter medications prescribed by your doctor	Can be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs
Submit claims up to March 31 of the following year for expenses from January 1 to December 31	Submit claims up to March 31 of the following year for expenses from January 1 to December 31
At the end of the calendar year, participants can roll over up to \$680 of unused health care funds. Any remaining funds exceeding \$680 will be forfeited per IRS regulations.	If you do not spend all the money in this FSA by March 31, unused dollars will be forfeited per IRS regulations

How You Can Save on Taxes with FSAs

Here's an example of how much you can save when you use the FSAs, through Flores, to pay for your predictable health care and dependent care expenses.

	Health Care FSA		Dependent Care FSA	
	Without FSA	With FSA	Without FSA	With FSA
Your taxable annual income	\$50,000	\$50,000	\$50,000	\$50,000
Account deposit (before taxes)	N/A	\$2,850	N/A	\$5,000
Taxable wages	\$50,000	\$47,150	\$50,000	\$45,000
Federal and Social Security taxes	\$14,325	\$13,609	\$14,325	\$12,894
Expense (after taxes)	\$2,850	N/A	\$5,000	N/A
Take home (net)	\$32,825	\$33,541	\$30,675	\$32,106
Annual tax savings with the FSAs	\$0	\$716	\$0	\$1,431

It's important to note that if you contribute to a Health Savings Account (HSA), you may not participate in the Health Care FSA reimbursement account.



Basic Life and Accidental Death & Dismemberment (AD&D)

Basic Life insurance is provided by your employer at no cost to you. This policy is administered by Mutual of Omaha, and pays a lump-sum benefit to your beneficiaries to help meet expenses in the event you pass away. Accidental death and dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (such as loss of sight or the loss of a limb), the benefit you receive is a percentage of the total AD&D coverage you elected based on the severity of the accidental injury.

Beneficiary Information

Situations often change, resulting in the need to update beneficiary information. You should review and update this information every year, or prior to retirement. Contact Human Resources for more information.

Basic Life / AD&D Insurance - For You and Your Dependents	
	Basic Life and AD&D
Coverage Amount	Employee: One times your base annual salary up to \$250,000, with a minimum of \$10,000. Spouse: \$5,000 Child: \$2,000 (Limited to \$400 for under 14 days old)
Evidence of Insurability (EOI) / Proof of Good Health	Not required
Age Reduction Schedule	Benefits reduce by: 33% at age 65, 67% at age 70.

Imputed Income

Under current tax laws, imputed income is the value of your basic life insurance that exceeds \$50,000 and is subject to federal income, Social Security and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.

Voluntary Life and Accidental Death & Dismemberment

Voluntary life and AD&D insurance allows you to tailor coverage for your individual needs and provide financial protection for your beneficiaries in the event of your death or accidental serious injury. Voluntary life insurance for you and your dependents, also administered by Mutual of Omaha, can help protect your family during difficult times.

Voluntary Life / AD&D Insurance - For You and Your Dependents			
	Employee	Spouse	Child(ren) up to age 26
Coverage Amount	Increments of \$10,000 up to \$500,000 - not to exceed five times your salary	Increments of \$5,000 up to \$250,000 – not to exceed 100% of Employee coverage	Increments of \$1,000 to a maximum of \$10,000
Guaranteed Issue (GI)	Five times your salary, Up to \$150,000	\$50,000	\$10,000
Evidence of Insurability (EOI) / Proof of Good Health	Currently Enrolled: Can increase up to \$20,000 up to GI without EOI Newly Eligible: Elect up to GI without EOI	Currently Enrolled: EOI is required for any increase after initial enrollment Newly Eligible: Elect up to GI without EOI	Not required

Before You Enroll

Consider this:

1. Typically, the right amount of coverage will depend on your age, your family situation, and any personal savings you may have.
2. It's important to understand any EOI rules that apply. If you enroll when you first become eligible, Voluntary Term Life Insurance for you and your spouse is guaranteed up to the amounts shown in the table. If you initially waive this coverage but want to enroll at a later date, you may need to provide satisfactory EOI before any coverage can take effect.
3. Think about who you want to designate as beneficiaries and make sure to name them as beneficiaries on your policy.

Voluntary Life / AD&D Monthly Rate per \$1,000 by Age			
<25	\$0.096	50-54	\$0.244
25-29	\$0.096	55-59	\$0.365
30-34	\$0.113	60-64	\$0.652
35-39	\$0.139	65-69	\$0.993
40-44	\$0.157	70-74	\$2.576
45-49	\$0.174	75+	\$2.576
Employee and Spouse AD&D Rate per \$1,000	Included in listed rates	Child Life and AD&D rate per \$1,000	\$0.200

Disability

Disability insurance can help you remain financially stable by providing a portion of your income if you become disabled and are unable to work. These benefits are provided at no cost by Centenary College of Louisiana through Mutual of Omaha for STD & LTD. You are automatically covered as a full-time employee – no enrollment is needed.

Short-Term Disability Benefits at a Glance

Weekly Benefit	66 2/3% of weekly earnings
Weekly Maximum	\$1,500 per week
Benefit Duration	26 weeks
Elimination Period	30 days
Pre-Existing Limitation	3/12*

*Benefits may not be paid for any condition treated within three months prior to your effective date until you have been covered under this plan for 12 months.

Long-Term Disability Benefits at a Glance

Monthly Benefit	60% of monthly earnings
Monthly Maximum	\$10,000 per month
Benefit Duration	Prior to age 62: To age 65 or SSNRA or 3.5 years, whichever is longest At age 62 (and older): Based on a reduced duration schedule
Elimination Period	180 days
Pre-Existing Limitation	3/12*

*Benefits may not be paid for any condition treated within three months prior to your effective date until you have been covered under this plan for 12 months.

Pre-Existing Conditions

A pre-existing condition is an injury or illness for which you have received advice or treatment from a doctor within three months of the effective date of your insurance plan.

A qualifying disability is a sickness or injury certified by a physician that causes you to be unable to perform your normal duties.

Supplemental Benefits

Supplemental benefits plans such as accident and critical illness insurance can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans are 100% voluntary and are not medical insurance. Coverage is available for your spouse and children with most plans.

Most plans pay benefits regardless of any other insurance and benefits are paid directly to you, unless you specify otherwise. Benefits can help pay for expenses other insurance may not cover, such as out-of-pocket expenses, lost income, childcare, travel to and from treatment, home health care costs or regular household expenses.

Before You Enroll

Consider this:

1. What would happen if you had an accident or became seriously ill and became unable to work? Would you be covered financially?
2. These benefits provide a lump-sum payment that can help you cover unexpected medical expenses or make up for missed income.

Accident

Accident coverage, through Mutual of Omaha, is designed to provide a cash benefit in the event of a covered accident or injury. The plan will pay a set amount based on the injury suffered and treatment received, regardless of any other insurance.

Sample of Eligible Expenses

 Emergency Room Visits	 Hospital Stays
 Medical Exams – Including major diagnostic exams	 Physical Therapy
 Fractures and Dislocations	 Transportation and Lodging – if you are away from home when the accident happens

Click [here](#) to see a full list of covered accidents.

Accident Monthly Payroll Deductions

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$11.85	\$20.44	\$20.43	\$29.02

Critical Illness Insurance

Critical illness coverage, through Mutual of Omaha, provides a lump-sum cash benefit in the event you are diagnosed with a qualifying illness to help offset the unexpected associated costs. The plan will pay regardless of any other insurance. Critical illness coverage is **not** medical insurance.

Benefit Amounts	
Employee	\$5,000 to \$50,000 in \$5,000 increments
Spouse	\$1,000 to \$25,000 in \$1,000 increments – not to exceed 100% of Employee coverage
Children	25% of Employee coverage, up to \$13,000
Click here to see a full list of covered illness and cost of coverage	



Planning for Retirement

What does retirement look like for you? Whatever your vision for retirement is, it's important to plan ahead so you have the income you'll need in the future.

One of the best ways to ensure a secure retirement is to start saving as early as possible. Our 403(b) savings plan, through TIAA, allows you to save for retirement on a pretax basis. You can begin contributing to the plan through pretax payroll deductions as soon as you become eligible.

Increase Your Retirement Savings with a 403(b)

- Centenary College of Louisiana will match your contribution for each dollar you contribute to the plan, up to the first 5%.
- You can contribute using convenient payroll deductions up to the IRS limit of \$24,500 per year.
- You can change the amount of your contributions or stop your payroll contributions at any time.
- You can decide how to invest your 403(b) or allow the plan to choose for you.
- Are you age 50 or older? You can make an additional “catch-up” contribution of up to \$8,000 to save even more.
- To learn more about TIAA resources available to you click here <https://ccla-web.s3.amazonaws.com/files/resources/tiaa-advice-overview.pdf>
- To change your current TIAA withholding please contact the Human Resources Office at hr@centenary.edu
- For more information, contact Human Resources or visit www.tiaa.org, including eligibility requirements.



Additional Benefits

Employee Assistance Program

Centenary College of Louisiana also provides you access to the Employee Assistance Program (EAP) at no cost. This program, available through Mutual of Omaha, provides professional, confidential telephonic or face-to-face counseling services to you and your loved ones. You are eligible to receive three telephone sessions per person, per plan year. The EAP can help you resolve personal issues and problems before they affect your health, relationships and work performance.

This program is available 24 hours a day, 365 days a year for confidential assistance and referral services with items such as:

- Managing stress
- Marital or family problems
- Anxiety and depression
- Substance abuse (alcohol and/or drugs)
- Financial issues
- Childcare issues — including identifying schools, daycare, tutors, and more
- Aging parents

It's important to note that all EAP conversations are voluntary and strictly confidential. If you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical plan.

Samaritan Fund Program

This program supports those who have serious medical conditions or high-cost medications that may be financially difficult, even with insurance in place. If accepted, you will get an individual health insurance plan combined with financial assistance that will leave you with little to no out-of-pocket costs for insurance premiums or care. If not accepted, you will have the option to elect the college's medical plan at open enrollment for the upcoming plan year.

- Simple Qualification - A representative guides you through the steps to see if you qualify. The information you share with us is kept secure.
- Effortless Onboarding - Your representative will set you up, and you're on your way before you know it.
- Streamlined Maintenance - You will be provided with a pre-loaded Samaritan Fund Program debit card with the funds specific to your program. This debit card allows you to pay for qualified medical expenses and prescriptions. There is also a Samaritan Fund mobile app that is available 24/7 to check balances and pull important documents.
- Comprehensive Support - Your devoted representative is available to support your health.

For more information, contact Human Resources.

Social Security and Other Benefits

Centenary College contributes 6.20% of the first \$168,600 of salary towards a social security retirement benefits for you and your family. The monthly payments you will receive depend on your average earnings on jobs covered by Social Security. If you pre-tax your benefit dollars, your social security contributions will be reduced by the amount of what is pre-taxed.

- **Workers' Compensation:** All employees, 100% of all medical, hospital, and doctor's charges for injury or accident which is occupationally caused
- **Unemployment Insurance:** All employees
- **Vacation and Sick Leave:** Full-time employees – staff only
- **Unpaid Family Medical Leave:** Full-time and part time employees – certain restrictions apply
- **Jury Duty Leave:** Full-time and part-time employees
- **Bereavement Leave:** Full-time and part-time employees
- **Tuition Remission:** Full-time and part-time employees
- **Direct Deposit:** All employees
- **Gym Facility:** All employees, free membership
- **Holidays:** Full-time and part-time employees
- **Good Oral Health = Better Overall Health**

Through an affiliation with Z Sonic, Mutual of Omaha dental customers can take advantage of an exclusive offer to purchase the Z Sonic toothbrush for \$90 off its retail price and get regular brush heads for \$2.75 each or premium brush heads for \$3.50 each, when you buy 4!.

Hearing Discount Program

Your hearing aid discount program, provided by amplifon through a partnership with Mutual of Omaha provides benefits that include:

- Custom hearing solutions
- Risk-free 60-day trial
- Hearing aid low price guarantee
- Continuous care

For more information, visit

www.amplifonusa.com/mutualofomaha.

Will Preparation Services

Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die. Whether you're single, married, have children, or are a grandparent, your will should be tailored for your life situation.

Epoq, through a partnership with Mutual of Omaha, offers a secure account space that allows you to prepare wills and other legal documents:

- Last Will and Testament
- Power of Attorney
- Healthcare Directive
- Living Trust

Travel Assistance Program

If you're looking for peace of mind while traveling, consider the travel assistance program. It offers toll-free emergency assistance to you, your spouse and your dependents 24 hours a day, seven days a week when you're traveling 100 miles or more from your primary home for 90 days or less. For more information about this benefit, provided by Mutual of Omaha - for inside US inquiries call +1-800-856-9947, for outside US +1-312-935-3658.

Important Contacts

Coverage	Administrator	Phone	Email / Website
Human Resources	Patricia Netherton Director of HR	Direct Line: +1-318-869-5191 Cell: +1-318-465-6250	hr@centenary.edu pnetherton@centenary.edu
PPO/HDHP & Other Benefit Support Services	Marsh McLennan Agency	844-208-5744 PIN 2143	centenarybenefits@marshmma.com
Telemedicine - Spruce	First Primary Care	Membership: +1-281-801-4388 Care Coordination: +1-832-737-8622	enroll@woop.care care@firstprimarycare.com
FPC Medical Plan - Support Services	First Primary Care	-	www.firstprimarycare.com
Dental	Mutual of Omaha	+1-800-927-9197	www.mutualofomaha.com/dental
Vision	Mutual of Omaha	+1-833-279-4355	www.mutualofomaha.com/vision
Health Savings Account (HSA)	Flores & Associates	+1-800-532-3327	www.flores247.com
Flexible Spending Accounts (FSAs)	Flores & Associates	+1-800-532-3327	www.flores247.com
Life and AD&D	Mutual of Omaha	+1-888-482-7342	www.mutualofomaha.com
Short-Term Disability	Mutual of Omaha	Contact Human Resources	hr@centenary.edu
Long-Term Disability	Mutual of Omaha	+1-888-482-7342	www.mutualofomaha.com
Accident Insurance	Mutual of Omaha	+1-888-482-7342	www.mutualofomaha.com
Critical Illness Insurance	Mutual of Omaha	+1-888-482-7342	www.mutualofomaha.com
403(b) Retirement	TIAA	+1-800-842-2252 +1-800-732-8353	www.tiaa.org
Employee Assistance Program (EAP)	Mutual of Omaha	+1-800-316-2796	www.mutualofomaha.com/eap
Samaritan Fund Program	Samaritan Fund	Contact Human Resources	-
Will Preparation Services	Epoq	-	www.willprepservices.com code: mutualwills
Hearing Discount Program	amplifon	-	www.amplifonusa.com/mutualofomaha
Travel Assistance Program	Mutual of Omaha	Within the U.S. +1-800-856-9947 Outside the U.S. +1-312-935-3658	-

Glossary

Allowed Amount: Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing)

Annual Maximum Benefit: A cap on the benefits your insurance company will pay in a year while you’re enrolled in a particular benefit plan. After an annual limit is reached, you must pay all associated health care costs for the rest of the year.

Balance Billing: When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A provider who balance bills is typically known as an out-of-network provider. An in-network provider cannot balance bill you for covered services.

Coinsurance: The percentage of costs of a covered health care service you pay (20%, for example) after you’ve paid your deductible.

Copayment (copay): A fixed amount (\$20, for example) you pay for a covered health care service. Copays can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

Guarantee Issue Amount: The amount of coverage you can be automatically approved for. If you apply for more coverage than the guarantee issue amount, you will have to complete an Evidence of Insurability form and be approved for your coverage amount. Usually only available at your first enrollment opportunity.

In-Network: Providers who contract with your insurance carrier. In-network coinsurance and copayments usually cost you less than out-of-network providers.

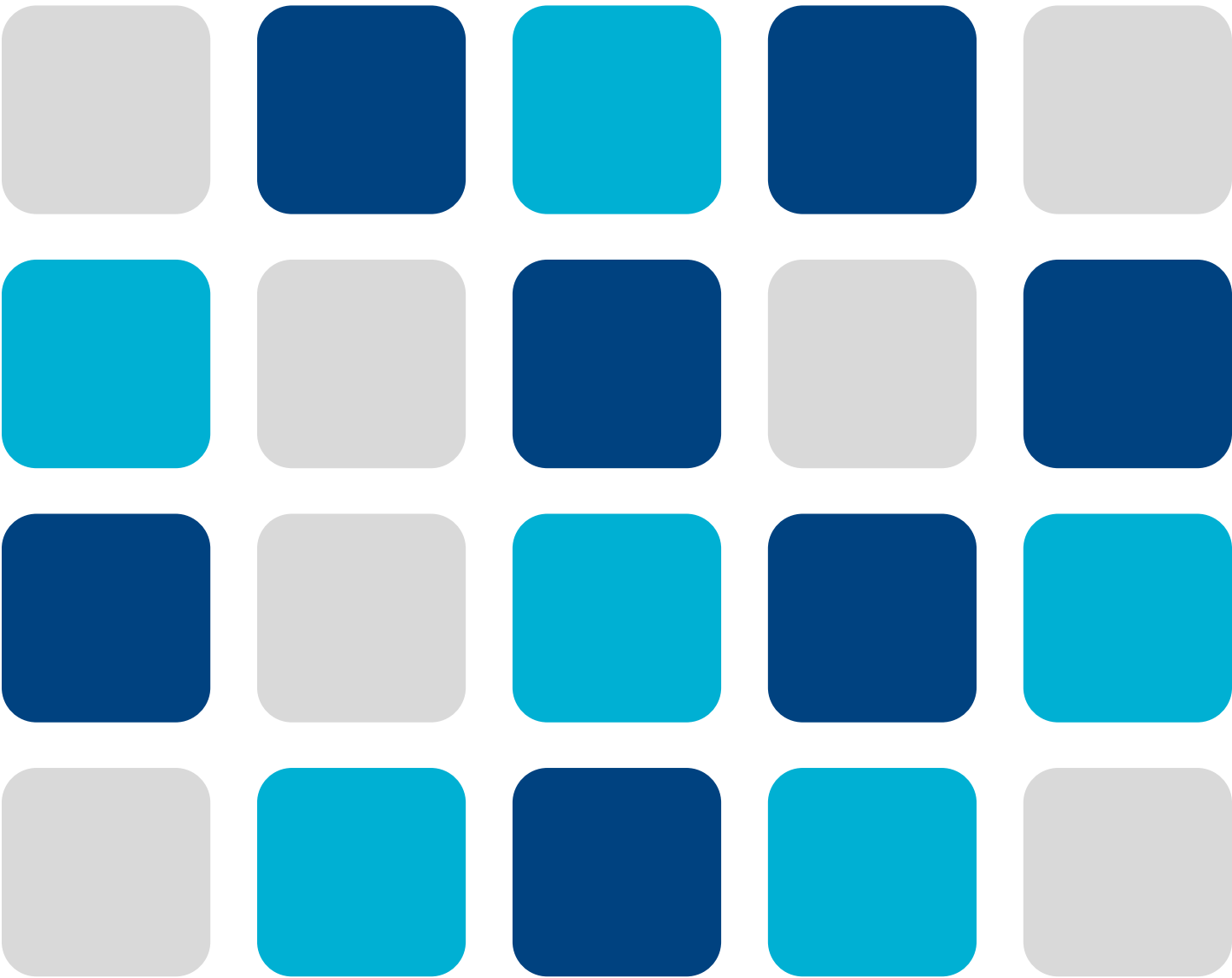
Out-of-Network: Providers who don’t contract with your insurance carrier. Out-of-network coinsurance and copayments usually costs you more than in-network coinsurance. In addition, you may be responsible for anything above the allowed amount (see Balance Billing).

Out-of-Pocket Maximum: The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn’t include your monthly premiums. It also doesn’t include anything you may spend for services your plan doesn’t cover.

Prescription Drug Formulary: A list of prescription drugs covered by a prescription drug plan. Also called a drug list.

Prior Authorization: Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.

Preventive Care: Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.



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