

2026 BENEFIT HIGHLIGHTS

Southeastern is committed to maintaining affordable benefits for our employees. Lion Advantage offers several ways for you to supplement your benefits and offset out-of-pocket cost; therefore, we are continuing to provide access to additional coverage options to help lower your out-of-pocket expenses. You will see a slight increase in your vision premiums. All other supplemental coverage premiums will remain the same.

2026 Carriers:

- » Dental insured through Humana
- » Vision insured through Humana
- » Life and Disability insured through The Standard
- » Permanent/Whole Life with Long-Term Care insured through Allstate
- » Critical Illness, Accident Insurance, and Hospital Indemnity insured through The Standard
- » Cancer insurance through Allstate
- » Identity Theft through InfoArmor
- » Prepaid Legal through LegalShield

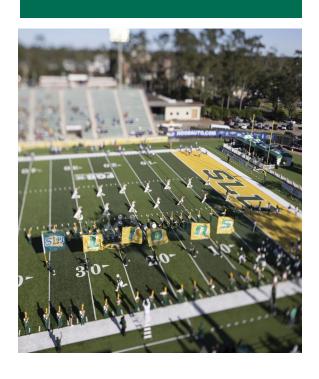


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LION

Supplemental Benefits —

We all work together to make Lion Advantage a success, and our teamwork extends to your benefits. Your health and well-being are important to us, so we provide benefit options to make your life and your family's lives better. Together, let's invest in you. Read over this guide for details on your 2026 benefits from A to Z. If you have questions, your Benefits Partners are here to help.



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See **page 34** for important information concerning Medicare Part D coverage.

ELIGIBILITY & ENROLLMENT



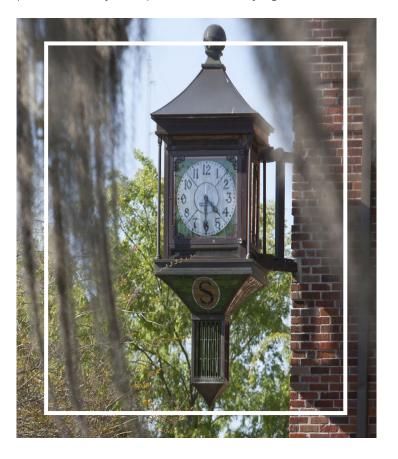
Lion Advantage offers a variety of benefits to support your and your family's needs. Choose options that cover what's important to your unique lifestyle.

Eligibility

If you are a full-time employee of Southeastern Louisiana University in a regular appointment working 30 hours a week or more you may be eligible to participate in Lion Advantage, our supplemental benefits that include dental, vision, life, disability, and other insurance plans.

When Does Coverage Begin?

The elections you make during open enrollment are effective January 1, 2026. If you are a new hire, benefits will become effective on the first of the month following 30 consecutive days of employment. If hired on the first of the month, benefits will become effective first of the following month. Due to IRS regulations, once you have made your choices for the 2026 plan year, you won't be able to change your benefits until the next enrollment period unless you experience a Qualifying Life Event.



Eligible Dependents

Dependents eligible for coverage in the Lion Advantage benefit plans include:

- » Your legal spouse
- » Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children and children for whom legal guardianship has been awarded to you or your spouse)
- » Dependent children 26 or more years old, unmarried and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required)

Verification of dependent eligibility may be required upon enrollment.



Thoughts & Tips: You CANNOT change your benefit selections during the plan year unless you have a Qualifying Life Event, such as marriage and/or the birth or adoption of a child.

ENROLL NOW!

What are Qualifying Life Events?

Most people know you can change your benefits when you start a new job or during Open Enrollment. But did you know that changes in your life may permit you to update your coverage at other points in the year? Qualifying Life Events (QLEs) determined by the IRS could allow you to enroll in health insurance or change your elections outside of Open Enrollment.

Common qualifying events include:

A change in your legal marital status (marriage, divorce or legal separation)

A change in the number of your dependents (for example, through birth or adoption, or if a child is no longer an eligible dependent)

A change in your spouse's employment status (resulting in a loss or gain of coverage)

Some lesser-known qualifying events are:

Turning 26 and losing coverage through a parent's plan

A change in your employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility

Entitlement to Medicare or Medicaid

Eligibility for coverage through the Marketplace

Changes in your address or location that may affect the coverage for which you are eligible

Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Death in the family (leading to change in dependents or loss of coverage)

When a Qualifying Life Event occurs, you have 30 days to request changes to your coverage. Keep in mind your change in coverage must be consistent with your change in status.

Questions regarding specific life events and your ability to request changes should be directed to Southeastern's Benefits Team. Don't miss out on a chance to update your benefits!

PREPARING FOR OPEN ENROLLMENT



Your premiums for dental and vision benefits are deducted on a pre-tax basis, reducing your tax liability. Please note that employee premiums vary depending on level of coverage. Typically, the more coverage you have, the higher your premium.

You may select any combination of dental and/or vision plan coverage. For example, you could select dental coverage for you and your entire family, but select vision coverage only for yourself. The only requirement is that you elect coverage for yourself in order to elect any dependent coverage.

Open Enrollment To-Do



Update your personal information.

If you've experienced a Qualifying Life Event in the last year, you may need to change your elections or update your details.

Need Assistance with Enrollment or Have Benefit Questions?

Enrollment assistance is available by contacting the Southeastern Benefits Team at 985-549-2587 or Benefits@Southeastern.edu

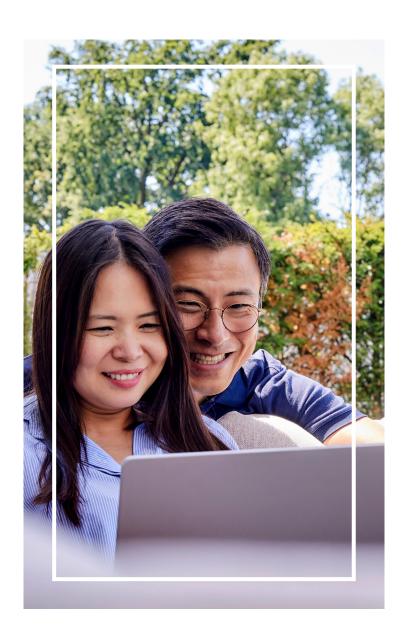
or

PlanSource is available 8 am – 11 pm EST, Monday through Friday to address your questions and help you through the enrollment process:

PlanSource at 844-396-5951

The link below will take you directly to the PlanSource enrollment portal to enroll for 2026 Lion Advantage supplemental benefits.

https://benefits.plansource.com



MEDICAL MONTHLY PREMIUM RATES



OF GROUP SERVICE OF COURSE OF COURSE

OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES ALL OGB-PARTICIPATING AGENCIES, EXCLUDING PARISH & CITY SCHOOL BOARDS

Rates effective January 1, 2026 (75% employer participation level)

For a complete list of premium rates for all employer types and at all employer participation levels, please visit info.groupbenefits.org.

| * COUISIANA | | olia Open A red by Louisi | | | gnolia Loc ed by Louis | | | olia Local I ed by Louis | | | ican HSA77 red by Louis | | | can HRA10 red by Louisi | |
|------------------------------------|----------------|------------------------------|------------------|----------------|---------------------------|------------------|----------------|-----------------------------|------------------|----------------|----------------------------|------------------|----------------|----------------------------|------------------|
| | State Share | Employee Share | Total Premium | State Share | Employee Share | Total Premium | State Share | Employee Share | Total Premium | State Share | Employee Share | Total Premium | State Share | Employee Share | Total Premium |
| ACTIVE EMPLOYEE | | | | | | | | | | | | | | | |
| ENROLLEE ONLY | \$781.10 | \$260.28 | \$1,041.38 | \$636.86 | \$212.22 | \$849.08 | \$751.36 | \$250.42 | \$1,001.78 | \$271.54 | \$90.46 | \$362.00 | \$469.46 | \$156.46 | \$625.9 |
| ENROLLEE + 1 (SPOUSE) | \$1,366.46 | \$845.66 | \$2,212.12 | \$1,114.00 | \$689.50 | \$1,803.50 | \$1,314.40 | \$813.30 | \$2,127.70 | \$475.10 | \$294.00 | \$769.10 | \$821.22 | \$508.24 | \$1,329.4 |
| ENROLLEE + 1 (CHILD) | \$895.48 | \$374.72 | \$1,270.20 | \$730.06 | \$305.44 | \$1,035.50 | \$861.34 | \$360.38 | \$1,221.72 | \$311.40 | \$130.38 | \$441.78 | \$538.32 | \$225.32 | \$763.6 |
| ENROLLEE + CHILDREN | \$895.48 | \$374.72 | \$1,270.20 | \$730.06 | \$305.44 | \$1,035.50 | \$861.34 | \$360.38 | \$1,221.72 | \$311.40 | \$130.38 | \$441.78 | \$538.32 | \$225.32 | \$763.6 |
| FAMILY | \$1,426.92 | \$906.06 | \$2,332.98 | \$1,163.32 | \$738.80 | \$1,902.12 | \$1,372.52 | \$871.42 | \$2,243.94 | \$496.00 | \$314.94 | \$810.94 | \$857.54 | \$544.48 | \$1,402.0 |
| RETIREE WITHOUT MEDICARE | & RE-EMPL | OYED RETII | REE | | | | | | | | | | | | |
| ENROLLEE ONLY | \$1,677.28 | \$260.28 | \$1,937.56 | \$1,367.48 | \$212.22 | \$1,579.70 | \$1,619.28 | \$250.42 | \$1,869.70 | N/A | N/A | N/A | \$1,008.12 | \$156.46 | \$1,164.5 |
| ENROLLEE + 1 (SPOUSE) | \$2,575.80 | \$845.66 | \$3,421.46 | \$2,099.94 | \$689.50 | \$2,789.44 | \$2,488.08 | \$813.30 | \$3,301.38 | N/A | N/A | N/A | \$1,548.08 | \$508.24 | \$2,056.3 |
| ENROLLEE + 1 (CHILD) | \$1,783.46 | \$374.72 | \$2,158.18 | \$1,454.14 | \$305.44 | \$1,759.58 | \$1,722.32 | \$360.38 | \$2,082.70 | N/A | N/A | N/A | \$1,072.30 | \$225.32 | \$1,297.6 |
| ENROLLEE + CHILDREN | \$1,783.46 | \$374.72 | \$2,158.18 | \$1,454.14 | \$305.44 | \$1,759.58 | \$1,722.32 | \$360.38 | \$2,082.70 | N/A | N/A | N/A | \$1,072.30 | \$225.32 | \$1,297. |
| FAMILY | \$2,553.62 | \$851.22 | \$3,404.84 | \$2,081.94 | \$693.98 | \$2,775.92 | \$2,464.16 | \$821.40 | \$3,285.56 | N/A | N/A | N/A | \$1,534.58 | \$511.54 | \$2,046. |
| RETIREE WITH 1 MEDICARE | | | | | | | | | | | | | | | |
| ENROLLEE ONLY | \$472.56 | \$157.50 | \$630.06 | \$385.22 | \$128.44 | \$513.66 | \$463.92 | \$154.62 | \$618.54 | N/A | N/A | N/A | \$284.02 | \$94.70 | \$378.7 |
| ENROLLEE + 1 (SPOUSE) | \$1,746.04 | \$581.96 | \$2,328.00 | \$1,423.54 | \$474.46 | \$1,898.00 | \$1,695.48 | \$565.20 | \$2,260.68 | N/A | N/A | N/A | \$1,049.38 | \$349.76 | \$1,399.1 |
| ENROLLEE + 1 (CHILD) | \$817.90 | \$272.66 | \$1,090.56 | \$666.84 | \$222.26 | \$889.10 | \$797.96 | \$266.04 | \$1,064.00 | N/A | N/A | N/A | \$491.82 | \$163.86 | \$655.6 |
| ENROLLEE + CHILDREN | \$817.90 | \$272.66 | \$1,090.56 | \$666.84 | \$222.26 | \$889.10 | \$797.96 | \$266.04 | \$1,064.00 | N/A | N/A | N/A | \$491.82 | \$163.86 | \$655.6 |
| FAMILY | \$2,326.42 | \$775.42 | \$3,101.84 | \$1,896.70 | \$632.22 | \$2,528.92 | \$2,256.78 | \$752.24 | \$3,009.02 | N/A | N/A | N/A | \$1,398.06 | \$466.02 | \$1,864.0 |
| RETIREE WITH 2 MEDICARE | | | | | | | | | | | | | | | |
| ENROLLEE + 1 (SPOUSE) | \$849.50 | \$283.10 | \$1,132.60 | \$692.58 | \$230.82 | \$923.40 | \$831.58 | \$277.18 | \$1,108.76 | N/A | N/A | N/A | \$510.58 | \$170.14 | \$680.7 |
| FAMILY | \$1,051.72 | \$350.58 | \$1,402.30 | \$857.52 | \$285.80 | \$1,143.32 | \$1,029.60 | \$343.18 | \$1,372.78 | N/A | N/A | N/A | \$632.04 | \$210.70 | \$842.7 |
| C.O.B.R.A. | | | | | | | | | | | | | | | |
| ENROLLEE ONLY | \$0.00 | \$1,062.22 | \$1,062.22 | \$0.00 | \$866.02 | \$866.02 | \$0.00 | \$1,021.84 | \$1,021.84 | \$0.00 | \$369.26 | \$369.26 | \$0.00 | \$638.44 | \$638.4 |
| ENROLLEE + 1 (SPOUSE) | \$0.00 | \$2,256.34 | \$2,256.34 | \$0.00 | \$1,839.60 | \$1,839.60 | \$0.00 | \$2,170.22 | \$2,170.22 | \$0.00 | \$784.44 | \$784.44 | \$0.00 | \$1,356.04 | \$1,356.0 |
| ENROLLEE + 1 (CHILD) | \$0.00 | \$1,295.58 | \$1,295.58 | \$0.00 | \$1,056.20 | \$1,056.20 | \$0.00 | \$1,246.18 | \$1,246.18 | \$0.00 | \$450.62 | \$450.62 | \$0.00 | \$778.92 | \$778.9 |
| ENROLLEE + CHILDREN | \$0.00 | \$1,295.58 | \$1,295.58 | \$0.00 | \$1,056.20 | \$1,056.20 | \$0.00 | \$1,246.18 | \$1,246.18 | \$0.00 | \$450.62 | \$450.62 | \$0.00 | \$778.92 | \$778.9 |
| FAMILY | \$0.00 | \$2,379.62 | \$2,379.62 | \$0.00 | \$1,940.12 | \$1,940.12 | \$0.00 | \$2,288.76 | \$2,288.76 | \$0.00 | \$827.18 | \$827.18 | \$0.00 | \$1,430.04 | \$1,430.0 |
| DISABILITY C.O.B.R.A. | | | | | | | | | | | | | | | |
| ENROLLEE ONLY | \$0.00 | \$1,562.10 | \$1,562.10 | \$0.00 | \$1,273.60 | \$1,273.60 | \$0.00 | \$1,502.66 | \$1,502.66 | \$0.00 | \$543.02 | \$543.02 | \$0.00 | \$938.90 | \$938.9 |
| ENROLLEE + 1 (SPOUSE) | \$0.00 | \$3,318.18 | \$3,318.18 | \$0.00 | \$2,705.28 | \$2,705.28 | \$0.00 | \$3,191.58 | \$3,191.58 | \$0.00 | \$1,153.66 | \$1,153.66 | \$0.00 | \$1,994.20 | \$1,994.2 |
| ENROLLEE + 1 (CHILD) | \$0.00 | \$1,905.30 | \$1,905.30 | \$0.00 | \$1,553.26 | \$1,553.26 | \$0.00 | \$1,832.56 | \$1,832.56 | \$0.00 | \$662.66 | \$662.66 | \$0.00 | \$1,145.44 | \$1,145.4 |
| ENROLLEE + CHILDREN | \$0.00 | \$1,905.30 | \$1,905.30 | \$0.00 | \$1,553.26 | \$1,553.26 | \$0.00 | \$1,832.56 | \$1,832.56 | \$0.00 | \$662.66 | \$662.66 | \$0.00 | \$1,145.44 | \$1,145.4 |
| FAMILY | \$0.00 | \$3,499.50 | \$3,499.50 | \$0.00 | \$2,853.16 | \$2,853.16 | \$0.00 | \$3,365.90 | \$3,365.90 | \$0.00 | \$1,216.46 | \$1,216.46 | \$0.00 | \$2,103.02 | \$2,103.0 |
| NOTE: 1) The breakdown between the | | nd the Employe | | , | | | | • | | | | | Approved | | |

NOTE: 1) The breakdown between the State Share and the Employee Share amounts shown may not be accurate for certain school board employees due to local funding that affects agency funding, which affects agency contributions. Total Premium amounts are correct for all non-risk rated agencies.

3) All plan members who retired on or after July 1, 1997 must have Medicare Part A and Part B to qualify for reduced premium rates.

| Approved | | |
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²⁾ The breakdown between the State Share and Employee Share amounts shown for retirees without Medicare coverage is determined based upon the requirements of LA R.S. 42:851(C)(3), which supersedes the requirements of LA R.S. 42:851(E)(1).

MEDICAL BENEFITS

Magnolia Local

The Magnolia Local plan is a traditional plan that offers \$25 primary care copays and \$50 specialty care copays for members who live in specific coverage areas. Community Blue and Blue Connect networks in Shreveport, New Orleans, Baton Rouge, St. James Parish, and Terrebonne Parish are available for OGB members.

This plan is ideal for members who live in the parishes within the available networks and don't plan to utilize out-of-network care. However, out-of-network care is provided in emergencies.

MAGNOLIA LOCAL

| | EMPLOYEE - SHARE | STATE – SHARE | TOTAL - PREMIUM | | |
|-----------------------|------------------|---------------|-----------------|--|--|
| MONTHLY CONTRIBUTIONS | | | | | |
| ENROLLEE ONLY | \$212.22 | \$636.86 | \$849.08 | | |
| ENROLLEE + 1 (SPOUSE) | \$689.50 | \$1,114.00 | \$1,803.50 | | |
| ENROLLEE + 1 (CHILD) | \$305.44 | \$730.06 | \$1,035.50 | | |
| ENROLLEE + CHILDREN | \$305.44 | \$730.06 | \$1,035.50 | | |
| FAMILY | \$738.80 | \$1,163.32 | \$1,902.12 | | |

| | EMPLOYEE | EMPLOYEE + 1 | EMPLOYEE + 2 OR MORE |
|---|-----------|--------------|----------------------|
| MEDICAL COVERAGE | | | |
| DEDUCTIBLE – ACTIVE RETIREE (on or after 3/1/2015) | \$400 | \$800 | \$1,200 |
| DEDUCTIBLE RETIREE (with or without Medicare before 3/1/15) | \$0 | \$0 | \$0 |
| COPAY (In-Network) | \$25/\$50 | \$25/\$50 | \$25/\$50 |
| OUT-OF-POCKET MAXIMUM – ACTIVE EMPLOYEE (on or after 3/1/15) | \$2,500 | \$500 | \$7,500 |
| OUT-OF-POCKET MAXIMUM – RETIREE (with or without Medicare before 3/1/15) | \$1,000 | \$2,000 | \$3,000 |

Pharmacy Benefits — Liviniti

OGB uses the Liviniti formulary to help members select the most appropriate, lowest-cost options. The formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a copay or coinsurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred brand, non-preferred brand or specialty drug.

| | MEMBER COPAY | ONCE YOU PAY \$1,500 |
|---------------|----------------|----------------------|
| GENERIC | 50% up to \$30 | \$0 |
| PREFERRED | 50% up to \$55 | \$20 |
| NON-PREFERRED | 65% up to \$80 | \$40 |
| SPECIALTY | 50% up to \$80 | \$40 |

Magnolia Local Plus

The Magnolia Local Plus plan offers the same coverage as the Magnolia Local plan, but the area of coverage is greater.

The Local Plus plan is ideal for members who prefer the predictability of copayments rather than using employer funding to offset out-of-pocket costs.

This plan provides care in the Blue Cross nationwide network. Out-of-network care is provided in emergencies only.

MAGNOLIA LOCAL PLUS

| | EMPLOYEE – SHARE | STATE – SHARE | TOTAL – PREMIUM |
|-----------------------|------------------|---------------|-----------------|
| MONTHLY CONTRIBUTIONS | | | |
| ENROLLEE ONLY | \$250.42 | \$751.36 | \$1,001.78 |
| ENROLLEE + 1 (SPOUSE) | \$813.30 | \$1,314.40 | \$2,127.70 |
| ENROLLEE + 1 (CHILD) | \$360.38 | \$861.34 | \$1,221.72 |
| ENROLLEE + CHILDREN | \$360.38 | \$861.34 | \$1,221.72 |
| FAMILY | \$871.42 | \$1,372.52 | \$2,243.94 |

| | EMPLOYEE | EMPLOYEE + 1 | EMPLOYEE + 2 OR MORE |
|---|-----------|--------------|----------------------|
| MEDICAL COVERAGE | | | |
| DEDUCTIBLE – ACTIVE EMPLOYEE/RETIREE (on or after 3/1/2015) | \$400 | \$800 | \$1,200 |
| DEDUCTIBLE RETIREE (with or without Medicare before 3/1/15) | \$0 | \$0 | \$0 |
| COPAY (In-Network) | \$25/\$50 | \$25/\$50 | \$25/\$50 |
| OUT-OF-POCKET MAXIMUM – ACTIVE EMPLOYEE (on or after 3/1/15) | \$3,500 | \$6,000 | \$8,500 |
| OUT-OF-POCKET MAXIMUM – RETIREE (with or without Medicare before 3/1/15) | \$2,000 | \$3,000 | \$4,000 |

Pharmacy Benefits — Liviniti

OGB uses the Liviniti formulary to help members select the most appropriate, lowest-cost options. The formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a copay or coinsurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred brand, non-preferred brand or specialty drug.

| | MEMBER COPAY | ONCE YOU PAY \$1,500 |
|---------------|----------------|----------------------|
| GENERIC | 50% up to \$30 | \$0 |
| PREFERRED | 50% up to \$55 | \$20 |
| NON-PREFERRED | 65% up to \$80 | \$40 |
| SPECIALTY | 50% up to \$80 | \$40 |

Magnolia Open Access

The Magnolia Open Access Plan offers coverage both inside and outside of the Blue Cross nationwide network.

Though the premiums for the Magnolia Open Access plan are higher than OGB's other plans, its moderate deductibles combined with a nationwide network make it an attractive plan for members who live out of state or travel regularly.

MAGNOLIA OPEN ACCESS

| | EMPLOYEE - SHARE | STATE – SHARE | TOTAL - PREMIUM | | |
|-----------------------|------------------|---------------|-----------------|--|--|
| MONTHLY CONTRIBUTIONS | | | | | |
| ENROLLEE ONLY | \$260.28 | \$781.10 | \$1,041.38 | | |
| ENROLLEE + 1 (SPOUSE) | \$845.66 | \$1,366.46 | \$2,212.12 | | |
| ENROLLEE + 1 (CHILD) | \$374.72 | \$895.48 | \$1,270.20 | | |
| ENROLLEE + CHILDREN | \$374.72 | \$895.48 | \$1,270.20 | | |
| FAMILY | \$906.06 | \$1,426.92 | \$2,332.98 | | |

| | EMPLOYEE | EMPLOYEE + 1 | EMPLOYEE + 2 OR MORE | |
|---|--|--------------|----------------------|--|
| MEDICAL COVERAGE | | | | |
| DEDUCTIBLE – ACTIVE EMPLOYEE/RETIREE (on or after 3/1/2015) | \$900 | \$1,800 | \$2,700 | |
| DEDUCTIBLE RETIREE (with or without Medicare before 3/1/2015) | \$300 | \$600 | \$900 | |
| COINSURANCE – ACTIVE EMPLOYEE/ NON-MEDICARE RETIREE (In-Network) | 10% | 10% | 10% | |
| COINSURANCE – MEDICARE RETIREE (In-Network) | 20% | 20% | 20% | |
| ACTIVE EMPLOYEE/NON-MEDICARE RETIREE (Out-of-Network) | 30% | 30% | 30% | |
| OUT-OF-POCKET MAXIMUM – ACTIVE EMPLOYEE/NON-MEDICARE RETIREE (On or After 3/1/15) | \$3,500 | \$6,000 | \$8,500 | |
| OUT-OF-POCKET MAXIMUM – NON-MEDICARE RETIREE (In-Network Before 3/1/15) | \$2,300 individual; plus \$1,300 per additional person up to 2; plus \$1,000 per additional person up to 10 people; \$12,700 for a family of 12+ | | | |
| OUT-OF-POCKET MAXIMUM – MEDICARE RETIREE (Out-of-Network Before 3/1/15) | \$3,300 individual; plus \$2,300 per additional person up to 2; plus \$2,000 per additional person up to 2 additional people; \$12,700 for a family of 5+ | | | |

Pharmacy Benefits — Liviniti

OGB uses the Liviniti formulary to help members select the most appropriate, lowest-cost options. The formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a copay or coinsurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred brand, non-preferred brand name drug, or specialty drug.

| | MEMBER COPAY | ONCE YOU PAY \$1,500 |
|---------------|----------------|----------------------|
| GENERIC | 50% up to \$30 | \$0 |
| PREFERRED | 50% up to \$55 | \$20 |
| NON-PREFERRED | 65% up to \$80 | \$40 |
| SPECIALTY | 50% up to \$80 | \$40 |

Pelican HRA1000

OGB offers the Pelican HRA1000 option to active employees. This plan is administered by BCBSLA and features lower premiums than Magnolia plans in exchange for higher deductibles.

Health Reimbursement Arrangement

A Health Reimbursement Arrangement, or HRA, is an account used to reimburse employees' medical expenses and other medical costs. These funds are available as long as you remain employed by an OGB-participating employer.

The Pelican HRA1000 includes \$1,000 in employer contributions for the employee-only plan and \$2,000 for employee plus dependent plan(s). Funds rollover up to the in-network out-of-pocket maximum, allowing members to build up a balance.

How does it work? Members do not have direct access to the funds. The out-of-pocket portion of a claim will be paid directly by Blue Cross from the member's account. Funds can only be used to cover eligible medical expenses, such as coinsurance, copays, deductibles, and services. Pharmacy, dental, and vision claims are not considered eligible medical expenses and therefore will not be paid for out of the HRA funds.

PELICAN HRA1000

| | EMPLOYEE - SHARE | STATE – SHARE | TOTAL – PREMIUM | | | |
|-----------------------|------------------|---------------|-----------------|--|--|--|
| MONTHLY CONTRIBUTIONS | | | | | | |
| ENROLLEE ONLY | \$156.46 | \$469.46 | \$625.92 | | | |
| ENROLLEE + 1 (SPOUSE) | \$508.24 | \$821.22 | \$1,329.46 | | | |
| ENROLLEE + 1 (CHILD) | \$225.32 | \$538.32 | \$763.64 | | | |
| ENROLLEE + CHILDREN | \$225.32 | \$538.32 | \$763.64 | | | |
| FAMILY | \$544.48 | \$857.54 | \$1,402.02 | | | |

| | EMPLOYEE | EMPLOYEE + 1 | EMPLOYEE + 2 OR MORE | | |
|--|------------------|--------------|----------------------|--|--|
| MEDICAL COVERAGE | MEDICAL COVERAGE | | | | |
| EMPLOYER CONTRIBUTION TO HRA | \$1,000 | \$2,000 | \$2,000 | | |
| DEDUCTIBLE (In-Network) | \$2,000 | \$4,000 | \$4,000 | | |
| DEDUCTIBLE (Out-of-Network) | \$4,000 | \$8,000 | \$8,000 | | |
| COINSURANCE (In-Network) | 20% | 20% | 20% | | |
| COINSURANCE (Out-of-Network) | 40% | 40% | 40% | | |
| OUT-OF-POCKET MAXIMUM (In-Network) | \$5,000 | \$10,000 | \$10,000 | | |
| OUT-OF-POCKET MAXIMUM (Out-of-Network) | \$10,000 | \$20,000 | \$20,000 | | |

Pharmacy Benefits — Liviniti

The Pelican HRA1000 uses the Liviniti formulary. The formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a copay or coinsurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred brand, non-preferred brand or specialty drug.

| | MEMBER COPAY | ONCE YOU PAY \$1,500 |
|---------------|----------------|----------------------|
| GENERIC | 50% up to \$30 | \$0 |
| PREFERRED | 50% up to \$55 | \$20 |
| NON-PREFERRED | 65% up to \$80 | \$40 |
| SPECIALTY | 50% up to \$80 | \$40 |

Pelican HSA775

OGB offers the Pelican HSA775 option to active employees. This plan is administered by Blue Cross and Blue Shield of Louisiana and features lower premiums compared to Magnolia plans in exchange for higher deductibles.

Health Savings Account

One of the benefits of choosing the Pelican HSA775 is the option to enroll in a health savings account (HSA). The HSA allows you to use pre-tax dollars to pay eligible medical and pharmacy expenses for you and your eligible dependents until you satisfy your deductible. It can also help you save for future healthcare expenses.

Your employer will contribute \$200 per plan year to help jump-start your savings and will match your tax-free contributions made through payroll deduction dollar-for-dollar, up to an additional \$575 per plan year. This \$775 total amount counts toward the maximum U.S. Internal Revenue Service Annual limits of \$4,400 for employee only coverage and \$8,750 for family coverage, for the 2026 calendar year — an additional \$1,000 if you are age 55 or older.

How does it work? Members will be issued a debit card that can be used to cover eligible medical expenses, such as coinsurance, copays, deductibles, and services as well as pharmacy, dental, and vision expenses.

Members enrolled in OGB's HSA775 are eligible for a personal tax-free health savings account (HSA). HealthEquity, Inc. is Blue Cross Blue Shield's third-party administrator for MySmart\$aver HSA banking.

The HealthEquity website features other tools to help you understand the benefits of your HSA.

Learn How To Maximize Your HSA

The Pelican HSA775 Plan is a high deductible health plan which may be used in conjunction with an HSA for those eligible to participate in such an account. Eligibility to participate in and contribute to an HSA must be met on a monthly basis. It is your responsibility to ensure that you are eligible to maintain an HSA. The below factors affect your eligibility to participate in and/or make contributions to an HSA:

- » Neither you nor your spouse may be covered by Medicare at any time during the Plan year (Medicare Part A coverage begins six months back from the date one applies for Medicare, social security, or railroad retiree benefits, but no earlier than the first month one was eligible for Medicare. Therefore, the general advisory is that you stop contributing to your health savings account at least six months before you apply for any of those benefits.)
- » You must not be covered by any other health plan that is not a high-deductible health plan.
- » You may not be covered by Veteran's services during the last three months.
- » You may not be active-duty military with Tricare coverage.
- » You may not be claimed as a dependent on another person's tax return.
- » Neither you nor your spouse may be participating in a General-Purpose Flexible Spending Account (FSA) (Limited-Purpose FSAs are allowed).

PELICAN HSA775

| | EMPLOYEE - SHARE | STATE – SHARE | TOTAL - PREMIUM |
|-----------------------|------------------|---------------|-----------------|
| MONTHLY CONTRIBUTIONS | | | |
| ENROLLEE ONLY | \$90.46 | \$271.54 | \$362.00 |
| ENROLLEE + 1 (SPOUSE) | \$294.00 | \$475.10 | \$769.10 |
| ENROLLEE + 1 (CHILD) | \$130.38 | \$311.40 | \$441.78 |
| ENROLLEE + CHILDREN | \$130.38 | \$311.40 | \$441.78 |
| FAMILY | \$314.94 | \$496.00 | \$810.94 |

| | EMPLOYEE | EMPLOYEE + 1 | EMPLOYEE + 2 OR MORE |
|---|-------------------------|-----------------------------------|-----------------------|
| MEDICAL COVERAGE | | | |
| EMPLOYER CONTRIBUTION TO HSA | \$200, plus up to \$575 | more dollar-for-dollar match of e | mployee contributions |
| DEDUCTIBLE (In-Network) | \$2,000 | \$4,000 | \$4,000 |
| DEDUCTIBLE (Out-of-Network) | \$4,000 | \$8,000 | \$8,000 |
| COINSURANCE (In-Network) | 20% | 20% | 20% |
| COINSURANCE (Out-of-Network) | 40% | 40% | 40% |
| OUT-OF-POCKET MAXIMUM (In-Network) | \$5,000 | \$10,000 | \$10,000 |
| OUT-OF-POCKET MAXIMUM (Out-of-Network) | \$10,000 | \$20,000 | \$20,000 |

Pharmacy Benefits — Liviniti

The Pelican HSA775 uses the Liviniti formulary. The formulary is reviewed regularly to reassess drug tiers based on the current prescription drug market. Members will continue to pay a portion of the cost of their prescriptions in the form of a copay or coinsurance. The amount members pay toward their prescription depends on whether or not they receive a generic, preferred brand, non-preferred brand or specialty drug.

| | MEMBER COPAY* |
|---------------|---------------|
| GENERIC | \$10 |
| PREFERRED | \$25 |
| NON-PREFERRED | \$50 |
| SPECIALTY | \$50 |

^{*}Subject to deductible and applicable copayment. Maintenance drugs are not subject to the deductible.

DENTAL INSURANCE



Brushing your teeth and flossing are great, but don't forget to visit the dentist too! Lion Advantage offers affordable plan options for routine care and beyond. Coverage is available from Humana.

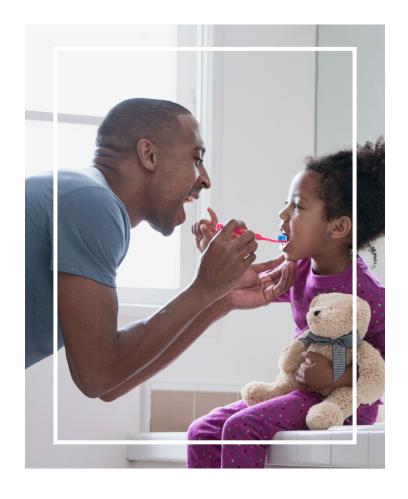


Network Dentists

If you use a dentist who doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Humana at https://findcare.humana.com/.

Dental Premiums

Premiums for dental are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your paycheck deduction.



PPO IN-NETWORK BENEFITS VS. OUT-OF-NETWORK BENEFITS

| IN-NETWORK PROVIDER | OUT-OF-NETWORK PROVIDER (MAC EXAMPLE) | OUT-OF-NETWORK PROVIDER (90TH UCR EXAMPLE) BASE AND BUY-UP PLANS |
|---|--|--|
| NO BALANCE BILLING | NO BALANCE BILLING | NO BALANCE BILLING |
| Dentist's usual charge for exam and Cleaning: \$185 | Dentist's usual charge for exam and cleaning: \$185" | Dentist's usual charge for exam and cleaning: \$185 |
| Maximum Allowable Charge (MAC) payable by plan: \$110 | Maximum Allowable Charge (MAC) payable by plan: \$110" | Usual Customary Reasonable (90th UCR) payable by plan: \$175 |
| Accepts negotiated AMC amount as payment-in full Member is not billed for difference | » Member pays the difference \$75 | » Member pays the difference \$10 |

DENTAL INSURANCE



Dental Plan Summary

This chart summarizes the 2026 dental coverage provided by Humana.

| | MAC PLAN | | LOW PLAN | | HIGH PLAN | |
|--|------------|--------------------|-------------|--------------------|-------------|--------------------|
| MONTHLY (12) PREMIUMS | | | | | | |
| EMPLOYEE ONLY | \$31 | .40 | \$41. | 44 | \$50.84 | |
| EMPLOYEE + SPOUSE | \$64 | .78 | \$80.50 | | \$100 |).52 |
| EMPLOYEE + CHILD(REN) | \$75 | .94 | \$100 | .98 | \$121 | .68 |
| EMPLOYEE + FAMILY | \$96 | .20 | \$122 | .86 | \$184 | 1.46 |
| MONTHLY (10) PREMIUMS | | | | | | |
| EMPLOYEE ONLY | \$37 | .68 | \$49. | .73 | \$61. | .01 |
| EMPLOYEE + SPOUSE | \$77 | .74 | \$96. | 60 | \$120 |).62 |
| EMPLOYEE + CHILD(REN) | \$91 | .13 | \$121 | .18 | \$146 | 5.02 |
| EMPLOYEE + FAMILY | \$115 | 5.44 | \$147 | '.43 | \$221 | .35 |
| | IN-NETWORK | OUT-OF- NETWORK | IN-NETWORK | OUT-OF- NETWORK | IN-NETWORK | OUT-OF- NETWORK |
| ANNUAL DEDUCTIBLE | | | | | | |
| INDIVIDUAL | \$5 | 50 | \$5 | 0 | \$5 | 0 |
| FAMILY (UP TO 3 PER FAMILY) | \$1 | 50 | \$15 | 50 | \$15 | 50 |
| ANNUAL MAXIMUM | | | | | | |
| PER PERSON | \$1,0 | 000 | \$1,5 | 00 | \$2,0 | 000 |
| COVERED SERVICES (PLAN PAYS) | | | | | | |
| DIAGNOSTIC AND PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic Film or Full Mouth X-Ray | 100 | 0% | 100 | % | 100 | 0% |
| BASIC SERVICES Fillings, Oral Surgery and Simple Extractions (varies by plan) | 80 | % | 809 | % | 809 | % |
| MAJOR SERVICES Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy (varies by plan), Periodontics (varies by plan), Crowns, Dentures, Bridges | 50 | % | 504 | % | 504 | % |
| ORTHODONTIC BENEFITS | | | | | | |
| ORTHODONTIA COINSURANCE | Not co | | 509 | | 509 | |
| LIFETIME MAXIMUM | Not co | | \$1,5 | | \$2,0 | |
| DEPENDENT CHILDREN | Not co | | Covered; Up | | Covered; Up | J. |
| ADULTS | Not co | vered | Cove | red | Cove | red |

This is not a complete listing of covered services. Please refer to the Summary Plan Document for a full list of covered services.

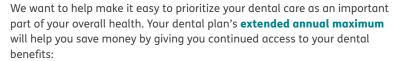
Note: All dental plans are eligible for the extended annual max benefit below.

HUMANA EXTENDED ANNUAL MAX BENEFIT

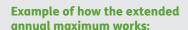


Your dental plan extends your benefits to save you money

Humana's extended annual maximum gives you continued access to your dental benefits after you reach the annual maximum benefit on what the plan pays.



- **Humana will pay 30% of covered charges*** even after you've used up the annual maximum dollar amount of your plan.
- **Extended coverage** allows you to continue to pay less with in-network discounts on covered services when you see an in-network dentist.



On a recent trip to the dentist, Kevin found out he'll need a root canal and a crown, and he has already met his annual maximum benefit for the year.

With the extended annual maximum, here's how Kevin saves money:

| | Without Extended Annual Max | With Extended Annual Max | |
|---|--------------------------------|-------------------------------|--|
| | | Plan pays 30% of the cost | |
| Root canal | \$875 | \$612.50 (\$875 - 30%) | |
| Crown | \$800 | \$560 (\$800 - 30%) | |
| MEMBER COST: | \$1,675 | \$1,172.50 | |
| In this example, Kevin saved over \$500 | | | |

This is an example only for illustrative purposes. Actual savings will depend on benefits, as well as services provided.



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* Waiting period, service-specific frequency and/or age limitations may apply.

Extended Annual Maximum available with specific PPO and Traditional Preferred plans



VISION INSURANCE



Lion Advantage provides you and your family access to quality vision care. You can choose between two comprehensive Vision plan options through Humana.



Vision Premiums

Vision Plan Summary

Premiums for vision are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your paycheck deduction. This chart summarizes the 2026 vision coverage provided by Humana.

| payencen deddenon. | 10\// | PLAN | ШСП | PLAN |
|--|-----------------------------|---|-----------------------------|---|
| MONTHLY (12) PREMIUMS | LOW | PLAIN | підп | PLAIN |
| EMPLOYEE ONLY | ¢5 | .48 | \$8. | 94 |
| EMPLOYEE + SPOUSE | | . 40).96 | \$15 | |
| EMPLOYEE + CHILD(REN) | | 2.06 | \$15 | |
| EMPLOYEE + CHILD(KEN) EMPLOYEE + FAMILY | | 3.46 | \$23 | |
| MONTHLY (10) PREMIUMS | \$10 | 5.40 | \$23 | 0.14 |
| EMPLOYEE ONLY | ¢c. | .58 | \$10 | 72 |
| | | | | |
| EMPLOYEE + SPOUSE | | 3.15 | \$18 | |
| EMPLOYEE + CHILD(REN) | | 4.47 | \$19 | |
| EMPLOYEE + FAMILY | | 2.15 OUT-OF- | \$27 | OUT-OF- |
| | IN-NETWORK | NETWORK | IN-NETWORK | NETWORK |
| EXAMS | | | | |
| COPAY | \$10 | Up to \$35 | \$0 | Up to \$35 |
| FREQUENCY | Once per | 12 months | Once per 1 | 12 months |
| LENSES | | | | |
| SINGLE VISION | \$20 | Up to \$25 | \$10 | Up to \$25 |
| BIFOCAL | \$20 | Up to \$40 | \$10 | Up to \$40 |
| TRIFOCAL | \$20 | Up to \$60 | \$10 | Up to \$60 |
| PROGRESSIVE | Up to \$100 | Up to \$50 | Up to \$100 | Up to \$50 |
| FREQUENCY | Once per | 12 months | Once per 1 | 12 months |
| CONTACTS | | | | |
| COPAY | \$20 | N/A | \$10 | N/A |
| CONTACT LENS FITTING (STANDARD) | \$20 copay | Applied to allowance for contact lenses | \$10 copay | Applied to allowance for contact lenses |
| CONTACT LENSES - ELECTIVE | \$130 allowance | Up to \$105 | \$180 allowance | Up to \$105 |
| CONTACT LENSES - MEDICALLY NECESSARY | Covered in full after copay | Up to \$200 | Covered in full after copay | Up to \$200 |
| CONTACT LENSES ARE COVERED "IN LIEU OF FRAMES AND LENSES." | Yes | Yes | Yes | Yes |
| FREQUENCY | Once per | 12 months | Once per 1 | 12 months |
| FRAMES | | | | |
| ALLOWANCE (Discount on amount over allowance) | \$130 retail allowance | Up to \$50 | \$180 retail allowance | Up to \$50 |
| FREQUENCY | Once per | 24 months | Once per 1 | 12 months |

This is not a complete listing of covered services. Please refer to the Summary Plan Document for a full list of covered services.

ACCIDENT COVERAGE



Lion Advantage offers several ways for you to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and is offered at discounted group premiums.



PLUS PLAN

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident coverage, available through The Standard, provides benefits for you and your covered family members if you have expenses related to an accident. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help you pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits under this plan are payable to you, to use as you wish.

Base Wellness Benefit: \$50 Plus Wellness Benefit: \$200

Wellness benefit is payable once per person, per calendar year. Services include lipid panel, colonoscopy, mammography, etc. Please refer to the plan documents for the full list of health maintenance screening available for this benefit.

| MONTHLY CONTRIBUTIONS – 12 MONTH PREMIUM | | | |
|--|---------|---------|--|
| EMPLOYEE ONLY | \$5.21 | \$10.08 | |
| EMPLOYEE + SPOUSE | \$8.39 | \$16.70 | |
| EMPLOYEE + CHILD(REN) | \$9.93 | \$18.72 | |
| EMPLOYEE + FAMILY | \$15.61 | \$29.63 | |

BASE PLAN

MONTHLY CONTRIBUTIONS – 10 MONTH PREMIUM EMPLOYEE ONLY \$6.25 \$12.10 EMPLOYEE + SPOUSE \$10.07 \$20.04 EMPLOYEE + CHILD(REN) \$11.92 \$22.46 EMPLOYEE + FAMILY \$18.73 \$35.56

| | BASE PLAN | PLUS PLAN |
|----------------------------|-----------------------------|-----------------------------|
| BRIEF SUMMARY OF BENEFITS* | | |
| HOSPITAL ADMISSION | \$1,000 | \$1,500 |
| DISLOCATIONS | Up to \$3,000 | Up to \$5,000 |
| FRACTURES | Up to \$5,500 | Up to \$8,000 |
| AMBULANCE | Air/ \$1,200; Ground/ \$300 | Air/ \$1,500; Ground/ \$400 |
| URGENT CARE | \$50 | \$50 |
| EMERGENCY ROOM | \$100 | \$200 |
| INITIAL PHYSICIANS OFFICE | \$100 | \$200 |
| X-RAY | \$50 | \$75 |
| ACCIDENT FOLLOW-UP | \$75 (3x) | \$100 (3x) |
| BURNS | Up to \$7,500 | Up to \$10,000 |
| DIAGNOSTIC EXAM | \$100 | \$200 |
| ABDOMINAL/THORACIC SURGERY | \$150 | \$200 |
| TENDON/LIGAMENT/CUFF | \$150 | \$200 |
| RUPTURED DISC | \$400 | \$750 |
| BLOOD/PLASMA/PLATELETS | \$150 | \$300 |
| MEDICAL APPLIANCE | \$50 | \$100 |

^{*}This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

CRITICAL ILLNESS COVERAGE

Critical Illness coverage through The Standard pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like; for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home healthcare costs or any of your regular household expenses.

Plan Highlights

- Benefits are payable based on the date of the covered event occurring or the date of diagnosis.
 Illnesses or occurrences prior to the effective date of coverage will not be payable events.
- wellness Benefit: The \$50 wellness benefit is payable once per person, per calender year. Wellness services include Bone Marrow Testing, Colonoscopy, Mammography, etc.

Coverage Amounts

» Employee: \$10,000 / \$20,000 / \$30,000

» **Spouse:** 100% of employee benefit

» Children: 50% of employee benefit (for free)





| CORE PLAN BENEFITS | |
|--|------|
| HEART ATTACK | 100% |
| SEVERE CORONARY ARTERY DISEASE WITH RECOMMENDATION OF BYPASS | 25% |
| STROKE | 100% |
| MAJOR ORGAN FAILURE | 100% |
| END STAGE RENAL (KIDNEY) FAILURE | 100% |
| CANCER | 100% |
| NON-INVASIVE CANCER/ CANCER IN SITU | 25% |
| ADVANCED ALZHEIMER'S DISEASE | 100% |
| ADVANCED PARKINSON'S DISEASE | 100% |
| ADVANCED MULTIPLE SCLEROSIS (MS) | 100% |
| BENIGN BRAIN TUMOR | 100% |
| LOSS OF SPEECH & HEARING | 100% |
| OCCUPATIONAL HIV | 100% |
| CHILDHOOD DISEASES | |
| CEREBRAL PALSY | 100% |
| CLEFT LIP, CLEFT PALATE | 100% |
| CYSTIC FIBROSIS | 100% |
| DOWN SYNDROME | 100% |
| MUSCULAR DYSTROPHY | 100% |
| SPINA BIFIDA | 100% |

CRITICAL ILLNESS COVERAGE



| | CRITICAL ILLNES ONTH CONTRIBU | | 10 M | CRITICAL ILLNES ONTH CONTRIBU | |
|---------------|----------------------------------|----------|---------------|----------------------------------|----------|
| | \$10,000 BENEFIT | | | \$10,000 BENEFIT | |
| ATTAINED AGE* | EMPLOYEE | SPOUSE | ATTAINED AGE* | EMPLOYEE | SPOUSE |
| 18-24 | \$2.10 | \$2.10 | 18-24 | \$2.52 | \$2.52 |
| 25-29 | \$2.50 | \$2.50 | 25-29 | \$3.00 | \$3.00 |
| 30-34 | \$3.10 | \$3.10 | 30-34 | \$3.72 | \$3.72 |
| 35-39 | \$4.20 | \$4.20 | 35-39 | \$5.04 | \$5.04 |
| 40-44 | \$6.10 | \$6.10 | 40-44 | \$7.32 | \$7.32 |
| 45-49 | \$8.90 | \$8.90 | 45-49 | \$10.68 | \$10.68 |
| 50-54 | \$13.10 | \$13.10 | 50-54 | \$15.72 | \$15.72 |
| 55-59 | \$18.40 | \$18.40 | 55-59 | \$22.08 | \$22.08 |
| 60-64 | \$26.40 | \$26.40 | 60-64 | \$31.68 | \$31.68 |
| 65-69 | \$33.30 | \$33.30 | 65-69 | \$39.96 | \$39.96 |
| 70+ | \$66.06 | \$66.06 | 70+ | \$79.27 | \$79.27 |
| | \$20,000 BENEFIT | | | \$20,000 BENEFIT | |
| ATTAINED AGE* | EMPLOYEE | SPOUSE | ATTAINED AGE* | EMPLOYEE | SPOUSE |
| 18-24 | \$4.20 | \$4.20 | 18-24 | \$5.04 | \$5.04 |
| 25-29 | \$5.00 | \$5.00 | 25-29 | \$6.00 | \$6.00 |
| 30-34 | \$6.20 | \$6.20 | 30-34 | \$7.44 | \$7.44 |
| 35-39 | \$8.40 | \$8.40 | 35-39 | \$10.08 | \$10.08 |
| 40-44 | \$12.20 | \$12.20 | 40-44 | \$14.64 | \$14.64 |
| 45-49 | \$17.80 | \$17.80 | 45-49 | \$21.36 | \$21.36 |
| 50-54 | \$26.20 | \$26.20 | 50-54 | \$31.44 | \$31.44 |
| 55-59 | \$36.80 | \$36.80 | 55-59 | \$44.16 | \$44.16 |
| 60-64 | \$52.80 | \$52.80 | 60-64 | \$63.36 | \$63.36 |
| 65-69 | \$66.60 | \$66.60 | 65-69 | \$79.92 | \$79.92 |
| 70+ | \$132.12 | \$132.12 | 70+ | \$158.54 | \$158.54 |
| | \$30,000 BENEFIT | | | \$30,000 BENEFIT | |
| ATTAINED AGE* | EMPLOYEE | SPOUSE | ATTAINED AGE* | EMPLOYEE | SPOUSE |
| 18-24 | \$6.30 | \$6.30 | 18-24 | \$7.56 | \$7.56 |
| 25-29 | \$7.50 | \$7.50 | 25-29 | \$9.00 | \$9.00 |
| 30-34 | \$9.30 | \$9.30 | 30-34 | \$11.16 | \$11.16 |
| 35-39 | \$12.60 | \$12.60 | 35-39 | \$15.12 | \$15.12 |
| 40-44 | \$18.30 | \$18.30 | 40-44 | \$21.96 | \$21.96 |
| 45-49 | \$26.70 | \$26.70 | 45-49 | \$32.04 | \$32.04 |
| 50-54 | \$39.30 | \$39.30 | 50-54 | \$47.16 | \$47.16 |
| 55-59 | \$55.20 | \$55.20 | 55-59 | \$66.24 | \$66.24 |
| 60-64 | \$79.20 | \$79.20 | 60-64 | \$95.04 | \$95.04 |
| 65-69 | \$99.90 | \$99.90 | 65-69 | \$119.88 | \$119.88 |
| 70+ | \$198.18 | \$198.18 | 70+ | \$237.82 | \$237.82 |

^{*}Premiums are based on the Employee's age on the effective date of coverage. Even if the Spouse is in a different age band, the rates are driven off of the employee's age. Children are covered at no additional cost, when you elect Employee coverage.

HOSPITAL INDEMNITY COVERAGE

Hospital Indemnity Coverage through The Standard pays cash benefits directly to you if you have a covered stay in a hospital or intensive care unit. You can use the benefits from this policy to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging, or everyday expenses such as groceries and utilities.

- » Benefits are payable for pregnancy on the first day of coverage, so even if you or your spouse are already expecting, you can elect coverage to start on January 1. (Delivery must occur on or after January 1).
- » Coverage is guaranteed issue; no medical questions.
- » You must be admitted to the hospital on an inpatient basis, in order to be considered for an admission benefit.



BASE PLAN PLUS PLAN

| MONTHLY CONTRIBUTIONS – 12 MONTH PREMIUM | | | | |
|--|--------------------|--------------------|--|--|
| EMPLOYEE ONLY | \$7.17 | \$13.67 | | |
| EMPLOYEE + SPOUSE | \$12.33 | \$23.29 | | |
| EMPLOYEE + CHILD(REN) | \$10.35 | \$19.61 | | |
| EMPLOYEE + FAMILY | \$18.26 | \$34.71 | | |
| MONTHLY CONTRIBUTIONS – 10 MONTH PREMIUM | | | | |
| EMPLOYEE ONLY | \$8.60 | \$16.40 | | |
| | | | | |
| EMPLOYEE + SPOUSE | \$14.80 | \$27.95 | | |
| EMPLOYEE + SPOUSE EMPLOYEE + CHILD(REN) | \$14.80 \$12.42 | \$27.95 \$23.53 | | |

BASE PLAN

PLUS PLAN

| BRIEF SUMMARY OF BENEFITS* | | | | |
|---|----------------------------|------------------------------|--|--|
| HOSPITAL ADMISSION | \$500 1x per calendar year | \$1,000 1x per calendar year | | |
| HOSPITAL CONFINEMENT BENEFIT | \$100/ day (30days) | \$200/ day (30days) | | |
| CRITICAL CARE UNIT Pays in addition to hospital confinement | \$100/ day (30days) | \$200/ day (30days) | | |
| HEALTH MAINTENANCE SCREENING | \$50 | \$50 | | |

^{*}This list is a summary. Refer to plan documents for details.



CANCER PLANS

Allstate offers two Cancer plans that include benefits for cancer screenings for early detection as well as benefits if you are diagnosed with cancer. Benefits are paid for your initial diagnosis plus radiation and chemotherapy, anti-nausea medications, stem cell and bone marrow transplant, surgery, hospitalization, and more.



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|---|-------------------|-----|----|-----|-----|-------|-------|
| г | $^{\prime\prime}$ | ヽゝг | - | AIN | PIL | יא כו | I AIN |

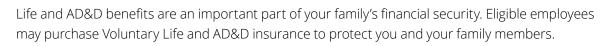
| | BASE PLAN | PLUS PLAN |
|---|----------------------------------|----------------------------------|
| INITIAL DIAGNOSIS E | BENEFIT | |
| FIRST OCCURRENCE BENEFIT | \$4,000 | \$8,000 |
| HOSPITAL CONFINEMENT BENEFIT | \$200 per day | \$200 per day |
| CHEMO/RADIATION BENEFITS | \$10,000 per 12 months | \$15,000 per 12 months |
| PLAN BENEFITS | | |
| ANTI-NAUSEA BENEFIT | \$200 per year | \$200 per year |
| EXPERIMENTAL TREATMENT BENEFIT | Up to \$5,000 per 12 months | Up to \$5,000 per 12 months |
| NURSING SERVICES | \$200 per day | \$200 per day |
| SURGICAL BENEFIT | Up to \$3,000 | Up to \$3,000 |
| ANESTHESIA BENEFIT | 25% | 25% |
| RECONSTRUCTIVE SURGERY | Up to \$3,000 | Up to \$3,000 |
| PROSTHESIS BENEFIT (SURGICAL) | Up to \$2,000 | Up to \$2,000 |
| BLOOD AND PLASMA BENEFIT | Up to \$10,000 per 12 months | Up to \$15,000 per 12 months |
| SECOND SURGICAL OPINION | \$400 | \$400 |
| AMBULANCE BENEFIT (AIR/GROUND) | \$100 per confinement | \$100 per confinement |
| TRANSPORTATION BENEFIT | Coach Fare or \$0.40 per mile | Coach Fare or \$0.40 per mile |
| FAMILY LODGING BENEFIT | \$50 per day | \$50 per day |
| BONE MARROW TRANSPLANTATION BENEFIT | Up to \$5,000 per year | Up to \$5,000 per year |
| STEM CELL TRANSPLANTATION BENEFIT | Up to \$5,000 per year | Up to \$5,000 per year |
| EXTENDED CARE FACILITY | \$200 per day | \$200 per day |
| HOSPICE BENEFIT | \$200 per day | \$200 per day |
| HOME HEALTH CARE BENEFIT | \$200 per day | \$200 per day |
| | | |
| PRE-EXISTING EXCLUSION | 12 / 12 | 12 / 12 |
| MEDICAL IMAGING WITH DIAGNOSIS | \$500 per year | \$750 per year |
| WELLNESS BENEFIT | \$50 per year | \$50 per year |

| BASE PLAN | PLUS PLAN |
|-----------|-----------|
|-----------|-----------|

| MONTHLY (12) PREMIUMS | | | | |
|------------------------------------|---------|--------------------|--|--|
| EMPLOYEE ONLY | \$24.81 | \$34.20 | | |
| EMPLOYEE + SPOUSE | \$38.68 | \$53.37 | | |
| EMPLOYEE + CHILD(REN) | \$35.51 | \$49.26 | | |
| EMPLOYEE + FAMILY | \$42.14 | \$58.26 | | |
| MONTHLY (10) PREMIUMS | | | | |
| MONTHLY (10) PREM | IUMS | | | |
| MONTHLY (10) PREM EMPLOYEE ONLY | \$29.77 | \$41.04 | | |
| , , | | \$41.04 \$64.04 | | |
| EMPLOYEE ONLY | \$29.77 | , | | |



LUNTARY LIFE AND AD&D INSURANG





| VOLUNTARY EMPLOYEE LIFE AND AD&D | |
|---|--|
| COVERAGE AMOUNT | \$10,000-\$500,000 |
| WHO PAYS | Employee |
| BENEFITS PAYABLE | If an employee dies while covered under the plan |
| MAXIMUM BENEFIT | \$500,000 |
| GUARANTEE ISSUE AMOUNT* | \$100,000 |
| VOLUNTARY SPOUSE LIFE AND AD&D | |
| COVERAGE AMOUNT | \$5,000-\$250,000 |
| WHO PAYS | Employee |
| BENEFITS PAYABLE | If a spouse dies while covered under the plan |
| MAXIMUM BENEFIT | \$250,000 |
| GUARANTEE ISSUE AMOUNT* | \$25,000 |
| VOLUNTARY CHILD LIFE AND AD&D | |
| COVERAGE AMOUNT | \$10,000 per child |
| WHO PAYS | Employee |
| BENEFITS PAYABLE | If a child dependent dies while covered under the plan |
| MAXIMUM BENEFIT | \$10,000 |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | Not Applicable |

^{*}Evidence of Insurability (EOI) is required for: Employee amounts over \$100,000 Spouse amounts over \$25,000

Any election amount for Late Entrants, meaning you are enrolling after your initial eligibility period

Approved elections over the Guarantee Issue amount will become effective 1st of the month following approval by The Standard

Plan Features

» Benefits reduce to 65% at age 70; to 50% at age 75

- Example:

Larry is 69 years old enrolled with \$100,000 of Life and AD&D insurance. Larry turns 70 years old. His Life and AD&D coverage amount will reduce to 65% first of the next month following his 70th birthday. His remaining benefit amount is \$65,000.

- Waiver of Premium if disabled prior to age 60; 6 month waiting period; coverage continues to age 65
- Conversion and Portability
- Accelerated Benefit available with 12 months or less to live, up to 80% of coverage
- You must enroll for Life and AD&D coverage in order to elect coverage for your dependents
- Spouse coverage cannot exceed 100% of Employee Voluntary Life and AD&D amount

VOLUNTARY LIFE AND AD&D PREMIUMS

MONTHLY (12) PREMIUMS

| VOLUNTARY LIFE/AD&D INSURANCE | | | | |
|-------------------------------|----------|-----------------------------|---------|--|
| RATES/\$1,000 (MONTHLY) | | | | |
| AGE (AS OF JANUARY 1, 2026) | EMPLOYEE | AGE (AS OF JANUARY 1, 2026) | SPOUSE | |
| <24 | \$0.046 | <24 | \$0.046 | |
| 25-29 | \$0.046 | 25-29 | \$0.046 | |
| 30-34 | \$0.056 | 30-34 | \$0.056 | |
| 35-39 | \$0.066 | 35-39 | \$0.066 | |
| 40-44 | \$0.098 | 40-44 | \$0.098 | |
| 45-49 | \$0.149 | 45-49 | \$0.149 | |
| 50-54 | \$0.228 | 50-54 | \$0.228 | |
| 55-59 | \$0.353 | 55-59 | \$0.353 | |
| 60-64 | \$0.444 | 60-64 | \$0.444 | |
| 65-69 | \$0.655 | 65-69 | \$0.655 | |
| 70-74 | \$1.157 | 70-74 | \$1.157 | |
| 75-79 | \$1.967 | 75-79 | \$1.967 | |
| 80+ | \$1.967 | 80+ | \$1.967 | |

VOLUNTARY CHILD(REN) LIFE AND AD&D PREMIUMS

FLAT \$10,000 BENEFIT PER CHILD

\$0.15

MONTHLY (10) PREMIUMS

| VOLUNTARY LIFE/AD&D INSURANCE PREMIUMS | | | | |
|--|-----------------|--|--|--|
| RATES/\$1,000 (MONTHLY) | | | | |
| AGE (AS OF JANUARY 1, 2026) | EMPLOYEE/SPOUSE | | | |
| <24 | \$0.055 | | | |
| 25-29 | \$0.055 | | | |
| 30-34 | \$0.067 | | | |
| 35-39 | \$0.079 | | | |
| 40-44 | \$0.118 | | | |
| 45-49 | \$0.179 | | | |
| 50-54 | \$0.274 | | | |
| 55-59 | \$0.424 | | | |
| 60-64 | \$0.533 | | | |
| 65-69 | \$0.786 | | | |
| 70-74 | \$1.388 | | | |
| 75-79 | \$2.360 | | | |
| 80+ | \$2.360 | | | |

VOLUNTARY CHILD(REN) LIFE AND AD&D PREMIUMS

FLAT \$10,000 BENEFIT PER CHILD (MONTHLY – 10 MONTH PREMIUMS)

\$0.18

| TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST: | | | | | |
|---|--|--|--|--|--|
| \$ ÷ 1,000 = \$ x Age Based Rate = \$ | | | | | |
| Benefit Elected | | | | | |



LIFE INSURANCE RESOURCES

Life Insurance

The Life Services Toolkit

Resources and Tools to Support You and Your Beneficiary



Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a group Life policy from Standard Insurance Company (The Standard) does more than help protect your family from financial hardship after a loss. We have partnered with Health AdvocateSM to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard.

Services to Help You Now

Visit the Life Services Toolkit website at **standard.com/mytoolkit** and enter user name "assurance" for information and tools to help you make important life decisions.

- Estate Planning Assistance: Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and advance directives.
- Financial Planning: Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- Health and Wellness: Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.
- Identity Theft Prevention: Check the website for ways to thwart identity
 thieves and resolve issues if identity theft occurs.
- Funeral Arrangements: Use the website for guidance on how to begin, to educate yourself on funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

If you are a recipient of an Accelerated Death Benefit, you may access the services for beneficiaries outlined on the next page.





The Life Services Toolkit is provided through an arrangement with Health Advocates and is not affiliated with The Standard. Health Advocate is solely responsible for providing and administering the included service. This service is not an insurance product.

1 An Accelerated Death Benefit or Accelerated Benefit allows a covered individual who becomes terminally ill to receive a portion of the Life insurance proceeds while living, if all other eligibility requirements are met.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Life Services EE SI **17526** (8/21)

LIFE INSURANCE RESOURCES

Services for Your Beneficiary

Life insurance beneficiaries² can access services for 12 months after the date of death. Recipients of an Accelerated Benefit can access services for 12 months after the date of payment.

These supportive services can help your beneficiary cope after a loss:

- Grief Support: Clinicians with master's degrees are on call to provide confidential grief sessions by phone or in person. Your beneficiaries are eligible for up to six face-to-face sessions and unlimited phone contact.
 - Our clinicians may offer your beneficiaries additional grief support through books sent to their home, based on each individual's needs. As part of this program, age-appropriate books can be sent for children and teens.
- Legal Services: Your beneficiaries can obtain legal assistance from experienced attorneys. They can:
 - Schedule an initial 30-minute office and a telephone consultation with a network attorney. Beneficiaries who wish to retain a participating attorney after the initial consultation receive a 25 percent rate reduction from the attorney's normal hourly or fixed-fee rates.
 - Obtain an estate-planning package that consists of a simple will, a living will, a health care agent form and a durable power of attorney.
- Financial Assistance: Your beneficiaries have unlimited phone access to financial counselors who can help with issues such as budgeting strategies, and credit and debt management, including hour-long sessions on topics requiring more in-depth discussion.
- Support Services: During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. Work-life advisors can guide them to resources to help manage household repairs and chores; find child care and elder care providers; or organize a move or relocation.
- Online Resources: Your beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources to calculate funeral costs, find funeral-related services and make decisions about funeral arrangements.



Beneficiaries can participate in phone consultations or in-person meetings with trained grief counselors.

For beneficiary services, visit standard.com/ mytoolkit (user name = support) or call the assistance line at 800.378.5742.



2 The Life Services Toolkit is not available to Life insurance beneficiaries who are minors or to non-individual entities such as trusts, estates, charities.

The Life Services Toolkit is provided through an arrangement with Morneau Shepell and is not affiliated with The Standard. Morneau Shepell is solely responsible for providing and administering the included service. This service is not an insurance product.

WHOLE LIFE INSURANCE

Allstate coverage combines permanent life insurance policy with living benefits in the form of Long-Term Care (LTC).



You can enroll in this plan without medical questions when you are first eligible. If you wait to enroll at a later date, evidence of insurability will apply and coverage may be declined.

Check out the three main features of this plan alongside an example of how the plans work for a 35 year old, non-smoker:

| 1 | A Death Benefit payable to your beneficiaries if you pass away | \$50,000 death benefit is payable to your beneficiaries when you pass away |
|---|--|---|
| 2 | A Living benefit, to help pay for care in an assisted living, Long-Term care facility, home healthcare and/or adult day care | Pays you 4% per month, up to 25 months. \$2,000 per month x 25 months = \$50,000 |
| 3 | A terminal illness benefit, that pays you 50% of your death benefit if your life expectancy is less than 12-months | Pays you \$25,000 with life expectancy declaration Pays remaining \$25,000 to your beneficiaries when you pass away |

Plan Highlights

- » Your premiums lock in at your current age and do not increase as you age.
- » Coverage is portable which meas you can take this plan with you if you no longer work for Southeastern.
- » You choose the level of coverage that is right for you.

| | GUARANTEE ISSUE (NO MEDICAL QUESTIONS) | MAXIMUM BENEFIT AMOUNT |
|----------------|---|------------------------|
| EMPLOYEE ONLY | \$130,000 | \$250,000 |
| WORKING SPOUSE | \$40,000 | \$150,000 |
| CHILD(REN) | \$20,000 | \$50,000 |

Rates are based on your age and coverage level.

There are certain benefit restrictions for anyone enrolling beyond age 64.



Whole Life with LTC Recommendation

Benefit Example:

45 year old non-smoker

- » \$100,000 of coverage
- » \$160/month (\$37/week)

Insured goes into a Nursing Home and is unable to complete 2 of the 6 Activities of Daily Living.

Insured receives **\$4,000/month** toward their Long-Term Care, for up to 25 months.

LTC benefit used, buys-down the \$100,000 death benefit. (i.e. If you use 10 months of LTC, you have used \$40,000 and have \$60,000 of death benefit remaining).

INCOME PROTECTION



Maintaining your quality of life counts on your income. The Standard offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury. A portion of your income is protected until you can return to work or until you reach retirement age.



Voluntary Short-Term Disability (STD) Insurance

STD benefits are available for purchase on a voluntary basis. STD insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions may apply. See your plan documents or Human Resources for details.

THE STANDARD

| | PLAN 1 | PLAN 2 | PLAN 3 |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| BENEFIT PERCENTAGE | 60% | 60% | 60% |
| BENEFIT MAXIMUM (WEEKLY) | \$1,500 | \$1,500 | \$1,500 |
| ELIMINATION PERIOD (SICKNESS/ACCIDENT) | 7 days | 14 days | 30 days |
| MINIMUM BENEFIT | \$100 | \$100 | \$100 |
| MAXIMUM BENEFIT DURATION | 12 weeks | 11 weeks | 9 weeks |
| PRE-EXISTING CONDITION LIMITATIONS | No Pre-Ex | No Pre-Ex | No Pre-Ex |
| MATERNITY COVERAGE | Covered the same as any other illness | Covered the same as any other illness | Covered the same as any other illness |
| RATE PER \$10 WEEKLY BENEFIT | \$0.468 | \$0.351 | \$0.216 |



Thoughts & Tips: Nearly 6% of working Americans will experience a Short-Term disability due to illness, injury or pregnancy on average every year.

Example:

30 year old making \$50,000/year

- » Buy-up plan monthly premium = \$10.46 (\$50,000/12) = \$4,166.67/100 * \$0.251)
- » Base Plan monthly premium = \$6.96 (\$50,000/12) = \$4,166.67/100 * \$0.167)

Voluntary Long-Term Disability (LTD) Insurance

LTD benefits are available for purchase on a voluntary basis. LTD insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with preexisting condition limitations, may apply. See your plan documents or Human Resources for details.

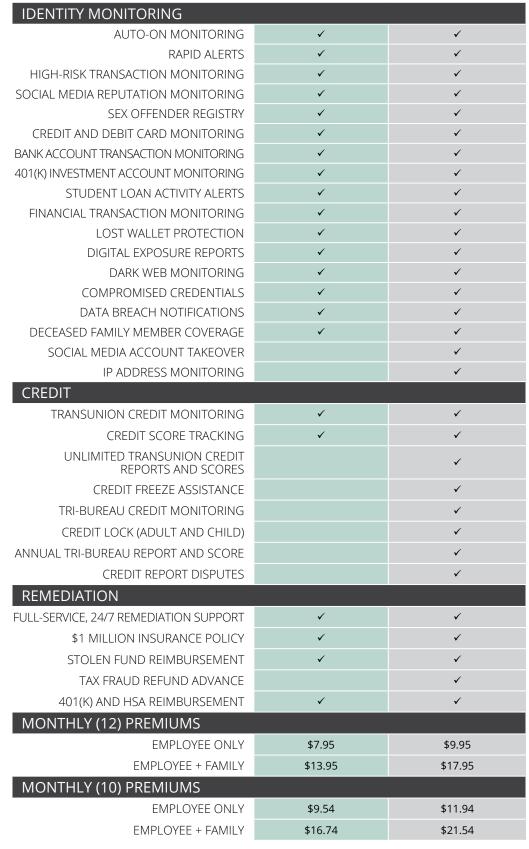
THE STANDARD

| BENEFIT PERCENTAGE | 60 | % |
|---|--------------------------|------------|
| MONTHLY BENEFIT MAXIMUM | \$5,0 | 000 |
| MAXIMUM PERIOD OF PAYMENT | Social Secur Retireme | |
| PRE-EXISTING CONDITION LIMITATIONS | 3/ | 12 |
| MENTAL ILLNESS/ SUBSTANCE ABUSE LIMITATION | 24 months / | 24 months |
| DEFINITION OF DISABILITY | 24 mon occup | |
| SURVIVOR BENEFITS | 3 mo | nths |
| REHABILITATION BENEFITS | Inclu | ded |
| PORTABILITY | Not po | rtable |
| | BUYUP PLAN | BASE PLAN |
| | BOTOF PLAN | DASE PLAIN |
| ELIMINATION PERIOD | 90 days | 180 days |
| | | |

| VOLUNTARY LTD | | | |
|---|------------|-----------|--|
| RATE PER \$100 OF MONTHLY COVERED PAYROLL | | | |
| AGE RANGE | BUYUP PLAN | BASE PLAN | |
| 20-24 | \$0.082 | \$0.053 | |
| 25-29 | \$0.136 | \$0.087 | |
| 30-34 | \$0.251 | \$0.167 | |
| 35-39 | \$0.258 | \$0.179 | |
| 40-44 | \$0.368 | \$0.238 | |
| 45-49 | \$0.518 | \$0.342 | |
| 50-54 | \$0.705 | \$0.464 | |
| 55-59 | \$0.810 | \$0.523 | |
| 60-64 | \$0.886 | \$0.565 | |
| 65-69 | \$0.886 | \$0.565 | |
| 70+ | \$0.886 | \$0.565 | |

IDENTITY THEFT PROTECTION

| PRIVACYARMOR | PRIVACYARMOR |
|----------------|--------------|
| PRIVACIARIVIOR | PLUS |





Access to identity theft protection is available from Allstate on a voluntary basis through Infoarmor. In an always on, ever connected world, the risk of identity theft is real. There is a new identity fraud victim every two seconds. You can help protect yourself with InfoArmor, which monitors millions of transactions every second, alerting you to suspicious activity by text, phone or email. This protection is different than free credit monitoring and offers a full set of features to help proactively protect you and your covered family members against identity theft.

- » You have two options to choose from — PrivacyArmor or PrivacyArmor PLUS.
- » Pay your InfoArmor premium via payroll deduction.
- » In the event you retire or no longer work for the company, you are able to take this benefit with you.

PREPAID LEGAL PLANS

Prepaid Legal Plans

LegalShield offers you and your family value, convenience and peace of mind by giving you low-cost access to attorneys for a wide variety of personal legal services. Payments are made conveniently and easily through payroll deductions. It's like having your own attorney on retainer, but for a lot less.

Through the LegalShield Legal Plan, you will have a nationwide network of thousands of attorneys to choose from if you need legal advice. And with the LegalShield mobile app, you have on-the-go, 24/7 access to the help you need. Text LEGAL to 38470 to download the app.

Plan Attorneys can help you with:

- » Advice and consultations
- » Consumer protection
- » Defense of civil lawsuit
- » Document preparation
- » Elder care issues, demand letters and affidavits
- » Wills and estate planning
- » Family law
- » Financial Matters
- » Juvenile Court matters
- » Real Estate matters
- » Traffic matters

If you use a plan attorney, covered legal services are provided with no additional attorney fees.

| MONTHLY (12) PREMIUMS | | | |
|-----------------------|---------|--|--|
| EMPLOYEE + FAMILY | \$18.25 | | |
| MONTHLY (10) PREMIUMS | | | |
| EMPLOYEE + FAMILY | \$21.90 | | |





EMPLOYEE ASSISTANCE PROGRAM (EAP)

A helping hand when you need it.



Rely on the support, guidance and resources of your Employee Assistance Program.

There are times in life when you might need a little help coping or figuring out what to do.

Take advantage of the Employee Assistance Program,¹ which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard).

It's confidential — information will be released only with your permission or as required by law.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)² and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone, by video or text.

EAP services can help with:



Depression, grief, loss and emotional well-being



Family, marital and other relationship issues



Life improvement and goal-setting



Addictions such as alcohol and drug abuse



Stress or anxiety with work or family



Financial and legal concerns



Identity theft and fraud resolution



Online will preparation and other legal documents



Contact EAP

888.293.6948 (TTY Services: 711) 24 hours a day, seven days a week

healthadvocate.com/standard3

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

With EAP, personal assistance is immediate, confidential and available when you need it.

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit healthadvocate.com/standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

- 1 The EAP service is provided through an arrangement with Health AdvocateSM, which is not affiliated with The Standard. Health AdvocateSM is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.
- 2 Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Employee Assistance Program-3 EE (8/21)

SI **17201**

TRAVEL ASSISTANCE

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.¹

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).²

Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains³



Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond



Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded



Evacuation arrangements in the event of a natural disaster, political unrest and social instability

Contact Travel Assistance

800.872.1414

United States, Canada, Puerto Rico, U.S. Virgin Islands and Bermuda

Everywhere else +1.609.986.1234

Text

+1.609.334.0807

Email

medservices@assistamerica.com

Get the App

Get the most out of Travel Assistance with the Assist America Mobile App.

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator

Reference Number: 01-AA-STD-5201







Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

- 1 Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy.
- 2 Spouses and children traveling on business for their employers are not eligible to access these services during those trips.
- 3 Must be arranged by Assist America, Inc.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Travel Assistance EE (6/20)

SI **14684**

GLOSSARY

Balance Billing – When you are billed by a provider 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 \$60, you may be billed by the provider for the remaining \$40.

Beneficiary – Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. You receive the benefit payment for a dependent's death under the The Standard insurance.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount, as determined by your insurance plan, you pay for healthcare services received.

Deductible - The amount you owe for healthcare services before your health insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you've paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) - A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Network - A group of physicians, hospitals and other healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- » In-Network Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted premiums.
- » Out-of-Network Providers that are not contracted with your insurance company. If you choose an outof-network provider, services will not be covered at the in-network negotiated carrier discounted premiums.
- » Non-Participating Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment - The period set by the employer during which employees and dependents may enroll for coverage, make changes or decline coverage.

Out-of-Pocket Maximum - The most you pay during a policy period (usually a 12-month period) before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.



Required Notices

Important Notice From Southeastern Louisiana University About Your Prescription Drug Coverage and Medicare Under the OGB Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Southeastern Louisiana University 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:

- 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. Southeastern Louisiana University has determined that the prescription drug coverage offered by the OGB plan(s) is, 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 to 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 Southeastern Louisiana University coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may 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 Southeastern Louisiana University 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 at the end of these notices for further information. **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 Southeastern Louisiana University changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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 <u>www.medicare.gov</u>
- » 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 Medicare Part D 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: January 1, 2026

Name of Entity/Sender: Southeastern Louisiana University

Contact—Position/Office: Human Resources

Address: 500 W University Ave. Hammond, LA 70402

Phone Number: 985-549-2001

Women's Health and Cancer Rights Act

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. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 985-549-2001.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 985-549-2001.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor:
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 985-549-2001.

IMPORTANT CONTACTS



SOUTHEASTERN HUMAN RESOURCES

900 Lion Lane Building D Hammond, LA 70402 985-549-2587 benefits@southeastern.edu

DENTAL AND VISION

Humana 800-233-4013 www.humana.com Policy #: 420429

SUPPLEMENTAL HEALTH (ACCIDENT, CRITICAL ILLNESS, HOSPITAL INDEMNITY)

The Standard 800-628-8600 www.standard.com

CANCER AND PERMANENT LIFE

Allstate 800-521-3535

www.allstatebenefits.com/mybenefits

LIFE AND AD&D

The Standard 800-628-8600 www.standard.com Policy #: 758957 DISABILITY

The Standard 800-378-2395 www.standard.com Policy #: 758957

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Standard (WorkLife Services) 888-293-6948

healthadvocate.com/standard3

IDENTITY THEFT PROTECTION

Allstate Identity Theft Protection 800-789-2720

MyPrivacyArmor.com

PREPAID LEGAL

LegalShield 800-654-7757

benefits.legalshield.com/ulsadmin

PLANSOURCE

844-396-5951

https://benefits.plansource.com



Supplemental Benefits ——

GET MOBILE

Scan these codes to go directly to the supplemental carrier's website for more information about

your plan benefits.









Humana.







InfoArmor







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