

A GUIDE TO YOUR *Benefits*



2026 - 2027

Welcome

Eligibility

This booklet provides a summary of the benefits you are eligible to elect as a benefit eligible employee or retiree of Vernon Parish Police Jury. Benefit eligible employees are employees working at least 30 hours per weekly pay period who have satisfied the company defined waiting period. This booklet contains information that is important for you to know in order to elect the benefits that are best for you and your family. All benefits and an individual's right to them are subject to federal regulations, VPPJ's policies and procedures, the individual plan documents, and our receipt of your executed and recorded election.

Retirees

An employee can keep the insurance into retirement provided they complete 20 years of service with the Police Jury. They retain this coverage at the same cost that is offered to the active employees. Once an employee completes 30 years of service, the policy jury will offer coverage to the retired employee at no cost.

Effective Date of Coverage

Benefits are effective the first day of the month following 60 days of employment. For Example: Date of hire = August 20th, Effective Date = November 1st

Dependent Coverage

An eligible dependent is defined as:

- Your *lawful* spouse
- You or your spouse's child who is under age 26, including a natural child, step-child, a legally adopted child, a child placed for adoption, or a child for whom you or your spouse are the legal guardian; or
- An unmarried child age 26 or over who is or becomes disabled and dependent

Qualifying Events

Once you have enrolled in benefits, you cannot change your elections unless you experience a change in status event or a special enrollment event.

A Change in Status Event is one of three broad events that allows an exception to the rule that an election must remain in place for 12 months. A request to make changes in benefit elections as a result of a Change in Status events must take place within **30 days** of the event.

Some examples are:

- Life events such as marriage, divorce/legal separation, birth of a child, or adoption
- Other laws/court orders such as medical child support order

A request to make an election change as a result of a Special Enrollment Event must take place within 60 days of the event and includes the following:

- Your dependents lose Medicaid or CHIP coverage because they are no longer eligible.
- Your dependents become eligible for a state's premium assistance program.

Termination of Benefits

Your benefits will terminate on the last day of the month in which your employment ends.

Continuation of Medical Coverage

At Termination of Employment or Ineligibility of a Dependent:

COBRA (Consolidated Omnibus Budget Reconciliation Act) is a federal law, which requires that group plans offer covered employees and dependents the opportunity to continue health insurance coverage when coverage would normally end for certain specified reasons such as:

- You and your covered dependents may continue coverage for up to 18 months if coverage ends because of either a permanent reduction in the number of hours worked or termination of employment for any reason other than gross misconduct. You and/or your covered dependent must apply within 60 days of the date coverage ends or the date you are notified of your continuation rights, whichever is later.
- Your dependents may continue their coverage under the group plan for up to 36 months if their coverage ends for any of the following reasons: Divorce from the employee, Death of the employee, or Dependent child reaches the maximum age or otherwise ceases to qualify as a dependent under the plan

COBRA coverage would be effective the first day of the month after the benefit termination date.

Inside

Medical
Livongo by Teladoc
Dental
Vision
Life and AD&D
Valuable Extras
Contact information

Each Plan described in this booklet is governed by a legal document called the Plan Document which can be requested from Human Resources. This booklet is not intended to be all-inclusive or supersede the individual Plan Documents, rules or policies. Therefore, in the event of a discrepancy between this booklet and the Plan Documents, the Plan Documents will be followed.

Please review this booklet carefully and if you have any questions, please contact your local Human Resource/Benefits Department.

Medical – BlueCross BlueShield of Louisiana

Key Medical Benefits	PPO		High Deductible Health Plan (HDHP)	
	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$1,000 / \$3,000	\$3,000 / \$6,250	\$3,000 / \$9,000 ²	\$6,000 / \$27,000 ²
Deductible Type	Embedded— If you enroll one or more family members, each member must satisfy their own INDIVIDUAL deductible until the family deductible is met.		Aggregate—If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.	
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$4,000 / \$10,500	Unlimited	\$6,250 / \$12,700 ³	Unlimited
Out-of-Pocket Type	Embedded— If you enroll one or more family members, each member must satisfy their own INDIVIDUAL out-of-pocket until the family out-of-pocket is met.		Aggregate—If you enroll one or more family members, you must meet the full FAMILY out-of-pocket before the plan starts to pay at 100% for any one individual.	
Coinsurance (You Pay)				
Individual / Family	20%	40%	20%	40%
Covered Services				
Office Visits (physician/specialist)	\$30 / \$60 copay	40%*	20%*	40%*
Virtual Visits	\$30 copay	N/A	20%*	40%*
Routine Preventive Care	No charge	40%*	No charge	40%
Mental Health Outpatient Visit	\$30 copay	40%*	20%*	40%*
Outpatient Diagnostic (lab/X-ray)	20%*	40%*	20%*	40%*
Complex Imaging	20%*	40%*	20%*	40%*
Physical Medicine Services	20%*	40%*	20%*	40%*
Ambulance	20%*	20%*	20%*	20%*
Emergency Room	\$175 copay + 20%	\$175 copay + 20%	20%*	40%*
Urgent Care Facility	\$50 copay	40%*	20%*	40%*
Inpatient Hospital Stay	20%*	40%*	20%*	40%*
Outpatient Surgery	20%*	40%*	20%*	40%*
Skilled Nursing / Home Health / Hospice	20%*	40%*	20%*	40%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4)				
Retail Pharmacy (30-day supply)	\$10 / \$30 / \$45 / \$70	N/A	20%*	40%*
Mail Order (90-day supply)	\$30 / \$90 / \$135 / N/A	N/A	20%*	40%*

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

***Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.**

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
3. If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay eligible covered services at 100% for any individual.

Manufacturer Copay Assistance Program (MCAP)

Specialty medications are used to treat complex chronic conditions and have a high cost. In order to help manage the cost to you, Vernon Parish Police Jury is offering a copay assistance program coordinated by SaveOnSP. Enrolling in the program provides members the opportunity of \$0 cost on select medications. If you choose not to enroll, your responsibility will be a 30% coinsurance. Please contact SaveOnSP at 800-683-1074, a patient advocate will assist you with completing your enrollment. Manufacturer assistance coupons applied to a copayment or coinsurance responsibility will not be credited toward your deductible or maximum out-of-pocket.

Medical

Vernon Parish Police Jury provides all adult members with advanced technology and personal coaching to help you live healthier through Livongo. Get help managing diabetes, blood pressure, weight, stress, and more at no cost to you.



Diabetes

Personalized tools and support to track blood sugar, develop healthy lifestyle habits and improve glycemic control.

Mental Health

A range of digital courses and live support, tailored to individual mental health needs.



Hypertension

An engaging and clinically powerful program proven to reduce blood pressure with continuous motivation, daily tracking and effective adjustments.

Prediabetes

Evidence-based curriculum, activity tracking, coaching & support helps keep members on track.

Weight

Structured engagement to improve nutrition, exercise and weight loss.

How it works



Register

Go to my.livongo.com and tell us a bit about yourself so we can see if you are eligible for the program. If you are approved, we will create a personalized program for you.

Get Started

Download the Livongo app to log in and start exploring your benefits.

Open your welcome kit

We'll ship your new devices to your doorstep at no cost to you. Turn on your device to get started.

Dental (BlueCross BlueShield – Included with Medical)

Dental is included when you are signed up for the medical plan.

Key Dental Benefits	PPO ¹
Calendar Year Deductible (Applies to Basic and Major Services)	
Individual / Family	\$25 / \$75
Calendar Annual Maximum (Preventive, Basic, and Major Services combined)	
Individual / Family	\$2,000
Preventive Services	
Routine Oral Examinations (2 per 12 months)	100% Covered
Routine Teeth Cleaning (2 per 12 months)	100% Covered
Full Mouth X-Ray (1 per 24 months)	100% Covered
Periapical and Occlusal X-Rays	100% Covered
Emergency Palliative Treatment	100% Covered
Basic Services (You Pay)	
Fillings other than gold	20%*
Endodontics (root canals)	20%*
Simple Extractions	20%*
Oral Surgery (surgical extractions & impactions) and Periodontics	20%*
Major Services (You Pay)	
Inlays and Onlays	50%*
Crowns, Bridges, Dentures, & Endosteal Implants	50%*
Repair of Crown, Denture, or Bridge	50%*
Orthodontic Services—Children under 19 only (You Pay)	
Lifetime Maximum (Per Covered Member)	\$1,500
Preliminary Studies	50%
X-Rays, Diagnostic Cast, Treatment Plan	Payments for comprehensive full-banded orthodontic treatments are made in installments

Percentages shown in the above chart represent what the member is responsible for paying. *Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

This is a reimbursable program available through VPPJ when you are enrolled in the medical plan. You can receive reimbursement for exams, glasses, contacts and other services up to the benefit maximum. If you have any questions, please contact Human Resources.



Key Vision Benefits	
Calendar Year Deductible Individual / Family (Once Exam every 12 months)	\$35
Calendar Year Maximum (Per Covered member and goes towards vision expenses)	\$350

Life and AD&D

Basic Life/AD&D Insurance (Company-Paid)

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death. This is given to each employee only if you elect Medical. Spouse and Dependent Life is not available to Retirees

Accidental Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

Benefit Amount	
Employee Amount	\$20,000 <ul style="list-style-type: none">▪ Reduces by 50% for Retirees▪ Reduces at age 65 to 65%, age 70 to 40% and age 75 to 20%
Spouse Amount	\$5,000 (not available to Retirees)
Dependent Child(ren)	Six Months to Age 26—\$2,500 14 days to Six Months—\$500
Conversion	If group life ends or the benefit reduces, you or your dependents may apply for an individual policy of life insurance, subject to certain conditions
Exclusions	Several exclusions apply to the accidental death and dismemberment benefits as described in the Certificate of benefits



Supplemental Life/AD&D (Employee Paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through for yourself and your eligible family members.

Benefit Option	Employee	Spouse	Dependent
Amount	<p>Increments of \$10,000 up to 5 times annual salary or \$100,000.</p> <p>Age Reduction to: 60% at age 75 35% at age 80 28% at age 85 20% at age 90</p>	<p>Increments of \$10,000 up to \$20,000. Employee must elect coverage for spouse to be eligible. Benefit not to exceed 100% of employees elected amount</p> <p>Age Reduction to: 60% at age 75 35% at age 80 28% at age 85 20% at age 90</p>	<p>\$10,000 for children 14 days old up to age 26</p> <p>Employee must elect coverage for child(ren) to be eligible. Newborn children to age 13 days are not eligible for a benefit.</p>
Guarantee Issue	\$100,000	\$20,000	\$10,000
Eligibility	You must be actively at work (able to perform all normal duties of your job) to be eligible for this benefit. Your spouse must be able to perform normal activities and not confined at home, in a hospital, or in any other care facility.		
Living Care Benefit	When diagnosed as terminally ill (having 12 months or less to live), you may withdraw up to 80% of your life insurance coverage to a maximum of \$80,000. The death benefit will be reduced by the amount withdrawn.		
Guarantee Issue	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without any Evidence of Insurability requirement. For late enrollees, Evidence of Insurability will be required for any amount and it will be provided at your own expense.		
Portability	When you are no longer an eligible employee, you will have 31 days to port coverage. You and your dependents have the right to continue receiving group life insurance if you are under the age of 70 when insurance would otherwise end.		
Conversion	When you are no longer an eligible employee, you will have 31 days to convert coverage. This takes the term life policy to an individual life insurance policy.		
Waiver of Premium	If you become totally and permanently disabled prior to age 60, your life insurance will continue in force without further payment of premium on a year-to-year basis. You must be totally disabled for 9 months in order to qualify, and waiver terms at age 65. *Subject to periodic submission of evidence of total and permanent disability.		

Voluntary Life Semi-Monthly Deduction

Spouse rate is based on Spouse age

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
< 29	\$0.39	\$0.77	\$1.16	\$1.54	\$1.93	\$2.31	\$2.70	\$3.08	\$3.47	\$3.85
30 - 34	\$0.39	\$0.78	\$1.17	\$1.56	\$1.95	\$2.34	\$2.73	\$3.12	\$3.51	\$3.90
35 - 39	\$0.57	\$1.14	\$1.71	\$2.28	\$2.85	\$3.42	\$3.99	\$4.56	\$5.13	\$5.70
40 - 44	\$0.94	\$1.88	\$2.82	\$3.76	\$4.70	\$5.64	\$6.58	\$7.52	\$8.46	\$9.40
45 - 49	\$1.60	\$3.19	\$4.79	\$6.38	\$7.98	\$9.57	\$11.17	\$12.76	\$14.36	\$15.95
50 - 54	\$2.67	\$5.34	\$8.01	\$10.68	\$13.35	\$16.02	\$18.69	\$21.36	\$24.03	\$26.70
55 - 59	\$4.52	\$9.04	\$13.56	\$18.08	\$22.60	\$27.12	\$31.64	\$36.16	\$40.68	\$45.20
60 - 64	\$5.48	\$10.96	\$16.44	\$21.92	\$27.40	\$32.88	\$38.36	\$43.84	\$49.32	\$54.80
65 - 69	\$8.11	\$16.21	\$24.32	\$32.42	\$40.53	\$48.63	\$56.74	\$64.84	\$72.95	\$81.05
70-75	\$15.38	\$30.75	\$46.13	\$61.50	\$76.88	\$92.25	\$107.63	\$123.00	\$138.38	\$153.75
Age	\$6,000	\$12,000	\$18,000	\$24,000	\$30,000	\$36,000	\$42,000	\$48,000	\$54,000	\$60,000
75 - 79	\$9.23	\$18.45	\$27.68	\$36.90	\$46.13	\$55.35	\$64.58	\$73.80	\$83.03	\$92.25

Voluntary Life Semi-Monthly Deduction for Children

Age	\$10,000
14 days up to 26 years	\$0.44

Valuable Extras

Vernon Parish Police Jury provides all employees with exclusive mortgage services through the Guaranteed Rate Mortgage Program and an employee perk program through BenefitHub at no cost to you.

Mortgage Program

As Vernon Parish Police Jury's preferred lender, Guaranteed Rate is dedicated to giving you competitive pricing and top-notch service.

Our benefits package delivers exclusive access to discounted mortgage rates and fees. Finance through our Corporate Benefits team to take advantage of priority service and dedicated support from our mortgage specialists by visiting Rate.com/vernonparishpolicejury.



Contact us today to get started!

- ▶ (833) 533-2309
- ▶ VernonParishPoliceJury@rate.com
- ▶ Rate.com/VernonParishPoliceJury

BenefitHUB Discount Marketplace

We've made it easy for you to access thousands of amazing discounts, cash back offers and discounted gift cards all in one place.

Enjoy savings on travel, movie tickets, car buying, electronics and more with your exclusive Discount Marketplace!

Go to vppjla.benefithub.com to learn more!



Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical and Dental	BCBSLA	(800) 495-2583	www.bcbsla.com
Blue Care Virtual Visits	BCBSLA	N/A	www.bluecarela.com
Livongo	Teladoc Health	(800) 945-4355	My.livongo.com
Vision	VPPJ	Contact Human Resources	N/A
Life/AD&D	Mutual of Omaha	(800) 775-8805 Portability/Conversion: (877) 466-8367	www.mutualofomaha.com/customer-service
Platinum Mortgage	Guaranteed Rate	(833) 533-2309	rate.com/vernonparishpolicejury
BenefitHUB Discount Marketplace	BenefitHUB	(866) 664-4621	vppjla.benefithub.com

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

