

2022



THE UNIVERSITY of
NEW ORLEANS

Benefits Guide



Health
Financial
Work-Life





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Welcome

We are committed to providing you with a competitive, comprehensive benefits program that provides the care you and your family need to lead healthy, productive lives. Please review this guide carefully for highlights of our benefits and discuss your options with your family.

If you are in a benefits-eligible position, during Open Enrollment, you may:

- Enroll in plans in which you are not a current participant
- Make changes to your existing coverage, including dropping coverage and adding or dropping dependents
- Enroll in Flexible Spending Accounts
- Employees enrolled in the Pelican HSA 775 will need to elect their 2022 monthly HSA contribution.
- Take no action to continue your current voluntary coverage with no changes (Note: Flexible Spending Account and Pelican HSA 775 participations are required for re-enrollment each year)

If you are a Retiree and have specific retiree-related questions, please email hmbenefits@uno.edu.

- If you retired under the LSU System, your insurance benefits remain with LSU. We can help you obtain information pertaining to LSU benefits for the 2022 plan year. Contact us at hmbenefits@uno.edu.



LOOK INSIDE

Office of Group Benefits Medical and Life Rates

Dental Coverage

Vision Coverage

Flexible Spending Program

Supplemental Life Coverage

Disability Coverage

AD&D Coverage

Additional Benefits

Benefits Contact Directory

HOW TO ENROLL

HOW TO COMPLETE WORKDAY OPEN ENROLLMENT:

All benefits eligible workers will receive an open enrollment inbox action item.

Step 1: Click on the Open Enrollment inbox item to start the process

Step 2: Click Let's Get Started

Step 3: Under each plan you will find in blue Manage or Enroll

- Click on Manage to change an existing plan
- Click on Enroll to add a new plan

Step 4: To Finalize your elections

- Click Review and Sign when complete
- Read and Sign with the Electronic Signature
- Print the View 2022 Benefits Statement
- Watch your inbox for other action items that may be required

RATES

2022 EMPLOYEE CONTRIBUTIONS



OGB MEDICAL COVERAGE

Coverage Tier	Monthly Active Employee Contribution		
	State Share	Employee Share	Total Premium
Magnolia Open Access Administered by Blue Cross			
Employee Only	\$612.76	\$204.20	\$816.96
Employee + Spouse	\$1,071.98	\$663.40	\$1,735.38
Employee + Child	\$702.50	\$293.96	\$996.46
Employee + Children	\$702.50	\$293.96	\$996.46
Family	\$1,119.40	\$710.80	\$1,830.20
Magnolia Local Administered by Blue Cross			
Employee Only	\$499.60	\$166.48	\$666.08
Employee + Spouse	\$873.94	\$540.90	\$1,414.84
Employee + Child	\$572.72	\$239.62	\$812.34
Employee + Children	\$572.72	\$239.62	\$812.34
Family	\$912.60	\$579.58	\$1,492.18
Magnolia Local Plus Administered by Blue Cross			
Employee Only	\$589.44	\$196.44	\$785.88
Employee + Spouse	\$1,031.12	\$638.02	\$1,669.14
Employee + Child	\$675.70	\$282.72	\$958.42
Employee + Children	\$675.70	\$282.72	\$958.42
Family	\$1,076.70	\$683.62	\$1,760.32

Your contributions toward the cost of medical, dental, vision and OGB life coverage are automatically deducted from your paycheck before taxes.

SUPPLEMENTAL INSURANCES

Deductions for supplemental insurances are taken from your paycheck after taxes. Rates are available online during enrollment.

RATES

2022 EMPLOYEE CONTRIBUTIONS



OGB MEDICAL COVERAGE

Coverage Tier	Monthly Active Employee Contribution		
Pelican HSA775 Administered by Blue Cross			
	State Share	Employee Share	Total Premium
Employee Only	\$213.02	\$70.96	\$283.98
Employee + Spouse	\$372.70	\$230.64	\$603.34
Employee + Child	\$244.28	\$102.28	\$346.56
Employee + Children	\$244.28	\$102.28	\$346.56
Family	\$389.14	\$247.06	\$636.20
Pelican HRA1000 Administered by Blue Cross			
	State Share	Employee Share	Total Premium
Employee Only	\$368.28	\$122.74	\$491.02
Employee + Spouse	\$644.24	\$398.70	\$1,042.94
Employee + Child	\$422.30	\$176.76	\$599.06
Employee + Children	\$422.30	\$176.76	\$599.06
Family	\$672.72	\$427.14	\$1,099.86
Vantage Medical Home HMO Insured by Vantage Health Plan			
	State Share	Employee Share	Total Premium
Employee Only	\$616.20	\$205.32	\$821.52
Employee + Spouse	\$1,077.82	\$666.96	\$1,744.78
Employee + Child	\$706.38	\$295.50	\$1,001.88
Employee + Children	\$706.38	\$295.50	\$1,001.88
Family	\$1,125.48	\$714.60	\$1,840.08

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SUPPLEMENTAL INSURANCES

Deductions for supplemental insurances are taken from your paycheck after taxes. Rates are available online during enrollment.



OFFICE OF GROUP BENEFITS
OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES
 BASIC AND SUPPLEMENTAL LIFE INSURANCE*
 RATES EFFECTIVE JANUARY 1, 2020

Annual Earnings** From - To	Maximum Insurance	Age Group: 40 & Younger			Age Group: 41 - 45			Age Group: 46 - 50			Age Group: 51 - 55			Age Group: 56 - 60			Age Group: 61 - 64			
		Employee Share	Employer Share	Total Premium	Employee Share	Employer Share	Total Premium	Employee Share	Employer Share	Total Premium	Employee Share	Employer Share	Total Premium	Employee Share	Employer Share	Total Premium	Employee Share	Employer Share	Total Premium	
		\$0.30	\$0.30	\$0.60	\$0.80	\$0.80	\$1.60	\$0.90	\$0.90	\$1.80	\$1.80	\$3.60	\$2.30	\$2.30	\$4.60	\$2.30	\$2.30	\$4.60	\$5.10	\$5.10
Basic Life	\$5,000	\$0.30	\$0.30	\$0.60	\$0.80	\$0.80	\$1.60	\$0.90	\$0.90	\$1.80	\$1.80	\$3.60	\$2.30	\$2.30	\$4.60	\$5.10	\$5.10	\$10.20	\$10.20	
Basic & Supplemental Life																				
\$2,000.01 - \$2,666.66	\$6,000	\$0.36	\$0.36	\$0.72	\$0.96	\$0.96	\$1.92	\$1.08	\$1.08	\$2.16	\$2.16	\$4.32	\$2.76	\$2.76	\$5.52	\$6.12	\$6.12	\$12.24	\$12.24	
\$2,666.67 - \$3,333.33	\$7,000	\$0.42	\$0.42	\$0.84	\$1.12	\$1.12	\$2.24	\$1.26	\$1.26	\$2.52	\$2.52	\$5.04	\$3.22	\$3.22	\$6.44	\$7.14	\$7.14	\$14.28	\$14.28	
\$3,333.34 - \$4,000.00	\$8,000	\$0.48	\$0.48	\$0.96	\$1.28	\$1.28	\$2.56	\$1.44	\$1.44	\$2.88	\$2.88	\$5.76	\$3.68	\$3.68	\$7.36	\$8.16	\$8.16	\$16.32	\$16.32	
\$4,000.01 - \$4,666.66	\$9,000	\$0.54	\$0.54	\$1.08	\$1.44	\$1.44	\$2.88	\$1.62	\$1.62	\$3.24	\$3.24	\$6.48	\$4.14	\$4.14	\$8.28	\$9.18	\$9.18	\$18.36	\$18.36	
\$4,666.67 - \$5,333.33	\$10,000	\$0.60	\$0.60	\$1.20	\$1.60	\$1.60	\$3.20	\$1.80	\$1.80	\$3.60	\$3.60	\$7.20	\$4.60	\$4.60	\$9.20	\$10.20	\$10.20	\$20.40	\$20.40	
\$5,333.34 - \$6,000.00	\$11,000	\$0.66	\$0.66	\$1.32	\$1.76	\$1.76	\$3.52	\$1.98	\$1.98	\$3.96	\$3.96	\$7.92	\$5.06	\$5.06	\$10.12	\$11.22	\$11.22	\$22.44	\$22.44	
\$6,000.01 - \$6,666.66	\$12,000	\$0.72	\$0.72	\$1.44	\$1.92	\$1.92	\$3.84	\$2.16	\$2.16	\$4.32	\$4.32	\$8.64	\$5.52	\$5.52	\$11.04	\$12.24	\$12.24	\$24.48	\$24.48	
\$6,666.67 - \$7,333.33	\$13,000	\$0.78	\$0.78	\$1.56	\$2.08	\$2.08	\$4.16	\$2.34	\$2.34	\$4.68	\$4.68	\$9.36	\$5.98	\$5.98	\$11.96	\$13.26	\$13.26	\$26.52	\$26.52	
\$7,333.34 - \$8,000.00	\$14,000	\$0.84	\$0.84	\$1.68	\$2.24	\$2.24	\$4.48	\$2.52	\$2.52	\$5.04	\$5.04	\$10.08	\$6.44	\$6.44	\$12.88	\$14.28	\$14.28	\$28.56	\$28.56	
\$8,000.01 - \$8,666.66	\$15,000	\$0.90	\$0.90	\$1.80	\$2.40	\$2.40	\$4.80	\$2.70	\$2.70	\$5.40	\$5.40	\$10.80	\$6.90	\$6.90	\$13.80	\$15.30	\$15.30	\$30.60	\$30.60	
\$8,666.67 - \$9,333.33	\$16,000	\$0.96	\$0.96	\$1.92	\$2.56	\$2.56	\$5.12	\$2.88	\$2.88	\$5.76	\$5.76	\$11.52	\$7.36	\$7.36	\$14.72	\$16.32	\$16.32	\$32.64	\$32.64	
\$9,333.34 - \$10,000.00	\$17,000	\$1.02	\$1.02	\$2.04	\$2.72	\$2.72	\$5.44	\$3.06	\$3.06	\$6.12	\$6.12	\$12.24	\$7.82	\$7.82	\$15.64	\$17.34	\$17.34	\$34.68	\$34.68	
\$10,000.01 - \$10,666.66	\$18,000	\$1.08	\$1.08	\$2.16	\$2.88	\$2.88	\$5.76	\$3.24	\$3.24	\$6.48	\$6.48	\$12.96	\$8.28	\$8.28	\$16.56	\$18.36	\$18.36	\$36.72	\$36.72	
\$10,666.67 - \$11,333.33	\$19,000	\$1.14	\$1.14	\$2.28	\$3.04	\$3.04	\$6.08	\$3.42	\$3.42	\$6.84	\$6.84	\$13.68	\$8.74	\$8.74	\$17.48	\$19.38	\$19.38	\$38.76	\$38.76	
\$11,333.34 - \$12,000.00	\$20,000	\$1.20	\$1.20	\$2.40	\$3.20	\$3.20	\$6.40	\$3.60	\$3.60	\$7.20	\$7.20	\$14.40	\$9.20	\$9.20	\$18.40	\$20.40	\$20.40	\$40.80	\$40.80	
\$12,000.01 - \$12,666.66	\$21,000	\$1.26	\$1.26	\$2.52	\$3.36	\$3.36	\$6.72	\$3.78	\$3.78	\$7.56	\$7.56	\$15.12	\$9.66	\$9.66	\$19.32	\$21.42	\$21.42	\$42.84	\$42.84	
\$12,666.67 - \$13,333.33	\$22,000	\$1.32	\$1.32	\$2.64	\$3.52	\$3.52	\$7.04	\$3.96	\$3.96	\$7.92	\$7.92	\$15.84	\$10.12	\$10.12	\$20.24	\$22.44	\$22.44	\$44.88	\$44.88	
\$13,333.34 - \$14,000.00	\$23,000	\$1.38	\$1.38	\$2.76	\$3.68	\$3.68	\$7.36	\$4.14	\$4.14	\$8.28	\$8.28	\$16.56	\$10.58	\$10.58	\$21.16	\$23.46	\$23.46	\$46.92	\$46.92	
\$14,000.01 - \$14,666.66	\$24,000	\$1.44	\$1.44	\$2.88	\$3.84	\$3.84	\$7.68	\$4.32	\$4.32	\$8.64	\$8.64	\$17.28	\$11.04	\$11.04	\$22.08	\$24.48	\$24.48	\$48.96	\$48.96	
\$14,666.67 - \$15,333.33	\$25,000	\$1.50	\$1.50	\$3.00	\$4.00	\$4.00	\$8.00	\$4.50	\$4.50	\$9.00	\$9.00	\$18.00	\$11.50	\$11.50	\$23.00	\$25.50	\$25.50	\$51.00	\$51.00	
\$15,333.34 - \$16,000.00	\$26,000	\$1.56	\$1.56	\$3.12	\$4.16	\$4.16	\$8.32	\$4.68	\$4.68	\$9.36	\$9.36	\$18.72	\$11.96	\$11.96	\$23.92	\$26.52	\$26.52	\$53.04	\$53.04	
\$16,000.01 - \$16,666.66	\$27,000	\$1.62	\$1.62	\$3.24	\$4.32	\$4.32	\$8.64	\$4.86	\$4.86	\$9.72	\$9.72	\$19.44	\$12.42	\$12.42	\$24.84	\$27.54	\$27.54	\$55.08	\$55.08	
\$16,666.67 - \$17,333.33	\$28,000	\$1.68	\$1.68	\$3.36	\$4.48	\$4.48	\$8.96	\$5.04	\$5.04	\$10.08	\$10.08	\$20.16	\$12.88	\$12.88	\$25.76	\$28.56	\$28.56	\$57.12	\$57.12	
\$17,333.34 - \$18,000.00	\$29,000	\$1.74	\$1.74	\$3.48	\$4.64	\$4.64	\$9.28	\$5.22	\$5.22	\$10.44	\$10.44	\$20.88	\$13.34	\$13.34	\$26.68	\$29.58	\$29.58	\$59.16	\$59.16	
\$18,000.01 - \$18,666.66	\$30,000	\$1.80	\$1.80	\$3.60	\$4.80	\$4.80	\$9.60	\$5.40	\$5.40	\$10.80	\$10.80	\$21.60	\$13.80	\$13.80	\$27.60	\$30.60	\$30.60	\$61.20	\$61.20	
\$18,666.67 - \$19,333.33	\$31,000	\$1.86	\$1.86	\$3.72	\$4.96	\$4.96	\$9.92	\$5.58	\$5.58	\$11.16	\$11.16	\$22.32	\$14.26	\$14.26	\$28.52	\$31.62	\$31.62	\$63.24	\$63.24	
\$19,333.34 - \$20,000.00	\$32,000	\$1.92	\$1.92	\$3.84	\$5.12	\$5.12	\$10.24	\$5.76	\$5.76	\$11.52	\$11.52	\$23.04	\$14.72	\$14.72	\$29.44	\$32.64	\$32.64	\$65.28	\$65.28	
\$20,000.01 - \$20,666.66	\$33,000	\$1.98	\$1.98	\$3.96	\$5.28	\$5.28	\$10.56	\$5.94	\$5.94	\$11.88	\$11.88	\$23.76	\$15.18	\$15.18	\$30.36	\$33.66	\$33.66	\$67.32	\$67.32	
\$20,666.67 - \$21,333.33	\$34,000	\$2.04	\$2.04	\$4.08	\$5.44	\$5.44	\$10.88	\$6.12	\$6.12	\$12.24	\$12.24	\$24.48	\$15.64	\$15.64	\$31.28	\$34.68	\$34.68	\$69.36	\$69.36	
\$21,333.34 - \$22,000.00	\$35,000	\$2.10	\$2.10	\$4.20	\$5.60	\$5.60	\$11.20	\$6.30	\$6.30	\$12.60	\$12.60	\$25.20	\$16.10	\$16.10	\$32.20	\$35.70	\$35.70	\$71.40	\$71.40	
\$22,000.01 - \$22,666.66	\$36,000	\$2.16	\$2.16	\$4.32	\$5.76	\$5.76	\$11.52	\$6.48	\$6.48	\$12.96	\$12.96	\$25.92	\$16.56	\$16.56	\$33.12	\$36.72	\$36.72	\$73.44	\$73.44	
\$22,666.67 - \$23,333.33	\$37,000	\$2.22	\$2.22	\$4.44	\$5.92	\$5.92	\$11.84	\$6.66	\$6.66	\$13.32	\$13.32	\$26.64	\$17.02	\$17.02	\$34.04	\$37.74	\$37.74	\$75.48	\$75.48	
\$23,333.34 - \$24,000.00	\$38,000	\$2.28	\$2.28	\$4.56	\$6.08	\$6.08	\$12.16	\$6.84	\$6.84	\$13.68	\$13.68	\$27.36	\$17.48	\$17.48	\$34.96	\$38.76	\$38.76	\$77.52	\$77.52	
\$24,000.01 - \$24,666.66	\$39,000	\$2.34	\$2.34	\$4.68	\$6.24	\$6.24	\$12.48	\$7.02	\$7.02	\$14.04	\$14.04	\$28.08	\$17.94	\$17.94	\$35.88	\$39.78	\$39.78	\$79.56	\$79.56	
\$24,666.67 - \$25,333.33	\$40,000	\$2.40	\$2.40	\$4.80	\$6.40	\$6.40	\$12.80	\$7.20	\$7.20	\$14.40	\$14.40	\$28.80	\$18.40	\$18.40	\$36.80	\$40.80	\$40.80	\$81.60	\$81.60	
\$25,333.34 - \$26,000.00	\$41,000	\$2.46	\$2.46	\$4.92	\$6.56	\$6.56	\$13.12	\$7.38	\$7.38	\$14.76	\$14.76	\$29.52	\$18.86	\$18.86	\$37.72	\$41.82	\$41.82	\$83.64	\$83.64	
\$26,000.01 - \$26,666.66	\$42,000	\$2.52	\$2.52	\$5.04	\$6.72	\$6.72	\$13.44	\$7.56	\$7.56	\$15.12	\$15.12	\$30.24	\$19.32	\$19.32	\$38.64	\$42.84	\$42.84	\$85.68	\$85.68	
\$26,666.67 - \$27,333.33	\$43,000	\$2.58	\$2.58	\$5.16	\$6.88	\$6.88	\$13.76	\$7.74	\$7.74	\$15.48	\$15.48	\$30.96	\$19.78	\$19.78	\$39.56	\$43.86	\$43.86	\$87.72	\$87.72	
\$27,333.34 - \$28,000.00	\$44,000	\$2.64	\$2.64	\$5.28	\$7.04	\$7.04	\$14.08	\$7.92	\$7.92	\$15.84	\$15.84	\$31.68	\$20.24	\$20.24	\$40.48	\$44.88	\$44.88	\$89.76	\$89.76	
\$28,000.01 - \$28,666.66	\$45,000	\$2.70	\$2.70	\$5.40	\$7.20	\$7.20	\$14.40	\$8.10	\$8.10	\$16.20	\$16.20	\$32.40	\$20.70	\$20.70	\$41.40	\$45.90	\$45.90	\$91.80	\$91.80	
\$28,666.67 - \$29,333.33	\$46,000	\$2.76	\$2.76	\$5.52	\$7.36	\$7.36	\$14.72	\$8.28	\$8.28	\$16.56	\$16.56	\$33.12	\$21.16	\$21.16	\$42.32	\$46.92	\$46.92	\$93.84	\$93.84	
\$29,333.34 - \$30,000.00	\$47,000	\$2.82	\$2.82	\$5.64	\$7.52	\$7.52	\$15.04	\$8.46	\$8.46	\$16.92	\$16.92	\$33.84	\$21.62	\$21.62	\$43.24	\$47.94	\$47.94	\$95.88	\$95.88	
\$30,000.01 - \$30,666.66	\$48,000	\$2.88	\$2.88	\$5.76	\$7.68	\$7.68	\$15.36	\$8.64	\$8.64	\$17.28	\$17.28	\$34.56	\$22.08	\$22.08	\$44.16	\$48.96	\$48.96	\$97.92	\$97.92	
\$30,666.67 - \$31,333.33	\$49,000	\$2.94	\$2.94	\$5.88	\$7.84	\$7.84	\$15.68	\$8.82	\$8.82	\$17.64	\$17.64	\$35.28	\$22.54	\$22.54	\$45.08	\$49.98	\$49.98	\$99.96	\$99.96	
\$31,333.34 - \$32,000.00	\$50,000	\$3.00	\$3.00	\$6.00	\$8.00	\$8.00	\$16.00	\$9.00	\$9.00	\$18.00	\$18.00	\$36.00	\$23.00	\$23.00	\$46.00	\$51.00	\$51.00	\$102.00	\$102.00	

*Accidental Death & Dismemberment benefits are included for all active and retired employees through age sixty-nine (69).

**Annual Earnings for those academic employees who work less than twelve months of the calendar year shall be the salary for that period of time required by their regular job duties as defined at the beginning of the academic year. For retired employees annual earnings means that salary level for which benefits were provided as an active employee on the last day of the month immediately preceding the actual last day of work.



OFFICE OF GROUP BENEFITS
OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES
 BASIC AND SUPPLEMENTAL LIFE INSURANCE*
 RATES EFFECTIVE JANUARY 1, 2020

Annual Earnings**		Age Group: 65			Age Group: 66 - 69			
		Maximum Insurance	Employee Share	Employer Share	Total Premium	Employee Share	Employer Share	Total Premium
From	To							
Basic Life								
		\$4,000	\$4.08	\$4.08	\$8.16	\$5.04	\$5.04	\$10.08
\$2,000.01 -	\$2,666.66	\$5.00	\$5.10	\$5.10	\$10.20	\$6.30	\$6.30	\$12.60
\$2,666.67 -	\$4,000.00	\$6.00	\$6.12	\$6.12	\$12.24	\$7.56	\$7.56	\$15.12
\$4,000.01 -	\$4,666.66	\$7.00	\$7.14	\$7.14	\$14.28	\$8.82	\$8.82	\$17.64
\$4,666.67 -	\$5,333.33	\$8.00	\$8.16	\$8.16	\$16.32	\$10.08	\$10.08	\$20.16
\$5,333.34 -	\$6,666.66	\$9.00	\$9.18	\$9.18	\$18.36	\$11.34	\$11.34	\$22.68
\$6,666.67 -	\$7,333.33	\$10.00	\$10.20	\$10.20	\$20.40	\$12.60	\$12.60	\$25.20
\$7,333.34 -	\$8,000.00	\$11.00	\$11.22	\$11.22	\$22.44	\$13.86	\$13.86	\$27.72
\$8,000.01 -	\$9,333.33	\$12.00	\$12.24	\$12.24	\$24.48	\$15.12	\$15.12	\$30.24
\$9,333.34 -	\$10,000.00	\$13.00	\$13.26	\$13.26	\$26.52	\$16.38	\$16.38	\$32.76
\$10,000.01 -	\$10,666.66	\$14.00	\$14.28	\$14.28	\$28.56	\$17.64	\$17.64	\$35.28
\$10,666.67 -	\$13,333.33	\$15.00	\$15.30	\$15.30	\$30.60	\$18.90	\$18.90	\$37.80
\$13,333.34 -	\$14,000.00	\$16.00	\$16.32	\$16.32	\$32.64	\$20.16	\$20.16	\$40.32
\$14,000.01 -	\$14,666.66	\$17.00	\$17.34	\$17.34	\$34.68	\$21.42	\$21.42	\$42.84
\$14,666.67 -	\$16,000.00	\$18.00	\$18.36	\$18.36	\$36.72	\$22.68	\$22.68	\$45.36
\$16,000.01 -	\$16,666.66	\$19.00	\$19.38	\$19.38	\$38.76	\$23.94	\$23.94	\$47.88
\$16,666.67 -	\$17,333.33	\$20.00	\$20.40	\$20.40	\$40.80	\$25.20	\$25.20	\$50.40
\$17,333.34 -	\$18,666.66	\$21.00	\$21.42	\$21.42	\$42.84	\$26.46	\$26.46	\$52.92
\$18,666.67 -	\$19,333.33	\$22.00	\$22.44	\$22.44	\$44.88	\$27.72	\$27.72	\$55.44
\$19,333.34 -	\$20,000.00	\$23.00	\$23.46	\$23.46	\$46.92	\$28.98	\$28.98	\$57.96
\$20,000.01 -	\$21,333.33	\$24.00	\$24.48	\$24.48	\$48.96	\$30.24	\$30.24	\$60.48
\$21,333.34 -	\$22,000.00	\$25.00	\$25.50	\$25.50	\$51.00	\$31.50	\$31.50	\$63.00
\$22,000.01 -	\$22,666.66	\$26.00	\$26.52	\$26.52	\$53.04	\$32.76	\$32.76	\$65.52
\$22,666.67 -	\$24,000.00	\$27.00	\$27.54	\$27.54	\$55.08	\$34.02	\$34.02	\$68.04
\$24,000.01 -	\$24,666.66	\$28.00	\$28.56	\$28.56	\$57.12	\$35.28	\$35.28	\$70.56
\$24,666.67 -	\$25,333.33	\$29.00	\$29.58	\$29.58	\$59.16	\$36.54	\$36.54	\$73.08
\$25,333.34 -	\$26,666.66	\$30.00	\$30.60	\$30.60	\$61.20	\$37.80	\$37.80	\$75.60
\$26,666.67 -	\$27,333.33	\$31.00	\$31.62	\$31.62	\$63.24	\$39.06	\$39.06	\$78.12
\$27,333.34 -	\$28,000.00	\$32.00	\$32.64	\$32.64	\$65.28	\$40.32	\$40.32	\$80.64
\$28,000.01 -	\$29,333.33	\$33.00	\$33.66	\$33.66	\$67.32	\$41.58	\$41.58	\$83.16
\$29,333.34 -	\$30,000.00	\$34.00	\$34.68	\$34.68	\$69.36	\$42.84	\$42.84	\$85.68
\$30,000.01 -	\$30,666.66	\$35.00	\$35.70	\$35.70	\$71.40	\$44.10	\$44.10	\$88.20
\$30,666.67 -	\$32,000.00	\$36.00	\$36.72	\$36.72	\$73.44	\$45.36	\$45.36	\$90.72
\$32,000.01 -	\$32,666.66	\$37.00	\$37.74	\$37.74	\$75.48	\$46.62	\$46.62	\$93.24
\$32,666.67	And Over	\$38.00	\$38.76	\$38.76	\$77.52	\$47.88	\$47.88	\$95.76

*Accidental Death & Dismemberment benefits are included for all active and retired employees through age sixty-nine (69).

**Annual Earnings for those academic employees who work less than twelve months of the calendar year shall be the salary for that period of time required by their regular job duties as defined at the beginning of the academic year. For retired employees annual earnings means that salary level for which benefits were provided as an active employee on the last day of the month immediately preceding the actual last day of work.



OFFICE OF GROUP BENEFITS

OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES

BASIC AND SUPPLEMENTAL LIFE INSURANCE*

RATES EFFECTIVE JANUARY 1, 2020

Annual Earnings**		Maximum Insurance	Active Employees			Retired Employees		
			Age Group: 70 & Older	Employee Share	Total Premium	Age Group: 70 & Older	Employee Share	Total Premium
From	To		Employee Share	Employer Share	Total Premium	Employee Share	Employer Share	Total Premium
Basic Life								
		\$3,000	\$3.78	\$3.78	\$7.56	\$3.72	\$3.72	\$7.44
Basic & Supplemental Life								
\$2,000.01	- \$4,000.00	\$4,000	\$5.04	\$5.04	\$10.08	\$4.96	\$4.96	\$9.92
\$4,000.01	- \$5,333.33	\$5,000	\$6.30	\$6.30	\$12.60	\$6.20	\$6.20	\$12.40
\$5,333.34	- \$6,666.66	\$6,000	\$7.56	\$7.56	\$15.12	\$7.44	\$7.44	\$14.88
\$6,666.67	- \$8,000.00	\$7,000	\$8.82	\$8.82	\$17.64	\$8.68	\$8.68	\$17.36
\$8,000.01	- \$9,333.33	\$8,000	\$10.08	\$10.08	\$20.16	\$9.92	\$9.92	\$19.84
\$9,333.34	- \$10,666.66	\$9,000	\$11.34	\$11.34	\$22.68	\$11.16	\$11.16	\$22.32
\$10,666.67	- \$13,333.33	\$10,000	\$12.60	\$12.60	\$25.20	\$12.40	\$12.40	\$24.80
\$13,333.34	- \$14,666.66	\$11,000	\$13.86	\$13.86	\$27.72	\$13.64	\$13.64	\$27.28
\$14,666.67	- \$16,000.00	\$12,000	\$15.12	\$15.12	\$30.24	\$14.88	\$14.88	\$29.76
\$16,000.01	- \$17,333.33	\$13,000	\$16.38	\$16.38	\$32.76	\$16.12	\$16.12	\$32.24
\$17,333.34	- \$18,666.66	\$14,000	\$17.64	\$17.64	\$35.28	\$17.36	\$17.36	\$34.72
\$18,666.67	- \$20,000.00	\$15,000	\$18.90	\$18.90	\$37.80	\$18.60	\$18.60	\$37.20
\$20,000.01	- \$21,333.33	\$16,000	\$20.16	\$20.16	\$40.32	\$19.84	\$19.84	\$39.68
\$21,333.34	- \$22,666.66	\$17,000	\$21.42	\$21.42	\$42.84	\$21.08	\$21.08	\$42.16
\$22,666.67	- \$24,000.00	\$18,000	\$22.68	\$22.68	\$45.36	\$22.32	\$22.32	\$44.64
\$24,000.01	- \$25,333.33	\$19,000	\$23.94	\$23.94	\$47.88	\$23.56	\$23.56	\$47.12
\$25,333.34	- \$26,666.66	\$20,000	\$25.20	\$25.20	\$50.40	\$24.80	\$24.80	\$49.60
\$26,666.67	- \$28,000.00	\$21,000	\$26.46	\$26.46	\$52.92	\$26.04	\$26.04	\$52.08
\$28,000.01	- \$29,333.33	\$22,000	\$27.72	\$27.72	\$55.44	\$27.28	\$27.28	\$54.56
\$29,333.34	- \$30,666.66	\$23,000	\$28.98	\$28.98	\$57.96	\$28.52	\$28.52	\$57.04
\$30,666.67	- \$32,000.00	\$24,000	\$30.24	\$30.24	\$60.48	\$29.76	\$29.76	\$59.52
\$32,000.01	And Over	\$25,000	\$31.50	\$31.50	\$63.00	\$31.00	\$31.00	\$62.00

*Accidental Death & Dismemberment benefits are included for all active and retired employees through age sixty-nine (69). If the plan member is still actively employed at age 70, coverage terminates at midnight on the last day of the month in which retirement occurs.

** Annual Earnings for those academic employees who work less than twelve months of the calendar year shall be the salary for that period of time required by their regular job duties as defined at the beginning of the academic year. For retired employees annual earnings means that salary level for which benefits were provided as an active employee on the last day of the month immediately preceding the actual last day of work.



OFFICE OF GROUP BENEFITS
OFFICIAL SCHEDULE OF MONTHLY PREMIUM RATES
 BASIC AND SUPPLEMENTAL LIFE INSURANCE
 RATES EFFECTIVE JANUARY 1, 2020

	Maximum Insurance	Employee Share		Employer Share		Total Premium
		Employee Share	Employer Share	Employee Share	Employer Share	
Basic Life						
Option 1	\$1,000	\$1.36	\$0.00	\$1.36	\$0.00	\$1.36
Option 2	\$2,000	\$2.72	\$0.00	\$2.72	\$0.00	\$2.72
Basic & Supplemental Life						
Option 1	\$2,000	\$2.72	\$0.00	\$2.72	\$0.00	\$2.72
Option 2	\$4,000	\$5.44	\$0.00	\$5.44	\$0.00	\$5.44

Dental Coverage: MetLife PDP

Following is a high-level overview of your dental coverage. For complete coverage details, please refer to the Summary Plan Description (SPD), which can be found on the UNO Human Resources Benefits website.

Plan Feature	Basic Plan		Enhanced Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Deductible (single/family)	\$100 per individual		No deductible	
Annual Maximum Benefit	\$1,250 per person		\$1,500 per person	
Preventive	Plan pays 100%		Plan pays 100%	Plan pays 100% of R&C fee
Basic	Plan pays 80%		Plan pays 80%	Plan pays 80% of R&C fee
Major	Plan pays 50%		Plan pays 50%	Plan pays 50% of R&C fee
Orthodontia	Not covered		Plan pays 50%	Plan pays 50% of R&C fee
Orthodontia Lifetime Maximum	N/A		\$1,500	

PDP: The Preferred Dentist Program fee (PDP) is defined as a general dentist or specialist who has agreed to accept negotiated fees as payment in full for services provided to plan members.

Dental Coverage

Coverage Tier	Employee Contribution (Monthly)	
	Basic Plan	Enhanced Plan
Employee Only	\$22.12	\$47.20
Employee + Spouse	\$41.52	\$92.28
Employee + Child(ren)	\$57.40	\$112.20
Family	\$76.80	\$157.30



Vision Coverage: Davis Vision

Following is a high-level overview of your vision coverage. For complete coverage details, please refer to the Summary Plan Description (SPD), which can be found on the UNO Human Resources Benefits website.

Plan Feature	Designer Plan			Premier Plan		
	Frequency	In-Network	Out-of-Network	Frequency	In-Network	Out-of-Network
Examination	Once every 12 months	\$0 copay	\$35 reimbursement	Once every 12 months	\$0 copay	\$35 reimbursement
Basic Lenses (single/bifocal/trifocal)	Once every 12 months	Plan pays 100%	\$25/\$40/\$50 reimbursement	Once every 12 months	Plan pays 100%	\$25/\$40/\$50 reimbursement
Frames	Once every 12 months	\$130 retail allowance + 20% off balance	\$50 reimbursement	Once every 12 months	\$150 retail allowance + 20% off any balance	\$50 reimbursement
Contact Lenses (in lieu of glasses)	Once every 12 months	\$130 retail allowance + 15% off balance of 4 boxes of contacts	\$130 reimbursement	Once every 12 months	\$150 retail allowance + 15% off balance of 8 boxes of contacts	\$130 reimbursement for elective contacts; \$210 reimbursement for medically necessary contacts
LASIK Surgery		Up to 25% discount off participating provider's U&C fees* or 5% off advertised special, whichever is lower	N/A		Up to 25% off participating provider's U&C fees* or 5% off advertised special, whichever is lower	N/A

*The usual and customary (U&C) fee is defined as the charge for services that are consistent with the average rate or charge for identical or similar services in a certain geographical area.

Vision Coverage

Coverage Tier	Employee Contribution (Monthly)	
	Designer Plan	Premier Plan
Employee Only	\$8.80	\$9.80
Employee + Spouse	\$15.86	\$17.66
Employee + Child(ren)	\$16.74	\$18.64
Family	\$26.42	\$29.44

Flexible Spending Accounts (FSA):

- FSA enrollment is limited to initial eligibility and Open Enrollment. Experiencing a Qualifying Event provides for limited enrollment opportunities depending on the nature of the event. The FSA plan provides you with the opportunity to set aside tax-exempt dollars for out-of-pocket health care and dependent care expenses incurred by you and your eligible dependents.
- If you are currently enrolled in this plan, you **must** re-enroll each year during Open Enrollment. If you do not re-enroll during Open Enrollment, your participation will automatically cancel on December 31st.

Supplemental Life and AD&D Coverage: The Hartford

The chart below shows the coverage available.

	Amount	Guaranteed Issue*
Employee	Available in \$10,000 increments, to a maximum of \$1,000,000	Up to 5x annual earnings or \$500,000, whichever is less
Spouse	Available in increments of \$5,000, to a maximum of \$250,000, not to exceed 50% of employee amount	\$100,000
Child(ren)	Live birth to 6 months: \$1,000 6 months to 26 years: \$5,000, \$10,000 or \$20,000	\$20,000

Note: Current participants may increase coverage amounts up to one times their annual earnings in increments of \$10,000, rounded to the next \$10,000, without providing Evidence of Insurability (EOI) each plan year, up to the Guarantee Issue amounts shown above.

*Employees who apply during their initial eligibility period (within 31 days of their effective date) are guaranteed to receive a specific amount of coverage—your plan's Guarantee Issue amount—without a medical exam or answering any health-related questions.

Supplemental Life and AD&D Coverage

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54
Rate	\$0.55	\$0.65	\$0.75	\$0.95	\$1.19	\$1.68	\$2.85
Age	55-59	60-64	65-69	70-74	75-79	80-84	85+
Rate	\$4.35	\$6.60	\$10.90	\$20.50	\$34.30	\$60.90	\$115.10

To calculate your monthly cost, please use the following formula(s):

$$\frac{\text{Life Benefit Amount}}{\div \$10,000} = \text{Rate} \times \$ = \text{Monthly Cost}$$

$$\frac{\text{AD\&D Benefit Amount}}{\div \$10,000} = \text{Rate} \times \$0.31 = \text{Monthly Cost}$$

Spouse Supplemental Life and AD&D Coverage

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54
Rate	\$0.275	\$0.325	\$0.375	\$0.475	\$0.595	\$0.840	\$1.425
Age	55-59	60-64	65-69	70-74	75-79	80-84	85+
Rate	\$2.175	\$3.30	\$5.45	\$10.25	\$17.15	\$30.45	\$57.55

To calculate your **Spouse's** monthly cost, please use the following formula(s):

$$\frac{\text{Life Benefit Amount}}{\div \$5,000} = \frac{\text{Rate}}{\times \$} = \text{Monthly Cost}$$

$$\frac{\text{AD\&D Benefit Amount}}{\div \$5,000} = \frac{\text{Rate}}{\times \$0.16} = \text{Monthly Cost}$$

Child(ren) Supplemental Life and AD&D Coverage

- \$5,000 of life coverage at a monthly cost of \$0.75 (cost is for all covered children)
- \$10,000 of life coverage at a monthly cost of \$1.49 (cost is for all covered children)
- \$20,000 of life coverage at a monthly cost of \$2.98 (cost is for all covered children)

Disability Coverage: The Hartford

Following is a brief summary of our LTD coverage.

LTD Coverage Features	
Income Replacement	60%
Monthly Maximum Benefit	\$12,000
When Benefit Begins	91 st day
Maximum Benefit Period	Social Security Normal Retirement Age

Long-Term Disability Coverage

To calculate your monthly cost, please use the following formula(s):

$$\frac{\text{Your Annual Earnings Maximum} = \$240,000}{\div 12} \times \frac{\text{Your Monthly Earnings}}{\div 100} = \frac{\text{Rate}}{\times \$0.5530} = \text{Monthly Cost}$$

Accidental Death and Dismemberment (AD&D) Coverage: The Hartford

To maintain financial security, you have the option to purchase voluntary accidental death and dismemberment (AD&D) benefit. This benefit is paid for entirely by you.

AD&D Coverage

Coverage Tier	Employee Contribution (Rate Per \$10,000 Benefit)
Employee Only	\$0.360
Family	\$0.540

Employee Options:

- \$27,500 of AD&D coverage at a monthly cost of \$1.00
- \$55,000 of AD&D coverage at a monthly cost of \$2.00
- \$82,500 of AD&D coverage at a monthly cost of \$3.00
- \$110,000 of AD&D coverage at a monthly cost of \$4.00
- \$165,000 of AD&D coverage at a monthly cost of \$6.00
- \$220,000 of AD&D coverage at a monthly cost of \$8.00
- \$275,000 of AD&D coverage at a monthly cost of \$10.00
- \$300,000 of AD&D coverage at a monthly cost of \$11.00

Family Options:

- \$27,500 of AD&D coverage for employee and family at a monthly cost of \$1.50
- \$55,000 of AD&D coverage for employee and family at a monthly cost of \$3.00
- \$82,500 of AD&D coverage for employee and family at a monthly cost of \$4.50
- \$110,000 of AD&D coverage for employee and family at a monthly cost of \$6.00
- \$165,000 of AD&D coverage for employee and family at a monthly cost of \$9.00
- \$220,000 of AD&D coverage for employee and family at a monthly cost of \$12.00
- \$275,000 of AD&D coverage for employee and family at a monthly cost of \$15.00
- \$300,000 of AD&D coverage for employee and family at a monthly cost of \$16.50

Premium Conversion Plan

Employees of agencies that participate in the OGB administered Flexible Benefits Plan will automatically be enrolled in the Premium Conversion option for all OGB products and eligible miscellaneous products. Once enrolled in the Premium Conversion option, enrollment will automatically continue from year to year unless the employee chooses to end participation in all coverage during Open Enrollment or due to experiencing an IRS-recognized qualifying event. See the Flex Plan document for additional information.

Pet Insurance: FIGO

We know how much you love your furry kids at home. We also know how expensive veterinary care can be. That's why we are excited to announce the addition of Figo Pet Insurance to our benefits package!

What you get when you purchase one of Figo's pet health insurance plans:

- Reimbursement for your pet's unexpected medical costs
- 10% discount
- Figo's Pet Cloud mobile app to manage your pet's records, reminders and travel
- Figo's pet tag with digital pet profile - allowing anyone who finds your pet to group text your family
- Figo travel water bowl

Please visit <http://bit.ly/2R2YLzP> for your quote today or call 844-738-3446, text 844-262-8133 or email support@insurefigo.com and mention you're with University of New Orleans for enrollment assistance.

Employee Assistance Program (EAP): The Hartford

As part of your EAP program, you have access to up to three face-to-face counseling sessions per occurrence per year. Counseling for your legal, financial, medical and benefit-related concerns is also available by phone. 1-800-96-HELPS (1-800-964-3577).

For online access, visit www.guidanceresources.com. If you are a new user, click on the register tab and enter HLF902 as the Web ID. In the Company Name field, enter ABILI

Benefits Contact Directory

Insurance Carriers	
Dental: MetLife Kim McClelland	(800) 942-0854 https://mybenefits.metlife.com
Vision: Davis Vision Cathy (Proffitt) Brooks	(800) 731-4201 Cathy.Brooks@davisvision.com
Long-Term Disability, Life and AD&D, Stand-Alone AD&D: The Hartford Shanna Dubose	(800) 303-9744 www.thehartfordatwork.com
State Agencies	
LASERS	(800) 256-3000 www.lasersonline.org
Office of Group Benefits (Health, Flexible Benefits, Life)	(800) 272-8451 www.groupbenefits.org
TRSL/Teachers	(877) 275-8775 www.trsl.org
Office of Student Financial Assistance (START)	(800) 259-5626 ext. 1012 www.startsaving.la.gov
Retirement Vendors	
VOYA Kenny Trahan	(877) 665-8544 http://voya.com/products-services/workplace-retirement-plans
LA Deferred Compensation	(800) 937-7604 https://louisianadcpetire.gwrs.com
MetLife Cliff Lloyd	(866) 538-3605 (225) 765-7576 ext. 1528 www.louisiana.metlife.com
TIAA Louis Bundy	(800) 842-2252 (504) 648-4057 www.tiaa.org
Valic Mickey Giroir	(800) 448-2542 (225) 266-1696 www.valic.com
UNO Departments	
Athletics	www.unoprivateers.com
Human Resource Management-Employee Benefits	www.hrm.uno.edu ; Click "Benefits Website" Email: hrambenefits@uno.edu
Recreation & Intramural Sports	www.ris.uno.edu
Staff Council	www.uno.edu/staff-council



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