



# 2023 Employee Benefits

## AMG & Affiliates



## OVERVIEW OF 2023 FULL-TIME EMPLOYEE BENEFITS

BENEFITS	PREMIUM PAYMENTS	COVERAGE SUMMARY
HEALTH INSURANCE <b>BLUE CROSS BLUE SHIELD</b>	Employer & Employee Paid	Two plan options for medical benefits. Please see page for medical plan details.
DENTAL INSURANCE <b>CRESCENT DENTAL</b>	Employer & Employee Paid	Provides benefits for preventive, basic, major and orthodontic services.
VISION INSURANCE <b>AMERITAS</b>	Employee Paid	Provides benefits for materials, frames, lenses and contacts.
BASIC LIFE AD&D <b>NY LIFE</b>	Employer Paid	AMG will offer 25,000 in life insurance with accidental death benefit
VOLUNTARY GROUP LIFE <b>NY LIFE</b>	Employee Paid	Each employee can buy up to 5 times annual salary to a maximum of \$300,000: Spouse up to \$150k; and child(ren) \$10,000.
SHORT-TERM DISABILITY <b>NY LIFE</b>	Employee Paid	Provides 60% of pre-disability earnings up to a maximum benefit of \$1,000 a week.
LONG-TERM DISABILITY <b>NY LIFE</b>	Employer Paid	Provides 60% of pre-disability earnings to a maximum benefit of \$5,000 a month depending on hourly rate of pay.
ACCIDENT INSURANCE <b>GUARDIAN LIFE</b>	Employee Paid	Accident Coverage helps offset deductibles and co insurance resulting from off- the-job accidents. Benefits for Outpatient Physicians Treatment, hospitalization and surgery are included.
CANCER INSURANCE <b>GUARDIAN LIFE</b>	Employee Paid	Benefits help those diagnosed with cancer to stay focused on recovery by alleviating some of the financial burden associated with the cost of cancer treatment.
CRITICAL ILLNESS INSURANCE <b>GUARDIAN LIFE</b>	Employee Paid	This plan pays a lump sum benefit directly to you and your covered dependents upon diagnosis of invasive cancer, heart attack, stroke, organ transplant, kidney failure, among other illnesses.
HOSPITAL INDEMNITY INSURANCE <b>GUARDIAN LIFE</b>	Employee Paid	This plan helps offset cost of hospital inpatient stays. This plan offers 24 hour coverage. Treatments covered include sickness and injury.
UNIVERSAL LIFE INSURANCE <b>TRANSAMERICA LIFE</b>	Employee Paid	Universal Life coverage provides permanent life insurance protection with a premium that never increases due to your age or a specified term. Life Insurance is a promise to your family to help protect their future. The death benefits can be used any way you or your family sees fit.
PET INSURANCE <b>PIN PAWS</b>	Employee Paid	Provides insurance for your dog(s) and/or cat(s).

# WHAT YOU NEED TO KNOW!



## ELIGIBILITY

Full-time employees who work a minimum of 30 hours per week are eligible to enroll themselves and their qualified dependents in applicable AMG employee benefits. **Employees must be active at work to be eligible for benefits. Dependents must not be (i.e., disabled, in nursing home, hospital, etc...) to be eligible for the voluntary benefits.**

## ENROLLMENT INSTRUCTIONS

1. **REVIEW YOUR BENEFITS** - Read this guide thoroughly - it will describe all the plan and benefit options for 2023.
2. **GETTING READY TO ENROLL** - Items to have available when you call to enroll or elect benefits:
  - Social Security numbers and birth dates for yourself and your eligible family members.
  - Last paycheck stub and information about other benefit coverage or insurance you or a family member may have.
  - Beneficiary designation information, so you can properly identify your beneficiaries for your various policies.
  - **ENROLL BY YOUR DEADLINE** - Representatives from CBA will be available by phone to answer questions and help you complete your enrollment. You must enroll within your eligibility period or by close of annual enrollment.
  - **FOLLOW UP** - Be sure to check the Netchex system to verify your enrollment summary and to confirm that your payroll deductions are correct.

## MAKING CHANGES THROUGHOUT THE YEAR!

Once you have made your enrollment choices, you generally cannot make any changes until the next annual Open Enrollment. However, you may make certain changes if you have any qualifying life events that affect your benefits. A qualifying life event could include, but is not limited to:

- Marriage or divorce;
- Birth or adoption of a child;
- Death of a spouse or other eligible dependent;
- Change in your spouse's or child's employment resulting in gain or loss of eligibility for employee benefits

You must notify the AMG HR Department about any qualifying Life Event as soon as possible and before 31 days have passed. If you wait longer than 31 days, you will not be allowed to make any coverage changes until the next annual Open Enrollment, per IRS regulations.

## QUESTIONS?

**CUSTOMER SERVICE**  
1-800-411-0182 Toll Free  
985-845-7191 Direct  
985-845-8849 fax  
[amg-ltac@combined-benefits.com](mailto:amg-ltac@combined-benefits.com)



**DISCLAIMER:** This benefit summary is provided for illustrative purposes only and is simply an overview of your benefits. For a detailed explanation of your benefits for each policy, you should review a copy of the actual policy on file with the Human Resources Department or request a copy of each policy from Combined Benefits Administrators.

# Health Insurance



**BlueCross BlueShield  
of Louisiana**

**BCBS will continue to be our health care provider. Please see the plan options below. The option of the BlueSaver, High Deductible Health Plan (HDHP) is in conjunction with a Health Savings Account (HSA). Please review plan details to be aware of coverage options.**

Plan Details	Group Care	Blue Saver
Calendar Year Deductible	In-Network/Out-of-Network	In-Network/Out-of-Network
Individual	\$2,000 / \$4,000	\$3,000 / \$6,000
Family	\$6,000 / \$12,000	\$6,000 / \$12,000
Out-of-Pocket calendar year maximum		
Individual	\$6,250 / \$12,500	\$5,000 / \$10,000
Family	\$12,500 / \$25,000	\$10,000 / \$20,000
Per Member Out-of-Pocket Max within a Family		\$7,900 / \$20,000
Coinsurance	70% / 50%	80% / 60%
Office Visit		
Primary Care Physician (PCP)	\$40 Co-Pay	Deductible then Coinsurance
Quality Blue Primary Care	\$25 Co-Pay	Deductible then Coinsurance
Specialist	\$55 Copay	Deductible then Coinsurance
Prescription Deductible	None	Integrated with Medical Deductible
Prescription Medication		
Generic	\$15 Retail / \$45 Mail Co-Pay	Plan pays 80% after deductible
Preferred Brand Drugs	\$40 Retail / \$120 Mail Co-Pay	Plan pays 60% after deductible
Non-Preferred Brand	\$70 Retail / \$210 Mail Copay	No Benefit
Specialty (Limited to a 30 day supply per fill)	Plan pays 90% with a \$150 max	No Benefit
<b>Health Savings Account - HSA</b>	<b>This plan is not eligible for HSA</b>	<b>This plan is eligible for HSA</b>

Health Savings Account (HSA) is available with the BlueSaver Plan. Savings and advantages of an HSA: Tax Savings (Pre-Tax Contributions); Reduces out-of-pocket costs; Portable (may keep your HSA if you leave AMG); Long Term Savings (funds always roll into the next year). Ask your enrollment advisor or HR contact for a complete summary. Contact Human Resources for enrollment information in the HSA. Contributions may be made pre-tax and may not exceed IRS 2023 annual max of \$3,850 for individual coverage and \$7,750 for family coverage. Individuals 55 and older may make additional catch-up contributions up to \$1,000 each year until they enroll in Medicare.

**OPEN ENROLLMENT – NEW ENROLLEES** to the BlueSaver high deductible health plan: For 3/1/2023 Open Enrollment, the company will contribute up to \$1,000 for the 3/1/23 – 2/29/24 plan year. This will be paid with two \$100- advancements per payroll for the first two March 2023 payrolls and deposited to Eligible Employee’s HSA account; and each payroll thereafter through 2/29/2024, Eligible Employee will receive a deposit of \$33.33 as an added benefit to this plan.

**CURRENT RENEWING ENROLLEES & NEW HIRE ENROLLMENT** for BlueSaver high deductible health plan: For 3/1/2023 Open Enrollment, the company will contribute up to \$1,000 for the 3/1/23 – 2/29/24 plan year. For the 2022-23 current renewing Enrollees & New Hire Enrollments to this plan, the company will contribute \$38.46 per payroll to Eligible Employee’s HSA account, starting with the 1st payroll in March.

	Bi-Weekly Rates	Bi-Weekly Rates
<b>Employee</b>	<b>\$64.05</b>	<b>\$51.33</b>
<b>Employee + Spouse</b>	<b>\$329.74</b>	<b>\$263.12</b>
<b>Employee + Child(ren)</b>	<b>\$290.17</b>	<b>\$231.55</b>
<b>Family</b>	<b>\$553.98</b>	<b>\$442.08</b>

<b>Group # 78548ERC</b>	<b>BCBS RX PLAN INFORMATION</b> Pharmacy Help Desk 1-800-824-0898
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**In an effort to keep costs down, here are some things you can do to help:**

- Use network providers and hospitals
- Use preventive/wellness benefits for early detection of serious health issues. Your wellness benefits cover 100% of the cost of preventive services.
- Use company employee LabCorp account at no cost for all blood labwork. Obtain the LabCorp form from your HR
- Use generic drugs when available
- Use mail service to purchase maintenance or prescription drugs
- Use the emergency room only when appropriate (for emergencies)
- Question costly procedures



# Dental Insurance

Having dental insurance contributes to your total well-being. With Crescent Dental, you have comprehensive dental coverage at affordable rates.

BENEFITS	
<b>Preventive Services</b> (No Deductible) <b>100%</b>	Cleanings (2 per benefit period) Bitewing X-Rays (2 per benefit period) Oral Exams (2 per benefit period) Fluoride (age 18 and under) Sealants (per tooth), Full mouth x-rays Space Maintainers
<b>Basic Services</b> (Deductible Applies) <b>80% / 80% (out of network)</b>	Filings, Root canal Periodontics Oral Surgery (simple extractions)
<b>Major Services</b> (Deductible Applies) <b>50% / 50% (out of network)</b>	Bridges Surgical extractions Dentures Crowns (1 in 5 yrs per tooth) Complex Extractions Onlays
<b>Orthodontia</b> (No Deductible) Dependent Child Coverage under 26 Only <b>50%</b>	\$1,000 Lifetime Max
<b>Calendar Year Deductible</b>	\$50 Deductible Per Member / \$150 Family Waived on Preventive & Orthodontia Services Applies to both in & out of network services
<b>Annual Maximum</b>	\$1,000
<b>Waiting Periods</b>	Applies to Late Entrants Only
<b>Carryover Benefit Included</b>	\$250

**Did you know you don't need an ID Card to visit your provider, or for your provider to file a claim?**

Just tell your dentist you're a Crescent Dental member and they can locate you through the online system or by calling Crescent Dental at 800-762-1547.

You can review your coverage, check your benefits, track your claims, find in-network providers, and print additional ID cards any time at [www.dentemax.com](http://www.dentemax.com)

TIER	BI-WEEKLY RATES
Employee Only	\$2.65
Employee & Spouse	\$13.12
Employee & Child(ren)	\$14.38
Family	\$30.00





# Vision Insurance

Ameritas Vision will be our new vision insurance provider and will provide enhanced benefits for materials, frames, lenses and contacts at a reduced cost.

## VISION CARE SERVICES

	CO-PAYS
Vision Exams	\$10
Materials	\$25

BENEFITS	In-Network	Out-of-Network
<b>Exam</b>	Covered by Co-Pay	Up to \$45
<b>Frames*</b>	\$120 Retail Allowance	Up to \$70
<b>Lenses (standard) per pair*</b>		
<b>Single Vision</b>	Covered In Full	Up to \$30
<b>Bifocal</b>	Covered In Full	Up to \$50
<b>Trifocal</b>	Covered In Full	Up to \$65
<b>Progressive</b>	See lens options	NA
<b>Lenticular</b>	Covered in full	Up to \$100
<b>Contact Lenses*</b>	Up to \$120	Up to \$105
<b>Medically Necessary Contact Lenses*</b>	Covered in full	Up to \$210

\*Contact Lenses are in lieu of Eyeglass Lenses and Frames

SERVICES	FREQUENCY	TIER	BI-WEEKLY RATES
Exam	1 per 12 months	Employee	\$2.60
Frames	1 per 24 months	Employee & Spouse	\$5.20
Lenses	1 per 12 months	Employee & Child(ren)	\$5.50
Contact Lenses	1 per 12 months	Family	\$8.63

**Did you know you don't need an ID Card to visit your provider, or for your provider to file a claim?**

Just tell your eye care professional you're an Ameritas member and they can locate you through the online system or by calling Ameritas at 800-877-7195

You can review your coverage, check your benefits, track your claims, find in-network providers, and print additional ID cards any time at [www.Ameritas.com](http://www.Ameritas.com)





# Group Term Life w/ AD&D

## Basic Life w/ AD&D Insurance

AMG will pay the premium for a \$25,000 Life and AD&D Insurance policy to all active, eligible employees.

## Voluntary Term Life w/ AD&D Insurance

You have the option to buy additional coverage to meet your specific needs. Term Life Insurance provides financial protection for you and your family during your working years, when your life insurance needs are typically higher. The affordable group rates allow you to get and your dependents with additional protection for those who depend on you financially.

	Employee	Spouse	Children
<b>Coverage Amounts</b>	\$10,000-\$300,000 in \$5,000 increments  Not to exceed 5 times your annual salary	\$5,000-\$150,000 in \$5,000 increments  Employee must elect coverage for spouse to be eligible. Not to exceed 50% of employee elected amount.	\$10,000 Child Child: Birth to age 19 to age 26 if student  Employee must elect coverage for children to be eligible.
<b>Guarantee Issue (For New Hires only)</b>	The lesser of \$200,000 or 5x annual salary	\$50,000	\$10,000
<b>Benefit Reduction</b>	Reduces to 50% of original amount of coverage at age 70		
<b>AD&amp;D Benefit (Accidental Death &amp; Dismemberment)</b>	AD&D benefit amount equal to the life insurance amount elected. Provides benefits for serious injuries and an additional death benefit if the insured is dismembered or killed by a covered accident.		

Age	Bi-Weekly Rates				
	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000
Under 35	\$0.81	\$1.62	\$3.23	\$4.85	\$6.46
35-39	\$1.15	\$2.31	\$4.62	\$6.92	\$9.23
40-44	\$1.62	\$3.23	\$6.46	\$9.69	\$12.92
45-49	\$2.31	\$4.62	\$9.23	\$13.85	\$18.46
50-54	\$3.35	\$6.69	\$13.38	\$20.08	\$26.77
55-59	\$6.12	\$12.23	\$24.46	\$36.69	\$48.92
60-64	\$8.31	\$16.62	\$33.23	\$49.85	\$66.46
65-69	\$14.54	\$29.08	\$58.15	\$87.23	\$116.31

Children Term Rates	
Age	\$10,000
Birth to age 19 (26 if student)	\$0.92*
*Covers all Children	

This information is a brief description of the important features of this plan. It is not a contract. Terms and conditions of life insurance coverage are set forth in Group Policy No. FLX-964444, on Policy Form TL-004700, issued in Delaware to the Trustee of the Group Insurance Trust for Employers in the Services Industry. Terms and conditions of accident insurance coverage are set forth in Group Policy No. OK-966037 on Policy Form No. GA-00-1000.00, issued in Louisiana. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference.



# Short Term Disability

If you miss work due to an injury or illness, disability insurance will help replace a portion of your lost wages.

It's not life threatening — a broken leg, a hysterectomy, or maybe you're planning on having a baby. You're going to miss work for several weeks, even a month or two. How are you going to pay the bills? You may have a week or two of sick leave or earned time off, but after that what happens? With this coverage you can receive a weekly benefit of 60% of your weekly salary after you have been unable to work for 30 days due to a covered illness or off-the-job injury.

<b>BENEFIT AMOUNT</b>	60% of Covered Monthly Earnings
<b>WEEKLY MAXIMUM</b>	\$1,000
<b>ELIMINATION PERIOD</b>	30 days
<b>MATERNITY BENEFIT</b>	Benefit period 6 weeks for natural child birth minus the 30 day elimination period(2 week benefit). Benefit period 8 weeks C Section minus the 30 day elimination period (4 week benefit).
<b>PRE-EXISTING CONDITION LIMITATION</b>	You may not be eligible for benefits if you have received treatment for a condition within the past 12 months until you have been covered under this plan for 12 months if enrolled at annual enrollment. As a new hire the preex would be 3/12, so they look back 3 months prior to your effective date.
<b>BENEFIT PERIOD</b>	9 weeks

Annual Salary	WEEKLY BENEFIT	BI-WEEKLY RATES	Annual Salary	WEEKLY BENEFIT	BI-WEEKLY RATES
\$25,000	\$289	\$12.00	\$46,000	\$531	\$22.06
\$26,000	\$300	\$12.46	\$47,000	\$543	\$22.56
\$27,000	\$312	\$12.96	\$48,000	\$554	\$23.01
\$28,000	\$324	\$13.46	\$49,000	\$566	\$23.51
\$29,000	\$335	\$13.92	\$50,000	\$577	\$23.97
\$30,000	\$347	\$14.41	\$51,000	\$589	\$24.47
\$31,000	\$358	\$14.87	\$52,000	\$600	\$24.92
\$32,000	\$370	\$15.37	\$53,000	\$612	\$25.42
\$33,000	\$381	\$15.83	\$54,000	\$624	\$25.92
\$34,000	\$393	\$16.32	\$55,000	\$635	\$26.38
\$35,000	\$404	\$16.78	\$56,000	\$647	\$26.88
\$36,000	\$416	\$17.28	\$57,000	\$658	\$27.33
\$37,000	\$427	\$17.74	\$58,000	\$670	\$27.83
\$38,000	\$439	\$18.24	\$59,000	\$681	\$28.29
\$39,000	\$450	\$18.69	\$60,000	\$693	\$28.79
\$40,000	\$462	\$19.19	\$61,000	\$704	\$29.24
\$41,000	\$474	\$19.69	\$62,000	\$716	\$29.74
\$42,000	\$485	\$20.15	\$63,000	\$727	\$30.20
\$43,000	\$497	\$20.64	\$64,000	\$739	\$30.70
\$44,000	\$508	\$21.10	\$65,000	\$750	\$31.15
\$45,000	\$520	\$21.60			

\*Additional rates available upon request\*





# Long Term Disability

AMG provides a Long Term Disability Insurance policy for all active, eligible employees. When facing a serious disability you can depend on having a check coming in each month to pay the bills. With this coverage you can receive a monthly benefit of 60% of your monthly salary after you have been unable to work for 90 days due to a covered illness or injury that occurred off-the-job.

<b>BENEFIT AMOUNT</b>	60% of Covered Monthly Earnings
<b>MONTHLY MAXIMUM BENEFIT</b>	\$5,000
<b>ELIMINATION PERIOD</b>	90 days
<b>PRE-EXISTING CONDITION LIMITATION</b>	You may not be eligible for benefits if you have received treatment for a condition within the past 3 months until you have been covered under this plan for 12 months.
<b>BENEFIT PERIOD</b>	To age 65

## BENEFIT REDUCTION

AGE AT START OF DISABILITY	MAXIMUM BENEFIT DURATIONS
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 or older	12 months

This coverage is provided to you at no cost, courtesy of AMG.

This information is a brief description of the important features of this plan. It is not a contract. Terms and conditions of coverage are set forth in Group Policy No. LK-963133, on Policy Form TL-004780, issued in Louisiana and subject to its laws. The availability of this offer may change. Please keep this material as a reference, and file it with your certificate, should you become insured.



# Accident Insurance

Accidents are a part of everyday life, but are you prepared for the added financial burden? If you have an accident you'll want extra cash to cover your increased expenses. Accident insurance helps pay for those unexpected healthcare expenses due to accidents that occur **off the job** – from the soccer field to the ski slope and the highway in-between. These benefits are paid directly to you that you can use for medical bills and other out of pocket expenses - or for any other purpose, including paying your mortgage or other bills.

Benefits	Payout Amount
Accidental Death Benefit - Loss of Life	\$50,000/employee, \$25,000/spouse, \$10,000/child
Accidental Death Benefit Common Carrier	200% of AD&D
Ground Ambulance	\$400
Emergency Care Treatment 1 acc/month Physician Office Visit	\$200
Follow Up Physician Office Visit - up to 6 treatments	\$75
Fractures	Schedule up to \$8,000
Hospital Admission	\$1,000
Intensive Care Unit Stay - up to 15 days	\$400/day
Hospital Stay - up to 1 year	\$200/day
Dislocations	Schedule up to \$6,000
Burns (payment dependent on degree of burn)	Schedule from \$1,000-\$6000
Lacerations (based on size and # of sutures)	Schedule up to \$6000
Blood, plasma, platelets	\$200
Concussion	\$150
Coma	\$10,000
Appliance	Schedule up to \$400
Diagnostic Advanced	\$150

TIER	BI-WEEKLY RATES
Employee Only	\$6.07
Employee & Spouse	\$10.19
Employee & Child(ren)	\$10.39
Family	\$14.51

Health Screening Benefit <i>One test per year per person, must be one of the covered tests</i>	\$75
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This is a brief summary of Guardian's Accident Insurance underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Policy limitations and exclusions apply. Plan documents are the final arbiter of coverage.



# Cancer Insurance

Chances are someone you know has been diagnosed with cancer. When those medical emergencies occur, people are suddenly faced with lengthy medical treatment, drastic lifestyle changes, and uncertain futures. At the same time, most people are also not equipped to handle the mountain of medical bills and associated expenses that their medical insurance may not cover. You can prepare for such an occurrence by having a cancer insurance policy that will help cover the costs of you or your families treatment.

RADIATION & CHEMOTHERAPY		Policy Pays
Radiation & Chemotherapy	\$15,000	Schedule amounts up to a \$15,000 benefit year maximum
Blood, Plasma, Blood Components, Bone Marrow & Stem Cell Transplant	\$15,000	\$100/day up to \$5,000 per year
Experimental Treatment	\$15,000	\$100/day up to \$1,000/month

FIRST OCCURRENCE RIDER		Policy Pays
Initial Diagnosis Benefit	Employee \$1,500 Spouse \$1,500 Child \$1,500	

WELLNESS & NON-MEDICAL BENEFITS		Policy Pays
Wellness Benefit	\$100	additional \$100 if follow-up screening is needed
Medical Imaging	\$100	per image up to 2 per year
Non-Local Transportation	√	\$0.50/mile up to \$1,000 per round trip/equal benefit for companion

HOSPITAL BENEFITS		Policy Pays
Hospital Confinement	\$300	per day for first 30 days
Extended Benefits	\$600	per day for 31st day thereafter per confinement
Ambulance	\$200	per trip, limit 2 trips per hospital confinement
Hospice Care	\$50	per day when confined in a hospice center or hospice home care by a hospice team; 100-day lifetime max

SURGERY BENEFITS		Policy Pays
Surgical Benefit		Schedule amount up to \$4,125
Anesthesia		25% of surgery benefit
Reconstructive Surgery		Breast TRAM Flap \$2,000, Breast Reconstruction \$500, Breast Symmetry \$250, Facial reconstruction \$500

**Pre-Existing Condition** - 12 month look back period, 12 month exclusion period, Continuity of Coverage

Bi-Weekly Rates	Employee	Employee & Spouse	Employee & Children	Family
	\$10.56	\$19.77	\$12.71	\$21.92



Guardian's Cancer Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Plan documents are the final arbiter of coverage. Contract #: GP-1-CAN-IC-12



# Critical Illness Insurance

New Critical Illness with Guardian. Critical Illness Insurance helps offset the financial burden of being diagnosed with a Critical Illness by paying the lump sum benefit directly to you in the amount you choose between \$5,000 and \$30,000, guarantee issue is up to \$30,000/employee, \$15,000 spouse. Even having medical insurance, a person diagnosed with a critical illness can face thousands of dollars in out-of-pocket expenses

**Covered Conditions - Pays 100% of benefit chosen unless otherwise indicated below.**

Vascular Conditions	1st occurrence only conditions	Other Specified Conditions	Cancer	Occupational
Heart Attack	Advanced Alzheimer's Disease (50%)	Benign Brain Tumor	Invasive Cancer	Occupational Hepatitis - B or C
Stroke	ALS (25%)	Blindness	Carcinoma In Site (30%)	
Coronary Artery Disease (30%)	Parkinson's Disease (100%)	Coma	Skin Cancer (\$250)	Occupational HIV
	Multiple Sclerosis (30%)	End Stage Renal (Kidney Disease)		Must be 1st time occurrence
	See policy for additional conditions	Major Organ Failure		
		Paralysis		

### BENEFITS YOU'LL APPRECIATE

- Lump-sum benefit – Paid directly to you, regardless of any other coverage you have.
- Child coverage included in employee rate, child benefit is 50% of employee benefit.
- Spouse benefit is 50% of employee benefit.
- Health screening benefit- To help you stay well, this benefit pays \$75 per covered person per calendar year for one wellness screening.
- Portability Option – Allows you to continue coverage after termination or retirement

Bi-Weekly Non-Tobacco Rates		
Attained Age		\$10,000
Employee	00-29	\$1.98
	30-39	\$3.18
	40-49	\$5.63
	50-59	\$9.78
	60-69	\$15.83
	70+	\$25.57
Attained Age		\$5,000
Spouse	00-29	\$0.99
	30-39	\$1.59
	40-49	\$2.79
	50-59	\$4.87
	60-69	\$7.91
	70+	\$12.78

Bi-Weekly Tobacco Rates		
Attained Age		\$10,000
Employee	00-29	\$2.21
	30-39	\$3.96
	40-49	\$7.94
	50-59	\$16.85
	60-69	\$31.61
	70+	\$51.05
Attained Age		\$5,000
Spouse	00-29	\$1.11
	30-39	\$1.96
	40-49	\$3.97
	50-59	\$8.40
	60-69	\$15.78
	70+	\$25.52

Spouse's benefit must be 50% of employee's benefit

Pre-Existing Condition - Not applicable

This is a brief summary of Critical Illness Insurance. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.





# Hospital Indemnity Insurance

Hospital Indemnity insurance is a plan to help offset costs of hospital inpatient stays. This plan offers 24 hour coverage. Employees can use the benefit to meet any out-of-pocket expenses and extra bills that can occur. Hospital Indemnity lump-sum benefits are paid directly to the employee based on the amount of coverage listed (regardless of the actual cost of treatment).

Benefit	Payout Amount
<i>Benefit Waiting Period</i>	None
<i>Maternity Waiting Period</i>	None
<i>Hospital Admission</i>	\$1,000
<i>Hospital Admission ICU Amt</i>	\$2,000
<i>Hospital Admission /ICU Admission Max Per Year</i> <i>2 total days payable per year, regardless if Hospital or ICU admission</i>	2
<i>Hospital Confinement</i>	\$100
<i>Hospital Confinement ICU Amt</i>	\$200
<i>Hospital Confinement Days / ICU Days Max</i> <i>15 max days payable per year, regardless if Hospital or ICU confinement</i>	15
<i>Portability</i>	Yes
<i>Pre-Ex Limitation</i>	None

TIER	BI-WEEKLY RATES
Employee Only	\$9.85
Employee & Spouse	\$16.33
Employee & Children	\$15.03
Family	\$21.51



# Universal Life Insurance

Universal Life Insurance goes beyond typical Term Life Insurance. Universal Life provides life insurance protection with a premium that never increases and the benefit never decreases due to age or a specified term. Universal Life insurance offers protection beyond an individual's working years, potentially for your lifetime. Whether your loved ones will need additional funds to pay for basic living expenses, an education, or just your final arrangement, it's valuable help at a difficult time.

	Employee	Spouse	Child / Grandchild	Child Term Rider
<b>ELIGIBLE AGES</b>	16-80	16-65	0 days to 26 years	15 days to 26 years
<b>BENEFIT AMOUNTS</b>	\$10,000*-\$500,000 in \$10,000 Increments	\$10,000*-\$100,000 in \$5,000 Increments	\$25,000	\$10,000

\*All policies issued are subject to minimum premium limits

**ACCELERATED DEATH BENEFIT FOR CHRONIC CONDITION RIDER**

Accelerates a portion of the coverage amount if a covered person is diagnosed with a covered chronic illness and in the best medical judgement is unable to perform daily activities for at least 90 days.

BI-WEEKLY PREMIUM BASED ON A PURCHASE OF \$25,000					
ISSUE AGE	NON-TOBACCO	TOBACCO	ISSUE AGE	NON-TOBACCO	TOBACCO
25	-	\$8.33	46	\$17.04	\$22.98
26	-	\$8.64	47	\$18.17	\$24.36
27	-	\$9.03	48	\$19.38	\$25.85
28	-	\$9.47	49	\$20.60	\$27.34
29	-	\$9.93	50	\$21.90	\$28.95
30	-	\$10.39	51	\$23.27	\$30.62
31	-	\$10.92	52	\$24.67	\$32.36
32	\$8.34	\$11.40	53	\$26.23	\$34.28
33	\$8.71	\$11.97	54	\$27.76	\$36.25
34	\$9.06	\$12.52	55	\$29.26	\$38.21
35	\$9.43	\$13.04	56	\$31.46	\$40.66
36	\$9.90	\$13.65	57	\$33.73	\$43.20
37	\$10.46	\$14.43	58	\$36.10	\$45.80
38	\$10.99	\$15.17	59	\$38.54	\$48.53
39	\$11.60	\$16.02	60	\$41.30	\$51.48
40	\$12.29	\$16.87	61	\$44.16	\$54.66
41	\$13.00	\$17.80	62	\$47.32	\$58.05
42	\$13.67	\$18.70	63	\$50.70	\$61.54
43	\$14.45	\$19.71	64	\$54.31	\$65.12
44	\$15.18	\$20.72	65	\$57.01	\$69.07
45	\$15.95	\$21.64			

\*Additional rates available upon request\*

CHILD/GRANDCHILD UNIVERSAL LIFE	
\$25,000 POLICY AMOUNT	
AGE	
0-10	\$6.00
11	\$6.05
12	\$6.24
13	\$6.44
14	\$6.72
15	\$6.93
16	\$7.23
17	\$7.36
18	\$7.50
19	\$7.63
20	\$7.79
21	\$7.94
22	\$8.11
23	\$8.28
24	\$8.47
25	\$8.66

Children Term Rates	
Age	\$10,000
15 days - age 26	\$1.15

\*Covers all Children

# Health Coverage for Your Furriest Family Members



Starting at Only  
**\$19** /mo

Powered by  
**MetLife**

Pin Paws Pet Care, powered by MetLife Pet Insurance<sup>1</sup> allows you to get your dog or cat the care they need without worrying about the expensive cost of veterinary care.

- Coverage for Cats and Dogs of All Ages & Breeds<sup>2</sup>
- No Initial Exam/Past Vet Notes Required
- Accident Coverage Starts at Midnight
- Customizable Deductible and Out-of-Pocket Max
- Annual Max Payouts as Opposed to Per Incident
- Choose Your Reimbursement Percentage
- Multiple Value-Added Benefits Included
- Routine Care Option Available with Customized Plans<sup>3</sup>
- Available in All 50 States

## Also Included...4 Additional Value Added Pet Benefits



### How Does Pet Insurance Work?



Take Your Pet to Any Vet



Submit Your Claim



Get Reimbursed Quickly!

**Learn More & Enroll at: [PinPaws.com/amgpets](http://PinPaws.com/amgpets)**



Scan to Enroll

Once enrolled, you will receive a welcome email with instructions on how to login to your account and access benefit information.

Have Questions? Call Us at 844-216-6737



<sup>1</sup> Pet Insurance offered by MetLife Pet Insurance Solutions LLC is underwritten by Independence American Insurance Company ("IAIC"), a Delaware insurance company, headquartered at 485 Madison Avenue, NY, NY 10022, and Metropolitan General Insurance Company ("MetGen"), a Rhode Island insurance company, headquartered at 700 Quaker Lane, Warwick, RI 02886, in those states where MetGen's policies are available. MetLife Pet Insurance Solutions LLC is the policy administrator authorized by IAIC and MetGen to offer and administer pet insurance policies. MetLife Pet Insurance Solutions LLC was previously known as PetFirst Healthcare, LLC and in some states continues to operate under that name pending approval of its application for a name change. The entity may operate under an alternate, assumed, and/or fictitious name in certain jurisdictions as approved, including MetLife Pet Insurance Services LLC (New York and Minnesota), MetLife Pet Insurance Solutions Agency LLC (Illinois), and such other alternate, assumed, or fictitious names approved by certain jurisdictions. <sup>2</sup> Approximately 80% of claims are processed within 10 days or less. <sup>3</sup> Can be purchased at an additional cost.

# ADVANCIAL® MEMBERSHIP BENEFITS

Membership at Advancial Federal Credit Union is an exclusive benefit offered just for you. With a history dating back to 1937, Advancial is an established and proactive full-service financial institution providing personal, convenient and innovative financial services.

[www.advancial.org](http://www.advancial.org)  
800.322.2709

## WHY JOIN ADVANCIAL?

As a member you will receive services far beyond basic banking:



Free checking and ATMs nationwide



Better rates of return on deposits



Low-cost financing for autos and mortgages



Low rate credit card with rewards



Youth and teen accounts



Unbeatable member service

## JOIN TODAY!

Visit us in-person at an Advancial branch, give us a call at  
or visit  
to become a member today.

## IN-PERSON

For a map and complete contact details of Advancial's locations in Alaska, Louisiana, Oklahoma and Texas, visit us online at [www.advancial.org/locations](http://www.advancial.org/locations).

## BANK AS YOU GO...

With the Advancial App for iPhone and Android devices. View accounts, pay bills, transfer funds, make mobile deposits and locate branches and ATMs, all with robust SSL security. Download it today!



Federally Insured by  
**NCUA** Form EP495.1





# ADVANCIAL® SHARED BRANCHES

You have access to over 5,000 credit union branches nationwide. Advancial makes it easy for you to access your accounts, no matter where you live, work or travel, with the CO-OP Shared Branch Network.

[www.advancial.org](http://www.advancial.org)  
800.322.2709

## WHAT'S A SHARED BRANCH?

Shared Branches allow you to conduct your financial business just as you would at an Advancial Branch. Shared Branches allow Advancial members to make almost any transaction including:



Deposits



Withdrawals



Loan Payments



Balance Inquiries



Fund Transfers

## WHEN YOU ENTER A SHARED BRANCH YOU ONLY NEED TO BRING:

- Your home credit union's name
- Your account number
- Valid government-issued photo identification, i.e., State Driver's license, US Passport

## MOBILE APP - AVAILABLE ON IPHONE AND ANDROID OS PHONES!

Find a Shared Branch while on-the-go with the CO-OP Shared Branch Network mobile application! Visit the Android Market or iTunes and search "Credit Union Shared Branching." The official app was developed by LocatorSearch, LLC.

Bookmark [www.co-opcreditunions.org](http://www.co-opcreditunions.org)  
on your mobile browser today!

Visit  
[www.co-opcreditunions.org](http://www.co-opcreditunions.org)  
or call 888.SITE.Co-Op  
(748.3266)

to find a Shared Branch  
near you!



# Whatever life throws at you throw it our way. Employee Assistance & Wellness Support.

Life: just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, New York Life Group Benefit Solutions is there for you with our Employee Assistance & Wellness Support program<sup>1</sup>. It can help you and your family find solutions and restore your peace of mind. This is just another example of how we are committed to Putting Benefits To Work For People<sup>SM</sup>.



## Our suite of value-add resources includes:

### › Employee Assistance Program<sup>1</sup>

Are you feeling overwhelmed by the demands of balancing work and family life? Maybe you have questions about a legal or financial concern. You and your family members now have access to various counseling services including legal, financial, and work-life balance assistance. All counseling calls are answered by a Master's or PhD-level counselor who will collect some general information and will discuss your needs. The Employee Assistance Program provides a maximum of three in-person or virtual sessions, per issue, per year.

› **GuidanceResources<sup>®1</sup>** When you need information quickly to help handle life's challenges, you can visit [guidanceresources.com](https://www.guidanceresources.com) for resources and tools on topics such as health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto. You will also have access to articles, podcasts, videos, slideshows, on-demand trainings and "Ask the Expert" which provides personal responses to your questions.

### › Well-being Coaching<sup>1</sup>

Sometimes you may need help with personal challenges and physical issues that can be overwhelming. To help you achieve your goals, you will have access to a certified coach who will work with you, one on one, to address health and well-being issues such as burnout, time management and coping with stress. You have access to five sessions per year. All sessions are conducted telephonically.

[See additional information on next page ›](#)



› **FamilySource**<sup>®1</sup>

Managing the everyday concerns of home, work and family can be difficult. To help resolve those concerns, you have access to family care service specialists that provide customized research, educational materials and prescreened referrals for childcare, adoption, elder care, education, and pet care.

**Contact Info:**

**Employee Assistance and  
Wellness Support 24/7**



**Phone:** (800) 344-9752



**Website:** [guidanceresources.com](https://guidanceresources.com)

Web ID: NYLGBS

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Life Insurance Company of North America is not authorized in NY and does not conduct business in NY.

**New York Life Insurance Company**

51 Madison Avenue  
New York, NY 10010

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# Where to go from here.

## NYL GBS Survivor Assurance program.



### Timely services when you need them most.

At New York Life Group Benefit Solutions (NYL GBS), we know losing a loved one is difficult. And we understand how challenging it can be for beneficiaries to manage their loved one's insurance benefits among other pressures during such a difficult time. That's why, as part of the NYL GBS Survivor Assurance program,<sup>1</sup> we offer services to support beneficiaries when they need it most, including:

#### › A NYL GBS Survivor Assurance account in your name.

You can access these funds easily by writing a check from the book of drafts being sent to you. Your Certificate of Confirmation explains everything you need to know to access your money.



If you have questions about your NYL GBS Survivor Assurance account call us at **(800) 570-3778** weekdays between 8:00 am and 7:00 pm (EST).



**Or write to us at:**  
NYL GBS Survivor Assurance  
PO Box 534029  
Pittsburgh, PA 15253-4029

#### › Employee Assistance & Wellness Support.

Emotional support for you and your family members at no additional cost. Access available 24 hours a day, seven days a week. Includes work/life assistance, coaching, online articles, resources, and videos.<sup>2</sup>

#### › Financial, Legal, Estate Support.

Professional support for all types of pressing financial, legal, or estate issues; includes law consultations, tax consultations, credit and tax questions, and much more. Assistance includes identity theft and fraud resolution services, online tools for state-specific wills as well as other important legal documents.<sup>2</sup>



Contact info:  
Phone: **(800) 344-9752**



Website: [guidanceresources.com](https://guidanceresources.com)  
Web ID: NYLGBS

1. The NYL GBS Survivor Assurance program for beneficiaries is available to beneficiaries receiving coverage checks over \$5,000 from NYL GBS group life and personal accident programs. NYL GBS Survivor Assurance accounts are not deposit account programs and are not insured by the Federal Deposit Insurance Corporation or any other federal agency. Account balances are the liability of the insurance company and the insurance company reserves the right to reduce account balances for any payment made in error. Counseling, legal, or financial assistance and discount programs are not available under policies insured by New York Life Group Insurance Company of NY.

2. These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. These services are provided exclusively by ComPsych® Corporation effective 1/1/2023. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some services are available at the option of the employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law. These programs are not available under policies issued by New York Life Group Insurance Company of NY. The partnership is between New York Life Insurance Company and ComPsych® Corporation. ComPsych® is not affiliated with New York Life Insurance Company or any of its affiliates.

GuidanceResources is a registered trademark of ComPsych Corporation. All programs are effective for the member/participant on the first day of coverage.

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New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010

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GROUP BENEFIT  
SOLUTIONS

# Solutions for all your financial and legal challenges.

## Financial, Legal & Estate Support.

We know financial and legal challenges can be very stressful for you and your family. That's why New York Life Group Benefit Solutions provides our Financial, Legal & Estate Support program<sup>1</sup> to help you navigate these issues, at no additional cost. Leaving you with fewer worries.



### Our suite of value-add resources includes:

› **FinancialConnect<sup>®</sup>** Sometimes you may not know where to start when facing a stressful financial challenge or when you need financial planning expertise. With FinancialConnect<sup>®</sup> you and your family members have unlimited access to a team of qualified experts including Certified Public Accountants (CPAs), CERTIFIED FINANCIAL PLANNERS<sup>™</sup> (CFP<sup>®</sup>) and other financial professionals to help guide you. If additional help is needed, you can request referrals to financial professionals in your local community.

In addition, on [guidanceresources.com](https://www.guidanceresources.com), you will have access to financial information on a wide range of topics including debt management, family budgeting, estate planning and tax planning as well as interactive tools and financial calculators.

› **LegalConnect<sup>®</sup>** If you are facing a difficult legal challenge and don't know where to start, LegalConnect<sup>®</sup> can help. This program gives you access to unlimited phone consultations with a staff of attorneys who can provide guidance on issues such as divorce, adoption, estate planning, real estate, and identity theft. If needed, you can be referred to a local attorney for a free 30-minute consultation and a 25 percent reduction in fees thereafter. Lastly, information on low cost and no legal options are available along with referrals to consumer advocacy groups and governmental organizations if needed.

[See additional information on next page ›](#)



GROUP BENEFIT  
SOLUTIONS

## › EstateGuidance®

This user-friendly online tool allows you and your family members to write a last will and testament, a living will and documents outlining your wishes for final arrangements quickly, easily and cost effectively. EstateGuidance® walks you through the entire process, guiding your choices with a series of questions and breaking down each step into easy-to-understand terms. Access is available anytime, anywhere via tablet, desktop, or mobile app.

### Contact Info:

**Financial, Legal & Estate  
Support 24/7**



**Phone:** (800) 344-9752



**Website:** [guidanceresources.com](https://guidanceresources.com)

Web ID: NYLGBS

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All programs are effective for the member/participant on the first day of coverage.

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51 Madison Avenue  
New York, NY 10010

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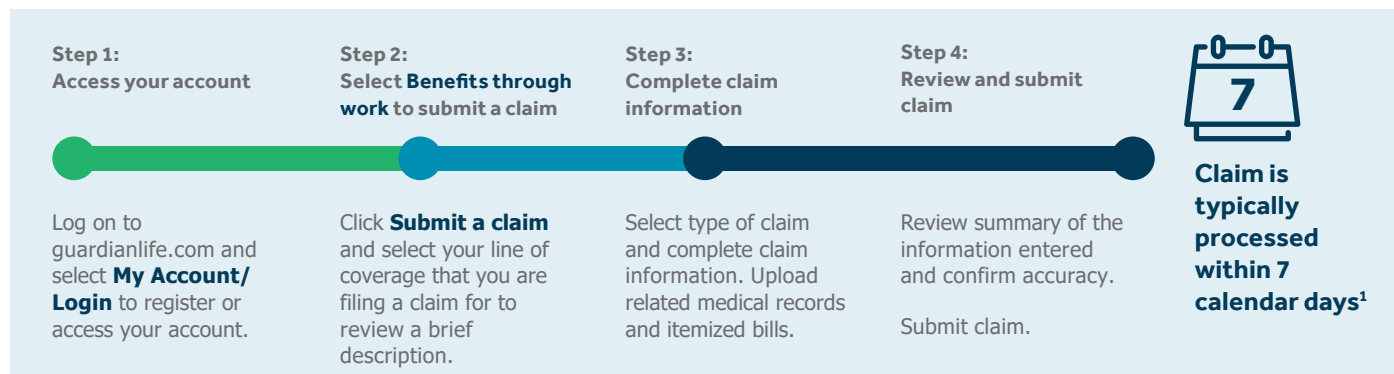
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# Submitting a critical illness/accident/hospital indemnity claim

Guardian works smarter to keep claims submission easy for you — by offering a simple claims process, you can focus on your recovery. Simply fill out the form, collect

your required documentation (listed below) and submit your claim by mail, fax or via our website. Your claim is typically processed within 7 calendar days.<sup>1</sup>



<p><b>Claim Submission</b></p>	<p><b>Secure Channel:</b> Visit guardianlife.com select <b>Benefits through work</b> to submit a claim</p>	<p><b>Phone:</b> To submit your claim via telephone, call 1-800-541-7846. Please have all the information found in the <b>Required Documents</b> section before making your call.</p>	<p><b>Fax:</b> 920-749-6299 <b>Mail: Guardian Life Insurance "Line of Coverage" Claim</b> PO Box 14334 Lexington, KY 40512</p>			
<p><b>Required Documents</b></p>	<ul style="list-style-type: none"> <li>Completed Employee claim form</li> <li>Documentation identifying services rendered with provider, patient's name, and dates and types of services/treatment. This could include, but is not limited to, copies of the following:                     <table border="0" data-bbox="297 1302 1485 1533"> <tr> <td data-bbox="297 1302 698 1533"> <p><b>Required for Critical Illness Claims:</b></p> <ul style="list-style-type: none"> <li>Pathology Report</li> <li>Diagnostic test results</li> <li>Medical records</li> </ul> </td> <td data-bbox="706 1302 1104 1533"> <p><b>Required for Accident Claims:</b></p> <ul style="list-style-type: none"> <li>Medical bills from the provider(s)</li> <li>ER Report</li> <li>For the Child Organized Sports provision, proof of participation is required (e.g. a registration form).</li> </ul> </td> <td data-bbox="1112 1302 1485 1533"> <p><b>Required for Hospital Indemnity Claims:</b></p> <ul style="list-style-type: none"> <li>Medical bills from the provider(s)</li> <li>Medical Records</li> <li>Documentation showing the date and time you were admitted and discharged from the hospital</li> </ul> </td> </tr> </table></li></ul>			<p><b>Required for Critical Illness Claims:</b></p> <ul style="list-style-type: none"> <li>Pathology Report</li> <li>Diagnostic test results</li> <li>Medical records</li> </ul>	<p><b>Required for Accident Claims:</b></p> <ul style="list-style-type: none"> <li>Medical bills from the provider(s)</li> <li>ER Report</li> <li>For the Child Organized Sports provision, proof of participation is required (e.g. a registration form).</li> </ul>	<p><b>Required for Hospital Indemnity Claims:</b></p> <ul style="list-style-type: none"> <li>Medical bills from the provider(s)</li> <li>Medical Records</li> <li>Documentation showing the date and time you were admitted and discharged from the hospital</li> </ul>
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The Guardian Life Insurance Company of America  
New York, NY  
guardianlife.com

2020-91646 (11/20) NC

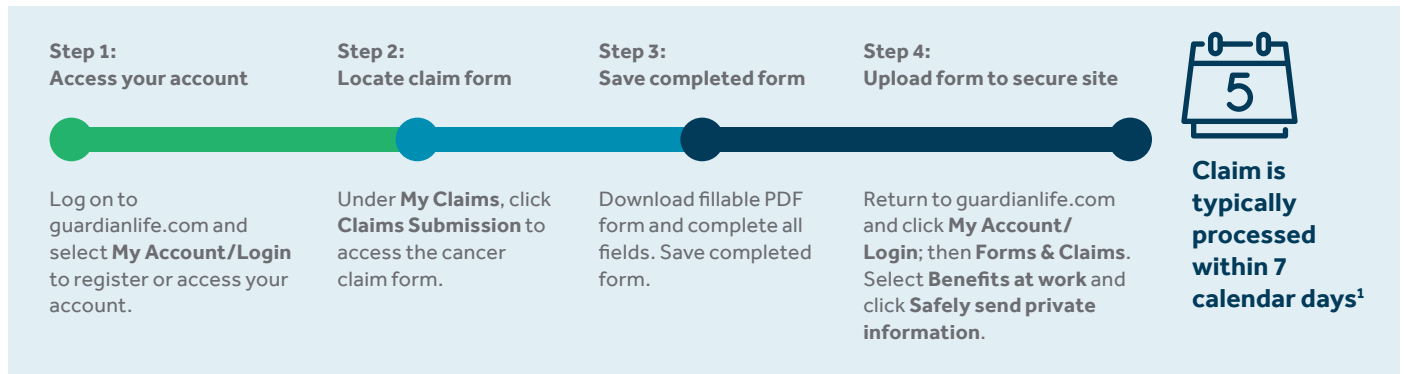
<sup>1</sup> Provided all required information is received. Guardian's Critical Illness, Accident, and Hospital Indemnity Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Policy Form No. GP-1-CI-14, et al. In New York, Critical Illness is known as Specified Disease. Important notice — this Accident policy does not provide coverage for sickness. Policy Form No. GP-1-AC-IC-12. Hospital Indemnity --This policy provides limited hospital insurance only. It does not provide basic medical or major medical insurance as defined by the New York State Department of Financial Services. Policy Form No. GP-1-HI-15



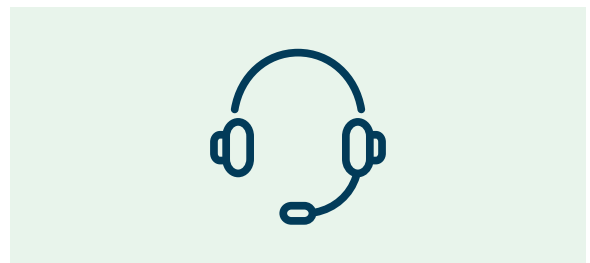
# Submitting a cancer claim

Guardian works smarter to keep claims submission easy for you — by offering a simple claims process, you can focus on your recovery. Simply fill out the form, collect

your required documentation (listed below) and submit your claim by mail, fax or via our website. Your claim is typically processed within 7 calendar days.<sup>1</sup>



<p><b>Cancer Claim Submission</b></p>	<p><b>Secure Channel:</b> Visit guardianlife.com click <i>Secure Channel</i> and select <i>Safely send private information to Guardian</i></p> <p><b>Fax:</b> 920-749-6275</p> <p><b>Mail:</b> Guardian Life Insurance Cancer Claims PO Box 14317 Lexington, KY 40512</p>
<p><b>Required Documents</b></p>	<ul style="list-style-type: none"> <li>• Completed Employee claim form</li> <li>• Attending Physician Sections</li> <li>• Documentation identifying services rendered with provider, patient's name, and dates and types of services/treatment. This could include, but is not limited to, copies of the following:             <ul style="list-style-type: none"> <li>– Medical bills from the provider(s)</li> <li>– Medical records</li> <li>– Detailed Explanation of Benefits from Medical Carrier indicating the type of service</li> <li>– ER Report</li> </ul> </li> </ul>



**Questions about your claim?**

**Call 1-800-541-7846**

<sup>1</sup> Provided all required information is received. Guardian's Cancer Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Policy Form No. GP-1-Can-IC-12 et al.



## Medicare Part D Creditable Coverage Notice

### **Important Notice from Acadiana Management Group, LLC. About Your Prescription Drug Coverage and Medicare**

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

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

- (1) Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- (2) The Plan Sponsor has determined that the prescription drug coverage offered by the Acadiana Management Group, LLC 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 Plan Sponsor coverage may be affected. Moreover, if you do decide to join a Medicare drug plan and drop your current Plan Sponsor coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact the person listed at the end of this notice for more information about what happens to your coverage if you enroll in a Medicare Part D prescription Drug Plan.

### **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 the Plan Sponsor and don't join a Medicare drug plan within 63

continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

### **For More Information about This Notice or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **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 the Plan Sponsor 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 [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You"

handbook for their telephone number) for personalized help  
Call 1-800-MEDICARE (1-800-633-4227). TTY users should  
call 1-877-486-2048.

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

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

Date:	2/1/2023
Name of Entity/Sender:	Acadiana Management Group, LLC
Contact-Position/Office:	HR Manager
Address:	101 LaRue France, Suite 500 Lafayette, LA 70508
Phone Number:	337-269-9566

# CHIPRA/CHIP Notice

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

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility -**

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

<p align="center"><b>GEORGIA – Medicaid</b></p> <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: (678) 564-1162, Press 2</p>	<p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840  TTY: (617) 886-8102</p>
<p align="center"><b>INDIANA – Medicaid</b></p> <p>Healthy Indiana Plan for low-income adults 19-64  Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>  Phone: 1-877-438-4479  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  Phone 1-800-457-4584</p>	<p align="center"><b>MINNESOTA – Medicaid</b></p> <p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>  Phone: 1-800-657-3739</p>
<p align="center"><b>IOWA – Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  Hawki Phone: 1-800-257-8563  HIPP Website:  <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>  HIPP Phone: 1-888-346-9562</p>	<p align="center"><b>MISSOURI – Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>
<p align="center"><b>KANSAS – Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884</p>	<p align="center"><b>MONTANA – Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084  Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>
<p align="center"><b>KENTUCKY – Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a></p> <p>KCHIP Website:  <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p align="center"><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
<p align="center"><b>LOUISIANA – Medicaid</b></p> <p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>
<p align="center"><b>MAINE – Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-442-6003  TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: -800-977-6740.  TTY: Maine relay 711</p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>

<b>NEW JERSEY – Medicaid and CHIP</b>	<b>SOUTH DAKOTA - Medicaid</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>NEW YORK – Medicaid</b>	<b>TEXAS – Medicaid</b>
Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
<b>NORTH CAROLINA – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>NORTH DAKOTA – Medicaid</b>	<b>VERMONT– Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
<b>OREGON – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>PENNSYLVANIA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>RHODE ISLAND – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RIt e Share Line)	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>SOUTH CAROLINA – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

**Employee Benefits Security Administration**  
U.S. Department of Labor  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

**Centers for Medicare & Medicaid Services**  
U.S. Department of Health and Human Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Annual Notice of Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Right Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment for complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 337-269-9566 for more information.



## Notice of Availability of HIPAA Notice of Privacy Practices

Acadiana Management Group, LLC  
101 LaRue France, Suite 500, Lafayette, LA 70508  
2/1/2023

To: Participants in the Group Health Plan

From: Acadiana Management Group Human Resources Department

Re: Availability of Notice of Privacy Practices

The group health plan maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact the Human Resource Department at 337-269-9566 or [vbroussard@amgihm.com](mailto:vbroussard@amgihm.com)

# New Health Insurance Marketplace Coverage Options and Your Health Coverage

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins November 1, 2021 for coverage starting January 1, 2022.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% (as adjusted annually) of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact **Vonda Broussard, HR Manager** at **101 LaRue France, Suite 500, Lafayette, LA 70508, 337-269-9566, vbroussard@amgihm.com**.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## Part B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Acadiana Management Group, LLC	4. Employer Identification Number (EIN) 72-1442830
5. Employer address, 7. City, 8. State, 9. Zip Code 101 LaRue France, Suite 500, Lafayette, LA 70508	6. Employer phone number 337-269-9566
10. Who can we contact about employee health coverage at this job? Vonda Broussard, HR Manager	
11. Phone number (if different from above) 337-269-9566	12. Email address vbroussard@amgihm.com

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - All employees. Eligible employees are:

All Active Employees working Full Time

- With respect to dependents:
  - We do offer coverage. Eligible dependents are:

Spouse & Children

We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

*Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.*

## Notice of 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 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 toward your or your dependents' other coverage). However, you must request enrollment no later than 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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 no later than **30 days** after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009, if either of the following two events occur, you will have 60 days after the date of the event to request enrollment in your employer's plan:

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

To take advantage of special enrollment rights, you must experience a qualifying event *and* provide the employer plan with timely notice of the event and your enrollment request

To request special enrollment or obtain more information, contact Acadiana Management Group, LLC Human Resource Dept. at 337-269-9566.

# General COBRA Notice

## General Notice of COBRA Continuation Coverage Rights

### Continuation Coverage Rights Under COBRA

#### Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

#### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage **must pay** for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

### **When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- 
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Vonda Broussard.

### **How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

#### ***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

#### ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the

Plan had the first qualifying event not occurred.

### **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### **Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period<sup>1</sup> to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

### **If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### **Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### **Plan contact information**

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<sup>1</sup> <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.



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