



# Benefits Guide

March 1, 2026 - February 28, 2027

# Welcome

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Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 60 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 60 days of hire.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.

- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective March 1, 2026 - February 28, 2027.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse or child
- ▶ You lose coverage under your spouse's plan
- ▶ You gain access to state coverage under Medicaid or The Children's Health Insurance Program

## Making Changes

**To change your benefit elections, you must contact Human Resources within 31 days of the qualifying life event.** Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

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# Enrollment

This guide is also available online at [www.amgihm.com](http://www.amgihm.com).

Representatives from CBA are available by phone to answer questions and help you complete your enrollment.

Customer Service  
1-800-411-0182 Toll Free  
985-845-7191 Direct  
Fax #985-845-8849

[amg@combined-benefits.com](mailto:amg@combined-benefits.com)

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**Required Information**—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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# Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

## Blue Cross Blue Shield of LA PPO

This plan gives you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the **annual deductible**. You may also have to pay a fixed dollar amount (**copay**) for certain services.
- ▶ Once you meet the deductible, you pay a percentage of certain health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible, copays and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the year.

## Blue Cross Blue Shield of LA HDHP HSA

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- ▶ You may see any health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the annual deductible. **NOTE: If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.**
- ▶ Once you meet the deductible, you pay a percentage of your health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. **NOTE: If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100% for any one individual.**



## Health Savings Account

The HDHP comes with a type of savings account called a health savings account (HSA). The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

### Here's how the HSA works:

- ▶ You contribute pre-tax funds to the HSA through automatic payroll deductions.
- ▶ In addition, we will contribute to your HSA; company contribution amounts can be found on the medical overview grid.
- ▶ Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

| HSA Contribution Limit        | 2026    |
|-------------------------------|---------|
| Employee Only                 | \$4,400 |
| Family (employee + 1 or more) | \$8,750 |
| Catch-up (age 55+)            | \$1,000 |

- ▶ You can withdraw HSA funds, tax free, to pay for qualified health care expenses now or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

### Important Notes:

- ▶ You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, visit [www.irs.gov/forms-pubs/about-publication-969](http://www.irs.gov/forms-pubs/about-publication-969).
- ▶ For a complete list of qualified health care expenses, visit [www.irs.gov/forms-pubs/about-publication-502](http://www.irs.gov/forms-pubs/about-publication-502).
- ▶ Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

# Medical (Continued)

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

| Key Medical Benefits  | Blue Cross Blue Shield of LA<br>copay plan PPO                |                             | Blue Cross Blue Shield of LA<br>High Deductible Plan HDHP HSA |   |
|---|---|-----------------------------|---|---|
|   | In-Network  | Out-of-Network <sup>1</sup> | In-Network  | Out-of-Network <sup>1</sup>                           |
| <b>Deductible</b> (per calendar year)   |   |                             |   |   |
| Individual / Family   | \$2,000 / \$6,000   | \$4,000 / \$12,000          | \$3,000 / \$6,000 (\$6,000 per member in a family)            | \$6,000 / \$12,000 (\$12,000 per member in a family)  |
| <b>Out-of-Pocket Maximum</b> (per calendar year)  |   |                             |   |   |
| Individual / Family   | \$6,250 / \$12,500  | \$12,500 / \$25,000         | \$5,000 / \$10,000 (\$7,900 per member in a family)           | \$10,000 / \$20,000 (\$12,000 per member in a family) |
| <b>Company Contribution to Your Health Savings Account (HSA)</b> (per calendar year; prorated for new hires/newly eligible employees) |   |                             |   |   |
| Individual / Family   | N/A / N/A   |                             | \$1,000 / \$1,000   |   |
| <b>Covered Services</b>   |   |                             |   |   |
| Office Visits (physician/specialist)  | \$40 (\$55) copay   | 50%*                        | 20%*  | 40%*  |
| Routine Preventive Care   | No charge   | 50%                         | 100%  | 20%   |
| Outpatient Diagnostic (lab/X-ray)   | 30%*  | 50%*                        | 20%*  | 40%*  |
| Complex Imaging   | 30%*  | 50%*                        | 20%*  | 40%*  |
| Chiropractic Services   | 30%*  | 50%*                        | 20%*  | 40%*  |
| Ambulance   | 30%*  | 50%*                        | 20%*  | 40%*  |
| Emergency Room  | 30%*  | 50%*                        | 20%*  | 40%*  |
| Urgent Care Facility  | \$55 copay  | 50%*                        | 20%*  | 40%*  |
| Inpatient Hospital Stay   | 30%*  | 50%*                        | 20%*  | 40%*  |
| Outpatient Surgery  | 30%*  | 50%*                        | 20%*  | 40%*  |
| <b>Prescription Drugs</b> (Tier 1 / Tier 2 / Tier 3 / Tier 4)   |   |                             |   |   |
| Retail Pharmacy (30-day supply)   | \$15 / \$40 / \$70 / 10% up to \$150<br>Max per Rx per Person | N/A                         | 20%* Generic / 40%* Brand                                     | N/A   |
| Mail Order (90-day supply)  | \$45 / \$120 / \$210 / N/A                                    | N/A                         | 20%* Generic / 80%* Brand                                     | N/A   |

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

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

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

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

**OPEN ENROLLMENT- ALL ENROLLEES ELECTING OR IN THE BLUE SAVER HIGH DEDUCTIBLE PLAN:** For 3/1/2026 Open Enrollment, even though this is not a guarantee for every year, AMG will contribute up to \$1000 for the 3/1/2026-2/28/2027 plan year. This will be paid with two \$150 advancements per payroll for the first two payrolls coinciding with the insurance plan year and deposited to Eligible Employee's H.S.A. account; each payroll thereafter through 2/28/2027 plan year, eligible employees will receive a deposit of \$29.16 as an added benefit to this plan.

**NEW HIRE ENROLLMENT IN THE BLUE SAVER HIGH DEDUCTIBLE PLAN (after Open Enrollment):** For 3/1/2026 plan year enrollment eligibility, even though this is not a guarantee for every year, AMG will contribute up to \$1000 for the 3/1/2026- 2/28/2027 plan year. For new hire employee enrollments after open enrollment into this plan throughout the year, AMG will contribute \$38.46 per payroll to Eligible Employee's H.S.A. account, starting the month coverage becomes effective, as an added benefit to this plan.

# Dental

We are proud to offer you a choice of dental plans.

## Ameritas DPPO

These plans offer you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the Ameritas network.

The following is a high-level overview of the coverage available.

| Key Dental Benefits   | Ameritas Low Plan                 |                                   | Ameritas High Plan                |                                   |
|---|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
|   | In-Network                        | Out-of-Network <sup>1</sup>       | In-Network                        | Out-of-Network <sup>1</sup>       |
| <b>Deductible</b> (per calendar year)   |                                   |                                   |                                   |                                   |
| Individual / Family   | \$50 / \$150                      | \$50 / \$150                      | \$50 / \$150                      | \$50 / \$150                      |
| <b>Benefit Maximum</b> (per calendar year; preventive, basic and major services combined) |                                   |                                   |                                   |                                   |
| Per Individual  | \$1000 <sup>2</sup>               | \$1,000                           | \$2,000 <sup>3</sup>              | \$2,000                           |
| <b>Covered Services</b>   |                                   |                                   |                                   |                                   |
| Preventive Services   | No charge                         | No charge                         | No charge                         | No charge                         |
| Basic Services  | 20%*                              | 20%*                              | 20%*                              | 20%*                              |
| Major Services  | 50%*                              | 50%*                              | 50%*                              | 50%*                              |
| Orthodontia (Child Only)  | 50%; \$1,000 Lifetime Max Benefit |

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

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

See additional benefit details on pages 45-52

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Low plan includes \$250 Rollover Benefit with added \$100 PPO Bonus
3. High plan includes \$400 Rollover Benefit with added \$200 PPO Bonus

# Vision

We are proud to offer you a vision plan.

## Ameritas / VSP

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the Ameritas / VSP network.

The following is a high-level overview of the coverage available.

| Key Vision Benefits                                       | Ameritas / VSP                            |                              |
|---|---|------------------------------|
|   | In-Network                                | Out-of-Network Reimbursement |
| Exam (once every 12 months)                               | \$10                                      | \$45 Allowance               |
| Materials Copay   | \$25                                      |                              |
| Lenses (once every 12 months)                             |   |                              |
| Single Vision   |   | \$30 Allowance               |
| Bifocal   | \$25                                      | \$50 Allowance               |
| Trifocal  |   | \$65 Allowance               |
| Frames (once every 12 months)                             | \$130 Allowance + 20% discount on overage | \$70 Allowance               |
| Contact Lenses (once every 12 months; Contacts & Glasses) | \$130 Allowance                           | \$105 Allowance              |

Contact & Glasses can be purchased during same year

See additional benefit details on pages 53-56

# Life and AD&D

**Life insurance** provides your named beneficiary(ies) with a benefit after your death.

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

## Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through New York Life.

| Benefit Amount |          |
|----------------|----------|
| Employee       | \$25,000 |

## Supplemental Life/AD&D (Employee-paid)

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

| Benefit Option | Guaranteed Issue <sup>1</sup>           |
|----------------|---|
| Employee       | Lesser of \$200,000 or 5x annual salary |
| Spouse         | \$50,000                                |
| Child(ren)     | \$10,000                                |

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.
2. Benefit Reduction: Reduces to 50% of original amount of coverage at age 70

# Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

## Voluntary Short-Term Disability

Provided at an affordable group rate through New York Life

|                          |                             |
|--------------------------|-----------------------------|
| Benefit Percentage       | 60%                         |
| Weekly Benefit Maximum   | \$1,000                     |
| When Benefits Begin      | After 30 days of disability |
| Maximum Benefit Duration | 9 Weeks                     |

## Long-Term Disability

Provided at **NO COST** to you through New York Life

|                          |                          |
|--------------------------|--------------------------|
| Benefit Percentage       | 60%                      |
| Monthly Benefit Maximum  | \$5,000                  |
| When Benefits Begin      | 90 Days after disability |
| Maximum Benefit Duration | To age 65                |

1. New Hire Pre-existing Limitation is 3/12; Annual Enrollment Pre-Existing Limitation is 12/12

# Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Guardian are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

## Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500<sup>1</sup>. And it's not only broken limbs—an average non-fatal injury could cost you \$6,620 in medical bills<sup>2</sup>. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

## Critical Illness

Most of us don't have an extra \$7,000 ready to spend—and even if we do, we don't want to spend it on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000<sup>3</sup>. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses and more.

## Hospital Indemnity Insurance

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of the average three-day hospital stay, which can cost you \$30,000<sup>1</sup>. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered hospitalization.

## Cancer Indemnity

Cancer may not feel like a priority you need to worry about right now, but with almost 2 million new cases of cancer occurring in 2021<sup>4</sup>, it can (literally) pay to be prepared. The cancer indemnity plan pays a flat dollar amount to you when a covered person is diagnosed with internal cancer. Other benefits include payments made directly to you for hospital confinement, medical imaging, radiation, chemotherapy, immunotherapy, transportation and lodging. The plan also includes a cancer screening wellness benefit.

1. Why health insurance is important: Protection from high medical costs. HealthCare.gov
2. Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.
3. MetLife Accident and Critical Illness Impact Study.
4. Cancer Facts & Figures, 2021. American Cancer Society.

# Valuable Extras

We also offer the following additional benefits:

- ▶ Universal Life with Transamerica
- ▶ Pet Insurance with Pin Paws

# Cost of Benefits

March 1, 2026 - February 28, 2027

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

## Medical

| Coverage Tier         | Bi-Weekly Employee Contribution |                                 |
|-----------------------|---------------------------------|---------------------------------|
|                       | Blue Cross Blue Shield of LA    |                                 |
|                       | PPO Copay Plan                  | PPO High Deductible Health Plan |
| Employee Only         | \$88.20                         | \$69.30                         |
| Employee + Spouse     | \$454.05                        | \$355.21                        |
| Employee + Child(ren) | \$399.56                        | \$312.59                        |
| Family                | \$762.84                        | \$596.81                        |

## Dental

| Coverage Tier         | Bi-Weekly Employee Contribution |                     |
|-----------------------|---------------------------------|---------------------|
|                       | Ameritas                        |                     |
|                       | Low Benefit Option              | High Benefit Option |
| Employee Only         | \$3.12                          | \$4.43              |
| Employee + Spouse     | \$15.46                         | \$21.71             |
| Employee + Child(ren) | \$17.10                         | \$25.36             |
| Family                | \$35.30                         | \$49.44             |

## Vision

| Coverage Tier         | Bi-Weekly Employee Contribution |  |
|-----------------------|---------------------------------|--|
|                       | Ameritas / VSP                  |  |
|                       | Voluntary PPO Vision            |  |
| Employee Only         | \$1.96                          |  |
| Employee + Spouse     | \$3.91                          |  |
| Employee + Child(ren) | \$4.33                          |  |
| Family                | \$6.70                          |  |



# Cost of Benefits

## Supplemental Life

| Age      | Bi-Weekly Employee Contribution |          |           |           |           |
|----------|---------------------------------|----------|-----------|-----------|-----------|
|          | New York Life                   |          |           |           |           |
|          | \$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             | Bi-Weekly Employee Contribution |
|-----------------|---------------------------------|
|                 | New York Life                   |
|                 | \$10,000                        |
| Birth to age 26 | \$0.92*                         |

\*Covers all Children



# Cost of Benefits

## Short Term Disability

| Bi-Weekly Employee Contribution |                |                 |   |                |                 |
|---------------------------------|----------------|-----------------|---|----------------|-----------------|
| New York Life                   |                |                 |   |                |                 |
| 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 |                |                 |



# Contact Information

| Coverage                   | Carrier                 | Group #    | Phone #      | Website/Email  |
|----------------------------|-------------------------|------------|--------------|--|
| Medical                    | BCBSLA                  | #78U13ERC  | 800-363-9150 | <a href="http://www.bcbsla.com">www.bcbsla.com</a>     |
| Prescription Drug Coverage | BCBSLA/Express Scripts  | 78U13ERC   | 866-781-7533 | <a href="http://www.bcbsla.com">www.bcbsla.com</a>     |
| Dental                     | Ameritas                | 010-058585 | 800-487-5553 | <a href="http://www.ameritas.com">www.ameritas.com</a> |
| Vision                     | Ameritas / VSP Choice   | 010-058585 | 800-877-7195 | <a href="http://www.ameritas.com">www.ameritas.com</a> |
| Life/AD&D                  | New York Life           | -          | -            | -  |
| Disability                 | New York Life           | -          | -            | -  |
| Voluntary Benefits         | Guardian & Transamerica | -          | -            | -  |

## Benefits Website

Our benefits website [www.amgihm.com](http://www.amgihm.com) can be accessed anytime you want additional information on our benefits programs.

## Questions?

If you have additional questions, you may also contact:

Combined Benefits  
 800-411-0182 Toll Free or 985-845-7191 Direct  
[amg@combined-benefits.com](mailto:amg@combined-benefits.com)



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





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

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

|  |      |
|--|------|
| <b>Health Screening Benefit</b><br><i>One test per year per person, must be one of the covered tests</i> | \$75 |
|--|------|



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<br>Spouse \$1,500<br>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  |
| Spouse                      | Attained Age | \$5,000  |
|                             | 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  |
| Spouse                  | Attained Age | \$5,000  |
|                         | 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><br><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><br><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            |
| <b>ACCELERATED DEATH BENEFIT FOR CHRONIC CONDITION RIDER</b> | 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. |   |  |                     |
|  | <b>ee \$100,000 GI, sp \$15,000 GI</b>   |   | *All policies issued are subject to minimum premium limits |                     |

| 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?



1 Take Your Pet to Any Vet



2 Submit Your Claim



3 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.

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800.322.2709

## WHY JOIN ADVANCIAL?

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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!

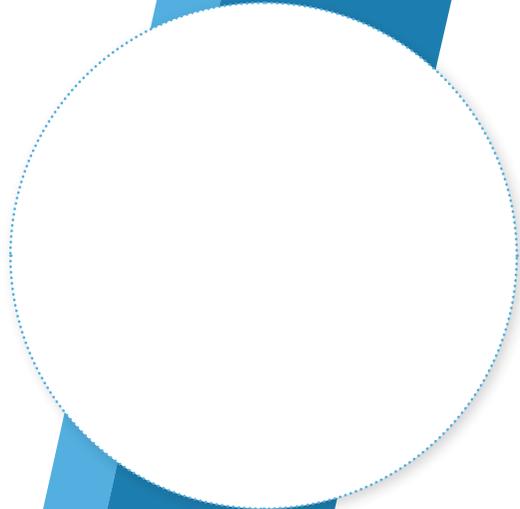
Visit us in-person at an Advancial branch, give us a call at  
or visit  
to become a member today.

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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).

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**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!

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(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 ›](#)



GROUP BENEFIT  
SOLUTIONS

› **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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# Additional protection when you travel

Emergencies can happen while traveling, but help is only a phone call away



New York Life Group Benefit Solutions (NYL GBS) Secure Travel offers emergency travel assistance, emergency medical transportation and pre-trip planning information and resources (see your plan for details). Service is a phone call away, 24/7/365.

## Emergency assistance\*

- › Emergency evacuation and repatriation, when medically necessary; arrange and cover the cost of transportation to the nearest adequate medical facility\*\*\*
- › Travel arrangements for the return of a travel companion or children under age 18 who are left unattended due to the covered person's medical emergency
- › Cover round-trip transportation as well as accommodations, for a family member or friend to visit a covered person who is hospitalized
- › Arrange and cover the costs associated with returning a deceased covered person's remains to his or her place of residence for burial
- › Assistance with making emergency travel arrangements\*\*

## Traveling assistance

- › 24-hour multilingual assistance and referral to interpretation and translation services
- › Referrals to physicians, dentists, medical facilities and legal assistance providers
- › Arrangements for payment of medical expenses up to \$10,000 if required prior to treatment\*\*
- › Assistance with lost or stolen items, including luggage and prescription replacement services\*\*
- › Emergency cash advances, up to \$1,500\*\*

## Pre-trip planning

- › Immunization requirements
- › Visa and passport requirements
- › Embassy/consular referrals

## NYL GBS Secure Travel

From the United States and Canada, call (347) 708-1824

***Emergency services must be coordinated through Crisis24. Services coordinated outside of this program may not be eligible for payment.***

Employer name: \_\_\_\_\_

Policy #: \_\_\_\_\_



To learn more,  
call (347) 708-1824



GROUP BENEFIT SOLUTIONS

\* Emergency Assistance services may be insured under a group or blanket insurance policy issued by Life Insurance Company of North America. All other NYL GBS Secure Travel services are NOT insurance and do not provide reimbursement of expenses or financial losses. Expenses for medical care are not covered.

\*\* Covered person is responsible for any advances, payments, travel-related or replacement costs and must provide confirmation of reimbursement. Credit card(s) used to guarantee reimbursement must have sufficient available limit to cover the amount of the advance.

\*\*\* Initial transport by ambulance following a covered medical emergency is excluded.

NYL GBS Secure Travel is provided under a contract with Garda World Security Corporation and their subsidiary, Crisis24, Inc. (collectively, "Crisis24"). Neither Crisis24 nor New York Life Group Benefit Solutions guarantees the quality of any medical services provider or medical facility. The final selection of a local medical provider or facility is the covered person's right and responsibility. The medical professionals or attorneys suggested or designated by Crisis24 are solely responsible for their services. They are not employees or agents of Crisis24 or New York Life Group Benefit Solutions. Emergency evacuation and repatriation benefits are insured by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company. (Policy Forms: GA-00-1000 et al.; BA-01-1000 et al.) Medical evacuation and repatriation services must be arranged by Crisis24 and customers must call Crisis24 to access the benefits and services of the program. All other services are provided by Crisis24 and are subject to the terms of the service agreement. Presented here are highlights of the NYL GBS Secure Travel program. See the plan documents for details.

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### **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>



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



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

#### › 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>

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.

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# 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 ›](#)

## › 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

1. 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. 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.

Financial Connect, Legal Connect, and Estate Guidance and Guidance Resources are registered trademarks of ComPsych Corporation.

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

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America or New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company.

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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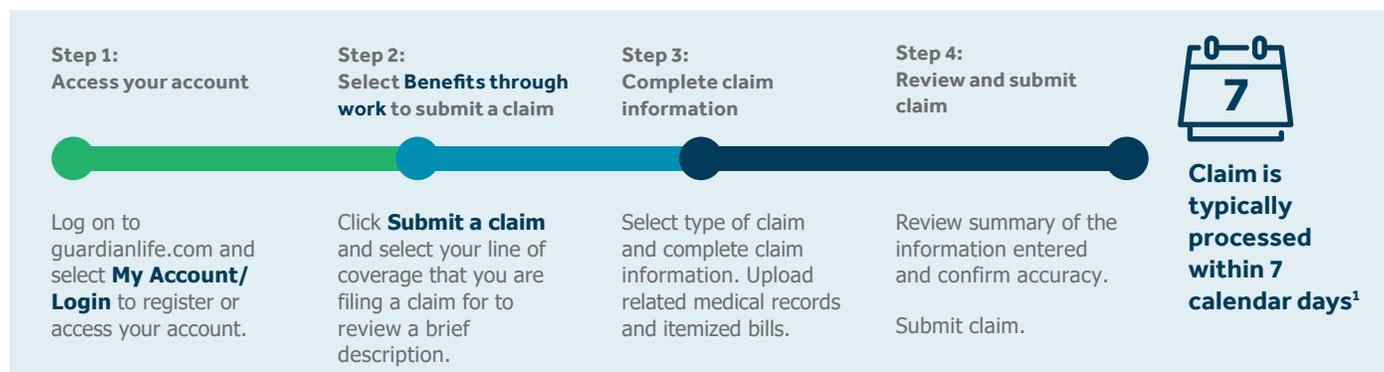
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# Submitting a critical illness/accident/hospital indemnity claim

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>



|  |  |   |   |   |
|--|--|---|---|---|
| <b>Claim Submission</b>  | <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<br/><b>Mail: Guardian Life Insurance "Line of Coverage" Claim</b><br/>PO Box 14334<br/>Lexington, KY 40512</p>  |   |   |   |
| <b>Required Documents</b>  | <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" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <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 style="vertical-align: top;"> <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 style="vertical-align: top;"> <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

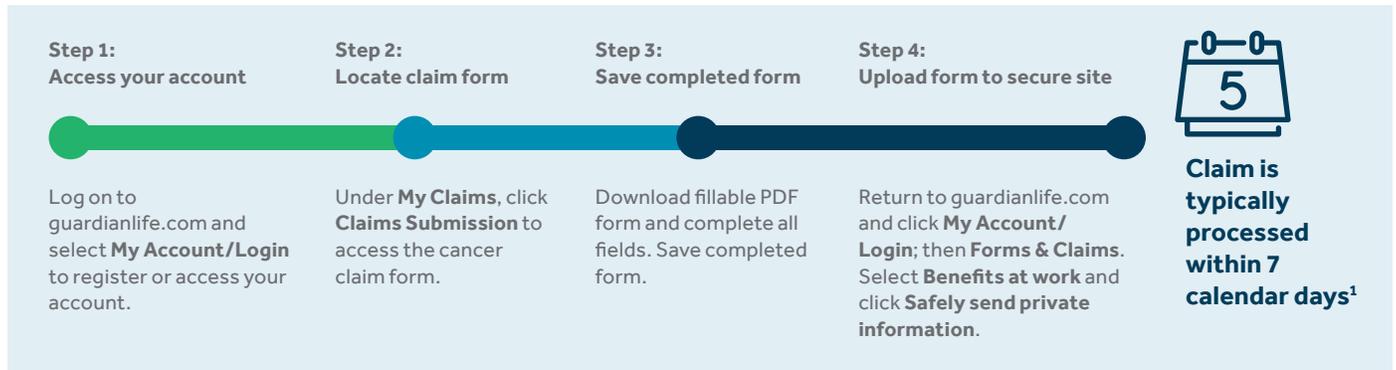
<sup>1</sup> Provided all required information is received. Guardian's Critical Illness, Accident, and Hospital Indemnity Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. 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><br/>Visit guardianlife.com click <i>Secure Channel</i> and select <i>Safely send private information to Guardian</i></p>   | <p><b>Fax:</b><br/>920-749-6275</p> <p><b>Mail:</b><br/>Guardian Life Insurance<br/>Cancer Claims<br/>PO Box 14317<br/>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**

**The Guardian Life Insurance Company of America**  
New York, NY  
[guardianlife.com](http://guardianlife.com)

2019-91647 (NC)

<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.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.bcbsla.com](http://www.bcbsla.com) or call 1-800-495-2583. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary) or call 1-800-363-9150 to request a copy.

| Important Questions   | Answers  | Why This Matters:   |
|---|--|---|
| <b>What is the overall <u>deductible</u>?</b>                             | For <u>network providers</u> \$3,000 individual / \$6,000 family / \$6,000 family per person; for <u>out-of-network providers</u> \$6,000 individual or \$12,000 family  | Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.   |
| <b>Are there services covered before you meet your <u>deductible</u>?</b> | Yes. <u>Preventive Care</u> and <u>Wellness</u> are covered before you meet your <u>deductible</u> .   | This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .  |
| <b>Are there other <u>deductibles</u> for specific services?</b>          | No.  | You don't have to meet <u>deductibles</u> for specific services, but see the Common Medical Events chart for other costs for services this <u>plan</u> covers.  |
| <b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>       | For <u>network providers</u> \$5,000 individual / \$10,000 family / \$7,900 family per person; for <u>out-of-network providers</u> \$10,000 individual / \$20,000 family | The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met.  |
| <b>What is not included in the <u>out-of-pocket limit</u>?</b>            | <u>Premiums</u> , <u>Balance Billing</u> Charges, and Health Care this <u>plan</u> doesn't cover.  | Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .  |
| <b>Will you pay less if you use a <u>network provider</u>?</b>            | Yes. See <a href="http://www.bcbsla.com">www.bcbsla.com</a> or call 1-800-495-2583 for a list of <u>network providers</u> .  | This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services. |

|  |     |  |
|--|-----|--|
| Do you need a <b>referral</b> to see a <b>specialist</b> ? | No. | You can see the <b>specialist</b> you choose without a <b>referral</b> . |
|--|-----|--|

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

| Common Medical Event  | Services You May Need                            | What You Will Pay  |  | Limitations, Exceptions, & Other Important Information  |
|---|--|--|--|---|
|   |  | Network Provider<br>(You will pay the least)                       | Out-of-Network Provider<br>(You will pay the most)                 |   |
| <b>If you visit a health care provider's office or clinic</b>   | Primary care visit to treat an injury or illness | 20% <u>Coinsurance</u> after <u>deductible</u>                     | 40% <u>Coinsurance</u> after <u>deductible</u>                     | None  |
|   | <u>Specialist</u> visit                          | 20% <u>Coinsurance</u> after <u>deductible</u>                     | 40% <u>Coinsurance</u> after <u>deductible</u>                     | None  |
|   | <u>Other practitioner office visit</u>           | 20% <u>Coinsurance</u> after <u>deductible</u>                     | 40% <u>Coinsurance</u> after <u>deductible</u>                     | None  |
|   | <u>Preventive care/screening/immunization</u>    | No Cost  | 40% <u>Coinsurance</u> ; <u>deductible</u> waived                  | None  |
| <b>If you have a test</b>   | <u>Diagnostic test</u> (x-ray, blood work)       | 20% <u>Coinsurance</u> after <u>deductible</u>                     | 40% <u>Coinsurance</u> after <u>deductible</u>                     | None  |
|   | Imaging (CT/PET scans, MRIs)                     | 20% <u>Coinsurance</u> after <u>deductible</u>                     | 40% <u>Coinsurance</u> after <u>deductible</u>                     | Must obtain authorization.  |
| <b>If you need drugs to treat your illness or condition</b><br>More information about <b>prescription drug coverage</b> is available at <a href="http://www.bcbsla.com">http://www.bcbsla.com</a> | Tier 1 - Typically Generic Drugs                 | 20% <u>Coinsurance</u> after <u>deductible</u> (Retail/Mail Order) | 20% <u>Coinsurance</u> after <u>deductible</u> (Retail/Mail Order) | Certain drugs may be subject to Quantity Level Limits, Step Therapy, Prior Authorization and/or Specialty Pharmacy Program.   |
|   | Tier 2 - Typically Preferred Brand Drugs         | 40% <u>Coinsurance</u> after <u>deductible</u> (Retail/Mail Order) | 40% <u>Coinsurance</u> after <u>deductible</u> (Retail/Mail Order) | Certain drugs may be subject to Quantity Level Limits, Step Therapy, Prior Authorization and/or Specialty Pharmacy Program.<br><br>To receive benefits for specialty drugs, members must use the specialty drugs pharmacy designated for this medical plan. |
| <b>If you have outpatient surgery</b>   | Facility fee (e.g., ambulatory surgery center)   | 20% <u>Coinsurance</u> after <u>deductible</u>                     | 40% <u>Coinsurance</u> after <u>deductible</u>                     | None  |
|   | Physician/surgeon fees                           | 20% <u>Coinsurance</u> after <u>deductible</u>                     | 40% <u>Coinsurance</u> after <u>deductible</u>                     | None  |
| <b>If you need immediate medical attention</b>  | <u>Emergency room care</u>                       | 20% <u>Coinsurance</u> after <u>Deductible</u>                     | 20% <u>Coinsurance</u> after <u>deductible</u>                     | None  |

Questions: Call 1-800-363-9150

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.bcbsla.com](http://www.bcbsla.com) or [www.healthcare.gov](http://www.healthcare.gov) or call 1-800-363-9150 to request a copy.

| Common Medical Event   | Services You May Need                      | What You Will Pay   |   | Limitations, Exceptions, & Other Important Information   |
|--|--|---|---|--|
|  |  | Network Provider<br>(You will pay the least)  | Out-of-Network Provider<br>(You will pay the most)  |  |
|  | <u>Emergency medical transportation</u>    | Ground: 20% <u>Coinsurance</u> after <u>deductible</u><br><br>Air: 20% <u>Coinsurance</u> after <u>deductible</u> | Ground: 40% <u>Coinsurance</u> after <u>deductible</u><br><br>Air: 20% <u>Coinsurance</u> after <u>deductible</u> | None   |
|  | <u>Urgent care</u>                         | 20% <u>Coinsurance</u> after <u>deductible</u>  | 40% <u>Coinsurance</u> after <u>deductible</u>  | None   |
| <b>If you have a hospital stay</b>   | Facility fee (e.g., hospital room)         | 20% <u>Coinsurance</u> after <u>deductible</u>  | 40% <u>Coinsurance</u> after <u>deductible</u>  | Must obtain authorization.   |
|  | Physician/surgeon fees                     | 20% <u>Coinsurance</u> after <u>deductible</u>  | 40% <u>Coinsurance</u> after <u>deductible</u>  | None   |
| <b>If you need mental health, behavioral health, or substance abuse services</b> | Mental/Behavioral outpatient services      | 20% <u>Coinsurance</u> after <u>deductible</u>  | 40% <u>Coinsurance</u> after <u>deductible</u>  | None   |
|  | Mental/Behavioral inpatient services       | 20% <u>Coinsurance</u> after <u>deductible</u>  | 40% <u>Coinsurance</u> after <u>deductible</u>  | Must obtain authorization.   |
|  | Substance use disorder outpatient services | 20% <u>Coinsurance</u> after <u>deductible</u>  | 40% <u>Coinsurance</u> after <u>deductible</u>  | None   |
|  | Substance use disorder inpatient services  | 20% <u>Coinsurance</u> after <u>deductible</u>  | 40% <u>Coinsurance</u> after <u>deductible</u>  | Must obtain authorization.   |
| <b>If you are pregnant</b>   | Office visits                              | 20% <u>Coinsurance</u> after <u>deductible</u>  | 40% <u>Coinsurance</u> after <u>deductible</u>  | None   |
|  | Childbirth/delivery professional services  | 20% <u>Coinsurance</u> after <u>deductible</u>  | 40% <u>Coinsurance</u> after <u>deductible</u>  | Authorization required if the mother's length of stay exceeds 48 hours following a vaginal delivery or 96 hours following a caesarean section. |
|  | Childbirth/delivery facility services      | 20% <u>Coinsurance</u> after <u>deductible</u>  | 40% <u>Coinsurance</u> after <u>deductible</u>  |  |
| <b>If you need help recovering or have other special health needs</b>            | <u>Home health care</u>                    | 20% <u>Coinsurance</u> after <u>deductible</u>  | 40% <u>Coinsurance</u> after <u>deductible</u>  | Must obtain authorization.   |
|  | <u>Rehabilitation services</u>             | 20% <u>Coinsurance</u> after <u>deductible</u>  | 40% <u>Coinsurance</u> after <u>deductible</u>  | None   |
|  | <u>Habilitation services</u>               | 20% <u>Coinsurance</u> after <u>deductible</u>  | 40% <u>Coinsurance</u> after <u>deductible</u>  | None   |
|  | <u>Skilled nursing care</u>                | 20% <u>Coinsurance</u> after  | 40% <u>Coinsurance</u> after  | Must obtain authorization.   |

Questions: Call 1-800-363-9150

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| Common Medical Event                          | Services You May Need            | What You Will Pay                              |  | Limitations, Exceptions, & Other Important Information |
|---|----------------------------------|--|--|--|
|   |                                  | Network Provider<br>(You will pay the least)   | Out-of-Network Provider<br>(You will pay the most) |  |
|   |                                  | <u>deductible</u>                              | <u>deductible</u>                                  |  |
|   | <u>Durable medical equipment</u> | 20% <u>Coinsurance</u> after <u>deductible</u> | 40% <u>Coinsurance</u> after <u>deductible</u>     | Authorization may be required.                         |
|   | <u>Hospice services</u>          | 20% <u>Coinsurance</u> after <u>deductible</u> | 40% <u>Coinsurance</u> after <u>deductible</u>     | Must obtain authorization.                             |
| <b>If your child needs dental or eye care</b> | Children's eye exam              | Not Covered                                    | Not Covered  | Not Covered  |
|   | Children's glasses               | Not Covered                                    | Not Covered  | Not Covered  |
|   | Children's dental check-up       | Not Covered                                    | Not Covered  | Not Covered  |

### Excluded Services & Other Covered Services:

| <b>Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)</b> |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>• Bariatric Surgery</li> <li>• Cosmetic Surgery</li> <li>• Dental Care</li> </ul>                                | <ul style="list-style-type: none"> <li>• Hearing Aids</li> <li>• Infertility Treatment</li> <li>• Long-Term Care</li> </ul> | <ul style="list-style-type: none"> <li>• Routine Eye Care</li> <li>• Routine Foot Care</li> <li>• Weight Loss Programs</li> </ul> |
| <b>Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)</b>                     |   |   |
| <ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Chiropractic Care</li> </ul>  | <ul style="list-style-type: none"> <li>• Non-emergency care when traveling outside the United States</li> </ul>             | <ul style="list-style-type: none"> <li>• Private-Duty Nursing (Outpatient)</li> </ul>   |

Questions: Call 1-800-363-9150

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.bcbsla.com](http://www.bcbsla.com) or [www.healthcare.gov](http://www.healthcare.gov) or call 1-800-363-9150 to request a copy.

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or Louisiana Department of Insurance, Office of Consumer Services, P.O. Box 94214, Baton Rouge La 70804-9214 or call 1-800-259-5300. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.Healthcare.gov](http://www.Healthcare.gov) or call 1-800- 318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or Louisiana Department of Insurance, Office of Consumer Services, P.O. Box 94214, Baton Rouge La 70804-9214 or call 1-800-259-5300.

**Does this plan provide Minimum Essential Coverage? Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan meet the Minimum Value Standards? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-495-2583

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-495-2583

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-800-495-2583

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne'1-800-495-2583

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*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

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Questions: Call 1-800-363-9150

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.bcbsla.com](http://www.bcbsla.com) or [www.healthcare.gov](http://www.healthcare.gov) or call 1-800-363-9150 to request a copy.

About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$3,000
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

**This EXAMPLE event includes services like:**  
 Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

|                           |                 |
|---------------------------|-----------------|
| <b>Total Example Cost</b> | <b>\$12,700</b> |
|---------------------------|-----------------|

In this example, Peg would pay:

| <i>Cost Sharing</i>               |                |
|-----------------------------------|----------------|
| Deductibles                       | \$3,000        |
| Copayments                        | \$0            |
| Coinsurance                       | \$1,920        |
| <i>What isn't covered</i>         |                |
| Limits or exclusions              | \$60           |
| <b>The total Peg would pay is</b> | <b>\$4,980</b> |

**Managing Joe's type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$3,000
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

**This EXAMPLE event includes services like:**  
 Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

|                           |                |
|---------------------------|----------------|
| <b>Total Example Cost</b> | <b>\$5,600</b> |
|---------------------------|----------------|

In this example, Joe would pay:

| <i>Cost Sharing</i>               |                |
|-----------------------------------|----------------|
| Deductibles                       | \$3,000        |
| Copayments                        | \$0            |
| Coinsurance                       | \$840          |
| <i>What isn't covered</i>         |                |
| Limits or exclusions              | \$60           |
| <b>The total Joe would pay is</b> | <b>\$3,900</b> |

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$3,000
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

**This EXAMPLE event includes services like:**  
 Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

|                           |                |
|---------------------------|----------------|
| <b>Total Example Cost</b> | <b>\$2,800</b> |
|---------------------------|----------------|

In this example, Mia would pay:

| <i>Cost Sharing</i>               |                |
|-----------------------------------|----------------|
| Deductibles                       | \$2,800        |
| Copayments                        | \$0            |
| Coinsurance                       | \$0            |
| <i>What isn't covered</i>         |                |
| Limits or exclusions              | \$0            |
| <b>The total Mia would pay is</b> | <b>\$2,800</b> |



Blue Cross and Blue Shield of Louisiana  
HMO Louisiana  
Southern National Life

## Nondiscrimination Notice

Discrimination Is Against the Law

Blue Cross and Blue Shield of Louisiana and its subsidiaries, HMO Louisiana, Inc. and Southern National Life, comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Louisiana Blue does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

Louisiana Blue and its subsidiaries:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, you can call the Customer Service number on the back of your ID card or email [MeaningfulAccessLanguageTranslation@lablue.com](mailto:MeaningfulAccessLanguageTranslation@lablue.com). If you are hearing impaired call 1-800-711-5519 (TTY 711).

If you believe that Louisiana Blue or one of its subsidiaries failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you have the right to take the following steps:

1. **If you are fully insured through Louisiana Blue or one of its subsidiaries, file a grievance in person or by mail, fax or email.**

Section 1557 Coordinator  
In Person: 5525 Reitz Ave. Baton Rouge, LA 70809  
Mail: P. O. Box 98012, Baton Rouge, LA 70898-9012  
Phone: (225) 298-7238 or 1-800-711-5519 (TTY 711)  
Fax: (225) 298-7240  
Email: [Section1557Coordinator@lablue.com](mailto:Section1557Coordinator@lablue.com)

2. **If your employer sponsors a self-funded health plan and Louisiana Blue only serves as the Claims Administrator, contact your employer or your company's Human Resources Department. To determine if your plan is fully insured by Louisiana Blue or self-funded and sponsored by your employer, go to [www.lablue.com/checkmyplan](http://www.lablue.com/checkmyplan).**

Whether you are fully insured or covered by a self-funded health plan, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

Mail: 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201  
Phone: 1-800-368-1019, 1-800-537-7697 (TDD)

This notice is available at [www.lablue.com](http://www.lablue.com).

# NOTICE

Free language assistance services and auxiliary aids are available. If needed, please call the Customer Service number at 1-800-495-2583. Hearing-impaired customers call 1-800-711-5519 (TTY 711).

Tiene a su disposición servicios de asistencia lingüística y ayudas auxiliares gratuitas. Si necesita ayuda, llame al Servicio de Atención al Cliente al 1-800-495-2583. Los clientes con discapacidad auditiva pueden llamar al 1-800-711-5519 (TTY 711).

Des services d'assistance linguistique gratuits et des aides auxiliares sont disponibles. Si nécessaire, veuillez appeler le numéro du service client au 1-800-495-2583. Les clients malentendants peuvent appeler le 1-800-711-5519 (ATS 711).

Có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện hỗ trợ. Nếu cần, vui lòng gọi Dịch vụ khách hàng theo số 1-800-495-2583. Khách hàng khiếm thính vui lòng gọi 1-800-711-5519 (TTY 711).

免费提供语言协助服务和辅助工具。如有需要，请拨打客户服务电话 1-800-495-2583。听障客户请拨打 1-800-711-5519 (TTY 711)。

تتوفر خدمات مساعدة لغوية ووسائل مساعدة إضافية مجانية. وفي حال الحاجة إلى هذه الخدمات، يُرجى الاتصال بخدمة العملاء على الرقم 1-800-495-2583. يُرجى من العملاء ذوي الإعاقة السمعية الاتصال على الرقم 1-800-711-5519 (خدمة الهاتف النصي 711).

Mayroong mga libreng serbisyo sa tulong sa wika at karagdagang tulong. Kung kailangan ito, mangyaring tawagan ang numero ng Serbisyo sa Customer sa 1-800-495-2583. Para sa mga customer na may kapansanan sa pandinig, tumawag sa 1-800-711-5519 (TTY 711).

무료 언어 지원 서비스와 보조 도구를 이용하실 수 있습니다. 필요한 경우 고객 서비스 번호 1-800-495-2583으로 전화해 주시기 바랍니다. 청각 장애가 있는 고객은 1-800-711-5519(TTY 711)로 전화하십시오.

Serviços de assistência de idioma e demais auxílios disponíveis gratuitamente. Se necessário, ligue para o Atendimento ao Cliente no telefone 1-800-495-2583. Clientes com deficiência auditiva devem ligar para 1-800-711-5519 (TTY 711).

ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ເຄື່ອງຊ່ວຍເສີມພຣີ. ຖ້າຕ້ອງການ, ກະລຸນາໂທຫາບໍລິການລູກຄ້າ ທີ່ເບີ 1-800-495-2583. ລູກຄ້າທີ່ມີການຫຼຸ ໃຫ້ໂທຫາ 1-800-711-5519 (TTY 711).

無料の言語アシスタンスサービスと介助用補助具をご利用いただけます。必要な場合は、カスタマーサービス番号1-800-495-2583までお電話ください。聴覚に障害のあるお客様は、1-800-711-5519 (TTY 711)までお電話ください。

زبان کے سلسلے میں مفت معاونت کی سہولیات اور اضافی معاونتیں دستیاب ہیں۔ ضرورت پڑنے پر کسٹمر سروس سے ان نمبر پر رابطہ کریں: 1-800-495-2583. سماعت کی کمی کے شکار افراد اس نمبر پر کال کریں: 1-800-711-5519 (TTY 711)

Bei Bedarf stehen Ihnen kostenlose Sprachhilfen und andere unterstützende Dienste zur Verfügung. Bitte wenden Sie sich dazu telefonisch an den Kundenservice unter 1-800-495-2583. Sollten Sie schwerhörig sein, wählen Sie bitte die 1-800-711-5519 (TTY 711).

خدمات کمک زبانی رایگان و ابزارهای کمکی جانبی در دسترس هستند. در صورت نیاز، لطفاً با «خدمات مشتریان» به شماره 1-800-495-2583 تماس بگیرید. مشتریان کمشنوا با 1-800-711-5519 (TTY 711) بگیرند.

Мы предоставляем бесплатные услуги языковой поддержки и вспомогательное оборудование. При необходимости позвоните в службу поддержки клиентов по номеру 1-800-495-2583. Телефон для клиентов с нарушениями слуха — 1-800-711-5519 (TTY 711).

มีบริการช่วยเหลือด้านภาษาและเครื่องสนับสนุนฟรี หากจำเป็น โปรดโทรติดต่อฝ่ายบริการลูกค้าได้ที่หมายเลข 1-800-495-2583 ลูกค้าที่มีความบกพร่องทางการได้ยิน โปรดโทรไปที่หมายเลข 1-800-711-5519 (TTY 711)



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.bcbsla.com](http://www.bcbsla.com) or call 1-800-495-2583. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary) or call 1-800-363-9150 to request a copy.

| Important Questions   | Answers  | Why This Matters:   |
|---|--|---|
| <b>What is the overall <u>deductible</u>?</b>                             | For <u>network providers</u> \$2,000 individual or \$6,000 family; for <u>out-of-network providers</u> \$4,000 individual or \$12,000 family | Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .   |
| <b>Are there services covered before you meet your <u>deductible</u>?</b> | Yes. <u>Preventive Care</u> and <u>Wellness</u> are covered before you meet your <u>deductible</u> .   | This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .  |
| <b>Are there other <u>deductibles</u> for specific services?</b>          | No.  | You don't have to meet <u>deductibles</u> for specific services, but see the Common Medical Events chart for other costs for services this <u>plan</u> covers.  |
| <b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>       | For <u>network providers</u> \$6,250 individual / \$12,500 family; for <u>out-of-network providers</u> \$12,500 individual / \$25,000 family | The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.   |
| <b>What is not included in the <u>out-of-pocket limit</u>?</b>            | <u>Premiums</u> , <u>Balance Billing</u> Charges, and Health Care this <u>plan</u> doesn't cover.  | Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .  |
| <b>Will you pay less if you use a <u>network provider</u>?</b>            | Yes. See <a href="http://www.bcbsla.com">www.bcbsla.com</a> or call 1-800-495-2583 for a list of <u>network providers</u> .                  | This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services. |
| <b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>          | No.  | You can see the <u>specialist</u> you choose without a <u>referral</u> .  |

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

| Common Medical Event  | Services You May Need                            | What You Will Pay   |   | Limitations, Exceptions, & Other Important Information  |
|---|--|---|---|---|
|   |  | Network Provider<br>(You will pay the least)                    | Out-of-Network Provider<br>(You will pay the most)              |   |
| <b>If you visit a health care provider's office or clinic</b>   | Primary care visit to treat an injury or illness | \$40 <u>Copayment</u>   | 50% <u>Coinsurance</u> after <u>deductible</u>                  | If you have a copayment plan, the PCP copayment may be reduced or waived when services are rendered by a Quality Blue (QB) Provider.  |
|   | <u>Specialist</u> visit                          | \$55 <u>Copayment</u>   | 50% <u>Coinsurance</u> after <u>deductible</u>                  | None  |
|   | <u>Other practitioner office visit</u>           | \$55 <u>Copayment</u>   | 50% <u>Coinsurance</u> after <u>deductible</u>                  | None  |
|   | <u>Preventive care/screening/immunization</u>    | No Cost   | 50% <u>Coinsurance</u> ; <u>deductible</u> waived               | None  |
| <b>If you have a test</b>   | <u>Diagnostic test</u> (x-ray, blood work)       | 30% <u>Coinsurance</u> after <u>deductible</u>                  | 50% <u>Coinsurance</u> after <u>deductible</u>                  | None  |
|   | Imaging (CT/PET scans, MRIs)                     | 30% <u>Coinsurance</u> after <u>deductible</u>                  | 50% <u>Coinsurance</u> after <u>deductible</u>                  | Must obtain authorization.  |
| <b>If you need drugs to treat your illness or condition</b><br>More information about <b>prescription drug coverage</b> is available at <a href="http://www.bcbsla.com">http://www.bcbsla.com</a> | Tier 1 - Typically Generic Drugs                 | \$15 <u>Copayment</u> retail; \$45 <u>Copayment</u> mail Order  | \$15 <u>Copayment</u> retail; \$45 <u>Copayment</u> mail Order  | Certain drugs may be subject to Quantity Level Limits, Step Therapy, Prior Authorization and/or Specialty Pharmacy Program.   |
|   | Tier 2 - Typically Preferred Brand Drugs         | \$40 <u>Copayment</u> retail; \$120 <u>Copayment</u> mail Order | \$40 <u>Copayment</u> retail; \$120 <u>Copayment</u> mail Order | Certain drugs may be subject to Quantity Level Limits, Step Therapy, Prior Authorization and/or Specialty Pharmacy Program.   |
|   | Tier 3 - Typically Non-Preferred Brand Drugs     | \$70 <u>Copayment</u> retail; \$210 <u>Copayment</u> mail Order | \$70 <u>Copayment</u> retail; \$210 <u>Copayment</u> mail Order | Certain drugs may be subject to Quantity Level Limits, Step Therapy, Prior Authorization and/or Specialty Pharmacy Program.   |
|   | Tier 4 - Typically Specialty Drugs               | 10% <u>Coinsurance</u> up to \$150 maximum                      | 10% <u>Coinsurance</u> up to \$150 maximum                      | Certain drugs may be subject to Quantity Level Limits, Step Therapy, Prior Authorization and/or Specialty Pharmacy Program.<br><br>To receive benefits for specialty drugs, members must use the specialty drugs pharmacy designated for this medical plan. |

Questions: Call 1-800-363-9150

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.bcbsla.com](http://www.bcbsla.com) or [www.healthcare.gov](http://www.healthcare.gov) or call 1-800-363-9150 to request a copy.

| Common Medical Event                           | Services You May Need                          | What You Will Pay   |   | Limitations, Exceptions, & Other Important Information  |
|--|--|---|---|---|
|  |  | Network Provider<br>(You will pay the least)  | Out-of-Network Provider<br>(You will pay the most)  |   |
|  |  |   |   | Certain specialty pharmacy drugs are considered non-essential health benefits and fall outside the out-of-pocket limits. The cost of these drugs (even if reimbursed by the manufacturer at no cost to you) will not be applied towards satisfying your out-of-pocket maximums. |
| <b>If you have outpatient surgery</b>          | Facility fee (e.g., ambulatory surgery center) | 30% <u>Coinsurance</u> after deductible   | 50% <u>Coinsurance</u> after deductible   | Must obtain authorization.  |
|  | Physician/surgeon fees                         | 30% <u>Coinsurance</u> after deductible   | 50% <u>Coinsurance</u> after deductible   | None  |
| <b>If you need immediate medical attention</b> | <u>Emergency room care</u>                     | 30% <u>Coinsurance</u> after deductible   | 30% <u>Coinsurance</u> after deductible   | None  |
|  | <u>Emergency medical transportation</u>        | Ground: 30% <u>Coinsurance</u> after deductible<br>Air: 30% <u>Coinsurance</u> after deductible | Ground: 50% <u>Coinsurance</u> after deductible<br>Air: 30% <u>Coinsurance</u> after deductible | None  |
|  | <u>Urgent care</u>                             | \$55 <u>Copayment</u>   | 50% <u>Coinsurance</u> after deductible   | None  |
| <b>If you have a hospital stay</b>             | Facility fee (e.g., hospital room)             | 30% <u>Coinsurance</u> after deductible   | 50% <u>Coinsurance</u> after deductible   | Must obtain authorization   |
|  | Physician/surgeon fees                         | 30% <u>Coinsurance</u> after deductible   | 50% <u>Coinsurance</u> after deductible   | None  |

Questions: Call 1-800-363-9150

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.bcbsla.com](http://www.bcbsla.com) or [www.healthcare.gov](http://www.healthcare.gov) or call 1-800-363-9150 to request a copy.

| Common Medical Event   | Services You May Need                      | What You Will Pay  |  | Limitations, Exceptions, & Other Important Information   |
|--|--|--|--|--|
|  |  | Network Provider<br>(You will pay the least)   | Out-of-Network Provider<br>(You will pay the most) |  |
| <b>If you need mental health, behavioral health, or substance abuse services</b> | Mental/Behavioral outpatient services      | Office Visits: \$40<br><u>Copayment</u> per visit; All<br>Other Services: 30%<br><u>Coinsurance</u> after<br><u>deductible</u> | 50% <u>Coinsurance</u> after<br><u>deductible</u>  | Authorization may be required.   |
|  | Mental/Behavioral inpatient services       | 30% <u>Coinsurance</u> after<br><u>deductible</u>  | 50% <u>Coinsurance</u> after<br><u>deductible</u>  | Must obtain authorization.   |
|  | Substance use disorder outpatient services | Office Visits: \$40<br><u>Copayment</u> per visit; All<br>Other Services: 30%<br><u>Coinsurance</u> after<br><u>deductible</u> | 50% <u>Coinsurance</u> after<br><u>deductible</u>  | Authorization may be required.   |
|  | Substance use disorder inpatient services  | 30% <u>Coinsurance</u> after<br><u>deductible</u>  | 50% <u>Coinsurance</u> after<br><u>deductible</u>  | Must obtain authorization.   |
| <b>If you are pregnant</b>   | Office visits                              | 30% <u>Coinsurance</u> after<br><u>deductible</u>  | 50% <u>Coinsurance</u> after<br><u>deductible</u>  | Covered Dependent Members are not eligible for Maternity and/or Pregnancy Care Benefits.   |
|  | Childbirth/delivery professional services  | 30% <u>Coinsurance</u> after<br><u>deductible</u>  | 50% <u>Coinsurance</u> after<br><u>deductible</u>  | Authorization required if the mother's length of stay exceeds 48 hours following a vaginal delivery or 96 hours following a caesarean section. |
|  | Childbirth/delivery facility services      | 30% <u>Coinsurance</u> after<br><u>deductible</u>  | 50% <u>Coinsurance</u> after<br><u>deductible</u>  |  |
| <b>If you need help recovering or have other special health needs</b>            | <u>Home health care</u>                    | 30% <u>Coinsurance</u> after<br><u>deductible</u>  | 50% <u>Coinsurance</u> after<br><u>deductible</u>  | Must obtain authorization.   |
|  | <u>Rehabilitation services</u>             | 30% <u>Coinsurance</u> after<br><u>deductible</u>  | 50% <u>Coinsurance</u> after<br><u>deductible</u>  | None   |
|  | <u>Habilitation services</u>               | 30% <u>Coinsurance</u> after<br><u>deductible</u>  | 50% <u>Coinsurance</u> after<br><u>deductible</u>  | None   |
|  | <u>Skilled nursing care</u>                | 30% <u>Coinsurance</u> after<br><u>deductible</u>  | 50% <u>Coinsurance</u> after<br><u>deductible</u>  | Must obtain authorization.   |
|  | <u>Durable medical equipment</u>           | 30% <u>Coinsurance</u> after<br><u>deductible</u>  | 50% <u>Coinsurance</u> after<br><u>deductible</u>  | None   |
|  | <u>Hospice services</u>                    | 30% <u>Coinsurance</u> after<br><u>deductible</u>  | 50% <u>Coinsurance</u> after<br><u>deductible</u>  | Must obtain authorization.   |
| <b>If your child needs</b>   | Children's eye exam                        | Not Covered  | Not Covered  | None   |

Questions: Call 1-800-363-9150

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.bcbsla.com](http://www.bcbsla.com) or [www.healthcare.gov](http://www.healthcare.gov) or call 1-800-363-9150 to request a copy.

| Common Medical Event | Services You May Need      | What You Will Pay                            |  | Limitations, Exceptions, & Other Important Information |
|----------------------|----------------------------|--|--|--|
|                      |                            | Network Provider<br>(You will pay the least) | Out-of-Network Provider<br>(You will pay the most) |  |
| dental or eye care   | Children's glasses         | Not Covered                                  | Not Covered  | None   |
|                      | Children's dental check-up | Not Covered                                  | Not Covered  | None   |

**Excluded Services & Other Covered Services:**

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Bariatric Surgery</li> <li>• Cosmetic Surgery</li> <li>• Dental Care</li> </ul> | <ul style="list-style-type: none"> <li>• Hearing Aids (Adult)</li> <li>• Infertility Treatment</li> <li>• Long-Term Care</li> </ul> | <ul style="list-style-type: none"> <li>• Routine Eye Care</li> <li>• Routine Foot Care</li> <li>• Weight Loss Programs</li> </ul> |
|--|---|---|

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Chiropractic Care</li> </ul> | <ul style="list-style-type: none"> <li>• Non-emergency care when traveling outside the United States</li> </ul> | <ul style="list-style-type: none"> <li>• Private-Duty Nursing (Outpatient)</li> </ul> |
|--|---|---|

Questions: Call 1-800-363-9150

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.bcbsla.com](http://www.bcbsla.com) or [www.healthcare.gov](http://www.healthcare.gov) or call 1-800-363-9150 to request a copy.

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or Louisiana Department of Insurance, Office of Consumer Services, P.O. Box 94214, Baton Rouge La 70804-9214 or call 1-800-259-5300. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.Healthcare.gov](http://www.Healthcare.gov) or call 1-800- 318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or Louisiana Department of Insurance, Office of Consumer Services, P.O. Box 94214, Baton Rouge La 70804-9214 or call 1-800-259-5300.

**Does this plan provide Minimum Essential Coverage? Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan meet the Minimum Value Standards? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-495-2583

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-495-2583

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-800-495-2583

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne'1-800-495-2583

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*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

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Questions: Call 1-800-363-9150

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.bcbsla.com](http://www.bcbsla.com) or [www.healthcare.gov](http://www.healthcare.gov) or call 1-800-363-9150 to request a copy.

About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$2,000
- Specialist copayment \$55
- Hospital (facility) coinsurance 30%
- Other coinsurance 30%

**This EXAMPLE event includes services like:**  
Specialist office visits (*prenatal care*)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

**Total Example Cost** \$12,700

In this example, Peg would pay:

| Cost Sharing                      |                |
|-----------------------------------|----------------|
| Deductibles                       | \$2,000        |
| Copayments                        | \$10           |
| Coinsurance                       | \$3,170        |
| What isn't covered                |                |
| Limits or exclusions              | \$60           |
| <b>The total Peg would pay is</b> | <b>\$5,240</b> |

**Managing Joe's type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$2,000
- Specialist copayment \$55
- Hospital (facility) coinsurance 30%
- Other coinsurance 30%

**This EXAMPLE event includes services like:**  
Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

**Total Example Cost** \$5,600

In this example, Joe would pay:

| Cost Sharing                      |                |
|-----------------------------------|----------------|
| Deductibles                       | \$140          |
| Copayments                        | \$1,600        |
| Coinsurance                       | \$0            |
| What isn't covered                |                |
| Limits or exclusions              | \$60           |
| <b>The total Joe would pay is</b> | <b>\$1,800</b> |

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$2,000
- Specialist copayment \$55
- Hospital (facility) coinsurance 30%
- Other coinsurance 30%

**This EXAMPLE event includes services like:**  
Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

**Total Example Cost** \$2,800

In this example, Mia would pay:

| Cost Sharing                      |                |
|-----------------------------------|----------------|
| Deductibles                       | \$2,000        |
| Copayments                        | \$10           |
| Coinsurance                       | \$240          |
| What isn't covered                |                |
| Limits or exclusions              | \$0            |
| <b>The total Mia would pay is</b> | <b>\$2,250</b> |



Blue Cross and Blue Shield of Louisiana  
HMO Louisiana  
Southern National Life

## Nondiscrimination Notice

### Discrimination Is Against the Law

Blue Cross and Blue Shield of Louisiana and its subsidiaries, HMO Louisiana, Inc. and Southern National Life, comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Louisiana Blue does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

Louisiana Blue and its subsidiaries:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, you can call the Customer Service number on the back of your ID card or email [MeaningfulAccessLanguageTranslation@lablue.com](mailto:MeaningfulAccessLanguageTranslation@lablue.com). If you are hearing impaired call 1-800-711-5519 (TTY 711).

If you believe that Louisiana Blue or one of its subsidiaries failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you have the right to take the following steps:

1. **If you are fully insured through Louisiana Blue or one of its subsidiaries, file a grievance in person or by mail, fax or email.**

Section 1557 Coordinator  
In Person: 5525 Reitz Ave. Baton Rouge, LA 70809  
Mail: P. O. Box 98012, Baton Rouge, LA 70898-9012  
Phone: (225) 298-7238 or 1-800-711-5519 (TTY 711)  
Fax: (225) 298-7240  
Email: [Section1557Coordinator@lablue.com](mailto:Section1557Coordinator@lablue.com)

2. **If your employer sponsors a self-funded health plan and Louisiana Blue only serves as the Claims Administrator, contact your employer or your company's Human Resources Department. To determine if your plan is fully insured by Louisiana Blue or self-funded and sponsored by your employer, go to [www.lablue.com/checkmyplan](http://www.lablue.com/checkmyplan).**

Whether you are fully insured or covered by a self-funded health plan, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

Mail: 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201  
Phone: 1-800-368-1019, 1-800-537-7697 (TDD)

This notice is available at [www.lablue.com](http://www.lablue.com).

# NOTICE

Free language assistance services and auxiliary aids are available. If needed, please call the Customer Service number at 1-800-495-2583. Hearing-impaired customers call 1-800-711-5519 (TTY 711).

Tiene a su disposición servicios de asistencia lingüística y ayudas auxiliares gratuitas. Si necesita ayuda, llame al Servicio de Atención al Cliente al 1-800-495-2583. Los clientes con discapacidad auditiva pueden llamar al 1-800-711-5519 (TTY 711).

Des services d'assistance linguistique gratuits et des aides auxiliares sont disponibles. Si nécessaire, veuillez appeler le numéro du service client au 1-800-495-2583. Les clients malentendants peuvent appeler le 1-800-711-5519 (ATS 711).

Có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện hỗ trợ. Nếu cần, vui lòng gọi Dịch vụ khách hàng theo số 1-800-495-2583. Khách hàng khiếm thính vui lòng gọi 1-800-711-5519 (TTY 711).

免费提供语言协助服务和辅助工具。如有需要，请拨打客户服务电话 1-800-495-2583。听障客户请拨打 1-800-711-5519 (TTY 711)。

تتوفر خدمات مساعدة لغوية ووسائل مساعدة إضافية مجانية. وفي حال الحاجة إلى هذه الخدمات، يُرجى الاتصال بخدمة العملاء على الرقم 1-800-495-2583. يُرجى من العملاء ذوي الإعاقة السمعية الاتصال على الرقم 1-800-711-5519 (خدمة الهاتف النصي 711).

Mayroong mga libreng serbisyo sa tulong sa wika at karagdagang tulong. Kung kailangan ito, mangyaring tawagan ang numero ng Serbisyo sa Customer sa 1-800-495-2583. Para sa mga customer na may kapansanan sa pandinig, tumawag sa 1-800-711-5519 (TTY 711).

무료 언어 지원 서비스와 보조 도구를 이용하실 수 있습니다. 필요한 경우 고객 서비스 번호 1-800-495-2583으로 전화해 주시기 바랍니다. 청각 장애가 있는 고객은 1-800-711-5519(TTY 711)로 전화하십시오.

Serviços de assistência de idioma e demais auxílios disponíveis gratuitamente. Se necessário, ligue para o Atendimento ao Cliente no telefone 1-800-495-2583. Clientes com deficiência auditiva devem ligar para 1-800-711-5519 (TTY 711).

ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ເຄື່ອງຊ່ວຍເສີມພຣີ. ຖ້າຕ້ອງການ, ກະລຸນາໂທຫາບໍລິການລູກຄ້າ ທີ່ເບີ 1-800-495-2583. ລູກຄ້າທີ່ມີການຫຼຸ ໃຫ້ໂທຫາ 1-800-711-5519 (TTY 711).

無料の言語アシスタンスサービスと介助用補助具をご利用いただけます。必要な場合は、カスタマーサービス番号1-800-495-2583までお電話ください。聴覚に障害のあるお客様は、1-800-711-5519 (TTY 711)までお電話ください。

زبان کے سلسلے میں مفت معاونت کی سہولیات اور اضافی معاونتیں دستیاب ہیں۔ ضرورت پڑنے پر کسٹمر سروس سے ان نمبر پر رابطہ کریں: 1-800-495-2583. سماعت کی کمی کے شکار افراد اس نمبر پر کال کریں: 1-800-711-5519 (TTY 711)

Bei Bedarf stehen Ihnen kostenlose Sprachhilfen und andere unterstützende Dienste zur Verfügung. Bitte wenden Sie sich dazu telefonisch an den Kundenservice unter 1-800-495-2583. Sollten Sie schwerhörig sein, wählen Sie bitte die 1-800-711-5519 (TTY 711).

خدمات کمک زبانی رایگان و ابزارهای کمکی جانبی در دسترس هستند. در صورت نیاز، لطفاً با «خدمات مشتریان» به شماره 1-800-495-2583 تماس بگیرید. مشتریان کمشنوا با 1-800-711-5519 (TTY 711) بگیرند.

Мы предоставляем бесплатные услуги языковой поддержки и вспомогательное оборудование. При необходимости позвоните в службу поддержки клиентов по номеру 1-800-495-2583. Телефон для клиентов с нарушениями слуха — 1-800-711-5519 (TTY 711).

มีบริการช่วยเหลือด้านภาษาและเครื่องสนับสนุนฟรี หากจำเป็น โปรดโทรติดต่อฝ่ายบริการลูกค้าได้ที่หมายเลข 1-800-495-2583 ลูกค้าที่มีความบกพร่องทางการได้ยิน โปรดโทรไปที่หมายเลข 1-800-711-5519 (TTY 711)

**Low Plan: Dental Plan Summary**

**Effective Date: 3/1/2026**

|                               |  |
|-------------------------------|--|
| <b>Plan Benefit</b>           |  |
| Type 1                        | 100%   |
| Type 2                        | 80%  |
| Type 3                        | 50%  |
| <b>Deductible</b>             | \$50/Calendar Year Type 2 & 3<br>Waived Type 1<br>\$150/family |
| <b>Maximum (per person)</b>   | \$1,000 per calendar year                                      |
| <b>Allowance</b>              | U&C  |
| <b>Dental Rewards®</b>        | Included   |
| <b>Waiting Period</b>         | None   |
| <b>Annual Open Enrollment</b> | Included   |

**Orthodontia Summary - Child Only Coverage**

|                                      |                       |
|--------------------------------------|-----------------------|
| <b>Allowance</b>                     | U&C                   |
| <b>Plan Benefit</b>                  | 50%                   |
| <b>Lifetime Maximum (per person)</b> | \$1,000               |
| <b>Waiting Period</b>                | None                  |
| <b>Takeover Benefit</b>              | Initial Insureds Only |

**Sample Procedure Listing** (Current Dental Terminology © American Dental Association.)

| Type 1   | Type 2  | Type 3  |
|--|---|---|
| <ul style="list-style-type: none"> <li>Routine Exam<br/>(2 per benefit period)</li> <li>Bitewing X-rays<br/>(2 per benefit period)</li> <li>Full Mouth/Panoramic X-rays<br/>(1 in 3 years)</li> <li>Periapical X-rays</li> <li>Cleaning<br/>(2 per benefit period)</li> <li>Fluoride for Children 15 and under<br/>(1 per benefit period)</li> <li>Sealants (age 14 and under)</li> <li>Space Maintainers</li> </ul> | <ul style="list-style-type: none"> <li>Fillings for Cavities</li> <li>Restorative Composites</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (surgical)</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Anesthesia</li> </ul> | <ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns<br/>(1 in 5 years per tooth)</li> <li>Crown Repair</li> <li>Implants</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures)<br/>(1 in 5 years)</li> <li>Complex Extractions</li> </ul> |

**Bi-Weekly Payroll Deduction Rates (26)**

|                                   |         |
|-----------------------------------|---------|
| <b>Employee Only (EE)</b>         | \$ 3.12 |
| <b>EE + Spouse</b>                | \$15.46 |
| <b>EE + Children</b>              | \$17.10 |
| <b>EE + Spouse &amp; Children</b> | \$35.30 |

### Dental Rewards®

This dental plan includes a valuable feature that allows plan members to carry over part of their unused annual maximum. A member must submit at least one claim during the benefit year while staying at or under the plan-specific threshold amount. Earns an extra reward, called the PPO Bonus, by seeing a Network Provider. Employees and their covered dependents may accumulate rewards up to the stated maximum carry-over amount, then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards will be lost; but he or she can begin earning rewards again the very next year.

|                         |         |   |
|-------------------------|---------|---|
| Benefit Threshold       | \$500   | Dental benefits received for the year cannot exceed this amount         |
| Annual Carryover Amount | \$250   | Dental Rewards amount is added to the following year's maximum          |
| Annual PPO Bonus        | \$100   | Additional bonus is earned if the member sees a network provider        |
| Maximum Carryover       | \$1,000 | Maximum possible accumulation for Dental Rewards and PPO Bonus combined |

### Orthodontia - Initial Insureds Only

Ameritas will provide coverage on current orthodontic treatment programs and pay up to Ameritas' orthodontic maximum minus any benefits the member has received from the prior carrier. These takeover benefits only apply to initial employees and their dependents on the plan's effective date and are not available to new enrollees who enroll after case implementation.

**This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.**

## High Plan: Dental Plan Summary

Effective Date: 3/1/2026

|                               |  |
|-------------------------------|--|
| <b>Plan Benefit</b>           |  |
| Type 1                        | 100%   |
| Type 2                        | 80%  |
| Type 3                        | 50%  |
| <b>Deductible</b>             | \$50/Calendar Year Type 2 & 3<br>Waived Type 1<br>\$150/family |
| <b>Maximum (per person)</b>   | \$2,000 per calendar year                                      |
| <b>Allowance</b>              | U&C  |
| <b>Dental Rewards®</b>        | Included   |
| <b>Waiting Period</b>         | None   |
| <b>Annual Open Enrollment</b> | Included   |

## Orthodontia Summary - Child Only Coverage

|                                      |                       |
|--------------------------------------|-----------------------|
| <b>Allowance</b>                     | U&C                   |
| <b>Plan Benefit</b>                  | 50%                   |
| <b>Lifetime Maximum (per person)</b> | \$2,000               |
| <b>Waiting Period</b>                | None                  |
| <b>Takeover Benefit</b>              | Initial Insureds Only |

## Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

| Type 1   | Type 2  | Type 3  |
|--|---|---|
| <ul style="list-style-type: none"> <li>Routine Exam<br/>(2 per benefit period)</li> <li>Bitewing X-rays<br/>(2 per benefit period)</li> <li>Full Mouth/Panoramic X-rays<br/>(1 in 3 years)</li> <li>Periapical X-rays</li> <li>Cleaning<br/>(2 per benefit period)</li> <li>Fluoride for Children 15 and under<br/>(1 per benefit period)</li> <li>Sealants (age 14 and under)</li> <li>Space Maintainers</li> </ul> | <ul style="list-style-type: none"> <li>Fillings for Cavities</li> <li>Restorative Composites</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (surgical)</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Anesthesia</li> </ul> | <ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns<br/>(1 in 5 years per tooth)</li> <li>Crown Repair</li> <li>Implants</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures)<br/>(1 in 5 years)</li> <li>Complex Extractions</li> </ul> |

## Bi-Weekly Payroll Deduction Rates (26)

|                                   |         |
|-----------------------------------|---------|
| <b>Employee Only (EE)</b>         | \$ 4.43 |
| <b>EE + Spouse</b>                | \$21.71 |
| <b>EE + Children</b>              | \$25.36 |
| <b>EE + Spouse &amp; Children</b> | \$49.44 |

### Dental Rewards®

This dental plan includes a valuable feature that allows plan members to carry over part of their unused annual maximum. A member must submit at least one claim during the benefit year while staying at or under the plan-specific threshold amount. Earns an extra reward, called the PPO Bonus, by seeing a Network Provider. Employees and their covered dependents may accumulate rewards up to the stated maximum carry-over amount, then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards will be lost; but he or she can begin earning rewards again the very next year.

|                         |         |   |
|-------------------------|---------|---|
| Benefit Threshold       | \$750   | Dental benefits received for the year cannot exceed this amount         |
| Annual Carryover Amount | \$400   | Dental Rewards amount is added to the following year's maximum          |
| Annual PPO Bonus        | \$200   | Additional bonus is earned if the member sees a network provider        |
| Maximum Carryover       | \$1,200 | Maximum possible accumulation for Dental Rewards and PPO Bonus combined |

### Orthodontia - Initial Insureds Only

Ameritas will provide coverage on current orthodontic treatment programs and pay up to Ameritas' orthodontic maximum minus any benefits the member has received from the prior carrier. These takeover benefits only apply to initial employees and their dependents on the plan's effective date and are not available to new enrollees who enroll after case implementation.

**This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.**

### Ameritas Information

#### We're Here to Help

This plan was designed specifically for the associates of Acadiana Management Group. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to [ameritas.com](http://ameritas.com).

#### Dental Health Scorecard

How would you rate your dental health?

In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to [ameritas.com](http://ameritas.com), click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

#### Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at [ameritas.com](http://ameritas.com) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

#### Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit [ameritas.com](http://ameritas.com) and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

#### Dental Network Information

To find a provider, visit [ameritas.com](http://ameritas.com) and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Your provider network is Ameritas Classic and Plus Network.

#### Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

#### Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on March 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

#### Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

#### Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

### **Dental Cost Estimator**

Members can use our dental cost estimator at any time to find average procedure charges in their area. The estimates do not include network discounts or plan benefits. Find the dental cost estimator at [ameritas.com/applications/group/estimator](https://ameritas.com/applications/group/estimator).

After coverage begins, members can view average in-network charges in their secure member account. Members also may ask their dentist's office to submit a pretreatment estimate so they can see exactly how a proposed service would be covered and avoid any surprises. The pretreatment estimate is based on their plan benefits.

### **Worldwide Support**

If a member has a dental emergency outside the U.S., AXA Assistance can help. AXA provides credible provider referrals and can even help with making the appointment. Providers referred by AXA are not members of the Ameritas network. AXA contact information is available in the secure member account.

### **Language Services**

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

**This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.**

# Easily Manage Your Dental Benefits

Here's what you can do now to get the most from your plan.



## Create your secure online member account today

### 1 Go online

Visit [ameritas.com/sign-in](https://www.ameritas.com/sign-in) and select 'Member Sign In' under 'Dental, Vision & Hearing.'

### 2 Register

Under first-time users, select 'Register Now' and complete the form. Log into your new account and complete the verification process.

### 3 Authenticate

Provide the personal information used at enrollment including name, date of birth and ZIP Code. Mark if you are the insured member and enter your member ID.

Due to HIPAA regulations, only the primary member/policyholder has full account access. Learn more about [access levels](#).

**Go paperless.** Sign up to receive your explanation of benefits (EOB) statements online. To receive electronic EOBs instead of paper statements, select the go paperless option once you are logged in or when setting up your member account.

### Member account to-do list:



Print out or save your **ID card** to your smartphone



Review your **plan details** including maximum benefit, deductible amounts and your remaining benefits



Check if your current provider is part of the **Ameritas Dental Network**



Locate your **claims status** page so you can see how benefits are calculated and payments are processed

## Additional plan benefits found in your secure member account

### Prescription drug savings

Save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart.

### Eyewear savings

Save on a complete pair of prescription eyeglasses at Walmart Vision Centers nationwide (excludes contacts).

### Worldwide support

AXA Assistance helps find a provider and schedule an appointment if you have a dental or vision emergency while traveling outside the U.S.

**Save these numbers:**  
866-662-2731 (toll free)  
and 312-935-3727 (collect).

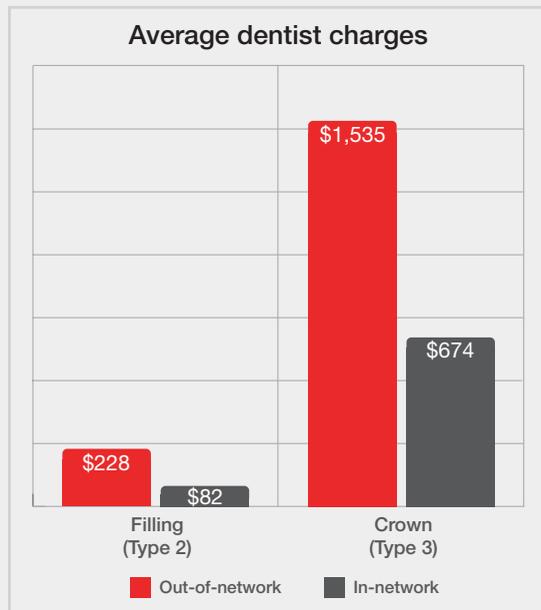
The prescription and eyewear discounts are not insurance and are no additional cost to your plan premium.



Watch this [short video](#) to learn more about navigating your secure member account.

## Evaluate your potential out-of-pocket costs

- Located in your secure member account, the dental cost estimator lets you compare estimated procedure charges based on ZIP Code. You can search estimates for both in-network and out-of-network providers.
- Ask your dentist to submit a pretreatment estimate for any dental work you consider expensive. Then Ameritas will let you know the amount insurance will cover so you can budget for the remainder. The pretreatment estimate is based on your plan benefits and submitted claims.



For illustrative purposes only. Allowance and cost estimates are specific to ZIP Code 605XXX. The initial cost without insurance has been estimated. Actual charges may vary.

## Save money

You can use your dental benefits with any provider. The thing to consider is out-of-network dentists will charge you their regular rates, whereas Ameritas network providers have agreed to charge you 25-50% less. After your plan benefits are applied, you pay the remaining balance.



## Find out if your dentist is in the network

Visit [ameritas.com](https://www.ameritas.com), [Find a Health Provider](#), to find a new dentist or see if your current provider is in the Ameritas Dental Network. For a list of providers that allow you to use your in-network benefits in Mexico, select Find a Contracted Provider in Mexico.

## Nominate your dentist

If your dentist is not in the network already, just go to [ameritas.com](https://www.ameritas.com), search for “nominate a provider” and complete the online form.

## Here to help

If you have questions about your plan benefits, use the chat feature located in your secure member account or call the Ameritas customer connections team.

### Claims, benefit and provider network questions:

[group@ameritas.com](mailto:group@ameritas.com)

800-487-5553

Monday - Thursday, 7 a.m. - Midnight (CST)

Friday, 7 a.m. - 6:30 p.m. (CST)



This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. This piece is not for use in New Mexico. This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Dental, vision and hearing care products (9000 Rev. 03-16 for Group and 9000 Rev. 02-19 for Individual, dates may vary by state) are issued by Ameritas Life. The Dental and Vision Networks are not available in RI. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. Ameritas, the bison design, “fulfilling life” are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2023 Ameritas Mutual Holding Company.

**Focus® Plan Summary**

**Effective Date: 3/1/2026**

|                                  | <b>VSP Choice Network + Affiliates</b> | <b>Out of Network</b>                |
|----------------------------------|--|--------------------------------------|
| <b>Deductibles</b>               |  |                                      |
|                                  | \$10 Exam                              | \$10 Exam                            |
| <b>Annual Eye Exam</b>           | \$25 Eye Glass Lenses or Frames*       | \$25 Eye Glass Lenses or Frames      |
| <b>Lenses (per pair)</b>         | Covered in full                        | Up to \$45                           |
| <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>Lenticular</b>                | Covered in full                        | Up to \$100                          |
| <b>Progressive</b>               | See lens options                       | NA                                   |
| <b>Contacts</b>                  |  |                                      |
| <b>Fit &amp; Follow Up Exams</b> | Member cost up to \$60                 | No benefit                           |
| <b>Elective</b>                  | Up to \$130                            | Up to \$105                          |
| <b>Medically Necessary</b>       | Covered in full                        | Up to \$210                          |
| <b>Frame Allowance</b>           | \$130**                                | Up to \$70                           |
| <b>Frequencies (months)</b>      |  |                                      |
| <b>Exam/Lens/Frame</b>           | 12/12/12<br>Based on date of service   | 12/12/12<br>Based on date of service |

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

\*\*The Costco and Walmart allowance will be the wholesale equivalent.

**Lens Options (member cost)\***

|  | <b>VSP Choice Network + Affiliates<br/>(Other than Costco)</b>   | <b>Out of Network</b>          |
|--|--|--------------------------------|
| <b>Progressive Lenses</b>                              |  |                                |
| <b>Standard</b>  | \$55   | Up to Lined Bifocal allowance. |
| <b>Premium</b>   | Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge. | Up to Lined Bifocal allowance. |
| <b>Std. Polycarbonate</b>                              | Covered in full for dependent children   | No benefit                     |
| <b>Solid Plastic Dye</b>                               | \$33 adults<br>\$15<br>(except Pink I & II)  | No benefit                     |
| <b>Plastic Gradient Dye</b>                            | \$17   | No benefit                     |
| <b>Photochromatic Lenses<br/>(Glass &amp; Plastic)</b> | \$31-\$82  | No benefit                     |
| <b>Scratch Resistant Coating</b>                       | \$17-\$33  | No benefit                     |
| <b>Anti-Reflective Coating</b>                         | \$43-\$85  | No benefit                     |
| <b>Ultraviolet Coating</b>                             | \$16   | No benefit                     |

\*Lens Option member costs vary by prescription, option chosen and retail locations.

**Bi-Weekly Payroll Deduction Rates (26)**

|                                   |        |
|-----------------------------------|--------|
| <b>Employee Only (EE)</b>         | \$1.96 |
| <b>EE + Spouse</b>                | \$3.91 |
| <b>EE + Children</b>              | \$4.33 |
| <b>EE + Spouse &amp; Children</b> | \$6.70 |

## Additional Focus® Choice Network Features

|                                |  |
|--------------------------------|--|
| <b>Contact Lenses Elective</b> | Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Frames can be purchased in the same benefit period if allowance isn't exceeded. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance. |
| <b>Additional Glasses</b>      | 20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*   |
| <b>Frame Discount</b>          | VSP offers 20% off any amount above the retail allowance.*   |
| <b>Laser VisionCare</b>        | VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.  |
| <b>Low Vision</b>              | With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).   |

*Based on applicable laws, reduced costs may vary by doctor location.*

## Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at [ameritas.com](http://ameritas.com) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

## Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: [ameritas.com](http://ameritas.com)

View plan benefit information at: [vsp.com](http://vsp.com)

## Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

## Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

**This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.**

# Start Using Your Vision Benefits

Featuring the VSP vision network



Maintaining good vision and eye health is a priority. Now that you've enrolled, here's what you can do to make the most of your vision benefits.



## 1 Create a VSP account

Register at [VSP.com](https://www.vsp.com). Enter the last 4 digits of the primary member's SSN or Member ID number and complete all required fields. Select 'Create an Account' to complete your registration.



## 2 Review your plan details and print or save your ID card

Log in and locate your benefit plan to verify your coverage and eligibility. If you lose your ID card or need extras, you can access a digital version to print or save to your smartphone.



## 3 Verify your network and find a provider

You are free to see the vision provider of your choice, and you save more when seeing a VSP network provider. Log into your member account to verify your network and use the 'Find a Doctor' tool to locate a network provider.

### VSP Network

VSP offers the nation's largest network of independent doctors. Retail locations include:

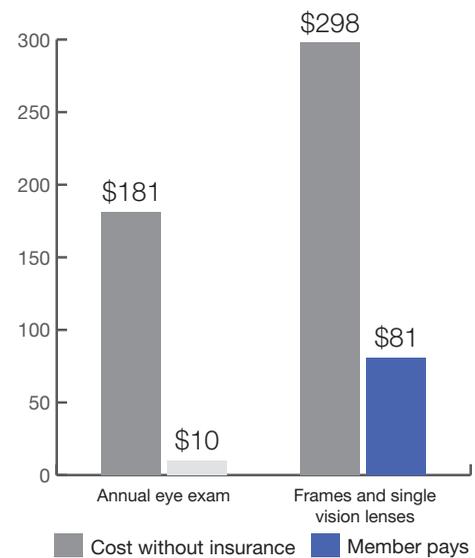


### Online options

Browse and buy online at [eyeconic.com](https://www.eyeconic.com) and get the most current deals on eyewear. Eyeconic.com is in the VSP network, and your vision benefits are applied directly to your online order.

Find more ways to save with [VSP Exclusive Member Extras](#).

Average savings with a VSP network provider



This example reflects average savings for VSP members. For illustrative purposes, the initial cost without insurance has been estimated. Actual charges may vary.



## 4 Schedule an appointment

Select a provider and schedule your appointment. When you arrive, tell them you have VSP. No ID card is necessary. Your provider will be able to look up your benefits by providing your social security number or unique ID.



## 5 Check your claims in your member account

You can check your claim status on the benefits history page on your account dashboard.



Manage your eye care needs anytime and anywhere by downloading the [VSP Vision Care App](#). Search for the app on the App Store (iOS) or Google Play (Android).



## Frequently Asked Questions

### Can I use my benefits if I visit a provider outside the network?

Yes, if you visit an out-of-network provider, you pay your provider the full balance and submit a claim with your itemized receipt for reimbursement based on out-of-network plan benefits. Greater benefits are available with network providers, and they submit the claim for you.

### Can I get glasses and contacts in the same year?

No, your benefit can be applied to contacts OR glasses during the benefit year. In other words, you will not receive an allowance for contacts if you already chose to apply your vision benefits to a new pair of lenses and/or frames during the same benefit year.

### Are prescription safety glasses covered?

Yes. You can use your benefits towards prescription safety glasses in lieu of regular eyeglasses or contacts.

### Who do I contact if I have questions?

#### Contact VSP for benefit, claims or network questions.

800-877-7195

Monday – Saturday, 8 a.m. - 7 p.m. (CST)

#### Contact Ameritas for billing, administration, ID card or network questions.

group@ameritas.com

If you enrolled through an employer: 800-487-5553

If you purchased online: 800-300-9566

Monday - Thursday, 7 a.m. - Midnight

Friday, 7 a.m. - 6:30 p.m. (CST)



\*Not all providers at Costco locations are VSP network providers. Please verify that your provider is in the VSP network before seeking services. The frame allowance at some retailers may be less due to lower wholesale pricing.

This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. This piece is not for use in New Mexico. This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Dental, vision and hearing care products (9000 Rev. 03-16 for Group and 9000 Rev. 10-22 for Individual, dates may vary by state) are issued by Ameritas Life. The Dental and Vision Networks are not available in RI. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. Ameritas, the bison design and "fulfilling life" are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2023 Ameritas Mutual Holding Company.

## 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. Group Health Plan 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:                    | 2/1/2026   |
| Name of Entity/Sender:   | Acadiana Management Group, LLC                     |
| Contact-Position/Office: | HR Manager   |
| Address:                 | 101 LaRue France, Suite 500<br>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, 2025. Contact your State for more information on eligibility –**

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

| GEORGIA – Medicaid  | INDIANA – Medicaid  |
|---|---|
| <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><br/>           Phone: 678-564-1162, Press 1<br/>           GA CHIPRA Website:<br/> <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><br/>           Phone: 678-564-1162, Press 2</p>                | <p>Health Insurance Premium Payment Program<br/>           All other Medicaid<br/>           Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br/> <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a><br/>           Family and Social Services Administration<br/>           Phone: 1-800-403-0864<br/>           Member Services Phone: 1-800-457-4584</p> |
| IOWA – Medicaid and CHIP (Hawki)  | KANSAS – Medicaid   |
| <p>Medicaid Website:<br/> <a href="#">Iowa Medicaid   Health &amp; Human Services</a><br/>           Medicaid Phone: 1-800-338-8366<br/>           Hawki Website:<br/> <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a><br/>           Hawki Phone: 1-800-257-8563<br/>           HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a><br/>           HIPP Phone: 1-888-346-9562</p>   | <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a><br/>           Phone: 1-800-792-4884<br/>           HIPP Phone: 1-800-967-4660</p>  |
| KENTUCKY – Medicaid   | LOUISIANA – Medicaid  |
| <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br/> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br/>           Phone: 1-855-459-6328<br/>           Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a><br/>           KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a><br/>           Phone: 1-877-524-4718<br/>           Kentucky Medicaid Website:<br/> <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></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><br/>           Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>   |
| MAINE – Medicaid  | MASSACHUSETTS – Medicaid and CHIP   |
| <p>Enrollment Website:<br/> <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br/>           Phone: 1-800-442-6003<br/>           TTY: Maine relay 711<br/>           Private Health Insurance Premium Webpage:<br/> <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br/>           Phone: 1-800-977-6740<br/>           TTY: Maine relay 711</p>   | <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br/>           Phone: 1-800-862-4840<br/>           TTY: 711<br/>           Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>   |
| MINNESOTA – Medicaid  | MISSOURI – Medicaid   |
| <p>Website:<br/> <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a><br/>           Phone: 1-800-657-3672</p>   | <p>Website:<br/> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br/>           Phone: 573-751-2005</p>   |

| MONTANA – Medicaid   | NEBRASKA – Medicaid   |
|--|---|
| Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br>Phone: 1-800-694-3084<br>Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>   | Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178   |
| NEVADA – Medicaid  | NEW HAMPSHIRE – Medicaid  |
| Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a><br>Medicaid Phone: 1-800-992-0900  | 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><br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218<br>Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a> |
| NEW JERSEY – Medicaid and CHIP   | NEW YORK – Medicaid   |
| Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br>Phone: 1-800-356-1561<br>CHIP Premium Assistance Phone: 609-631-2392<br>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br>CHIP Phone: 1-800-701-0710 (TTY: 711)  | Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br>Phone: 1-800-541-2831   |
| NORTH CAROLINA – Medicaid  | NORTH DAKOTA – Medicaid   |
| Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br>Phone: 919-855-4100  | Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a><br>Phone: 1-844-854-4825   |
| OKLAHOMA – Medicaid and CHIP   | OREGON – Medicaid and CHIP  |
| Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742  | Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br>Phone: 1-800-699-9075   |
| PENNSYLVANIA – Medicaid and CHIP   | RHODE ISLAND – Medicaid and CHIP  |
| Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a><br>Phone: 1-800-692-7462<br>CHIP Website: <a href="http://www.dhs.pa.gov/childrens-health-insurance-program">Children's Health Insurance Program (CHIP) (pa.gov)</a><br>CHIP Phone: 1-800-986-KIDS (5437) | Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br>Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)   |
| SOUTH CAROLINA – Medicaid  | SOUTH DAKOTA - Medicaid   |
| Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 1-888-549-0820  | Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059   |

| TEXAS – Medicaid   | UTAH – Medicaid and CHIP  |
|--|---|
| Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a><br>Phone: 1-800-440-0493                                  | Utah’s Premium Partnership for Health Insurance (UPP)<br>Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a><br>Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a><br>Phone: 1-888-222-2542<br>Adult Expansion Website:<br><a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a><br>Utah Medicaid Buyout Program Website:<br><a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a><br>CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a> |
| VERMONT– Medicaid  | VIRGINIA – Medicaid and CHIP  |
| Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a><br>Phone: 1-800-250-8427                              | Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a><br><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a><br>Medicaid/CHIP Phone: 1-800-432-5924  |
| WASHINGTON – Medicaid  | WEST VIRGINIA – Medicaid and CHIP   |
| Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br>Phone: 1-800-562-3022  | Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a><br><a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)  |
| WISCONSIN – Medicaid and CHIP  | WYOMING – Medicaid  |
| Website:<br><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>Phone: 1-800-362-3002 | Website:<br><a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br>Phone: 1-800-251-1269  |

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services  
 Centers for Medicare & Medicaid 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  
2/1/2026

To: Participants in the Acadiana Management Group, LLC.

From: HR Manager

Re: Availability of Notice of Privacy Practices

The Acadiana Management Group, LLC. (each a "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 Vonda Broussard, HIPAA Privacy Contact Person at 101 LaRue France, Suite 500, Lafayette, LA 70508, 337-269-9566, [vbroussard@amgihm.com](mailto:vbroussard@amgihm.com).

# Health Insurance Marketplace Coverage Options and Your Health Coverage

## PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### 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 in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>1,2</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

## When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through November 30, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by [HealthCare.gov](https://www.healthcare.gov) and either- submit a new application or update an existing application on [HealthCare.gov](https://www.healthcare.gov) between March 31, 2023 and November 30, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and November 30, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact **Vonda Broussard, HR Manager at 101 LaRue France, Suite 500, Lafayette, LA 70508, 337-269-9566, [vbroussard@amgihm.com](mailto: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](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouse and 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. **See Human Resources.**

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. See Human Resources

### **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. See Human Resources

#### ***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/basics/get-started-with-medicare/sign-up/how-do-i-sign-up-for-medicare>.

