

Employee Benefits

2022





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Working together is what makes Acadian Companies a success, and this teamwork extends to your benefits. We provide options to support your family's overall wellbeing. This guide offers details on your 2022 benefits. Contact the Human Resources department at 337-210-1757, option 3 with any questions.

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In this Guide, we use the term company to refer to Acadian Companies. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Welcome

To Employees:

You matter to us. The things that are important to you matter to us, too. That's why we offer comprehensive benefits options for you and your family, including medical, dental, vision, life, disability, and supplemental benefits.

This guide includes:

- » An overview of your 2022 benefits options
- » Explanations of each offering to help you make the best decisions for you and your family
- » Contact information for all benefits vendors
- » Costs associated with your benefits

What's changing this year?

We will continue to offer two medical plans very similar to our 2021 plans. There are some changes to copays, deductibles and out-of-pocket maximums. Employee contribution rates will also increase slightly on both medical plans. Doing so will allow us to continue to provide market-leading coverage for employees and dependents while more effectively balancing costs with coverage levels. To help offset the medical premium increases, employees will see a reduction in their dental premiums.

Additional enhancements to the benefits offerings include:

- » Enhanced contraceptive coverage with BCBSLA.
- » Added coverage for hearing aids with BCBSLA.
- » Safety glasses benefit added with Ameritas Vision.
- » The HSA contribution limits will increase to \$3,650 for individuals and \$7,300 for families.

Review the guide for information on the programs and benefits available to you.

Why have costs changed?

Healthcare costs grow steadily each year in the U.S. due to an aging population, increased demand for care (resulting in higher prices for premiums and prescription drugs), and an increase in chronic illness. Acadian Companies cares about your health, so we do all we can to keep your healthcare costs reasonable. Use this guide to discuss your options and make the best choices for you and your family. Taking advantage of preventive care, focusing on wellness, and budgeting your costs can prepare you for the year ahead.

Any questions?

We're here to help. Contact Human Resources via email at benefits@acadian.com or call 337-210-1757 option 3.



Eligibility and Enrollment



Acadian Companies' benefits are designed to support your unique needs.

Eligibility

Eligible full-time employees can participate in medical, dental, vision, life and disability plans, along with additional benefits.

Dependents

Dependents eligible for coverage include:

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

Verification of dependent eligibility will be required upon enrollment.

Working Spouse Surcharge

If your spouse has access to healthcare coverage through their employer, they are subject to a monthly surcharge if they elect Acadian Companies coverage. If your spouse does not work, works part time, is not eligible for coverage, has lost coverage as an active employee but has been offered COBRA or is covered by Medicare, the surcharge does not apply.

Note: The company reserves the right to verify if your spouse is provided coverage elsewhere. The spousal surcharge does not apply if both individuals work for Acadian.

Note

Open Enrollment is your annual chance to choose your benefits, unless you have a qualifying life event, such as marriage or the birth/adoption of a child.

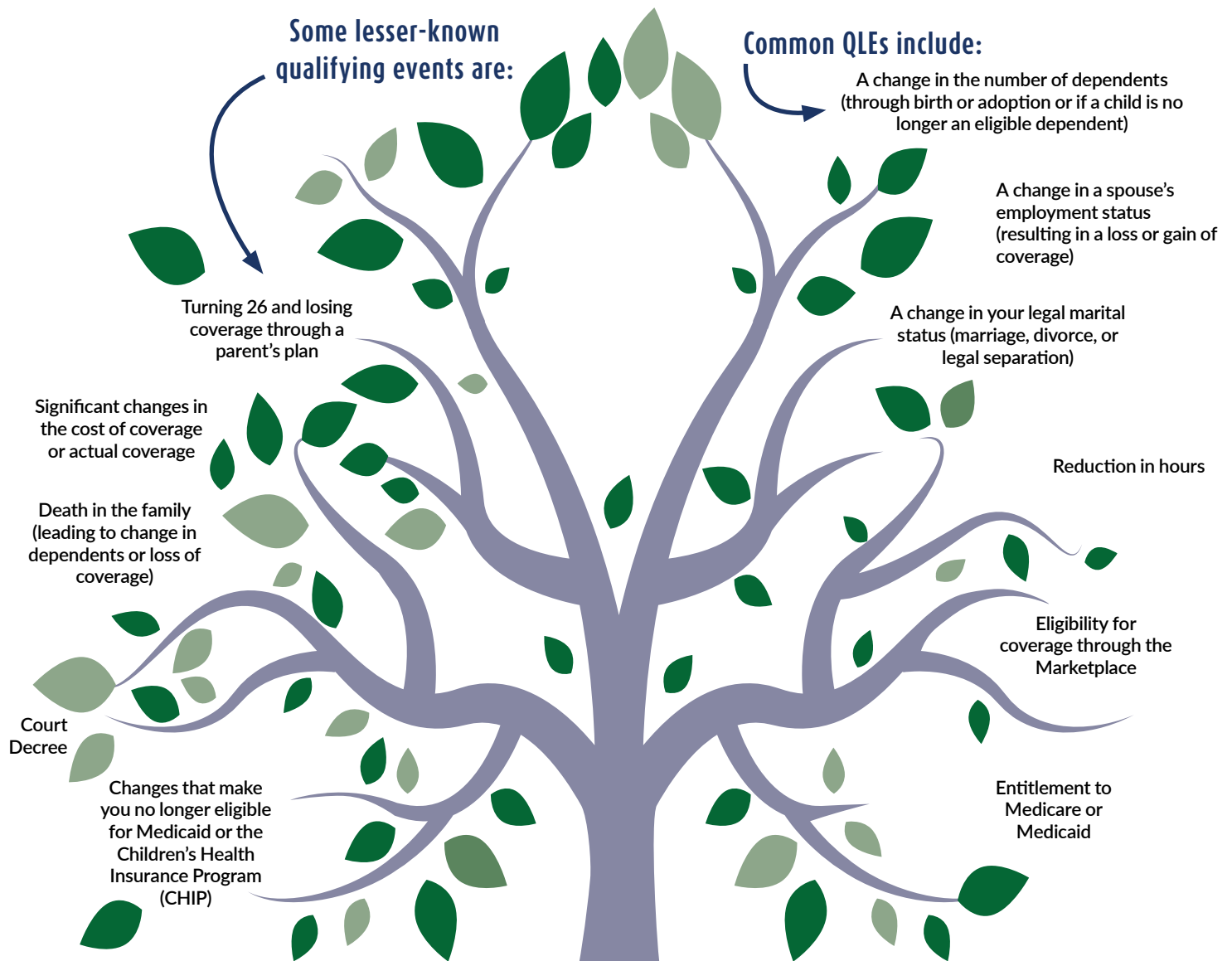


Now's the Time to Enroll!

What are Qualifying Life Events?

You can update your benefits when you start a new job or during Open Enrollment. But changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times.

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



Reach out to Acadian Companies' Human Resources at 337-210-1757, option 3 with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!

*In some cases, you may have up to 60 days to make a change. Please consult with HR to confirm the election timeline.



Ready for Open Enrollment?

Acadian Companies covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, lessening your tax liability. Employee contributions vary depending on the level of coverage you select — typically, the more coverage you have, the higher your portion.

You can choose any combination of medical, dental, and/or vision coverage. You could select medical coverage for yourself and your entire family, but dental and vision coverage only for yourself. The only requirement is that as an eligible employee of Acadian Companies, you must elect coverage for yourself in order to elect coverage for dependents.

Open Enrollment Action Items



Update your personal information.

If you've experienced any life changes since the last Open Enrollment period — such as the birth of a child — you may need to change your elections or update your pertinent details.



Update spouse and dependent information.

A family member's contact information can be updated at any time throughout the year but Open Enrollment is also a great time to update existing spouse/dependent contact information. Keeping your family members' contact information up to date enables them to receive carrier communications regarding their benefits.



Double-check covered medications.

If you make any changes to your plan, consider how it affects your prescriptions.



Consider your HSA or FSA.

An HSA or FSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals.



Check your networks.

Going in-network often saves you money. Check for any plan changes to make sure your go-to providers and pharmacy are still your best bet.

Medical Benefits



Medical benefits are provided through Blue Cross Blue Shield of Louisiana. Consider the physician networks, premiums, and out-of-pocket costs for each plan when choosing for you and your family. Keep in mind your election is effective for the entire 2022 plan year unless you have a qualifying life event. Qualifying Life Event changes must be consistent with the event and only allow you to change tier of coverage for which you are enrolled. You are not allowed to change medical plans throughout the plan year. Your medical coverage becomes effective the 1st of the month following 30 days of employment.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your biweekly contributions.

	BASE PLAN	HDHP
BIWEEKLY CONTRIBUTIONS		
EMPLOYEE ONLY	\$51.69	\$24.92
EMPLOYEE + CHILD(REN)	\$114.46	\$88.62
EMPLOYEE + SPOUSE	\$159.23	\$119.54
EMPLOYEE + SPOUSE W/ SURCHARGE*	\$198.23	\$158.54
FAMILY	\$190.62	\$146.77
FAMILY W/ SURCHARGE*	\$232.62	\$188.77

*Spouse Surcharge applies if spouse is employed elsewhere and declines eligible coverage. This is not applicable if both work for Acadian.

How to Find a Provider

Visit www.bcbsla.com or call Customer Care at 800-363-9150 for a list of Blue Cross Blue Shield of Louisiana network providers.

Please refer to Acadian Central for the Safe Harbor list of drugs that are free with the High Deductible Health Plan. Additionally, the BCBS LA Medical Directory has physicians in Louisiana and the BCBS National Medical Directory includes physicians across the nation.

Note

Preventive care offered by an in-network physician, like well-woman exams or annual physicals, is often covered at 100%.



Medical Plan Summary

This chart summarizes the 2022 medical coverage provided by Blue Cross Blue Shield of Louisiana. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

	BASE PLAN		HDHP	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE				
EMPLOYEE	\$1,300	\$1,300	\$3,250	\$6,500
EMPLOYEE + DEPENDENTS	\$2,600	\$2,600	\$6,500	\$13,000
COINSURANCE (MEMBER PAYS)	20%*	50%*	20%*	50%*
ANNUAL OUT-OF-POCKET MAXIMUM				
EMPLOYEE	\$3,700	\$7,400	\$6,500	\$13,000
EMPLOYEE + DEPENDENTS	\$7,400	\$14,800	\$9,000	\$18,000
	Out-of-Pocket Maximum EXCLUDES copays and deductible		Out-of-Pocket Maximum INCLUDES deductible, coinsurance and RX.	
COPAYS/COINSURANCE				
PREVENTIVE CARE	No Charge	No Charge	No Charge	No Charge
PRIMARY CARE	\$40 copay	50%*	20%*	50%*
SPECIALIST SERVICES	\$45 copay	50%*	20%*	50%*
DIAGNOSTIC CARE	20%*	50%*	20%*	50%*
MENTAL HEALTH - INPATIENT	20%*	50%*	20%*	50%*
MENTAL HEALTH - OUTPATIENT	No Charge	50%*	20%*	50%*
URGENT CARE	\$45 copay	50%*	20%*	50%*
EMERGENCY ROOM	20%*	50%*	20%*	50%*

*After deductible

On the BASE plan, a plan participant has to meet the individual deductible amount to be eligible for the family deductible amount. On the HDHP, if coverage tier includes more than one (1) member, the individual deductible amount is not applicable and only the family deductible amount applies.

Our Plans are Self-Funded

Our medical and pharmacy plans are self-funded. What does that mean? Rather than paying premiums to an insurance carrier as with fully insured plans, the Company pays fixed costs to use the carrier's network and variable costs for members' claims. Self-insured plans allow for more freedom in plan design. Together, the Company and employees share the cost of healthcare.

Healthcare Cost Transparency

There are so many different providers and varying costs for healthcare services — how do you choose? Online services called healthcare cost transparency tools can help. Available through most health insurance carriers, these tools allow you to compare costs for services, from prescriptions to major surgeries, to make your choices simpler. Visit www.bcbsla.com to learn more.

How to Pick a Plan

What plan is right for you? Consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take.

How does the BASE plan work?

- » You'll pay more in premiums, but perhaps less at the time of service.
- » You can choose from a network of providers but you can choose from a network of providers who offer a fixed copay for services.

How does the HDHP (High Deductible Health Plan) work?

- » You'll pay less in premiums. (Think less money from your paycheck.)
- » You can choose from a network of providers; however, you'll pay for the full cost of non-preventive medical services until you reach your deductible.
- » You can also use a Health Savings Account in conjunction, which provides a safety net for unexpected medical costs and tax advantages.



Virtual Medicine



When you're under the weather, there's no place like home. And when you're constantly on the go, scheduling a doctor's appointment can easily move down your priority list. Virtual medicine is a convenient and easy way to connect with a doctor on your time.

We provide a virtual medicine benefit through Teladoc for you and your dependents. Teladoc offers on-demand access to board-certified doctors — through online video, telephone or secure email — who can diagnose, treat and prescribe medication for your general health issues. Virtual medicine is useful for after-hours non-emergency care, when your primary care doctor is unavailable, if you need prescriptions or refills or if you're traveling. Virtual visits aren't good for conditions requiring exams or tests, complex or chronic problems, or emergencies like sprains or broken bones.

Teladoc doctors can share information with your primary care physician with your consent. Please note that some states do not allow physicians to prescribe medications via telemedicine. For more information, visit www.teladoc.com/doctors.

Teladoc doctors can treat many medical conditions, including:

- » Cold & flu
- » Allergies
- » Bronchitis
- » Bladder infection/
urinary tract infection
- » Respiratory infection
- » Pink eye
- » Sore throat
- » Stomachache
- » Sinus problems

Access Virtual Visits

Talking to a doctor has never been easier

1. Get Started
Call 1-800-TELADOC (835-2362), download the app, or visit www.teladoc.com/doctors
2. Setup
Enter details about yourself
3. Request a Visit
A Teladoc doctor is now just a call or click away.



Teladoc® gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone or video consults. It's an affordable alternative to costly urgent care and ER visits when you need care now.

Note

A virtual visit or Facetime directly with your primary care physician (vs. Teladoc) might also be an option — and typically costs the same as an office visit.

Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through Blue Cross Blue Shield of Louisiana. That means you will only have one ID card for both medical care and prescriptions. Information on your benefits coverage and a list of network pharmacies is available online at www.bcbsla.com or by calling the Customer Care number on your ID Card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Tier I and Tier II.

BASE PLAN			HDHP	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
RX DEDUCTIBLE	\$125 individual deductible for prescription drug coverage			
RETAIL RX (30-DAY SUPPLY)				
TIER I	30% after Rx ded.	30% after Rx ded.	20%*	50%*
TIER II	30% after Rx ded.	30% after Rx ded.	20%*	50%*
MAIL ORDER RX (90-DAY SUPPLY)				
TIER I	30% after Rx ded	30% after Rx ded	20%*	50%*
TIER II	30% after Rx ded	30% after Rx ded	20%*	50%*

*After deductible

Generic Drugs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they undergo the same rigid FDA standards. **But generic versions cost 80% to 85% less on average than the brand-name equivalent.** To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

Note: Apps like GoodRx and RxSaver let you compare prices of prescription drugs and find possible discounts. Make sure to check the price against the cost through your insurance to get the best deal. Note that these discounts can't be combined with your benefit plan's coverage. So if you choose to use a discount card from an app such as GoodRx or RxSaver, the amount you pay will not count toward your deductible or out-of-pocket maximum under the benefit plan.

Get to know Rx Savings Solutions – a way to lower your prescription drug costs

Blue Cross and Blue Shield of Louisiana is working with Rx Savings Solutions to help you and others on your health plan easily find the lowest-price options for prescription drugs. This service is linked to your health plan, so everything is personalized for your medications and insurance.

NEXT STEP: Your account is ready to be activated at bcbsla.com/rxss.

Get started today to see how you can save! Here's how it works:

- » Your account shows which lower-cost prescriptions may be available under your insurance plan and lets you compare prices.
- » Switch to a lower-cost option with ease. Rx Savings Solutions will handle everything with your doctor and pharmacy.
- » Rx Savings Solutions will contact you any time you can be spending less.

Questions? We're here to help. To reach the Blue Cross Rx Savings Solutions toll-free help line, call 1-844-706-2583 (BLUE), 8 a.m. to 5 p.m., Monday through Friday, except office holidays.

STOP OVERPAYING FOR YOUR PRESCRIPTIONS

Rx Savings Solutions works with Blue Cross and Blue Shield of Louisiana to help lower your prescription drug costs.

Louisiana

SEE ALL YOUR OPTIONS AND START SAVING TODAY.

2 simple ways to learn more:

Call 1-844-706-2583 (BLUE)
8 a.m. to 5 p.m., Monday through Friday, except office holidays.

Visit bcbsla.com/rxss

Health Savings Account

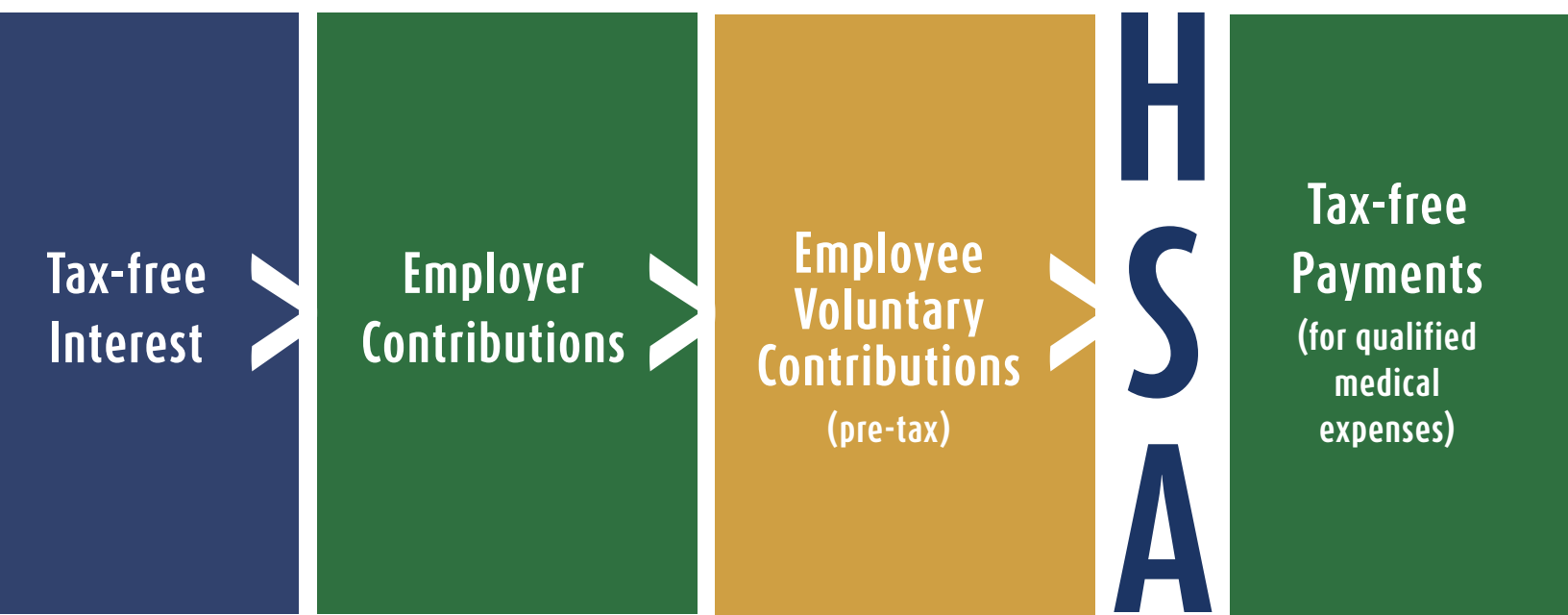


Want funds handy to help cover out-of-pocket healthcare expenses? A Health Savings Account (HSA) is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax free. You must be enrolled in an HDHP to participate.

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in an HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

HSA Bank will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses — no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.



Note

Not sure how much to contribute? Think about how much you may need in order to cover any anticipated or emergency medical services this year. Consider contributing the amount of your plan's in-network deductible so you know you're covered.

Eligibility

You are eligible to contribute to an HSA if:

- » You are enrolled in an HSA-eligible High Deductible Health Plan.
- » You are not covered by your spouse’s non-HDHP.
- » Your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- » You are not eligible to be claimed as a dependent on someone else’s tax return.
- » You are not enrolled in Medicare or TRICARE.
- » You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

You Own Your HSA

Your HSA is a personal bank account that you own and administer. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don’t spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements or forfeiture provisions.

How to Enroll

Participants in the HDHP have the option to elect a Health Savings Account (HSA) through HSA Bank. If elected, an account with HSA Bank will be opened for you. Acadian makes employer contributions to employee’s HSA accounts, regardless if you contribute your own money or not. Employer contributions are deposited in two increments — half in January and half in July. Employees must still be enrolled in the HDHP at the time of the deposits and still have an active HSA Bank account.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with HSA Bank. The money in your HSA (including interest and investment earnings) grows tax free. When the funds are used for qualified medical expenses, they are spent tax free.

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2022, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	\$3,650
FAMILY	\$7,300
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

Acadian Companies provides an HSA employer contribution that will be deposited on a semi-annual basis.

EMPLOYER HSA CONTRIBUTION	
EMPLOYEE	\$300
FAMILY	\$600

HSA contributions over the IRS annual contribution limits (\$3,650 for individual coverage and \$7,300 for family coverage for 2022) are not tax deductible and are generally subject to a 6% excise tax.

The Acadian Companies HSA is established with HSA Bank. You may be able to roll over funds from another HSA. For more enrollment information, contact HSA Bank by visiting www.hsabank.com or email: askus@hsabank.com.



Flexible Spending Accounts



Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

You can contribute up to \$2,750 annually for qualified medical expenses (deductibles, copays, coinsurance, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- » With the Dependent Care FSA, you can set aside up to \$5,000 to pay for child or elder care expenses on a pre-tax basis.
- » Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- » Expenses are reimbursable if the provider is not your dependent.
- » You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- » In-home babysitting services (not provided by a dependent)
- » Care of a preschool child by a licensed nursery or day care provider
- » Before- and after-school care
- » Day camp
- » In-house dependent day care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

Submit a claim form along with the required documentation. Contact WEX with reimbursement questions. If you need to submit a receipt, WEX will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- » Expenses must occur during the 2022 plan year.
- » Funds cannot be transferred between FSAs.
- » You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- » You must “use it or lose it” — any unused funds will be forfeited.
- » Up to \$550 may be rolled over to the next plan year at the end of 2022 for Healthcare FSAs.
- » You cannot change your FSA election in the middle of the plan year without a qualifying life event.
- » Terminated employees have ninety (90) days following termination to submit FSA claims for reimbursement.

FSA vs HSA

Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) are both ways to save pre-tax money to pay for eligible healthcare costs. Which one is best for you?

	FLEXIBLE SPENDING ACCOUNTS	HEALTH SAVINGS ACCOUNTS
OWNERSHIP	Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.	You own your HSA. It is a savings account in your name and you always have access to the funds, even if you change jobs.
ELIGIBILITY & ENROLLMENT	You're eligible for an FSA if it's offered by your employer. You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.	<ol style="list-style-type: none"> 1. You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. 2. You can change your contribution at any time during the Plan Year.
TAXATION	Contributions are tax free via payroll deduction. Funds are spent tax free when used for qualified expenses.	<p>For Federal tax purposes, the money in the account is "triple tax free," meaning:</p> <ol style="list-style-type: none"> 1. Contributions are tax free. 2. The account grows tax free. 3. Funds are spent tax free when used for qualified expenses.
CONTRIBUTIONS	The contribution limit for the Healthcare FSA for 2022 is \$2,750.	Both you and your employer can contribute according to IRS limits. The contribution limit for 2022 is \$3,650 for individuals and \$7,300 for families. This includes the employer contribution. If you are 55 or older, you may make an annual "catch-up" contribution of \$1,000.
PAYMENT	Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement.	Many HSAs include a debit card, ATM withdrawal, or checkbook to pay for qualified expenses directly. You can also use online bill payment services from the HSA financial bank. You decide when to use the money in your HSA to pay for qualified expenses, or you may use another account to pay for services and save the money in your HSA for future expenses or retirement.
ROLLOVER	Healthcare FSA has a carry over up to \$550 of unused out-of-pocket medical funds remaining at year end (December 31) into the following year healthcare FSA. This carry-over does not affect the \$2,750 annual health FSA limit. Therefore, the maximum funding could equal up to \$3,300 (maximum of \$2,750 annual allocation + the carry-over of up to \$550).	HSA funds roll over from year to year. Money is always yours and may be used for future qualified expenses — even in retirement years.
QUALIFIED EXPENSES	Physician services, hospital services, prescriptions, dental care, and vision care. A full list is available at www.irs.gov .	Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full list is available at www.irs.gov .
OTHER TYPES	<ul style="list-style-type: none"> • Dependent Care FSA - Allows you to set aside pre-tax dollars for elder or child dependent care and covers expenses such as day care and before- and after-school care. 	There is only one type of HSA.

Please refer to your summary plan description or plan certificate for your plan's specific FSA or HSA benefits.

Supplemental Health Benefits



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

Accident Coverage

You can't always prevent accidents, but you can be prepared for them, including readying for any financial impact. Accident coverage through AFLAC provides benefits for you and your covered family member for expenses related to an accidental injury that occurs outside of work. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits are payable to you to use as you wish.

Critical Illness Advantage

This lump sum benefit plan* allows you to choose the level of coverage that works for you and your family. This plan will pay you directly for the following occurrences: Heart Attack, Kidney Failure, Stroke, Major Organ or Bone Marrow Transplant, Sudden Cardiac Arrest, Severe Burns, Coma, Paralysis, Loss of Sight/Hearing/Speech, Coronary Artery Bypass Surgery.

*The Guaranteed Issue Lump sum benefit is \$20,00 for employee and \$10,000 for spouse. Any benefit amount requested above guaranteed issue will require Evidence of Insurability

Critical Illness Advantage w/Cancer

This lump sum benefit plan covers the same occurrences as the Critical Illness Advantage plan in addition to Cancer.

Hospital Indemnity

This plan pays cash benefits for the following occurrences: Hospital Confinement, Hospital Admissions, Intensive Care, and Intermediate Hospital Step-Down unit.

Short Term Disability

This plan will pay you disability benefits when you are unable to work due to Non-Occupational Sickness or injury. You have the option to choose the length of the elimination period, benefit period and the amount of benefit* you will receive.

*The Guaranteed Issue benefit is \$1,500 per month. Any benefit amount requested above guaranteed issue will require Evidence of Insurability.

How to Enroll

1. Simply go to www.aflac.com/acadian, select the "Login to Apply" and use the login information to apply.
2. Case ID: C122
3. Online ID: First initial of first name, First initial of last name, and last 5 digits of SSN.
4. Password: Acadian22

For Additional Questions Contact:

Independent Agent:

Lacey Fontenot
Lacey_fontenot@us.aflac.com
Office: 337-295-9928
AFLAC Toll Free: 1-888-696-4060



Dental Benefits



Like brushing and flossing, visiting your dentist is an essential part of your oral health. Acadian Companies offers affordable plan options from Delta Dental for routine care and beyond. Your dental coverage becomes effective the 1st of the month following 30 days of full-time employment.

Stay In-Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Delta Dental at www.deltadental.com.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis.

Dental Plan Summary

This chart summarizes the dental coverage provided by Delta Dental for 2022.

DELTA DENTAL

BIWEEKLY CONTRIBUTIONS		
	EMPLOYEE ONLY	\$11.72
	EMPLOYEE + SPOUSE	\$22.67
	EMPLOYEE + CHILD(REN)	\$23.97
	EMPLOYEE + FAMILY	\$38.87
PER COVERED MEMBER		
		\$50
ANNUAL MAXIMUM		
	PER PERSON	\$1,500
COVERED SERVICES **		
	PREVENTIVE SERVICES	100%
	Oral Exams, Routine Cleanings, X-rays, Sealants	
	BASIC SERVICES	20%*
	Fillings, Endodontics, Periodontics, Oral Surgery	
	MAJOR SERVICES	50%*
	Crowns, Inlays, Onlays, Cast Restorations, Bridges, Dentures	
	ORTHODONTICS	50%
	Adults & Dependent Children	
	ORTHODONTIC LIFETIME MAXIMUM	\$1,500

**Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

*After deductible

Additional savings

Members can also participate in savings programs that promote greater oral health.

- » Sign up today for a 20% discount on Philips Sonicare products.
- » Meet Toothpic – A new photo-based teledentistry. Toothpic is an innovative app that offers virtual dental screenings for non-urgent issues from a Delta Dental PPO dentist – right from your smartphone.
- » SmileWay®Wellness Program – A program that includes expanded coverage if you have been diagnosed with any of the following: Diabetes, Heart Disease, HIV/AIDS, Rheumatoid Arthritis, or Stroke.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at www.deltadentalins.com.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Vision Benefits



Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through Ameritas and use the VSP Choice vision network.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis.

Vision Plan Summary

This chart summarizes the vision coverage provided by Ameritas for 2022.

AMERITAS VISION PLAN

BIWEEKLY CONTRIBUTIONS			
EMPLOYEE ONLY	\$3.00		
EMPLOYEE + SPOUSE	\$5.92		
EMPLOYEE + CHILD(REN)	\$5.54		
EMPLOYEE + FAMILY	\$8.46		
	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS			
COPAY	\$10 copay	Up to \$45	Every 12 months
LENSES			
SINGLE VISION	\$10 copay	Up to \$30	Every 12 months
BIFOCAL	\$10 copay	Up to \$50	
TRIFOCAL	\$10 copay	Up to \$65	
LENTICULAR	\$10 copay	Up to \$100	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
FITTING AND EVALUATION*	Up to \$60	N/A	Every 12 months
ELECTIVE	\$130 allowance	Up to \$105	
MEDICALLY NECESSARY	Covered in Full	Up to \$210	
FRAMES			
ALLOWANCE	\$130**	Up to \$70	Every 12 months
SUPPLEMENTAL SAFETY GLASSES** SAFETY LENSES			
SINGLE VISION	\$10 copay	Up to \$30	Every 12 months
BIFOCAL	\$10 copay	Up to \$45	
TRIFOCAL	\$10 copay	Up to \$60	
LENTICULAR	\$10 copay	Up to \$90	
SAFETY FRAME ALLOWANCE			
	\$65	Up to \$25	Every 12 months

*Fitting and Evaluation fee applied to contact lens allowance.

**For Covered Persons who meet the eligibility requirements of this group eye care plan and who require prescription safety eyewear due to the nature of their work. Dependent coverage is not provided under the safety benefit.

The VSP Network VSP offers the nation's largest network of independent doctors. Retail locations include: Costco, Walmart, Sam's Club and Visionworks.

To find a VSP network provider, visit www.vsp.com. Please note: Vision ID cards are NOT provided or needed by VSP providers to verify vision benefits. If you prefer, you can register on the VSP website and print a vision ID card.

VSP providers offer:

- » A 20% discount on the remaining frame balance, additional prescription glasses and non-prescription sunglasses, plus 20-40% off lens enhancements. Find more ways to save at vsp.com/specialoffers
- » An extra \$20-\$40 to spend on featured frame brands
- » The option to apply your lens and frame allowances to prescription safety glasses in lieu of regular eyeglasses or contacts
- » 15% average off retail for LASIK or PRK laser eye correction, or 5% off promotional price, at VSP-contracted facilities.

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.
- » For out-of-network eye care providers, you'll need to pay the provider, get an itemized receipt, and submit it along with a VSP Vision Out-of-Network Claim Form. This form is located at ameritas.com/vision, Forms, Claim Forms. Send a copy of the itemized bill and completed claim form to: VSP, P.O. Box 385018, Birmingham, AL 35238-5018.

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.

Who do I contact if I have questions?

- » Contact VSP for benefit, claims or network questions.
- » Contact Ameritas for billing, administration, ID card or network questions.

Protect your eyes at work and outside



1. Wear your sunglasses – Exposure to small amounts of ultraviolet (UV) radiation over a period of many years may increase the chance of developing cataracts, and may cause damage to the retina, which usually is not reversible.



2. Wear protective gear – Use safety glasses made of polycarbonate impact-resistant plastic to avoid eye injuries. Doctors also encourage anyone engaged in sports activities to wear protective eyewear.



3. Take frequent breaks – Let your eyes rest.



4. Adjust your workstation – Avoid computer vision syndrome by ensuring your computer workstation is properly positioned. Also adjust the brightness, contrast, and font size to suit your vision. And consider using a glare filter on your screen.



Survivor Benefits (Life Insurance)



It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

Acadian Companies provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through Lincoln Financial Group, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death. You will be eligible for basic coverage with Lincoln Financial after 60 days of full-time employment.

If you are a full-time employee, you automatically receive a Basic Life and AD&D insurance benefit of \$50,000.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the Lincoln Financial Group insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact Human Resources or your own legal counsel with any questions.

Returning to Work

If you are rehired or returning to work after an absence greater than 6 months, you may be required to satisfy the initial waiting period determined by the terms of the plan document. Contact HR at 337-210-1757, option 3, to determine benefits eligibility upon your return.

Voluntary Life Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Voluntary Life insurance. Premiums are paid through payroll deductions.

VOLUNTARY EMPLOYEE LIFE	
COVERAGE AMOUNT	\$10,000 increments
WHO PAYS	Employee
MAXIMUM BENEFIT	\$500,000, not to exceed 5x your annual salary
EVIDENCE OF INSURABILITY (EOI) REQUIRED	\$250,000 (at time of hire) and \$20,000 after initial enrollment period
VOLUNTARY SPOUSE LIFE	
COVERAGE AMOUNT	\$5,000 increments
WHO PAYS	Employee
MAXIMUM BENEFIT	\$250,000, not to exceed 50% of employee elected amount
EVIDENCE OF INSURABILITY (EOI) REQUIRED	\$50,000 (at time of hire) and \$10,000 after initial enrollment period
VOLUNTARY CHILD LIFE	
COVERAGE AMOUNT	Child/Student Age Limit, 26 years, eligible for a flat \$10,000, 14 days to 6 months: \$1,000
WHO PAYS	Employee
MAXIMUM BENEFIT	\$10,000

VOLUNTARY LIFE INSURANCE	
RATES/\$1,000 (MONTHLY)	
AGE (AS OF JANUARY 1, 2022)	EMPLOYEE/SPOUSE
0-24	\$0.06
25-29	\$0.08
30-34	\$0.10
35-39	\$0.13
40-44	\$0.26
45-49	\$0.39
50-54	\$0.53
55-59	\$1.13
60-64	\$1.74
65+	\$2.90

Voluntary Life insurance is subject to age reductions. At age 70, coverage amounts reduce by 50%.

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:

\$

÷ 1,000 =

\$

x Age Based Rate =

\$

Benefit Elected

Monthly Premium
Multiply this amount by 12 then divide by 26 to get your biweekly payroll deduction

Income Protection (Disability)



You and your loved ones depend on your regular income. That’s why Acadian Companies offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury. A portion of your income is protected until you can return to work or you reach retirement age.

Basic Long Term Disability (LTD) Insurance

Long Term Disability (LTD) benefits are available at no cost after one year of full-time employment. This insurance replaces 66.7% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

MONTHLY MAXIMUM BENEFIT	\$11,000*
ELIMINATION PERIOD	90 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.

*Company paid premium; therefore, benefit amount is 100% taxable.

Returning to Work

If you are rehired or returning to work after an absence greater than 6 months, you may be required to satisfy the initial waiting period determined by the terms of the plan document. Contact HR at 337-210-1757, option 3, to determine benefits eligibility upon your return.

Note

Around 30% of Americans ages 35-65 will suffer a disability lasting at least 90 days during their careers. (Source: Million Dollar Round Table)

Voluntary Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits are available for purchase on a voluntary basis after one year of full-time employment. This insurance replaces 66.7% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

WEEKLY MAXIMUM BENEFIT	\$3,250
ELIMINATION PERIOD	30 days
MAXIMUM BENEFIT PERIOD	13 weeks

VOLUNTARY STD	
AGE (AS OF JANUARY 1, 2022)	
AGE RANGE	STD
0-24	\$0.59
25-29	\$0.53
30-34	\$0.49
35-39	\$0.38
40-44	\$0.43
45-49	\$0.49
50-54	\$0.61
55-59	\$0.74
60-64	\$0.90
65+	\$1.00

TO CALCULATE HOW MUCH YOUR STD COVERAGE WILL COST:

\$	÷ 52 =	\$	x 66.7%	\$	x Rate	\$	÷ \$10	\$
Annual Salary		Weekly Income Not to exceed \$3,250		Weekly Benefit		Amount		Monthly Premium Multiply this amount by 12 then divide by 26 to get your biweekly payroll deduction

Retirement Planning



No matter what point of your career you're in, it's never a bad time to think about your future and save for retirement.

Contributing to a 401(k) account now can help keep you financially secure later in life. The Acadian Companies 401(k) plan provides you with the tools you need to prepare.

PLAN AT A GLANCE	
PLAN NAME	Acadian Companies 401(k) Plan
RECORDKEEPER	Principal Financial Group
WEBSITE	www.principal.com
ELIGIBILITY	After one year AND 1,000 hours of employment

All About 401(k) & Roth 401(k)

This employer-sponsored retirement account can help your future self by saving money — tax free — from your paycheck. The sooner you participate in a 401(k), the more time your assets have to grow.

Eligible employees can invest for retirement while receiving tax advantages. Administrative services are provided by Principal Financial Group. You may start making pre-tax contributions into the plan after one year and 1,000 hours of employment. You must be at least 18 years of age to be eligible.

Pre-tax vs. Roth 401(k): What's the difference? If you contribute to your 401(k) pre-tax, your contributions are taken out before taxes each pay period, which will lower your annual taxable income. Pre-tax contributions grow on a tax-deferred basis and you won't pay taxes on these dollars until a distribution is taken at retirement. If you choose the available Roth 401(k), contributions are deducted from your paycheck after taxes — so although you are paying taxes on those dollars now, you won't pay taxes when you withdraw during retirement.

Contributing to the Plan

The deferred contribution limit set annually by the IRS is \$19,500 for 2022. If you are age 50 or older this year and you already contribute the maximum allowed to your 401(k) account, you may also make a "catch-up contribution." This additional deposit accelerates your progress toward your retirement goals. The maximum catch-up contribution is \$6,500 for 2022 — for a combined total contribution allowance of \$26,000.

Not sure if you're getting close to the annual contribution limit? Our payroll system tracks how much you've contributed.



Vesting

100% vested in voluntary 401(k) account made up of deferral contributions and investment earnings.

How Much Should I Save?

Industry standards suggest saving at least 12% to 15% of your income.

Changing or Stopping Your Contributions

You may change the amount of your contributions at each quarter. You may discontinue your contributions at any time throughout the plan year and that change will become effective immediately.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a previous employer, you may transfer that account into the plan any time. Contact Principal Financial Group at 800-547-7754 for details.

Regardless of which retirement account you choose or how much you contribute, remember to think of it as a long-term strategy. Dipping into the account early will jeopardize the quality of your retirement and you may be subject to early withdrawal penalties from the IRS.

Investing in the Plan

It's up to you how to invest the assets. The Acadian Companies 401(k) plan offers a selection of investment options for you to choose from. You may change your investment choices any time. For more details, visit www.principal.com.

Employer Contributions

On a matching basis, Acadian Companies contributes stock to the ESOP account of 401(k) plan participants. The amount of the match will be limited to the first 4% of any participant's compensation during the year. Acadian's contribution must be approved annually by its board of directors. The percentage is currently targeted to be 6%.

The contribution amount varies, dependent upon:

- » Number of Participants
- » Financial Value of Company
- » Percentage of Employee Contribution

ESOP VESTING SCHEDULE	
YEARS OF SERVICE	PERCENTAGE VESTED
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Note

The average American starts saving for retirement at age 27. But it's never too late!
(Source: Annuity.org)



Employee Assistance Program



Acadian Companies wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

What Happens When You Call the EAP?

A Care Coordinator (master's level clinician) will confidentially assess the problem, assist with any emergencies, and connect you to the appropriate resources. The Care Coordinator may: resolve your need within the initial call; assess your need as a short-term issue, which can be resolved by an EAP counselor within the available sessions; or assess your need as requiring long-term care and assist with connecting you to a community resource or treatment provider available through your health insurance plan.

Common Reasons to Call Your EAP:

Relationships

- » Boss/Co-workers
- » Customers
- » Friends
- » Spouse/Kids

Risks

- » Burnout/Anger
- » Depression/Anxiety
- » Suicidal thoughts
- » Substance abuse

Transitions

- » Birth/Death
- » Health/Illness
- » Marriage/Divorce
- » Promotion/Retirement

Challenges

- » Daily responsibilities
- » Financial/Legal
- » Parenting Stress/Conflict

All services provided are confidential and will not be shared with Acadian Companies.

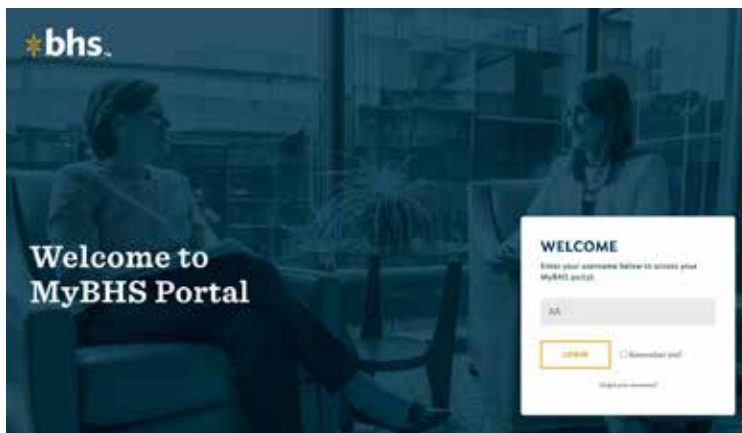
You may access information, benefits, educational materials, and more by phone at:

1. Call 800-327-2251
2. Text 800-327-2251
3. Go online to <http://portal.bhsonline.com>
Username: AA
4. The BHS App

Employee Assistance Program (EAP):

To access services 24/7/365, call 800-327-2251

Employee Support/CISM Coordinator: Jason Cole, 337-500-1840



Mental Health



You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

Mental Health and Your Medical Plan

When your covered EAP services run out, the medical plans cover behavioral and mental health services based on the type of services you receive. A licensed virtual therapist may provide a diagnosis, treatment, and medication if needed. You can see the same therapist with each appointment and establish an ongoing relationship. See plan documents for specifics on coverage for inpatient and outpatient services.

An important aspect of your overall wellbeing is emotional wellness – the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.

The Big Five of Emotional Wellness

Practice mindfulness.

Practice deep breathing, enjoy a stroll, and stay present in each moment.

Strengthen social connections.

Reach out to a friend or family member daily – even if it's just a video call or text.

Improve your outlook.

Treat people with kindness, including yourself.

Get quality sleep.

Keep a consistent sleep schedule and limit electronic use before bed.

Deal with your stress.

Think positively, exercise regularly, and set priorities.



Other Mental Health Resources

No matter your problem, whether you're a manager or entry-level employee, don't be afraid to ask for help. There are resources available 24/7.



National Suicide Prevention Lifeline Call 800-273-TALK (8255); En Español 888-628-9454 The Lifeline is a free, confidential crisis hotline that connects callers to the nearest crisis center in the Lifeline national network. These centers provide crisis counseling and mental health referrals.



Crisis Text Line Text “HELLO” to 741741 Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.



Substance Abuse and Mental Health Services Administration Call 800-662-HELP (4357) to connect with the SAMHSA National Helpline. Their free services are available 24 hours and they offer confidential referrals and information about mental and/or substance use disorders, prevention, treatment, and recovery in English and Spanish.



Veterans Crisis Line Call 800-273-TALK (8255) and press 1 or text to 838255 The Veterans Crisis Line can be used by phone or text to connect veterans with a trained responder 24/7. The service is available to all veterans, even if they are not registered with the VA or enrolled in VA healthcare.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.

Mental Health Tips

- » Chronic pain or illness doesn't just affect your body – it can affect your mental health. The stress of constant discomfort and dealing with medications, doctors' appointments, and more can cause frustration and anger with yourself or loved ones. Your doctor or specialist can treat chronic physical pain, but a therapist or psychologist can help with the mental effects.
- » Taking care of yourself and those you love means recognizing when something is off. Identifying unhealthy behaviors is an important first step when spotting substance use disorder.
- » Good mental health allows a child to think clearly, learn new things, and develop social skills. It can also help encourage self-confidence, higher self-esteem, and a healthy emotional outlook.



Note

According to the American Psychological Association, 61% of adults say they could have used more emotional support in 2020.

Pet Insurance

Pet Insurance

We know your pets are part of the family, and just like any other family member, our furry friends are bound to have some medical expenses from time to time. For the most part, these expenses come from standard checkups and immunizations, but the occasional unexpected illness or injury can rack up some significant bills when you least expect it. Pet insurance through Nationwide provides coverage for veterinary expenses related to accidents and illnesses, including X-rays, medications, vet visits, surgeries, and hospital stays. Policies are available for dogs, cats, birds, reptiles, and exotic pets. Optional wellness coverage is also available for dogs and cats, providing reimbursement for preventive care. To enroll or for additional information, please visit <http://www.petinsurance.com/acadian>.

Pet Benefit Reminders

- » Employees can enroll anytime. Plans are issued as individual policies and use their current licensed veterinarian.
- » Request a quote for cats and dogs on the Nationwide website or by calling 877-738-7874.
- » Pre-existing conditions are excluded and will not be covered on any plans.
- » Multiple pet discount: 2-3 pets: 5% discount, 4 or more pets: 10% discount

How do I file a claim?

It's easy. Simply pay your vet bill and then send Nationwide a claim for reimbursement via mail, email or online.

- » **Mail:** Nationwide Claims Dept., P.O. Box 2344, Bread, CA, 92822-2344
- » **Email:** submitmyclaim@petnsurance.com
- » **Online:** Submit claims through your Nationwide Pet Account Access page at my.petinsurance.com. Please allow 48 hours from the time you submit your claim for it to appear online.



Easy
enrollment



Select the species
(dog or cat)*



Provide your
zip code



Pick your
plan

*To enroll your bird, rabbit, reptile or other exotic pet, please call 877-738-7874.



Visit any vet.



Send us your claim.



We'll send you a check.

vethelpline®

Available to all pet insurance members. Unlimited, 24/7 access to a veterinary professional (\$150 value). Only from Nationwide®.



Get your pet insurance reimbursements deposited directly to your bank.



Easy online claims from your desktop or mobile device.

Important Documents & Notices

All plan documents, policies, procedures, and booklets outlining an employee's rights as it relates to any and all benefits offered as an employee of Acadian Companies can be found on Acadian Central, HR Info, Benefits & Pay tab under Important Benefit Notifications or in the applicable benefit section.

Below are some of the mandatory notices that can be found on Acadian Central along with many other notices to be reviewed.

- » New Health Insurance Marketplace Coverage & Options and Your Health Coverage
- » Glossary of Health Coverage and Medical Terms
- » Summary of Benefits & Coverage for the Base and HDHP Health Insurance Options
- » Safe Harbor Prescription Drug List for HDHP
- » Genetic Info Nondiscrimination Act (GINA) of 2008
- » Women's Health and Cancer Rights Act Notification
- » Medicare Part D Rx Notification
- » Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP) Notification
- » Newborns' and Mothers' Health Protection Act Disclosure Notice
- » Special Enrollment Rights under the Health Plan
- » Summary Annual Reports for 401(k) and the Welfare Benefits Plan
- » Acadian Companies Group Benefits Plan Notice of Privacy Practices
- » Grandfathered Plan Notification
- » Additional Plan Guidelines



Important Contacts

Medical

Blue Cross Blue Shield of Louisiana
800-363-9150
www.bcbsla.com

Supplemental Health (Accident, Critical Illness, Hospital Indemnity)

AFLAC
Independent Agent:
Lacey Fontenot
Lacey_fontenot@us.aflac.com
Office: (337) 295-9928;

Telemedicine

Teladoc
800-835-2362
www.teladoc.com/doctors

Dental

Delta Dental
800-521-2651
<https://www1.deltadentalins.com>

Vision

Contact VSP for benefit, claims or
network questions.
800-877-7195
<https://www.vsp.com>

Contact Ameritas for billing,
administration, ID card or network
questions.
800-659-2223

Health Savings Account

HSA Bank
800-357-6246
www.hsabank.com
Email: askus@hsabank.com

Flexible Spending Accounts

WEX
833-225-5939
www.wexinc.com

Life and AD&D

Lincoln Financial Group
800-423-2765
www.lfg.com

Disability

Lincoln Financial
800-423-2765
www.lfg.com

Retirement

Principal Financial Group
800-547-7754
www.principal.com

Employee Assistance Program

BHS
800-327-2251
portal.BHSONline.com

Pet Insurance

Nationwide
877-738-7874
[https://benefits.petinsurance.com/
acadian-ambulance](https://benefits.petinsurance.com/acadian-ambulance)

Acadian Companies Benefits Team

PO Box 98000
Lafayette, LA 70509-8000
337-210-1757, option 3
Email: benefits@acadian.com



