Employee Benefits

2026

Acadian
COMPANIES

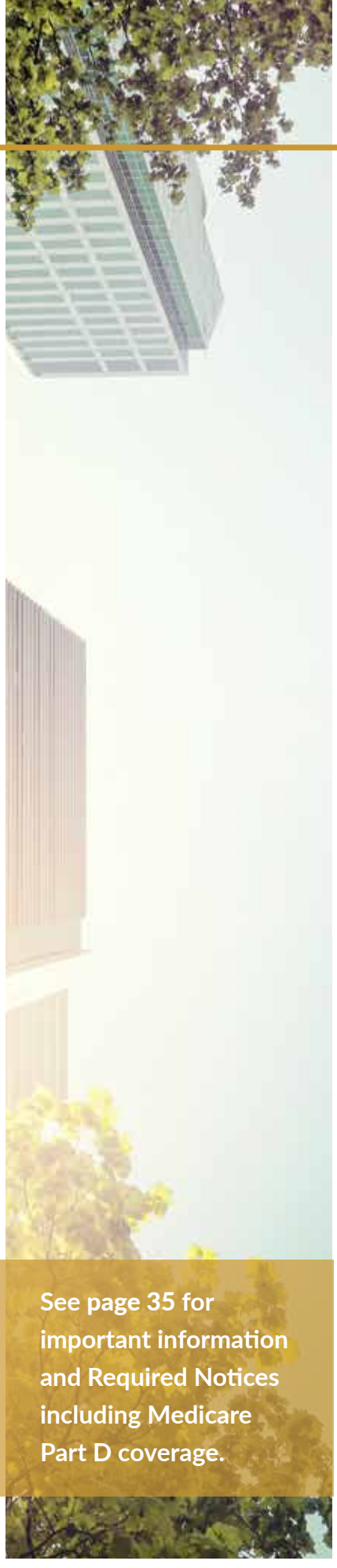


Table of Contents

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 2026 benefits. Contact the Human Resources department at 337-210-1757, option 3 with any questions.

See page 35 for important information and Required Notices including Medicare Part D coverage.

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

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

This guide includes:

- An overview of your 2026 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 the Base Plan and HDHP Plan for 2026.
  - The total biweekly increase will be between $1.65 and $21.02 depending on the plan and type of coverage elected.
  - The Base PPO Plan in-network deductible will remain the same, $1,750/$3,500. However, the **out-of-network** deductible will increase to $5,000 for employee only coverage and $10,000 for family.
  - The Base PPO Plan in-network out-of-pocket will increase to $5,700 for employee-only coverage and $11,400 for family.
- MetLife will be the new dental and vision carrier.
- Dental and vision rates are decreasing by 12%.
- The Hartford will be the new carrier for short-term and long-term disability. No medical underwriting for 2026 open enrollment or new hires for short term and long term disability. The eligibility waiting period for short term and long term disability is changing from 1 year to first of the month following 30 days of full-time employment.
- The Hartford will be the new carrier for accident, critical illness with cancer, and hospital indemnity with value-added benefits.
- Aflac plans will no longer be offered. Current Aflac policy holders will receive additional detailed information for options to continue (if applicable).
- The LegalShield plan has been enhanced to now include legal representation in addition to consultation services.
- The IDShield plan now features reduced rates.
- The HSA contribution limits will increase to $4,400 for individuals and $8,750 for families.
- The FSA contribution limit will increase to $3,400, and $680 can be rolled over to the next plan year, and the Dependent Care FSA contribution limit will remain $5,000.

Healthcare Costs

Healthcare costs grow steadily each year in the U.S. due to increased demand for care (resulting in higher prices for premiums and prescription drugs), an increase in chronic illness, and an aging population.

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.

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

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 that began prior to age 26. 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

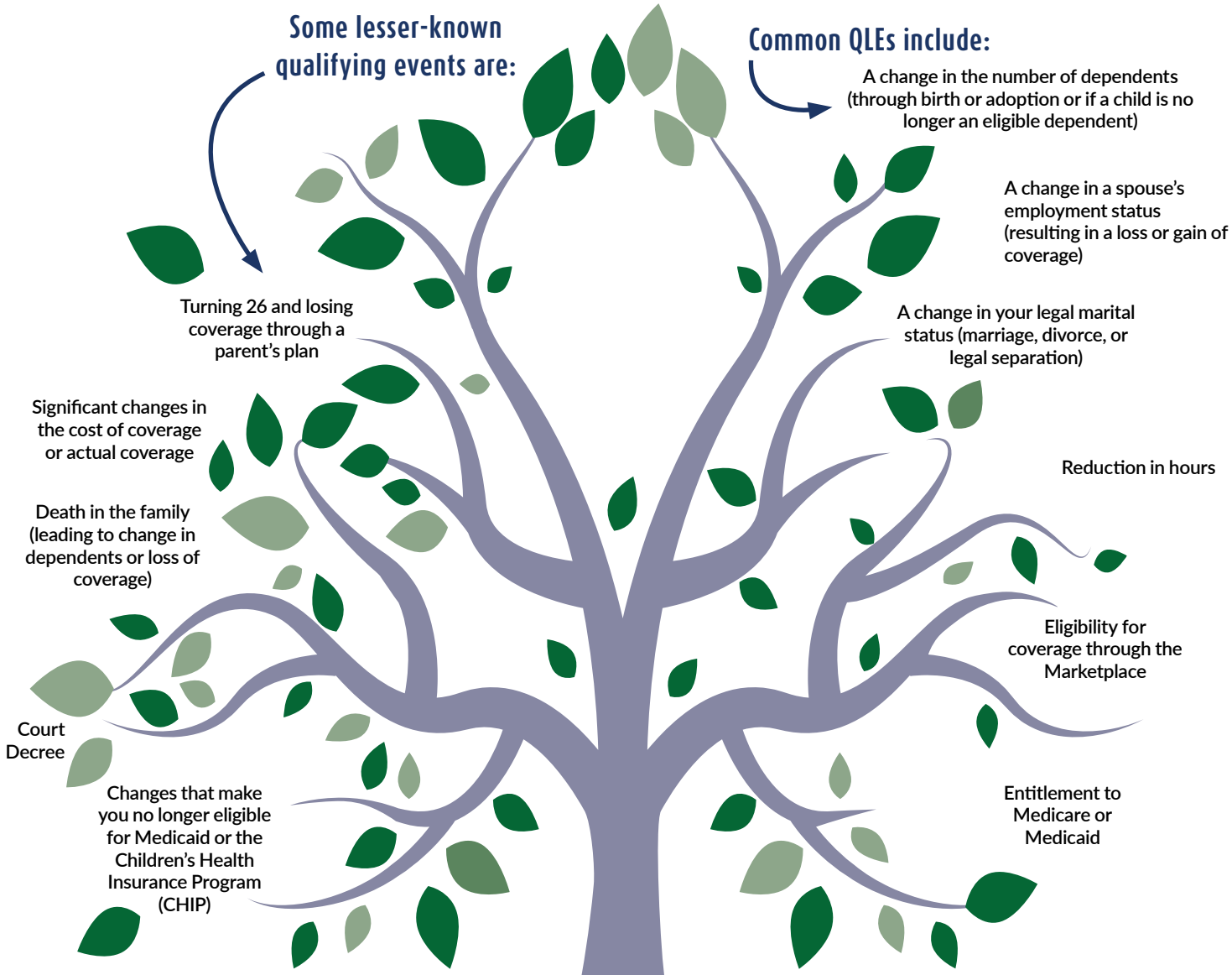
Open Enrollment is your annual chance to elect, cancel, or make changes to your benefits, unless you have a qualifying life event, such as marriage or the birth/adoption of a child.

Now's the Time to Enroll!

What are **Qualifying Life Events?**

A Qualifying Life Event (QLE) is referred to as a life-changing event that allows you an opportunity to elect changes to your benefits outside of new hire status or open enrollment. QLEs are determined by IRS regulations.

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 or email benefits@acadian.com 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.

This will be a passive open enrollment, meaning if you do not make any changes to your elections, they will carry forward to January 1, 2026. **The only exception to this is for your HSA and FSA contributions. You must re-elect for these benefits annually. In addition, new Accident, Critical Illness, and Hospital Indemnity Supplemental Health policies from The Hartford can be elected for 2026 in UKG.**

You can choose any combination of medical, dental, and/or vision coverage. As an example, you can 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.

Update life insurance beneficiaries.

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.

Review Supplemental Health policies (Accident, Critical Illness, and Hospital Indemnity) from The Hartford.

Medical Benefits

Medical benefits are provided through Blue Cross Blue Shield. 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 2026 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.

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	$62.69	$29.13
EMPLOYEE + CHILD(REN)	$138.81	$103.56
EMPLOYEE + SPOUSE	$193.11	$139.70
EMPLOYEE + SPOUSE W/ SURCHARGE*	$232.11	$178.70
FAMILY	$231.17	$171.53
FAMILY W/ SURCHARGE*	$273.17	$213.53

*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.myHealthToolkitLA.com or call Customer Care at 833-584-1830 for a list of Blue Cross Blue Shield 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 National Medical Directory includes physicians across the nation.

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 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, less PPO network discounts, 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.
- If you have an HSA account with HSA Bank, Acadian will make a contribution to that account to assist with your medical costs. Refer to the Health Savings Account section of this guide for additional information.

Medical Plan Summary

This chart summarizes the 2026 medical coverage provided by Blue Cross Blue Shield. All covered services are subject to medical necessity as determined by the plan.

	BASE PLAN		HDHP	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE				
EMPLOYEE	$1,750	$5,000	$3,600	$7,200
EMPLOYEE + DEPENDENTS	$3,500	$10,000	$7,200	$14,400
COINSURANCE (MEMBER PAYS)	20%*	50%*	20%*	50%*
ANNUAL OUT-OF-POCKET MAXIMUM				
EMPLOYEE	$5,700	$8,700	$6,500	$13,000
EMPLOYEE + DEPENDENTS	$11,400	$17,400	$9,000**	$18,000
	Out-of-Pocket Maximum INCLUDES copays, deductible, and coinsurance.		**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	$50 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%*		20%*	

*After deductible

**The maximum amount any one member can contribute to the family out-of-pocket maximum is $8,150.

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 MyHealthToolKitLa.com to learn more.

Note

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

LANTERN Acadian COMPANIES

Formerly Known As Surgery Plus Same Trusted Team

Lighting Your Path to the Right Surgical Care

What is Lantern?

Lantern can help you get the best care when you need planned, nonemergency surgery. This money-saving benefit is available at no additional cost to you as part of your benefits.

Here's What's Covered

In partnership with Acadian Ambulance Service Inc, we cover the most expensive costs associated with surgery, so you'll pay less for your procedure when you use your Lantern benefit.
Your coverage includes:*

- Dedicated support and guidance
- Personalized matching with the best surgeon for your unique needs
- Consults and appointments with your Lantern surgeon
- Anesthesia, procedure and facility (hospital) fees

Let Us Guide You Back to Health

3 Steps to the Best Care

STEP 1

Call a Care Advocate to get started. They'll share more information about your benefits and ask about the care you're looking for.

STEP 2

Based on your needs, your Care Advocate will match you with a hand-picked list of excellent surgeons.

STEP 3

After you choose a surgeon, your Care Advocate will help set up appointments and guide you through every step of the experience.

Call Us to Learn More at (855) 515-0461

* Testing, scans, imaging, durable medical equipment, and physical therapy expenses may not be included. However, coverage may be available through your medical plan.

In the event of a medical emergency, call 911 or visit your nearest emergency room.

LANTERN Acadian COMPANIES

Formerly Known As Surgery Plus Same Trusted Team

Frequently Asked Questions

You can be sure you're getting the best surgical care with Lantern. And here's the best part: it's already included as part of your coverage through your employer. Learn how this money-saving benefit can work for you.

What does Lantern cover?

- Dedicated support and guidance
- Personalized matching with the best surgeon for your unique needs
- Consults and appointments with your Lantern surgeon
- Anesthesia, procedure and facility (hospital) fees

How do I access the benefit?

If you have questions about the benefit, or if you or one of your dependents need surgery, you may be required to work with one of our surgeons, so make us your first call. To learn more, contact your Lantern Care Advocate today at (855) 515-0461.

Does Lantern cost me anything?

You're automatically enrolled in the benefit as part of the medical benefits offered by Acadian Ambulance Service Inc at no additional cost to you.

Who will help me through this process?

Your benefit includes guided access from a Lantern Care Advocate who will:

- Provide personalized support throughout your surgical journey.
- Educate you on the benefit, with an understanding of your surgical need.
- Provide you with the resources to help you make the best decisions regarding your care, including how to find the best surgeon in our network.

How do I know if a surgery is covered?

Contact us at (855) 515-0461 to confirm whether your procedure is covered.

How do I find the right surgeon?

With an understanding of your healthcare needs, your Care Advocate will provide a list of the best surgeons in our network so you can choose the one that's right for you.

If I already have a surgeon, how do I know if they are in the Lantern network?

Call your Care Advocate and they will be able to confirm whether your current surgeon is in our network.

What will my surgery cost?

Many Lantern members pay little-to-nothing out of pocket for their procedure. To maximize your savings, call your Care Advocate as soon as possible to confirm the details of your benefit and what you'll be responsible for covering, if anything.

What happens after my surgery?

Your Care Advocate will follow up and ensure you received the highest quality care and schedule any post-procedure appointments.

What isn't covered by Lantern?

Testing, scans, imaging, durable medical equipment, and physical therapy expenses may not be included. However, coverage may be available through your medical plan.

Call us to learn more at:

(855) 515-0461

In the event of a medical emergency, call 911 or visit your nearest emergency room.

Virtual Care

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 board-certified 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 and more. These services are available at no cost to employees and their dependents who are enrolled in one of Acadian's medical plans.

- **Primary 360 includes:**
  - **New Participant Initial Consultation** – The New Participant Consultation is longer in length than a Primary Care Consultation.
  - **Primary Care Consultation** – A consultation with a Primary Care Provider (at any point subsequent to a New Participant Consultation).
  - **Annual Check-up Consultation** – Annual preventative wellness Consultation with a Primary Care Provider (available no more than once per participating year).
- **General Medical Provider** – Consult with a board certified provider regarding medical conditions including:
  - Cold & flu / Allergies / Bronchitis / Bladder infection / Urinary tract infection / Respiratory infection / Pink eye / Sore throat / Stomachache / Sinus problems
- **My Strength Complete / Mental Health Complete - A digital program with tools and support (including teletherapy) for stress, depression, sleep, and more.** – Access to Mental Health Practitioners who provide access to mental diagnostic services, talk therapy, and prescription medication management. The Mental Health Providers can provide mental health clinical intake assessments and ongoing talk therapy.
- **Chronic Care Management –** Tools and coaching to address and/or prevent diabetes and hypertension
- **Weight Management –** Tools and coaching to support your weight goals and develop long-term healthy habits
- **Virtual Physical Therapy –** Personalized exercise plans and expert support from Hinge Health to relieve joint and muscle pain.

These programs are offered at no cost to those who are covered under Acadian's Health Insurance Plans. Join to get access to:

- **Connected devices.** Receive a free blood glucose meter and/or a blood pressure monitor that automatically uploads your readings. Depending on your health goals, you could also receive a smart scale. Track your progress and manage your health all within a private account on an easy-to-use app!
- **Coaching anytime and anywhere.** Expert health coaches are ready to help. Together you'll create a custom plan to meet your needs and focus on health areas that are important to you.
- **Digital behavioral health support.** Get 24/7 access to practical tips and techniques that help you better manage stress, sleep, anxiety, depression, and more.
- **Referrals to in-person (and in-network) specialists if needed.** With Primary360, get unlimited access to a dedicated Care Team that provides personalized health advice.

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.

Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

CVS Caremark administers our Prescription Drug Program. Information on your benefits coverage and a list of network pharmacies is available online at www.Caremark.com or by calling 866-881-5608. Your cost is determined by the tier assigned to the prescription drug product.

	BASE PLAN		HDHP	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
RX DEDUCTIBLE	$175	$175	Medical Deductible Applies	
RETAIL RX (30-DAY SUPPLY)				
GENERIC	$15 Copay**	$15 Copay**	20%*	50%*
PREFERRED BRAND	$60 Copay**	$60 Copay**	20%*	50%*
NON-PREFERRED BRAND	$125 Copay**	$125 Copay**	20%*	50%*
SPECIALTY DRUGS	30% after Rx ded.		30%*	50%*
MAIL ORDER DRUGS (90-DAY SUPPLY)				
GENERIC	$37.50 Copay**	N/A	20%*	N/A
PREFERRED BRAND	$150 Copay**	N/A	20%*	N/A
NON-PREFERRED BRAND	$312.50 Copay**	N/A	20%*	N/A
OUT-OF-POCKET MAXIMUM				
EMPLOYEE ONLY	$1,600	$1,600	Medical Out-of-Pocket Applies	
EMPLOYEE + ONE	$2,200	$2,200	Medical Out-of-Pocket Applies	
EMPLOYEE + TWO OR MORE	$2,800	$2,800	Medical Out-of-Pocket Applies	

*After medical deductible
**After Rx 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.

CVS Cost Saver

Cost Saver provides eligible members with automatic access to GoodRx's prescription pricing that allows them to pay lower prices, when available, on generic medications.

This experience is seamless to members. When you visit the pharmacy to collect your prescription, you only need to present your ID card at your preferred in-network pharmacy. The amount paid will automatically be applied to your deductible and out-of-pocket thresholds.

This innovative partnership is just the latest evolution in CVS' ongoing commitment to help ensure that members receive the lowest possible price while staying on benefit.

NOTE: Optum Perks also provides coupons for medications and a searchable database for drug cost comparison at participating pharmacies near you. The Optum Perks member card, which can be used at more than 64,000 pharmacies, is free to use and requires no personal data. Another discount option is the **Amazon Prime RX Savings** discount card, which is included with an Amazon Prime membership and is administered by InsideRX. It provides discounts of up to 80% for generics and up to 40% for brand-name medication at participating pharmacies.

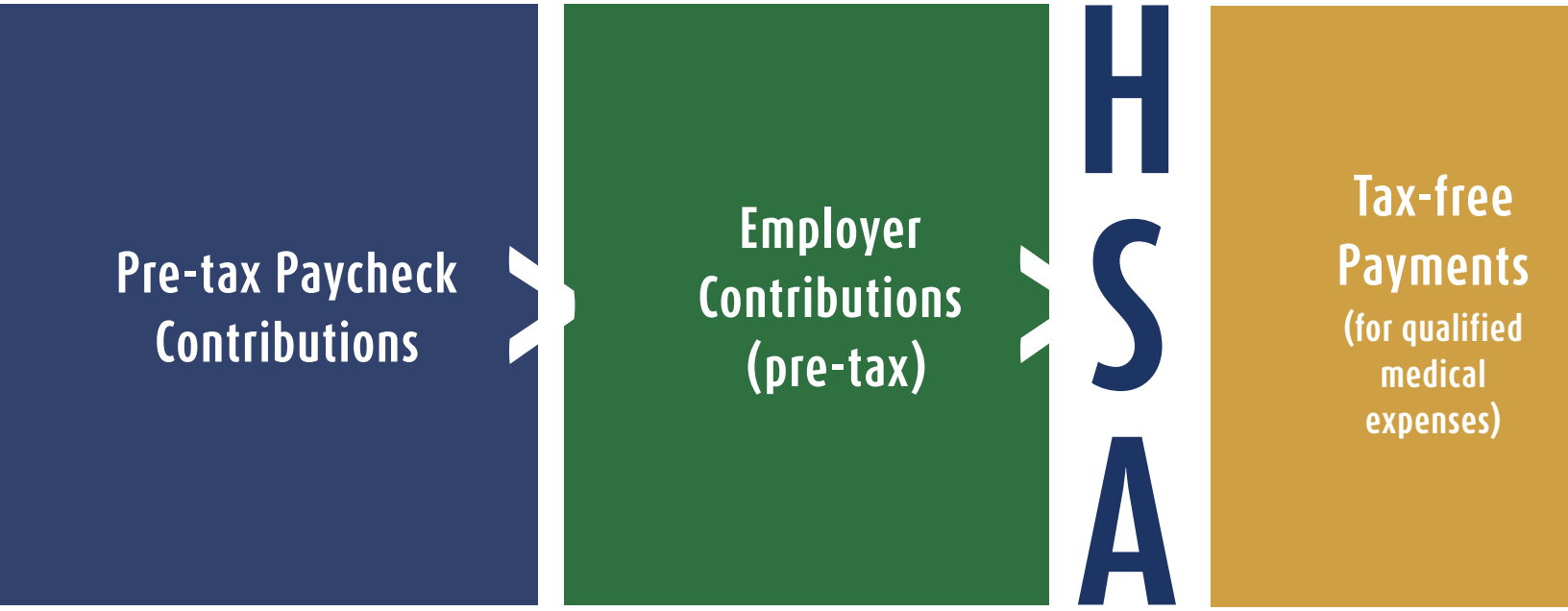
Health Savings Account

You must be enrolled in a High Deductible health plan to participate, and you must open an HSA Bank account in order to receive the employer contribution to the HSA Bank account.

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.



Unused funds roll over annually

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 manage. 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 (you own all contributed HSA funds immediately) or forfeiture provisions (you keep all HSA funds whether you leave the company or retire).

How to Enroll

To enroll in Acadian's HSA, you must elect the HDHP Plan with Acadian. Submit your HSA enrollment in UKG and choose the amount to contribute on a pre-tax basis. Acadian will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

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. This is why it's important to know what medical expenses qualify for HSA use and to keep track of where you spend your HSA funds.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2026, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	$4,400
FAMILY	$8,750
CATCH-UP CONTRIBUTION (AGES 55+)	$1,000

Acadian 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 ($4,400 for individual coverage and $8,750 for family coverage for 2026) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed but won't have to pay a penalty tax.
- Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year consider contributing less than the annual limit to your HSA.

The Acadian 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 $3,400 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.
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent daycare 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 daycare provider / Before- and after-school care / Day camp / In-house dependent daycare

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 in case you need to prove an expense was eligible. 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 2026 plan year.
- Funds cannot be transferred between FSAs.
- You are not permitted to claim the same expenses on both your federal income taxes and Dependent Care FSA.
- You must "use it or lose it" — any unused funds will be forfeited.
- $680 can be rolled over to the next plan year upon re-enrolling annually.
- 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.
- Those considered highly compensated employees (family gross earnings were $160,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more info.

FSA vs HSA

Flexible Spending Accounts		Health Savings Accounts
Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.	OWNERSHIP	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.
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.	ELIGIBILITY & ENROLLMENT	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. You can change your contribution at any time during the Plan Year.
FSA contributions are tax free via payroll deduction. Funds are spent tax free when used for qualified expenses.	TAXATION	HSA contributions are tax free; the account grows tax free; and funds are spent tax free on qualified expenses.
You can contribute up to $3,400 in 2026 to an FSA. This amount may be increased annually.	CONTRIBUTIONS	Both you and your employer can contribute up to $4,400 in 2026 (up to $8,750 for families). Ages 55+ can make an annual $1,000 "catch-up" HSA contribution.
Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement.	PAYMENT	Many HSAs include a debit card to pay for qualified expenses directly. Alternatively, you can save funds for future expenses or retirement.
Any unclaimed funds at the end of the year are forfeited. Exceptions might include an additional 2.5-month grace period for expenses to be incurred and reimbursed, or an allowed rollover amount.	ROLLOVER OR GRACE PERIOD	HSA funds roll over from year to year. The account is portable and may be used for future qualified expenses — even in retirement years.
Physician services, hospital services, prescriptions, dental care, and vision care. A full list is available at www.irs.gov.	QUALIFIED EXPENSES	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.
Dependent Care FSA (pre-tax dollars can be used for elder or child dependent care).	OTHER TYPES	There's only one type of Dependent Care FSA.

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

Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. Acadian Companies offers affordable plan options from MetLife for routine care and beyond.

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 Maximum Allowable Fee. To find a dentist in the PDP Plus network or access your ID card, visit MetLife at www.metlife.com/mybenefits.

Dental Premiums

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

Dental Plan Summary

This chart summarizes the dental coverage provided by MetLife for 2026.

	METLIFE DENTAL PLAN
BIWEEKLY CONTRIBUTIONS	
EMPLOYEE ONLY	$10.32
EMPLOYEE + SPOUSE	$19.95
EMPLOYEE + CHILD(REN)	$21.09
EMPLOYEE + FAMILY	$34.20
DEDUCTIBLE (PER COVERED MEMBER)	
	$50
ANNUAL MAXIMUM	
PER PERSON	$1,500
COVERED SERVICES**	
PREVENTIVE SERVICES Oral Exams, Routine Cleanings, X-rays, Sealants	100%
BASIC SERVICES Fillings, Endodontics, Periodontics, Oral Surgery	80% / 20%*
MAJOR SERVICES Crowns, Inlays, Onlays, Cast Restorations, Bridges, Dentures	50% / 50%*
ORTHODONTICS Adults & Dependent Children	50 / 50%
ORTHODONTIC LIFETIME MAXIMUM	$1,500

*After deductible

The Advantages of Having MetLife Dental Insurance

- MetLife SpotLite on Oral Health is a recognition awarded to dentists for a focus on preventive and improved oral health outcomes. Look for the SpotLite designation when selecting a dentist.
- Access to over 133,000 licensed dentists in more than 475,000 locations nationwide.
- Little to no out-of-pocket costs for cleanings, X-rays and exams in network, depending on your plan.
- Save an average of 35-50% on dentist list prices.
- Teledentistry options that enable you to connect with your dentist from home via smartphone, tablet or computer for problem-focused exams and reevaluations.
- In-network discounts apply even after you reach your plan's annual maximum.
- With MyBenefits, you'll have easy access to dental claims, coverage and benefits online or in the MetLife Mobile App.
- Educational tools and resources help you and your dentist make more informed decisions. Access these helpful tools on MetLife's Mobile App or at metlife.com/mybenefits.
- Online access to the Dental Cost Estimator that provides cost estimate—both in- and out-of-network—to help plan for future dental procedures.
- A digital dental virtual assistant that's available 24/7 to help you with common tasks like accessing coverage info, getting personalized estimates, or viewing claims.

Set up an Online Account

Get information about your plan, check benefits and eligibility information, find a **dentist in the PDP Plus network** and more. Sign up for an online account at www.metlife.com/mybenefits.

Check in Without an ID Card

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 at www.metlife.com/mybenefits to view or print your card.

Vision Benefits

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. Quality vision care is available for you and your family through MetLife utilizing the Superior vision network.

Vision Premiums

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

Vision Plan Summary

This chart summarizes the vision coverage provided by MetLife for 2026.

METLIFE VISION PLAN

BIWEEKLY CONTRIBUTIONS			
EMPLOYEE ONLY	$2.64		
EMPLOYEE + SPOUSE	$5.21		
EMPLOYEE + CHILD(REN)	$4.88		
EMPLOYEE + FAMILY	$7.44		
	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	Up to $155**, 20% off amount over allowance	Up to $70	Every 12 months

*Fitting and Evaluation fee applied to contact lens allowance.
**Available on all frames received through eyecare professionals that participate in Superior Vision's Eyewear Dispensing Program.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network vision providers and more. Sign up for an online account at www.metlife.com/mybenefits.

The Superior Vision® network comprises ophthalmologists, optometrists and many of the nation's largest retail centers including America's Best Contacts & Eyeglasses, Costco Optical, LensCrafters, Target Optical, Warby Parker and Walmart Vision Centers.

Online retailers include 1800Contacts.com, LensCrafters.com, ContactsDirect.com, TargetOptical.com, Glasses.com and WarbyParker.com.

Visit www.metlife.com/mybenefits to download your vision ID card.

Superior network providers offer:

- 20-35% savings on the national average price of traditional LASIK is available at over 1,000 locations across our nationwide network of laser vision correction providers.
- 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.
- Average 20-25% savings on all lens enhancements not otherwise covered under the Superior Vision by MetLife vision benefit program.
- 20% off any amount over your frames allowance.
- 30% savings on additional exams.
- 10% off any amount over your disposable contact lens allowance or 20% off any amount over your conventional contact lens allowance.
- 10-20% discount on additional contacts.
- A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. Savings of up to 40% off national average selling prices for brand name hearing aids are available. These discounts should be verified prior to service.

MetLife Vision Insurance Q&A

Q. Why should I enroll?

A. Even if you don't wear glasses or contacts, regular visits to your eye doctor may help contribute to your overall health. Routine vision exams can help catch serious problems like diabetes and high blood pressure.

Q. How can I find a participating eye care professional?

A. You can find a participating eye care professional by using the Find a Vision Provider tool at metlife.com. Select Find a Vision Provider, choose Superior Vision as the network, complete the information requested and hit the Search Now button.

Q. Where can I choose an eyecare professional and eyewear?

A. You can go to any licensed eye care professional and enjoy lower out-of-pocket costs when visiting a participating vision care provider. Choose from the thousands of ophthalmologists, optometrists and opticians available, and a selection of popular retail locations. You also get access to all the top 50 retailers in network. Plus, shop at online, in-network eyewear stores. If you choose an out-of-network provider, you may have increased expenses, will need to pay in full at the time of services, and will need to file a claim with MetLife for reimbursement.

Q. What if my eye care professional is not in the Superior Vision network?

A. You can go to any licensed eye care professional. You can find a participating eye care professional by using the Find a Vision Provider tool at metlife.com (or through MyBenefits www.metlife.com/mybenefits after January 1, 2026). Select Find a Vision Provider, choose Superior Vision as the network, complete the information requested and hit the Search Now button. If you choose an out-of-network provider, you may have increased expenses, will need to pay in full at the time of services, and will need to file a claim with MetLife for reimbursement.

Q. What services are covered under my plan?

A. Routine eye exams, frames and lenses are available with your plan. Your plan also offers lens enhancements, including but not limited to polycarbonate (shatter-resistant) lenses, ultraviolet (UV) coating, scratch-resistant and anti-reflective coatings, and progressive lenses.

Q. What additional offers do I get with my plan?

A. Your plan includes access to a discount on LASIK. Plus, you can get access to a hearing exam and a discount on hearing aids.

Q. How do I access plan information online?

A. After January 1, 2026, securely register on MetLife's MyBenefits website at metlife.com/mybenefits to view your claims, print your digital ID card, review information about your plan and more.

Q. Do I need an ID card?

A. No. You do not need an ID card to schedule an appointment or receive services. While ID cards aren't required, digital ID cards will be available to you through MyBenefits at www.metlife.com/mybenefits. When visiting a participating vision provider without an ID card, please be prepared to provide your name, Social Security number or employee ID number, and group name and group number.

Q. What should I tell my provider at my next vision care appointment?

A. At or before your next vision care appointment, please let your provider know your vision benefit is MetLife Vision Insurance with the Superior Vision network. Or simply show your vision provider your digital ID card (available on MyBenefits), or provide your name, Social Security number or employee ID number and group name and group number.

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 The Hartford, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death. You will be eligible for basic life coverage with The Hartford the first of the month following 30 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.

Additionally, Acadian is providing a basic AD&D benefit for your spouse and child(ren) at no cost to you. The dependent AD&D benefit is based on a percentage of your $50,000 benefit and the level of dependent coverage you have per the following table.

COVERAGE TIER	SPOUSE PERCENTAGE	CHILD(REN) PERCENTAGE
SPOUSE	50% or $25,000	0%
CHILD(REN)	0%	15% or $7,500
SPOUSE & CHILD(REN)	40% or $20,000	10% or $5,000

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 The Hartford.

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 through the Hartford. Premiums are paid through payroll deductions. Evidence of Insurability (EOI) may be required. Amounts higher than guarantee issue will not be applied until approval from the Hartford is received.

VOLUNTARY EMPLOYEE LIFE	
COVERAGE AMOUNT	$10,000 increments
WHO PAYS	Employee
MAXIMUM BENEFIT	$500,000, not to exceed 5x your annual salary (rounded down to next $10,000)
EVIDENCE OF INSURABILITY (EOI) REQUIRED	$350,000 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	$10,000
WHO PAYS	Employee
MAXIMUM BENEFIT	$10,000

VOLUNTARY LIFE INSURANCE	
RATES/$1,000 (MONTHLY)	
AGE (AS OF JANUARY 1, 2026)	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%.

VOLUNTARY CHILD LIFE INSURANCE	
MONTHLY RATE	
For $10,000	$2.00
Child Age Limit	26 Years

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 through The Hartford to protect you financially in the event you cannot work as a result of a debilitating injury or illness. 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 the first of the month following 30 days of full-time employment. This insurance replaces 66.67% 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 the first of the month following 30 days of full-time employment. This insurance replaces 66.67% 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 RANGE	STD RATE
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 66.67%	$	x STD 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

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 The Hartford the first of the month following 30 days of full-time employment.

Accident Coverage

You can't always prevent accidents, but you can be prepared for them, including readying for any financial impact. Accident coverage through The Hartford 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.

BIWEEKLY RATES	
EMPLOYEE ONLY	$ 8.62 ($ 0.61 per day)
EMPLOYEE & SPOUSE	$ 12.91 ($ 0.92 per day)
EMPLOYEE & CHILD(REN)	$ 15.11 ($ 1.08 per day)
EMPLOYEE & FAMILY	$ 19.40 ($ 1.38 per day)

Critical Illness Advantage w/Cancer

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: Cancer, 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 $30,000 for employee and $15,000 for spouse. **Coverage for any Dependent Child(ren) is automatic with Employee enrollment/participation. A separate premium is not required regardless of the number of children covered.**

CRITICAL ILLNESS COVERAGE

EMPLOYEE BIWEEKLY RATES

COVERAGE AMOUNT	AGE												
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80 +
$5,000	$1.18	$1.43	$1.71	$2.10	$2.75	$3.88	$5.22	$6.78	$9.21	$12.44	$16.08	$20.24	$24.90
$10,000	$2.35	$2.86	$3.42	$4.20	$5.49	$7.75	$10.43	$13.57	$18.42	$24.88	$32.17	$40.48	$49.80
$15,000	$3.53	$4.29	$5.12	$6.30	$8.24	$11.63	$15.65	$20.35	$27.62	$37.32	$48.25	$60.72	$74.70
$20,000	$4.71	$5.72	$6.83	$8.40	$10.98	$15.51	$20.86	$27.14	$36.83	$49.75	$64.34	$80.95	$99.60
$25,000	$5.88	$7.15	$8.54	$10.50	$13.73	$19.38	$26.08	$33.92	$46.04	$62.19	$80.42	$101.19	$124.50
$30,000	$7.06	$8.58	$10.25	$12.60	$16.48	$23.26	$31.29	$40.71	$55.25	$74.63	$96.51	$121.43	$149.40

SPOUSE BIWEEKLY RATES

COVERAGE AMOUNT	AGE												
$5,000	$0.72	$0.97	$1.25	$1.64	$2.28	$3.42	$4.68	$6.16	$8.47	$11.54	$15.18	$19.27	$23.88
$10,000	$1.43	$1.94	$2.49	$3.28	$4.57	$6.83	$9.37	$12.32	$16.94	$23.08	$30.37	$38.54	$47.77
$15,000	$2.15	$2.91	$3.74	$4.92	$6.85	$10.25	$14.05	$18.48	$25.41	$34.62	$45.55	$57.81	$71.65
$20,000	$2.86	$3.88	$4.98	$6.55	$9.14	$13.66	$18.74	$24.65	$33.88	$46.15	$60.74	$77.08	$95.54
$25,000	$3.58	$4.85	$6.23	$8.19	$11.42	$17.08	$23.42	$30.81	$42.35	$57.69	$75.92	$96.35	$119.42
$30,000	$4.29	$5.82	$7.48	$9.83	$13.71	$20.49	$28.11	$36.97	$50.82	$69.23	$91.11	$115.62	$143.31

Hospital Indemnity

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

BIWEEKLY RATES	
EMPLOYEE ONLY	$ 9.16 ($ 0.65 per day)
EMPLOYEE & SPOUSE	$ 18.40 ($ 1.31 per day)
EMPLOYEE & CHILD(REN)	$ 14.72 ($ 1.05 per day)
EMPLOYEE & FAMILY	$ 23.97 ($ 1.71 per day)

How to Enroll

Plan options are included in your Acadian 2026 Open Enrollment options in UKG.

Value Added Services From the Hartford

Funeral Concierge - Support available 24/7, 365 days a year

- Pre-planning and preservation of final wishes
- Beneficiary support with funeral arrangements and pricing comparisons
- To access, call 866-854-5429 or visit; www.everestfuneral.com/Hartford; Use code: HFEVLC

Beneficiary Assist – Support With Empathy

- Unlimited 24/7 phone access and in person sessions available. Five (5) face-to-face sessions or equivalent professional time for one service or combination of services for up to a year from the date a claim is filed.
- Grief & emotional counseling support and referral assistance
- Legal support & resources
- Financial information & resources
- Health Care Navigation support
- To access, call 800-411-7239

Estate Guidance/Will Preparation

- Free online will preparation tool for Employees
- Unlimited revisions allowed
- Additional estate planning services available for purchase
- To access, visit: www.estateguidance.com
  - Use code: WILLHLF

Travel Assistance Program

Available 24/7 when traveling 100 miles or more from your primary home (national or international travel) for 90 days or less.

- Helpful travel informational services
- Comprehensive emergency medical assistance
- Emergency travel arrangements
- Legal assistance
- Toll-free from the U.S. or Canada: 800-243-6108
- Collect from other locations: 202-828-5885

Note that the above services may not be available in all states.

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*

*Retire Secure 1.0 / 2.0 implemented 01/01/2025

All About 401(k)/401(k) Roth and ESOP

A 401(k) is a retirement plan designed to allow the employee, through payroll deduction, to prepare financially for retirement years. Acadian Companies enhances each individual's plan on a matching basis (through ESOP). The sooner you participate in a 401(k) or 401(k) Roth, the more time your assets have to grow. Administrative services are provided by Principal Financial Group.

What's the Difference?

- 401(k) - Eligible employees can invest for retirement while receiving tax advantages. 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.
- 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.

Enrollment Periods

- Every December for a January 1st* enrollment
- Every June for a July 1st* enrollment

*Following one-year anniversary

Eligibility

- Full-time and part-time employees with one year of service at Acadian (1,000 hours)
- Must be 18 years old
- Must contribute a minimum of 1% of pay as a voluntary contribution to the plan

Contributions

- Employee 401(k) and/or 401(k) Roth contribution: A voluntary contribution between 1% and 25% of your annual income.
- Employer ESOP contribution: The amount of the match will be limited to the first 4% of any participant's compensation during the year.

Contributing to the Plan

As a participant in the 401(k) Plan, you are able to save for retirement to help you achieve your retirement goals. The IRS limits the amount you can save annually, but if you are over age 50, you can contribute even more to the plan through catch-up contributions. Starting in 2025, there is even a special catch-up period for people turning 60 to 63.

The annual IRS limit for 2025 is $24,500*, and the standard catch up contribution limit for individuals ages 50 and older is $8,000*. Starting January 1, 2025, the years you turn ages 60, 61, 62, and 63 you can save an amount up to $11,250. **Note: The standard catch-up limit resumes the year you turn age 64.** New rule requires high earners with prior year wages over $145,000 to make catch-up contributions as Roth (after-tax) contributions.

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.

*Projected amounts subject to change by the IRS.

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.

revive & thrive

What Is Revive & Thrive?

Revive & Thrive provides you and your household members with free, confidential support to help with personal or professional problems, concerns, or challenges that interfere with feeling or performing at your best. The Revive & Thrive platform connects you with services. Whether you need to schedule a consultation, chat with a counselor, or access resources to help you on your wellbeing journey, it's all here in one place.

Features: Live group support sessions / Wellbeing Assessments / Coaching Courses / Interactive Journal / AI Chat Companion / Manager Trainings / Premium Content and Videos / Ambient Sounds & Calming Space

Common reasons to contact Revive & Thrive

Anxiety / Anger / Burnout / Career Stress / Crisis Support / Depression / Financial / Grief & Loss / Health & Illness / Legal / Life Events / Marriage & Divorce / Relationships at Work / Struggling with Daily Responsibilities / Substance Abuse / Suicidal Thoughts / Work-life Balance / Work Conflicts

How Does It Work?

Assess - Speak with a master's level clinician who will provide:

Immediate emotional support / Holistic needs assessment / Collaborative support plan

Support - Connect you to appropriate support, which may include:

Coaching / Short-term counseling / Long-term care / Work-life resources / Digital and community resources

Connect - Provide ongoing support to:

Motivate you to complete your support plan / Ensure satisfaction with support and resources / Have a successful resolution

Confidential - Revive & Thrive is completely confidential about your information and cannot be released without your written permission.

Available 24/7 - Services are available 24 hours a day, 7 days a week.

Free - Revive & Thrive is provided at NO COST* to you and is paid for by your employer.

Additional Services Available - Revive & Thrive provides up-to-date, carefully screened, national resources and referrals for a range of needs, including:

Childcare / Eldercare / Legal / Financial / Convenience Care

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.

988 Suicide & Crisis Lifeline Dial 988 to be connected with 24/7/365 emotional support. Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.

Crisis Text Line Text "HOME" 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.

War Vet Call Center Veterans and their families call 877-WAR-VETS (877-927-8387) to talk about their military experience and/or readjustment to civilian life.

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

How to Access Services? Scan to activate your account today. Enrollment Code: Acadian

Better begins today. Call 800-327-2251 to access services.

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

*If you require a referral for long-term treatment, costs may be incurred. These are often covered by your health insurance plan.

Virtual-only counseling for individuals 18 and older.

LegalShield & IDShield

Shield Yourself and Your Family With Legal and Identity Theft Protection

LegalShield Legal Protection

The legal plan, administered by LegalShield, provides you, your spouse, and eligible, unmarried dependent children up to age 26, with direct access to a dedicated provider law firm for a wide range of personal legal matters including, but not limited to:

- **Estate planning:** Wills, living wills, and trusts
- **Home:** Home sales and purchases, refinancing, foreclosures, property tax assessments
- **Family law:** Name change, divorce, and separation (all uncontested)
- **Traffic:** Points violations, traffic tickets, accidents, license restoration, and property damage
- **IRS audit:** Receive consultation and representation if audited by the IRS on your personal tax returns
- **Trial defense:** Your provider law firm will provide a scheduled number of hours of representation as a defendant
  in a covered civil action or traffic violation
- **Advice and consultation:** Phone consultations with your provider law firm for any personal legal issue, even pre-existing matters
- **Letters and phone calls on your behalf:** A phone call or letter on law firm letterhead can help quickly resolve disputes before they escalate
- **Contract and document review:** Your provider law firm will review personal documents (up to 15 pages)

Representation and service beyond covered benefits come with a 25% discount off the provider law firm's standard hourly rate.

Additional benefits include contract and document review, 24/7 emergency access for covered emergencies, free legal forms, and a mobile app.

IDShield Identity Theft Protection

The identity theft protection plan, administered by IDShield, covers you under the Individual Plan and can be extended to your spouse/domestic partner and dependent children under the Family Plan. Benefits include but are not limited to:

- Monitors Personal Identifiable Information (PII), such as SSN, passport, driver's license, etc., and alerts you if any risk is detected.
- Assigns a licensed private investigator to help restore your identity to pre-theft status in the case of identity theft — including pre-existing events.
- Assigns identity theft specialists available for consultation and advice about any identity theft or online privacy concern.
- Provides 24/7/365 emergency support and a mobile app, which you can use to check your monthly credit score, review identity threat alerts, and obtain emergency assistance.

To Learn More and Enroll

Visit www.LegalShield.com/info/Acadian and click on "Signing Up" to choose the plan(s) you want. For more information on all products offered or to request to cancel, contact Acadian's sales manager, Brian Parker.

Office: 469-645-1890
Mobile: 214-799-5156
BrianParker@ppsi.com
Online Enrollment Link: www.LegalShield.com/info/Acadian

	LEGALSHIELD	IDSHIELD
BIWEEKLY CONTRIBUTIONS		
EMPLOYEE ONLY	$8.75	$3.00
FAMILY	$8.75	$5.19

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.

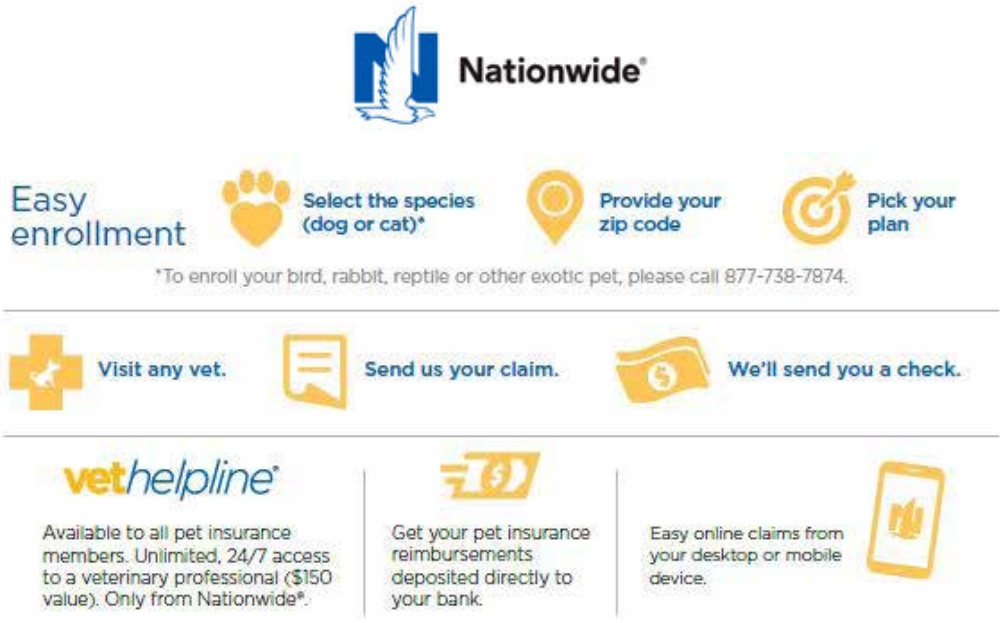
Pet Benefit Reminders

- 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@petinsurance.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.



Glossary

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $60, you may be billed by the provider for the remaining $40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is $1,000, your plan does not pay anything until you've paid $1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You'll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are "use it or lose it," so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.

- **Healthcare FSA –** A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- **Dependent Care FSA –** A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in an HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility, and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.

Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- **In-Network –** Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network –** Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- **Non-Participating –** Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- **Generic Drugs –** Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- **Preferred Drugs –** Brand-name drugs on your provider's approved list (available online).
- **Non-Preferred Drugs –** Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs –** Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- **Prior Authorization –** A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- **Step Therapy –** The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

Required Notices

Important Notice From Acadian Companies About Your Prescription Drug Coverage and Medicare Under the BCBS Base and BCBS HDHP Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Acadian Companies 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. Acadian Companies has determined that the prescription drug coverage offered by the BCBS Base and BCBS HDHP plan(s) 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 Acadian Companies coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

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 Acadian Companies 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 at the end of these notices 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 Acadian Companies 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
- 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, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D 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:	January 1, 2026
Name of Entity/Sender:	Acadian Companies
Contact—Position/Office:	Human Resources
Address:	130 E Kaliste Saloom Rd Lafayette, LA 70508
Phone Number:	337-210-1757, option 3

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 337-210-1757, option 3.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 337-210-1757, option 3.

HIPAA 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 later 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 towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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 within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 337-210-1757, option 3.

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 within 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 within 30 days after the marriage, birth, adoption, or placement for adoption.

If you are declining enrollment for yourself or your dependents (including your spouse) while coverage under Medicaid or a state Children's Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' Medicaid or CHIP coverage ends. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or a CHIP program with respect to coverage under this plan, you may be able to enroll yourself and your dependents (including your spouse) in this plan. However, you must request enrollment within 60 days after you or your dependents become eligible for the premium assistance.

To request special enrollment or obtain more information, contact Human Resources Benefits Department at 337-291-3333.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Wellness Program Disclosure (GINA)

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

New 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 Employer 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%1 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.

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.

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 July 31, 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 and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 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 July 31, 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 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/gettingmedicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Liz Gerald, HR Manager, 2916 N. University, Bldg G Lafayette, LA 70507, 337-291-3360.

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

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Acadian Companies	4. Employer Identification Number (EIN) 72-0701964	
5. Employer address P O Box 98000	6. Employer phone number 337-291-3333	
7. City Lafayette	8. State LA	9. Zip Code 70509-8000
Address: 10. Who can we contact about employee health coverage at this job? Liz Gerald (ext 3360); Marleen Hollier (ext. 1564)		
11. Phone number (if different from above)	12. Email address benefits@acadian.com	

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

» As your employer, we offer a health plan to:
Some employees. Eligible employees are:
- All active, Full-Time and Temp FT employees of the Employer
- All Part-Time employees of the Employer (meeting the requirement of an average of 30 hours per week or 130 per month in a 6-month look-back period as of 01/01/2015)

» With respect to dependents:
- We do offer coverage. Eligible dependents are:
- To be eligible to enroll as a dependent, an individual must meet the criteria outlined in the Summary Plan Document (SPD) at the time of enrollment. The SPD can be found on Acadian Central at the following link: https://ac.acadian.com/Interact/Pages/Section/Default.aspx?Section=1983
- 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 though we intend 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.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

Corporate Office Address: 130 E. Kaliste Saloom Rd., Lafayette, LA 70508
Mailing Address: P.O. Box 98000, Lafayette, LA 70509
www.acadian.com
Privacy Officer - hipaa@acadian.com

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ ***See page 2*** *for more information on these rights and how to exercise them*

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

➤ ***See page 2*** *for more information on these choices and how to exercise them*

Our Uses & Disclosures

We may use and share you information as we:

- Help manage the health care treatment your receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensations, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ ***See page 2 - 3*** *for more information on uses & disclosures*

Your Rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records
- You can ask to see or get a copy of your health and claims records and other information we have about you
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your health and claims records
- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us your would be in danger if we do not.

Ask us to limit what we use or share
- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information
- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated
- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.
If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:
- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we *never* share your information unless you give us written permission:
- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Help manage the health care treatment you receive
- We can use your health information and share it with other professionals who are treating you.
  Example: *A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Run our organization

- We can use and disclose you information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

  Example: *We use health information about you to develop better services for you.*

Pay for health services

- We can use and disclose your health information as we pay for your health services.

  Example: *We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

  Example: *Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.**

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.**

This Notice of Privacy Practices applies to the following organizations: Acadian Ambulance Service, Inc. and is subsidiaries. Address: 130 E. Kaliste Saloom Road, Lafayette, LA 70508

Changes to the Terms of this Notice: We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, on our medical transport vehicles and on our web site.

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**.

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

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

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

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 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
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Illinois Essential Health Benefit (EHB) Listing

Employer Name:	Acadian Companies
Employer State of Situs:	Louisiana
Name of Issuer:	Blue Cross Blue Shield of Louisiana
Plan Marketing Name:	BCBS Base and HDHP Plans
Plan Year:	2026

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2025 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
1	Accidental Injury – Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing		Pg. 11	Yes
3	Bone Anchored Hearing Aids		Pgs. 17 & 35	Yes
4	Durable Medical Equipment		Pg. 13	Yes
5	Hospice		Pg. 28	Yes
6	Infertility (Fertility) Treatment		Pgs. 23 - 24	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)		Pgs. 15 - 16	Yes
9	Private-Duty Nursing		Pgs. 17 & 34	Yes
10	Prosthetics/Orthotics		Pg. 13	Yes
11	Sterilization (Vasectomy Men)		Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)		Pgs. 13 & 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency Services	Pg. 7	Yes
14	Emergency Transportation/Ambulance		Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	No
16	Breast Reconstruction After Mastectomy		Pgs. 24 – 25	Yes
17	Reconstructive Surgery		Pgs. 25 – 26, & 35	No
18	Inpatient Hospital Services (e.g., Hospital Stay)		Pg. 15	Yes
19	Skilled Nursing Facility		Pg. 21	Yes
20	Transplants – Human Organ Transplants (Including Transportation & Lodging)		Pgs. 18 & 31	Yes

2020-2025 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
21	Diagnostic Services	Laboratory Services	Pgs. 6 & 12	Yes
22	Intranasal Opioid Reversal Agent Associated with Opioid Prescriptions	MH/SUD	Pg. 32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)		Pgs. 8 – 9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)		Pg. 21	Yes
25	Substance Use Disorders (Including Inpatient Treatment)		Pgs. 9 & 21	Yes
26	Tele-Psychiatry		Pg. 11	Yes
27	Topical Anti-Inflammatory Acute and Chronic Pain Medication		Pg. 32	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See All Kids Pediatric Dental Document	Yes
29	Pediatric Vision Coverage		Pgs. 26 – 27	Yes
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription Drugs	Pgs. 29 – 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services		Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education		Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes		Pgs. 31– 32	Yes
36	Mammography – Screening		Pgs. 12, 15, & 24	Yes
37	Osteoporosis – Bone Mass Measurement		Pgs. 12 & 16	Yes
38	Pap Tests/Prostate-Specific Antigen Tests/Ovarian Cancer Surveillance Test		Pg. 16	Yes
39	Preventive Care Services		Pg. 18	Yes
40	Sterilization (Women)		Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 – 13	Yes
42	Habilitative and Rehabilitative Services		Pgs. 8, 9, 11, 12, 22, & 35	Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

Important Contacts

Medical
Blue Cross Blue Shield
833-584-1830
www.myHealthToolkitLA.com

Lantern
855-515-0461
my.lanterncare.com

CVS Caremark
866-881-5608
www.caremark.com

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

Virtual Physical Therapy & Maintenance
Hinge Health
855-902-2777
hinge.health/enroll-today

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

Employee Assistance Program
Revive & Thrive
800-327-2251
myrevive.health

Dental & Vision
MetLife
800-GET-MET8 (800-438-6388)
www.metlife.com/mybenefits

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/discovery-benefits

Life, AD&D, and Voluntary Life
800-523-2233 - Customer Service
www.thehartford.com/mybenefits

Supplemental Health (Accident, Critical Illness, and Hospital Indemnity)
866-547-4205 - Claims
www.thehartford.com/mybenefits

Short Term Disability, Long Term Disability, and Leave Management
888-301-5615 - Claims
www.thehartford.com/mybenefits

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

Legal Service Plan
LegalShield
844-699-7076
memberservices@legalshield.com
www.LegalShield.com/info/Acadian

Pet Insurance
Nationwide
877-738-7874
https://benefits.petinsurance.com/acadian-ambulance

Acadian Companies Benefits Team
P.O. Box 98000
Lafayette, LA 70509-8000
337-210-1757, option 3
benefits@acadian.com

Notes

Acadian
COMPANIES