

# Employee Benefits

2023





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Working together is what makes Acadian Companies a success, and this teamwork extends to your benefits. We provide options to support your family's overall wellbeing. This guide offers details on your 2023 benefits. Contact the Human Resources department at 337-210-1757, option 3 with any questions.

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See page 32 for important information concerning 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

To Employees:

You matter to us. The things that are important to you matter to us, too. That's why we offer comprehensive benefits options for you and your family, including:

- » A choice of two medical/Rx plans administered by BCBS LA and CVS Caremark. When you enroll in one of these plans you will also have access to virtual care provided by Teladoc and a network of highly qualified surgeons through Surgery Plus
- » Supplemental health benefits are available through AFLAC and include:
  - Accident Coverage
  - Critical Illness Coverage with an optional cancer rider available
  - Hospital Indemnity
  - Short Term Disability
- » Comprehensive dental PPO plan administered by Delta Dental including ortho benefits for adults and children
- » Vision coverage through Americas including a benefit for safety glasses/safety lenses
- » Health Spending Accounts (HSA) and Flexible Spending Accounts (FSA) for health and dependent care
- » Company paid life and AD&D benefits are provided through The Hartford and Long Term Disability benefits through Lincoln Financial. You also have the option to supplement these benefits with voluntary life and Short Term Disability benefits.
- » An Employee Assistance Program (EAP) providing confidential counseling with master level clinicians through BHS
- » Additional voluntary benefits available to you include:
  - LegalShield
  - Nationwide Pet Insurance
- » Additionally, after one year of service and 1,000 hours within first 12 months of employment, employees 18 and over will be able to participate in Acadian's 401(k) and Roth 401(k) plans. Eligible enrollment periods are January or July once requirements are met.

This guide includes:

- » An overview of your 2023 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

## Healthcare Costs

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

## Any questions?

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

# Eligibility and Enrollment



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

## Eligibility

Eligible full-time employees can participate in medical, dental, vision, life and disability plans, along with additional benefits. Benefits are effective on the first of the month following 30 days of employment.

## Dependents

Dependents eligible for coverage include:

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

Verification of dependent eligibility will be required upon enrollment.

## Working Spouse Surcharge

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

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

## Note

You have 30 days to enroll in Acadian's benefit plans. If you do not enroll at this time, you will only be enrolled in the company-paid benefits. Open Enrollment will be your next opportunity to choose your benefits, unless you have a qualifying life event, such as marriage or the birth/adoption of a child.

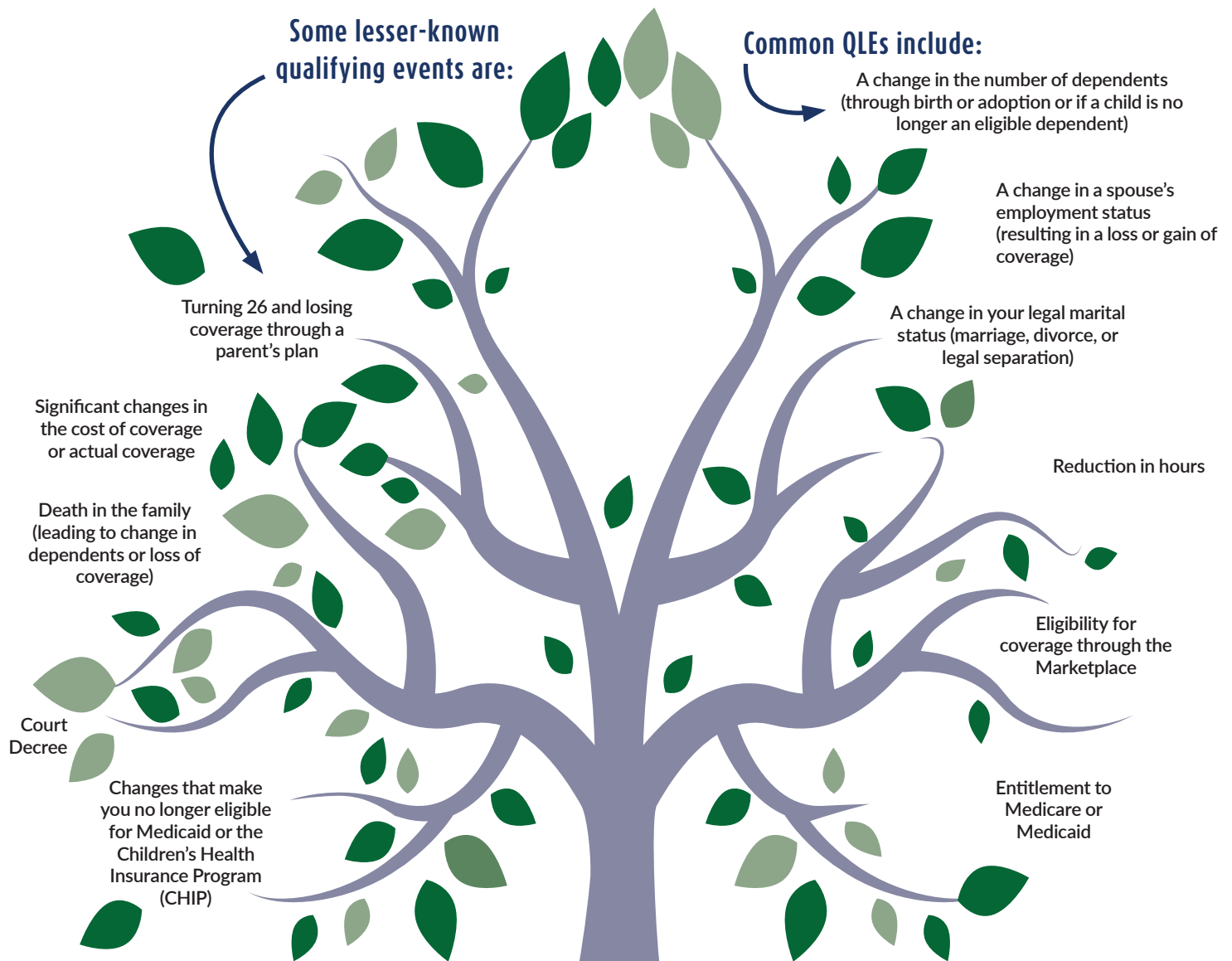


# Now's the Time to Enroll!

## What are Qualifying Life Events?

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

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



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

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





# Ready for Enrollment?

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

You can choose any combination of medical, dental, and/or vision coverage. You 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.

## Enrollment Action Items



### Confirm your personal information.

Check your personal information to ensure it is correctly reflected in Acadian's system.



### Provide spouse and dependent information.

Be sure you have your spouse and/or dependent children's dates of birth and social security numbers handy for enrollment in benefits. You will also need this information when listing your 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.

# Medical Benefits



Medical benefits are provided through Blue Cross Blue Shield of Louisiana. Consider the physician networks, premiums, and out-of-pocket costs for each plan when choosing for you and your family. Keep in mind your election is effective for the entire 2023 plan year unless you have a qualifying life event. Qualifying Life Event changes must be consistent with the event and only allow you to change tier of coverage for which you are enrolled. You are not allowed to change medical plans throughout the plan year. Your medical coverage becomes effective the 1st of the month following 30 days of employment.

## Medical Plan Summary

This chart summarizes the 2023 medical coverage provided by Blue Cross Blue Shield of Louisiana. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are reimbursed at 100% of Medicare allowance.

	BASE PLAN		HDHP	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE				
EMPLOYEE	\$1,300	\$1,300	\$3,250	\$6,500
EMPLOYEE + DEPENDENTS	\$2,600	\$2,600	\$6,500	\$13,000
COINSURANCE (MEMBER PAYS)	20%*	50%*	20%*	50%*
ANNUAL OUT-OF-POCKET MAXIMUM				
EMPLOYEE	\$5,000	\$8,700	\$6,500	\$13,000
EMPLOYEE + DEPENDENTS	\$10,000	\$17,400	\$9,000**	\$18,000
	Out-of-Pocket Maximum INCLUDES copays, deductible, coinsurance and RX.		Out-of-Pocket Maximum INCLUDES deductible, coinsurance and RX.	
COPAYS/COINSURANCE				
PREVENTIVE CARE	No Charge	No Charge	No Charge	No Charge
PRIMARY CARE	\$40 copay	50%*	20%*	50%*
SPECIALIST SERVICES	\$45 copay	50%*	20%*	50%*
DIAGNOSTIC CARE	20%*	50%*	20%*	50%*
MENTAL HEALTH - INPATIENT	20%*	50%*	20%*	50%*
MENTAL HEALTH - OUTPATIENT	No Charge	50%*	20%*	50%*
URGENT CARE	\$45 copay	50%*	20%*	50%*
EMERGENCY ROOM	20%*		20%*	

\*After deductible

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

On the Base and HDHP Plans, no one member will contribute more than the individual deductible. For the Base PPO plan your deductible, copays and coinsurance will apply to the Out-of-Pocket Maximum. The Out-of-Pocket Maximum for the HDHP plan includes your deductible, coinsurance and Rx.

## Our Plans are Self-Funded

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

## Healthcare Cost Transparency

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



## How to Find a Provider

Visit [www.myHealthToolkitLA.com](http://www.myHealthToolkitLA.com) or call Customer Care at 833-584-1830 for a list of Blue Cross Blue Shield of Louisiana network providers.

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

## 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?

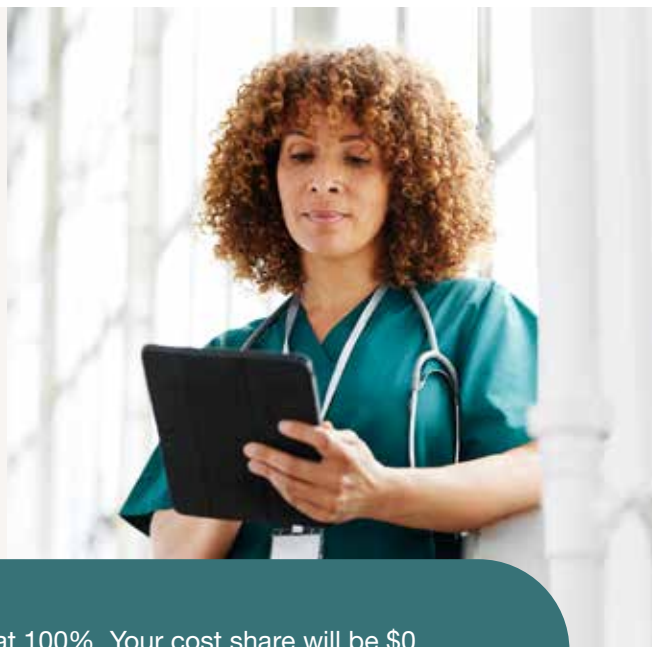
- » You'll pay less in premiums. (Think less money from your paycheck.)
- » You can choose from a network of providers; however, you'll pay for the full cost of non-preventive medical services until you reach your deductible.
- » You can also use a Health Savings Account in conjunction, which provides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



# Guided Access to Excellent Surgical Care

## What is Surgery Plus?

Surgery Plus provides you with access to excellent and affordable care for many planned surgical procedures. It's already included in your medical benefits at no additional cost to you.



### Did you know...



- For BASE PPO plans, Surgery is covered at 100%. Your cost share will be \$0.
- For HDHP plans, you will receive a reduced cost on your surgery with a Surgery Plus Provider through your Surgery Plus Benefit.

## The Surgery Plus Difference



### Excellent Care

Access to our network of thousands of highly qualified surgeons



### Impactful Savings

Your surgery will be at little or no cost to you when you use your Surgery Plus benefit



### Guided Support

Your personal Care Advocate will support you every step of the way through your care

## Here's what's covered

In partnership with your employer, we cover the most expensive costs associated with surgery, so you'll pay less for your procedure when you use your Surgery Plus benefit. Your coverage includes:

- Consults and appointments with your Surgery Plus surgeon
- Anesthesia
- Procedure and facility (hospital) fees
- Dedicated support and guidance

### Commonly Covered Procedures

- Spine
- Orthopedic
- Ear, Nose & Throat
- Cardiac
- Gynecology
- General Surgery
- Gastrointestinal
- Spine and Ortho Injections



You deserve excellent and affordable surgical care.  
**Call us to learn more at 855.515.0461**

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Acadian.SurgeryPlus.com

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# Virtual Medicine



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

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](http://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](http://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	\$125	\$125	Medical Deductible Applies	
RETAIL RX (30-DAY SUPPLY)				
GENERIC	\$15 Copay**	30% after Rx ded.	20%*	50%*
PREFERRED BRAND	\$45 Copay**	30% after Rx ded.	20%*	50%*
NON-PREFERRED BRAND	\$70 Copay**	30% after Rx ded.	20%*	50%*
SPECIALTY DRUGS	30% after Rx ded.		20%*	50%*
MAIL ORDER DRUGS (90-DAY SUPPLY)				
GENERIC	\$37.50 Copay**	30% after Rx ded.	20%*	50%*
PREFERRED BRAND	\$112.50 Copay**	30% after Rx ded.	20%*	50%*
NON-PREFERRED BRAND	\$175 Copay**	30% after Rx ded.	20%*	50%*
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](http://www.fda.gov).

**NOTE:** Apps and prescription discount programs such as GoodRx, Amazon Prime RX Savings, and Optum Perks let you compare prices of prescription drugs and find possible discounts.

How do they work? These discounts can't be combined with your benefit plan's coverage, so make sure to check the price against the cost of using your insurance's prescription drug benefit. Something else to consider: If you choose to use a discount card and are therefore not tapping into your insurance's prescription drug benefit, the cash amount you pay for the prescription will not count toward your deductible or out-of-pocket maximum under the benefit plan.

**GoodRX** is a web- and app-based platform that allows you to search for prescription drug coupons and compare pharmacy prices. The company claims a savings of up to 80%. **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

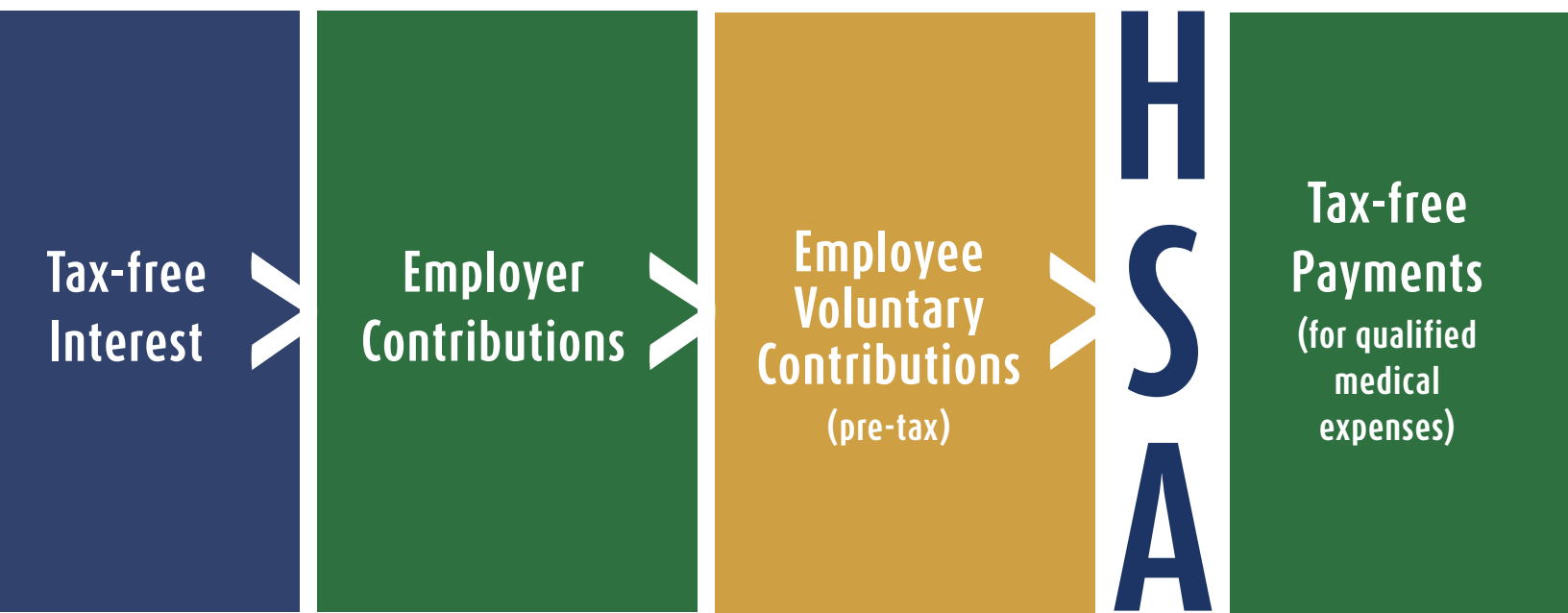


Want funds handy to help cover out-of-pocket healthcare expenses? A Health Savings Account (HSA) is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax free. You must be enrolled in an HDHP to participate.

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

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

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



## Note

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



# Eligibility

You are eligible to contribute to an HSA if:

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

# You Own Your HSA

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

# How to Enroll

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

# HSAs and Taxes

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

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

# HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2023, contributions (which include any employer contribution) are limited to the following:

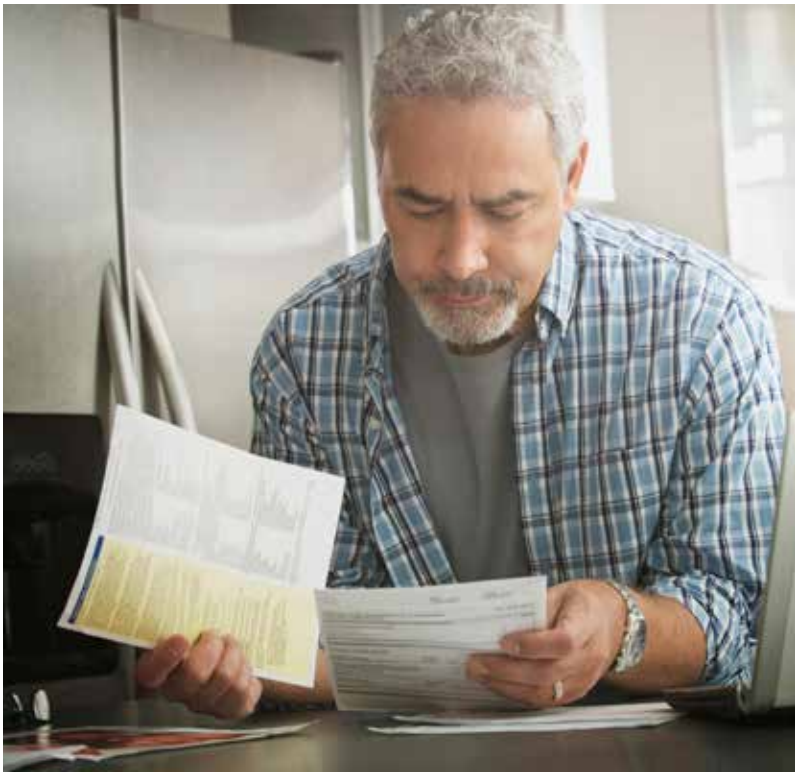
HSA FUNDING LIMITS	
EMPLOYEE	\$3,850
FAMILY	\$7,750
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

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

EMPLOYER HSA CONTRIBUTION	
EMPLOYEE	\$300
FAMILY	\$600

HSA contributions over the IRS annual contribution limits (\$3,850 for individual coverage and \$7,750 for family coverage for 2023) are not tax deductible and are generally subject to a 6% excise tax.

The Acadian Companies HSA is established with HSA Bank. You may be able to roll over funds from another HSA. For more enrollment information, contact HSA Bank by visiting [www.hsabank.com](http://www.hsabank.com) or email: [askus@hsabank.com](mailto: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 \$3,050 annually for qualified medical expenses (deductibles, copays, coinsurance, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.

## Dependent Care Flexible Spending Account

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

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

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

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

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

## Using the Account

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

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

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

## General Rules

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

- » Expenses must occur during the 2023 plan year.
- » Funds cannot be transferred between FSAs.
- » You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- » You must “use it or lose it” — any unused funds will be forfeited.
- » Up to \$610 may be rolled over to the next plan year at the end of 2023 for Healthcare FSAs.
- » You cannot change your FSA election in the middle of the plan year without a qualifying life event.
- » Terminated employees have ninety (90) days following termination to submit FSA claims for reimbursement.

# FSA vs HSA

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

	FLEXIBLE SPENDING ACCOUNTS	HEALTH SAVINGS ACCOUNTS
OWNERSHIP	Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.	You own your HSA. It is a savings account in your name and you always have access to the funds, even if you change jobs.
ELIGIBILITY & ENROLLMENT	You're eligible for an FSA if it's offered by your employer. You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.	<ol style="list-style-type: none"> <li>1. You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE.</li> <li>2. You can change your contribution at any time during the Plan Year.</li> </ol>
TAXATION	Contributions are tax free via payroll deduction. Funds are spent tax free when used for qualified expenses.	<p>For Federal tax purposes, the money in the account is "triple tax free," meaning:</p> <ol style="list-style-type: none"> <li>1. Contributions are tax free.</li> <li>2. The account grows tax free.</li> <li>3. Funds are spent tax free when used for qualified expenses.</li> </ol>
CONTRIBUTIONS	The contribution limit for the Healthcare FSA for 2023 is \$3,050.	Both you and your employer can contribute according to IRS limits. The contribution limit for 2023 is \$3,850 for individuals and \$7,750 for families. This includes the employer contribution. If you are 55 or older, you may make an annual "catch-up" contribution of \$1,000.
PAYMENT	Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement.	Many HSAs include a debit card, ATM withdrawal, or checkbook to pay for qualified expenses directly. You can also use online bill payment services from the HSA financial bank. You decide when to use the money in your HSA to pay for qualified expenses, or you may use another account to pay for services and save the money in your HSA for future expenses or retirement.
ROLLOVER	Healthcare FSA has a carry over up to \$610 of unused out-of-pocket medical funds remaining at year end (December 31) into the following year healthcare FSA. This carry-over does not affect the \$3,050 annual health FSA limit. Therefore, the maximum funding could equal up to \$3,660 (maximum of \$3,050 annual allocation + the carry-over of up to \$610).	HSA funds roll over from year to year. Money is always yours and may be used for future qualified expenses — even in retirement years.
QUALIFIED EXPENSES	Physician services, hospital services, prescriptions, dental care, and vision care. A full list is available at <a href="http://www.irs.gov">www.irs.gov</a> .	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 <a href="http://www.irs.gov">www.irs.gov</a> .
OTHER TYPES	Dependent Care FSA - Allows you to set aside pre-tax dollars for elder or child dependent care and covers expenses such as day care and before- and after-school care.	There is only one type of HSA.

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

# Supplemental Health Benefits



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

## Accident Coverage

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

## Critical Illness Advantage

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

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

## Critical Illness Advantage w/Cancer

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

## Hospital Indemnity

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

## Short Term Disability

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

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

## How to Enroll

1. Simply go to [www.aflacenrollment.com/AcadianAmbulance/232574635426](http://www.aflacenrollment.com/AcadianAmbulance/232574635426), select the "Login to Apply" and use the login information to apply.
2. Case ID: C122
3. Online ID: First initial of first name, First initial of last name, and last 5 digits of SSN.
4. Password: Acadian23

## For Additional Questions Contact the Employee Benefits Resource Center:

Independent Agent:

Lacey Fontenot - AFLAC Representative

Email: [lacey\\_fontenot@us.aflac.com](mailto:lacey_fontenot@us.aflac.com)

Michael Benson - AFLAC Representative

Email: [m\\_benson@us.aflac.com](mailto:m_benson@us.aflac.com)

888-696-4060





# Dental Benefits



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

## Stay In-Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Delta Dental at [www1.deltadentalins.com](http://www1.deltadentalins.com).

## Dental Plan Summary

This chart summarizes the dental coverage provided by Delta Dental for 2023.

DELTA DENTAL	
ANNUAL DEDUCTIBLE PER COVERED MEMBER	
	\$50
ANNUAL MAXIMUM	
PER PERSON	\$1,500
COVERED SERVICES **	
PREVENTIVE SERVICES	100%
Oral Exams, Routine Cleanings, X-rays, Sealants	
BASIC SERVICES	20%*
Fillings, Endodontics, Periodontics, Oral Surgery	
MAJOR SERVICES	50%*
Crowns, Inlays, Onlays, Cast Restorations, Bridges, Dentures	
ORTHODONTICS	50%
Adults & Dependent Children	
ORTHODONTIC LIFETIME MAXIMUM	\$1,500

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

\*After deductible

## Additional savings

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

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

## Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at [www.deltadentalins.com](http://www.deltadentalins.com).

## Check in without an ID card

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

# Vision Benefits



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

## Vision Plan Summary

This chart summarizes the vision coverage provided by Ameritas for 2023.

AMERITAS VISION PLAN			
	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS			
COPAY	\$10 copay	Up to \$45	Every 12 months
LENSES			
SINGLE VISION	\$10 copay	Up to \$30	Every 12 months
BIFOCAL	\$10 copay	Up to \$50	
TRIFOCAL	\$10 copay	Up to \$65	
LENTICULAR	\$10 copay	Up to \$100	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
FITTING AND EVALUATION*	Up to \$60	N/A	Every 12 months
ELECTIVE	\$130 allowance	Up to \$105	
MEDICALLY NECESSARY	Covered in Full	Up to \$210	
FRAMES			
ALLOWANCE	\$130**	Up to \$70	Every 12 months
SUPPLEMENTAL SAFETY GLASSES** SAFETY LENSES			
SINGLE VISION	\$10 copay	Up to \$30	Every 12 months
BIFOCAL	\$10 copay	Up to \$45	
TRIFOCAL	\$10 copay	Up to \$60	
LENTICULAR	\$10 copay	Up to \$90	
SAFETY FRAME ALLOWANCE			
	\$65	Up to \$25	Every 12 months

\*Fitting and Evaluation fee applied to contact lens allowance.

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

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

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

VSP providers offer:

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

## Frequently Asked Questions

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

- » Yes, if you visit an out-of-network provider, you pay your provider the full balance and submit a claim with your itemized receipt for reimbursement based on out-of-network plan benefits. Greater benefits are available with network providers, and they submit the claim for you.
- » For out-of-network eye care providers, you'll need to pay the provider, get an itemized receipt, and submit it along with a VSP Vision Out-of-Network Claim Form. This form is located at [ameritas.com/vision](http://ameritas.com/vision), Forms, Claim Forms. Send a copy of the itemized bill and completed claim form to: VSP, P.O. Box 385018, Birmingham, AL 35238-5018.

Can I get glasses and contacts in the same year?

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

Who do I contact if I have questions?

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

## Protect your eyes at work and outside



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



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



**3. Take frequent breaks** – Let your eyes rest.



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

# Survivor Benefits (Life Insurance)



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

## Basic Life and Accidental Death & Dismemberment Insurance

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

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

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. Premiums are paid through payroll deductions.

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

## 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](http://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](http://www.estateguidance.com)  
Use code: WILLHLF

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

# Income Protection (Disability)



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

## Basic Long Term Disability (LTD) Insurance

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

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

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

## Returning to Work

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

## Voluntary Short Term Disability (STD) Insurance

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

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



## 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)

# 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	<a href="http://www.principal.com">www.principal.com</a>
ELIGIBILITY	After one year AND 1,000 hours of employment

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

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

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

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

## Contributing to the Plan

The deferred contribution limit set annually by the IRS is \$22,500 for 2023. If you are age 50 or older this year and you already contribute the maximum allowed to your 401(k) account, you may also make a "catch-up contribution." This additional deposit accelerates your progress toward your retirement goals. The maximum catch-up contribution is \$7,500 for 2023 — for a combined total contribution allowance of \$30,000.

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



## Vesting

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

## How Much Should I Save?

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

## Changing or Stopping Your Contributions

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

## Consolidating Your Retirement Savings

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

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

## Investing in the Plan

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

\* Must work 1,000+ hours per year to gain vesting

## Note

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





# Employee Assistance Program



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

## What Happens When You Call the EAP?

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

## Common Reasons to Call Your EAP:

### Relationships

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

### Risks

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

### Transitions

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

### Challenges

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

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

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

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

Employee Assistance Program (EAP):

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

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



# Mental Health



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

## Mental Health and Your Medical Plan

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

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

### The Big Five of Emotional Wellness

#### Practice mindfulness.

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

#### Strengthen social connections.

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

#### Improve your outlook.

Treat people with kindness, including yourself.

#### Get quality sleep.

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

#### Deal with your stress.

Think positively, exercise regularly, and set priorities.



## Other Mental Health Resources

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



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



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



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



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

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

### Mental Health Tips

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



## Note

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



## Have you ever...

- » Been treated unfairly by someone?
- » Received a moving traffic violation?
- » Lost a security deposit?
- » Had a warranty dispute?
- » Purchased or refinanced a home?
- » Thought about preparing your Will?
- » Had difficulty with an insurance claim?
- » Been involved in a separation or divorce?
- » Had your identity compromised?

No matter how traumatic or trivial your situation, LegalShield is here to help! Unexpected legal and identity theft issues arise every day. With LegalShield on your side, you can access legal and identity theft advice and services when you need them, all for one low monthly fee.

## The Comprehensive Group Legal Plan offers:

- » Unlimited consultation with your law firm
- » Letters and phone calls on your behalf
- » Contract and document reviews
- » Will preparation and healthcare powers provided
- » Motor vehicle legal services
- » Trial defense services
- » IRS audit assistance
- » 24/7 emergency access

Members can enjoy thousands of discounts on items they buy every day!

If you wish to add LegalShield coverage for you and/or your family's peace of mind, you can get more information from Acadian's account manager (listed below). You can enroll directly with our account manager or enroll online. Enrolling electronically will send your paperwork directly to LegalShield and Acadian's payroll department for processing.

## To Enroll:

Visit [www.LegalShield.com/info/Acadian](http://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@pplsi.com](mailto:BrianParker@pplsi.com)

Online Enrollment Link: [www.LegalShield.com/info/Acadian](http://www.LegalShield.com/info/Acadian)



# 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](mailto:submitmyclaim@petinsurance.com)
- » **Online:** Submit claims through your Nationwide Pet Account Access page at [my.petinsurance.com](http://my.petinsurance.com). Please allow 48 hours from the time you submit your claim for it to appear online.



Easy  
enrollment



Select the species  
(dog or cat)\*



Provide your  
zip code



Pick your  
plan

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



Visit any vet.



Send us your claim.



We'll send you a check.

**vet**helpline

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



Get your pet insurance reimbursements deposited directly to your bank.



Easy online claims from your desktop or mobile device.







# 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.

**Consumer-Driven Health Plan (CDHP)** – A plan option that provides choice, flexibility, and control over 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.

**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 a CDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

**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 BCBSLA 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 BCBSLA 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](http://www.medicare.gov)
- » Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- » Call 1-800-MEDICARE (1-800-633-4227).  
TTY users should call 1-877-486-2048

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

*Remember: Keep this 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, 2023
Name of Entity/Sender:	Acadian Companies
Contact—Position/Office:	Human Resources
Address:	2916 N. University, Bldg G. Lafayette, LA 70507
Phone Number:	337-291-3333



## 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 337-291-3333.

## HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care 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 337-291-3333.

## 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 337-291-3333.

## 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  
Liz Gerald, HR Manager  
2916 N. University, Bldg G Lafayette, LA 70507  
337-291-3360

## 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).

## 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. Therefore, the following deductibles and coinsurance apply.

If you would like more information on WHCRA benefits, contact  
Liz Gerald, HR Manager  
2916 N. University, Bldg G Lafayette, LA 70507  
337-291-3360

## 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.

## Notice of Privacy Practices

### 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

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 an electronic or paper copy of your medical record

- » You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- » We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- » You can ask us to correct health information about you that you think is 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 say "yes" to all reasonable requests.

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.
- » If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- » We will say "yes" unless a law requires us to share that information.

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 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 the back page.
- » 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.D. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://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 your care
- » Share information in a disaster relief situation
- » Include your information in a hospital directory

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
- » State of your information
- » Most sharing of psychotherapy notes

In the case of fundraising:

- » We may contact you for fundraising efforts, but you can tell us not to contact you again.

## 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.

#### Treat you

- » We can use your health information and share it with other professionals who are treating you.
- » Example: A doctor treating you for an injury asks another doctor about your overall health condition.

#### Run our organization

- » We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- » Example: We use health information about you to manage your treatment and services.

#### Bill for your services

- » We can use and share your health information to bill and get payment from health plans or other entities.
- » Example: We give information about you to your health insurance plan so it will pay for your services.

## 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](http://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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

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, and on our web site.

This Notice of Privacy Practices applies to the following organizations.

Acadian Ambulance Service, Inc.; Acadian Ambulance Service of Texas, LLC; Acadian Ambulance Service of New Orleans, LLC.  
130 E. Kaliste Saloom Road  
Lafayette, LA 70508  
www.acadian.com  
Privacy Officer:  
Elizabeth LeBlanc  
Beth.LeBlanc@acadian.com  
337-291-3333

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

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

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

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

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

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact 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.

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Acadian Companies	4. Employer Identification Number (EIN) 72-0701964	
5. Employer address P O Box 98000	6. Employer phone number 1-800-259-3333	
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/ContentListing.aspx?subsection=2419>
  - 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.

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

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –**

## ALABAMA – Medicaid

WEBSITE <http://myalhipp.com/>  
PHONE 1-855-692-5447

## ALASKA – Medicaid

WEBSITE The AK Health Insurance Premium Payment Program  
<http://myakhipp.com/>  
PHONE 1-866-251-4861  
EMAIL CustomerService@MyAKHIPP.com  
MEDICAID ELIGIBILITY <https://health.alaska.gov/dpa/Pages/default.aspx>

## ARKANSAS – Medicaid

WEBSITE <http://myarhipp.com/>  
PHONE 1-855-MyARHIPP (855-692-7447)

## CALIFORNIA – Medicaid

WEBSITE Health Insurance Premium Payment (HIPP) Program  
<http://dhcs.ca.gov/hipp>  
PHONE 916-445-8322 / (fax) 916-440-5676  
EMAIL [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

## COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

WEBSITE Health First Colorado Website:  
<https://www.healthfirstcolorado.com/>  
PHONE Health First Colorado Member Contact Center:  
1-800-221-3943 / State Relay 711  
CHP+ WEBSITE <https://hcpf.colorado.gov/child-health-plan-plus>  
CHP+ PHONE Customer Service: 1-800-359-1991 / State Relay 711  
WEBSITE Health Insurance Buy-In Program (HIBI):  
<https://www.mycohibi.com/>  
PHONE HIBI Customer Service: 1-855-692-6442

## FLORIDA – Medicaid

WEBSITE <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>  
PHONE 1-877-357-3268

## GEORGIA – 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

## INDIANA – Medicaid

WEBSITE Healthy Indiana Plan for low-income adults 19-64  
<http://www.in.gov/fssa/hip/>  
PHONE 1-877-438-4479  
All other Medicaid  
WEBSITE <https://www.in.gov/medicaid/>  
PHONE 1-800-457-4584

## IOWA – Medicaid and CHIP (Hawki)

MEDICAID WEBSITE <https://dhs.iowa.gov/ime/members>  
MEDICAID PHONE 1-800-338-8366  
HAWKI WEBSITE <http://dhs.iowa.gov/Hawki>  
HAWKI PHONE 1-800-257-8563  
HIPP WEBSITE <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
HIPP PHONE 1-888-346-9562

## KANSAS – Medicaid

WEBSITE <https://www.kancare.ks.gov/>  
PHONE 1-800-792-4884  
HIPP PHONE 1-800-766-9012

## KENTUCKY – Medicaid

WEBSITE Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) Program  
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
PHONE 1-855-459-6328  
EMAIL [KIHIP.PROGRAM@ky.gov](mailto:KIHIP.PROGRAM@ky.gov)  
KCHIP WEBSITE <https://kidshealth.ky.gov/Pages/index.aspx>  
KCHIP PHONE 1-877-524-4718  
MEDICAID WEBSITE <https://chfs.ky.gov>

## LOUISIANA – Medicaid

WEBSITE [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
PHONE 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

## MAINE – Medicaid

ENROLLMENT WEBSITE [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
PHONE 1-800-442-6003 TTY: Maine relay 711  
WEBSITE Private Health Insurance Premium  
<https://www.maine.gov/dhhs/ofi/applications-forms>  
PHONE 1-800-977-6740 TTY: Maine relay 711

## MASSACHUSETTS – Medicaid and CHIP

WEBSITE <https://www.mass.gov/masshealth/pa>  
PHONE 1-800-862-4840 TTY: 617-886-8102

## MINNESOTA – Medicaid

WEBSITE <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
PHONE 1-800-657-3739

## MISSOURI – Medicaid

WEBSITE <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
PHONE 573-751-2005

## MONTANA – Medicaid

WEBSITE <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
PHONE 1-800-694-3084  
EMAIL [HHSHIPProgram@mt.gov](mailto:HHSHIPProgram@mt.gov)

## NEBRASKA – Medicaid

WEBSITE <http://www.ACCESSNebraska.ne.gov>  
PHONE 1-855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178

## NEVADA – Medicaid

MEDICAID WEBSITE <http://dhcfp.nv.gov>  
MEDICAID PHONE 1-800-992-0900

## NEW HAMPSHIRE – Medicaid

WEBSITE <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
PHONE 603-271-5218  
TOLL FREE FOR HIPPI PROGRAM 1-800-852-3345, ext 5218

## NEW JERSEY – Medicaid and CHIP

MEDICAID WEBSITE <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
MEDICAID PHONE 609-631-2392  
CHIP WEBSITE <http://www.njfamilycare.org/index.html>  
CHIP PHONE 1-800-701-0710

## NEW YORK – Medicaid

WEBSITE [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
PHONE 1-800-541-2831

## NORTH CAROLINA – Medicaid

WEBSITE <https://medicaid.ncdhhs.gov/>  
PHONE 919-855-4100

## NORTH DAKOTA – Medicaid

WEBSITE <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
PHONE 1-844-854-4825

## OKLAHOMA – Medicaid and CHIP

WEBSITE <http://www.insureoklahoma.org>  
PHONE 1-888-365-3742

## OREGON – Medicaid

WEBSITE <http://healthcare.oregon.gov/Pages/index.aspx>  
<http://www.oregonhealthcare.gov/index-es.html>  
PHONE 1-800-699-9075

## PENNSYLVANIA – Medicaid

WEBSITE <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>  
PHONE 1-800-692-7462  
CHIP WEBSITE <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>  
CHIP PHONE 1-800-986-KIDS (5437)

## RHODE ISLAND – Medicaid and CHIP

WEBSITE <http://www.eohhs.ri.gov/>  
PHONE 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

## SOUTH CAROLINA – Medicaid

WEBSITE <https://www.scdhhs.gov>  
PHONE 1-888-549-0820

## SOUTH DAKOTA - Medicaid

WEBSITE <http://dss.sd.gov>  
PHONE 1-888-828-0059

## TEXAS – Medicaid

WEBSITE <http://gethipptexas.com/>  
PHONE 1-800-440-0493

## UTAH – Medicaid and CHIP

MEDICAID WEBSITE <https://medicaid.utah.gov/>  
CHIP WEBSITE <http://health.utah.gov/chip>  
PHONE 1-877-543-7669

## VERMONT– Medicaid

WEBSITE <https://dvha.vermont.gov/members/medicaid/hipp-program>  
PHONE 1-800-250-8427

## VIRGINIA – Medicaid and CHIP

WEBSITE <https://www.coverva.org/en/famis-select>  
<https://www.coverva.org/en/hipp>  
MEDICAID AND CHIP PHONE 1-800-432-5924

## WASHINGTON – Medicaid

WEBSITE <https://www.hca.wa.gov/>  
PHONE 1-800-562-3022

## WEST VIRGINIA – Medicaid and CHIP

WEBSITE <http://dhhr.wv.gov/bms>  
<http://mywvhpp.com>  
MEDICAID PHONE 304-558-1700  
CHIP TOLL-FREE 1-855-MyWVHIPP (1-855-699-8447)

## WISCONSIN – Medicaid and CHIP

WEBSITE <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
PHONE 1-800-362-3002

## WYOMING – Medicaid

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 January 31, 2023, or for more information on special enrollment rights, contact either:

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

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

## 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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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



# Important Contacts

## Medical

Blue Cross Blue Shield of Louisiana  
833-584-1830  
[www.myHealthToolkitLA.com](http://www.myHealthToolkitLA.com)

Surgery Plus  
855-515-0461  
[Acadian.SurgeryPlus.com](http://Acadian.SurgeryPlus.com)

CVS Caremark  
866-881-5608  
[www.caremark.com](http://www.caremark.com)

## Supplemental Health (Accident, Critical Illness, Hospital Indemnity)

AFLAC  
Employee Benefits Resource Center  
888-696-4060

Lacey Fontenot-AFLAC Representative  
[lacey\\_fontenot@us.aflac.com](mailto:lacey_fontenot@us.aflac.com)

Michael Benson-AFLAC Representative  
[m\\_benson@us.aflac.com](mailto:m_benson@us.aflac.com)

## Telemedicine

Teladoc  
800-835-2362  
[www.teladoc.com/doctors](http://www.teladoc.com/doctors)

## Employee Support/CISM Coordinator

Jason Cole  
337-500-1840

## Employee Assistance Program

BHS  
800-327-2251  
[portal.BHSONline.com](http://portal.BHSONline.com)

## Dental

Delta Dental  
800-521-2651  
[www1.deltadentalins.com](http://www1.deltadentalins.com)

## Vision

Contact VSP for benefit, claims or  
network questions.  
800-877-7195  
[www.vsp.com](http://www.vsp.com)

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

## Health Savings Account

HSA Bank  
800-357-6246  
[www.hsabank.com](http://www.hsabank.com)  
[askus@hsabank.com](mailto:askus@hsabank.com)

## Flexible Spending Accounts

WEX  
833-225-5939  
[www.wexinc.com](http://www.wexinc.com)

## Life and AD&D

The Hartford  
888-563-1124  
[www.thehartford.com](http://www.thehartford.com)

## Disability

Lincoln Financial  
800-423-2765  
[www.lfg.com](http://www.lfg.com)

## Retirement

Principal Financial Group  
800-547-7754  
[www.principal.com](http://www.principal.com)

## Legal Service Plan

LegalShield  
844-699-7076  
[memberservices@legalshield.com](mailto:memberservices@legalshield.com)

## Pet Insurance

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

## Acadian Companies Benefits Team

PO Box 98000  
Lafayette, LA 70509-8000  
337-210-1757, option 3  
[benefits@acadian.com](mailto:benefits@acadian.com)





