

ENROLLMENT GUIDELINES:

The benefit enrollment forms along with dependent documents must be received within 30 days from your date of hire or qualified change of family status/special enrollment right (as allowed under IRC Section 125 and the Plan). Any election made in the initial 30 days will continue for the remainder of the year (unless a mid-year change in family status occurs). If the enrollment form and dependent documentation is not received within 30 days from the date of hire or qualified change of family status/special enrollment, coverage will not commence. This also means if dependent documents are not received, the requested coverage for the dependent (spouse and/or child(ren)) may not occur.

The next opportunity to make a change to a benefit election will occur during Open Enrollment and take effect January 1st of the following year.

SPECIAL ENROLLMENT RIGHTS:

If a new dependent is obtained as a result of marriage, birth, adoption or placement for adoption, eligible employees are able to enroll themselves and their dependents if an enrollment form and dependent documentation is received within 30 days after the marriage, birth, adoption, or placement for adoption.

If eligible employees decline enrollment on themselves or their eligible dependents (including a spouse or a child who is under the age of 26) as a result of having other insurance coverage, they will be able to elect coverage in the future if their other coverage ends. An enrollment form and dependent documentation (if applicable) must be provided within 30 days from the date the other coverage ends.

Other times an employee may enroll:

- 1. Your dependents lose their Medicaid or CHIP coverage, or
- 2. Your dependents become eligible for a states premium assistance subsidy under Medicaid or CHIP.

Enrollment forms and dependent documentation must be received within 30 days of the qualifying event.

If an employee and/or eligible dependents decline the option for coverage and at a later time request coverage, the employee may be subject to enrollment limitations set forth by the Plan.

CONTINUATION WHILE NOT WORKING:

Acadian Ambulance Service's policies allow for insurance coverage to be maintained for a specified period (see below) in the event that I am not actively at work (as long as biweekly premiums are paid in full and on time).

- Group Health, Dental, Vision, Flexible Spending Account(s), Optional Life, Basic Life, Accidental Death and Dismemberment, and Aflac products can be maintained for a period of six (6) months as long as applicable premiums are paid by both employee and employer.
- Disability coverage will continue as outlined by the plans (if applicable); however, Short Term Disability premiums must be paid for the entire 6 months following last date worked (unless approved for Long Term Disability).

In the event an employee does not receive a paycheck due to not being actively at work (Worker's Compensation, qualified Family Medical Leave, Disability, or for any other approved reason), it is the employee's responsibility to remit premium payments directly to Human Resources. Payments are due by each scheduled Acadian "Pay date" (exact dates available on the Benefits tab of the Intranet). There will be a 30-day grace period following this due date. If a premium is not paid by the conclusion of the grace period, then coverage will be cancelled for non-payment.



IMPORTANT BENEFIT NOTIFICATIONS:

An initial COBRA notification will be mailed from the COBRA Administrator, explaining opportunities for temporary continuation of health care coverage (in the event an eligible employee and/or a dependent have a qualifying circumstance).

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

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

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

If you cannot find answers to your benefit questions on Acadian Central, please direct any questions to the following Benefits Representatives.

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