



PRODUCT HANDLING & SITE LOGISTICS

## Employee Benefits Guide

**Plan Year:**

**November 1, 2025 - October 31, 2026**

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## BENEFITS OVERVIEW

As an employee of Loadstar Product Handling Services, LLC, you are eligible to participate in a variety of employee benefit plans. Loadstar knows how important it is to provide quality employee benefits to our employees and their dependents. We always strive to provide a total benefit package that meets your needs as well as the needs of the company.

## ENROLLMENT ELIGIBILITY

During this enrollment period, you may request to add, change, or remove dependents to the benefit plan options offered by Loadstar Product Handling Services, LLC, subject to the completion of the proper forms and approval by the insurance carriers. Full-time employees working at least 30 hours per week are eligible for benefits on the first of the month following date of employment.

## ELIGIBLE DEPENDENTS

Many of the plans offer coverage for eligible dependents, including:

- Your legal spouse
- Your children to age 26, regardless of student, marital, or tax-dependent status (including stepchild, legally adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian)
- Your dependent children over age 26 who are physically or mentally unable to care for themselves

## DEPENDENT VERIFICATION

For all dependents added to an insurance plan, you will need to submit a Dependent Verification document:

- Spouse = Marriage Certificate
- Child(ren) = Birth Certificate, Adoption Paperwork, Court Ordered Paperwork

## WHEN TO ENROLL

Other than during the designated Open Enrollment period, you can enroll in benefits or change your elections at the following times:

- 30 days prior to your initial eligibility date (as a newly hired employee)
- Within 30 days of experiencing a qualifying life event



## BENEFITS OVERVIEW

### CHANGING BENEFITS AFTER ENROLLMENT

You may pay your portion of your select coverages on a pre-tax basis. Thus, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying event, and election changes must be consistent with your life event. To request a benefits change, notify Human Resources within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. You may need to provide proof of the life event.

### QUALIFYING LIFE EVENT

These events include, but are not limited to:

- Marriage, divorce, or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Change in your child's eligibility for benefits
- Qualified Medical Child Support Order

### BENEFIT OPTIONS

We offer a comprehensive benefits package consisting of:

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Short-Term Disability Insurance
- Long-Term Disability Insurance
- Basic Life and Accidental Death & Dismemberment Insurance
- Voluntary Life Insurance
- Employee Assistance Program
- 401k



# COVERAGE COSTS

## COVERAGE COSTS

MEDICAL (BCBS)	Option 1 PPO Plan		Option 2 HDHP Plan	
	Weekly Cost (52)	Bi-Weekly Cost (26)	Weekly Cost (52)	Bi-Weekly Cost (26)
Employee ONLY	\$74.53	\$149.07	\$61.30	\$122.59
Employee + Spouse	\$139.79	\$279.59	\$119.54	\$239.09
Employee + Child(ren)	\$131.90	\$263.80	\$108.34	\$216.67
Employee + Family	\$173.01	\$346.02	\$156.54	\$313.09

DENTAL (Lincoln)	Weekly Cost (52)	Bi-Weekly Cost (26)
Employee ONLY	\$6.89	\$13.78
Employee + Spouse	\$14.62	\$29.24
Employee + Child(ren)	\$16.40	\$32.79
Employee + Family	\$25.89	\$51.78

VISION (Lincoln)	Weekly Cost (52)	Bi-Weekly Cost (26)
Employee ONLY	\$0.00	\$0.00
Employee + Spouse	\$0.97	\$1.95
Employee + Child(ren)	\$1.07	\$2.13
Employee + Family	\$2.08	\$4.16



# MEDICAL INSURANCE



## MEDICAL INSURANCE

Carrier: Blue Cross Blue Shield of Louisiana

Choosing the right medical plan is an important decision. Take the time to learn about your options to ensure you select the right plan for you and your family.

### THINGS TO CONSIDER

1. Do you prefer to pay more for medical insurance out of your paycheck, but less when you need care?
2. Do you prefer to pay less out of your paycheck, but more when you need care?
3. What planned medical services do you expect to need in the upcoming year?
4. Do you or any of your covered family members take prescription medications on a regular basis?

### COMPARING MEDICAL PLAN OPTIONS

#### PPO

- Higher cost per paycheck
- Lower deductible

#### HDHP

- Lower cost per paycheck
- Higher deductible

### FINDING IN-NETWORK PROVIDERS

You save the most money when you choose in-network doctors, facilities and pharmacies.

Log on to [www.lablue.com](http://www.lablue.com) or call **800.495.2983** to find providers in the LA Blue network.

Group Name: Loadstar Product Handling Services, LLC Group Number:  
78W67ERC RX BIN Number: 003858 PCN-A4 RX Group Number: BSLA  
Mailing Address: BCBSLA, P.O. Box 98029, Baton Rouge, La 70809 Customer  
Service: 1-800-495-2583 Authorizations: 1-800-523-6435 BCBSLA Website:  
<http://www.bcbsla.com> Blue Card Access (Out of State Medical Providers): 1-  
800-810-2583 Website link to locate out of state medical providers:  
<http://provider.bcbs.com/>





## BLUE CROSS BLUE SHIELD - GROUP #: 78W67ERC

PPO Plan		
	In Network	Out of Network
Calendar Year Deductible (Individual/Family)	\$500 / \$1,500	\$1,000 / \$3,000
Coinsurance	20%	40%
Calendar Year Out-of-pocket Maximum (Individual/Family)	\$3,750 / \$7,500	\$7,500 / \$15,000
Loadstar Contribution to Health Savings Account (Individual/Family)	HSA not offered with the PPO Plan	
Preventive Care	NO COST	40% coinsurance, deductible waived
Office Visits Primary Care Urgent Care Specialist	\$40 copay \$55 copay \$55 copay	40% after deductible 40% after deductible 40% after deductible
Emergency Room	20% after in-network deductible	
HDHP Blue Saver Plan		
	In Network	Out of Network
Calendar Year Deductible (Individual/Family)	\$1,900 / \$3,800*	\$3,800 / \$7,600*
Coinsurance	20%	40%
Calendar Year Out-of-pocket Maximum (Individual/Family)	\$4,100 / \$8,200	\$8,200 / \$16,400
Loadstar Annual Contribution to Health Savings Account (Individual/Family)	\$300 / \$600	
Preventive Care	NO COST	40% after deductible
Office Visits Primary Care Urgent Care Specialist	20% after deductible 20% after deductible 20% after deductible	40% after deductible 40% after deductible 40% after deductible
Emergency Room	20% after deductible	

\*For individual HDHP coverage, the individual deductible is the amount the member must pay each plan year before the plan begins paying toward covered services. If electing dependent coverage, the individual deductible does not apply. The family deductible must be met, either by one individual or by a combination of family members, before the plan begins to pay. However, no individual will pay more than \$8,200 toward the out-of-pocket maximum.

## HEALTH SAVINGS ACCOUNT

Loadstar offers a Health Savings Account to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses if you enroll in the High Deductible Health Plan.

### HSA Frequently Asked Questions

<b>What Medical Plan must I elect to participate in an HSA?</b>	HDHP
<b>What expenses are eligible?</b>	Medical, prescription drug, dental and vision care (See IRS Publication 502 for the types of expenses that may be eligible)
<b>When can I use the funds?</b>	Funds are available as you contribute to the account
<b>Can I roll over funds each year?</b>	Yes, funds roll over from year to year and are yours to keep, even if you leave the company or retire.
<b>How do I pay for eligible expenses?</b>	With your <b>iSolved</b> HSA debit card You can also submit claims for reimbursement online at <a href="http://www.iSolvedhcm.com">www.iSolvedhcm.com</a>
<b>How much can I contribute each year?</b>	<p>\$4,300 for individual coverage or \$8,550 for family coverage (this total includes company funding) and additional \$1,000 for catch up contributions in 2025.</p> <p><b>Loadstar contributes, based on payroll frequency:</b></p> <p><b>WEEKLY:</b>            \$5.77 - Employee Only Coverage            \$11.54 - Employee + Dependent Coverage</p> <p><b>BI-WEEKLY:</b>            \$11.54 - Employee Only Coverage            \$23.08 - Employee + Dependent Coverage</p>
<b>Can I change my contributions throughout the year?</b>	Yes, you can log on to <a href="http://www.isolvedhcm.com">www.isolvedhcm.com</a> to change your per-paycheck contributions at any time

### TAX IMPLICATIONS OF AN HSA

Contributions to your HSA reduce your taxable income, and qualified medical expenses are never taxed. All money set aside in an HSA grows tax- deferred until age 65, when funds can be withdrawn for any non-medical purpose at ordinary tax rates, or tax-free when used for medical expenses. You may contribute additional funds to your HSA (\$1,000 per tax year) if you will be 55 years or older by December 31. Learn more at [www.iSolvedhcm.com](http://www.iSolvedhcm.com).



## TELEMEDICINE | VIRTUAL VISITS

When it comes to healthcare, access is important. You want care that is convenient, high quality and low cost. But depending on your condition, going to your personal physician or an urgent care clinic might not be your best option. We are proud to offer telemedicine/virtual visits.

You can connect with a U.S. board-certified doctor 24 hours a day, seven days a week by phone or video chat. Call Louisiana Blue at 800-495-2983 if you have a minor physical condition like a cold or fever.

### Treated Through Telemedicine:

- Allergies
- Cold & Flu Symptoms
- Cough
- Ear Infection
- Pink Eye
- Prescription Refills
- Respiratory Infection Sinus
- Problems/Nasal Congestion
- Urinary Tract Infection
- And more!

### Not Treated Through Telemedicine:

- Sprains, broken bones or injuries requiring bandaging
- Anything that needs a hands on exam
- Anything that needs a lab test or X ray
- Chronic conditions

## HOW TO REGISTER

**Step 1:** Visit [www.BlueCareLa.com](http://www.BlueCareLa.com) or download the BlueCare app.

**Step 2:** Create your account with a Username and Password, which you will use for each BlueCare visit.

**Step 3:** Click "Request a Visit" to schedule a virtual visit through your phone or computer.



## PRESCRIPTION DRUGS

Prescription drug coverage through Louisiana Blue is included with both of our medical plans. Review the chart below for the amount you will pay for the prescription drug service listed.

Mail order prescriptions must be filled through BCBSLA's Mail Order pharmacy, ExpressScripts.

PPO PLAN		
	In Network	Out of Network
<b>Retail (30-day Supply)</b>		
Tier 1	Tier 1: \$15 copay	Tier 1: \$15 copay
Tier 2	Tier 2: \$40 copay	Tier 2: \$40 copay
Tier 3	Tier 3: \$70 copay	Tier 3: \$70 copay
Tier 4	Tier 4: 10% to \$150 max	Tier 4: 10% to \$150 max

HDHP Blue Saver Plan		
	In Network	Out of Network
<b>Retail (30-day Supply)</b>		
Tier 1	20% after deductible	20% after deductible
Tier 2	40% after deductible	40% after deductible
Tier 3		
Tier 4		

### Generic Drugs

Generic drugs are FDA-approved, and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

### Preferred Drugs

Louisiana Blue regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.

### Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you could save money by using Louisiana Blue's mail-order pharmacy. You can register for mail-order pharmacy by logging on to [www.lablue.com](http://www.lablue.com).





# DENTAL AND VISION INSURANCE



## DENTAL INSURANCE

### Carrier: Lincoln

Loadstar offers one dental plan through Lincoln. Review the chart below for the amount Lincoln will pay for the dental service listed.

	Dental Plan	
	In Network	Out of Network
<b>Calendar Year Deductible (waived for Preventive Care)</b> (Individual/Family)	\$50/\$150	\$50/\$150
<b>Calendar Year Maximum</b> (Per Person)	\$1,500 per covered member	\$1,500 per covered member
<b>Preventive Care</b> (Oral exams, cleanings, X-rays, sealants, space maintainers, fluoride treatment, emergency palliative treatment)	100%	100%
<b>Basic Services</b> (Periodontal & endodontic services, oral surgery, fillings, complex and simple extractions, general anesthesia)	80%	80%
<b>Major Services</b> (Bridges, crowns (inlays/outlays), dentures (full/partial), implants)	50%	50%
<b>Orthodontia</b> (Children up to age 19)	50%	50%
<b>Orthodontia Lifetime Maximum</b> (Per Person)	\$1,000	\$1,000

### FINDING IN NETWORK DENTIST

You pay less for services when you use a dentist in the Lincoln network.  
You can find an in-network dentist by visiting [www.lincolnfinancial.com](http://www.lincolnfinancial.com) or calling 877-275-5462.



## VISION INSURANCE

### Carrier: Lincoln

Loadstar's vision plan through Lincoln covers routine eye exams and helps you pay for glasses or contact lenses. Review the chart below for the amount you will pay for the vision service listed.

	Vision Plan	
	In Network	Out of Network
<b>Eye Exam</b> (Once every 12 months)	\$10 copay	\$40 allowance
<b>Lenses</b> (Once every 12 months) Single /Bifocal/Trifocal/Lenticular	\$25 copay	\$40 - \$80 allowance
<b>Frames</b> (Once every 24 months)	\$125 allowance	\$45 allowance
<b>Contact Lenses</b> (Once every 12 months)		
Elective	\$130 allowance	\$45 allowance

### FINDING IN NETWORK EYE DOCTORS

You can find an in-network eye doctor in the Louisiana Blue network by visiting [www.lincolffinancial.com](http://www.lincolffinancial.com) or calling 877-275-5462.





# GROUP LIFE, AD&D, AND VOLUNTARY LIFE INSURANCE





## GROUP LIFE INSURANCE

**Carrier: Lincoln**

### LIFE & ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Basic Life and AD&D Insurance are automatically provided to all benefits eligible employees at no cost. If you die as a result of an accident, your beneficiary would receive both the Life and the AD&D benefit.

- Life Insurance Amount: \$50,000
- AD&D Amount: Equal to life insurance amount
- Benefit Reduction Schedule: 35% at age 65 and 50% at age 70

*Please refer to the official plan documents for additional information on coverage and exclusions.*

## VOLUNTARY LIFE INSURANCE

**Carrier: Lincoln**

### WHAT IS VOLUNTARY LIFE INSURANCE?

Voluntary Life Insurance is offered through an employer but is paid by employees. **During this open enrollment period only, employees may elect up to \$200,000 in voluntary life insurance coverage with no medical questions or health screenings required.**

### WHY PURCHASE VOLUNTARY LIFE INSURANCE?

- This type of life insurance has limited underwriting required. This allows for people with health conditions or lifestyles that might otherwise disqualify them to qualify for life insurance.
- The group rates are lower than what you could purchase on your own.
- You may purchase a policy for your spouse and children IF you elect coverage for yourself.
- Portability: Included

*Please refer to the official plan documents for additional information on coverage and exclusions.*



	How it Works	Basic Life and AD&D (Company-paid benefit)	Voluntary Life and AD&D (Employee-paid benefit)
<b>LIFE</b>	Your beneficiaries receive this benefit if you pass away	\$50,000	<p><b>You:</b> Increments of \$10,000 up to lesser of 5x salary or \$500,000</p> <p><b>Your spouse:</b> Increments of \$5,000 up to \$100,000, not to exceed 50% of employee's voluntary life amount</p> <p><b>Your child(ren):</b> 15 days old to 6 months: \$2,000; 6 months through age 25: \$20,000; A minimum benefit of \$2,000</p>
<b>AD&amp;D</b>	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	\$50,000	<p><b>You:</b> Increments of \$10,000 up to lesser of 5x salary or \$500,000</p> <p><b>Your spouse:</b> Increments of \$5,000 up to \$100,000, not to exceed 50% of employee's voluntary life amount</p> <p><b>Your child(ren):</b> 15 days old to 6 months: \$2,000; 6 months through age 25: \$20,000; A minimum benefit of \$2,000</p>



# DISABILITY INSURANCE



# DISABILITY INSURANCE

**Carrier: Lincoln**

## SHORT-TERM DISABILITY INSURANCE

Short-Term Disability (STD) Insurance is designed to help you meet your financial needs if you become unable to work due to a non-work-related illness or injury. **STD Insurance is automatically provided to all benefits-eligible employees at no cost.** Premiums are calculated as a percentage of your annual base salary. Benefits may be offset due to other benefits such as paid sick leave, workers' compensation, etc.

- **Benefit:** 60% of base weekly salary up to \$1,250 per week
- **Elimination Period:** 14 days
- **Benefit Durations:** Up to 24 weeks
- **Waiting Period:** None

*Please refer to the official plan documents for additional information on coverage and exclusions.*

## LONG-TERM DISABILITY INSURANCE

Long-Term Disability (LTD) Insurance is designed to help you meet your financial needs during longer disability periods. LTD Insurance is automatically provided to all benefits-eligible employees at no cost. Benefit may be offset due to other benefits such as paid sick leave, workers' compensation.

- **Benefit:** 60% of base monthly salary up to \$6,000 per month
- **Elimination Period:** 180 days Benefit Duration: Until Social Security Normal Retirement Age
- **Own Occupation Period:** 24 months Pre-Existing Condition
- **Waiting Period:** Conditions treated within 3 months prior to effective date of coverage will not be covered for the first 12 months.

*Please refer to the official plan documents for additional information on coverage and exclusions.*





401(k) Retirement  
**S A V I N G S   P L A N**





## 401(K) RETIREMENT PLAN

### **Carrier: T. Rowe Price**

Prepare for retirement through a 401(k) retirement savings plan. Employees are eligible to begin contributions on the first of the month, following 90 days of employment.

### **WHAT IS A 401(K) PLAN?**

A 401(k) is an employer-sponsored retirement savings plan that allows employees to save and invest a percentage of their paycheck before taxes are taken out. Employers may also choose to make matching contributions.

### **WHO IS ELIGIBLE?**

Participation in the plan is open to employees who meet the following requirements:

- Active, Full Time Employees
- Completion of 90 days employment

### **WHEN CAN I ENROLL?**

Your initial eligibility begins on the 1st of the month after 90 days of employment. You can also enroll in the plan on the 1st of any month thereafter. You may increase, decrease, stop or restart your contributions at any time.

### **WHAT ARE THE ADVANTAGES?**

Participation in this plan is a good way to invest money for retirement. You can reduce your current income taxes and set aside money for retirement at the same time. Since federal income taxes are calculated on your income after your retirement plan contribution has been deducted, you may pay less in federal income taxes. Most states also exempt 401(k) plan contributions from state income taxation until a distribution is taken from the plan. Thus, you may actually have more spendable income than you would if you were contributing a comparable amount to a savings account where contributions and earnings are subject to current income tax rules.





## 401(K) RETIREMENT PLAN

### HOW MUCH CAN I CONTRIBUTE?

For the 2025 calendar year, you may contribute up to \$23,500. This amount will be adjusted for inflation as needed in future years. Additional deferral amounts for participants 50 years and older are available through catch-up contributions of up to \$7,500.

### HOW CAN I CHANGE MY CONTRIBUTED AMOUNT?

Notify human resources if you would like to change your salary deferral amount. You may stop contributions at any time, or you can increase or decrease your contributions at the beginning of each quarter.

### WHEN CAN I WITHDRAW MY CONTRIBUTIONS?

Like other retirement plans, a 401(k) plan is intended to be a long-term retirement investment vehicle. As a result, withdrawals are allowed when you reach age 59 ½, terminate employment, retire, become disabled, or experience financial hardship (subject to IRS rules). Withdrawals of both contributions and earnings will be subject to ordinary income taxes in the year in which you received the money. Withdrawals prior to age 59 ½ may also be subject to early withdrawal and tax penalties.

### WHAT OPTIONS ARE AVAILABLE WHEN I TERMINATE OR RETIRE?

When you terminate employment or retire, depending on your account balance, you may keep your money in the plan, transfer or roll it over to another eligible retirement plan or Individual Retirement Account (IRA), receive the money in a lump sum, or select annuity payments (if allowed by your plan).

#### ENROLLMENT & SETUP

1. If you don't make an election prior to completing 90 days of employment, you will be automatically enrolled in Loadstar's 401(k) plan at a 4% deferral rate. Your contribution will be allocated to the plan's default option (QDIA).
2. Login to your retirement plan website at: [rps.troweprice.com](https://rps.troweprice.com) or [troweprice.com/mobilesolutions](https://troweprice.com/mobilesolutions) (mobile device)
3. Be sure to log in to update your beneficiary, verify your preferred email address, and update your contribution rate and preselected investment fund.
4. If you would like a dedicated representative to assist you with the 401(k) setup process, call 1-800-354-2351.



## 401(K) RETIREMENT PLAN

### EMPLOYER CONTRIBUTIONS

Loadstar will make a \$1 for \$1 matching contribution on the first 4% of your annual salary you contribute, plus an additional \$0.50 per \$1 on the next 2% contributed. You must defer 6% of your annual salary to receive the maximum employer match of 5%.

### VESTING

- You are always 100% vested in your contributions to the plan
- Employer contributions are subject to a vesting schedule

YEARS OF SERVICE	VESTED INTEREST
2	20%
3	40%
4	60%
5	80%
6	100%

### HAVE OTHER RETIREMENT ACCOUNTS?

Maybe you have changed jobs over time and left an old retirement plan account behind. You may have more options than you think when it comes to managing these assets. To learn more about your options, talk with one of our retirement specialists at 1-800-354-2351.

#### EXAMPLE

1. Your annual salary is \$50,000, and you contribute 6% (\$3,000)
2. Loadstar matches \$1 for \$1 on the first 4% (\$2,000) plus \$0.50 per \$1 on the next 2% (\$500).

**That's an additional \$2,500 deposit into your account for the year!**







# EMPLOYEE ASSISTANCE PROGRAM





## EMPLOYEE ASSISTANCE PROGRAM

### Carrier: ComPsych

All employees, regardless of enrollment in other benefits, have 24/7 access to confidential support, guidance, and resources.

### SERVICES INCLUDE

- Counseling
- Self-improvement tools
- Solutions for everyday issues

### TO ACCESS SERVICES

- Call 877-616-0508
- TTY: 800-697-0353
- Online: [www.guidanceresources.com](http://www.guidanceresources.com)
- App: GuidanceNow



# IMPORTANT CONTACTS

Benefit	Vendor	Phone	Website or Email
Medical	Louisiana Blue	800.495.2983	<a href="http://www.lablue.com">www.lablue.com</a>
Dental	Lincoln	877.275.5462	<a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>
Vision	Lincoln	877.275.5462	<a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>
Life and AD&D	Lincoln	877.275.5462	<a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>
Voluntary Life and AD&D	Lincoln	877.275.5462	<a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>
Short Term Disability	Lincoln	877.275.5462	<a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>
Long Term Disability	Lincoln	877.275.5462	<a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>
Employee Assistance Program	ComPsych	Phone: 877.616.0508 TTY: 800.697.0353	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>
401k	T. Rowe Price	800.354.2351	<a href="http://www.rps.troweprice.com">www.rps.troweprice.com</a>
Loadstar HR Director	Kelli Dominique	225.317.7700	kelli.dominique@loadstar.com





# BENEFITS GUIDE GLOSSARY



## GLOSSARY

**Beneficiary:** The person or persons you name to receive benefits in the event of your death.

You can change your beneficiary designations at any time.

**Primary Beneficiary:** The entire death benefit will be paid in equal shares to the primary beneficiary or beneficiaries who survive you.

**Contingent Beneficiary:** If no primary beneficiary survives you, the entire death benefit will be paid to the contingent beneficiaries. A contingent beneficiary will only receive a benefit if ALL primary beneficiaries predecease the participant.

**Coinsurance:** The percentage of a covered expense that you must pay after you meet your deductible, but before you reach the annual out-of-pocket maximum. The remaining percentage is paid by the health plan.

**Copay:** The per-service fee you pay each time you use a telehealth provider through Doctor on Demand or emergency room facility (fee waived if admitted).

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**Deductible:** The amount you must pay each year before the plan begins to pay benefits.

**Employee Contribution:** The per pay period amount you pay for your insurance coverage.

**Explanation of Benefits (EOB) / Personal Health Statement (PHS):** A statement sent by your insurance carrier that explains which procedures and services were provided, how much they 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. These statements are also posted on the carrier's website for your review.

**Evidence of Insurability (EOI):** Proof of good health that is required to purchase certain types and/or levels of insurance.



## GLOSSARY

**Health Care Cost Transparency:** Also known as Market Transparency or Medical Transparency. Health care provider costs can vary widely, even within the same geographic area. To make it easier for you to get the most cost-effective health care products and services, online cost transparency tools, which are typically available through health insurance carriers, allow you to search an extensive national database to compare costs for everything from prescription drugs and office visits to MRIs and major surgeries.

**Health Savings Account (HSA):** A tax-free account you can use to pay for current and future medical expenses. An HSA has triple tax benefits: the money goes in tax-free; the money grows tax-free and your withdrawals for qualified medical expenses — including any earnings — are tax-free.

**High Deductible Health Plan (HDHP):** A medical plan that meets requirements set by the IRS for a minimum deductible amount and a maximum out-of-pocket limit for in-network services.

**In-Network:** In-network providers are doctors, hospitals and other providers that contract with your insurance company to provide health care services at discounted rates.

**Out-of-Network:** Out-of-network providers are doctors, hospitals and other providers that are not contracted with your insurance company. If you choose an out-of-network doctor, services will not be provided at a discounted rate, and your cost sharing (deductibles and coinsurance) will increase.

**Out-of-Network Providers:** Providers (e.g., doctors, hospitals) that are not part of your plan's network of providers.

**Out-of-Pocket Maximum:** The limit the medical plan puts on the amount of money you have to pay each year out of your pocket for eligible medical expenses. Once you reach the limit, the plan will pay 100% of your eligible expenses for the rest of the year (in-network only). Amounts you pay for prescription drugs, deductibles and coinsurance apply toward your in-network out of pocket maximum. You may be subject to balance billing by out-of-network providers even after the out-of-network out of pocket maximum is met.





# LEGAL NOTICES





# Legal Notices

## **205 MEDICARE PART D**

### Important Notice from Loadstar Product Handling Services, LLC about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage under the Loadstar Product Handling Services, LLC Sponsored Health Plan 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. Loadstar Product Handling Services, LLC has determined that the prescription drug coverage offered 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 through 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 while you are covered under the Loadstar Product Handling Services, LLC Sponsored Health Plan, your Loadstar Product Handling Services, LLC Sponsored Health Plan may be affected. Your employer sponsored coverage cannot be cancelled due to your Medicare enrollment (See the COBRA Note below.). Medicare and your employer sponsored coverage will coordinate benefits so that you will not receive duplicate benefits.

The Medicare, Who Pays First handbook available from your Medicare representative or online <https://www.medicare.gov/publications/02179-how-medicare-works-with-other-insurance.pdf>, has detail on how Medicare coordinates benefits.

The information in this communication is confidential and may be used by the authorized recipient only, for its intended purpose only. Any other use or disclosure is prohibited.

# Legal Notices

Typically, your employer sponsored coverage will pay its benefits without regard to payments that may be made by Medicare. In these cases, your employer sponsored coverage is considered 'primary' and Medicare is 'secondary' coverage. Medicare will only pay after the primary employer sponsored coverage has paid its benefits. Your Medicare coverage will have no effect on your employer sponsored coverage cost sharing such as copayments, deductibles, exclusions or other plan limits.

HOWEVER, there are three instances where Medicare is primary and your employer sponsored coverage is secondary. In these cases Medicare will pay its benefits without regard to payments that may be made under the employer sponsored coverage. The employer sponsored coverage will coordinate benefits so that it does not duplicate benefits paid by Medicare. This will reduce the benefits paid by your employer sponsored coverage. These three instances are when:

- your employer employs less than 20 employees
- your coverage is from a former employer, a retiree plan or COBRA coverage
- you are disabled and the employer sponsored coverage is due to another person working for the employer (examples when allowed – the coverage is under your spouse, your domestic partner, your dependent or grandchild), and the employer has less than 100 employees. When the employer has 100 or more employees then Medicare is secondary.

## Notes:

1. If you have end stage renal disease then the employer sponsored coverage is primary for the first 30 months and Medicare is primary after that 30 month period has expired.)
2. If you are enrolled in Medicare prior to electing COBRA, then your Medicare enrollment cannot be used to limit or deny COBRA. If you enroll in Medicare after you elect COBRA then the Medicare enrollment is a terminating event for your COBRA coverage.

If you do decide to join a Medicare drug plan and drop your current Loadstar Product Handling Services, LLC Sponsored Health Plan, be aware that you and your dependents will have to wait for the next Open Enrollment period, if any are offered by your Employer, or HIPAA Special Enrollment Right to 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 Loadstar Product Handling Services, LLC 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.

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# Legal Notices

## For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact the person listed below at the bottom of this Notice for further information or to receive the contact information for someone at the insurance company, third party administrator or service provider who administers the prescription drug program for the Loadstar Product Handling Services, LLC Sponsored Health Plan.

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 Loadstar Product Handling Services, LLC 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).

Date: October 1, 2025

Name of Entity/Sender: Kelli Dominique

Contact - Position/Office: Sr. Human Resources Manager

Address: 803 Main Street

Baton Rouge, LA 70802

Phone Number: 225-317-7700

The information in this communication is confidential and may be used by the authorized recipient only, for its intended purpose only. Any other use or disclosure is prohibited.

# Legal Notices

## Women's Health & 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 the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: PPO Plan (Individual: 20% coinsurance and \$500 deductible; Family: 20% coinsurance and \$1,500 deductible)

Plan 2: HDHP Blue Saver Plan (Individual: 20% coinsurance and \$1,900 deductible; Family: 20% coinsurance and \$3,800 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 225.317.7700 or [kelli.dominique@loadstar.com](mailto:kelli.dominique@loadstar.com).

## Patient Protections Disclosure

The Loadstar Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Louisiana Blue designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Louisiana Blue at 800.495.2983 or [www.lablue.com](http://www.lablue.com). For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Louisiana Blue or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Louisiana Blue at 800.495.2983 or [www.lablue.com](http://www.lablue.com).

# Legal Notices

## Premium Assistance Under Medicaid And The Children's Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility.

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

# Legal Notices

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a> Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: <a href="#">Iowa Medicaid   Health &amp; Human Services</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a> HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740 TTY: Maine relay 711	Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a> Phone: 1-800-657-3672	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>

# Legal Notices

NEW JERSEY – Medicaid and CHIP		NEW YORK – Medicaid	
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710 (TTY: 711)		Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	
NORTH CAROLINA – Medicaid		NORTH DAKOTA – Medicaid	
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100		Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825	
OKLAHOMA – Medicaid and CHIP		OREGON – Medicaid and CHIP	
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742		Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075	
PENNSYLVANIA – Medicaid and CHIP		RHODE ISLAND – Medicaid and CHIP	
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.pa.gov/en/services/dhs/childrens-health-insurance-program-chip">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)		Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	
SOUTH CAROLINA – Medicaid		SOUTH DAKOTA - Medicaid	
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820		Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	
TEXAS – Medicaid		UTAH – Medicaid and CHIP	
Website: <a href="http://www.texas.gov/health-insurance-premium-payment-program-hipp">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493		Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>	
VERMONT– Medicaid		VIRGINIA – Medicaid and CHIP	
Website: <a href="http://www.vermont.gov/health-insurance-premium-payment-program-hipp">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427		Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924	
WASHINGTON – Medicaid		WEST VIRGINIA – Medicaid and CHIP	
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022		Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	
WISCONSIN – Medicaid and CHIP		WYOMING – Medicaid	
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002		Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269	



# Legal Notices

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

U.S. Department of Labor  
Employee Benefits Security Administration

[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov)

1-877-267-2323, Menu Option 4, Ext. 61565

## 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)



# Legal Notices

## HIPAA Special Enrollment Rights

### Loadstar Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Loadstar Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

### Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage 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 (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).

### Loss of Coverage for Medicaid or a State Children's Health Insurance Program.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program 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' coverage ends under Medicaid or a state children's health insurance program.

### New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.

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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

### Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Kelli Dominique - HR Director at 225.317.7700 or [kelli.dominique@loadstar.com](mailto:kelli.dominique@loadstar.com).

### Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

# Legal Notices

## Patient Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

### What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “**balance billing**”. This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care – like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

### You are protected from balance billing for:

#### **Emergency services**

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

There are some states that have surprise bill or balance billing laws. These laws apply to fully insured plans and may impact self-funded plans, including state or municipal government plans and church group plans. Please check with your plan administrator and/or insurance certificate/booklet to see if state law applies to your coverage.

#### **Certain services at an in-network hospital or ambulatory surgical center**

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

# Legal Notices

**You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.**

There are some states that have surprise bill or balance billing laws. These laws apply to fully insured plans and may impact self-funded plans, including state or municipal government plans and church group plans. Please check with your plan administrator and/or insurance certificate/booklet to see if state law applies to your coverage.

**When balance billing isn't allowed, you also have the following protections:**

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

**If you believe you've been wrongly billed, you may contact:**

- The US Department of Health and Human Services at:  
 Phone: 800-985-3059  
 Website: <https://www.cms.gov/nosurprises/consumers>
- Your state agency, which can be found at:  
<https://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants>

# Legal Notices

## Notice of Creditable Coverage

### Important Notice from Loadstar

#### About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Loadstar 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. Loadstar has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan while you are covered under the Loadstar Sponsored Health Plan, your Loadstar Sponsored Health Plan may be affected. Your employer sponsored coverage cannot be cancelled due to your Medicare enrollment (See the COBRA Note below.). Medicare and your employer sponsored coverage will coordinate benefits so that you will not receive duplicate benefits.

The Medicare, Who Pays First handbook available from your Medicare representative or online

<https://www.medicare.gov/publications/02179-how-medicare-works-with-other-insurance.pdf>, has detail on how Medicare coordinates benefits.

#### 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 Loadstar 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.

# Legal Notices

Typically, your employer sponsored coverage will pay its benefits without regard to payments that may be made by Medicare. In these cases, your employer sponsored coverage is considered 'primary' and Medicare is 'secondary' coverage. Medicare will only pay after the primary employer sponsored coverage has paid its benefits. Your Medicare coverage will have no effect on your employer sponsored coverage cost sharing such as copayments, deductibles, exclusions or other plan limits.

HOWEVER, there are three instances where Medicare is primary and your employer sponsored coverage is secondary. In these cases Medicare will pay its benefits without regard to payments that may be made under the employer sponsored coverage. The employer sponsored coverage will coordinate benefits so that it does not duplicate benefits paid by Medicare. This will reduce the benefits paid by your employer sponsored coverage. These three instances are when:

- your employer employs less than 20 employees
- your coverage is from a former employer, a retiree plan or COBRA coverage
- you are disabled and the employer sponsored coverage is due to another person working for the employer (examples when allowed – the coverage is under your spouse, your domestic partner, your dependent or grandchild), and the employer has less than 100 employees. When the employer has 100 or more employees then Medicare is secondary.

## Notes:

1. If you have end stage renal disease then the employer sponsored coverage is primary for the first 30 months and Medicare is primary after that 30 month period has expired.)
2. If you are enrolled in Medicare prior to electing COBRA, then your Medicare enrollment cannot be used to limit or deny COBRA. If you enroll in Medicare after you elect COBRA then the Medicare enrollment is a terminating event for your COBRA coverage.

If you do decide to join a Medicare drug plan and drop your current Loadstar Sponsored Health Plan, be aware that you and your dependents will have to wait for the next Open Enrollment period, if any are offered by your Employer, or HIPAA Special Enrollment Right be able to get this coverage back.

## For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Loadstar 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).

# Legal Notices

**Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

**Date:** November 01, 2025  
**Name of Entity/Sender:** Loadstar  
**Contact—Position/Office:** Kelli Dominique - HR Director  
**Phone Number:** 225.317.7700  
**Office Address:** 803 Main Street  
Baton Rouge, Louisiana 70802



This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.