

# EMPLOYEE BENEFITS GUIDE



**MEET ANNETTE  
YOUR CONCIERGE NURSE NAVIGATOR**



*Always forward thinking.*

# 2023

# TABLE OF CONTENTS

WHAT'S NEW FOR 2023	3
ADVANCED PRIMARY CARE INFO	4-5
DUPRE'S DEDICATED NURSE	5
WELLNESS MADE EASY	6
NURSE NAVIGATION Q&A	7
ONLINE ENROLLMENT INSTRUCTIONS	8
MAKING CHANGES	9
DEPENDENT ELIGIBILITY OVERVIEW	10
2023 MEDICAL PLANS AT A GLANCE	11
WHAT PLAN IS RIGHT FOR ME	12
MEDICAL PLAN DESIGNS	13-16
PHARMACY BENEFIT MANAGER OVERVIEW	17
MAIL ORDER DELIVERY	18
HEALTH SAVINGS ACCOUNT	19
FSA AND RETIREMENT PLANS	20-21
VOLUNTARY DENTAL PLANS	22
VOLUNTARY VISION PLANS	23
VOLUNTARY LIFE, AD&D, DISABILITY & CRITICAL ILLNESS	24
EMPLOYER PAID BENEFITS	25
DELL MEMBER PURCHASE PROGRAM	26
LEGAL NOTICES	27-32
GUIDE DISCLAIMER	33
BENEFITS PARTNER CONTACT SHEET	BACK COVER

**If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 23 for more details.**

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.



# WHAT'S NEW FOR 2023 BENEFITS?

We're making our healthcare programs **Better, Faster, and Easier** for you. With the continued economic uncertainty before us, we felt we had to look for better quality Healthcare Guidance that actually lowers the overall Healthcare costs by guiding us to the right quality providers! Let's face it, navigating Healthcare is difficult when you have to use it. It's easier to find a good mechanic, than to find the right Healthcare provider! Therefore, we have searched long and hard for better Healthcare guidance for you when you need care.

**Healthcare made easy!**

## PHYSICIAN LED PRIMARY CARE

Dupré is making it easier to get in touch with your family doctor at a place and time convenient for you. Doctors are available 24/7/365. And best of all, it's free for you & your dependents to use this service for primary care, urgent care, and behavioral health.

- Same day/next day/scheduled appointments- and longer appointments to not feel care is rushed .
- For you and your family it's \$0 to use them for primary care, urgent care, and behavioral health. Dr visits are longer and unlimited access to care.

## NURSE GUIDED HEALTHCARE: MEET ANNETTE WILSON

Dupré has hired its own Nurse to help you and your family members get the right care, right now. Annette will help you choose the right specialist, facility, testing, and imaging services.

- In house expertise to guide you to the highest quality healthcare providers
- Plus pay \$0 Deductible/\$0 Out-of-pocket when you follow Annette's guidance.

## \$0 DEDUCTIBLE

We're enhancing our medical plans, making it easier to get the care you need. Best of all, pay \$0 deductible and \$0 coinsurance when you use a quality doctor and hospital. (Except Saver HDHP Bronze Plan)

## EASIER WELLNESS

We're making it easier for you to complete your wellness screenings in 2023. Save \$1,488 in your premium costs.

## NEW MEDICAL OPTION

24/7 doctor access, nurse guided care, preferred pharmacy copayments, and more for less than what you pay now! This plan provides the most convenience and rapid path to quality care.

## FREE DIABETIC SUPPLIES

As part of our transition to our new medical benefit arrangement we're offering free diabetic supplies. Please call your Nurse Navigator for more information.

## CERTAIN MEDICAL SUPPLIES FOR \$0

For certain conditions with treatment involving reusable supplies or for things like knee & back braces we will be able to provide to you for \$0.

## NEW PHARMACY BENEFITS

We're working with a new pharmacy benefit manager that will help you get certain medications for \$0 plus help you reduce your out-of-pocket expenses. All major pharmacies are in the network and if you choose a local independent pharmacy, you may pay less than you do now.

## MEDICAL PLAN

JP Farley is our new medical administrator. They have a team of advocates assigned to help you with questions you may have about your medical plan and are available 8:00 AM to 5:00 PM EST.

## FLEXIBLE SPENDING ACCOUNT

JP Farley will also be administering our Flexible Spending Account. Their team can help you with questions about your FSA and help you file for reimbursements. They are available 8:00 AM to 5:00 PM EST.

**You have access to all of these services and more by calling  
(800) 779-0774!**



# ADVANCED PRIMARY CARE

## You will love this health benefit.

You now have the benefit of personalized, ongoing care from a primary care doctor without leaving the comfort of home!

### \$0 Advanced Primary Care

Dupré Logistics provides advanced primary care and counseling to you and your eligible dependents. Using First Stop Health + Your Nurse Navigator will get you the best care choices for you and your family.



#### Use Advanced Primary Care for:



##### Prevention & Wellness

Check in on your current health and make a personalized plan to stay healthy and strong.



##### Mental Healthcare

Diagnosis and prescriptions for depression, anxiety and more.



##### Health Management

Support managing asthma, diabetes, hypertension, obesity, high cholesterol, smoking, COPD and more.



##### Urgent Care Issues

Talk to a doctor in minutes for sinus infection, UTI, cold, flu, rash, headache and more.



##### Referrals, Tests and More

Just like at an in-person visit, our doctors can:

- Order labs, tests and screenings
- Provide sick notes and documentation
- Refer you to in-network specialists



#### Care on your time.

- Scheduled visits (that start on time!) for primary care
- On-demand visits for urgent care issues



#### Free for your family.

This service is FREE and to medical enrolled employees and your eligible dependents

We can treat urgent issues for children and adults.

Adults can use for both primary and urgent care.

Download the App:

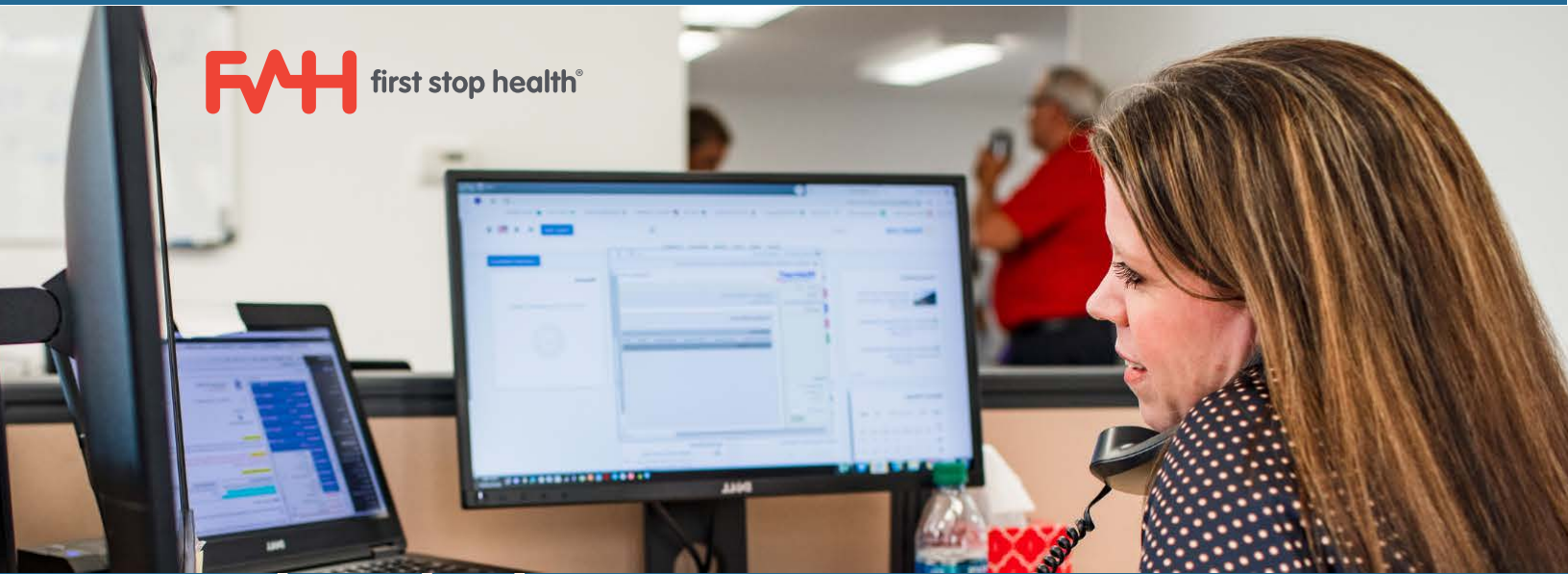


Care you will love | (800) 779-0774 | [fshealth.com](https://fshealth.com)





# ADVANCED PRIMARY CARE



Dupré Logistics provides virtual primary care and counseling to you and your eligible dependents for FREE. A visit costs \$0. Here's how to get started.

1

## Mobile App

1. Download the First Stop Health mobile app
2. Tap 'Find My Account' and set up your account using the last 4 digits of your SSN



2

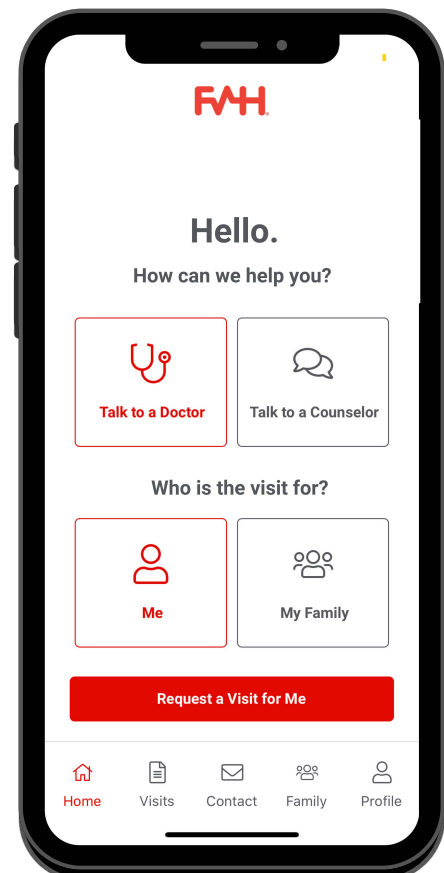
## Website

1. Go to fshealth.com
2. Click 'Log In' in the upper right, then 'Find My Account'
3. Set up your account using the last 4 digits of your SSN

3

## Phone Call

1. Simply call (800) 779-0774. No registration required!



# DUPRE'S DEDICATED NURSE

For 2023, Dupré has hired its own Nurse to help you and your family members get the right care. Let's face it, healthcare is confusing and sometimes you need someone in your corner to help you. Someone that has experience and can help you with the road ahead. We've hired a nurse to help guide you to the right care for you and/or your family. We've searched long and hard for a solution that can help you improve healthcare by making it easier, faster, and better for you.

**Hello! My name Annette Wilson, RN**

**Call me: (800) 779-0774**

**Text me: (440) 358-2227**

**Email me: [annette@mynursenavigators.com](mailto:annette@mynursenavigators.com)**



**Call when you'd like:**

- To find the highest quality specialist in your area
- A referral to a specialist
- A surgery or procedure of any kind
- To reduce out-of-pocket costs
- To get a second opinion on a complex diagnosis
- Assistance with high-cost prescriptions
- To have an expensive test ordered such as an MRI or CT

## Wellness made easy! 3 easy things to get your \$1,488 wellness credit for 2023

Dupré Logistics is making it easier for you to qualify for your wellness credits in 2023. We want you to complete a Wellness Visit through First Stop Health and talk with Nurse Annette. (That's It!)

1

### Complete Wellness Visit

**Call First Stop Health and complete a wellness screening  
(800) 779-0774**

Once you complete the initial registration, the nurse may suggest you download the app to your phone.

You can also download the app:



2

### Get Labs Done!

**If your doctor orders them!**

Your First Stop doctor may want you to get age-appropriate labs and discuss the results with you. You'll need to complete these labs. The intake person will help find a Labcorp lab nearest to you. (Other labs available in the event LabCorp too far to travel.)

3

### Talk with Nurse Annette!

**(800) 779-0774**

Nurse Annette, is our Concierge Nurse Navigator and is here to help you when you need support. Call her to talk with her about your lab results and wellness goals. She's here to help you on your healthcare journey.

You will need to talk with her by calling her directly at (800) 779-0774



# CONCIERGE NURSE NAVIGATOR - QUESTIONS & ANSWERS



## HOW CAN I HELP YOU AND YOUR FAMILY?

Contact Annette your Nurse Navigator anytime you need help with your healthcare at **(800) 779-0774** Mon-Fri 8:00 a.m to 5:00 p.m. CST or email me at [Annette@mynursenavigators.com](mailto:Annette@mynursenavigators.com) or text (440) 358-2227 **THESE ARE SOME OF THE MOST COMMON TOPICS WE ASSIST PEOPLE WITH EVERY DAY**



*I need surgery. What are the best doctors for me?*

Annette has access to quality data for local and national hospitals and surgeons. She will work with you to give you choices for your unique healthcare need.



*My doctor said I need to have an MRI? What do I do?*

Give us a call to discuss. We can guide you to the highest quality imaging. By following our guidance, we waive your entire deductible and coinsurance.



*Do I have to call if I already have a specialist?*

As a team our goal is to make sure you have all your needs met and, in many cases, she may have resources to help you. You can see any specialist, but copays are less if you engage with your nurse navigator.



*I have lower back pain. What are my options?*

Call your Nurse Navigator at (800) 779-0774 to discuss how you can possibly avoid surgery, end current pain and even prevent future back pain with alternative solutions.



*What are Embedded Health Solutions?*

These were called smart shopper options previously and include many more services than before including \$0 Brand name drugs, diabetic supplies, digestive health programs and much more. Call your nurse navigator for more information.



*Are there any programs to help me with my diabetes?*

Yes, by engaging with your Nurse Navigator, you have access to free diabetic supplies and a Certified Diabetes Educator. Call your nurse navigator for more details.



*Can you help me find lower cost brand name drugs?*

Because we are working with a transparent pharmacy benefit manager, TrueRx, we have more options we have more options available for sourcing brand name medications. Talk with your nurse navigator to see if you have a medication that is available for \$0.



*Is my doctor in the network?*

If you are going to keep using your current doctor you will want to confirm that they are contracted providers with Cigna. Simply ask your doctor if s/he is contracted with Cigna. Keep in mind if not, then you can call JP Farley or your nurse navigator to help you find a new doctor.



*What if I need to call you over the weekend?*

If it's for an illness and not a life-threatening emergency, call First Stop Health. If it for a referral or you need help, feel free to leave a message, email me, or text me too!



# ONLINE ENROLLMENT INSTRUCTIONS & ELIGIBILITY

## GETTING STARTED:

### STEP #1—GO TO [mybensite.com/duprelogistics](https://mybensite.com/duprelogistics)

- » Your password has been reset so please register for a new account
- » If you need assistance, please call the Dupré Benefits Helpline toll-free at **888.297.8052**.

### STEP #2— TO COMPLETE OPEN ENROLLMENT

- » Verify your personal and dependent information
- » Proof of dependent status required to enroll eligible spouses and children in the medical plan
- » Verify whether or not your spouse works and has coverage available at his or her employer (see page 5 for more information)

### STEP #3— MAKE YOUR BENEFIT ELECTIONS

- » Review the details and videos on each screen to understand each benefit offered
- » Your deduction amount per paycheck will appear on the top right hand corner as you make your benefit elections.
- » Review your beneficiary information (who gets your money if you should die) and make sure it's correct!

### STEP #4— CONFIRM YOUR BENEFIT ELECTIONS

- » Confirm your benefit elections.
- » You can email a copy of your benefit elections for your records.

### STEP #5— COMPLETE YOUR WELLNESS ACTIVITIES

- » Call First Stop Health at 800-779-0774 and complete a wellness screening
- » Complete lab work if ordered by your First Stop Health doctor
- » Call Dupré's nurse, Annette, at 800-779-0774

**NOTE:** New hires must complete these steps within 30 days of hire date in order to participate in the Dupré benefit plans.

BENEFIT	WHO IS ELIGIBLE	ELIGIBILITY DATE	WHEN BENEFIT ENDS
Medical and Prescription Drugs	Regular full-time employees working 30 hours or more per week	First day of employment	Last day of the month following termination
Health Savings Account (HSA) Voluntary Dental Voluntary Vision Basic Life and AD&D Insurance Voluntary Life and AD&D Insurance Flexible Spending Account (FSA) Voluntary Short-Term Disability Voluntary Long-Term Disability Voluntary Critical Illness Insurance	Regular full-time employees working 30 hours or more per week	First day of the month following date of hire	Last day of the month following termination





# MAKING CHANGES

## CHANGES TO YOUR BENEFIT ELECTIONS

Whenever you have a qualified life event or a special enrollment event, you can add or remove yourself or your family members from your applicable benefit plans. The change to your benefit elections must be consistent with the event.

### QUALIFIED LIFE EVENTS:

- » Marriage, Divorce or annulment
- » Birth or adoption
- » Change in your spouse's work status that affects his or her benefits
- » Change in dependent status (example: dependent child reaches age limit)

**IMPORTANT NOTE:** YOU MUST NOTIFY HUMAN RESOURCES WITHIN 30 DAYS OF THE QUALIFIED LIFE EVENT. IF YOU MISS THIS DEADLINE, YOU CAN ONLY CHANGE YOUR BENEFIT ELECTIONS DURING THE NEXT ANNUAL ENROLLMENT PERIOD.

### SPECIAL ENROLLMENT EVENTS:

- » Employee or dependent loses Medicaid or CHIP/SCHIP eligibility; and/or
- » Employee or dependent gains access to a premium assistance subsidy under Medicaid or CHIP/SCHIP

**IMPORTANT NOTE:** YOU MUST NOTIFY HUMAN RESOURCES WITHIN 60 DAYS OF THE SPECIAL ENROLLMENT EVENT. IF YOU MISS THIS DEADLINE, YOU CAN ONLY CHANGE YOUR BENEFIT ELECTIONS DURING THE NEXT ANNUAL ENROLLMENT PERIOD.

## WAIVING MEDICAL COVERAGE

If you do not want health insurance benefits, you have the option to decline coverage. You will also be asked for the reason you are waiving this benefit as this information must be captured as part of health care reform.

## CONTINUING YOUR COVERAGE

Under certain circumstances, you may continue your health care coverage when it would otherwise end. This is called the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

**COBRA applies to the medical, dental and vision plans.**





# DEPENDENT ELIGIBILITY OVERVIEW

## ELIGIBLE DEPENDENTS INCLUDE:

- » Your spouse to whom you are legally married. Specifically excluded from this definition is a spouse by reason of common law marriage whether or not permitted in your State.\*
- » Your children until end of the month in which they attain age 26 (regardless of their marital or student status).
- » Your unmarried handicapped children age 26 or older (you must request form from Human Resources).

Your “children” includes any natural children, step children, legally adopted children, any child placed for adoption and any child for whom you have been appointed legal guardian as long as the child lives with you and depends primarily on you for support and children for whom you are legally required to provide health coverage are eligible if they meet all other eligibility requirements.

## \*WORKING SPOUSE EXCLUSION FOR MEDICAL PLAN ONLY

Spouses are ineligible to participate in the Dupré medical plan if the spouse has access to employer-sponsored coverage through his or her employer, regardless if they elect coverage or not under that plan. “Employer-sponsored medical coverage” means medical insurance offered by the spouse’s employer, that the spouse is eligible for as an employee. Employer-sponsored group medical coverage does not include:

- » TRICARE
- » Medicare (either due to age or disability)
- » Medicaid
- » Coverage obtained through the Health Insurance Marketplace

During enrollment, employees covering a spouse will be asked to certify whether or not their covered spouse works and is eligible for other employer-sponsored medical coverage. If your spouse is eligible for coverage through their employer, do not add them to the Dupré medical plan. A third party audit will be performed shortly after enrollment and will include:

1. Employees covering a spouse will be asked to submit their IRS Form 1040 to prove whether their spouse works.
2. If the spouse does not work, and is confirmed by the IRS Form 1040, no further documentation will be required.
3. If the spouse works but doesn't have access to employer sponsored medical coverage, the spouse's employer must complete an Insurance Inquiry form.

You will receive guidance in the mail with instructions on how to provide this information after you complete your enrollment. If your spouse becomes eligible for employer-sponsored medical coverage during the year, you must notify Dupré Logistics and remove your spouse from the Dupré medical plan.

## DEPENDENT VERIFICATION

To deter fraud, abuse and assure the proper use of company funds and Plan Members' premium dollars, Dupré Logistics requires proof that the dependents covered under your plan are your legal dependents. This documentation is **ONLY** necessary if you are enrolling in Medical Insurance. Failure to provide this documentation within 30 days of open enrollment will result in the inability to enroll your dependents under your Medical Plan.

## ACCEPTABLE FORMS OF DOCUMENTATION

<b>SPOUSE</b>	Marriage License; IRS Form 1040; Insurance Inquiry form to be completed by the spouse's employer if applicable
<b>NATURAL CHILD</b>	A copy of the Certified Birth Certificate showing the subscriber as the Parent
<b>STEP CHILD</b>	A copy of the Certified Birth Certificate showing the name of the natural parent and proof that the natural parent and subscriber are married (i.e. Marriage License)
<b>FOSTER CHILD</b>	A Court Order or other legal document placing the Child with the subscriber, who is a licensed foster parent
<b>ADOPTED CHILD</b>	Court documentation verifying completion of adoption proceedings; or a letter of placement from an Adoption Agency, an Attorney or the State Department of Social Services, verifying that the adoption is in process
<b>OTHER CHILDREN</b>	Court Order or other legal document granting custody to the subscriber. Documentation must verify that the subscriber has guardianship of the child, not merely financial responsibility
<b>INCAPACITATED CHILD</b>	Proof that the incapacitation was established at the time of enrollment, and for the appropriate child type documentation as outlined above. In addition, you should submit a copy of Page 1 of your Federal Income Tax Return to demonstrate that the child is dependent on you-the subscriber for support. If your incapacitated child is employed, you may be asked to also submit Page 1 of his/her Federal Income Tax Return.



# 2023 MEDICAL PLAN CHOICES

Medical Plan Options								
	Guided Plan		Saver HDHP Plan		Base PPO Plan		Buy-Up PPO Plan	
In-Network								
Deductible (Individual/Family)	\$3,000/\$6,000		\$3,500/\$7,000		\$2,950/\$5,900		\$1,950/\$3,900	
Out-of-Pocket (Individual/Family)	\$9,100/\$18,200		\$7,500/\$15,000		\$9,100/\$18,200		\$9,100/\$18,200	
Family Doctor (PCP)								
First Stop Health	\$0		\$0		\$0		\$0	
In-Network Family Doctor	100% of Network Costs		20% after Deductible		\$50		\$35	
Urgent Care Through First Stop Health	\$0		\$0		\$0		\$0	
In-Network (Nurse Guided)								
Deductible	\$0		\$1,500		\$0		\$0	
Coinsurance	0%		0%		0%		0%	
Out-of-Pocket	\$0		\$1,500		\$0		\$0	
Specialists	\$25		20% after \$1,500 Deductible		\$75		\$50	
MRI, CT Scan, PET - Nurse Guided	\$0		\$0 after \$1,500 Deductible		\$0		\$0	
In-Network (Not Nurse Guided)								
Deductible	\$3,000		\$3,500		\$2,950		\$1,950	
Coinsurance (Your Share)	100%		20%		20%		20%	
Out-of-Pocket	\$9,100		\$7,500		\$9,100		\$9,100	
Specialists	100% of Network Costs		20% after \$3,500 Deductible		\$75 + 20% Coinsurance		\$50 + 20% Coinsurance	
MRI, CT Scan, PET - Not Nurse Guided	100% of Network Costs		20% after \$3,500 Deductible		20% after \$2,950 Deductible		20% after \$1,950 Deductible	
Urgent Care	100% of Network Costs		20% after \$3,500 Deductible		20% after \$2,950 Deductible		20% after \$1,950 Deductible	
Emergency Room	100% of Network Costs		20% after \$3,500 Deductible		\$800 Copay then, 20% after \$2,950 Deductible		\$800 Copay then 20% after \$1,950 Deductible	
Pharmacy								
Generic	\$10		20% after Deductible		\$15		\$10	
Brand	\$50		20% after Deductible		\$80		\$50	
Non-Preferred Brand	\$100		20% after Deductible		\$125		\$100	
Medical Plan Premiums								
	Guided Plan		Saver Plan		Base PPO		Buy-Up PPO	
Weekly Premiums	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Employee Only	\$15.84	\$44.46	\$21.12	\$49.74	\$34.32	\$62.94	\$54.23	\$82.85
Employee & Spouse	\$59.90	\$88.52	\$79.87	\$108.49	\$129.79	\$158.41	\$176.85	\$205.47
Employee & Child(ren)	\$47.65	\$76.27	\$63.53	\$92.15	\$103.24	\$131.86	\$143.69	\$172.31
Employee & Family	\$70.26	\$98.88	\$93.69	\$122.31	\$152.24	\$180.86	\$214.77	\$243.39
Bi-Weekly Premiums	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Employee Only	\$31.68	\$88.92	\$42.24	\$99.48	\$68.64	\$125.88	\$108.47	\$165.71
Employee & Spouse	\$119.81	\$177.05	\$159.74	\$216.98	\$259.58	\$316.82	\$353.71	\$410.95
Employee & Child(ren)	\$95.30	\$152.54	\$127.07	\$184.31	\$206.48	\$263.72	\$287.38	\$344.62
Employee & Family	\$140.53	\$197.77	\$187.37	\$244.61	\$304.48	\$361.72	\$429.54	\$486.78
Semi-Monthly Premiums	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Employee Only	\$34.32	\$96.33	\$45.76	\$107.77	\$74.36	\$136.37	\$117.50	\$179.51
Employee & Spouse	\$129.79	\$191.80	\$173.06	\$235.07	\$281.22	\$343.23	\$383.18	\$445.19
Employee & Child(ren)	\$103.24	\$165.25	\$137.65	\$199.66	\$223.69	\$285.70	\$311.33	\$373.34
Employee & Family	\$152.24	\$214.25	\$202.99	\$265.00	\$329.85	\$391.86	\$465.34	\$527.35

**SERVICES THAT REQUIRE PRECERTIFICATION:** INPATIENT AND SKILLED NURSING FACILITY ADMISSIONS, ONCOLOGY CARE AND SERVICES (CHEMOTHERAPY/RADIATION) OUTPATIENT SERVICES, HOSPICE CARE, SPECIALIST VISITS, ORGAN, TISSUE AND BONE MARROW TRANSPLANTS, MRI/MRA AND PET SCANS, HOME HEALTH CARE DURABLE MEDICAL EQUIPMENT (PURCHASES OVER \$1,500 AND ALL RENTALS), DIALYSIS

**FAILURE TO OBTAIN PRE-CERTIFICATION WILL RESULT IN A 50% REDUCTION OF YOUR BENEFITS**  
**EXAMPLE: NET BENEFIT OF \$500 WITHOUT PRE-AUTHORIZATION WILL PAY \$250**

**Prescription Drug Plan Charges below apply to The Guided, Base, and Buy Up PPO Plans**

**\$100 Deductible Per Member Applies to all Tier 2 and Tier 3 Drugs.**  
**\$30 Surcharge Applies at Walgreens (20% surcharge applies to Tier 4)**



# WHAT PLAN IS RIGHT FOR ME?

We put together a few scenarios to show how your health plan out-of-pocket and insurance premiums could be for the medical plans offered. The Guided Plan illustration presumes that you will use the service as intended meaning that you engage with the Advanced Primary Care service through First Stop Health and that you work with Nurse Annette, our nurse navigator when you need to see a specialist or have more complicated healthcare needs.

## Employee and Family coverage examples: Moderate Health Plan Usage

Average Plan Usage <b>WITHOUT</b> Nurse Guidance (except under Guided Plan):				
Family Member #1: including a few monthly prescriptions, an injury resulting in a procedure/surgery, 1-2 specialist visits, and a few pre or post op tests				
Family Members #2, #3 & #4: including a few monthly prescriptions, 1-2 specialist visits, and annual blood work.				
Plan	Guided Plan (Nurse Guided)	Bronze Plan (Not Nurse Guided)	Silver Plan (Not Nurse Guided)	Gold Plan (Not Nurse Guided)
Employee Annual Premiums	\$3,654	\$4,872	\$7,916	\$11,168
PCP Visits	\$0	\$180	\$300	\$210
Specialist Visits	\$200	\$720	\$1,320	\$1,120
Person One Deductible	\$0	\$3,500	\$2,950	\$1,950
Person Two Deductible	\$0	\$3,500	\$2,950	\$1,950
ER Visits	\$0	\$0	\$0	\$0
Rx - Generic	\$120	\$60	\$180	\$120
Rx - Brand	\$200	\$296	\$320	\$200
Rx - Non Preferred	\$0	\$0	\$0	\$0
Procedures - Inpatient	\$0	\$5,000	\$5,000	\$5,000
Procedures - Outpatient	\$0	\$0	\$0	\$0
Testing	\$0	\$320	\$320	\$320
Total Employee Annual Costs	\$4,174	\$18,448	\$21,256	\$22,038

Average Plan Usage <b>WITH</b> Nurse Guidance on all plans:				
Family Member #1: including a few monthly prescriptions, an injury resulting in a procedure/surgery, 1-2 specialist visits, and a few pre or post op tests WITH using nurse guidance.				
Family Members #2, #3 & #4: including a few monthly prescriptions, 1-2 specialist visits, and annual blood work.				
Plan	Guided Plan (Nurse Guided)	Bronze Plan (Nurse Guided)	Silver Plan (Nurse Guided)	Gold Plan (Nurse Guided)
Employee Annual Premiums	\$3,654	\$4,872	\$7,916	\$11,168
PCP Visits	\$0	\$0	\$0	\$0
Specialist Visits	\$200	\$720	\$600	\$400
Person One Deductible	\$0	\$1,500	\$0	\$0
Person Two Deductible	\$0	\$1,500	\$0	\$0
ER Visits	\$0	\$0	\$0	\$0
Rx - Generic	\$120	\$60	\$180	\$120
Rx - Brand	\$200	\$296	\$320	\$200
Rx - Non Preferred	\$0	\$0	\$0	\$0
Procedures - Inpatient	\$0	\$0	\$0	\$0
Procedures - Outpatient	\$0	\$0	\$0	\$0
Testing	\$0	\$0	\$0	\$0
Total Employee Annual Costs	\$4,174	\$8,948	\$9,016	\$11,888

## Employee and Spouse coverage examples: Significant Health Plan Usage

High Plan/Average Plan Usage <b>WITHOUT</b> Nurse Guidance (except under Guided Plan):				
One spouse with high plan usage including several monthly prescriptions, specialist visits, 1-2 ER visits, testing, and 1-2 procedures/surgeries				
One spouse with average plan usage including a few monthly prescriptions, an injury resulting in a procedure/surgery, 1-2 specialist visits, and a few pre or post op tests				
Plan	Guided Plan (Nurse Guided)	Bronze Plan (Not Nurse Guided)	Silver Plan (Not Nurse Guided)	Gold Plan (Not Nurse Guided)
Employee Annual Premiums	\$3,115	\$4,153	\$6,749	\$9,196
PCP Visits	\$0	\$300	\$500	\$350
Specialist Visits	\$275	\$990	\$1,815	\$1,540
Person One Deductible	\$0	\$3,500	\$2,950	\$1,950
Person Two Deductible	\$0	\$3,500	\$2,950	\$1,950
ER Visits	\$0	\$1,000	\$2,600	\$2,600
Rx - Generic	\$110	\$55	\$165	\$110
Rx - Brand	\$300	\$444	\$480	\$300
Rx - Non Preferred	\$200	\$300	\$250	\$200
Procedures - Inpatient	\$0	\$10,000	\$10,000	\$10,000
Procedures - Outpatient	\$0	\$2,400	\$2,400	\$2,400
Testing	\$0	\$240	\$240	\$240
Total Employee Annual Costs	\$4,000	\$26,882	\$31,099	\$30,836

High Plan/Average Plan Usage <b>WITH</b> Nurse Guidance on all plans:				
One spouse with high plan usage including several monthly prescriptions, specialist visits, 1-2 ER visits, testing, and 1-2 procedures/surgeries				
One spouse with average plan usage including a few monthly prescriptions, an injury resulting in a procedure/surgery, 1-2 specialist visits, and a few pre or post op tests				
Plan	Guided Plan (Nurse Guided)	Bronze Plan (Nurse Guided)	Silver Plan (Nurse Guided)	Gold Plan (Nurse Guided)
Employee Annual Premiums	\$3,115	\$4,153	\$6,749	\$9,196
PCP Visits	\$0	\$0	\$0	\$0
Specialist Visits	\$275	\$990	\$825	\$550
Person One Deductible	\$0	\$1,500	\$0	\$0
Person Two Deductible	\$0	\$1,500	\$0	\$0
ER Visits	\$0	\$1,000	\$2,600	\$2,600
Rx - Generic	\$110	\$55	\$165	\$110
Rx - Brand	\$300	\$444	\$480	\$300
Rx - Non Preferred	\$200	\$300	\$250	\$200
Procedures - Inpatient	\$0	\$0	\$0	\$0
Procedures - Outpatient	\$0	\$0	\$0	\$0
Testing	\$0	\$0	\$0	\$0
Total Employee Annual Costs	\$4,000	\$9,942	\$11,069	\$12,956

## Employee Only coverage examples: Low Medical Plan Usage

Low Plan Usage <b>WITHOUT</b> Nurse Guidance (except on Guided Plan):				
Including an annual PCP visit and labwork and 1-2 generic monthly prescriptions				
Plan	Guided Plan (Nurse Guided)	Bronze Plan (Not Nurse Guided)	Silver Plan (Not Nurse Guided)	Gold Plan (Not Nurse Guided)
Employee Annual Premiums	\$824	\$1,098	\$1,785	\$2,820
PCP Visits	\$0	\$30	\$50	\$35
Specialist Visits	\$25	\$90	\$165	\$140
Person One Deductible	\$0	\$0	\$0	\$0
ER Visits	\$0	\$0	\$0	\$0
Rx - Generic	\$20	\$10	\$30	\$20
Rx - Brand	\$0	\$0	\$0	\$0
Rx - Non Preferred	\$0	\$0	\$0	\$0
Procedures - Inpatient	\$0	\$0	\$0	\$0
Procedures - Outpatient	\$0	\$0	\$0	\$0
Testing	\$0	\$40	\$40	\$40
Total Employee Annual Costs	\$869	\$1,268	\$2,070	\$3,055

Low Plan Usage <b>WITH</b> Nurse Guidance on all plans:				
Including an annual PCP visit and labwork and 1-2 generic monthly prescriptions				
Plan	Guided Plan (Nurse Guided)	Bronze Plan (Nurse Guided)	Silver Plan (Nurse Guided)	Gold Plan (Nurse Guided)
Employee Annual Premiums	\$824	\$1,098	\$1,785	\$2,820
PCP Visits	\$0	\$0	\$0	\$0
Specialist Visits	\$25	\$90	\$75	\$50
Person One Deductible	\$0	\$0	\$0	\$0
ER Visits	\$0	\$0	\$0	\$0
Rx - Generic	\$20	\$25	\$30	\$20
Rx - Brand	\$0	\$0	\$0	\$0
Rx - Non Preferred	\$0	\$0	\$0	\$0
Procedures - Inpatient	\$0	\$0	\$0	\$0
Procedures - Outpatient	\$0	\$0	\$0	\$0
Testing	\$0	\$0	\$0	\$0
Total Employee Annual Costs	\$869	\$1,213	\$1,890	\$2,890



# THE GUIDED HEALTH PLAN

The Guided PPO (Preferred Provider Organization) has lower premium rates than the other plan choices and has better benefits when you use First Stop-Health and Nurse Navigation for Specialist visits.

Service	In-Network	Out-of-Network
Annual Deductible		
Individual	\$3,000	\$6,500
Family	\$6,000	\$13,000
Out-of-Pocket Maximum		
Individual	\$9,100	\$18,000
Family	\$18,200	\$36,000
Doctor's Office Visit		
First Stop Health	\$0	N/A
Preventive Care	\$0	50% after Out-Network Deductible
PCP	100% of In-Network Contract Rate	
Specialist - Nurse Guided	\$25/Nurse Guided	
Specialist - Not Nurse Guided	100% of In-Network Contract Rate	
Complex Imaging		
MRI, CT Scan, PET - Nurse Guided	\$0/Nurse Guided	n/a
MRI, CT Scan, PET - Not Nurse Guided	100% of In-Network Contract Rate	50% after Out-Network Deductible
Hospital		
Inpatient - Nurse Guided	\$0/Nurse Guided	n/a
Inpatient - Not Nurse Guided	100% of In-Network Contract Rate	50% after Out-Network Deductible
Outpatient - Nurse Guided	\$0/Nurse Guided	n/a
Outpatient - Not Nurse Guided	100% of In-Network Contract Rate	50% after Out-Network Deductible
Emergency Treatment		
First Stop Health (Urgent)	\$0	N/A
Urgent Care	\$100	50% after Out-Network Deductible
Emergency Room	\$800 Copay + 100% Coinsurance After Deductible	
SERVICES THAT REQUIRE PRECERTIFICATION: INPATIENT AND SKILLED NURSING FACILITY ADMISSIONS, ONCOLOGY CARE AND SERVICES (CHEMOTHERAPY/RADIATION) OUTPATIENT SERVICES, HOSPICE CARE, SPECIALIST VISITS, ORGAN, TISSUE AND BONE MARROW TRANSPLANTS, MRI/MRA AND PET SCANS, HOME HEALTH CARE DURABLE MEDICAL EQUIPMENT (PURCHASES OVER \$1,500 AND ALL RENTALS),DIALYSIS		
FAILURE TO OBTAIN PRE-CERTIFICATION WILL RESULT IN A 50% REDUCTION OF YOUR BENEFITS EXAMPLE: NET BENEFIT OF \$500 WITHOUT PRE-AUTHORIZATION WILL PAY \$250		
Prescription Drug Plan		
^\$100 Deductible Per Member Applies to all Tier 2 and Tier 3 Drugs. \$30 Surcharge Applies at Walgreens (20% surcharge applies to Tier 4)		
	30 Day Retail	Up to 90 Day Supply
Tier 1 - Generic	\$10	\$25
Tier 2 - Preferred Brand^	\$50	\$125
Tier 3 - Non-Preferred Brand^	\$100	\$250
Tier 4 - Specialty	20% Coinsurance (\$200 Min/\$750 Max)	



# SAVER HDHP WITH HSA PLAN

With the Saver High Deductible Health Plan (HDHP) with a Health Savings Account (HSA), you pay full cost of healthcare until you reach your deductible. Preventive care is covered at no cost to you when you utilize an in-network provider. See the next page for HSA plan details. You do have a Preferred deductible and Out-of-Pocket expenses when you use Nurse Guided Care.

**\*EMBEDDED HEALTH OPTIONS for this plan only become available after the Nurse Guided deductible is met.**

Service	In-Network	Out-of-Network
Annual Deductible		
Individual	\$3,500	\$6,500
Family	\$7,000	\$13,000
Out-of-Pocket Maximum		
Individual	\$7,500	\$18,000
Family	\$15,000	\$36,000
Doctor's Office Visit		
First Stop Health	\$0	N/A
Preventive Care	\$0	50% after Out-Network Deductible
PCP	20% after Deductible	
Specialist - Nurse Guided	20% after \$1,500 Deductible	
Specialist - Not Nurse Guided	20% after Deductible	
Complex Imaging (MRI, CT Scan, PET)		
MRI, CT Scan, PET - Nurse Guided	20% after \$1,500 Deductible/Nurse Guided	n/a
MRI, CT Scan, PET - Not Nurse Guided	20% Coinsurance after Deductible	50% after Out-Network Deductible
Hospital		
Inpatient - Nurse Guided	20% after \$1,500 Deductible/Nurse Guided	n/a
Inpatient - Not Nurse Guided	20% Coinsurance after Deductible	50% after Out-Network Deductible
Outpatient - Nurse Guided	20% after \$1,500 Deductible/Nurse Guided	n/a
Outpatient - Not Nurse Guided	20% Coinsurance after Deductible	50% after Out-Network Deductible
Emergency Treatment		
First Stop Health (Urgent)	\$0	N/A
Urgent Care	20% after Deductible	50% after Out-Network Deductible
Emergency Room	20% after Deductible	
SERVICES THAT REQUIRE PRECERTIFICATION: INPATIENT AND SKILLED NURSING FACILITY ADMISSIONS, ONCOLOGY CARE AND SERVICES (CHEMOTHERAPY/RADIATION) OUTPATIENT SERVICES, HOSPICE CARE, SPECIALIST VISITS, ORGAN, TISSUE AND BONE MARROW TRANSPLANTS, MRI/MRA AND PET SCANS, HOME HEALTH CARE DURABLE MEDICAL EQUIPMENT (PURCHASES OVER \$1,500 AND ALL RENTALS),DIALYSIS		
FAILURE TO OBTAIN PRE-CERTIFICATION WILL RESULT IN A 50% REDUCTION OF YOUR BENEFITS EXAMPLE: NET BENEFIT OF \$500 WITHOUT PRE-AUTHORIZATION WILL PAY \$250		
Prescription Drug Plan		
	30 Day Retail	Up to 90 Day Supply
Tier 1 - Generic	20% after Deductible	20% after Deductible
Tier 2 - Preferred Brand^	20% after Deductible	20% after Deductible
Tier 3 - Non-Preferred Brand^	20% after Deductible	20% after Deductible
Tier 4 - Specialty	20% after Deductible	





# BASE PPO PLAN

Service	In-Network	Out-of-Network
Annual Deductible		
Individual	\$2,950	\$6,500
Family	\$5,900	\$13,000
Out-of-Pocket Maximum		
Individual	\$9,100	\$18,000
Family	\$18,200	\$36,000
Doctor's Office Visit		
First Stop Health	\$0	N/A
Preventive Care	\$0	50% after Out-Network Deductible
PCP	\$40	
Specialist - Nurse Guided	\$75/Nurse Guided	
Specialist - Not Nurse Guided	\$75 + 20% Coinsurance	
Complex Imaging		
MRI, CT Scan, PET - Nurse Guided	\$0/Nurse Guided	n/a
MRI, CT Scan, PET - Not Nurse Guided	20% Coinsurance after Deductible	50% after Out-Network Deductible
Hospital		
Inpatient - Nurse Guided	\$0/Nurse Guided	n/a
Inpatient - Not Nurse Guided	20% Coinsurance after Deductible	50% after Out-Network Deductible
Outpatient - Nurse Guided	\$0/Nurse Guided	n/a
Outpatient - Not Nurse Guided	20% Coinsurance after Deductible	50% after Out-Network Deductible
Emergency Treatment		
First Stop Health (Urgent)	\$0	N/A
Urgent Care	\$100	50% after Out-Network Deductible
Emergency Room	\$800 Copay + 20% Coinsurance After Deductible	
SERVICES THAT REQUIRE PRECERTIFICATION: INPATIENT AND SKILLED NURSING FACILITY ADMISSIONS, ONCOLOGY CARE AND SERVICES (CHEMOTHERAPY/RADIATION) OUTPATIENT SERVICES, HOSPICE CARE, SPECIALIST VISITS, ORGAN, TISSUE AND BONE MARROW TRANSPLANTS, MRI/MRA AND PET SCANS, HOME HEALTH CARE DURABLE MEDICAL EQUIPMENT (PURCHASES OVER \$1,500 AND ALL RENTALS),DIALYSIS		
FAILURE TO OBTAIN PRE-CERTIFICATION WILL RESULT IN A 50% REDUCTION OF YOUR BENEFITS EXAMPLE: NET BENEFIT OF \$500 WITHOUT PRE-AUTHORIZATION WILL PAY \$250		
Prescription Drug Plan		
^\$100 Deductible Per Member Applies to all Tier 2 and Tier 3 Drugs. \$30 Surcharge Applies at Walgreens (20% surcharge applies to Tier 4)		
	30 Day Retail	Up to 90 Day Supply
Tier 1 - Generic	\$15	\$37.50
Tier 2 - Preferred Brand^	\$80	\$200
Tier 3 - Non-Preferred Brand^	\$125	\$312.50
Tier 4 - Specialty	20% Coinsurance (\$275 Min/\$975 Max)	



# BUY-UP PPO PLAN

The Buy-Up PPO (Preferred Provider Organization) has the highest rates of all four plans but offers low flat copays for doctor visits and prescription drugs. For services without a copay, this plan has the lowest Deductibles and Out-of-Pocket Maximums. You pay \$0 Deductible and \$0 OOP for nurse-guided service and pay a reduced specialist copay as well.

Service	In-Network	Out-of-Network
Annual Deductible		
Individual	\$1,950	\$6,500
Family	\$3,900	\$13,000
Out-of-Pocket Maximum		
Individual	\$9,100	\$18,000
Family	\$18,200	\$36,000
Doctor's Office Visit		
First Stop Health	\$0	N/A
Preventive Care	\$0	50% after Out-Network Deductible
PCP	\$25	
Specialist - Nurse Guided	\$40/Nurse Guided	
Specialist - Not Nurse Guided	\$40 + 20% Coinsurance	
Complex Imaging		
MRI, CT Scan, PET - Nurse Guided	\$0/Nurse Guided	n/a
MRI, CT Scan, PET - Not Nurse Guided	20% Coinsurance after Deductible	50% after Out-Network Deductible
Hospital		
Inpatient - Nurse Guided	\$0/Nurse Guided	n/a
Inpatient - Not Nurse Guided	20% Coinsurance after Deductible	50% after Out-Network Deductible
Outpatient - Nurse Guided	\$0/Nurse Guided	n/a
Outpatient - Not Nurse Guided	20% Coinsurance after Deductible	50% after Out-Network Deductible
Emergency Treatment		
First Stop Health (Urgent)	\$0	N/A
Urgent Care	\$75	50% after Out-Network Deductible
Emergency Room	\$800 Copay + 20% Coinsurance After Deductible	
SERVICES THAT REQUIRE PRECERTIFICATION: INPATIENT AND SKILLED NURSING FACILITY ADMISSIONS, ONCOLOGY CARE AND SERVICES (CHEMOTHERAPY/RADIATION) OUTPATIENT SERVICES, HOSPICE CARE, SPECIALIST VISITS, ORGAN, TISSUE AND BONE MARROW TRANSPLANTS, MRI/MRA AND PET SCANS, HOME HEALTH CARE DURABLE MEDICAL EQUIPMENT (PURCHASES OVER \$1,500 AND ALL RENTALS),DIALYSIS		
FAILURE TO OBTAIN PRE-CERTIFICATION WILL RESULT IN A 50% REDUCTION OF YOUR BENEFITS EXAMPLE: NET BENEFIT OF \$500 WITHOUT PRE-AUTHORIZATION WILL PAY \$250		
Prescription Drug Plan		
^\$100 Deductible Per Member Applies to all Tier 2 and Tier 3 Drugs. \$30 Surcharge Applies at Walgreens (20% surcharge applies to Tier 4)		
	30 Day Retail	Up to 90 Day Supply
Tier 1 - Generic	\$10	\$25
Tier 2 - Preferred Brand^	\$50	\$125
Tier 3 - Non-Preferred Brand^	\$100	\$250
Tier 4 - Specialty	20% Coinsurance (\$200 Min/\$750 Max)	



# WELCOME TO YOUR NEW PHARMACY BENEFIT.

We're excited to implement new pharmacy benefits. We're a team of pharmacists helping you get the medication you need with ease and care.

## THE trueDIFFERENCE

At TrueRx Health, you become our patient. Our motivation is your health and quality of life. Smart medication choices are made by ethical health care providers.

Our formularies are designed to keep you healthy and productive. We provide you affordable specialty medications. If you take a specialty medication, your dedicated case manager will reach out and share potential savings for your medication.

Our mobile app lets you compare your medication price at different pharmacies and access your medication history. How do I continue my mail order service? To maximize your service through TrueRx:

- **LOOK** for your new insurance card in the mail.
- **TAKE** your new card to your pharmacy.
- **CREATE** your account at [truerx.com/member-portal](https://truerx.com/member-portal).
- **DOWNLOAD** The TrueRx App to order refills and find the lowest cost scripts near you.



## ORDERING PRESCRIPTIONS BY MAIL

Your pharmacy benefit plan offers the convenience of medications delivered to your home through WB Rx Express. WB Rx Express is a family-run pharmacy serving communities for decades. We are the place to go if you want personalized and friendly service that is convenient and accessible. Transfer pharmacies today for the personalized attention you and your loved ones deserve.

## Get Started With Your Current Prescriptions In Three Easy Steps:

- 1 Go to [wbrxexpress.com](https://wbrxexpress.com) and click "Get Started".
- 2 Use the form to enter your name, address, phone number, email address, message (optional) and click the red Submit button.
- 3 WB Rx Express will contact you within two business days to verify your account and medication information.

### Is It Really That Simple?

Yes! Our health care professionals will transfer your medications from your previous pharmacy. In fact, WB Rx Express pharmacists have been taking care of patients for five generations. WB Rx Express promises to treat you like family and answer all of your medication questions with courtesy and clarity.

### What To Do If I Get A New Prescription?

Ask your doctor to send your prescription to WB Rx Express by electronic prescribing, phone, fax, or mail. Remember to set up your online account for refill convenience.



# ORDERING PRESCRIPTIONS BY MAIL

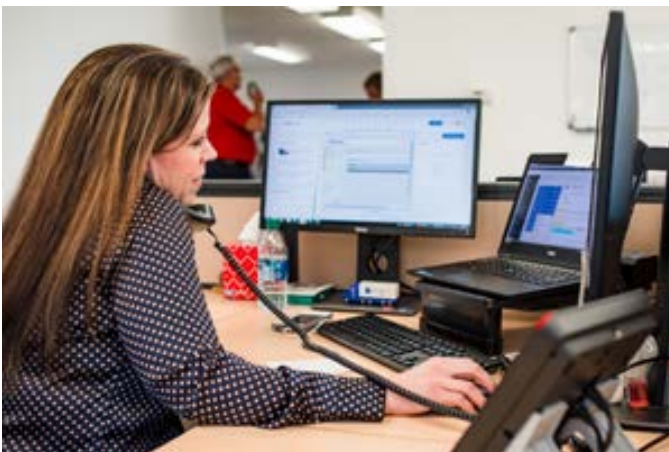
## Ordering Refills

Once your prescription has been received by WB Rx Express, you have three convenient ways to request refills.

1. When allowed, WB Rx Express will automatically enroll you into an auto refill program. This program is designed to ensure you do not miss any doses with the convenience of receiving your medications on schedule in the mail.
2. Refills may be ordered by phone by calling 833-391-0126. Please remember to have your credit card information and the prescription number ready.
3. Download the RxLocal app and refill prescriptions from your phone.

## About RxLocal

- To get started, download “RxLocal” from the App Store or Google Play. You will need a WB Rx Express prescription number. The prescription number is in the upper left-hand corner of the label on your medication container.
- Select medication(s) for refill and deactivate medication(s) you are no longer taking.
- Receive notifications when your medication is ready to be filled. You will be prompted to confirm your medication and a tracking number will be provided once it has been fully processed.
- See the date the supply ends from your previous fill. For your safety, refill orders placed too early cannot be filled and may be put on hold until the earliest fillable date.



## Delivery Times

Please allow two weeks for delivery from the date you submit your order. Your order will be delivered to the address you requested by United Parcel Services or first-class US mail. In case of emergency, prescriptions can be shipped overnight with an additional charge.

## Generic Drugs

Generic medications will be substituted for brand name medications when available and allowed by the prescribing physician. WB Rx Express utilizes only those generic medications rated highest by the FDA.

## Service & Safety

WB Rx Express has registered pharmacists to review each prescription for accuracy before dispensing and perform checks to assure all prescriptions are dispensed correctly. We maintain computerized patient profiles to prevent adverse reactions with other prescriptions you are receiving from WB Rx Express. Should any questions arise regarding potential adverse reactions, our pharmacist will contact you or your doctor before dispensing the medication.

## Payment Options

WB Rx Express accepts MasterCard, Visa, Discover, American Express, personal checks and money orders. If you are paying by check or money order, WB Rx Express must receive these forms of payment before shipping your order. You can add or update credit card information by contacting WB Rx Express.

**WB Rx EXPRESS**

**HOURS OF OPERATION: Monday-Friday, 8am-8pm EST** Contact WB Rx Express Customer Service at 833-391-0126



# HEALTH SAVINGS ACCOUNT (HSA)

When you enroll in the Saver HDHP (Bronze Plan) you are eligible for the Health Savings Account (HSA). An HSA can be an easy and smart way to save money to pay for qualified medical expenses for you and your dependents. With its triple tax advantages, easy access to savings, and future growth potential, it's a unique savings vehicle that provides benefits today and in the future.

## WHAT IS AN HSA-ELIGIBLE HEALTH PLAN?

An HSA-eligible health plan is a medical plan that satisfies certain IRS requirements with respect to deductibles and out-of-pocket expenses. You generally pay more up front for medical expenses before the plan begins to pay for covered services. The Dupré Logistics Saver HDHP (Bronze Plan) is an HSA-eligible health plan.

## WHAT IS AN HSA?

An HSA is an individual account used in conjunction with an HSA-eligible health plan to cover out-of-pocket qualified medical expenses on a tax-advantaged basis. Your HSA belongs entirely to you and can be used to pay for both current and future qualified medical expenses for you and your eligible dependents. Qualified Medical expenses will be paid tax-free if they are incurred after the HSA account is established. For this reason it's important to set up your account as soon as possible. Dupré will offer account services through HSA Bank and you can payroll deduct deposits into your account.

## AM I ELIGIBLE TO OPEN AN HSA?

You must meet several IRS eligibility requirements in order to establish and contribute to an HSA. It is your responsibility to determine if you are eligible:

- » You cannot be covered by any other health plan that is not an HSA-eligible health plan.
- » You cannot currently be enrolled in Medicare.
- » You cannot be claimed as a dependent on another person's tax return.

Note: Medical FSA participants are not HSA-eligible. If you enrolled in the 2023 medical FSA plan, you must waive your rights to the \$550 carryover in order to be HSA-eligible in 2023.

## WHAT TYPE OF EXPENSES DOES AN HSA COVER?

Distributions from an HSA used to pay for qualified medical expenses for you, your spouse, and dependents are tax free provided they meet the IRS definition of a qualified medical expense. The good news is that a lot of expenses qualify for payment or reimbursement, such as:

- » Health plan deductibles and coinsurance
- » Most medical, prescription drugs, insulin, dental and vision care and services
- » Medicare premiums (if age 65 or older)

## WHAT ARE THE CONTRIBUTION LIMITS FOR HSA'S?

	2023 ANNUAL MAXIMUM CONTRIBUTION
Individual health care coverage	\$3,850
Family health care coverage	\$7,750
Additional catch-up contribution (if employee is age 55 or older)	\$1,000

## WHAT ARE THE BENEFITS OF AN HSA?

### IT'S YOURS

The entire balance is yours to keep—even if you change jobs, change medical coverage, or retire.

### IT'S EASY TO USE

You can save money in your HSA on a pretax basis through payroll deductions or by making after-tax contributions by transferring money online from an outside bank account. When you decide to use your HSA to pay for a qualified medical expense, you can access it by using an HSA debit card, HSA checkbook, or online.

### IT'S FLEXIBLE

Spend your HSA today or save it for tomorrow—it's up to you. Because your balance automatically carries over from year to year, you don't have to worry about losing money that you haven't spent.

### IT'S A SMART WAY TO SAVE MONEY

Contributions can be made pre-tax or post-tax, distributions for eligible expenses are tax-free and earnings grow tax-deferred.





# FSA AND RETIREMENT PLANS

## FLEXIBLE SPENDING ACCOUNT (FSA)

You can set aside money on a pre-tax basis for eligible expenses. FSA benefits are offered by JP Farley. Your Card will have WEX logo on it as their administration platform is being used..

PLAN	2023 ANNUAL MAXIMUM CONTRIBUTION
Medical FSA	You can set aside up to \$2,850 per year for expenses not covered by the medical plan (copays, deductibles, amounts above plan limits, medical devices, orthodontics, eyewear, etc.)
Dependent Care FSA	You can set aside up to \$5,000 per year for day care, nursery school & elder care expenses.

## CHOOSE THE WAY YOU PAY FOR ELIGIBLE EXPENSES

### PAY UPFRONT AND GET REIMBURSED

- » Pay for services and products.
- » Submit reimbursement, proof of purchase, date and type of service. (Called substantiation)
- » Have your funds automatically deposited into your checking/savings account or receive a check.

### PAY ELIGIBLE EXPENSES WITH YOUR DEBIT CARD

- » Use your JPF Debit Card to pay for eligible services and products; no out-of-pocket expenses for you.
- » JPF Debit Card purchases need to be verified to satisfy the IRS. Some merchants can provide all the IRS required information right at the point of sale. Other purchases will need to be verified with receipts, dates and type of service. Make sure you save your receipts!

You will receive one card when you enroll. You can request additional cards for your spouse and dependents over age 18 for free. There is no fee for replacing lost or stolen cards.

In order to utilize your money in the FSA WITHOUT paying taxes, you must follow the rules that the IRS has defined. At the present time, the IRS requires all administrators to verify that money being utilized out of the FSA is being used for qualified medical expenses. If your FSA vendor is unable to verify your FSA expenses you will be asked to provide proof. Good practice is to always keep your receipts. If you fail to provide an itemized receipt you may be asked to remit payment. Failure to remit payment may cause your debit card to be deactivated.

**HSA participants are not eligible for the Medical FSA.**

## USE IT OR LOSE IT PROVISION—WITH \$550 ANNUAL CARRYOVER

Remember to calculate your expenses conservatively when making your FSA elections. IRS regulations require that you forfeit any money left in your account after the claims submission deadline; however you may carry forward up to \$550 to use on medical expenses in the next plan year (2024).

## FSA TECHNOLOGY AND VENDOR PARTNER (WEX AND JP FARLEY)

Dupré Logistics, LLC provides health care flexible spending accounts & dependent care spending accounts to plan members with convenient **Flexible Spending Account tools – through a website or mobile App!** Our Flexible Spending Account tools are powered by our partnership with WEX and through JP Farley. As a result, your FSA card will have a WEX logo and you'll use JP Farley for filing and substantiating claims. More information is on the following page. .



# FLEXIBLE SPENDING APP TOOLS + RETIREMENT

## THE MEMBER PORTAL (AND APP) PROVIDES:

- File a claim online
- Upload receipts and track expenses
- View up-to-the-minute account balances
- View your account activity, claims history and payment (reimbursement) history
- Report a lost/stolen Card and request a new one
- Update your personal profile information
- Change your login ID and/or password
- Download plan information, forms, and notifications
- 24/7 self-service tools...there when you need it

The website portal is designed to be easy to use and convenient. Follow these instructions to gain access to these great new account tools after enrollment!

Once inside the website you have your choice of two ways to navigate this site: Work from sections within the home page, or hover over or click on the four tabs at the top.

## Member registration instructions:

1. Visit <https://jpfarley.lh1ondemand.com/> or scan the QR Code to the right. *Note: An access link will also be provided within J.P. Farley's web portal and jpfarley.com.*
2. **First Login:**
  - a. Within the "Existing User" box, enter your established username.  
**Your assigned username** is the first letter of your first name, last name, and last 4 digits of your social security number (i.e. FLast1234). After entering your username press "next".
  - b. When prompted for your **password**, you will use the password **Welcome!** for this first login. *Once you login we suggest updating your password to new unique password for security.*
3. **Following the first login:** Enter your *Username* and *Password* to access the Member Portal and review your benefits and account. This same login information will be used when accessing your account via the App.  
*Please note the site works best in newer browsers.*

**If You Have Questions, Contact Us**

**(800) 779-0774 • [www.jpfarley.com](http://www.jpfarley.com) • [benefits@jpfarley.com](mailto:benefits@jpfarley.com)**

## RETIREMENT PLAN INFORMATION

Eligible employees may enroll in the 401(k) and/or Roth Plan upon hiring and the company match begins in January or July following one year of service. When you enroll in the plan you will be vested 100% and all withholdings are now % only - not fixed dollar amount. Changes are allowed daily. If you currently have a 401(k) plan and wish to transfer funds into the Dupré Logistics plan you may do so before you complete one year of service. Dupré Logistics matches your contributions up to \$100 per month. You can contact Securian Retirement Center at 800.233.2881 for assistance in managing this account Monday-Friday 7:00 a.m.-7:00 p.m. CST or online at [SecurianRetirementCenter.com](http://SecurianRetirementCenter.com) 24/7.



## Download FSA APP

**Access your Flexible Spending Account on the go!**  
Our easy, convenient app provides quick access to FSA account balances 24/7, claims submissions, and more!

In the iOS or Android store download the app called:  
**J.P. Farley FSA HRA HSA**



**SCAN QR  
CODE TO  
REGISTER**



# VOLUNTARY DENTAL PLAN

The Dupré Logistics dental plan through MetLife has been designed to promote and encourage preventive dental care and provide benefits for services essential to proper dental health. You receive the greatest benefit when you use MetLife PDP Plus network providers because they have agreed to accept a negotiated rate as payment and will file all claims for you, whereas an out-of-network provider may cost more and require you to file your own claims. This benefit is available to you at your cost.



## ABOUT YOUR DENTAL INSURANCE

### » PREVENTIVE AND DIAGNOSTIC CARE

(routine exams and cleanings, sealants, bitewing X-rays, full-mouth X-rays)

### » BASIC TREATMENT

(extractions, fillings, oral surgery, anesthesia)

### » MAJOR TREATMENT

(endodontics, periodontics, crowns, dentures, inlays/onlays, bridges, implants)

### » ORTHODONTIC TREATMENT

(braces for children younger than 19)

This chart below illustrates dental benefits. Remember, participating providers do not charge more than the reasonable-and-customary fee, so you will not pay more than what the chart below shows.

DENTAL PPO	BENEFITS
<b>Annual Deductible</b>	
Individual	\$50
Family	\$150
<b>Annual Benefit Maximum</b>	\$1,500
<b>Preventive &amp; Diagnostic Care</b>	\$0 (deductible is waived)
<b>Basic Treatment</b>	20% coinsurance after deductible
<b>Major Treatment</b>	50% coinsurance after deductible
<b>Orthodontic Treatment</b>	50% coinsurance after deductible
<b>Lifetime Maximum Benefit for Orthodontia one person can receive</b> (Dependent children when appliance is placed before age 19)	\$1,000 (per covered person)

VOLUNTARY DENTAL PLAN RATES	WEEKLY	BI-WEEKLY	SEMI-MONTHLY
Employee Only	\$7.22	\$14.44	\$15.66
Employee + Spouse	\$13.69	\$27.38	\$29.67
Employee + Child(ren)	\$15.57	\$31.14	\$33.74
Employee + Family	\$22.98	\$45.96	\$49.76

**NOTE:** IF YOUR OUT-OF-NETWORK PROVIDER CHARGES MORE THAN THE REASONABLE-AND-CUSTOMARY CHARGE, YOU PAY THE DIFFERENCE IN ADDITION TO THE AMOUNT SHOWN.

# VOLUNTARY VISION PLAN

The Dupré Logistics vision plan through MetLife covers routine eye care for you and your family. You may choose any provider, but you will receive the greatest level of benefits when you select a provider in the MetLife Vision PPO Network. MetLife also offers discounts and preferred pricing on additional services such as additional pairs of glasses, lens options, contact lens supplies and LASIK. This benefit is available to you at your cost.

VISION PPO	IN-NETWORK	OUT-OF-NETWORK
<b>Eye Exam</b> 1 every 12 months	\$10 Copay	Up to \$45
<b>Frames</b> 1 every 12 months	Covered by \$10 copay Up to \$130 (\$70 at Costco)	Up to \$70
<b>Lenses: 1 pair every 12 months</b>		
Single Vision	Covered by \$10 Copay	Up to \$30
Bifocal	Covered by \$10 Copay	Up to \$50
Trifocal	Covered by \$10 Copay	Up to \$65
Lenticular	Covered by \$10 Copay	Up to \$100
Progressive	Up to \$55 Copay	Up to \$50
<b>Contact Lenses: (in lieu of eye glasses)</b>		
When medically necessary	Covered by \$10 Copay	Up to \$210
Elective	Up to \$130	Up to \$105
<b>LASIK or PRK Vision Correction (In United States)*</b>  *(Not an insured benefit)	Members receive a discount on Lasik or PRK prices with participating surgery providers across the country.	Not covered



VOLUNTARY VISION PLAN RATES	WEEKLY	BI-WEEKLY	SEMI-MONTHLY
<b>Employee Only</b>	\$1.61	\$3.21	\$3.48
<b>Employee + Spouse</b>	\$3.21	\$6.42	\$6.95
<b>Employee + Child(ren)</b>	\$3.43	\$6.86	\$7.43
<b>Employee + Family</b>	\$5.38	\$10.76	\$11.66



# VOLUNTARY LIFE, AD&D, DISABILITY AND CRITICAL ILLNESS PLANS

## VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

In addition to Basic Life, you can purchase Voluntary Life insurance for yourself, then you are eligible to purchase Voluntary Life insurance for you and your family. Below are the benefit coverage amounts:

- » **FOR YOU:** \$50,000 to a maximum benefit of \$250,000, in \$50,000 increments
- » **FOR YOUR SPOUSE:** Up to 50% of the employee's benefit from \$25,000 to a maximum benefit of \$100,000, in \$25,000 increments. Guarantee issue is \$50,000.
- » **FOR EACH CHILD:** \$10,000

In addition to Voluntary Life Insurance, you can buy Voluntary Accidental Death & Dismemberment Insurance:

- » **FOR YOU:** \$10,000 to a maximum benefit of \$500,000, in \$10,000 increments
- » **FOR YOUR SPOUSE AND CHILDREN:** 40% of employee's benefit for spouse, 10% of employee's benefit for child(ren)
- » **FOR YOUR SPOUSE ONLY:** 50% of employee's benefit
- » **FOR CHILD(REN) ONLY:** 15% of employee's benefit

## BENEFICIARIES

It is important to designate and regularly update your beneficiaries for your employer-paid Basic Life and AD&D benefit as well as any Voluntary Life and AD&D you may elect.

## VOLUNTARY SHORT-TERM DISABILITY (STD)

Short-Term Disability (STD) coverage pays you a weekly benefit if you become disabled as a result of a personal injury or sickness for a temporary period. This benefit is available to you at your cost.

- » **WEEKLY BENEFIT:** 66.67% of base weekly salary with a maximum benefit of \$1,925 per week
- » **ELIMINATION PERIOD:** Sickness: 7 days / Accident: 7 days
- » **HOW LONG YOU MAY RECEIVE BENEFITS:** Once you qualify for benefits under this plan, you may qualify to receive them for up to 12 weeks

**\*Short-Term Disability does require a 12 month look back for eligibility.**

## VOLUNTARY LONG-TERM DISABILITY (LTD)

Long-Term Disability (LTD) coverage pays you a monthly benefit if you become disabled as a result of a personal injury or sickness for an extended period. This benefit is available to you at your cost.

- » **MONTHLY BENEFIT:** Increments of \$100 up to 60% of base monthly salary with a maximum benefit of \$7,500
- » **ELIMINATION PERIOD:** 90 days (or end of STD benefit period)
- » **HOW LONG YOU MAY RECEIVE BENEFITS:** Once you qualify for benefits under this plan, you may qualify to receive them for up to 5 years

## STATEMENT OF HEALTH (SOH)

If you elect voluntary life, STD or LTD coverage for the first time during open enrollment and you did not enroll when it was originally offered to you, you are considered a late entrant and you will be required to supply a Statement of Health (SOH) form to MetLife. Voluntary Spouse Life elections over \$50,000 and benefit amount increases may also require a SOH form. Your elections will not take effect until your SOH is approved by MetLife.

## VOLUNTARY CRITICAL ILLNESS

Critical Illness Insurance is designed to protect your income and personal assets when your out-of-pocket expenses increase as a result of an illness. Health insurance is not always enough to cover all the unforeseen expenses associated with a serious medical condition, like a heart attack, coronary artery bypass, kidney failure, stroke, invasive cancer, severe burns, loss of sight/speech/hearing, paralysis or coma. Critical Illness insurance pays a lump sum benefit that can be used to help pay for unanticipated expenses or loss of income.





# EMPLOYER PAID BENEFITS

## BASIC LIFE AND AD&D PLAN

Life and Accidental Death & Dismemberment Insurance (AD&D) is an important part of your financial security. This coverage protects your family from a sudden loss of income in the event of your death or a serious injury. These benefits are provided by Dupré Logistics at no cost to you.

## EMPLOYEE ASSISTANCE PROGRAM

Sometimes balancing work and family activities creates stress that is hard to handle on your own. To help you through those times, you can receive counseling and referrals through the Employee Assistance Program (EAP), offered through LifeWorks, at no cost to you.

Any help you receive is completely confidential and not shared with the company.

### HOW TO USE THE EAP

If you or an immediate family member need assistance, you can call an EAP counselor 24 hours a day, 7 days a week. Sometimes a phone call is all it takes (**1.888.319.7819**). This benefit allows you up to 5 telephonic consultations per year.

Job stress	Conflicts at work
Tobacco cessation classes	Crisis situations
Family or marital problems	Legal concerns
Emotional difficulties such as depression	Child or elder care
Drug or alcohol dependence	Parenting concerns
Grief over the death of a loved one	Financial counseling
Eating disorders	Legal referrals

## TRAVEL ASSISTANCE

24-hour service that provides a comprehensive range of information, referral, coordination and arrangement services designed to respond to most medical care situations and emergencies you may encounter when you travel more than 100 miles from home or in a foreign country. The program provides assistance with inoculation requirements, passport/visa requirements, currency exchange rates, weather information, emergency travel arrangements and recovery of lost or stolen luggage, or other personal items.

## IDENTITY THEFT SOLUTIONS

Provides an identity theft risk & prevention toolkit and resolution guide. This service also provides assistance with filing and obtaining police and credit reports, contacting creditor fraud departments, taking inventory of lost or stolen items, and more.

## DISCOUNT PLANS

AT&T and Verizon offer discounts to Dupré employees. For AT&T discounts, visit [att.com/wireless/Dupré](http://att.com/wireless/Dupré) or call **800.331.0500** and mention the Foundation Account Number 2391413. For Verizon discounts, go to [verizonwireless.com/discounts](http://verizonwireless.com/discounts), enter your work email address and click "Check for Discounts". If you don't have a work email address, click on "Don't have a Work Email Address" and fill out form.

## ADVANCIAL AND BAYOU FEDERAL CREDIT UNION

Dupré Logistics provides two credit unions for employees to choose from, Advancial and Bayou Federal Credit Union. One may have a better presence than the other, depending on your address. Both credit unions accept direct deposit and provide the same services. You can open a checking, savings or investment account, use direct deposit for your paycheck, obtain a VISA check card, borrow money at lower interest rates than from other financial institutions and even obtain real estate loans and credit cards. If you would like more information contact:

» **ADVANCIAL CREDIT UNION at 800.322.2709**

» **BAYOU FEDERAL CREDIT UNION at 800.349.2900 or 225.925.8800**



# DELL MEMBER PURCHASE PROGRAM

## WELCOME To Exclusive Savings



New XPS 13

Dell 27 Monitor - S2721HN

Now that you're enrolled in the Dell Member Purchase Program, you can enjoy:



ALWAYS-ON  
SAVINGS



EARLY ACCESS TO  
PREMIER EVENTS



DEDICATED  
ACCOUNT TEAM



EXCLUSIVE  
OFFERS

Members can shop best discounting 24/7 at: [www.dell.com/mpp/duprelogistics](http://www.dell.com/mpp/duprelogistics)

- Reach out to [Tacia\\_Fick@Dell.com](mailto:Tacia_Fick@Dell.com) for a personal purchase quote
- Electronics Accessories 10% coupon
- Best Price Guarantee on Award Winning Dell Products
- Military and Veterans Receive Additional 10% Discount
- Benefits extend to family and friends
- Contact your program coordinator with questions: [Joey\\_Collins@Dell.com](mailto:Joey_Collins@Dell.com)



# LEGAL NOTICES

## HIPAA SPECIAL ENROLLMENT RIGHTS

Our records show that you are eligible to participate in the Dupré Logistics, LLC. 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 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 the Dupré Logistics, LLC. Human Resources Department.

## HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

Dupré Logistics, LLC is committed to the privacy of your health information. The administrators of the Dupré Logistics, LLC. health plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting the Dupré Logistics, LLC. Human Resources Department.

## 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).



# LEGAL NOTICES

## WELLNESS PROGRAM - NOTICE OF ALTERNATIVE STANDARD

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Dupré Logistics, LLC. Human Resources Department and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

## WELLNESS PROGRAM - SUBJECT TO THE ADA

The Dupré Logistics, LLC. wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a biometric screening, which will include a blood test for cotinine, HDL, Glucose, ALT, AST and Hemoglobin A1c. You are not required to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of reduced medical rates for completing the biometric screening. Although you are not required to participate in the biometric screening, only employees who do so will receive reduced medical rates.

The information from the results of your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

## PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Dupré Logistics, LLC. may use aggregate information it collects to design a program based on identified health risks in the workplace, the Dupré Logistics, LLC. wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are your Quantum Health care coordinators in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Dupré Logistics, LLC. Human Resources Department.



# LEGAL NOTICES

## CREDITABLE (DRUG) COVERAGE NOTICE

### IMPORTANT NOTICE FROM DUPRÉ LOGISTICS, 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 with Dupré Logistics, LLC. 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. Dupré Logistics, LLC. has determined that the prescription drug coverage offered by the Dupré Logistics, LLC. Health 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, your current Dupré Logistics, LLC. coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits. If you do decide to join a Medicare drug plan and drop your Dupré Logistics, LLC. coverage, be aware that you and your dependents can only enroll back in the Plan during annual enrollment.

#### 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 Dupré Logistics, 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.

#### 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 Dupré Logistics, LLC. changes. You also may request a copy of this notice at any time.





# LEGAL NOTICES

## 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 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:** 10/15/2022  
**Name of Entity/Sender:** Dupré Logistics, LLC.  
**Contact:** Jayme Miller  
**Address:** 201 Energy Parkway, Suite 500  
Lafayette, LA 70508-3851  
**Phone Number:** (337) 314.2252

## 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 states 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.

	Gold Plan	Silver Plan	Bronze Plan	Nurse Guided Plan
Deductible: Ind / Fam	\$1,950 / \$3,900	\$2,950 / \$5,900	\$3,500 / \$7,000	\$3,000 / \$6,000
Coinsurance:	80%	80%	80%	80%

If you would like more information on WHCRA benefits, contact the Human Resources department.



# 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 [877.KIDS.NOW](tel: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 [866.444.EBSA \(3272\)](tel:866.444.EBSA).

**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, 2022. Contact your state for more information on eligibility.**

State	Phone / Email	Website
ALABAMA – Medicaid	855.692.5447	<a href="http://myalhipp.com">http://myalhipp.com</a>
ALASKA – Medicaid	866.251.4861 CustomerService@MyAKHIPP.com	The AK Health Insurance Premium Payment Program: <a href="http://myakhipp.com">http://myakhipp.com</a> MedicaidEligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>
ARKANSAS – Medicaid	855.MyARHIPP (855.692.7447)	<a href="http://myarhipp.com">http://myarhipp.com</a>
COLORADO – Medicaid and CHIP	Member Contact Center: 800.221.3943   State Relay 711 Customer Service: 800.359.1991   State Relay 711	Health First Colorado (Colorado's Medicaid Program) <a href="https://www.healthfirstcolorado.com">https://www.healthfirstcolorado.com</a> Child Health Plan Plus (CHP+) <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a>
FLORIDA – Medicaid	877.357.3268	<a href="http://flmedicaidtprecovery.com/hipp">http://flmedicaidtprecovery.com/hipp</a>
GEORGIA – Medicaid	678.564.1162, ext. 2131	<a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>
INDIANA – Medicaid	877.438.4479 800.403.0864	HealthyIndianaPlanforlow-incomeadults19-64  <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> All other Medicaid   <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a>
IOWA – Medicaid	800.257.8563	<a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>
KANSAS – Medicaid	785.296.3512	<a href="http://www.kdheks.gov/hcf">http://www.kdheks.gov/hcf</a>
KENTUCKY – Medicaid	800.635.2570	<a href="http://chfs.ky.gov">http://chfs.ky.gov</a>
LOUISIANA – Medicaid	888.695.2447	<a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a>
MAINE – Medicaid	800.442.6003 TTY: Maine relay 711	<a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a>
MASSACHUSETTS – Medicaid and CHIP	800.862.4840	<a href="http://www.mass.gov/eohhs/gov/departments/masshealth">http://www.mass.gov/eohhs/gov/departments/masshealth</a>
MINNESOTA – Medicaid	800.657.3739	<a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>
MISSOURI – Medicaid	573.751.2005	<a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>
MONTANA – Medicaid	800.694.3084	<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>
NEBRASKA – Medicaid	Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178	<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>
NEVADA – Medicaid	800.992.0900	<a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>



# LEGAL NOTICES

<b>NEW HAMPSHIRE – Medicaid</b>	603.271.5218 Toll-Free:800.852.3345,ext 5218	<a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>
<b>NEW JERSEY – Medicaid and CHIP</b>	609.631.2392 800.701.0710	Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">http://www.state.nj.us/humanservices/dmahs/clients/medicaid</a> CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>
<b>NEW YORK – Medicaid</b>	800.541.2831	<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>
<b>NORTH CAROLINA – Medicaid</b>	919.855.4100	<a href="https://dma.ncdhhs.gov">https://dma.ncdhhs.gov</a>
<b>NORTH DAKOTA – Medicaid</b>	844.854.4825	<a href="http://www.nd.gov/dhs/services/medicalserv/medicaid">http://www.nd.gov/dhs/services/medicalserv/medicaid</a>
<b>OKLAHOMA – Medicaid and CHIP</b>	888.365.3742	<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>
<b>OREGON – Medicaid</b>	800.699.9075	<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>
<b>PENNSYLVANIA – Medicaid</b>	800.692.7462	<a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a>
<b>RHODE ISLAND – Medicaid</b>	855.697.4347 or 401.462.0311 (Direct Rlte Share Line)	<a href="http://www.eohhs.ri.gov">http://www.eohhs.ri.gov</a>
<b>SOUTH CAROLINA – Medicaid</b>	888.549.0820	<a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a>
<b>SOUTH DAKOTA – Medicaid</b>	888.828.0059	<a href="http://dss.sd.gov">http://dss.sd.gov</a>
<b>TEXAS – Medicaid</b>	800.440.0493	<a href="http://gethipptexas.com">http://gethipptexas.com</a>
<b>UTAH – Medicaid and CHIP</b>	877.543.7669	Medicaid: <a href="https://medicaid.utah.gov">https://medicaid.utah.gov</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>
<b>VERMONT – Medicaid</b>	800.250.8427	<a href="http://www.greenmountaincare.org">http://www.greenmountaincare.org</a>
<b>VIRGINIA – Medicaid and CHIP</b>	Medicaid: 800.432.5924 CHIP: 855.242.8282	<a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>
<b>WASHINGTON – Medicaid</b>	800.562.3022, ext. 15473	<a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>
<b>WEST VIRGINIA – Medicaid</b>	855.MyWVHIPP (855.699.8447)	<a href="http://mywvhipp.com/">http://mywvhipp.com/</a>
<b>WISCONSIN – Medicaid and CHIP</b>	800.362.3002	<a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a>
<b>WYOMING – Medicaid</b>	307.777.7531	<a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a>

To see if any other states have added a premium assistance program since July 31, 2022, 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)  
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)  
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.





*Always forward thinking.*

This 2023 Employee Benefit Guide Highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act ("ERISA" as a Summary of Material Modifications and should be kept with your most recent Summary Plan Description. The information contained in this guide should in no way be construed as a promise or guarantee of employment or benefits. Dupré Logistics reserves the right to modify, suspend or terminate any plan at any time for any reason. If there is a conflict between the information in this guide and the actual plan document or policies, the plan documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from Dupré Logistics.

The intent of this guide is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

# BENEFIT CONTACT INFORMATION

If you have questions about any of your benefits, please contact the Dupré Benefits Helpline at **888.297-8052**, and they will be glad to assist you.

Below is a list of the companies, the benefits they administer, their phone numbers and web or email address.

BENEFIT	COMPANY	WEB OR EMAIL ADDRESS	PHONE NUMBER
<b>NURSE NAVIGATOR</b>	Concierge Nurse Navigators	annette@mynursenavigators.com	Call: (800) 779-0774 Text: (440) 358-2227
<b>BENEFITS HELPLINE</b>	Web Benefits Design	services@wbdcorp.com	1.888.297.8052
<b>ONLINE ENROLLMENT WEBSITE</b>		mybensite.com/duprelogistics	
<b>MEDICAL</b>	First stop Health	fshealth.com	(800)479-0774
	JP Farley	jpgarley.com	(800)479-0774
<b>RX</b>	TrueRx	truerr.com	(800)479-0774
<b>DENTAL (PDP PLUS NETWORK)</b>	MetLife	metlife.com	1.800.ASK.4MET (275.4638)
<b>VISION</b>			
<b>LIFE AND DISABILITY</b>			
<b>EMPLOYEE ASSISTANCE PROGRAM (EAP)</b>		metlifegc.lifeworks.com User: metlifeassist Password: support	1.888.319.7819
<b>GRIEF COUNSELING</b>		webcorp.axa-assistance.com User: axa Password: travelassist	1.800.454.3679
<b>TRAVEL ASSISTANCE &amp; IDENTITY THEFT SOLUTIONS</b>			
<b>HSA</b>	HSA Bank	hsabank.com/member	1.800.357.6246
<b>FSA</b>	JP Farley/WEX	Jpgarley.lh1ondemand.com/	(800)479-0774
<b>RETIREMENT</b>	Securian Retirement Center	securianretirementcenter.com	(800)479-0774 1.800.233.2881
<b>CREDIT UNION</b>	Advancial Federal Credit Union	joinadvancial.org	1.800.322.2709
	Bayou Federal Credit Union	bayoufcu.org	1.800.349.2900
<b>CELLULAR PROVIDER</b>	Verizon	verizonwireless.com/getdiscounts	
	AT&T	att.com/wireless/dupre	1.800.331.0500