

EMPLOYEE BENEFIT GUIDE 2026



Welcome to your 2026 Employee Benefits!

RLC recognizes the important role employee benefits play as a critical component of your overall compensation. We strive to maintain a benefits program that is competitive within our industry and designed to protect your health, your family and your way of life.

This guide was created to answer some of the questions you may have and provide the tools and resources you will need to take full advantage of the programs and plans being offered. Please read it carefully along with any supplemental materials you receive.

For any questions about the benefits outlined in the guide, please contact Human Resources.

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Enrollment & Eligibility

RLC shares in the cost by paying for a portion of the employee and dependent health insurance costs. Dependents are eligible to participate in the health & welfare plan. Your completed enrollment serves as a request for coverage and authorizes any payroll deductions necessary to pay for that coverage.

Any elections made will remain in effect and cannot be changed or revoked until the next annual Open Enrollment period, unless the change is due to and consistent with a family/life status change.

Who is eligible for Benefits?

- All regular full-time employees working at least 30 hours per week. Benefits begin on the 1st of the month following 30 days of employment.

Eligible Dependents

- A spouse to whom you are legally married, or a qualified Domestic Partner.
- A dependent child under the age of 26. Coverage terminates at the end of the month of the dependents 26th birthday

Coverage for eligible dependents generally begins on the same day your coverage is effective.

**Additional carrier conditions may apply.*

What if I Need to Continue my Coverage?

You may be eligible to continue coverage under your group medical, dental and vision plan for up to 18 months. You will be notified of your rights and will be responsible for electing benefits and paying the full cost of benefits if you wish to continue under COBRA.

Your life insurance may also be eligible for portability or conversion. Refer to the life summary of benefits for more information.

Please Note: If you cover an individual on your benefit plan who is not an eligible dependent, this is considered fraud and theft. Claims may be reprocessed and become your responsibility. Anyone found providing false statements will be subject to discipline up to and including termination of employment.

Benefit Change in Status

The benefit elections you make during Open Enrollment or as a new hire will remain in effect for the entire plan year. You will not be able to change or revoke your elections once they have been made unless a Qualifying Life Event (status change) occurs. For purposes of health, dental, vision and Flexible Spending Accounts, you will be deemed to have a Status Change for the following reasons:

- Birth / Adoption
- Divorce
- Death
- FMLA Related Leave
- Dependent Child Age Limit
- Marriage
- Loss of Coverage
- Eligible for Medicare

In order to be permitted to make a change of election relating to your health, dental or vision coverage due to a Qualifying Life Event, the Life Event Change must result in you, your spouse or dependent gaining or losing eligibility for health, dental or vision coverage under this Plan or a plan sponsored by another employer by whom you, your spouse, or dependent are employed. The election change must correspond with that gain or loss of eligibility.



It is your responsibility to make sure that your RLC HR - Benefits Dept. is notified within 30 days of the qualifying event or you forfeit your right to change your coverage until the next Open Enrollment period.



Carrier Contacts

Our goal is to make certain that you receive the correct coverage under the benefits plan. We are here to help with any issues that may arise. Follow these steps if you require assistance:

- **Do you need an ID card?** If you do not have an ID card, please contact the insurance carrier to order your ID card or go online to the carrier's site to download an ID card.
- For claims assistance, please contact the insurance carrier. You will need your ID number or Social Security number along with date of service and provider name.

| Carrier | Website | Phone |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------|
| Medical | | |
| Louisiana Blue | www.lablue.com | 1.800.495.2583 |
| Health Savings Account (HSA) | | |
| Optum Bank | www.optumbank.com | 1.800.243.5543 |
| Flexible Spending Account (FSA) | | |
| Health Equity | www.healthequity.com | 1.877.924.3967 |
| Dental | | |
| Louisiana Blue | www.lablue.com | 1.800.495.2583 |
| Vision | | |
| Louisiana Blue | www.lablue.com | 1.800.495.2583 |
| Group Life and AD&D / Voluntary Term Life and AD&D | | |
| Hartford | www.thehartford.com | 1.8500.523.2233 |
| Voluntary Short-Term / Long-Term Disability | | |
| Hartford | www.thehartford.com | 1.8500.523.2233 |
| 401(k) Retirement | | |
| Fidelity Investments | www.fidelity.com | 1.800.835.5097 |
| RLC Human Resources | | |
| Edie Hunt | ehunt@rlcllc.net | 1.337.839.4693 |
| Employee Benefits Portal | | |
| AP Benefits | www.myAPBenefits.com | NA |
| Assured Partners | | |
| Monique Giuliani | monique.giuliani@assuredpartners.com | 1.337.769.6800 |



Summary of Benefits

January 1, 2026 – December 31, 2026



| Benefit Plan | Summary of Benefits | Premium Costs |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Medical / Rx | Louisiana Blue – Choice of PPO or HDHP with HSA benefits | Employee and RLC share plan cost. |
| Health Savings Account | Optum Bank – 2026 Contribution limits \$4,400 / individual - \$8,750 family | RLC contributes \$500 Single & \$1,000 Family. |
| Flexible Spending Account | Health Equity – 2026 contribution limit for Medical FSA is \$3,400. Dependent Care limit is \$7,500. | Employee pays plan cost. |
| Dental | Louisiana Blue – 100% preventive, 80% basic and 50% major care, up to a \$1,500 annual maximum. Child only orthodontics included with a \$1,000 lifetime benefit. | Employee pays plan cost. |
| Vision | Louisiana Blue – Copays for exams, frames lenses and contacts. Also covers safety glasses. | Employee pays plan cost. |
| Life / AD&D | Hartford – One (1) x base salary to a maximum of \$250,000. | RLC covers 100% of plan cost. |
| Voluntary Life | Hartford - Option to purchase additional Life benefits, the lesser of \$500,000 or 5 times your annual earnings. May also purchase additional life benefits for spouse and dependent children. | Employee pays plan cost. |
| Short-Term Disability | Hartford – Income protection benefit that begins on the 15 th day of qualified disability; STD pays 70% of income up to \$1,500/week for 11 weeks. | Employee pays plan cost. |
| Long-Term Disability | Hartford – Income protection benefit that begins on the 91 st day of qualified disability, LTD pays 60% of income up to \$10,000/month to SSNRA. | Employee pays plan cost. |
| 401(k) Retirement | Fidelity – RLC contributes 50% for each dollar employees contribute on the first 6% of salary deferral. | Employee and RLC share contribution to account. |

New User Registration

1. Log on

Visit our website

<https://www.myAPBenefits.com>

2. Register

Select *New User Registration*

3. Verify

Enter the following:

- First Name
- Last Name
- Company Identifier: **RLCLLC**
- Last 4 Digits of SSN
- Birth Date (ex. 1/1/1970)



Create Your Account

First, let's find your company record

First Name

Last Name

Company Identifier

(provided by HR)

PIN

(Last 4 Digits of SSN / ID)

Birth Date

(mm/dd/yyyy)

Next »

Medical / Rx

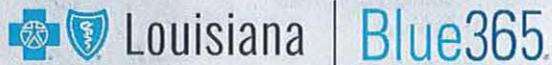
Louisiana Blue physician network provides higher benefit plan coverage and lower out-of-pocket expenses. You may visit the Louisiana Blue website at www.lablue.com to access claims payment, provider directories, request ID cards and review prescription drug alternatives.

| | HSA Plan | | PPO Plan | |
|----------------------------------------|---------------------------------------------------------|-----------------------------------|----------------------------------------------------|------------------------------------------------------|
| | <u>In Network</u> | <u>Out-of-Network</u> | <u>In-Network</u> | <u>Out-of-Network</u> |
| Annual Deductible (Ded.) | \$1,900 Indiv. \$3,800 Family | \$3,800 Indiv. \$7,600 Family | \$1,000 Indiv. \$3,000 Family* | \$2,000 Indiv. \$6,000 Family* |
| Coinsurance (After Ded.) | 20% | 40% | 20% | 40% |
| Out-of-Pocket Maximum | \$4,100 Indiv. \$8,200 Family | \$8,200 Indiv. \$16,400 Family | \$5,250 Indiv. \$10,500 Family | \$10,500 Indiv. \$21,000 Family |
| Preventive Care Services | Covered at 100% | 40% Coinsurance | Covered at 100% | 40% Coinsurance |
| Office Visits | | | | |
| Primary Care (Child) | Ded., then coinsurance | Ded., then coinsurance | \$40 copay | Ded., then coinsurance |
| Primary Care (Adult) | Ded., then coinsurance | Ded., then coinsurance | \$40 copay | Ded., then coinsurance |
| Specialist | Ded., then coinsurance | Ded., then coinsurance | \$55 copay | Ded., then coinsurance |
| Urgent Care | Ded., then coinsurance | Ded., then coinsurance | \$55 copay | Ded., then coinsurance |
| Emergency Room | Ded., then coinsurance | Ded., then coinsurance | Ded., then coinsurance | Ded., then coinsurance |
| Hospital | Ded., then coinsurance | Ded., then coinsurance | Ded., then coinsurance | Ded., then coinsurance |
| Rx Drug (Tiers 1 / 2 ,3,4) | | | Rx Drug (Tiers 1 / 2 / 3 / 4) | |
| Retail 31 day supply | 20% coinsurance after ded. / 40% coinsurance after ded. | | \$7 / \$30 / \$70 / 10% Coinsurance up to \$150 | \$21 / \$90 / \$210 / 10% Coinsurance up to \$150 |
| Employee Premium / Per Paycheck | | | | |

| | <u>HSA Plan</u> | <u>PPO Plan</u> | <u>HSA Plan Annual Premium Savings vs. PPO Plan**</u> |
|-----------------------|-----------------|-----------------|-------------------------------------------------------|
| Employee | \$55.67 | \$128.39 | \$1,891 |
| Employee & Spouse | \$103.39 | \$252.32 | \$3,872 |
| Employee & Child(ren) | \$79.54 | \$203.89 | \$3,233 |
| Family | \$156.41 | \$370.75 | \$5,573 |

* HSA Plan - Any contract covering 2 or more is subject to the family deductible. This deductible is shared between the members covered under the contract. The full deductible must be met before coinsurance is paid.
 ** HSA Plan Annual Premium Savings - Consider a HSA deposit with your savings!





Join Blue365® for Health and Wellness Discounts!

Register at www.Blue365deals.com/BCBSLA for standing discounts from top-name national vendors. While you're there, sign up for weekly emails with special time-limited offers you can take advantage of in the moment.



Sign up for
FREE!

Questions? help@bcbsla.com

DDMK6233 R02/23 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

BLUECARE

Save time and money!

LOUISIANA BLUE 

MEDICAL VISITS

BlueCare is great for those times when you need to see a doctor but can't find the time, feel too sick to leave the house or are traveling. BlueCare is available 24/7 in all 50 states, costs less than urgent care centers and emergency room visits, and is an easier way to treat routine, nonemergency health conditions like:

- Sinus infections
- Cold or cough
- Flu symptoms
- Fever
- Bladder infections
- Rashes
- Allergies
- Vomiting, diarrhea
- Pink eye

You can also use BlueCare to get a prescription or to check in with a doctor. BlueCare doctors can give work or school absence excuses by request.

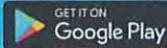
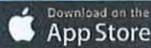
BEHAVIORAL HEALTH VISITS

Online appointments are available for behavioral health needs, including depression, grief, stress, life transitions, anxiety and more. Simply log in and schedule a visit with a psychology or psychiatry provider who is trained and certified in telehealth care.

Medical and behavioral health visits available!



SIGN UP AND TRY BLUECARE TODAY!



www.BlueCareLA.com

**SNIFFLES?
MIGRAINE?
BROKEN BONE?**

**KNOW THE BEST
PLACE TO GO FOR
YOUR ILLNESS
OR INJURY**

LOWER COST



HIGHER COST



Primary Care Provider

A primary care provider can see you for most of your care, from routine checkups to when you get sick or hurt.



BlueCare

See a doctor online 24/7 when you have a routine, nonemergency health condition. It saves time, and you don't have to leave home or the office.



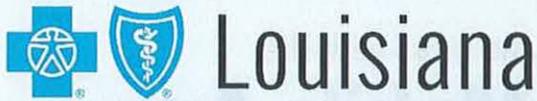
Urgent Care Center

If you have an illness or injury that is not an emergency but needs to be looked at quickly, these centers have doctors and other providers who can treat you. Most urgent care centers have night and weekend hours, and the providers there can often do X-rays, lab work or stitches.



Emergency Room

If you have a life-threatening or serious illness or injury, call 911 or go to the nearest emergency room.



Zero Judgment. Zero Costs.

Everyone deserves zero-judgment support for better health. Omada's easy-to-follow program helps members lose weight and get healthier.

What you get with Omada:

A program value up to \$700 —at no cost to you.



YOUR PERSONAL HEALTH COACH
One-on-one support with an actual human who cares about your progress.



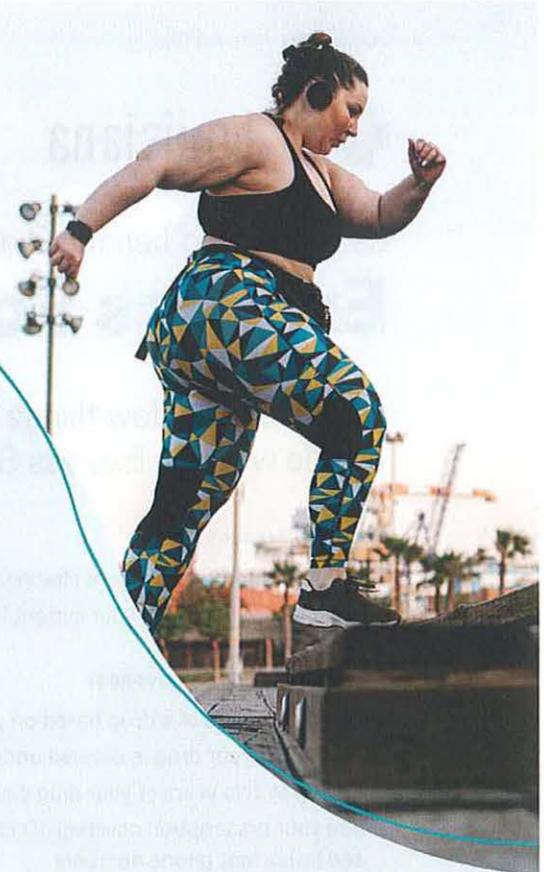
EXPERT ADVICE, TAILORED TO YOU
Manage food, activity, sleep and stress with personalized support.



SMART SCALE INCLUDED
Track your progress with this easy-to-use, synced device.



ONGOING EMOTIONAL SUPPORT
Access tools and resources to ensure your mindset is healthy, too.



Our members love Omada:

"I want to improve the quality of my life. It's about changing the way I feel day-to-day about myself and reducing my stress levels. I feel more empowered!"

—AILEENA, OMADA MEMBER



If you or your spouse or adult dependent are enrolled in a Blue Cross and Blue Shield of Louisiana health plan and at risk for type 2 diabetes or heart disease, join today!

GET STARTED AT

omadahealth.com/bcbsla

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association.

Omada is a program of Omada Health, an independent company that provides the program's services for eligible Blue Cross members.



See your drug benefits, find a pharmacy and more with the **Express Scripts® Mobile App**

Here are just a few things many of our members can do with the Express Scripts mobile app:

Find a pharmacy:

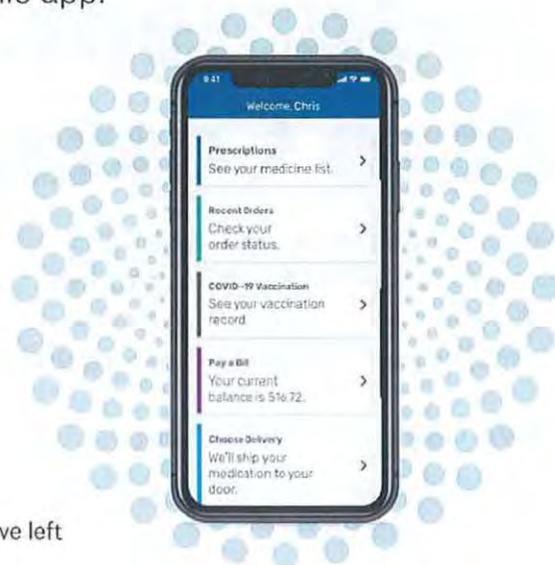
- Find preferred and network pharmacies
- Search by ZIP code or your current location

Learn about your coverage:

- Check the price of a drug based on your benefits
- Learn how your drug is covered under your plan
- See up to two years of your drug claims history
- See your prescription coverage ID card information and important phone numbers

Manage your medicine:

- See a list of your current prescription drugs
- Check about how many days' supply or refills you have left
- Set up dose reminders
- Choose home delivery for certain drugs and check on your orders



Set up your Express Scripts app today in a few simple steps:

1. Download the app from your mobile device app store.
2. Follow the steps to register your account.
3. Log in anytime you need information about your prescription drugs.



Questions?

To ask questions about your prescription benefits, or the Express Scripts mobile app, call the Express Scripts Customer Service Department toll-free at 1-866-781-7533 or the Pharmacy number on your ID card.



Across the country and around the world...we've got you covered.

As a Blue Cross and Blue Shield member, you take your healthcare benefits with you — across the country and around the world. Your membership gives you a world of choices. Within the United States, you're covered whether you need care in urban or rural areas. Outside the United States, you have access to doctors and hospitals around the world through the Blue Cross Blue Shield Global[®] Core program.

Designed to save you money.

In most cases, when you travel or live outside your Blue Cross and Blue Shield (BCBS) company's service area, you can take advantage of savings the local BCBS company has negotiated with its doctors and hospitals. For covered services, you should not have to pay any amount above these negotiated rates and any applicable out-of-pocket expenses.

To locate doctors and hospitals wherever you or a covered dependent need care (have your member ID card handy):

- Visit the National Doctor & Hospital Finder at www.BCBS.com. 
- Use the National Doctor & Hospital Finder app and the Blue Cross Blue Shield Global Core app for Android,* iPhone, iPad and iPod Touch.** (Rates from your wireless provider may apply.) 
- Call BlueCard Access[®] at 1.800.810.BLUE (2583). 

Take charge of your health, wherever you are.

In the United States

- Always carry your current member ID card.
- If you're a PPO member, always use a BlueCard PPO doctor or hospital to ensure you receive the highest level of benefits.
- Call your BCBS company for precertification or prior authorization, if necessary. Refer to the phone number on the back of your member ID card.
- When you arrive at the participating doctor's office or hospital, show the provider your ID card. The provider will identify your benefit level through one of these symbols:



After you receive care, you should:

- Not have to complete any claim forms.
- Not have to pay upfront for medical services, except for the out-of-pocket expenses (noncovered services, deductible, copayment and coinsurance) you normally pay.
- Receive an explanation of benefits from your BCBS company.

In an emergency, go directly to the nearest hospital.

Around the world

- Always carry your current member ID card.
- Before you travel, contact your BCBS company for coverage details. Coverage outside the United States may be different.
- If you need medical assistance, call the Service Center for Blue Cross Blue Shield Global Core at 1.800.810.BLUE (2583) or call collect at 1.804.673.1177, 24 hours a day, seven days a week. An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization, if necessary.

Inpatient claim: Call the Service Center if you need inpatient care. In most cases, you should not need to pay upfront for inpatient care except for the out-of-pocket expenses (noncovered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit the claim on your behalf.

In addition to contacting the Service Center, call your BCBS company for precertification or preauthorization. Refer to the phone number on the back of your member ID card. *Note: this number is different from the Service Center phone numbers listed above.*

Professional claim: You may need to pay upfront for care received from a doctor and/or hospital. Complete a Blue Cross Blue Shield Global Core International claim form and send it with the bill(s) to the Service Center (the address is on the form). You can also submit your claim online or through the Blue Cross Blue Shield Global Core mobile app. The claim form is available from your BCBS company or online at www.bcbsglobalcore.com.

To learn more about the programs described here, call your BCBS company.

The Blue Cross Blue Shield Global Core program was formerly known as BlueCard Worldwide®.

Blue Cross, Blue Shield, the Blue Cross and Blue Shield symbols, BlueCard, BlueCard Worldwide, and Blue Cross Blue Shield Global are trademarks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies.

*Android is a trademark of Google Inc.

**Apple, the Apple logo, iPod, iPod Touch, and iTunes are trademarks of Apple Inc., registered in the U.S. and other countries. iPhone is a trademark of Apple Inc. App Store is a service mark of Apple Inc.

TheBlueCard®
Now, Home Is Where The Card Is™

18-059-1135

ACTIVATE YOUR ONLINE ACCOUNT TODAY!

View your ID card, statements and claims, access forms, look up your plan benefits and cost share, find a provider or Blue365® discounts! **Do all of this and more when you activate your secure, password-protected online account in A FEW EASY STEPS.***

IT'S EASY TO ACTIVATE YOUR ONLINE ACCOUNT:

- 1 Visit www.lablue.com.
- 2 In the upper right corner of the page, click on the blue **Login or Sign Up** button.
- 3 On the Login Selection page, click on the **Customer** button.
- 4 Under the **Don't have an account?** heading, click the **Sign Up Now** button.
- 5 Fill out all required fields (marked by an asterisk).
- 6 Check the box above the **Submit** button.
- 7 Click the **Submit** button.
- 8 If your account registration attempt is successful, you should receive a message saying so. You'll be sent an email and asked to verify your email address. If you don't receive a verification email, click the **Resend Verification Email** button.
- 9 Once you've verified your email address, you'll be directed to fill out your member information so you can view your plan online. Please complete all required fields to view your plan details.
- 10 You may be asked to complete more steps to confirm your identity.

NEED HELP WITH YOUR MEMBER ACCOUNT?

Call the Customer Service number on the back of your ID card 8 a.m.-8 p.m., Monday-Friday.

MOBILE IS THE WAY TO GO

Download the **Blue Cross and Blue Shield of Louisiana (Louisiana Blue) app** and use your same username and password to log in to your online account. Download our Louisiana Blue app on an Apple or Android device and get healthcare information at your fingertips! iPhone users can now add and view digital ID cards in Apple Wallet.

Visit www.lablue.com/register for more information on how to activate your online account.

*This is not an inclusive list of online account features, and options may vary based on the plan(s) you have.

Health Savings Account



Employees electing the High Deductible Health Plan (HDHP) can contribute up to \$4,400 (single) or \$8,750 (family) in a Health Savings Account (HSA). Your account is owned by you and is funded with tax-exempt dollars to help pay for eligible medical expenses not covered by your insurance plan (deductibles, co-insurance). If you enroll in the High Deductible Health Plan, RLC will contribute money (tax-free) into your Health Savings Account. RLC's contribution will be broken down into per pay period installments. Catch-up contributions are allowed for members age 55 or older, in the amount of \$1,000.

| | 2026 IRS Maximum | RLC Contribution | Maximum Employee Contribution |
|----------|------------------|------------------|-------------------------------|
| Employee | \$4,400 | \$500 | \$3,900 |
| Family | \$8,750 | \$1,000 | \$7,750 |

Your HSA account is administered through Optum Bank. Optum Bank makes it easy for you to enroll in your HSA! Simply click on the link provided in the Employee Benefits Portal to be taken to the enrollment site set up specifically for RLC employees. Once your HSA is set-up you will receive your welcome packet by mail.

To enroll be sure to have the following information on hand.

- Social Security Number*
- A valid Email Address*
- RLC's Group / Employer Number: 905791*



A Health Savings Account...

- An alternative to traditional health insurance.
- A savings product that offers a different way for consumers to pay for their health care.
- Enables you to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis.
- Can only be utilized with a HDHP (High-Deductible Health Plan)
- Allows you to be in control of your medical expenses.
- Unused funds can be "rolled over" from year-to-year tax free. If you leave RLC your HSA account goes with you.

Why a Health Savings Account (HSA) May Be an Excellent Choice for You:

- It saves you money – 73% of the population spends \$500 or less on healthcare-related expenses. An HSA is paired with a HDHP (high-deductible health plan), which has a much lower premium than a traditional health plan.
- It's portable – You take it with you from job to job.
- It's a tax saver – Contributions are made with pre-tax dollars.
- It allows for an improved retirement account – rollover of funds accumulate tax-free, as does the interest. Plus, those ages 55 and older can make additional "catch-up" contributions.
- It puts money in your pocket – You never lose unused funds; they always roll over to the next year.

Once your Health Savings Account is opened, you will receive your Optum Bank HSA MasterCard that will allow you to pay for qualified medical expenses at a pharmacy, doctor's office or other health care provider.



Flexible Spending Account

Flexible Spending Accounts allow you the ability to use payroll deducted pre-tax dollars to pay for eligible medical expenses and dependent care expenses. There are two types of Flexible Spending Accounts available to you.

- Healthcare Reimbursement Accounts help offset health care costs. You can fund your account with pre-tax dollars to use for qualifying healthcare expenses including medical and dental deductibles and copayments, as well as non-covered services such as laser eye surgery and certain over-the-counter items (some requiring a doctor's prescription). Debit cards are available to access your funds. The 2026 IRS contribution limit is \$3,400.
- Dependent Care Reimbursement Accounts work similarly to the Healthcare Reimbursement Accounts. You can use your pre-tax dollars to pay for qualifying dependent care expenses such as day care, after school care, pre-school, elder care or nanny services. The 2026 contribution limit for Dependent Care Reimbursement Account is \$7,500 annually.

HSAs vs Medical FSAs

| Features | HSAs | FSAs |
|------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Qualifications | Must be insured under a HDHP | You can open a FSA without signing up for a medical plan |
| Who Owns It | You do | RLC does, but it's your money |
| What happens if you leave Employment | You take the funds with you | RLC keeps the unused funds |
| Who puts Money in the Account | You and RLC | You do |
| IRS Contribution Limit for 2026 | \$4,400 Single / \$8,750 Family | Healthcare FSA - \$3,400 |
| What happens to unused funds at year end | Funds roll over from year to year (no limit). Investment options are available | Up to \$680 in unused funds can rollover into the next plan year. The "Use it or Lose it" rule applies to any amounts over \$680. |
| When are funds available | As the funds are available in your account | First day of the plan year. |



Dental

Staying healthy includes obtaining quality dental care for you and your family. The dental plan is offered through Louisiana Blue, which includes an extensive network of providers and offers flexibility based upon where you choose to access care. Out-of-Pocket costs will be lower if you use a Louisiana Blue dentist, but you are free to choose any dentist you prefer. Once enrolled, you may visit the Louisiana Blue website at www.lablue.com, to locate a provider in the network.

| MetLife Dental | |
|---------------------------------------------------------------------------------------|-----------------------------|
| | In and Out of Network |
| Deductible * | \$50 Single \$150 Family |
| Annual Maximum Benefit | \$1,500 |
| Diagnostic & Preventive Services <i>(Exams and Cleanings – one per six months)</i> | Covered at 100% |
| Basic Restorative <i>(Fillings, Extractions & Oral Surgery)</i> | Covered at 80% |
| Major Services <i>(Crowns, Bridges, Inlays, Dentures)</i> | Covered at 50% |
| Orthodontia <i>Child(ren)</i> \$1,000 Lifetime maximum for Orthodontia Services | Covered at 50% |

Out of Network dentists are paid at the 90th percentile of usual and customary (UCR) geographic rates.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Employee Premium / Per Paycheck

| | |
|-----------------------|---------|
| Employee | \$14.54 |
| Employee + Spouse | \$31.56 |
| Employee + Child(ren) | \$32.45 |
| Family | \$51.24 |

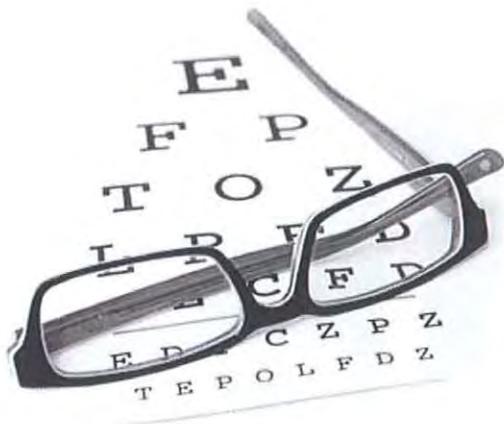


Vision

Louisiana Blue provides vision coverage for routine eye exams, lenses and frames. In-network physician services provide a higher benefit plan coverage and lower out of pocket expenses. Louisiana Blue's Vision Network has many providers to meet your vision care needs. To locate an in-network provider in your area, visit www.lablue.com.

| MetLife Vision | | |
|------------------------------------------|--------------------------------------------------------------|-----------------------|
| | In Network | Out of Network |
| Routine eye exam (every 12 months) | \$10 copay | Up to \$30 |
| Eyeglass Frames (every 24 months) | Allowance up to \$180 + 20% discount over Allowance | Up to \$30 |
| Lenses | | Up to \$25 |
| Single Vision | | Up to \$25 |
| Lined Bifocal | Covered in Full | Up to \$35 |
| Lined Trifocal | | Up to \$45 |
| Lenticular | | Up to \$60 |
| Contact Lenses (every 12 months) | In lieu of eye glasses | |
| Contact lens exam options | | |
| Standard contact lens fit and follow up | 15% Discount | N/A |
| Elective Conventional | \$130 allowance 15% Discount over Allowance by be applied | Up to \$75 |
| Medically Necessary | Covered in Full | Up to \$225 |

* Members pay for lens enhancements as an out-of-pocket expense after the copay.



| Employee Premium / Per Paycheck | |
|----------------------------------------|--------|
| Employee | \$2.53 |
| Employee + Spouse | \$5.07 |
| Employee + Child(ren) | \$4.29 |
| Family | \$7.08 |

Basic Life and AD&D

Life with Accidental Death & Dismemberment (AD&D) Insurance can provide money for your family if you die or are diagnosed with a terminal illness. RLC covers the full cost of the employee's Basic Life/AD&D coverage.

How does it work?

You keep coverage as long as you are employed with RLC. If you pass away during that time, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

Who can get Life coverage?

If you are actively at work at least 30 hours per week, you can receive coverage for:

All Employees: One (1) x base annual salary to a maximum of \$250,000

Who can get Accidental Death & Dismemberment (AD&D) coverage?

All Employees: One (1) x base annual salary to a maximum of \$250,000

What else is included?

A "Living" Benefit: If you are terminally ill, you may be able to receive a portion of your life coverage benefit as a lump sum.

Individual Purchase Rights: If you terminate employment, you may be able to convert coverage to an individual policy.

Age reduction: Coverage amounts for Life and AD&D Insurance for you and your dependents will be reduced by 35% of the original amount at age 65, 60% at age 70 and 80% at age 75.





Voluntary Term Life and AD&D

In addition to the company paid employee life insurance, you have the opportunity to purchase additional coverage for you, your spouse and your children. You choose the amount of coverage that's right for you! If you pass away, the money can help your family pay for basic living expenses, final arrangements, tuition and much more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident. Your AD&D coverage is equal to the Life Insurance amount you choose.

Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you may apply for coverage for:

Employee: You may elect coverage in increments of \$10,000, subject to the lesser of \$500,000 or 5 times your annual earnings. You can get up to \$200,000 with no health questions during your initial enrollment.

Spouse: Get up to \$250,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. Your spouse can get up to \$30,000 with no health questions, if eligible, during the initial enrollment.

Dependent: - Children can be covered up to 10% of your benefit election to a maximum of \$10,000.

Please visit our employee benefits portal for more information and to determine your cost for coverage.

Voluntary Disability Income

You never know when a disability could impact your way of life. Fortunately, there's a way to help protect your income. If a covered accident or sickness prevents you from earning a paycheck, The Hartford's group disability insurance can provide a monthly benefit for off-the-job disabilities to help you cover your ongoing expenses. The charts below are a summary of the Short and Long-Term Disability benefits available to you.

| Short Term Disability Highlights | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Eligibility | All active, full time employees who work at least 30 hours per week |
| Primary Weekly Benefit | You will receive 70% of your pre-disability earnings up to \$1,500/week tax free. |
| Elimination Period | Benefits begin on the 15 th day of accident or illness |
| Benefit Payment Period | Benefits will be paid up to 11 weeks after the elimination period is satisfied |
| Maternity is treated as regular short-term disability. Guaranteed Issue if elected within 30 days of eligibility and a Pre-existing condition exclusion for up to 12 months with a 3-month look back. | |

| Long-Term Disability Highlights | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Eligibility | All active, full time employees who work at least 30 hours per week |
| Primary Monthly Benefit | You will receive 60% of your monthly pre-disability earnings up to a maximum of \$10,000/month tax free. |
| Elimination Period | Benefits begin on the 91 st day of a disabling accident or illness |
| Benefit Payment Period | Benefits remain in effect to Social Security Normal Retire Age (SSNRA), with an Own Occupation period of two years. |
| Coordinates with Social Security and other income benefits. Guaranteed Issue if elected within 30 days of eligibility and a Pre-existing condition exclusion for up to 12 months with a 3-month look back. | |

The charts above are only brief summaries. For a complete list of benefit restrictions and limitations, please refer to plan documents. Please visit our employee benefits portal for more information and to determine your cost for coverage.

401(k)



All full-time regular and permanent part-time employees are eligible to participate in the RLC 401(k) Retirement Savings Plan through Fidelity Investments.

RLC will "match" employee contributions 50% for each dollar employees contribute on the first 6% of salary deferral. To maximize the company match, employee should contribute 6% of their gross wage to their personal 401(k) Retirement Plan. Employees may defer up to 100% of their total compensation to the 2026 maximum deferral amount of \$24,500. Employees age 50+ are eligible to make annual catch-up contributions of \$8,000.

401(k) Vesting

- Employees are always 100% vested in their contributions and investment gains.
- Employees "earn" the company matching contributions, and investment gains, through years of service
- Employees vest in the company match at the rate of 25% per year of service; which means after 4 years of service with RLC you are 100% vested in the company contributions to your 401(k) account

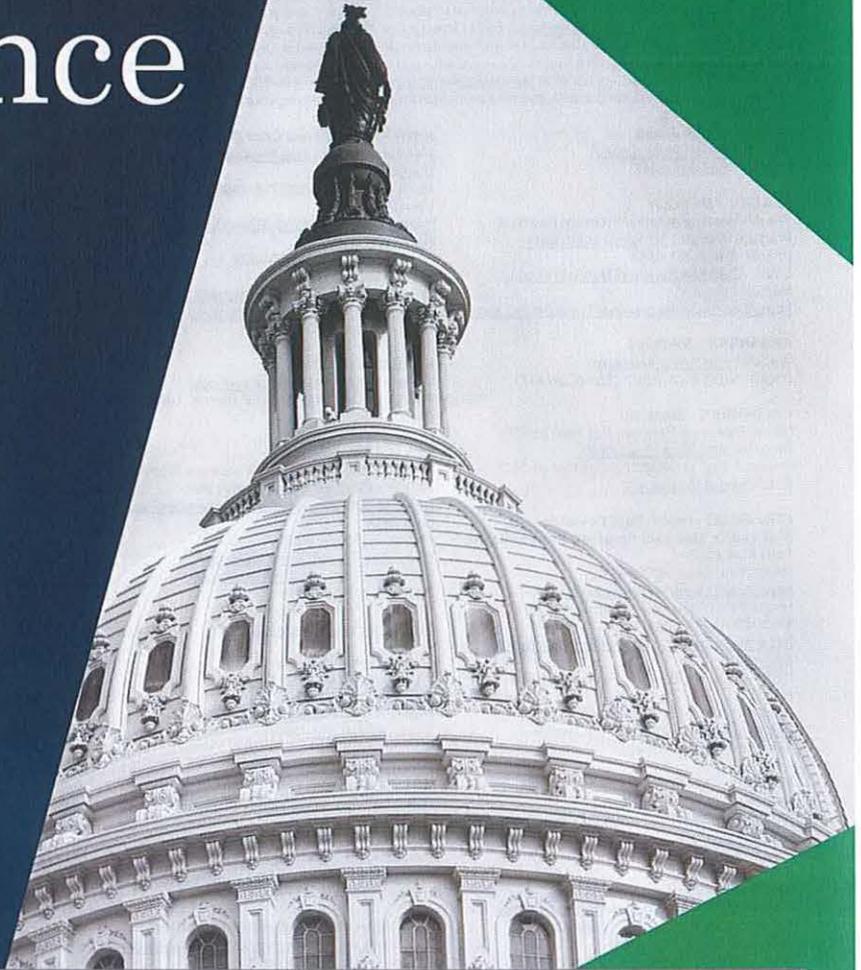
401(k) Enrollments/Changes are effective the following payroll from the date changes are received from Fidelity.

*This year, employees who are or will turn age 60-63 are eligible to make a higher catch-up contribution of \$11,250.

Roth Catch-up Requirement: Starting in 2026, those employees with wages over \$150,000 in the previous year must make catch-up contributions to a Roth 401(k).



Compliance Notices



AssuredPartners

PLAN ADMINISTRATOR / HR CONTACT INFORMATION

Plan Administrator/HR Contact: Edie Hunt

Plan Administrator/HR Contact Phone Number: 1.337.839.4693

Plan Administrator/HR Contact Email: ehunt@rcllc.net

IMPORTANT! If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, please see the Notice of Creditable/Non-Creditable Coverage on Page 29 for important information!

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

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office at 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

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

ALABAMA – Medicaid

Website: <http://myalhisp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhisp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program <http://dhcs.ca.gov/hipp>
Phone: 1-916-445-8322 Fax: 1-916-440-5676
Email: hipp@dhcs.ca.gov

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

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Ctr: 1-800-221-3943/ State Relay 711 CHP+ <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHIP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI) <https://www.mycobibi.com/> HIBI Customer Service: 1-855-692-6422

FLORIDA – Medicaid

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

GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162 press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-ability/childrens-health-insurance-program-reauthorizationact-2009-chipra> Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program All other Medicaid
Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Phone: 1-877-438-4479
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: [iowa.gov/Health & Human Services](http://iowa.gov/Health&HumanServices)
Medicaid Phone: 1-800-338-8366
Hawki Website: [iowa.gov/Health & Human Services](http://iowa.gov/Health&HumanServices)
Hawki Phone: 1-800-257-8563
HIPP Website: [https://www.iowa.gov/Health & Human Services](https://www.iowa.gov/Health&HumanServices)
Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov/>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.medicallouisiana.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s?language=en_US
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofa/applications-forms>
Phone: 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840 TTY: 711
Email: masspreassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672

MISSOURI – Medicaid

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

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 15218
Email: DHHS.ThirdPartyLab@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.nifamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](https://www.pa.gov/childrens-health-insurance-program-chip)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

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

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](https://www.healthinsurancetexas.com/)
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>

VERMONT – Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](https://www.vermont.gov/health-access) Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/>
<https://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

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

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

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

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1.866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid
www.cms.hhs.gov
1.877.267.2323, Menu Option 4, Ext. 61565

Notice of HIPAA Special Enrollment Rights

You have the right to request special enrollment (outside of the plan's annual enrollment period) for yourself and your eligible dependents (including your spouse) under certain circumstances, as described below.

If you decline enrollment for yourself or for an eligible dependent 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).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment **within 30 days** after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or coverage under a state children's health insurance program, or when you and/or your dependents 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. 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 or **within 60 days** after the determination of eligibility for assistance.

If you would like more information on your special enrollment rights or need to request enrollment, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Women's Health and Cancer Rights Act

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

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

Any benefits payable will be subject to the same deductibles, coinsurance and other provisions applicable to other surgical and medical benefits provided under the plan. Please see your Summary of Benefits and Coverage (SBC) or other plan materials for your medical and surgical deductible and coinsurance information.

If you would like more information on WHCRA benefits, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

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).

Note, more generous lengths of stay may apply under certain state laws, when applicable. In such cases, please refer to plan documents for a description of these richer guidelines.

If you would like more information on the NMHPA, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Notice of Patient Protections and Selection of Providers

Designation of a Primary Care Provider (PCP) - If the health plan in which you are enrolled (or enrolling) requires the designation of a primary care provider (or "PCP"), you have the right to designate any PCP who participates in the plan's provider network and who is available to accept you or your family members. For children, you may designate a participating pediatrician as the PCP. For information on how to select a PCP, and for a list of the participating primary care providers, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Direct Access to Obstetrics and/or Gynecological Specialists - If the health plan in which you are enrolled (or enrolling) requires referrals to see specialists, you do not need prior authorization to obtain access to obstetrical and/or gynecological care from a health care professional in the plan's network who specializes in obstetrics or gynecology. Please note, however, the health care professional, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Notice of Availability of Plan's Notice of Privacy Practices (NPP)

Certain employer-sponsored health plans are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of your health information that the plan creates, requests, or is created on the plan's behalf, called Protected Health Information ("PHI") and to provide you, as a participant, covered dependent, or qualified beneficiary, with notice of the plan's legal duties and privacy practices concerning Protected Health Information. The privacy policies are described in more detail in the plan's Notice of Privacy Practices (NPP). The NPP describes how medical information about you may be used and/or disclosed and how you can get access to this information. If you would like a copy of the Notice of Privacy Practices, please contact Human Resources and/or the Plan Administrator, see page see the Notices Title page for contact information. For any insured health coverage, the insurance issuer is responsible for providing its own Privacy Notice, so you should contact the insurer if you need a copy of the insurer's Privacy Notice.

Continuation of Coverage under COBRA

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Employers who employ 20 or more employees are subject to the continuation provisions of COBRA.

COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end because of certain "qualifying events", such as termination of employment (for reasons other than gross misconduct), reduction in hours, divorce, legal separation, death, or a child ceasing to meet the definition of dependent under the group health plan coverage. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if group health plan coverage is lost because of a COBRA qualifying event. Upon termination, or other COBRA qualifying event, all qualified beneficiaries will receive COBRA election information.

In addition, you may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual health plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

After your initial enrollment in our group health plan(s), you, and any other members of your family who you also enroll in coverage, will receive a COBRA Initial (or General) Notice that will explain your COBRA rights and responsibilities. Please read it carefully.

For more information about your rights and obligations, you should review the plan's Summary Plan Description or contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Coverage While on FMLA Leave

The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

If you take Family and Medical Leave Act (FMLA) leave, we will continue to maintain your coverage to the extent required by the FMLA (that is, we will continue to pay our share of the premiums to the extent that you opt to continue coverage). If your coverage ceases during the FMLA leave (for example, because you opted not to continue coverage or due to nonpayment of your share of the health insurance premiums), you may resume your coverage upon return from FMLA leave on the same terms as before the leave was taken, or as otherwise required by the FMLA. Under special rules that apply if an employee does not return to work at the end of an FMLA leave, you may be entitled to elect COBRA even if you were not covered under the plan during the leave. Contact Human Resources and/or the Plan Administrator for more information about your rights and responsibilities under the FMLA, see the Notices Title page for contact information.

Continuation of Coverage under USERRA

The Uniformed Services Employment and Reemployment Rights Act (USERRA) protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including your spouse) for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

For more information about your rights under USERRA, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Genetic Nondiscrimination

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

Marketplace (Exchange) Notice PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace (the "Exchange") and health coverage offered through your employment.

What is the Health Insurance Marketplace (Exchange)?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium and a reduction in plan cost-sharing if your employer a) does not offer coverage to you at all or b) does not offer coverage that meets certain standards. Specifically, if your cost for SELF-ONLY coverage on a plan offered to you by your employer is more than 9.5%¹ of your annual household income for the year, OR if the coverage your employer provides does not meet the "Minimum Value (MV) Standard" set by the Affordable Care Act, you may be eligible for a tax credit.²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When can I enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts each Nov. 1 and continues through at least Dec. 15. Certain events may also trigger a midyear Special Enrollment Period, such as when getting married, having a baby, or adopting a child, or losing eligibility for other health coverage, including Medicaid and CHIP. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

How can I get more information?

For more information about your coverage offered by your employer, please check your coverage materials or contact Human Resources and/or the Plan Administrator, see Notices Title page for contact information. The Marketplace or a licensed insurance broker can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) to find more information.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop>

² An employer-sponsored health plan meets the "Minimum Value (MV) Standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs and meets other requirements.

PART B: General Information

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

| | | | |
|---------------------------------------------------------------------------------|----------------|-------------------------------------------------|--|
| 3. Employer name Rotorcraft Leasing Company, LLC | | 4. Employer Identification Number 72-1281944 | |
| 5. Employer address 430 North Eola Rd. | | 6. Employer phone number (337) 839-4693 | |
| 7. City Broussard | 8. State LA | 9. Zip code 70518 | |
| 10. Who can we contact about employee health coverage at this job? Edie Hunt | | | |
| 11. Phone number (if different from above) (337) 839-4693 | | 12. Email address ehunt@rlc LLC.net | |

Here is some basic information about health coverage we offer:

As your employer, we offer a health plan to:

Full-time regular working 30 hours per week.

With respect to dependents:

Spouse, Also includes Domestic Partner

Unmarried Child to Age 26, also Includes Court Decree, Legal Guardianship, Adoptive Child, Stepchild

Married Dependent(s) to Age 26, also Includes Court Decree, Legal Guardianship, Adoptive Child, Stepchild

Other, also includes Court Decree, Handicapped Dependent

If checked, this coverage meets the minimum value standard and the cost of this coverage is intended to be affordable for most or all full-time employees under one of the §4980H Affordability Safe Harbors.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. You may need to get information from your employer, about their coverage, in order to find out if you qualify for a tax credit to lower your monthly premiums.



DISCLAIMER: This benefit guide provides only an overview of your benefit options and does not constitute a Plan Document, Summary Plan Description (SPD) or a Summary of Material Modifications (SMM). The complete provisions of the plans, including legislated benefits, exclusions and limitations, are set forth in the plan documents or insurance contracts. If the information in this guide is not consistent with the plan documents or insurance contracts or state and federal regulations, the plan documents, insurance contracts and state and federal regulations will prevail.