

EMPLOYEE BENEFITS GUIDE



Always forward thinking.

2021

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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.



SAVINGS OPPORTUNITIES IN 2021 & ELIGIBILITY OVERVIEW

NO MEDICAL PREMIUM INCREASE FOR 2021!

With your help in working with Quantum as your healthcare advocate, we've been able to maintain lower than average cost increases. We know based off what our competitors are offering that our medical program is not only a better benefit, but also what you contribute every pay period is less than many of our competitors. So, **we want to reward you** for helping us control this cost by keeping your premiums the same for 2021 as they are right now – that makes 4 years in a row that we are able to keep your premiums from rising! **We'll have the same plan options you can choose from and the weekly, bi-weekly and semi-monthly premiums will remain the same.**



In 2021, we are continuing our Smart Shopper Options. Quite simply this means that if you use the providers supported through our Smart Shopper program, we believe you can get the same or better services and very likely save money for you and Dupre. These programs will provide a benefit at zero cost to you “Zero Pay or “Reduced cost” to you. **A brief listing of these new programs can be found below, but for more details turn to page 8 or call Quantum at 888.641.4144.**

SMART SHOPPER PROGRAMS FOR 2021

Do you want to have the ability to see a doctor 24/7 for free? Teladoc is incredibly popular with our employees. **Gold and Silver plans pay \$0 per call and the Bronze plan pays \$45 (\$0 once you reach \$1,400 on the HDHP plan).** Save time and money with Teladoc.

Are you diabetic and want to get your generic medications for free, and brand name medications for 50% off? Call Quantum and enroll in the diabetes management program today and learn about additional benefits offered with this program. Beginning January 1, 2021 you must complete 100% of the care path items listed on page 16 to earn the pharmacy benefit.

FOR SMART SHOPPER PROGRAM QUESTIONS CALL QUANTUM AT 888.641.4144.

Do you want to save up to \$7,500 per year? Call Quantum to find out how you can pay zero dollars when you use quality providers on things like surgery, lab work, imaging or physical therapy.

Back, Neck, Shoulder or Joint Pain? Save money on getting the care you need. Avoid unnecessary surgery and get back to work faster. Call Quantum to discuss your options and find out how this program can help with alternative solutions and save you money in the process.

Do you suffer from Acid Reflux/ Heartburn (GERD), Inflammatory Bowel Disease, Crohn's, Ulcerative colitis, Irritable Bowel Syndrome, Celiac Disease or Chronic Constipation? If so, Call Quantum to find out how you can avoid trips to the ER, pricey medications, or even surgeries!

Call QUANTUM 888.641.4144: for the best 2021 SMART Shopper options for you!

We know the challenges of navigating healthcare can be costly and intimidating. It's our hope that by providing you with the above resources coupled with our care coordinators at Quantum that you feel confident and equipped to take on any healthcare journey you might face in 2021. Turn to page 8 for more details about the above options or call Quantum at **888.641.4144!**

ELIGIBILITY OVERVIEW FOR 2021—

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 employment
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 employment



ONLINE ENROLLMENT INSTRUCTIONS

GETTING STARTED:

STEP #1—GO TO 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— RETURN TO mybensite.com/duprelogistics TO COMPLETE OPEN ENROLLMENT

- » Login to your account if you were timed out.
- » From the home page click on “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

- » 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

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

STEP #5— CLICK ON “WELLNESS INCENTIVE CHECKLIST” OR CALL QUANTUM FOR ASSISTANCE TO SAVE \$1,488

- » This will take you to the Quantum Health homepage
- » **Any problems with Quantum Logon call them at (888) 641.4144**
- » From home page, click on “My Health” at top of screen to access the Wellness Incentive Checklist
- » Click on Wellness Incentive Checklist to view and complete the following activities:
 1. **Biometric Screening:** To complete a Biometric Screening, click the link “Schedule Your Biometric Screening at a LabCorp Location”. This links to the LabCorp Diagnostics website where you may schedule your screening. You can also call Quantum directly at **(888) 641.4144** to help you find a nearby LabCorp.
 2. To maintain **wellness premiums in 2021** you will need to **meet at least 3 of the 5 standards below** (screenings between 5/1/20 and 11/25/20 will count):
 - a.) Waist Circumference < 40” (Males) or 35” (Females)
 - b.) Glucose < or = to 100
 - c.) Triglyceride (TG) < or = to 150
 - d.) HDL, or “good cholesterol”, > 40 (Males) or 50 (Females)
 - e.) Blood Pressure < 130/85
 - Refer to page 16 for additional information.
 3. **Be Tobacco Free:** If you are a tobacco user you can enroll in the Tobacco Cessation Coaching program and schedule your first call with a health coach. Tobacco Cessation programs need to be completed by **March 12, 2021** for current employees. New Hires must complete the program within 90 days of employment.
- » Close the Quantum webpage



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

SPOUSE	Marriage License; IRS Form 1040; Insurance Inquiry form to be completed by the spouse’s employer if applicable
NATURAL CHILD	A copy of the Certified Birth Certificate showing the subscriber as the Parent
STEP CHILD	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)
FOSTER CHILD	A Court Order or other legal document placing the Child with the subscriber, who is a licensed foster parent
ADOPTED CHILD	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
OTHER CHILDREN	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
INCAPACITATED CHILD	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.



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.



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 or call **800.331.0500** and mention the Foundation Account Number 2391413. For Verizon discounts, go to 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**



DUPRE SMART SHOPPER OPTIONS



SMART SHOPPER PROGRAMS FOR 2021

Do you want to have the ability to see a doctor 24/7 for free? Teladoc continues to be incredibly popular with our employees. **Doctors are available 24/7 via telephone or video chat for \$0 if you're on the Gold or Silver plans and \$45 if you're on the Bronze plan (\$0 once you reach \$1,400 on the HDHP plan).** Why go to the emergency room, urgent care, or the doctor's office for simple things when you can save a bunch of money and time by calling Teladoc? **Call Teladoc at 1.800.TELADOC (835.2362) or visit their website at www.Teladoc.com.**



Are you diabetic and want to get your generic medications for free, and brand name medications for 50% off? – By participating in a few simple program requirements facilitated by Quantum's health coaching program, you can **earn \$0 copays on generic medication**, ½ off copays on preferred brand medications, as well as, other savings specific to this program. For additional information and program requirements turn to page 16 or call Quantum at **1.888.641.4144**. Beginning January 1, 2021 you must complete 100% of the care path items listed on page 16 to earn the pharmacy benefit. This is a change from 50%.



Do you want to save up to \$7,500 per year on things like surgery, MRI, physical therapy, or lab services? By calling Quantum when your doctor says you need to have any of these, you'll be able to find the closest provider that could provide the service to you. Let's say your doctor says you need knee surgery. If you call Quantum, they will help you find out the nearest Zero Pay surgeon for that knee surgery. Now a typical knee surgery can cost as much as \$60,000 depending on where you go and your share of that depending on the plan you are enrolled can be as much as \$7,500. If you choose a Zero Card provider, your share of the surgery will be \$0.

Call Quantum to learn more!



Back, Neck, Shoulder, or Joint Pain? Save money on getting the care you need. We're offering a free benefit that will allow you to work with a provider that will keep you active, working, and in many cases avoid surgery. This provider will help you to assess the best course of action for your pain and help you with a treatment plan that's proven and scientifically based. The best thing is that they're able to help you avoid surgery if it's unnecessary. **Call Quantum** to discuss your options and find out how this program can help with alternative solutions and save you money in the process.



Do you suffer from Acid Reflux/ Heartburn (GERD), Inflammatory Bowel Disease, Crohn's, Ulcerative colitis, Irritable Bowel Syndrome, Celiac Disease or Chronic Constipation?

Save 50% off medications! If you have digestive issues and take prescription medications, we're offering a program to cut the costs of your prescriptions in half if you participate in a free coaching program. With this program you will have access to your own coach, pharmacist, and nutritionist that will help you find out if what you're eating could be making your problem worse.



MyQHealth
by QUANTUM HEALTH



QUANTUM CARE COORDINATORS



HOW CAN WE HELP YOU? WE'RE GLAD YOU ASKED

Contact your Care Coordinators anytime you need help with your healthcare at **1.888.641.4144** Mon-Fri 7:30 a.m. to 9:00 p.m. CST or visit www.duprebenefits.com.

THESE ARE SOME OF THE MOST COMMON TOPICS WE ASSIST PEOPLE WITH EVERY DAY



What are Smart Shopper Options?

These are programs offering the same or even better services that either will cost you nothing or significantly reduce your costs. Call your Care Coordinator for details.



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

Give us a call to discuss your options. We can help you determine if this service is necessary, and if it is, you may be able to get this service covered at no cost to you with our new Smart Shopper Options.



My doctor recommends surgery? Is there someone I can talk to?

Yes, for non-emergency surgery, give us a call first. We can discuss options and possible alternatives that can save you time away from work and keep money in your pocket.



I have lower back pain. What are my options?

Call Quantum to discuss how you can possibly avoid surgery, end current pain and even prevent future back pain with a new Smart Shopper Option.



Am I getting the most out of my benefits?

As your benefits specialists, we can explain what is available to you under your plan to help you maximize the value your benefits provide.



How can I find the best prices for medical services?

Your Care Coordinator can help you find the best savings and might even be able to recommend a Smart Shopper option that could cover your cost entirely.



What is a pre-certification?

Before you receive certain medical services, your health plan requires a doctor to confirm that these services are considered medically necessary. These services can be found on the Gold, Silver, and Bronze plan pages in this guide. You can learn more by calling your Care Coordinator.



Is my doctor in the network?

Avoid paying out-of-network fees by confirming that your doctor or provider is part of your health plan network.



What if I need to call you over the weekend?

You can call Quantum and leave a message and a Care Coordinator will call you back during normal business hours. If it's an emergency, hang up, and dial 911.



BUY-UP PPO (GOLD PLAN)

The Buy-Up PPO (Preferred Provider Organization) has the highest rates of all three 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.

Service	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE	<i>*To reduce your Annual Deductible spend, call Quantum to learn about SMART Shopper Options</i>	
INDIVIDUAL	\$1,500	\$6,500
FAMILY	\$3,000	\$13,000
OUT-OF-POCKET MAXIMUM	<i>*To reduce your Out-of-Pocket spend, call Quantum to learn about SMART Shopper Options</i>	
INDIVIDUAL	\$8,550	\$18,000
FAMILY	\$17,100	\$36,000
DOCTOR'S OFFICE VISIT		
TELADOC	\$0 Copay	N/A
PCP	\$15 Copay	50% Coinsurance After Deductible
SPECIALIST WITH REFERRAL FROM QUANTUM	\$30 Copay	
SPECIALIST WITHOUT REFERRAL FROM QUANTUM	\$75 Copay	
COMPLEX IMAGING	REQUIRES PRE-CERTIFICATION FROM QUANTUM HEALTH	
MRI, MRA, PET NO PRE-CERTIFICATION - 50% REDUCTION IN BENEFITS	20% Coinsurance After Deductible	50% Coinsurance After Deductible
PREVENTIVE CARE		
PREVENTIVE CARE SERVICES	100% Covered	50% Coinsurance After Deductible
HOSPITAL		
REQUIRES PRE-CERTIFICATION FROM QUANTUM HEALTH		
IN PATIENT NO PRE-CERTIFICATION - 50% REDUCTION IN BENEFITS	\$500 Copay + 20% Coinsurance After Deductible	50% Coinsurance After Deductible
OUT PATIENT NO PRE-CERTIFICATION - 50% REDUCTION IN BENEFITS	\$300 Copay + 20% Coinsurance After Deductible	
EMERGENCY TREATMENT		
URGENT CARE	\$75 Copay	50% Coinsurance After Deductible
EMERGENCY ROOM	\$600 Copay + 20% Coinsurance After Deductible	
SERVICES THAT REQUIRE PRE-CERTIFICATION FROM QUANTUM		
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 ENHANCED BENEFIT AVAILABLE FOR BLUE DISTINCTION CENTERS; SEE PAGE 17 FOR DETAILS		
PRESCRIPTION DRUG PLAN ^\$100 DEDUCTIBLE PER MEMBER APPLIES TO ALL TIER 2 AND 3 DRUGS *\$30 SURCHARGE APPLIES AT WALGREENS (20% SURCHARGE APPLIES TO TIER 4)	RETAIL 30 DAY SUPPLY	MAIL ORDER AND RETAIL (MAINTENANCE DRUGS) UP TO 90 DAY SUPPLY
TIER 1: Generic*	\$10 Copay	\$25 Copay
TIER 2: Preferred **	\$50 Copay After Deductible	\$125 Copay After Deductible
TIER 3: Non-preferred **	\$100 Copay After Deductible	\$250 Copay After Deductible
TIER 4: Specialty*	20% Coinsurance (\$200 minimum to \$750 maximum Copay)	



BASE PPO (SILVER PLAN)

The Base PPO (Preferred Provider Organization) has lower rates than the Buy-Up PPO but has higher flat copays for doctor visits and prescription drugs. For services without a copay, this plan has higher Deductibles and Out-of-Pocket Maximums than the Buy-Up PPO.

Service	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE	<i>*To reduce your Annual Deductible spend, call Quantum to learn about SMART Shopper Options</i>	
INDIVIDUAL	\$2,500	\$6,500
FAMILY	\$5,000	\$13,000
OUT-OF-POCKET MAXIMUM	<i>*To reduce your Out-of-Pocket spend, call Quantum to learn about SMART Shopper Options</i>	
INDIVIDUAL	\$8,550	\$18,000
FAMILY	\$17,100	\$36,000
DOCTOR'S OFFICE VISIT		
TELADOC	\$0 Copay	N/A
PCP	\$35 Copay	50% Coinsurance After Deductible
SPECIALIST WITH REFERRAL FROM QUANTUM	\$65 Copay	
SPECIALIST WITHOUT REFERRAL FROM QUANTUM	\$120 Copay	
COMPLEX IMAGING		
REQUIRES PRE-CERTIFICATION FROM QUANTUM HEALTH		
MRI, MRA, PET NO PRE-CERTIFICATION - 50% REDUCTION IN BENEFITS	20% Coinsurance After Deductible	50% Coinsurance After Deductible
PREVENTIVE CARE		
PREVENTIVE CARE SERVICES	100% Covered	50% Coinsurance After Deductible
HOSPITAL		
IN PATIENT NO PRE-CERTIFICATION - 50% REDUCTION IN BENEFITS	\$750 Copay + 20% Coinsurance After Deductible	50% Coinsurance After Deductible
OUT PATIENT NO PRE-CERTIFICATION - 50% REDUCTION IN BENEFITS	\$400 Copay + 20% Coinsurance After Deductible	
EMERGENCY TREATMENT		
URGENT CARE	\$100 Copay	50% Coinsurance After Deductible
EMERGENCY ROOM	\$600 Copay + 20% Coinsurance After Deductible	
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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		
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TIER 1: Generic*	\$15 Copay	\$37.50 Copay
TIER 2: Preferred ^{A*}	\$80 Copay After Deductible	\$200 Copay After Deductible
TIER 3: Non-preferred ^{A*}	\$125 Copay After Deductible	\$312.50 Copay After Deductible
TIER 4: Specialty*	20% Coinsurance (\$275 minimum to \$975 maximum Copay)	



SAVER HDHP WITH HSA (BRONZE 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.

***SMART Shopper Options for this plan only become available after the first \$1,400 spent.**

Service	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE	*To reduce your Annual Deductible spend, call Quantum to learn about SMART Shopper Options	
INDIVIDUAL	\$3,500	\$6,500
FAMILY	\$7,000	\$13,000
OUT-OF-POCKET MAXIMUM	*To reduce your Out-of-Pocket spend, call Quantum to learn about SMART Shopper Options	
INDIVIDUAL	\$7,000	\$18,000
FAMILY	\$14,000	\$36,000
DOCTOR'S OFFICE VISIT		
TELADOC	\$45	N/A
PCP	20% Coinsurance After Deductible	50% Coinsurance After Deductible
SPECIALIST WITH REFERRAL FROM QUANTUM		
SPECIALIST WITHOUT REFERRAL FROM QUANTUM		
COMPLEX IMAGING		
REQUIRES PRE-CERTIFICATION FROM QUANTUM HEALTH		
MRI, MRA, PET NO PRE-CERTIFICATION - 50% REDUCTION IN BENEFITS	20% Coinsurance After Deductible	50% Coinsurance After Deductible
PREVENTIVE CARE		
PREVENTIVE CARE SERVICES	100% Covered	50% Coinsurance After Deductible
HOSPITAL		
IN PATIENT NO PRE-CERTIFICATION - 50% REDUCTION IN BENEFITS	20% Coinsurance After Deductible	50% Coinsurance After Deductible
OUT PATIENT NO PRE-CERTIFICATION - 50% REDUCTION IN BENEFITS		
EMERGENCY TREATMENT		
URGENT CARE	20% Coinsurance After Deductible	50% Coinsurance After Deductible
EMERGENCY ROOM	20% Coinsurance After Deductible	
SERVICES THAT REQUIRE PRE-CERTIFICATION FROM QUANTUM		
INPATIENT AND SKILLED NURSING FACILITY ADMISSIONS, ONCOLOGY CARE & 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 ENHANCED BENEFIT AVAILABLE FOR BLUE DISTINCTION CENTERS; SEE PAGE 17 FOR DETAILS		
PRESCRIPTION DRUG PLAN ^\$100 DEDUCTIBLE PER MEMBER APPLIES TO ALL TIER 2 AND 3 DRUGS *\$30 SURCHARGE APPLIES AT WALGREENS (20% SURCHARGE APPLIES TO TIER 4)	RETAIL 30 DAY SUPPLY	MAIL ORDER AND RETAIL (MAINTENANCE DRUGS) UP TO 90 DAY SUPPLY
TIER 1: Generic*	20% Coinsurance After Deductible	20% Coinsurance After Deductible
TIER 2: Preferred ^*	20% Coinsurance After Deductible	20% Coinsurance After Deductible
TIER 3: Non-preferred ^*	20% Coinsurance After Deductible	20% Coinsurance After Deductible
TIER 4: Specialty*	20% Coinsurance	



HEALTH SAVINGS ACCOUNT (HSA) PLAN

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 2020 medical FSA plan, you must waive your rights to the \$550 carryover in order to be HSA-eligible in 2021.

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?

	2021 ANNUAL MAXIMUM CONTRIBUTION
Individual health care coverage	\$3,600
Family health care coverage	\$7,200
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.



PRESCRIPTION DRUG PLAN INFORMATION

When you enroll in the medical plan, you are automatically enrolled in the Prescription Drug Plan administered by MedImpact. You have a separate ID card from MedImpact. For the Buy-Up PPO (Gold Plan) and Base PPO (Silver Plan), you have a \$100 Pharmacy Deductible that applies to all Tier 2 and 3 medications. The Saver HDHP (Bronze Plan) has a combined medical and prescription drug deductible for all tiers.

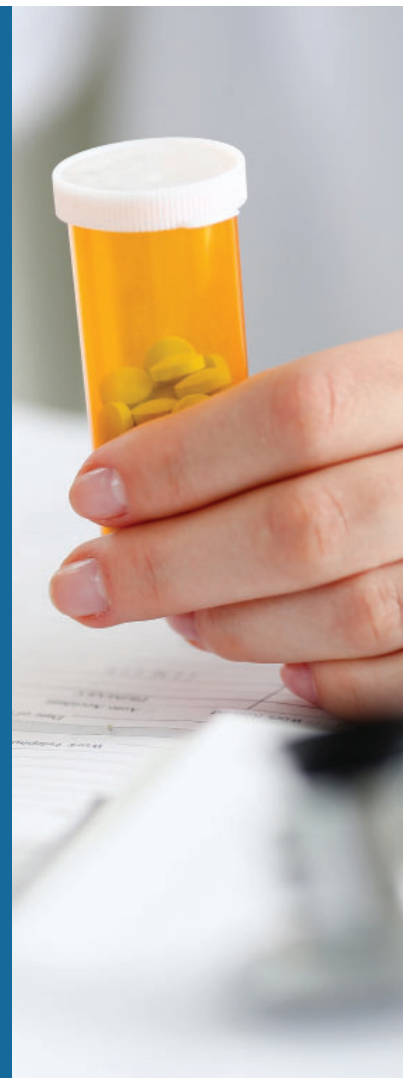
TIER 1: Generic - A prescription drug that is equivalent to a name brand drug in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. These drugs are approved by the U.S. FDA for safety and effectiveness, and are manufactured under the same strict standards that apply to brand name drugs. Generic drugs have the least expensive copayments.

TIER 2: Preferred Brand - A commonly prescribed name brand prescription drug that has been selected based on its clinical effectiveness, safety and cost. These drugs will usually have lower copayments than non-preferred drugs.

TIER 3: Non-Preferred Brand - A name brand prescription drug that has a therapeutic alternative available as either a generic or preferred brand medication. These drugs will usually have higher copayments than preferred drugs.

TIER 4: Specialty - A name brand prescription drug that typically will not have a generic equivalent. Specialty drugs are sensitive medications and often injectable. These are the most expensive types of drugs. Specialty drugs are administered exclusively through MedImpact Direct Specialty.

- » Your prescription drug benefit includes mail-order delivery. From the comfort of your own home or office, you can order up to a 90-day supply of covered medications by using Home Delivery through MedImpact Direct. (If authorized by your physician)
- » For the Buy-Up PPO and Base PPO, you can fill up to two 30-day prescriptions of your maintenance medication (used to treat long-term conditions such as high blood pressure) at a retail pharmacy. After that, you must fill a 90-day supply either through home delivery or at your local pharmacy.
- » Visit [medimpact.com/members](https://www.medimpact.com/members) to:
 - Verify that your pharmacy participates in the prescription drug plan
 - See what drugs are on the preferred list and check your copays
 - Identify lower copay drug alternatives
 - Print a summary of detailed preferred list to share with your physician or pharmacist
- » If you have your prescription filled at a participating pharmacy and you do not present your ID card, you will pay the retail price for your medication. You can submit a paper claim for reimbursement. You should be reimbursed the full amount you paid minus your copayment.
- » Certain prescription drugs are subject to Step Therapy review. Step Therapy saves you money as it requires that members try the most cost-effective and safest drug first before moving on to higher cost alternatives.
- » Due to high cost and relative clinical value, some medications will be excluded from coverage. There are always lower cost therapeutic alternatives available for excluded medications.
- » Several classes of drugs require prior authorization. They include topical acne agents, growth hormones, drugs prescribed for attention deficit/hyperactivity disorder, narcolepsy and oral antifungals.
- » If you choose a preferred or non-preferred drug and a generic is available, you will pay a higher cost.



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 through BCBS.

PLAN	2021 ANNUAL MAXIMUM CONTRIBUTION
Medical FSA	You can set aside up to \$2,750 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 BCBS Health Debit Card to pay for eligible services and products; no out-of-pocket expenses for you.
- » BCBS 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 (2022).

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. (Current 401K Match is suspended due to COVID Impact on Business. Anticipating the Match Reinstatement when COVID dissipates. Targeting April 1, 2021). 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](https://www.SecurianRetirementCenter.com) 24/7.



WELLNESS PROGRAM

DUPRÉ WELLNESS BENEFIT—SAVE \$1,488 BY COMPLETING THESE STEPS!

We want to ensure that each of you has access to the tools and resources that will help you live a healthy, and ultimately happier, life.

Category A:

1) To receive the full premium discount for the 2021 Wellness Incentive you must complete your Biometric Screening during orientation, or at annual enrollment, and **meet at least 3 of the 5 standards** below (screenings between 5/1/20 and 11/25/20 will count):

- a.) Waist Circumference < 40" (Males) or 35" (Females)
- b.) Glucose < or = to 100
- c.) Triglycerides < or = to 150
- d.) HDL > 40 (Males) or 50 (Females)
- e.) Blood Pressure < 130/85

If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program please contact a Quantum Care Coordinator at **888.641.4144** and we will work with you to develop an alternate way to qualify for the reward.

Category B:

2) To Qualify for Non-Tobacco Rates, Employees Must:

- » Take a Dupré sponsored Cotinine test and test negative for tobacco. The deadline for testing is **November 25, 2020**.
- » For those who test positive on the Cotinine test you will be given the option to participate in the Dupré Logistics sponsored tobacco cessation program at no cost to you.

ENHANCED DIABETES BENEFIT

Dupré is continuing the Enhanced Diabetes Benefit in 2021. For those currently receiving the benefits, you have until **April 30, 2021** to complete 100% (change from 50%) of the items below in order to not see a disruption in benefits. If you are currently diagnosed with Diabetes and are not receiving the benefits, please complete the items below or call a Nurse Care Coordinator to discuss how to be eligible.

For new hires: If you have been diagnosed with Diabetes, please call a Nurse Care Coordinator to discuss how to be eligible to receive the benefits.

BENEFITS

- » \$0 copays on generic diabetic medications*
- » 1/2 off copays on preferred brand diabetic medications*
- » \$10 copay for your 1st 10 hours of initial engagement with a certified diabetes educator
- » Diabetic shoes & work boots will be covered 100% up to \$500

PROGRAM REQUIREMENTS

- » Hemoglobin A1c blood test at least once per year.
- » Lipid screen (cholesterol-level blood test) once per year.
- » Microalbumin or Urine Protein Test every year; not required if you are taking an ACE-inhibitor or ARB.
- » Take a cholesterol-lowering statin medication (unless it is not recommended or prescribed by your doctor).



Contact your Quantum Care Coordinators for more information!

Phone: **888.641.4144**

Mon-Fri 7:30 a.m. to 9:00 p.m. CST

Benefits may differ at Walgreens

Automatically updated if processed as medical claim. Call Quantum Nurse Care Coordinator to verify.

Must call Quantum Care Coordinator to complete.

MEDICAL PLAN RATES AND BLUE DISTINCTION CENTER (BDC)

WEEKLY RATES			
BUY-UP PPO (GOLD PLAN)	BOTH CATEGORIES MET	ONE CATEGORY MET	NO CATEGORIES MET
Employee Only	\$45.19	\$65.33	\$73.81
Employee + Spouse	\$147.38	\$167.52	\$176.00
Employee + Child(ren)	\$119.74	\$139.88	\$148.36
Employee + Family	\$178.98	\$199.12	\$207.60
BASE PPO (SILVER PLAN)	BOTH CATEGORIES MET	ONE CATEGORY MET	NO CATEGORIES MET
Employee Only	\$31.20	\$51.34	\$59.82
Employee + Spouse	\$117.99	\$138.13	\$146.61
Employee + Child(ren)	\$93.86	\$114.00	\$122.48
Employee + Family	\$138.40	\$158.54	\$167.02
SAVER HDHP (BRONZE PLAN)	BOTH CATEGORIES MET	ONE CATEGORY MET	NO CATEGORIES MET
Employee Only	\$19.20	\$39.34	\$47.82
Employee + Spouse	\$72.61	\$92.75	\$101.23
Employee + Child(ren)	\$57.76	\$77.90	\$86.38
Employee + Family	\$85.17	\$105.31	\$113.79

BI-WEEKLY RATES			
BUY-UP PPO (GOLD PLAN)	BOTH CATEGORIES MET	ONE CATEGORY MET	NO CATEGORIES MET
Employee Only	\$90.39	\$130.67	\$147.63
Employee + Spouse	\$294.75	\$335.03	\$351.99
Employee + Child(ren)	\$239.48	\$279.76	\$296.72
Employee + Family	\$357.96	\$398.23	\$415.20
BASE PPO (SILVER PLAN)	BOTH CATEGORIES MET	ONE CATEGORY MET	NO CATEGORIES MET
Employee Only	\$62.40	\$102.68	\$119.64
Employee + Spouse	\$235.98	\$276.26	\$293.22
Employee + Child(ren)	\$187.72	\$228.00	\$244.96
Employee + Family	\$276.80	\$317.08	\$334.04
SAVER HDHP (BRONZE PLAN)	BOTH CATEGORIES MET	ONE CATEGORY MET	NO CATEGORIES MET
Employee Only	\$38.40	\$78.68	\$95.64
Employee + Spouse	\$145.22	\$185.50	\$202.46
Employee + Child(ren)	\$115.52	\$155.80	\$172.76
Employee + Family	\$170.34	\$210.62	\$227.58

SEMI-MONTHLY RATES			
BUY-UP PPO (GOLD PLAN)	BOTH CATEGORIES MET	ONE CATEGORY MET	NO CATEGORIES MET
Employee Only	97.92	141.56	159.93
Employee + Spouse	319.32	362.95	381.33
Employee + Child(ren)	259.44	303.08	321.45
Employee + Family	387.79	431.42	449.80
BASE PPO (SILVER PLAN)	BOTH CATEGORIES MET	ONE CATEGORY MET	NO CATEGORIES MET
Employee Only	\$67.60	\$111.24	\$129.61
Employee + Spouse	\$255.65	\$299.28	\$317.66
Employee + Child(ren)	\$203.36	\$247.00	\$265.38
Employee + Family	\$299.87	\$343.50	\$361.88
SAVER HDHP (BRONZE PLAN)	BOTH CATEGORIES MET	ONE CATEGORY MET	NO CATEGORIES MET
Employee Only	\$41.60	\$85.24	\$103.61
Employee + Spouse	\$157.32	\$200.96	\$219.33
Employee + Child(ren)	\$125.15	\$168.78	\$187.16
Employee + Family	\$184.54	\$228.17	\$246.55

BLUE DISTINCTION CENTER (BDC)

When you're planning a medical procedure, the hospital or outpatient facility you select is important. It can have a direct impact on the care you receive and the outcome of your procedure. That's why BCBS developed the Blue Distinction Specialty Care program to identify hospitals with proven expertise.

MEASURING PERFORMANCE

- » BCBS turned to the medical community for input on how to measure performance. Criteria include:
 - » Expertise of the medical team
 - » How many times the hospital has performed a certain procedure
 - » Hospital's track record for procedure results

BLUE DISTINCTION SPECIALTY CARE PROGRAM INCENTIVES

Enhanced benefits are available if you receive these services at a BDC facility:

- » Cardiac Care
- » Complex and Rare Cancers
- » Knee and Hip Replacement
- » Spine Surgery
- » Transplants
- » Maternity



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
Annual Deductible	
Individual	\$50
Family	\$150
Annual Benefit Maximum	\$1,500
Preventive & Diagnostic Care	\$0 (deductible is waived)
Basic Treatment	20% coinsurance after deductible
Major Treatment	50% coinsurance after deductible
Orthodontic Treatment	50% coinsurance after deductible
Lifetime Maximum Benefit for Orthodontia one person can receive (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	\$6.88	\$13.75	\$14.90
Employee + Spouse	\$13.04	\$26.08	\$28.25
Employee + Child(ren)	\$14.83	\$29.66	\$32.13
Employee + Family	\$21.89	\$43.78	\$47.43

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
Eye Exam 1 every 12 months	\$10 Copay	Up to \$45
Frames 1 every 12 months	Covered by \$10 copay Up to \$130 (\$70 at Costco)	Up to \$70
Lenses: 1 pair every 12 months		
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
Contact Lenses: (in lieu of eye glasses)		
When medically necessary	Covered by \$10 Copay	Up to \$210
Elective	Up to \$130	Up to \$105
LASIK or PRK Vision Correction (In United States)* *(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
Employee Only	\$1.61	\$3.21	\$3.48
Employee + Spouse	\$3.21	\$6.42	\$6.95
Employee + Child(ren)	\$3.43	\$6.86	\$7.43
Employee + Family	\$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.



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 voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also 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 complete the HRA or 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 and health risk assessment. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive reduced medical rates.

The information from your HRA and the results from 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.
- » 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, 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: 10/15/2020
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
Deductible: Ind / Fam	\$1,500 / \$3,000	\$2,500 / \$5,000	\$3,500 / \$7,000
Coinsurance:	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.

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 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 [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, 2020. Contact your state for more information on eligibility.

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



LEGAL NOTICES

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

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
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 2021 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 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.

This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting

BENEFIT CONTACT INFORMATION

If you have questions about any of your benefits, please contact the Dupré Benefits Helpline at **844.300.2453**, 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
CARE COORDINATOR		Duprebenefits.com	1.888.641.4144
BENEFITS HELPLINE	Web Benefits Design	services@wbdcorp.com	1.888.297.8052
ONLINE ENROLLMENT WEBSITE	mybensite.com/duprelogistics		
MEDICAL	Teladoc	teladoc.com	1.800.Teladoc (835.2362)
	LabCorp	labcorp.com/findalab Select "Employee Wellness with body measurement"	1.888.641.4144
RX	MedImpact	medimpact.com/members	1.844.269.0156
DENTAL (PDP PLUS NETWORK)	MetLife	metlife.com	1.800.ASK.4MET (275.4638)
VISION			
LIFE AND DISABILITY			
EMPLOYEE ASSISTANCE PROGRAM (EAP)		metlifegc.lifeworks.com User: metlifeassist Password: support	1.888.319.7819
GRIEF COUNSELING		webcorp.axa-assistance.com User: axa Password: travelassist	1.800.454.3679
TRAVEL ASSISTANCE & IDENTITY THEFT SOLUTIONS			
HSA	HSA Bank	hsabank.com/member	1.800.357.6246
FSA	AccrueHealth	Member.accrue-health.com You must register to enter the site	P: 1.844.643.3099 F: 978.552.0172
RETIREMENT	Securian Retirement Center	securianretirementcenter.com	1.800.233.2881
CREDIT UNION	Advancial Federal Credit Union	joinadvancial.org	1.800.322.2709
	Bayou Federal Credit Union	bayoufcu.org	1.800.349.2900
CELLULAR PROVIDER	Verizon	verizonwireless.com/getdiscounts	
	AT&T	att.com/wireless/dupre	1.800.331.0500