Louisiana CAT

2026-2027

Employee Benefits

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Louisiana Machinery Company, LLC is proud to support our employees' overall wellbeing with a variety of benefit options. This guide offers details on our 2026-2027 offerings for you and your family. Contact the Human Resources department with any questions.

See page 35 for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to Louisiana Machinery Company, LLC. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Welcome

Louisiana Machinery Company, LLC appreciates the hard work and dedication you bring to our team every day. To do our part, we are committed to keeping your benefits affordable and beneficial for you and your eligible family members.

Louisiana Machinery Company, LLC strives to provide benefits that:

- Meet your needs
- Are easy to understand and use
- Provide excellent value for affordable costs

To be your healthiest and help keep costs down, we ask that you take advantage of the provided wellness activities and preventive features.

This guide is designed to assist you and your family in making the best choices for your needs. It contains explanations of each benefit, contact information for benefits vendors, and costs you can expect for each benefit. Please review this guide in its entirety and keep as a resource throughout the year.

What's Changing This Year?

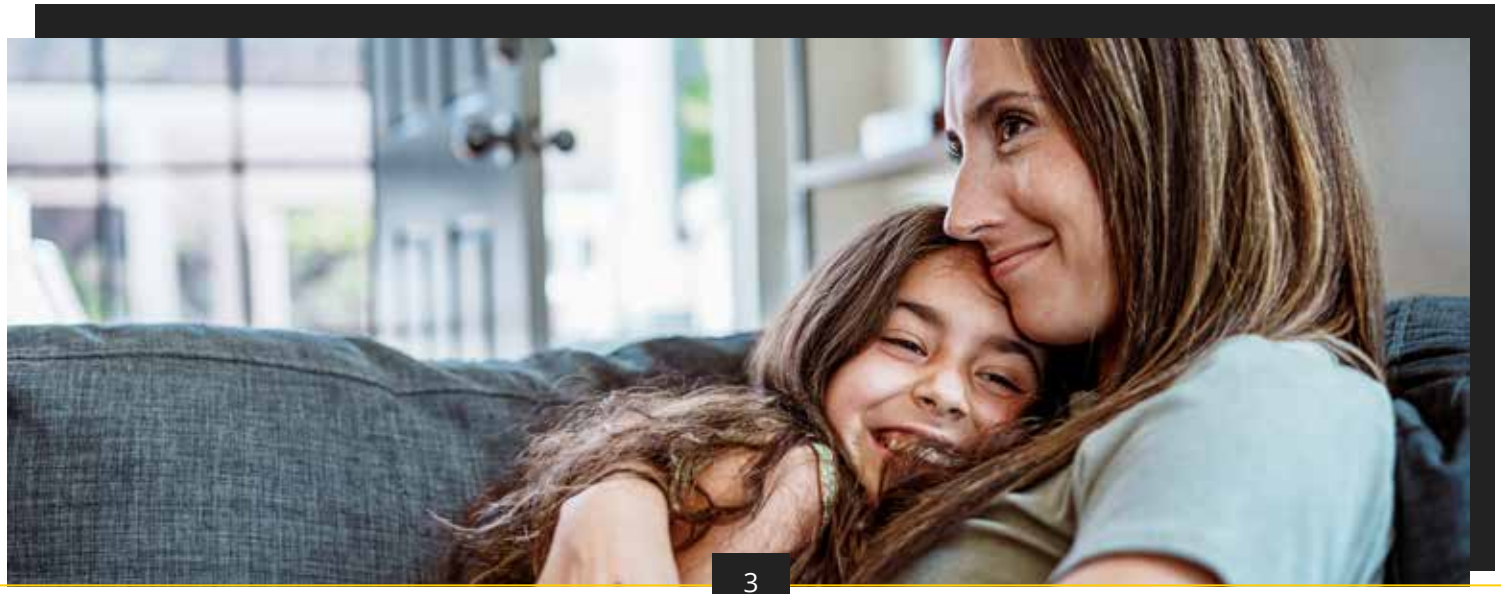
- All benefit carriers are remaining the same.
- Medical: Enhanced customer service added to both medical plans.
  - HDHP – UMR
    - » Deductible and out-of-pockets changing from embedded to aggregate.
  - Value Based Plan – Claritev Connect
    - » Emergency Room benefits changing to $500 copay, then 80%.
    - » HealthScope has rebranded to Claritev Connect.

Coverage Timing

Coverage terminates the last day of the month in which the termination date occurs for Medical, Dental, and Vision, Basic Life, Voluntary Life, and Voluntary Worksite products. STD and LTD terminate on the date of termination.

Any Questions?

We're here to help. Contact Human Resources at 985-536-0924.



Eligibility and Enrollment

Louisiana Machinery Company, LLC's benefits are designed to support your unique needs.

Eligibility

If you are a full-time employee of Louisiana Machinery Company, LLC over the age of 18 who is regularly scheduled to work at least 30 hours per week you are eligible to participate in medical, dental, vision, life and disability plans, and additional benefits.

Coverage Dates

Your elections are effective on the 1st of the month coinciding with or following 30 days of employment. Benefits cannot be changed until the next enrollment period unless you experience a Qualifying Life Event.

Dependents

Dependents eligible for coverage include:

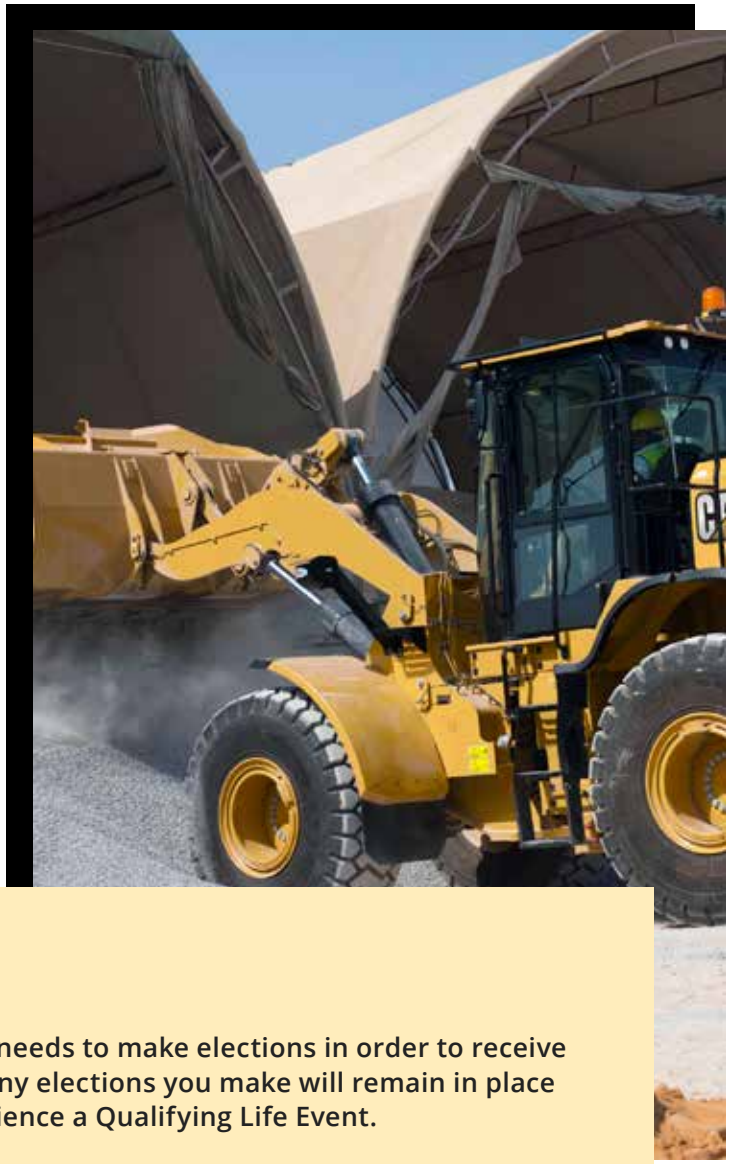
- Your legal spouse.
- Children under the age of 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Verification of dependent eligibility may be required upon enrollment.

Working Spouse Exclusion

If your spouse has access to healthcare coverage through their employer, they are not eligible to participate in the Louisiana Machinery Company, LLC health plan. If your spouse does not work, works only part time, is not eligible for coverage or has lost coverage as an active employee but has been offered COBRA, this exclusion does not apply.

Note: The Company reserves the right to verify whether or not your spouse is provided coverage elsewhere. We expect this information to be consistent with the information you reported during Open Enrollment. Misrepresenting whether your spouse has access to medical coverage may result in disciplinary action.



Active Enrollment

This is an ACTIVE enrollment! Every eligible employee needs to make elections in order to receive benefits. Current benefits elections will not roll over. Any elections you make will remain in place until the following enrollment period unless you experience a Qualifying Life Event.

Now's the Time to Enroll!

What Are Qualifying Life Events?

You can update your benefits when you start a new job or during Open Enrollment each year. But changes in your life called Qualifying Life Events (QLEs), as determined by the IRS, can allow you to enroll in health insurance or make changes outside of these times.

When a Qualifying Life Event occurs, you have 30 days to request changes to your coverage. Your change in coverage must be consistent with your change in status.

A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)

Death in the family (leading to change in dependents or loss of coverage)

A change in a spouse's employment status (resulting in a loss or gain of coverage)

Turning 26 and losing coverage through a parent's plan

A change in employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility

Changes in address or location that may affect coverage

Entitlement to Medicare or Medicaid

Eligibility for coverage through the Marketplace (Healthcare.gov)

Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

A change in your legal marital status (marriage, divorce, or legal separation)

Reach out to Louisiana Machinery Company, LLC's Human Resources with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!

Ready for Open Enrollment?

Louisiana Machinery Company, LLC covers a significant amount of your benefit costs. Your contributions for medical, dental, vision, HSA, accident, critical illness, hospital indemnity, and cancer benefits are deducted on a pre-tax basis, which reduces the amount you're required to pay taxes on. Employee contributions vary depending on the level of coverage you select — typically, the more coverage you have, the more you'll pay up-front for it.

Open Enrollment Action Items

Update your personal information.

Confirm your mailing address and phone number are up to date.

Double-check covered medications.

If you make any changes to your plan, consider how it affects your prescriptions (i.e., will their costs go up or down?).

Review available plans' deductibles.

Think you may have more medical needs than usual this year? You might want a lower deductible. If not, you could switch to a higher deductible plan and enjoy lower monthly premiums.

Check your networks.

Receiving care by in-network providers often saves you money. Check for any plan changes to make sure your go-to providers and pharmacy are still your best bet.

Wellness

Do you make your good health a priority every day? Louisiana Machinery Company, LLC is here to help with your wellness goals. You are welcome to participate, and the program is completely confidential.

Tobacco User Surcharge

Quitting is more than an ending — it's a fresh start! We want to support your quitting journey and save you money. Louisiana Machinery Company, LLC has a tobacco/nicotine user surcharge to help control employee medical premium costs. This surcharge applies to any employee and/or spouse enrolled in the medical plan who attests to being a tobacco user. If you or your spouse do not complete the Tobacco Affidavit, you will automatically receive the tobacco user surcharge. You can find the tobacco surcharge rates in the Medical section of this guide.

Need help quitting? We've got you! Louisiana Machinery Company, LLC provides tobacco cessation support through Quit with Us LA.

If you currently don't meet the tobacco-free requirement but you're trying to quit, you may be eligible to avoid the surcharge. Contact HR or Quit with Us LA to complete or enroll in a tobacco cessation program or to submit confirmation of being under a physician's care for tobacco or nicotine use.

Tobacco Cessation – Quit With Us LA

Interested in quitting? Call 1-800-QUIT-NOW or enroll at quitnow.net/louisiana for support.

At quitwithusla.org, you can find information and support about how to best plan and prepare to quit and how to access free counseling, virtual coaching, and Nicotine Replacement Therapy like patches or gum. They also provide details about further support options such as apps, in-person counseling, and possible prescription solutions.

Quit with Us LA also offers tips on maintaining your new habits. Remember! Most people who quit using tobacco have to make multiple attempts and each try helps you stop using tobacco!

Note

According to the CDC, cigarette smoking causes more than 480,000 deaths each year in the United States.

Medical Benefits

Medical benefits are provided through United Medical Resources (UMR) and Claritev Connect. Consider the physician networks, premiums, and out-of-pocket costs for each plan when making a selection. Keep in mind, your choice is effective for the entire 2026-2027 plan year unless you have a Qualifying Life Event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your contributions.

	VALUE-BASED PAYMENT PLAN				HIGH-DEDUCTIBLE HEALTH PLAN			
	BIWEEKLY		MONTHLY		BIWEEKLY		MONTHLY	
	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
CONTRIBUTIONS								
EMPLOYEE ONLY	$23.50	$36.50	$47.00	$73.00	$28.00	$43.50	$56.00	$87.00
EMPLOYEE + SPOUSE	$111.00	$147.00	$222.00	$294.00	$143.00	$199.00	$286.00	$398.00
EMPLOYEE + CHILD(REN)	$93.00	$128.00	$186.00	$256.00	$118.50	$157.00	$237.00	$314.00
EMPLOYEE + FAMILY	$169.00	$231.50	$338.00	$463.00	$207.50	$277.00	$415.00	$554.00

How to Find a Provider

Embedded High Deductible Health Plan: Visit www.UMR.com or call Plan Advisor at 888-713-8808 for a list of UMR (Network: UHC Choice Plus) network providers.

Value-Based Payment Plan: Visit www.claritev.com or call 844-600-0920 to find a physician in the "PHCS For Value-Driven Health Plans" network or providers, facilities, or other healthcare services with high reference-based pricing acceptance rates.

Medical Plan Summary

This chart summarizes the 2026-2027 medical coverage provided by UMR and Claritev Connect. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

	VALUE-BASED PAYMENT PLAN	HIGH-DEDUCTIBLE HEALTH PLAN	
	REFERENCE-BASED PRICING MODEL	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE			
INDIVIDUAL	$2,000	$4,000	$6,000
FAMILY	$4,000	$8,000	$12,000
COINSURANCE (PLAN PAYS)	80%*	100%*	80%*
ANNUAL OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)			
INDIVIDUAL	$6,250	$4,000	$10,000
FAMILY	$12,500	$8,000	$20,000
COPAYS/COINSURANCE			
PREVENTIVE CARE	100%	100%	Not covered
PRIMARY CARE	$25 copay	100%*	80%*
SPECIALIST SERVICES	$50 copay	100%*	80%*
INPATIENT HOSPITAL	80%*	100%*	80%*
OUTPATIENT	80%*	100%*	80%*
URGENT CARE	$25 copay	100%*	80%*
EMERGENCY ROOM	$500 copay, then 80%	100%*	100%*

*After deductible

Value Based Plan (Embedded Deductible and Out-of-Pocket Maximum)

Each covered family member has an individual deductible and out-of-pocket maximum. Once a family member meets their individual deductible, the plan begins paying benefits for that member, even if the overall family deductible has not been met. The same applies to the out-of-pocket maximum, while all eligible expenses continue to accumulate toward the family maximum.

HDHP (Aggregate Deductible and Out-of-Pocket Maximum)

New for this year: The HDHP is moving from embedded to an aggregate deductible and out-of-pocket maximum.

With an aggregate deductible all eligible medical and prescription expenses for covered family members accumulate toward the family deductible, and the family deductible must be met before the plan begins paying benefits for any covered family member (except for preventive care). Similarly, all family members continue sharing costs until the aggregate family out-of-pocket maximum is reached.

Our Plans Are Self-Funded

Our medical and pharmacy plans are self-funded. What does that mean? Rather than paying fixed premiums to an insurance carrier as with fully insured plans, Louisiana Machinery Company, LLC pays fixed administrative fees to use the carrier's network and pays members' claims from its general assets. This gives Louisiana Machinery Company, LLC more control over the plan we select for our employees. Together, the Company and employees share the cost of healthcare.

Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through ServeYou RX. This means you will have two ID cards: one for medical care and one for prescriptions. You may find information on our benefits coverage and search for network pharmacies by logging on to serve-you-rx.com/members/ or by calling 800-759-3203. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Tier 1, Tier 2, or Tier 3.

Prescription Drug benefits are handled differently between the two medical plans:

- Value-Based Payments: Expenses count toward your out-of-pocket maximum but not your deductible.
- Be sure to review the $0 Copay Traditional PPO ACA Preventive Drug List associated with this Plan.
- High Deductible Health Plan: You pay the full cost for prescriptions until you reach your medical plan deductible. Expenses count toward your medical plan deductible and out-of-pocket maximum.

	VALUE-BASED PAYMENT PLAN	HIGH-DEDUCTIBLE HEALTH PLAN	
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
RETAIL RX (30-DAY SUPPLY)			
TIER 1	$15 copay	100%*	80%*
TIER 2	$35 copay	100%*	80%*
TIER 3	$60 copay	100%*	80%*
MAIL ORDER RX (90-DAY SUPPLY)			
TIER 1	$45 copay	100%*	80%*
TIER 2	$105 copay	100%*	80%*
TIER 3	$180 copay	100%*	80%*

*After deductible

Prescription Drugs Alternative Sources

Louisiana Machinery offers you several ways to save you money on your prescription drugs. Take advantage of the programs below:

ServeYou Rx manages Louisiana Machinery's overall prescription drug program. **Contact Customer Service at 800-759-3203** for any general questions regarding the pharmacy program, prior authorization, the Specialty Assistance, or Patient Assistance Program.

Global RxManage offers international sourcing of certain brand-name medications that could save you significant cost. **Contact Customer Service 800-883-8841** to see which brand-name medications qualify or a list medication on the Formulary.

Specialty Drugs – ServeYou Rx

How the Specialty Drug Access Program Works

If you are taking a specialty medication, a member of the ServeYou Rx patient access support team will contact you to describe the Specialty Drug Access Program.

ServeYou Rx's patient access support team will work with you to complete the financial assistance application. Be prepared to provide information from your most recent tax return, W2 form, or pay stub.

ServeYou Rx works directly with your prescriber to complete the doctor prescriber section of the paperwork. ServeYou Rx works directly with the assistance program to confirm program participation, if qualified, and schedule delivery of the medication to your preferred location.

What if I don't qualify? If you don't qualify for drug manufacturer or patience assistance program, a member of the ServeYou Rx patient access support team will contact you to discuss other options for access to your specialty drug treatment.

Questions about the ServeYou Rx Speciality Drug Program?

Call 800-759-3203, press option 2. To view the ServeYou Rx Specialty Drug List, visit serveyourx.com.

International Brand-Name Drugs – Global RXManage

RxManage is a program where you have access to several high-cost medications at $0 copay. This program allows you to order from a formulary of 250 brand medications from pharmacies in New Zealand, Australia, Canada, and England. The medication will be exactly the same as what you currently take; to be on the formulary, a medication must be available from the same manufacturer internationally as the U.S. brand, or from the international license holder.

How to Place an Order on the Global RxManage:

You can place your first order online at https://my.globalrxmanage.com/customers/louisiana-machinery-company/sign-up or by phone at 800-883-8841.

Once established, your online account is available 24 hours a day, 7 days a week. Log in to your computer or mobile device using your Account ID and password at https//my.globalrxmanage.com/customers/login.

It will take 10-15 working days for you to receive the medication after it has shipped. Please make sure you have a 30-day supply on hand before placing your first order for each medication.

Generic Drugs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they are held to the same rigid FDA standards. But generic versions cost 80% to 85% less on average than the brand-name equivalent. To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

How to Pick a Plan

What plan is right for you? Consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take.

How Does a HDHP (High Deductible Health Plan) Work?

- You'll pay for the full cost of non-preventive medical services until you reach your deductible.
- You can also use a Health Savings Account in conjunction, which provides a safety net for unexpected medical costs and tax advantages.
- If you expect to mostly use preventive care (which is covered), this plan could be for you.

Reference-Based Pricing

If you enroll in the Value-Based Payment Plan, your medical claims are paid using a reference-based pricing (RBP) approach. This means the plan sets a maximum amount it will pay for a healthcare service, based on a reasonable benchmark rather than a traditional network discount. You can still choose your own providers, but it's important to know that:

If a provider charges more than the plan's reference amount, you may be balance billed the difference by the provider.

There is access to the PHCS Value-Driven Health Plan network of physicians for office visits. For help locating a physician, identifying facilities and services with high acceptance of reference-based pricing, or if you receive a balance bill and need support:

Visit www.claritev.com
Call 844-600-0920

Using these resources can help you make informed choices, reduce the chance of balance billing, and get assistance if an issue arises.

Health Savings Account

Want funds handy to help cover out-of-pocket healthcare expenses? A Health Savings Account (HSA) with UMB is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax-free. You must be enrolled in a HDHP to participate.

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in a HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

UMB will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses — no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.

Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in an HSA-eligible High Deductible Health Plan.
- You are not covered by your spouse's or parent's non-HDHP.
- You do not or your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

Note

Because HSA funds never expire, contributing your annual maximum to your HSA can help you save to pay for healthcare expenses tax-free after retirement.

You Own Your HSA

Your HSA is a personal bank account that you own and manage. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements (you own all contributed HSA funds immediately) or forfeiture provisions (you keep all HSA funds whether you leave the company or retire).

How to Enroll

To enroll in Louisiana Machinery Company, LLC's HSA, you must elect the HDHP with Louisiana Machinery Company, LLC. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. Louisiana Machinery Company, LLC will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with UMB. The money in your HSA (including interest and investment earnings, if any) grows tax-free. When the funds are used for qualified medical expenses, they are spent tax-free.*

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax. This is why it's important to know what medical expenses qualify for HSA use and to keep track of where you spend your HSA funds.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2026-2027, contributions (which include any employer contribution) are limited to the following:

2026-2027 ANNUAL HSA FUNDING LIMITS	
EMPLOYEE	$4,500
FAMILY	$9,000
CATCH-UP CONTRIBUTION (AGES 55+)	$1,000

Louisiana Machinery Company, LLC provides an HSA employer contribution that will be deposited on a quarterly basis.

2026-2027 ANNUAL EMPLOYER HSA CONTRIBUTION
Louisiana Machinery will match dollar for dollar, up to $62.50 per month, into your HSA.

HSA contributions over the IRS annual contribution limits ($4,500 for individual coverage and $9,000 for family coverage for 2026-2027) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed but won't have to pay a penalty tax.
- Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year, consider contributing less than the annual limit to your HSA.

The Louisiana Machinery Company, LLC HSA is established with UMB. You may be able to roll over funds from another HSA. For more enrollment information, contact Human Resources or visit www.hsa.umb.com.

***State income taxes are also waived on HSA contributions in almost all states.**

Additional Medical Benefits

Chronic Illness Management – Ochsner Digital Health

What if you could get the one-on-one, personalized care you need to manage your high blood pressure or type 2 diabetes without having to make multiple trips to the doctor? Today, thanks to your specialized care team and easy-to-use Bluetooth technology, it's possible!

Ochsner Digital Medicine helps patients manage their chronic conditions (high blood pressure and/or type 2 diabetes) from home while staying connected to a dedicated care team. Using advanced analytics, our care team is able to create a personalized plan for you. Our convenient programs are designed to help you take control of your health. Whatever your goals, we'll help you reach them — one small, manageable step at a time.

Enroll Today at No Cost to You!

Visit ochsner.org/LouisianaCat-welcome or call the Digital Medicine Concierge Kayla at 888-675-0045.

Orthopedic Treatments – Regenexx

What Is Regenexx?

Regenexx is an innovative treatment for orthopedic injuries that enhances your body's natural healing processes. To treat damaged tendons, ligaments, muscle, bone, and cartilage, our physicians draw your blood platelets and bone marrow aspirate and process them in our advanced orthobiologics laboratories. We then inject them precisely at the site of your injury using image guidance. Regenxx procedures provide a lower-risk, lower-cost, minimally invasive alternative for up to 70% of elective orthopedic surgeries.

Regenexx is covered as an in-network benefit within the company health plans. In-network benefits apply for all Regenexx services.

Learn More

To find out more about your Regenexx benefit and whether Regenexx is an option for you, contact the benefit education center at 866-474-5842 or regenexxbenefits.com/louisianacat.

Note

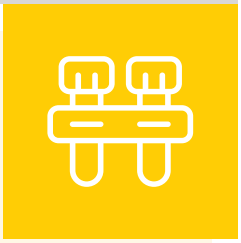
Keep healthcare costs down by seeing the right provider for your situation. See page 17 for more information.

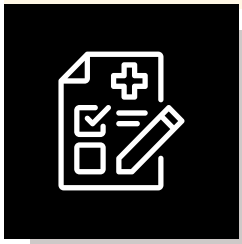
Preventive Care

Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance. Some common covered services include:

Wellness visits, physicals, and standard immunizations

Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes





Pediatric screenings for hearing, vision, obesity, and developmental disorders

Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women

Iron supplements (for infants at risk for anemia)

It's important to take advantage of these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

What Vaccines Are Covered 100% Under Preventive Care?

Many vaccines are covered under preventive care when delivered by a doctor or provider in your plan's network. These include chickenpox, flu, shingles, and tetanus. For a full list, visit www.healthcare.gov/preventive-care-adults.

Where to Go for Care

You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Or you're on vacation and are under the weather. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.

Nurse Line

When to Use

You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.

Types of Care*

Answers to questions regarding:

- Symptoms
- Self-care/home treatments
- Medications and side effects
- When to seek care

Costs and Time Considerations**

- Usually available 24 hours a day, 7 days a week
- Typically free as part of your medical insurance

Telemedicine ($)

When to Use

You need care for minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).

Types of Care*

- Cold & flu symptoms
- Bronchitis
- Urinary tract infection
- Sinus problems

Costs and Time Considerations**

- Typically immediate access to care
- Prescriptions through telemedicine or virtual visits not allowed in all states

Primary Care Center ($)

When to Use

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

Types of Care*

- Routine checkups
- Immunizations
- Preventive services
- Managing your general health

Costs and Time Considerations**

- Often requires a copay and/or coinsurance
- Normally requires an appointment
- Short wait time with scheduled appointment

*This is a sample list of services and may not be all inclusive.
**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Urgent Care Center ($$)

When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

Types of Care*

- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns

Costs and Time Considerations**

- Copay and/or coinsurance usually higher than an office visit
- Walk-in patients welcome, but urgency determines order seen and wait time

Emergency Room ($$$)

When to Use

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

Types of Care*

- Heavy bleeding
- Chest pain
- Major burns
- Severe head injury

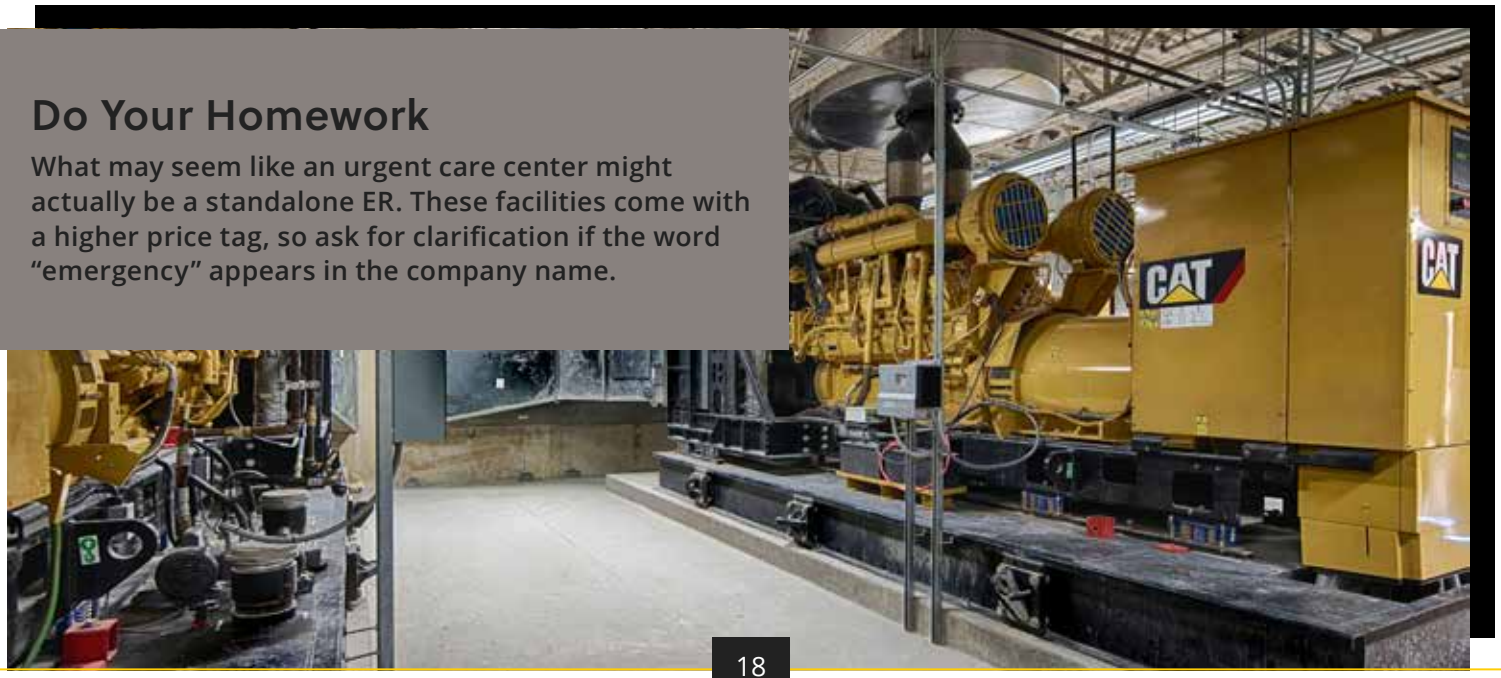
Costs and Time Considerations**

- Often requires a much higher copay and/or coinsurance
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- Ambulance charges, if applicable, will be separate and may not be in-network

*This is a sample list of services and may not be all inclusive.
**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Do Your Homework

What may seem like an urgent care center might actually be a standalone ER. These facilities come with a higher price tag, so ask for clarification if the word “emergency” appears in the company name.



Virtual Medicine

When you're under the weather, there's no place like home, and if you're busy with work and family, scheduling an in-person doctor's appointment can be a pain. Virtual medicine is a convenient and easy way to connect with a doctor on your time.

Benefits App and Telemedicine – Medefy

Louisiana Machinery will continue to use Medefy to help you navigate your employee healthcare benefits and save money in the process. The Medefy app will help you find the best cost provider for the services that you need with around-the-clock access to Care Guides and availability to view your deductible/out-of-pocket accumulators.

Care Guides ensure you get the most out of your healthcare benefits while saving time and money. Whether you are trying to understand your coverage, seeking care, or managing expenses, the Medefy app is your personal all-in-one solution.

Medefy doctors can treat many medical conditions, including:

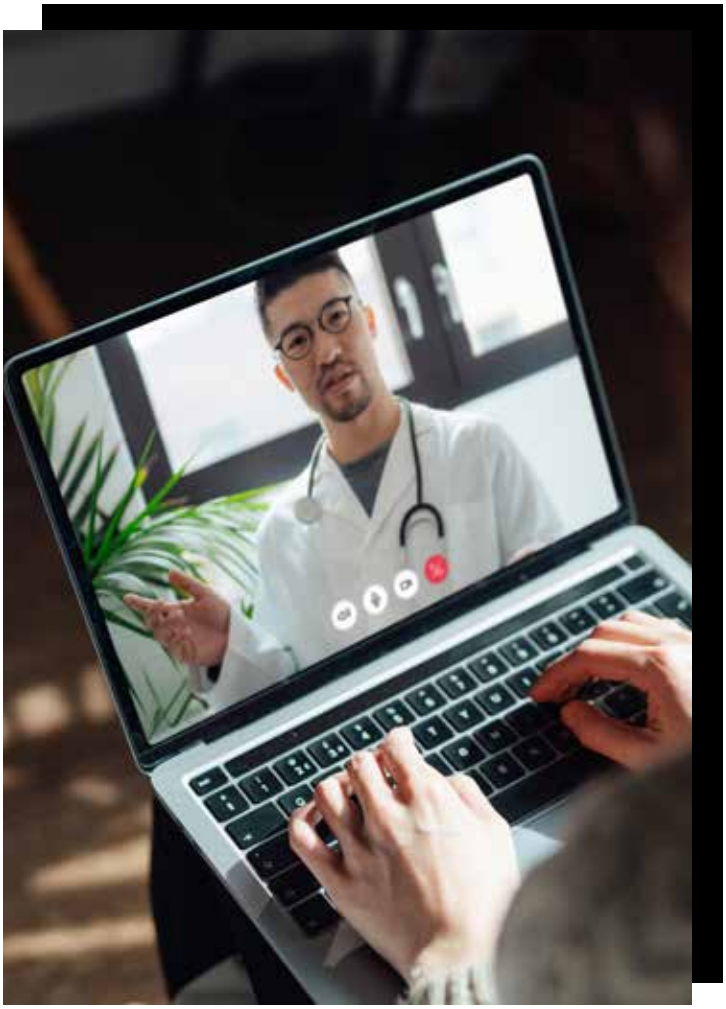
- Cold and flu
- Allergies
- Bronchitis
- Bladder infection/ urinary tract infection
- Respiratory infection
- Pink eye
- Sore throat
- Stomachache
- Sinus problems

Your Benefits

Direct access to all your digital insurance cards, benefit summaries, Employee Benefit Guide, direct contact with all carriers, provider search tools, compare prescription drug costs, estimate procedure costs, and chat with a Care Guide.

Telemedicine

Connect to an on-call physician from our global provider network for time- sensitive medical needs. MediOrbis On-Demand Urgent Care connects top-tier physicians and patients within 10 minutes or less on average. With MediOrbis, patients can leverage "new telemedicine" to access the care they need anytime, anywhere.



Note

Download Medefy today and transform the way you manage your health!

Mental Health

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

Employee Assistance Program

We're here for you when you need help. Our Employee Assistance Program (EAP) helps you and your family manage your total health, including mental, emotional, and physical. And there's no cost to you — whether or not you're enrolled in a company-sponsored medical plan.

Through the EAP, you have access to mental health assistance, legal, and financial help from professionals. You also have 24-hour access to helpful resources by phone and 8 face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with Louisiana Machinery Company, LLC.

You may access information, benefits, educational materials, and more by phone at 888-881-5462 or online at supportlinc.com.

The Program provides referrals to help with:

- Emotional health and wellbeing
- Alcohol or drug dependency
- Marriage or family problems
- Job pressures
- Stress, anxiety, depression
- Grief and loss
- Financial or legal advice

Mental Health and Your Medical Plan

When your covered EAP services run out, the medical plan covers behavioral and mental health services.

The Big Five of Emotional Wellness

An important aspect of your overall wellbeing is emotional wellness — the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.

Practice mindfulness.

Practice deep breathing, take a walk, enjoy nature, and stay present in each moment.

Strengthen social connections.

Reach out to a friend or family member daily — even if it's just a call or text.

Get quality sleep.

Keep a consistent sleep schedule and limit electronic use before bed.

Improve your outlook.

Treat people with kindness, including yourself.

Deal with your stress in healthy ways.

Think positively, exercise regularly, and set priorities.

Other Mental Health Resources

No matter your problem, whether you're a manager or entry-level employee, don't be afraid to ask for help. There are resources available 24/7.

988 Suicide & Crisis Lifeline

Dial 988 to be connected with 24/7/365 emotional support.

Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.

Crisis Text Line

Text "HOME" to 741741

Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.

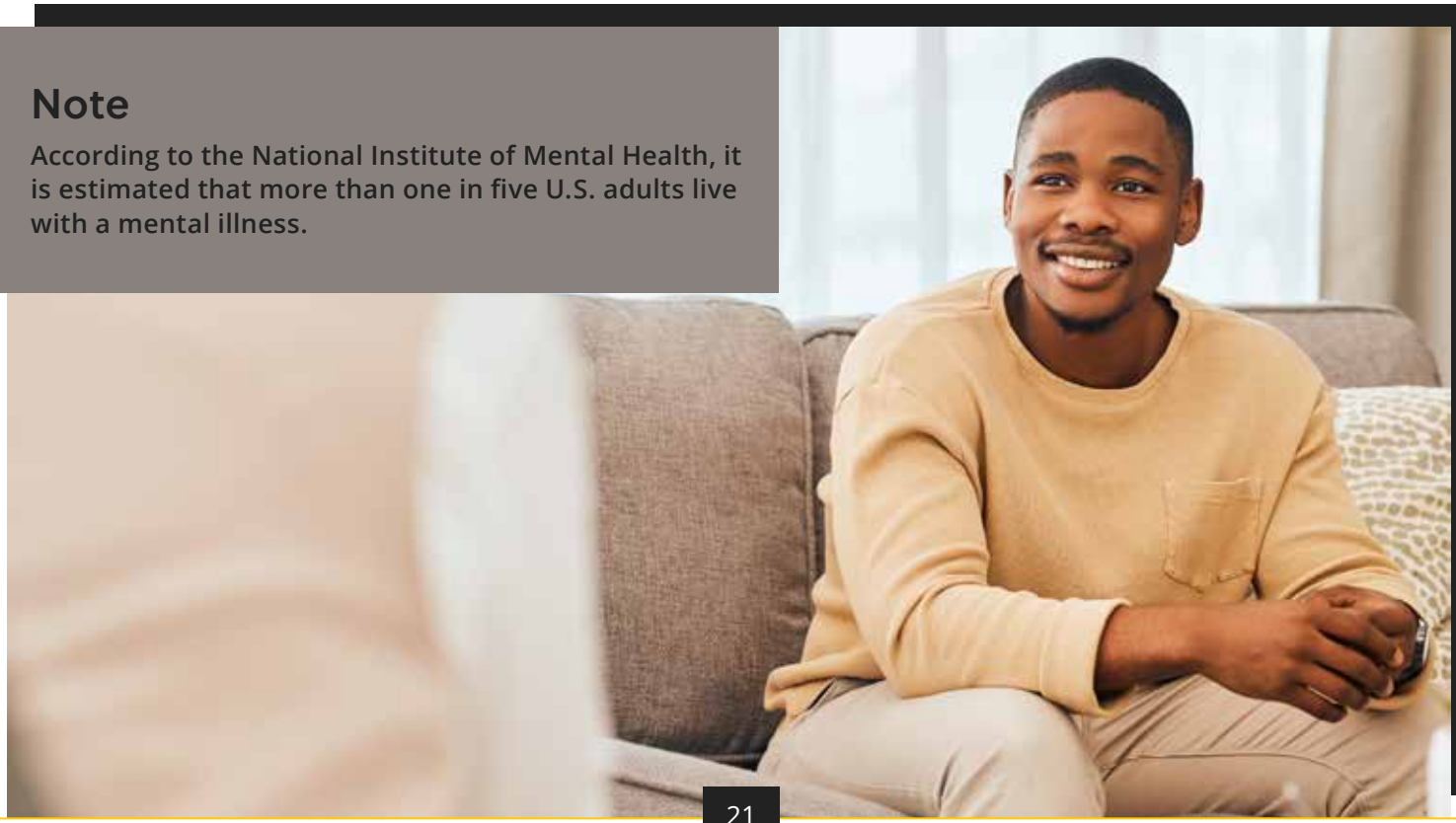
War Vet Call Center

Veterans and their families can call 877-WAR-VETS (877-927-8387) to talk about their military experience and/or readjustment to civilian life.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.

Note

According to the National Institute of Mental Health, it is estimated that more than one in five U.S. adults live with a mental illness.



Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. Louisiana Machinery Company, LLC offers affordable plan options from Companion Life for routine care and beyond.

Stay in Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Companion Life at www.companionlife.com. Make sure to use the network when searching.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium.

Dental Plan Summary

This chart summarizes the dental coverage provided by Companion Life for 2026-2027.

	BASE PLAN		BUY-UP PLAN	
	BIWEEKLY	MONTHLY	BIWEEKLY	MONTHLY
CONTRIBUTIONS				
EMPLOYEE ONLY	$6.62	$13.24	$12.19	$24.37
EMPLOYEE + SPOUSE	$13.03	$26.06	$23.36	$46.73
EMPLOYEE + CHILD(REN)	$16.83	$33.65	$28.53	$57.05
EMPLOYEE + FAMILY	$23.23	$46.47	$41.08	$82.15
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE				
INDIVIDUAL	$50	$50	$50	$50
FAMILY	$150	$150	$150	$150
ANNUAL MAXIMUM				
PER PERSON	$1,000	$1,000	$5,000	$5,000
COVERED SERVICES				
PREVENTIVE SERVICES Oral Exams, X-rays, Cleanings (3x per year), Fluoride Treatments, Sealants, Space Maintainers, Palliative Treatment	100% (deductible waived)	Services covered at the 90th percentile of UCR	100% (deductible waived)	Services covered at the 90th percentile of UCR
BASIC SERVICES Endodontics, Periodontics, Fillings, Simple and Surgical Extractions, Anesthesia, and other Oral Surgery	80%*		80%*	
MAJOR SERVICES Denture Relines and Rebases/Adjustments, Denture repairs, Crowns, Bridges, Onlays, Complete and Partial Dentures, Fixed Bridge Work, Implants, Perio Trays	50%*		50%*	
ORTHODONTICS Dependent Child(ren) Only up to age 19	Not covered		50%	
ORTHODONTIC LIFETIME MAXIMUM	Not covered		$1,000 per person	

*After deductible

Note

According to the CDC, untreated cavities can lead to abscess (a severe infection) under the gums which can spread to other parts of the body and have serious, and in rare cases fatal, results.

Vision Benefits

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through Companion Life.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium.

Vision Plan Summary

This chart summarizes the vision coverage provided by Companion Life for 2026-2027.

	BIWEEKLY		MONTHLY	
CONTRIBUTIONS				
EMPLOYEE ONLY	$3.34		$6.68	
EMPLOYEE + SPOUSE	$6.00		$11.99	
EMPLOYEE + CHILD(REN)	$6.34		$12.67	
EMPLOYEE + FAMILY	$10.00		$20.01	
	IN-NETWORK	**OUT-OF-NETWORK**		**FREQUENCY**
EXAMS				
COPAY	$10 copay	$Up to $35		Once per 12 months
LENSES				
SINGLE VISION	$10 copay	Up to $25		Once per 12 months
BIFOCAL	$10 copay	Up to $40		
TRIFOCAL	$10 copay	Up to $55		
CONTACTS (IN LIEU OF LENSES AND FRAMES)				
FITTING AND EVALUATION**	$0 copay (Standard)	Up to $40		Once per 12 months
ELECTIVE	$120 allowance; 15% off balance	Up to $96		
MEDICALLY NECESSARY	Paid in full	Up to $200		
FRAMES				
ALLOWANCE	$130 allowance; 20% off balance	Up to $72		Once per 24 months

*After copay
**Fitting and Evaluation fee applied to contact lens allowance.

Income Protection

You and your loved ones depend on your regular income. That's why Louisiana Machinery Company, LLC offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness. A portion of your income is protected until you can return to work or you reach retirement age.

Voluntary Short-Term Disability (STD) Insurance

STD benefits are available for purchase on a voluntary basis. This insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

WEEKLY MAXIMUM BENEFIT	$1,500
ELIMINATION PERIOD	**Salaried Employees:** Benefits begin on the 8th day. **Hourly Employees:** Benefits begin on the 15th day.
MAXIMUM BENEFIT PERIOD	**Salaried Employees:** 26 weeks **Hourly Employees:** 25 weeks
PRE-EXISTING EXCLUSION	None for initial enrollees

Voluntary Long-Term Disability (LTD) Insurance

LTD benefits are available for purchase on a voluntary basis. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

MONTHLY MAXIMUM BENEFIT	**Salaried Employees:** $15,000 **Hourly Employees:** $8,000
ELIMINATION PERIOD	180 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.
PRE-EXISTING EXCLUSION	3/3/12 If you were treated or diagnosed for a medical condition 3 months prior to your coverage or hire date, you will be eligible for LTD benefits after 3 months free of treatment period followed by a 12-month waiting period.

VOLUNTARY DISABILITY INSURANCE	
	COMPOSITE RATE
VOLUNTARY STD	$0.106 per $10 of Covered Benefit (weekly earnings)
VOLUNTARY LTD	$0.176 per $100 of Covered Payroll (monthly earnings)

TO CALCULATE HOW MUCH YOUR STD COVERAGE WILL COST:

$	÷ 52 =	$	x 60%	$	x Rate	$	÷ $10	$
Annual Salary		Weekly Income		Weekly Benefit		Amount		Monthly Premium

TO CALCULATE HOW MUCH YOUR LTD COVERAGE WILL COST:

$	÷ 12 =	$	x Rate	$	÷ $100	$
Annual Salary		Monthly Covered Payroll		Amount		Monthly Premium

Survivor Benefits

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection for your loved ones in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

Louisiana Machinery Company, LLC provides employees enrolled in one of the medical plans offered with Basic Life and Accidental Death and Dismemberment (AD&D) insurance which guarantees survivor(s) continue to receive beenfits after death.

Your Basic Life and AD&D insurance benefit is $50,000. If you are a full-time employee enrolled in one of the medical plans offered, you will automatically receive Life and AD&D insurance.

The benefit reduces 33% at age 65 and 45% of the original amount at age 70.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the Companion Life insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact Human Resources or your own legal counsel with any questions.

Voluntary Life and AD&D Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.

BASIC EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	$50,000
WHO PAYS	Louisiana Machinery Company, LLC
MAXIMUM BENEFIT	$50,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
VOLUNTARY EMPLOYEE LIFE	
COVERAGE AMOUNT	7x annual salary in $5,000 increments
WHO PAYS	Employee
MAXIMUM BENEFIT	$500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Yes
VOLUNTARY SPOUSE LIFE	
COVERAGE AMOUNT	$5,000 increments
WHO PAYS	Employee
MAXIMUM BENEFIT	$250,000, not to exceed 50% of employee amount
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Yes
VOLUNTARY CHILD LIFE	
COVERAGE AMOUNT	$10,000
WHO PAYS	Employee
MAXIMUM BENEFIT	$10,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No

Note: If you waive coverage as a new hire, EOI will be required to enroll or increase your coverage during a subsequent enrollment period.

VOLUNTARY LIFE INSURANCE			
RATES/$1,000 (MONTHLY)			
AGE (AS OF SEPTEMBER 1, 2026)	EMPLOYEE	AGE (AS OF SEPTEMBER 1, 2026)	SPOUSE
15-34	$0.13	All ages	$0.14
35-39	$0.15		
40-44	$0.19		
45-49	$0.26		
50-54	$0.38		
55-59	$0.61		
60-64	$0.72		
65-69	$1.19		
70-74	$1.90		
75+	$2.50		

Note: Benefits subject to age reduction schedule

VOLUNTARY CHILD LIFE INSURANCE
PREMIUM RATES – $10,000 MONTHLY
$1.10

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:					
$	÷ 1,000 =	$	x Age Based Rate =	$	
Benefit Elected				Monthly Premium	

Portable Term Life

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection for your loved ones in the event of an unexpected event.

Employees are eligible for Portable Term Life insurance through American Public Life.

- Portable coverage goes with you, through the end of the term, if you change jobs or retire.
- You choose the period of time ("term") that best suits your current stage in life.
- Insure your family with options for your spouse and child(ren) (employee coverage required).
- No health questions or exams at initial enrollment.

Premiums will be available during Open Enrollment along with additional plan details.

	COVERAGE DESCRIPTION	
PLAN PROVISION	PLAN 1	PLAN 2
CERTIFICATE TERM	20 years	30 years
BENEFIT AMOUNTS (all face amounts may not be available for all ages)	**Employee:** $10,000 to $150,000 in $1,000 increments **Spouse:** $10,000 to $100,000 in $1,000 increments **Child(ren):** $50,000	**Employee:** $10,000 to $150,000 in $1,000 increments **Spouse:** $10,000 to $100,000 in $1,000 increments **Child(ren):** $50,000
INSURED GUARANTEE ISSUE	$150,000	$150,000
SPOUSE GUARANTEED ISSUE	100% of Insured Amount to a maximum of $100,000	100% of Insured Amount to a maximum of $100,001
CHILD(REN) GUARANTEED ISSUE	$50,000	$50,000
ACCIDENTAL DEATH BENEFIT RIDER	Included	Included
CERTIFICATE PORTABILITY	Included	Included

Supplemental Health Benefits

Louisiana Machinery Company, LLC offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Accident Coverage

Accident insurance through American Public Life provides you with a cushion to help cover expenses and living costs when you get hurt unexpectedly. This plan complements your health insurance by providing benefits to help cover direct or indirect costs that can arise with a serious or minor injury. You may end up paying out of your own pocket for things like deductibles, copays, transportation, over-the-counter medicine, daycare or sitters, and extra help around the house. With accident insurance, the benefits you receive can help take care of these extra expenses and anything else that comes up.

Highlights

- You will receive a cash benefit for covered injuries and related services for accidents.
- Benefits are paid on a schedule of benefits regardless of any other coverage you have, and you may spend it any way you choose.
- Accident coverage is especially helpful for families with young children and those who are active.

BRIEF SUMMARY OF BENEFITS	
INITIAL CARE (ER/UC/PCP)	$300/$150/$100
HOSPITAL ADMISSION/ CONFINEMENT	$2,000/$350
ICU ADMISSION/CONFINEMENT	$2,000/$700
OPEN FRACTURES	$375 to $5,000
OPEN DISLOCATIONS	$375 to $5,000
AMBULANCE (AIR/GROUND)	$600/$200

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

CLAIMS EXAMPLE	
John's daughter broke her wrist falling off her bike.	
EMERGENCY ROOM	$300
IMAGING	$200
BROKEN WRIST	$375
FOLLOW-UP VISIT	$100
PHYSICAL THERAPY	$50
TOTAL BENEFIT PAYOUT:	$1,025

ACCIDENT COVERAGE

	BIWEEKLY	MONTHLY
CONTRIBUTIONS		
EMPLOYEE ONLY	$6.41	$12.82
EMPLOYEE + SPOUSE	$9.97	$19.95
EMPLOYEE + CHILD(REN)	$13.10	$26.21
EMPLOYEE + FAMILY	$18.00	$36.00

Critical Illness Coverage

No one knows what lies ahead on the road through life. Will you be diagnosed with cancer? Will you suffer a stroke or the complete loss of hearing? The signs pointing to a critical illness are not always clear and may not be preventable, but critical illness coverage helps offer financial protection in the event you are diagnosed. Critical illness insurance through American Public Life pays you cash to use in any way you need if you are diagnosed with a covered condition.

Highlights

- Critical illness provides you a lump-sum benefit upon diagnosis of a covered illness.
- You have the choice of $10,000, $20,000, or $30,000 in guaranteed issue coverage. Spouses can be covered at 100% and children at 50% of your elected amount.
- Rates are age-banded. Please refer to the benefit summary for a full rate table.
- Pre-existing conditions are waived!
- A $50 wellness benefit is payable each year for enrollees and their covered dependents for receiving a qualifying preventive screening.

PLAN BENEFITS*	
CHILDHOOD CONDITIONS	25%
COMA	100%
LOSS OF HEARING/SIGHT/ SPEECH	100%
LOU GEHRIG'S DISEASE/ALS	25%
PARALYSIS	100%
WELLNESS BENEFIT (payable once every two years for each covered family member whom completes certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test)	$50

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

CRITICAL ILLNESS COVERAGE (BIWEEKLY CONTRIBUTION)

EMPLOYEE'S AGE	$10,000 BENEFIT				$20,000 BENEFIT				$30,000 BENEFIT			
	NON-NICOTINE		NICOTINE		NON-NICOTINE		NICOTINE		NON-NICOTINE		NICOTINE	
	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE	EMPLOYEE + SPOUSE
18-29	$2.13	$3.54	$2.58	$4.22	$3.55	$5.70	$6.04	$7.08	$4.07	$7.47	$4.74	$8.58
30-39	$4.31	$6.89	$5.83	$9.19	$7.80	$12.11	$10.88	$16.73	$8.60	$14.30	$11.98	$19.61
40-49	$8.38	$13.11	$12.54	$19.35	$15.75	$24.16	$24.07	$36.64	$19.93	$31.50	$33.32	$52.35
50-59	$14.47	$22.38	$22.19	$33.93	$27.67	$42.16	$42.03	$65.24	$40.75	$63.61	$77.09	$119.69
60-69	$19.22	$29.62	$29.70	$45.35	$36.61	$56.18	$57.91	$87.64	$79.75	$123.17	$160.25	$247.19
70-79	$29.00	$44.04	$81.69	$127.61	$57.47	$87.03	$161.90	$252.17	$86.22	$130.34	$242.88	$377.68

CRITICAL ILLNESS COVERAGE (MONTHLY CONTRIBUTION)

EMPLOYEE'S AGE	$10,000 BENEFIT				$20,000 BENEFIT				$30,000 BENEFIT			
	NON-NICOTINE		NICOTINE		NON-NICOTINE		NICOTINE		NON-NICOTINE		NICOTINE	
	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE	EMPLOYEE + SPOUSE
18-29	$4.25	$7.07	$5.16	$8.45	$7.11	$11.40	$12.09	$14.17	$8.15	$14.95	$9.49	$17.16
30-39	$8.63	$13.78	$11.66	$18.38	$15.60	$24.23	$21.76	$33.46	$17.21	$28.60	$23.97	$39.22
40-49	$16.77	$26.22	$25.09	$38.70	$31.51	$48.32	$48.15	$73.28	$39.87	$63.01	$66.65	$104.70
50-59	$28.95	$44.77	$44.38	$67.86	$55.34	$84.33	$84.06	$130.48	$81.51	$127.23	$154.18	$239.38
60-69	$38.44	$59.24	$59.41	$90.70	$73.23	$112.37	$115.83	$175.29	$159.51	$246.35	$320.50	$494.39
70-79	$58.00	$88.08	$163.38	$255.23	$114.95	$174.06	$323.81	$504.35	$172.44	$260.68	$485.77	$755.36

Hospital Indemnity Coverage

You already know the importance of living well and staying well. But life is unpredictable — expenses associated with a hospital stay can be financially difficult if you are not prepared. Hospital indemnity insurance through American Public Life pays cash benefits directly to you if you have a covered stay in a hospital or critical care unit (ICU).

Highlights

- Hospital indemnity pays a cash benefit for hospital admissions due to a covered accident, illness, or pregnancy.
- Popular with those planning to have children, who are older or have conditions that subject them to a higher risk of hospitalization, and/or are covered by an HDHP.
- Pre-existing conditions are waived!
- The pregnancy coverage waiting period is 10 months.
- Benefits are payable for both admissions and additional days spent in the hospital.

BRIEF SUMMARY OF BENEFITS*	
HOSPITAL ADMISSION	$1,000
HOSPITAL CONFINEMENT	$150
MAXIMUM DAYS PAYABLE	10 days
HOSPITAL ICU ADMISSION	$1,000
HOSPITAL ICU CONFINEMENT	$300
MAXIMUM DAYS PAYABLE	10 days
REHABILITATION BENEFIT	$25 per day; max of 5 days

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

HOSPITAL INDEMNITY COVERAGE		
	BIWEEKLY	MONTHLY
CONTRIBUTIONS		
EMPLOYEE ONLY	$6.50	$13.00
EMPLOYEE + SPOUSE	$19.04	$38.09
EMPLOYEE + CHILD(REN)	$7.67	$15.34
EMPLOYEE + FAMILY	$21.51	$43.03

Group Cancer Coverage

If you or a family member are diagnosed with cancer, APL's cancer insurance may help cover the costs associated with the detection and treatment of cancer and help you be more financially prepared.

	PLAN 1	PLAN 2
BRIEF SUMMARY OF BENEFITS*		
PRE-EXISTING CONDITION PERIOD	12 months / 12 months	12 months / 12 months
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY	Up to $10,000	Up to $10,000
HORMONE THERAPY (max 12 annual)	$50	$50
MEDICAL IMAGING	$500 (max 1)	$500 (max 2)
SURGERY	Up to $3,000	Up to $3,000
HOSPITAL CONFINEMENT	$100 to $200 per day	$200 to $800 per day
EXTENDED CARE/ HOME HEALTH/ HOSPICE	$100 per day	$200 per day
BONE MARROW TRANSPLANT	$6,000 lifetime max	$6,000 lifetime max
CANCER SCREENING BENEFIT	$50	$100

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits

	PLAN 1		PLAN 2	
	BIWEEKLY	MONTHLY	BIWEEKLY	MONTHLY
CONTRIBUTIONS				
EMPLOYEE ONLY	$7.00	$14.00	$11.15	$22.30
EMPLOYEE + SPOUSE	$12.25	$24.50	$19.45	$38.90
EMPLOYEE + CHILD(REN)	$8.30	$16.60	$13.15	$26.30
EMPLOYEE + FAMILY	$13.50	$27.00	$21.45	$42.90

Additional Benefits

Louisiana Machinery Company, LLC wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

Prepaid Legal Coverage

MetLaw offers low-cost access to attorneys for personal legal services. Payments are made conveniently through payroll deductions. It's like having your own attorney on retainer for a lot less. There are attorneys standing by to assist you with:

- Estate planning, wills, and trusts
- Real-estate matters
- Identity-theft defense
- Financial matters, such as debt-collection defense
- Traffic offenses
- Document review
- Family law, including adoption and name change
- Advice and consultation on personal legal matters

The plan covers both you and your dependents.

CONTRIBUTIONS

BIWEEKLY	MONTHLY
$10.50	$21.00

Identity Theft Protection

Identity theft protection is available on a voluntary basis. There is a new identity fraud victim every two seconds. Protect yourself with Aura Identity Guard. Aura Identity Guard monitors millions of transactions every second, alerting you to suspicious activity by text, phone, or email. This plan offers a full set of features to help protect you and your covered family members against identity theft.

Aura Identity Guard membership features:

- Financial fraud protection
- Identity theft protection, including $5,000,000 ID theft insurance
- White glove fraud resolution service
- VPN and online privacy
- Digital vault
- Family safety (family plans only)
- Monitoring and alerts
- 24/7 privacy advocate support, and more

This plan is available via payroll deduction and is yours to keep if you retire or leave Louisiana Machinery Company, LLC.

	BIWEEKLY	MONTHLY
CONTRIBUTIONS		
INDIVIDUAL	$5.97	$11.95
FAMILY	$10.47	$20.95

Glossary

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $60, you may be billed by the provider for the remaining $40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is $1,000, your plan does not pay anything until you've paid $1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

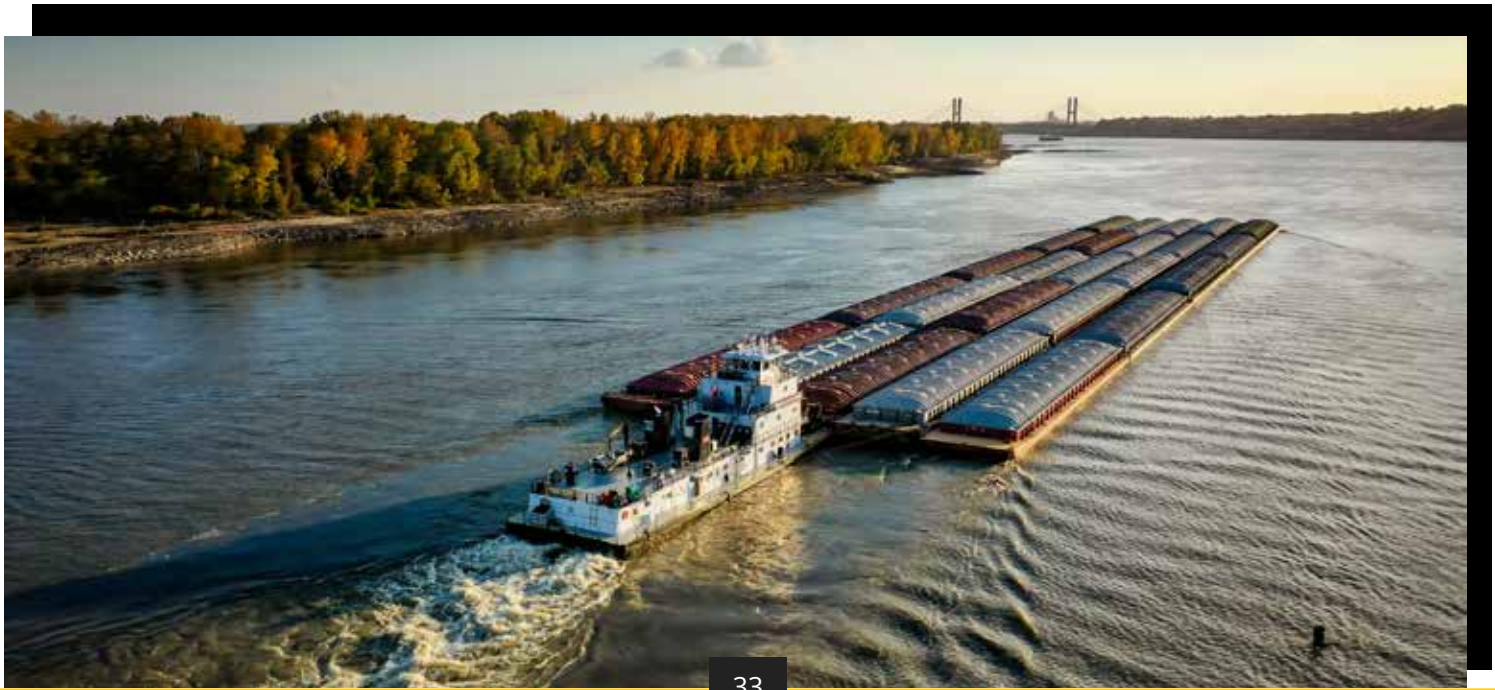
Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in a CDHPHDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility, and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.

Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- **In-Network –** Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network –** Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- **Non-Participating –** Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.



Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, or non-preferred.

- **Generic Drugs –** Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- **Preferred Drugs –** Brand-name drugs on your provider's approved list (available online).
- **Non-Preferred Drugs –** Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Prior Authorization –** A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- **Step Therapy –** The goal of a Step Therapy Program is to guide employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

Required Notices

Important Notice From Louisiana Machinery Company, LLC About Your Prescription Drug Coverage and Medicare Under the United Medical Resources High Deductible Health Plan and Claritev Connect Value Based Payment Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Louisiana Machinery Company, 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. Louisiana Machinery Company, LLC has determined that the prescription drug coverage offered by the United Medical Resources High Deductible Health Plan and Claritev Connect Value Based Payment plan(s) 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 Louisiana Machinery Company, LLC coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Louisiana Machinery Company, 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 at the end of these notices 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 Louisiana Machinery Company, LLC changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- 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 Medicare Part D 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:	September 1, 2026
Name of Entity/Sender:	Louisiana Machinery Company, LLC
Contact—Position/Office:	Human Resources
Address:	3799 West Airline Hwy. Reserve, LA 70084
Phone Number:	985-536-0924

Women's Health and Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 985-536-0924.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 985-536-0924.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later 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 towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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

To request special enrollment or obtain more information, contact Human Resources at 985-536-0924.

Important Contacts

Medical
United Medical Resources
800-207-3172
www.UMR.com
Network: UHC Choice Plus
Policy #: 7670-00-413049

Claritev Connect
888-713-8808
www.claritev.com
Network: Reference-Based Pricing Plan

Pharmacy
ServeYou Rx
800-759-3203
serve-you-rx.com/members/
Policy #: VBP: 7604; HDHP: 7603

Supplemental Health
(Accident, Critical Illness, Hospital Indemnity)
American Public Life
800-256-8606
www.ampublic.com

Telemedicine
Medefy/MediOrbis
866-633-4672
mediorbis.com

Dental
Companion Life
877-676-5789
www.companionlife.com
Policy #: 845-14-S3792

Vision
Companion Life
877-676-5789
www.companionlife.com
Network: EyeMed
Policy #: 845-14-S3792

Health Savings Account
UMB
866-520-4472
www.hsa.umb.com

Life and AD&D
Companion Life
877-676-5789
www.companionlife.com
Policy #: 845-14-S3792

Whole/Universal Life Insurance
American Public Life
800-256-8606
www.ampublic.com

Disability
Companion Life
877-676-5789
www.companionlife.com
STD Policy #: 845-14-S3792
LTD Policy #: 845-14-S3792

Employee Assistance Program
SupportLinc
888-881-5462
supportlinc.com
Policy #: louisianacat

Prepaid Legal Coverage
MetLaw
800-438-6388
info.legalplans.com

Identity Theft
Aura Identity Guard
855-443-7748
www.identityguard.com

Lockton on Call
LMCBenefits@Lockton.com

Louisiana Machinery Company, LLC Human Resources
3799 West Airline Hwy.
Reserve, LA 70084
985-536-0924

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