



2022

BENEFITS GUIDE

January 1—December 31, 2022

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 1 week of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire. However, if you are hired on the first of the month, you will be effective on your date of hire.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- **Open Enrollment:** Changes made during Open Enrollment are effective January 1, 2022 - December 31, 2022.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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Enrollment

Go to www.Paycom.com
There you will find detailed information about the plans available to you and instructions for enrolling.

Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Medica PPO Plans

These plans give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the network.

- The plan pays the full cost of qualified in-network preventive health care services.
- You pay the full cost of non-preventive health care services until you meet the annual deductible. You may also have to pay a fixed dollar amount (copay) for certain services.
- Once you meet the deductible, you pay a percentage of certain health care expenses (coinsurance) and the plan pays the rest.
- Once your deductible, copays and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year.

Medica HSA Plan

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- You may see any health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- The plan pays the full cost of qualified in-network preventive health care services.
- You pay the full cost of non-preventive health care services until you meet the annual deductible. *NOTE: If you enroll one or more family members, an individual will not have to pay more than the individual deductible amount.*
- Once you meet the deductible, you pay a percentage of your health care expenses (coinsurance) and the plan pays the rest.
- Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. *NOTE: If you enroll one or more family members, an individual will not have to pay more than the individual out-of-pocket amount.*



The HSA

The HDHP comes with a type of savings account called a health savings account, or HSA. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here's how the HSA works:

- You contribute pre-tax funds to the HSA through automatic payroll deductions.
- In addition, we will contribute \$700 annually to your HSA if you enroll in employee-only coverage and \$1,400 annually if you enroll yourself and one or more family members.
- Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2022
Employee Only	\$3,650
Family (employee + 1 or more)	\$7,300
Catch-up (age 55+)	\$1,000

- You can withdraw HSA funds tax-free to pay for current qualified health care expenses, or save them for the future, also tax-free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Important Notes:

- You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS Publication 969. <https://www.irs.gov/publications/p969>
- For a complete list of qualified health care expenses, refer to IRS Publication 502. <https://www.irs.gov/publications/p502>
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

Medical (Cont'd)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary of Benefits & Coverage or the Medica certificate.

Key Medical Benefits	Medica - PPO Choice National 1500-25-50-20%		Medica - PPO Choice National 2000-25-50-20%		Medica - HSA Choice National 3500-20%	
	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)						
Individual / Family	\$1,500 / \$3,000 ²	\$3,500 / \$7,000 ²	\$2,000 / \$4,000 ²	\$4,000 / \$8,000 ²	\$3,500 ² / \$7,000 ²	\$7,000 / \$14,000 ²
Out-of-Pocket Maximum (per calendar year)						
Individual / Family	\$3,000 / \$6,000 ³	\$7,000 / \$14,000 ³	\$4,000 / \$8,000 ³	\$8,000 / \$16,000 ³	\$6,500 ³ / \$13,000 ³	\$13,000 / \$26,000 ³
Company Contribution to Your Health Savings Account (HSA) (\$29.16 individual / \$58.33 family per payroll)						
Individual / Family (annually)	N/A / N/A	N/A / N/A	N/A / N/A	N/A / N/A	\$700 / \$1,400	
Covered Services						
Office Visits (primary/specialist)	\$25 / \$50 copay	50%*	\$25 / \$50 copay	50%*	20%*	50%*
Retail Visits	\$10 copay	50%*	\$10 copay	50%*	20%*	50%*
Virtual Visits	\$0 copay	50%*	\$0 copay	50%*	20%*	50%*
Routine Preventive Care	No charge	50%*	No charge	50%*	No charge	50%*
Diagnostic Test (lab/X-ray)	Lab - No charge X-ray - 20%*	50%*	Lab - No charge X-ray - 20%*	50%*	20%*	50%*
Complex Imaging	20%*	50%*	20%*	50%*	20%*	50%*
Chiropractic	\$25 copay ⁴	50%* ⁴	\$25 copay ⁴	50%* ⁴	20%* ⁴	50%* ⁴
Ambulance	20%*	20%*	20%*	20%*	20%*	20%*
Emergency Room	20%*	20%*	20%*	20%*	20%*	20%*
Urgent Care Facility	\$25 copay	50%*	\$25 copay	50%*	20%*	50%*
Inpatient Hospital Stay	20%*	20%*	20%*	50%*	20%*	50%*
Outpatient Surgery	20%*	20%*	20%*	50%*	20%*	50%*
Prescription Drugs ⁵ (5 Tiers - Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty)						
Retail Pharmacy (30-day supply)	\$10 / \$35 / \$60	50%*	\$15 / \$45 / \$85	50%*	After Ded is met: 20% / 20% / 40%	50%*
Mail Order (90-day supply)	\$30 / \$105 / \$180	Not covered	\$45 / \$135 / \$255	50%*	After Ded is met 20% / 20% / 40%	50%*
Specialty Medications	20% to \$200 / 40%	Not covered	20% to \$200 / 40%	Not covered	After Ded is met 20% to \$200 / 40%	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. If you enroll one or more family members, an individual will not have to meet more than the individual deductible amount.
3. If you enroll one or more family members, an individual will not have to meet more than the individual out-of-pocket amount.
4. Limited to 30 visits per calendar year.
5. See the Medica Preventive Prescription Drug for no cost preventive medications.

Dental

We are proud to offer you a comprehensive dental plan through Principal Financial.

DPPO: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Principal Financial network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Principal Financial Passive PPO	
	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$25 / \$75 (waived for preventive services)	\$25 / \$75 (waived for preventive services)
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)		
Per Individual	\$1,500	\$1,500
Covered Services		
Preventive Services	No charge	No charge
Basic Services	20%*	20%*
Major Services	50%*	50%*
Orthodontia (Adult & Children)	50%	50%
Orthodontia Lifetime Benefit	\$1,500	\$1,500

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



Vision

We are proud to offer you a vision plan.

The **Principal Financial** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **Vision Service Provider (VSP)** network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10 copay	Up to \$45
Materials Copay	\$25 copay	N/A
Lenses (once every 12 months)		
Single Vision lenses	No charge after materials copay	Up to \$30
Lined Bifocal lenses		Up to \$50
Lined Trifocal lenses		Up to \$65
Frames (once every 24 months)	\$150 allowance; 20% discount over \$150	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$150	Up to \$105

Flexible Spending Accounts

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through WEX. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA (Not available if you elect the HSA plan)

For 2022, you may contribute up to \$2,850 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Dependent Care FSA

For 2022, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some qualified expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

You are eligible to participate the first of the month following your date of hire. If you are hired on the first of the month, you will be eligible to participate on your date of hire.

YOU MUST ENROLL EACH YEAR TO PARTICIPATE

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health care FSA: You may incur expenses through March 15, 2023, and must file claims by March 31, 2023.

Dependent care FSA: Unused funds will NOT be returned to you or carried over to the following year.

Life and AD&D

Life/AD&D Insurance

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at NO COST to you through Principal Financial

Benefit Amount	1 Times your annual earnings plus \$15,000, up to a \$200,000 maximum
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Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue ¹
Employee	\$10,000 increments up to a \$300,000 maximum	< age 70 - \$150,000 age 70+ - \$10,000
Spouse	\$5,000 increments up to \$100,000 (not to exceed 50% of your additional life coverage)	1 < age - \$20,000 age 70+ - \$10,000
Child(ren)	14 days to age 26 - \$5,000 increments up to \$25,000 Up to 14 days - \$1,000 benefit	\$25,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Annually, at open enrolment you are eligible to elect up to 2 increments for yourself, spouse and children without EOI

Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Short-Term Disability

Provided at NO COST to you through Principal Financial

Benefit Percentage	60%
Weekly Benefit Maximum	\$2,000
When Benefits Begin	After 14th day of disability
Maximum Benefit Duration	11 weeks

Long-Term Disability

Provided at NO COST to you through Principal Financial

Benefit Percentage	66 2/3%
Monthly Benefit Maximum	\$10,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Retirement Age

Employee Assistance Program

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at NO COST to you through Best Care.

The EAP can help with the following issues, among others:

- Mental health
- Relationships or marital conflicts
- Child and eldercare
- Substance abuse
- Grief and loss
- Legal or financial issues

EAP Benefits

- Assistance for you and your household members
- Unlimited toll-free phone access and online resources 24/7
- Online assistance with elder care, child care & other family issues
- Help with teen and adolescent issues, including eating disorders and relationships
- Self-care mobile apps to help with insomnia, anxiety, depression, substance abuse, obsessive compulsive disorder & chronic pain

Voluntary Benefits

Accident Insurance

Our benefit plans are here to help you and your family live well and stay well. Our voluntary accident plan through Allstate is designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part is that the benefits from the plan are paid directly to you!

You can enroll in the accident plan during Open Enrollment. The plan is completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

Key Vision Benefits	Plan 1	Plan 2
Accidental Initial Treatment	\$200 ER Services \$100 Urgent care \$200 X-ray	\$300 ER Services \$150 Urgent care \$300 X-ray
Follow-up Visits (up to 2 treatments)	\$100 per day	\$150 per day
Physical Therapy Visits (up to 6 treatments)	\$60 per day	\$90 per day
Initial Hospitalization	\$1,000 per year	\$1,500 per year
Daily Hospital Confinement (up to 365 days per year)	\$200 per day	\$300 per day
Wellness (2 visits per person or 4 visits for family)	\$50 per visit	\$50 per visit
Appliances (crutches, walker, wheelchair)	\$250	\$375

Valuable Extras

- Medica Preventive Drug List - See Separate Preventive List
- Virtual Care with Amwell: amwell.com / (844) 733-3627
- Healthy Savings Mobile App
- Medica Call Link - 24/7 Nurse Line: (800) 962-9497
- My Health Rewards through Medica: [Virgin Pulse](https://virginpulse.com) (833) 450-4074
[Medica.com/MyHealthRewards](https://medica.com/myhealthrewards)
- Ovia Health (pregnancy care app) through Medica
- Sanvello Mobile App (tool for stress, anxiety & depression)
- Travel Assistance through Principal: (888) 647-2611
principal.com/travelassistance
- Will & Legal Document Center through Principal: (800) 546-3718
www.aragwills.com/principal - use group number (1049866)

401(k)

All employees of ACCESSbank are eligible to participate in the bank's 401(k) plan as long as you are scheduled to work 1,000 hours in the plan year and are at least 21 years of age.

401(k)	
Plan Administrator: Nationwide	
Company Match	Up to 4% based on employee contributions
Vesting	100% vested at the end of each payroll period
Eligibility to Participate	First calendar quarter following date of hire

Personal Time Off (PTO) / Discretionary Time Off (DTO)

ACCESSbank offers Personal Time Off (PTO) to all full-time and part-time employees. PTO is to be used for illness, vacation or other appropriate reasons. PTO is accrued per pay period based on the schedules below.

Non-Exempt Part-Time Employees:

Eligible for PTO accruals, if working less than 35 hours per week. Accrual rate is 2.67 hours per pay period on hire date.

Non-Exempt Full-Time Employees:

Eligible for PTO accruals on the date of hire. PTO is accrued on a per pay period basis.

Years of Service	Maximum Hours Accrued	Hours per Pay Period
0 - 5 Years	128 Hours	5.33 Hours
6 - 10 Years	160 Hours	6.67 Hours
11 Years and Over	192 Hours	8.0 Hours

Exempt Employees:

Eligible for PTO accruals on date of hire.

Years of Service	Non-Officer
0 - 5 Years	16 days (5.33 hours PPP)
6 - 10 Years	20 days (6.67 hours PPP)
11 Years and Over	24 days (8 hours PPP)

Officers:

Discretionary Time Off (DTO) is for Officers of the bank. DTO applies to time off for both routine and short durations. A general rule of thumb is 30 days off within a year, with the exception of special life events. Officers must take at least 10 days of DTO during a calendar year.

Voluntary Time Off (VTO)

ACCESSbank offers Voluntary Time Off (VTO) to all full-time and part-time employees. VTO is to be used to volunteer in the community supporting a local cause that is important to the employee. Eight (8) hours of VTO is provided to each full-time employee and four (4) hours of VTO is provide to each part-time employee at the beginning of each calendar year.

Holidays

The following holidays are typically observed and paid by ACCESSbank.

New Years Day	Martin Luther King Day
President's Day	Memorial Day
Juneteenth National Independence Day	Independence Day
Labor Day	US Indigenous People's Day
Veterans' Day	Thanksgiving day
Christmas Day	

Continuing Education

At ACCESSbank, we believe in developing and providing our employees with resources to pursue their personal and professional growth. Full-time employees are eligible to participate in the continuing education program after the completion of 6 months of continuous employment. An employee may participate in one of the education assistance programs.

Full-time Status - Associate and Undergraduate Program	Full-time Status - Graduate Program
\$1,500 Annually	\$2,500 Annually

Student Loan Repayment Program

At ACCESSbank, we believe in helping our employees become financially free of any student loan debt. Full-Time employees who have a student loan are eligible to receive \$100 per month to help pay off their debt. Part-Time employees are eligible to receive \$50 per month. All associates, bachelors and graduate degrees are acceptable. Participation in one of the educational assistance programs begins on the first day of employment.

	Full-time Employees	Part-time Employees
Per Month Pay Out	\$100	\$50
Annual Cap	\$1,200	\$600
Lifetime Cap	\$6,000	\$3,000
Eligible Employees	Up to Vice President	Up to Vice President

Employee Assistance Program

ACCESSbank offers a comprehensive and confidential EAP (employee assistance program) for you and your family members. EAP assists employees and their family members in identifying and resolving marital, parenting, family issues, grief, stress, emotional difficulties, substance abuse, financial/legal issues and work-related issues. ACCESSbank subsidizes 100% of the premiums.

Provider: Best Care EAP

Eligibility	Date of Hire
Participants	Employee, Spouse, Dependents
Benefit	5 sessions per unique issue per year

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your pay check before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical

Key Medical Benefits	Employee Contribution per pay period (24)		
	Option 1 - PPO 1500-25-50-20%	Option 2 - PPO 2000-25-50-20%	Option 3 - HSA 3500-20%
Employee Only	\$98.26	\$93.89	\$74.78
Employee + Spouse	\$206.35	\$197.17	\$157.04
Employee + Child(ren)	\$186.70	\$178.39	\$142.08
Family	\$284.97	\$272.28	\$216.87

Dental

Key Dental Benefits	Employee Contribution per pay period (24)	
	Principal Dental	
Employee Only	\$5.03	
Employee + Spouse	\$9.47	
Employee + Child(ren)	\$13.00	
Family	\$18.39	

Voluntary Vision

Key Vision Benefits	Employee Contribution per pay period (24)	
	Principal Vision (VSP Network)	
Employee Only	\$5.40	
Employee + Spouse	\$10.35	
Employee + Child(ren)	\$11.10	
Family	\$17.47	

Voluntary Accident

Key Vision Benefits	Employee Contribution per pay period (24)	
	Plan 1	Plan 2
Employee Only	\$5.83	\$8.00
Employee + Spouse	\$10.08	\$13.82
Employee + Child(ren)	\$14.66	\$20.52
Family	\$19.31	\$26.70

Basic Life/AD&D and Disability Insurance

Basic Life/AD&D, Short-Term and Long-Term Disability are 100% paid by ACCESSbank. Employees will be automatically enrolled the first of the month following your date of hire, upon completion of plan election through Paycom.

Voluntary Accident Benefits Through Allstate

The benefits through Allstate are voluntary. If you elect the Accident coverage with Allstate those benefits are pre-taxed, and will be deducted from your paycheck.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Medica	(866) 209-4222	www.Medica.com/ChoiceNational
Dental	Principal Financial	(800) 986-3343	www.principal.com/dentist
Vision	Principal using VSP Network	(800) 877-7195	www.vsp.com
Flexible Spending Accounts (FSAs)	WEX Health, Inc.	(877) 765-8810	https://www.wexinc.com/solutions/benefits
Life/AD&D	Principal Financial	(800) 245-1522	www.principal.com
Disability	Principal Financial	(800) 245-1522	www.principal.com
Employee Assistance Program (EAP)	Best Care	(402) 354-8000 or (800) 801-4182	www.BestCareEAP.org Member ID bcACCESSe Password: ACCESS
Voluntary Benefits	Allstate	(800) 521-3535	allstatebenefits.com/mybenefits
401(k)	Nationwide	(614) 435-6920	JACOBSA6@nationwide.com
HSA Bank Account	ACCESSbank	(402) 281-4585	jwinter@accessbank.com
HSA Savings Calculator	ACCESSbank	N/A	www.accessbank.com/calculator/hsa-savings

Benefits Website

Our benefits website:
www.Paycom.com can be
accessed anytime you
want additional information on
our benefit programs.

Questions?

If you have additional questions,
you may also contact:

Margie Huff-Shaffer
(402) 916-5240
mshaffer@accessbank.com



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

