

2025 Benefits Overview



Here for a reason.

Our employees are the difference.



Ellerbrock-Norris



BEYOND HEALTH™
BY BEYOND RISK

What's New This Year

Medical Highlights:

- We are moving to a self-insured medical plan through Beyond Health Captive
- We are moving to the Aetna PPO network and will have Boon-Chapman as our Third-Party Administrator (TPA)
- There will not be a CHI Only “narrow network” this year

Health Savings Account (HSA):

- Access Bank is increasing their contribution to the H.S.A. for 2025:
 - Single Coverage: \$1,000 per year
 - Family Coverage: \$2,000 per year
- The federal allowance for H.S.A. contributions has increased for 2025:
 - Single Coverage: \$4,300
 - Family Coverage: \$8,550

Voluntary Benefits:

- We have eliminated Allstate coverage for price and simplicity and are moving to Principal Financial
- We will be offering a new hospital indemnity benefit this year



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 aged 26 or older who meet certain criteria may continue on your health coverage.

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

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, coverage 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: November 25, 2024 – December 4, 2024

Changes made during Open Enrollment are effective January 1, 2025 - December 31, 2025.

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.

What’s Inside

- Medical
- Dental
- Vision
- Flexible Spending Accounts (FSAs)
- Life and AD&D
- Employee Assistance Program (EAP)
- Voluntary Benefits
- Valuable Extras
- 401(k)
- PTO, DTO, & VTO
- Holidays
- Continuing Education
- Student Loan Repayment
- Cost of Benefits
- Contact Information
- Health Benefit Glossary

Enrollment

Go to www.Paycom.com

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

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 divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. For the 2025 plan year, we are once again including a choice of one PPO “copay” plan and one HSA qualified High Deductible Health Plan. Both plans utilize the Aetna PPO network in addition to a second national network, Multiplan. Our new claims administrator is Boon-Chapman. They are our partners in providing great health care benefits and increasing our ability to deliver healthcare management programs.



PPO “Copay” Plan

The 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 network either the Aetna or Multiplan networks.

- The plan pays the full cost of qualified in-network preventive health care services.
- 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.
- Important to know: Once you're In-Network copays, deductibles 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 calendar year. Copays only accumulate to the out-of-pocket maximum. **They do NOT accumulate toward the deductible health coverage.**

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 or TRICARE, 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.

HDHP “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.

HSA Contribution Limit	2025
Employee Only	\$4,300
Family (Employee + 1 or more)	\$8,550
Catch-up (age 55+)	\$1,000

- You contribute pre-tax funds to the HSA through automatic payroll deductions. In addition, we will contribute \$1,000 annually to your HSA if you enroll in employee-only coverage and \$2,000 annually if you enroll yourself and one or more family members.



Medical Plan

ACCESS BANK OFFERS TWO MEDICAL PLANS, MANAGED BY BEYOND HEALTH AND ADMINISTERED BY BOON-CHAPMAN.

SAVE WHEN YOU USE IN-NETWORK PROVIDERS

The medical plans allow access to both In-Network and Out-of-Network providers, but you will get better discounts and pay less money by remaining In-Network. When you use providers from within the Aetna Providers network, you receive the benefits at the discounted network cost. If you use non-PPO providers, you will pay more for services. All Out-of-Network services are subject to the amount determined to be eligible by the health plan, and you are responsible for all charges over this allowance.



MEDICAL PLAN OVERVIEW

Access Bank is pleased to provide eligible employees and dependents with two medical plans thru Aetna and Boon Chapman, our claims administrator. For your reference, we have highlighted some of the most frequently used benefits below.

Key Medical Benefits	PPO Copay Plan Aetna and Multiplan Networks		H.S.A. Plan Aetna and Multiplan Networks	
	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹
Deductible (per calendar year) **Copays do <u>NOT</u> accumulate toward the Deductibles. Copays <u>ONLY</u> accumulate to the Out-of-Pocket Maximum**				
Individual / Family	\$1,500 / \$3,000 ²	\$3,500 / \$7,000	\$3,500 ² / \$7,000 ²	\$7,000 / \$14,000
Out-of-Pocket Maximum (per calendar year) **Copays, Deductibles & Coinsurance accumulate to the Out-of-Pocket Maximum**				
Individual / Family	\$3,000 / \$6,000 ²	\$7,000 / \$14,000	\$6,500 ³ / \$13,000 ²	\$13,000 / \$26,000
Company Contribution to Your Health Savings Account (HSA) (\$41.66 individual / \$83.33 family per payroll)				
Individual / Family (annually)	N/A / N/A	N/A / N/A	\$1,000 / \$2,000	
Covered Services				
Office Visits (Primary/Specialist)	\$25 / \$25 copay	50%*	20%*	50%*
Virtual Visits	\$0 copay thru 98point6	50%*	\$0 copay thru 98point6	50%*
Routine Preventive Care	No charge	50%*	No charge	50%*
Diagnostic Test (Lab/X-ray)	Lab - No charge ³ / X-ray - 20%*	50%*	20%*	50%*
Chiropractic	\$25 copay ⁴	50%* ⁴	20%* ⁴	50%* ⁴
Ambulance	20%*	20%*	20%*	20%*
Emergency Room	\$750 (waived if true ER)	\$750 (waived if true ER)	20%*	20%*
Urgent Care Facility	\$50 copay	50%*	20%*	50%*
Inpatient Hospital Stay	20%*	20%*	20%*	50%*
Outpatient Surgery	20%*	20%*	20%*	50%*
Prescription Drugs ⁵ 5 Tiers - Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty				
Retail Pharmacy (30-day supply)	Designated Preventive Drugs - \$0 \$10 / \$30 / \$50	Not covered	After Deductible is met: 20% / 20% / 40%	Not covered
Mail Order (90-day supply)	\$20 / \$60 / \$100	Not covered	After Deductible is met: 20% / 20% / 40%	Not covered
Specialty Medications	20% to \$200	Not covered	After Deductible is met: 20% to \$300	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 must be covered under a qualified HDHP, must be 18 years of age or older, cannot be covered through Medicare Part A or Part B or TRICARE programs, and cannot be claimed as a dependent on another person's tax return.

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 or out-of-pocket amounts.
3. If Lab service is provided in the office setting.
4. Limited to 30 visits per calendar year.

ACCESSbank will help you open your personal HSA account through ACCESSbank - Information found on www.Paycom.com



Provider Network: Aetna

AETNA & CHI NEGOTIATIONS

Aetna and CHI began negotiations for their Nebraska based contract. As of Nov 25th, 2024, they have not come to agreement for the 2025 plan year. As a result, we are adding a second PPO network that assures all CHI providers will be accepted as “in network” by utilization of the national “Multiplan” PPO network. The best solution to ensure your benefits are always paid as in network is to contact our claims administrator – Boon-Chapman.

PROVIDER DETAILS

To visit the online directory, simply go to <https://www.aetna.com/asa>. Begin searching for a doctor using your location, ZIP, city, county or state. You can use either the general or category search to see provider details that typically include:

- » Board certification
- » Hospital affiliation
- » Medical school/year of graduation
- » Gender

You can also see additional provider information that can include participation information, other office locations, whether they’re accepting new patients, maps, driving directions and more.


HOW TO FIND A NETWORK PROVIDER

Looking for physicians who participate in your health insurance network? Use one of these easy ways to find out who’s in-network and potentially save money:

- » Contact the Boon-Chapman Member Advocate at 855-516-8531, or e-mail advocate@boonchapman.com
- » Visit <https://www.aetna.com>

Sample ID Cards

FRONT

Plan Administered By:
 **BOON-CHAPMAN**

Member specific information

Member

Sample Company Logo Here

PPO \$1,000 Plan
Group#: 651563
Member: JOHN SAMPLE
Member ID: SMPLO001
Medical: Family


Where all claims need to be submitted

Claims Submission

Please submit ALL claims to:
Boon-Chapman
P.O Box 9201
Austin, TX 78766
Payer ID: 74238
To verify coverage or claim status, visit
www.boonchapmain.com or
call 855-516-8531

Pharmacy Plan


Rx Bin: 00878
PCN: WDRX
Px Group: RWTBEVCAP



wellview.welldyne.com
Pharmacy Help Desk: (855-876-5483)

Member specific information for Pharmacy

PPO Network


Aetna Signature Administrators®
PPO
(855) 516-8531

Aetna participating doctors and hospitals are independent providers and are neither agents nor employees of Aetna. This plan accesses no network for dialysis services.

Aetna Network - used to verify in-network providers

BACK

Member specific Plan Option Details – Copays, etc.

COPAYS/DED/OOP

Medical Copays
Physician Office Visit: \$25
Specialist Office Visit: \$25
Urgent Care: \$40

Pharmacy Copays
Retail: \$10/\$30/\$50
Mail order: \$20/\$60/\$100
Specialty Preferred: 20% up to \$150 maximum
Specialty Non-preferred: 20% up to \$200 maximum

In-Network
Deductible: IND \$1,000 / FAM \$2,000
Out of Pocket Max: IND \$5,000 / FAM \$10,000

Out-of-Network
Deductible: IND \$2,000 / FAM \$4,000
Out of Pocket Max: IND \$10,000 / FAM \$20,000

When pre-certification is needed – providers will need to call PrimeDX to get the process started. Members need to be aware of this & that pre-cert may be needed; HOWEVER, this is typically handled by the provider.

Utilization

PRE-CERTIFICATION REQUIRED
Call PrimeDX (855) 266-2093 no less than 5 days before.

- Non-emergency admissions
- Certain surgery procedures
- outpatient procedures

Failure to pre-certify will result in a reduction of benefits

Member Services

Boon Chapman Member Advocate:
(855) 516-8531
Advocate@boonchapman.com
For network and benefit information:
www.boonchapman.com/member-login

Member Advocates can assist with claims issues, plan questions, finding providers, etc.

Virtual Doctor Visits

98point6
Download the Mobile App
98point6.com/bevcap

Telemed contact information



Prescription Drug Benefits

Prescription drug benefits are coordinated by WellDyne, our Pharmacy Benefit Manager (PBM). Through WellDyne, you can access a network of more than 55,000 national, regional and local pharmacies. Their mail-order pharmacy offers an affordable way to get the medications you regularly take shipped directly to your door. If you are taking a specialty medication, WellDyne's Member Services team and pharmacists can provide added support and personalized clinical guidance 365 days a year.

- » You can contact WellDyne via their member portal at [WellView.Welldyne.com](https://wellview.welldyne.com) or at 855-876-5483.
- » For mail order prescription benefits, contact WellDyne at 855-876-5483 or visit their website at [WellView.Welldyne.com](https://wellview.welldyne.com)
- » Specialty prescription benefits, contact WellDyne at 800-641-8475
- » Learn more about WellDyne at <https://welldyne.com/health-fair/>

Where to Seek Care



TELEMEDICINE

Use 98point6 to seek treatment for minor and easily diagnosable medical conditions. Text/message with a board-certified physician / pediatrician over the phone.

Download the 98point6 app to get started: 98point6.com/bevcap

- » Colds & flu
- » Sore throats
- » Headaches
- » Stomach aches
- » Fever
- » Allergies & rashes
- » Pink Eye
- » FREE! No cost to you!
- » Your insurance covers the cost of the consultation.
- » Registration takes 5–10 minutes. Consultation calls can take 10–15 minutes. No need to leave home or work.

PRIMARY CARE

See a general practitioner or your primary care physician for routine or preventive care, to keep track of medications and health maintenance.

- » General health, immunizations, screenings
- » Preventive care
- » Routine check-ups
- » Physician office visit copay is \$25 for those on the PPO plan.
- » You usually need an appointment.
- » Wait times vary based on their appointment schedule.

URGENT CARE CLINIC

Visit an urgent or convenience care clinic to seek treatment for minor medical conditions that may be more urgent or that should be diagnosed in-person. Note: Free-standing ERs are growing in popularity. They look like urgent care clinics, but bill as ERs.

- » Colds & flu
- » Rashes or skin conditions
- » Sore throats, earaches, sinus pain
- » Minor cuts or burns
- » Pregnancy testing
- » Vaccinations
- » X-ray
- » Urgent care copay is \$25 for those on the PPO plan.
- » It ultimately depends on what codes the facility uses when submitting claims.
- » Some clinics take appointments, but walk-ins are most common.

EMERGENCY ROOM

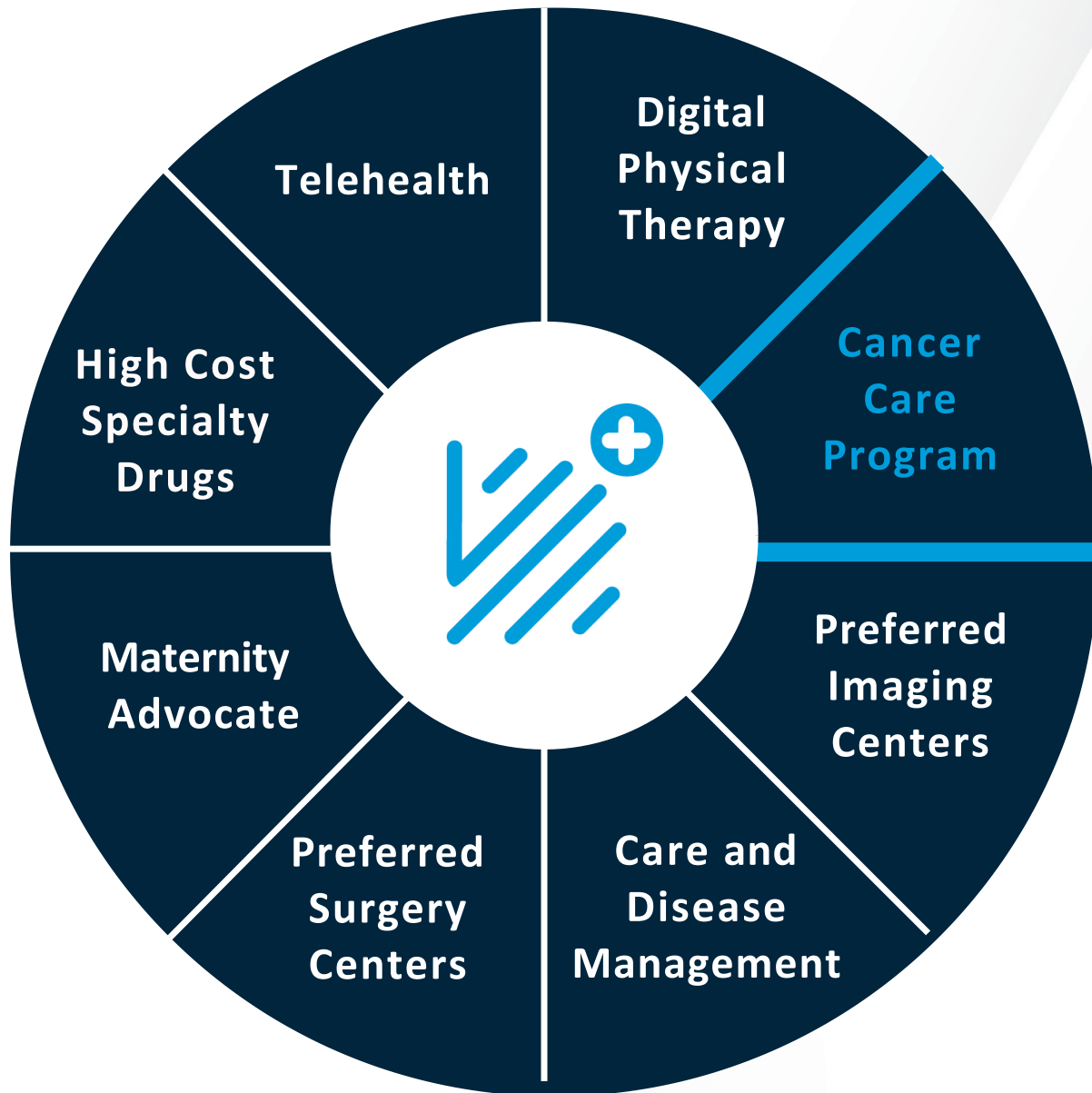
Only visit the ER for immediate treatment of critical or life-threatening injuries or illnesses.

If truly life-threatening, call 911.

- » Uncontrolled bleeding
- » Compound fractures
- » Sudden numbness or weakness
- » Seizure or loss of consciousness
- » Shortness of breath
- » Chest pain
- » Head injury or other major trauma
- » Blurry vision or loss of vision
- » Severe cuts or burns
- » ER copay is \$750. (waived if true emergency)
- » Depending on the extent of services provided, you may be balanced billed.
- » Wait times vary but can often be extensive for ERs.



BEYOND HEALTH™



HOW TO ACCESS THESE RESOURCES?

Member Advocate: **855-516-8531**

PrimeDx: **800-477-4625**



Virtual Visits: 98point6

98point6 is a great alternative to urgent care and emergency room visits because it provides you 24/7/365 access to U.S. board-certified doctors — receive the treatment you need in an easy and timely manner. In addition, you have the ability to send your visit results to your primary care physician. Download the 98point6 app to get started: 98point6.com/bevcap.



24/7/365



Quality Doctors



No ER Wait



100% Covered

REMOTE HEALTH CARE CAN TREAT MANY COMMON HEALTH ISSUES

98point6 doctors can diagnose many health issues like cold and flu symptoms, allergies, rash, skin problems and so much more! If medically necessary, a prescription will be sent to the pharmacy of your choice.

- | | | |
|-------------------------|----------------------------|-----------------------|
| » Abdominal Pain/Cramps | » Sinusitis | » Headaches/Migraines |
| » Cold and Flu Symptoms | » Animal/Insect Bites | » Sprains and Strains |
| » Respiratory infection | » Eye Infection/Irritation | |
| » Allergies | » Sore Throat | |
| » Dizziness | » Asthma | |

FREE BENEFITS PROGRAM

Member Advocate

The Member Advocate delivers a higher level of customer service than you've ever experienced and is provided for your insurance needs. The Member Advocate is available to answer your health care questions and guide you through the complexities of your medical plan — at no cost to you.

HOW MEMBER ADVOCATE TAKES CARE OF YOU



UNDERSTAND INSURANCE BENEFITS

Receive guidance in understanding your benefits throughout the year.



GET HELP WITH MEDICAL BILLS

Have your medical bills reviewed to make sure you are not overcharged.



FIND A NETWORK PROVIDER

Find in network doctors in your area who meet your personal preferences and health care needs.



SAVE MONEY ON MEDICAL CARE

Get price comparisons before receiving care. Depending on the doctor, hospital or facility, costs can vary by hundreds or thousands of dollars — even in-network.

FREE MEDICAL CARE

If you require surgery or imaging, contact the Member Advocate to see if the services are eligible for one of the contracted surgery centers for a zero out-of-pocket cost to you and bonus incentives!

FOR QUESTIONS OR ADDITIONAL INFORMATION

Contact the Member Advocate advocate@boonchapman.com or call 855-516-8531.

Preferred Surgery Centers

Need surgery? No out-of-pocket costs? Contact your [Member Advocate](#) at 855-516-8531 or advocate@boonchapman.com. You can also contact the [Nurse Advocate Team](#) at 855-266-2093.

We are constantly evaluating and improving the benefits plans to provide you and your family with access to the highest quality care and the best patient experience available.

WHAT ARE THE BENEFITS TO USING A PREFERRED SURGERY CENTERS

- » Receive high-quality post-op care from top-rated surgeons
- » A superior patient experience and outstanding customer service
- » Pay nothing out-of-pocket! Your health costs (deductible and coinsurance) are waived*
- » Travel expenses for you and an adult caregiver are reimbursable

The following expenses for member and an adult caregiver who travel to the surgery center are covered: mileage, hotel, per diem food allowance during stay and first post-surgery prescription paid.

Member must elect to have surgical procedure performed at one of the plan's Preferred Surgical Centers. A wide range of procedures can be performed at our Preferred Surgical Centers.

BENEFITS

- » Access top surgeons & anesthesiologists
- » Beautiful, state-of-the-art facilities
- » No copay/deductible
- » Dedicated Nurse Advocate
- » Care Coordination
- » Travel Arrangements

PROCESS

- » Outreach to members
- » Obtain medical records
- » Assist with diagnostic testing
- » Coordinate surgery schedule
- » Arrange travel (Flight, Hotel, Car Service)
- » Facilitate post-op care (PT/Wound Care)

Preferred Advanced Imaging Providers

FREE BENEFITS PROGRAM



You have access to a concierge scheduling program for advanced radiology including MRI, CT and PET scans.

WHY USE A PREFERRED IMAGING PROVIDER?

Imaging costs are 100% covered when you utilize an advanced imaging provider by scheduling with a Nurse Advocate, at a time and place convenient to you. By utilizing an advanced imaging network, you have access to a national network with over thousands of facilities.

HOW IT WORKS

- » Pre-certification is required so either you or your provider will contact the Member Advocate
- » When the procedure has been pre-certified, PrimeDx will contact you to make sure you want to use Advanced Imaging
- » An advanced imaging representative will call you to inform you of your authorized imaging and arrange for an appointment at a time and date convenient for you
- » An advanced imaging representative can provide education about your test including quality and safety information
- » An advanced imaging representative provides a written appointment confirmation and directions
- » After your imaging has been completed, an advanced imaging representative sends a satisfaction survey to ensure an excellent level of service

TESTIMONIALS

I was highly satisfied in all aspects of my first experience with U.S. Imaging Network and their referred MRI center.

– Lauren

The experience went very smoothly, from the conference call set-up throughout. Staff was professional and courteous.

– Juan

Everything went smoothly, no hassle or problem. I was in and out in twenty minutes and I had a disk to take to my surgeon.

– Ben

I didn't wait long. They were fantastic from the minute I walked in! Super, Super! Rick was great (the tech) I felt well taken care of. I felt refreshed when I left.

– Lindsay

FOR MORE INFORMATION ABOUT ADVANCED IMAGING PLEASE CONTACT:

Employees: Contact your [Member Advocate](#) at 855-516-8531 or advocate@boonchapman.com.

You can also contact the [Nurse Advocate Team](#) at 855-266-2093.

Providers (for pre-certification): [Nurse Advocate](#) at 855-266-2093.



Digital Physical Therapy

Digital Physical Therapy Network uses technology to provide quality, convenient and connected care to patients in the comfort of their own homes. No need to worry about transportation, traffic or the weather. You can safely recover from home, on your schedule, with your licensed physical therapist always available.

HOW IT WORKS

1. When you receive an order for physical therapy, your provider contacts the Nurse Advocate Team at 855-266-2093 to authorize therapy.
2. PrimeDx will submit authorization and referral to Digital Physical Therapy Network.
3. Digital Physical Therapy Network will contact you to schedule your initial evaluation.

Maternity Advocates

FREE BENEFITS PROGRAM



Even with health insurance and a good doctor, pregnancy is stressful, complicated and a unique experience every time. To make the pregnancy in your life easier, your group offers a benefit called the Maternity Advocates program. This unique benefit allows you to have on-demand access to Maternal Fetal Medicine specialists — physicians trained to deal with pregnancies of all kinds — and other pregnancy support services such as lactation consultants, behavioral health specialists, and nurse navigators.

The Maternity Advocates employee benefit is available to you free of charge. Book an appointment today by calling 855-266-2093.

WHAT IS INCLUDED

- » **Unlimited On-Demand Visits** – Meet with board-certified, U.S.-trained Maternal Fetal Medicine physicians on-demand, however much you want.
- » **Care Team Built for Pregnancies** – Looking to meet with a lactation consultant, behavioral health specialist or nurse navigator? They're available too.
- » **Teleperinatal Mobile App** – Track and learn about your pregnancy with our tracker and content library provided by Mayo Clinic.
- » **Personalized Pregnancy Roadmap** – Following every visit, you'll receive a roadmap with everything to expect in your pregnancy, personalized to you.

Visit our site at www.maternityadvocates.com/bevcap for more information and FAQs.

ROADMAP TO A SUCCESSFUL PREGNANCY EXAMPLE

Here's a look at what a successful pregnancy utilizing the specialists in the Maternity Advocates program looks like:

4 WEEKS
Patient notifies provider she's pregnant
10 WEEKS
Patient visits with provider
14 WEEKS
Patient consults with MFM physician
20 WEEKS
Anatomy scan
28 WEEKS
Diabetic screen
36 WEEKS
Delivery planning meeting with MFM
40 WEEKS
Baby is born! Mother and baby go home

**Upon completion of the program
you will receive a 1-Year
subscription of free diapers.**

Drug Importation Program

Available 1/1/25

FREE BENEFITS PROGRAM



Want to save money on your prescriptions?

International sourcing is a safe, reliable way to get your medication at a lower cost. On behalf of your benefit plan, WellDyne offers drug importation for certain specialty and high-cost maintenance medication through International Rx.

Get started today —it's easy!

1

Contact International Rx at 877-546-6378 to enroll in the program.

2

International Rx will work with your doctor or Pharmacy to transfer your prescription.

3

Their Customer concierge team will guide you every step of the way.

4

Receive a 90-day supply of your medication at your doorstep.

Benefits of Drug Importation



Zero Cost

Your medication copay and deductible are eliminated.



Incentives

You receive a bonus payment each time you fill your prescription.



Convenience

Save time with home delivery of your medication.

For questions about your pharmacy benefits, visit our member portal at [WellView.WellDyne.com](https://www.wellview.welldyne.com). Or call Member Services at the number listed on your ID card.



Disease Management

PRIME DX

PrimeDX Disease Management program assists members in managing chronic conditions with a goal of improving their clinical condition and reducing unnecessary health care costs while improving quality of life. Our program promotes participant self-care by providing patient education, coaching and monitoring, facilitates collaboration within the health care team (patient, physician and health plan), and coordinates services as appropriate across the health care continuum. You can contact the Prime Dx Nurse Advocate team at [855-266-2093](tel:855-266-2093) or pdx@primedx.com.

MANAGED CHRONIC CONDITIONS INCLUDE:

- » Asthma
- » Coronary artery disease
- » Congestive heart failure
- » Diabetes
- » Hyperlipidemia
- » Hypertension

SERVICES

- » Access to Registered Nurses
- » Evidence-based Highly Personalized Care
- » Member Engagement, Coaching and Monitoring
- » Advanced Risk Scoring and Analytics
- » Review of Reports, Lab Results, Screenings and Assessments
- » Patient Education Tools and Resources

Case Management



PrimeDx Case Management services are designed to improve the quality of patient care while maximizing cost savings.

Our team of nurses provide individuals a better understanding of specialized care needs, access to specialty care facilities, education on alternatives to costly inpatient care, and direction toward in-network discounts. We work with members to educate and assist them in making choices that contribute to a healthier lifestyle, thus reducing the incidence of complications and future medical costs. You can contact the PrimeDx [Nurse Advocate Team](#) at [855-266-2093](tel:855-266-2093) or pdx@primedx.com.

SERVICES

- » Establish a Comprehensive Care Plan
- » Care Coordination
- » Pain Management Monitoring
- » Facilitation of Social Services
- » Review of Disease Process and Symptoms
- » Monitoring Side Effects
- » Educational Information

PRE-NOTIFICATION REQUIREMENT

In order to prevent unnecessary costs and to assist you in fully understanding your benefits, the pre-notification program fulfills the dual purpose of advising the participant of their benefits and protecting the financial integrity of the Plan. This benefit is available prior to any procedure.

Except in an urgent care situation, the participant must call the [Nurse Advocate](#) at [855-266-2093](tel:855-266-2093), at least three (3) business days before any/all procedures scheduled in advance including, but not limited to the following:

- » In-patient procedures
- » Out-patient procedures
- » Imaging services; and
- » Diagnostic testing

Cancer Care Program

FREE BENEFITS PROGRAM



The Cancer Care Program aims to offer essential resources and support for individuals grappling with a cancer diagnosis, helping them navigate the complexities of the journey ahead.

MEMBER JOURNEY

The member journey in the Cancer Care Program typically involves several stages, including diagnosis, treatment planning and treatment. Throughout each stage the goal is to provide support, resources, and guidance tailored to the individual needs of the member and helping them navigate the challenges they may encounter along the way. This may include, access to medical professionals and procedures within a network of Centers of Excellence, educational materials, and emotional support services. The goal is to empower members to make informed decisions in conjunction with their oncologist and other health care providers at no additional cost.

PrimeDx:

- First point of contact for care triage and overview of available resources.

Accarent:

- Referral from PrimeDx for diagnosis recommending procedures outside the typical knee, hip or shoulder surgery.
- If you are eligible for treatment through Accarent, your cost sharing obligations will be waived* and your travel expenses will be covered, if applicable.
- Nurse Care Managers who can facilitate more specialized care, starting with second opinions, etc.

Apricity:

- Advocacy resource with Nurse Case Managers available 24/7 providing an extra layer of support when a primary healthcare provider may not be available.

Awareness:

This is a new resource that has been developed for Beyond Health Clients and their members. This includes Care Advocacy, treatment options, and assistance with coordinating care.

Consideration:

You may receive an outreach, or you can reach out to PrimeDx to learn more about this new program and what resources might best fit your needs.

Consultation:

If a plan member decides to proceed with a treatment within the Accarent network, they will be assigned a Case Manager to assist in the entire process from needed paperwork to scheduling the consultation.

Procedure:

Your Case Manager will coordinate care on any needs affiliated with a procedure including, labs, imaging, and other surgery prerequisites and assist in conveying information to the provider facility.

Discharge:

After discharge, the Case Manager will help with transition, and will coordinate durable medical equipment needs, home health services, and follow-up care as needed.

*HDHP plans may require an annual deductible be met prior to any associated out of pocket costs being waived.

Beyond Risk and Beyond Health are trademarks of Beyond Risk Management, Inc. Beyond Health products and services are offered through BevCap Management, LLC and Captive Solutions & Options, LLC which belong to the Beyond Risk family of companies.

Dental

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

This plan offers you the freedom and flexibility to use the dentist of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Principal network. Following is a high-level overview of the coverage available.

To find a provider go to: principal.com/dentist

Key Dental Benefits	Principal Passive PPO	
	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$25 / \$75 - Basic & Major services combined (waived for preventive & orthodontia services)	\$25 / \$75 - Basic & Major services combined (waived for preventive & orthodontia 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 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.

To find a provider go to: vsp.com & choose the “Choice” doctor network

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10 copay	Up to \$45
Lenses (once every 12 months)		
Single Vision lenses	\$25 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 the \$150 allowance	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 2025, you may contribute up to \$3,300 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 2025, 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, 2026, and must file claims by March 31, 2026.

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

Life and AD&D

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 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

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 *
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)	< age 70 - \$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

* During your initial eligibility period only (when you first become eligible for benefits), 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.

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

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

Long-Term Disability

Provided at NO COST to you through Principal

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

Critical Illness

Critical Illness - Principal

The average cost to treat a critical illness is \$7,000*. Most of us don't have an extra \$7,000 ready to spend – even if we do, we don't want to use it all on medical expenses. With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition, you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses and more.

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

Key Critical Illness Benefits	Plan
Heart Attack	\$10,000
Stroke	\$10,000
End Stage Renal Failure	\$10,000
Major Organ Transplant	\$10,000
Invasive Cancer	\$10,000
Advanced Alzheimer's Disease	\$10,000
Advanced Parkinson's Disease	\$10,000
Coronary Artery Bypass Surgery	\$2,500
Carcinoma In Situ	\$2,500

* Principal Accident & Critical Illness Impact Study

Voluntary Benefits

Accident Insurance - Principal

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!

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. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500¹. And it's not only broken limbs – an average non-fatal injury could cost you \$6,620 in medical bills². When your medical bill arrives, you'll be relieved you have accident insurance on your side.

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.

Key Accident Benefits	Accident Plan
Dental Injury	\$500
Fractures	Ranging from \$500 to \$10,000
Knee cartilage, tendon, rotator cuff, ruptured disk	\$1,500
Burns	\$500-\$5,000
Internal Injury	\$1,500
Accidental Death	\$25,000
Other Injuries not Listed	\$100

1. Why health insurance is important protection from high medical costs. HealthCare.gov.
2. Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.



Hospital Indemnity

Rest easy with additional coverage for hospitalization. If you are hospitalized, the benefit pays benefits based on a schedule, summary as follows:

First day hospital – sickness or injury	\$1,000
First day ICU – sickness or injury	\$1,000
Daily hospital benefit	\$ 100
Daily ICU	\$ 200
Newborn nursery	\$ 100

Each of these benefits have annual maximums. See benefit summary for more details.

Coverage is for on and off-the-job. You can enroll in the hospital income plan during Open Enrollment. The plan is completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Employee Assistance Program (EAP)

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 plan 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

- The EAP plan is available to the employee, spouse and dependents at no cost. ACCESSbank pays 100% of the premium
- Employees are eligible on date of hire
- The plan provides 5 sessions per person per unique issue per year
- Unlimited toll-free phone access and online resources 24/7
- Online assistance with elder care, childcare & 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

Valuable Extras

- Contact the Boon-Chapman Member Advocate at 855-516-8531, or e-mail advocate@boonchapman.com
- Through WellDyne, you can access a network of more than 55,000 national, regional and local pharmacies. You can contact Well Dyne via their member portal at www.WellView.WellDyne.com or at 888-479-2000. For mail order prescription benefits, contact WellDyne at 1-888-479-2000 or visit their website at WellView.WellDyne.com
- Certain high-cost medications can be sourced internationally. Call International Rx at 877-546-6378.
- Virtual visits are a great alternative to urgent care and emergency room. 24/7 access. 100% covered. <http://98point6.com/bevcap>
- Call your Member Advocate for help with medical bills, understand your plan, find a provider. Call 855-516-8531 or advocate@boonchapman.com
- Need surgery? No out of pocket if using a preferred surgery center. Call your Member Advocate at 855-516-8531 or Nurse Advocate at 855-266-2093 or email dvocate@boonchapman.com
- Advanced imaging (MRI, CT, PET scans) can be covered at 100% at specific facilities. Call Member Advocate at 855-516-8531. Or advocate@boonchapman.com
- Contact nurse advocate for cancer and other serious disease management. Call Prime Dx Nurse Advocate, 855-266-2093 or <https://bevcap.apricitycare.com>
- Your maternity advocate can provide all types of maternity advice. And receive 1 year of free diapers after program completion. Contact Maternity advocates at 855-266-2093.
- 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)
- Hearing Aid Program (available to you, your spouse, children, parents and grandparents). Up to 48% discount off of hearing aids, including free consultations: (800) 890-4694 principal.com/hearingbenefits/ahb
- Identity Theft Kit: www.ARAGwills.com/Principal (enter group number, 1049866)

401(k)

All employees of ACCESSbank are eligible to participate in the bank’s 401(k) plan as long as they are scheduled to work 1,000 hours in the plan year and are at least 18 years of age. Employees will be auto enrolled if no action is taken.

401(k)	
Plan Administrator: One America / Voya Financial	
Company Match	Up to 4% based on employee contributions
Vesting	100% vested at the end of each payroll period
Eligibility to Participate	First of the month following 30 days of employment

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, mental health 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. The accrual rate is 3 hours per pay-period on a hire date.

Non-Officer 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
0 - 3 Years	18 days (6 hours PPP)
4 - 7 Years	21 days (7 hours PPP)
8+ Years	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 25 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 sup- porting 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	Columbus 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 and Part-Time employees enrolling in classes that pertain to an undergraduate or graduate degree are eligible for the annual reimbursements listed below. If you move from Part-Time to Full-Time status during a calendar year, you are eligible for the Full-Time limit for the remainder of the year.

Full-time & Part-Time Status - Associate and Undergraduate	Full-time Status - Graduate Program
Full-Time \$1,500 Annually / Part-Time \$750 Annually	Full-Time \$2,500 Annually / Part-Time \$1,250 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

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes (pre-tax) for the medical, dental and vision benefits. All Voluntary benefits costs are deducted after taxes (post-tax). The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical

Medical Contributions	Employee Contribution per pay period (24)	
	Aetna PPO 1500-25-50-20%	Aetna HSA 3500-20%
Employee Only	\$110.63	\$85.69
Employee + Spouse	\$252.60	\$195.66
Employee + Child(ren)	\$226.79	\$175.66
Family	\$355.85	\$275.63

Dental & Vision

Dental & Vision Contributions	Employee Contribution per pay period (24)	Employee Contribution per pay period (24)
	Principal Dental	Principal Vision (VSP Network)
Employee Only	\$5.36	\$5.40
Employee + Spouse	\$10.08	\$10.35
Employee + Child(ren)	\$13.84	\$11.10
Family	\$19.58	\$17.47

Voluntary Accident & Hospital Indemnity

Accident & Hospital Indemnity Contributions	Employee Contribution per pay period (24)	
	Accident	Hospital Indemnity
Employee Only	\$3.71	\$8.31
Employee + Spouse	\$5.92	\$21.13
Employee + Child(ren)	\$7.18	\$13.61
Family	\$11.10	\$27.43

Voluntary Critical Illness

Critical Illness	Employee Contribution by Age Band per pay period per \$1,000 (24)							
Age Bands	EE Only	Spouse	Age Bands	EE Only	Spouse	Age Bands	EE Only	Spouse
Age 18-24	\$.105	\$.105	Age 40-44	\$.354	\$.354	Age 60-64	\$1.460	\$1.460
Age 25-29	\$.148	\$.148	Age 45-49	\$.500	\$.500	Age 65-69	\$2.056	\$2.056
Age 30-34	\$.221	\$.221	Age 50-54	\$.732	\$.732	Age 70+	\$2.980	\$2.980
Age 35-39	\$.259	\$.259	Age 55-59	\$1.010	\$1.010			

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 Principal

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

Benefits Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical (Boon Chapman)	Boon Chapman / Aetna	(855) 516-8531	advocate@boonchapman.com
Dental	Principal Financial	(800) 986-3343	www.principal.com/dentist
Vision	Principal using VSP Network	(800) 877-7195	www.vsp.com (choose "Choice" network)
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
Accident & Critical Illness Insurance	Principal Financial	(800) 245-1522	www.principal.com
401(k)	One America / Voya	(800) 249-6269	prcenter@oneamerica.com
HSA Bank Account	ACCESSbank	(402) 281-4585	
HSA Savings Calculator	ACCESSbank	N/A	www.accessbank.com/calculator/hsa-savings

Benefits Website

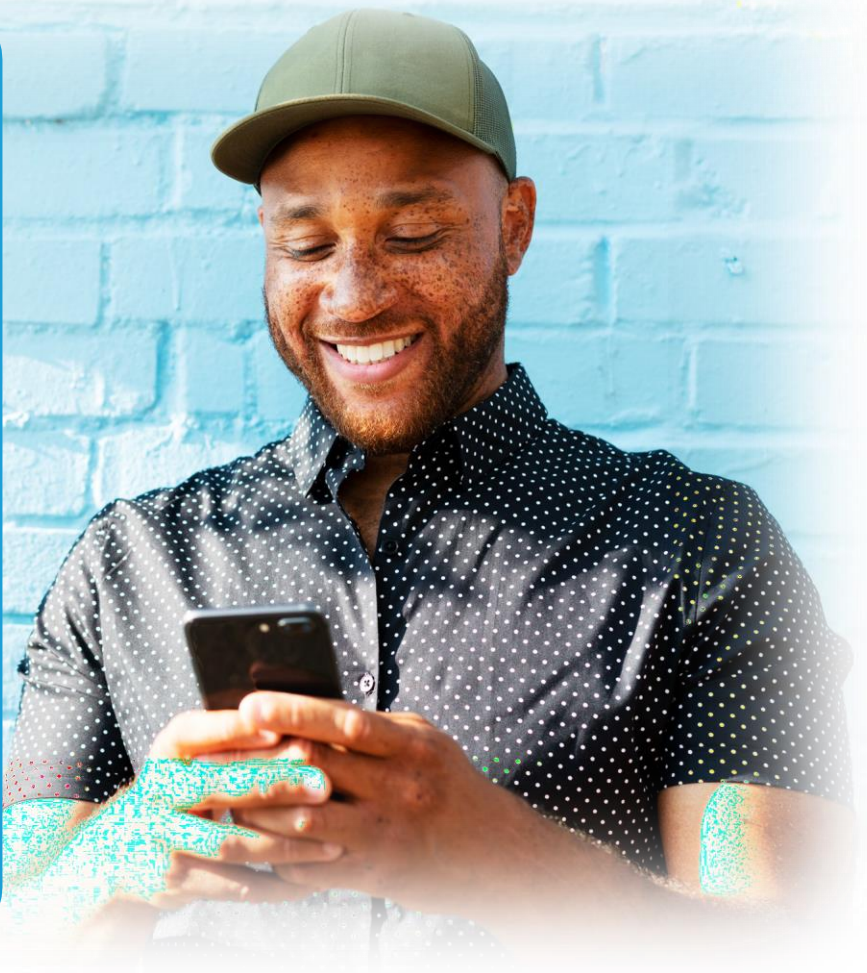
Our benefits website: www.Paycom.com can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:

Mark Irwin
(402) 933-1848
mirwin@accessbank.com

Lisa Kaiser
(402) 991-3065
lkaiser@accessbank.com



Health Benefit Glossary

Coinsurance. A percentage of a health care cost — such as 20 percent — that the covered employee pays after meeting the deductible.

Copayment. The fixed dollar amount — such as \$30 for each doctor visit — that the covered employee pays for medical services.

Deductible. A fixed dollar amount that the covered employee must pay out of pocket each calendar year before the plan will begin reimbursing for non-preventive health expenses. Plans usually require separate limits per person and per family.

Formulary. A list of prescription drugs covered by the health plan, often structured in tiers that subsidize low-cost generics at a higher percentage than more expensive brand-name or specialty drugs.

Preferred Provider Option Network (PPO). The PPO means your insurance company will have a network of care providers available to you at your discretion. The care provider will file the claim with your PPO carrier, and you pay the difference between the bill and the insurance payment.

In-network. Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.

Out-of-network. A health plan will cover treatment for doctors, clinics, hospitals and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network providers.

Out-of-pocket limit. The most an employee could pay during a coverage period (usually one year) for his or her share of the costs of covered services, including co-payments and co-insurance.

Premium. The amount that must be paid for a health insurance plan by covered employees, by their employer, or shared by both. A covered employee's share of the annual premium is generally paid periodically, such as monthly, and deducted from his or her paycheck.



Personal Notes

Personal Notes